BRITISH DENTAL ASSOCIATION
Prison dentist survey

June to July 2010

British Dental Association Research Unit
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Survey Background

This report details the findings from a survey of BDA members who provide dentistry in a prison setting. The survey was conducted between June and July 2010.

Method and response

A link to an online survey was circulated by email at the end of June to all BDA members who have indicated that prison dentistry is either their main or secondary field of practice - 66 dentists in total. After one reminder email in early July, 44 responses were received, giving an overall response rate of 67 per cent.

Headline findings

- There is great variation in the way prison dentistry is contracted.
- Around half of the non-salaried prison dentists in England and Wales have UDAs in their contracts although in many cases the target is indicative only and no action is taken for underperformance.
- Of the non-salaried dentists, just over half are not happy with the contractual arrangements they are working under.
- One-in-five prison dentists have problems obtaining pension provision.
- Many dentists have received little or no specialist training in prison dentistry. Respondents have an appetite for courses on prison dentistry generally, as well as security training, and clinical training relating to substance abuse and high needs patients.
- Patient flow was one of the most common problems, with many dentists reporting that they experience difficulties with prison staff delivering patients for appointments, and with the transient nature of the prison population hampering continuing care as well as providing a constant supply of new high needs patients.
- Many dentists also reported problems relating to the division of responsibilities between prison management, the Primary Care Organisation (PCO), and prison dentists.
- Prison management, National Association of Prison Dentists UK (NAPDUK), and colleagues were the most common sources of advice for prison dentists.
- Many dentists would like the BDA to contribute to the development of a suitable contract for prison dentistry, and to help with individuals' contract problems. Others would like the BDA to educate PCOs and prisons about the difficulties of providing prison dentistry and to promote prison dentistry as a specialism.

Main findings

Employment/contract terms

1. Around a third of the prison dentists are salaried, working on behalf of a PCT or health board. The remaining dentists have contracts involving the PCO and prisons, including GDS and PDS contracts. One respondent is currently working without a contract.

2. Just over forty per cent of the dentists in England and Wales have a UDA target. When salaried dentists are excluded from the calculation, over half of the dentists (54 per cent) have UDA targets. In a number of cases the UDA target is indicative only, although at least one of the respondents has had issues when the 'indicative' target has been upheld and money clawed back for underperformance.

   "This is only indicative - underperformed every year but use quality indicators, waiting times, complaints, FTAs, inspection reports, patient contacts"

3. Other respondents felt strongly against the use of UDAs in a prison setting:

   "[UDAs] caused major problems because majority of treatment was FTR'd on the old contract which resulted in an unrealistic number of UDAs from the DPB"

   "I quote previous DCDO at NAPDUK conf a couple of years ago 'UDAs have no place in Prison dentistry'"

   "UDA target does not work and is not fair in delivering dental services in a prison situation"

4. UDAs and targets were commonly mentioned by the 42 per cent of respondents who said they are not happy with their current contractual arrangements.

   "In the proposed new Service Specification between the Service and the PCT they are proposing an unachievable target (double what we currently achieve.)"

   "The sessions I do under UDA target is putting me under a lot of stress, to fulfil the UDA target and lowering down the waiting list at the same time, is very difficult to do."

5. Some respondents reported problems with the number of sessions they are contracted to provide – with the prisons either not contracting enough sessions to provide adequate patient care, or prisons failing to facilitate the contracted sessions.

   "Not enough clinical sessions to fulfil the terms of the contract and provide adequate care for patients. Am doing little more than emergency work."

   "Admin issues can cause non attendance."

   "Waiting lists are high purely due to insufficiently contracted sessions."

"The contracts detail the number of sessions but the prisons will not guarantee to require that number also they are slow in negotiation and confirming contracts, which is unsettling for staff and makes planning difficult."

