

How to define essential oral health care? Findings from the EU PRUDENT project

Prof Chris Vernazza

Head of School, Dental Sciences
Professor of Oral Health Services
Honorary Consultant Paediatric Dentistry

Dr Ruth Waitzberg

Research Fellow,
Technische Universität Berlin
European Observatory Health
Systems and Policy



Potential Conflicts

Trustee of:

- Alliance for a cavity free future
- British Society of Paediatric Dentistry
- Oral and Dental Research Trust

Consultancy work

- NHS England
- Haleon