6. A lack of job security was also an issue for several of the respondents.

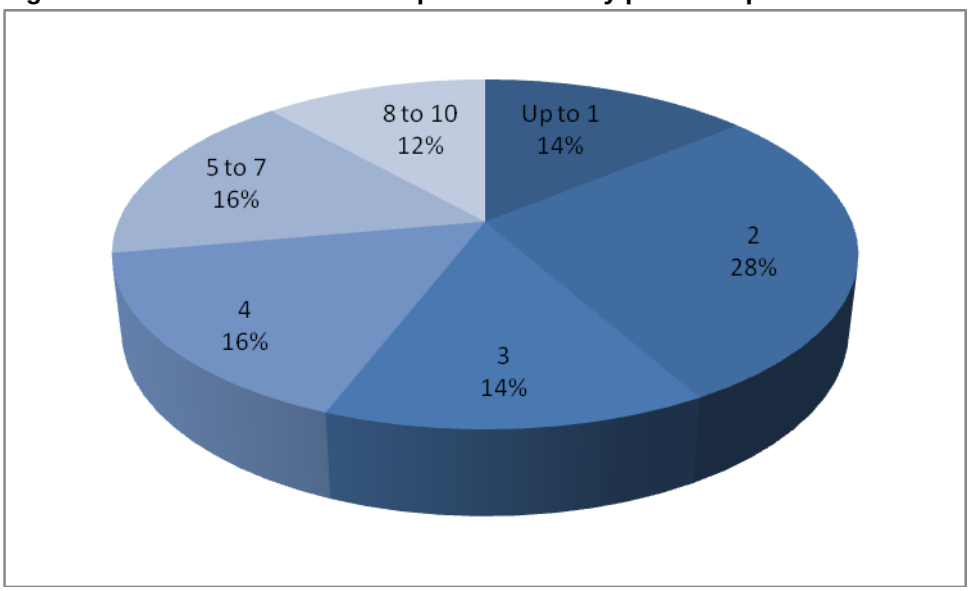
"Tender process due to start - have no certainty of job continuation but mainly have poor support at present from commissioners. Feel lack of appreciation for the job we are currently doing."

"My contract was terminated in April, extended until November. Very unsettling time."

"Concern over renewing contract in the future especially in the current economic climate."

7. Over half (56 per cent) of the dentists provided three or fewer sessions of prison dentistry per week, and it was a minority (12 per cent) who provide 8 or more sessions per week.

Figure 1: Number of sessions of prison dentistry provided per week



Pensions

8. One-in-five (19 per cent) of the dentists reported problems with pension provision relating to their prison dentistry. These include problems in getting some, or any of their prison earnings made superannuable.

"PCT is not prepared to make the fees superannuable, despite repeated requests."

"As the principal I have lost some of my pensionable earning entitlement to another dentist providing cover."

"Superannuation not paid on full amount of earnings."

Training

9. A large number of respondents reported that they have had no specialist prison or security training, and more still had no training initially but have since received some.

> *"Nil. Did not even receive any training from the prison with regard to security which seems to be a joke."*
>
> *"I started the job without any training! I have asked on numerous occasions for some prison-based training re breakaway techniques etc but so far no luck. Any knowledge re prison dental issues has been gained via NAPDUK conferences and some personal research I carried out for a postgrad qualification."*
>
> *"None when I first started working in a prison."*

10. The annual NAPDUK conferences were a popular source of training and education. Prison specific training included breakaway training, security training, and prison protocols.

11. Two thirds (64 per cent) of the respondents indicated that they would like to receive more training. The most common area in which additional training was wanted was general security and personal safety. Another common area was clinical training on treating patients with substance abuse issues.

> "*Drug misuse issues and their effect on dental health."*
>
> *"Help and guidance with treatment planning grossly broken down dentition due to drug use."*

12. Other areas included how to deal with litigious patients, general legal training, and treatment planning in a prison environment as well as general prison dentistry courses.

> *"Human rights leg and complaints replying."*
>
> *"The structure and pathways of treatment within the prison service with regard to mental health and psychiatric treatment and also a better understanding of the legal processes regarding sentencing parole etc."*
>
> *"The prison system, outcomes and related info on prisoners' welfare generally."*
>
> *"Treatment planning for the prisoner who moves a lot."*
>
> *"More prison-specific courses."*
>
> *"Rather late for me now but I would hope new entrants would be committed to prisons and receive sound training in the special circumstances present in prison environment - perhaps a Grandfather scheme where we oldies could mentor them."*

Problems

13. Patient flow was one of the most commonly cited difficulties facing prison dentists. Difficulties occur when relying on the prison staff for the delivery of prisoners to their appointments. Failure of prison staff to do so is frustrating for the dentists and puts further pressure on them to meet their targets or reduce waiting lists.

> *"Sometimes no cooperation from prison staff, no admin/staff support to collect patients, though we are held 'responsible' via UDA's if no pt arrives etc."*
>
> *"Very many dental services have to fit around prison regimes/events. In locked institutions patient movement can be difficult, leading to long periods of inactivity."*
>
> *"The efficiency or otherwise of clinical time is dependent on discipline routine and staff providing me with patients. You are up against the demands of other clinics, other prison activities, staff shortages which affect escorting arrangements. Prison transfers affect the appointments also."*
>
> *"Time limits on session, e.g. residents only available for set times, usual less than a normal clinical session, but still demand for service."*

14. Another aspect of patient flow is the high 'fail to return' (FTR) rates hampering continuing care, and constant supply of new high needs patients, often with high expectations.

> "*Lack of continuing care, patients moved around prisons, so long waiting times"*
>
> *"Unrealistic expectations, both of commissioners , managers and prisoners, as there is often a lot of movement and also the high level of dental need in the prison population making it almost impossible in some prisons to ever achieve what is expected with the level of resources allocated this includes both money and staff."*
>
> *"Waiting list due to inadequate provision for a high need and high turnover population."*
>
> *"Higher than average patient expectations and patient needs."*
>
> *"Amount of work needed by difficult and demanding patients."*
>
> *"Difficulty in providing specialist opinions – prison service often reluctant to allow prisoners to see outside dentist."*
>
> *"Trying to cope with the high treatment need in not enough sessions."*
>
> *"Working in a prison is unpleasant. There is a massive workload, when an emergency occurs you have no back up. There are unrealistic expectations from PCT management, prison management, and prisoners themselves."*

15. On top of high dental needs, some respondents have difficulty with litigious patients.

> *"Very litigious minded patients (and lawyers!)."*
>
> *"Lack of support when prisoners make complaints."*
>
> *"Threat of litigation."*

16. Contractual arrangements, and a lack of understanding (an appreciation) by commissioners and prison staff about the complexities of providing prison dentistry were also sources of frustration for the dentists.

> *"Contracts, future commissioning of services, lack of understanding of the prison environment by the PCTs."*
>
> *"Lack of long term planning by the prisons and a lack of sensible remuneration systems, NHS / UDA is inappropriate due to disease levels, poor patient compliance and co-morbidity."*
>
> *"I think the main problems are a lack of understanding of the situational difficulties by the Trust who really don't understand the complexities of a prison environment. The dental part of the job is quite straight forward, but the politics of a prison are a bit of a nightmare!"*
>
> *"Lack of understanding by PCT management on the difficulties of providing dental care for prisoners."*
>
> *"Workload, UDA's inappropriate, lack of support or understanding from prison authorities."*
>
> *"Little understanding at prison level as to the professional and ethical obligations of our profession."*

17. Many of the respondents felt that the prisons were not commissioning enough sessions leading to workload and target issues.

> *"Lack of commitment on the part of PCTs to provide sufficient session to create a sensible service which allows best dental provision for a vulnerable group. Money is always the primary consideration and a worthwhile service is ditched in favour of the cheapest treatment option - usually tooth removal as the only treatment on offer."*
>
> "*Ever increasing patient loads, patient expectations and mountain of admin work."*
>
> *"Financial problems lead to reduction in sessions whilst workload remains same or even increased."*
>
> *"Overcrowding and too many patients for the time that I am at the prison"*

"Trying to cope with the high treatment need in not enough sessions."

"Waiting list due to inadequate provision for a high need and high turnover population."

"Working under pressure, lots of work within a short period of time"

18. In some prisons, there are struggles between the PCT and prison as to who is responsible for infrastructure issues.

    "Since the involvement of the PCT in prison health it is difficult to find the person who will pay for service issues e.g. revalidation and service contract for the washer disinfector, a lot of buck passing."

    "Huge problems with infrastructure responsibility split between prison and PCT we get stuck in the middle. HTM 01-05 will be impossible."

    "PCTs and prisons have great difficulty in deciding who is responsible for what leaving us, the dentists, in a difficult position with no authority to sort things out often leading to a loss of earnings."

    "There seems to be a complete lack of cooperation between PCT and prison with each blaming the other for any problems and me getting little support or thanks from either."

    "[The] main issues that obstruct the provision of quality dental care in prison environment relate to the interface between the prison management and the healthcare department."

19. Workload issues are exacerbated for some dentists by a lack of administrative or 'reception' staff.

    "No receptionist - most paper work done by dentist with patient. This takes up clinical time."

    "No administration help."

20. Personal security issues were not commonly cited as one of the main difficulties faced, but the need to comply with security procedures was mentioned by a few respondents.

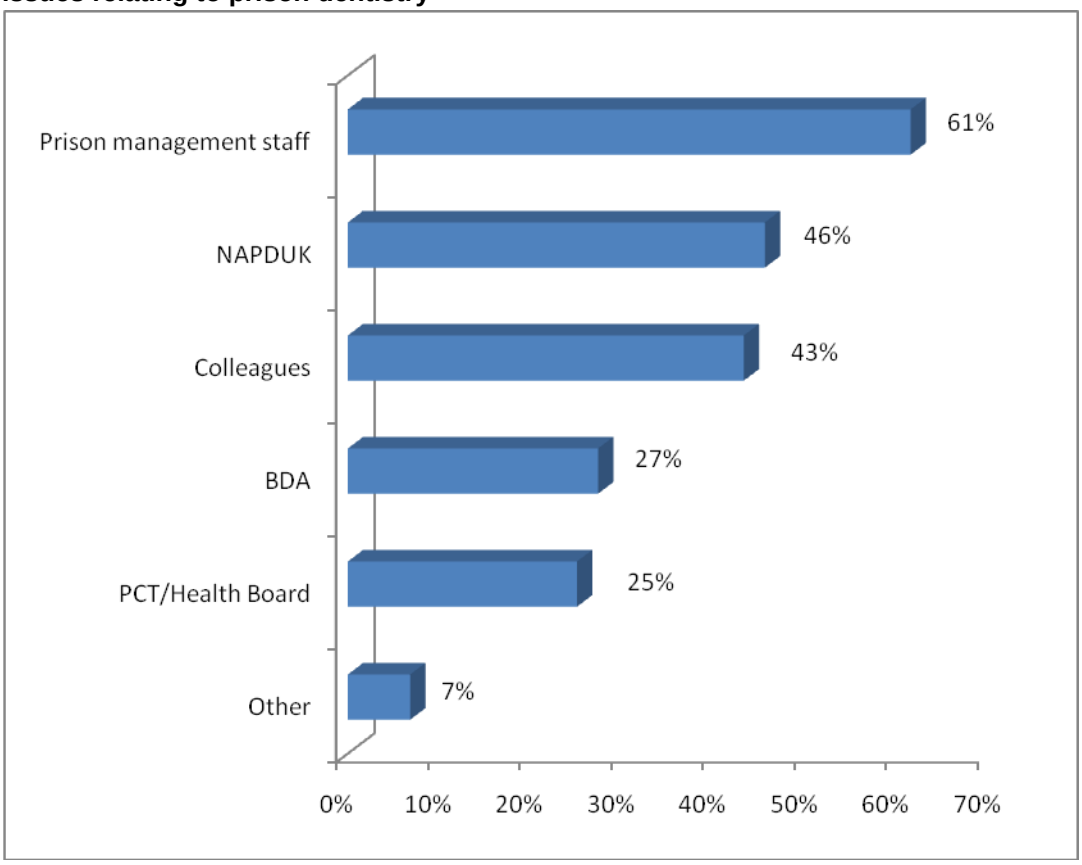
    "Working within the prisons security parameters."

    "The demands of security within the prison."

Sources of advice

21. Prison management staff were the most common source of help and advice that prison dentists would seek if they had issues relating to prison dentistry; 61 per cent of the respondents indicated that they would approach prison management if they had a problem. Almost half (46 per cent) would approach the NAPDUK. Colleagues were also a popular source of advice (43 per cent). The BDA and PCOs were the least common sources of advice with just 27 and 25 per cent of respondents using these sources respectively.

Figure 2: Percentage of respondents who use the following sources for help and advice for issues relating to prison dentistry



BDA support

22. The most commonly mentioned area where the BDA could help prison dentists was around contracting issues. Suggestions included: Developing a model contract for prison dentistry:

> *"Standardising contractual arrangements in favour of the prison dentist rather than the PCT."*
>
> *"Work to agree a national contract so PCT have something to work with."*
>
> *"National consistency in contract – PCT have been totally unsupportive."*

23. Supporting dentists through the tendering process and with contract negotiations:

> *"Help prison dentists with tendering for their current contracts."*
>
> *"Developing SLAs that are specific to the difficulties of Prisons."*
>
> *"[The BDA] could help those who are having difficulty with their contract. I feel the BDA has a role to play in supporting members with their PCT/Trust arrangements. The BDA could perhaps liaise with National Association for help in identifying key terms and conditions for work."*
>
> *"Support in dealing with PCT's when negotiating contracts and allowing time for OH promotion."*

24. And, campaigning against the use of UDAs in prison dentistry:

> *"Not to apply the UDA target to prison dentistry is the main problem, setting a proper sessional fee for the dentist as a guideline is another important issue."*
>
> *"UDA contracts very unsuitable for prison work."*
>
> *"A special dispensation should be given to prison dentists operating under a UDA contract and the advice to commissioners should be that they do not use them."*

25. At least one dentist was, however, against any attempt to create a standardised contract.

> *"Prison dentists tend to work under many different and varying contracts and this tends to be according to local needs. I think this works well and no attempt should be made to unify prison dental contracts."*

26. Others would like the BDA to take an educating role, informing PCTs and Prisons of the specific difficulties relating to prison dentistry.

> *"Educating PCTs in the difficulties of working in a prison environment and extending this to Prison Governors who only care about Dentistry when the 6 week waiting time is threatened."*
>
> *"Explaining the very different nature of the practice of dentistry within prisons and how it cannot be compared to general practice."*
>
> *"Highlighting when DOH documents / guidelines are published the very different types of prisons come with different problems and the broad brush that was used by Raman Beddi was completely unrealistic and unachievable unless a complete change in contracting arrangements were to take place"*
>
> *"Link with commissioners to increase their understanding of a unique service FGDP Guidelines are only guidelines and often not noted."*

"If the BDA recognises prison dentistry for the specialism that it is then, hopefully, future dentists may want to become prison dentists and thus increase numbers and remove some of the greatest problem i.e. not enough dentists working in prisons."

27. Other comments included the following:

"Help establish local peer review networks for prison dentists."

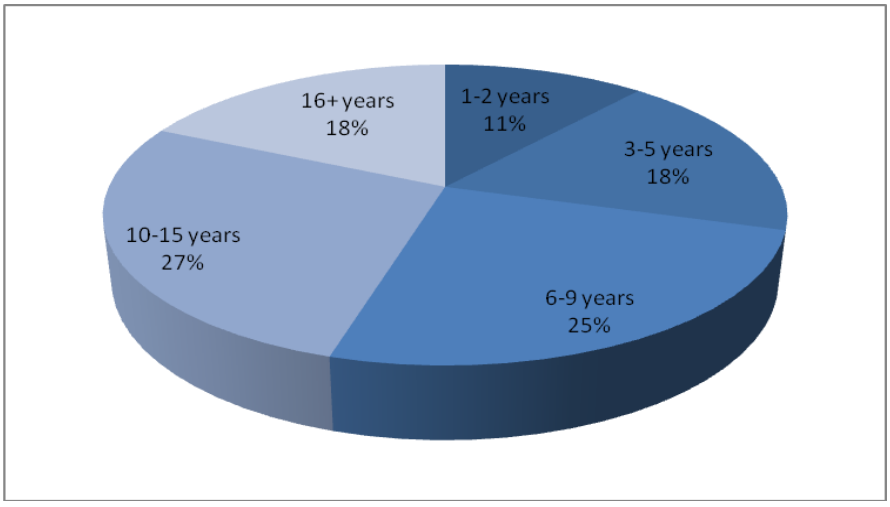
"Ideally there should be some guidance as to what treatment can be reasonably expected within prison. I know we have to carry out the full range of NHS treatment but I've had 2 similar cases recently of prisoners demanding complex crown and bridge work on completely unsuitable dentitions. The PCT, PALS, all manner of advisors got involved until the cases were finally resolved. Prison dentists do not know what is expected of them. I know of dentists who see 10 -11 patients in a session as emergency patients only and if the patient says "just rip it out guv" that's what they get and go happily on their way never to be seen again. At the other end of the spectrum are dentists seeing 4 patients a session, doing lengthy treatment plans only to find the patient has gone by the next appt as the wait is so long."

"Personal responsibilities as dentists regardless of employment status is essential. Ensure good commissioning and review by DH of dental guidance to PCTs huge variation in service and investment commissioned resulting in variable service provision. Salaried service especially seem to believe their "managers" should sort things out. Often Salaried service directors do not ever set foot in prison. Home office and DH much agree to actual level of care required and funding should be ring fenced in PCT budgets."

Respondent profile

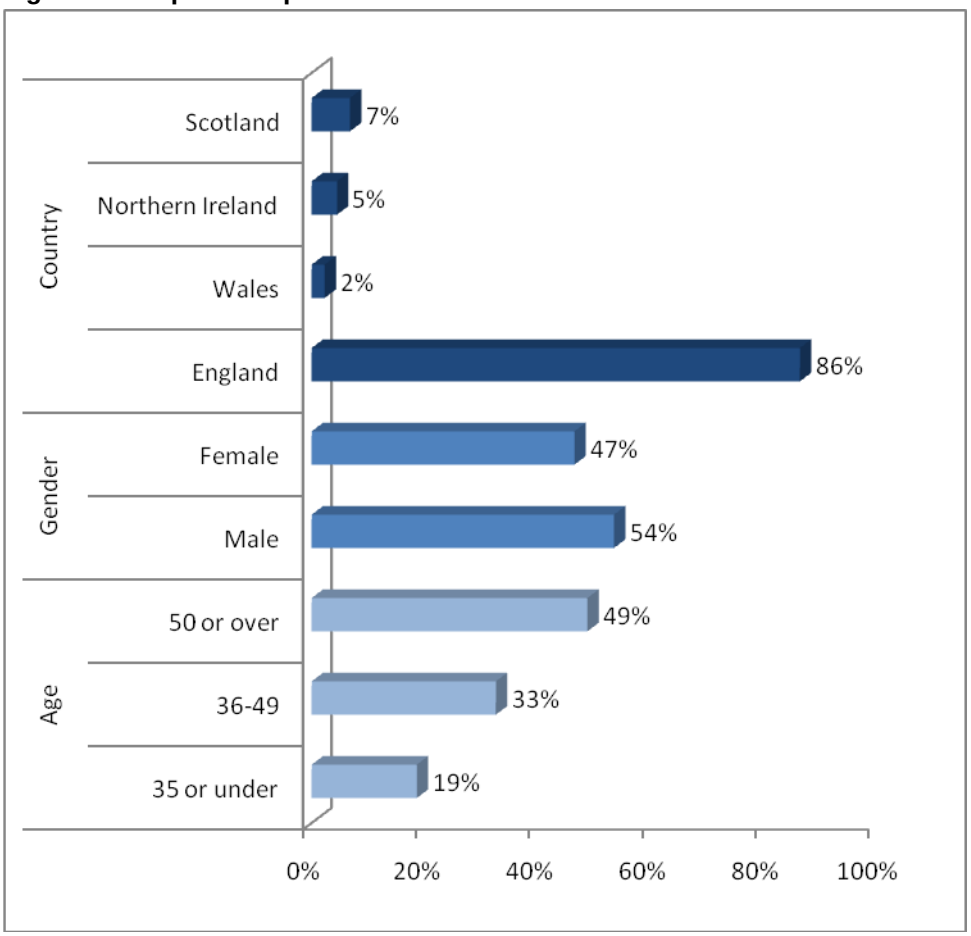
28. The respondents included a number of very experienced prison dentists, almost one in five (18 per cent) had 16 or more years of experience in prisons. One in ten respondents (11 per cent) had one or two years experience.

Figure 3: Respondents' years of experience in prison dentistry



29. The respondents were almost evenly split between males and females (54 per cent and 47 per cent respectively) and almost half (49 per cent) were in the 50+ age bracket. One in five respondents were 35 or under (19 per cent).

Figure 4: Respondent profile*



*Please note: Due to the small sample size of this survey, the respondent profile above should not be taken as a profile of prison dentists generally.

30. Figure 4 compares the survey respondents to all prison dentists on the BDA membership database. As shown in the graph, the respondents are broadly representative of BDA members but slighly over-represent females and dentists in the 50+ age bracket.

Figure 5: Respondent profile compared with BDA membership data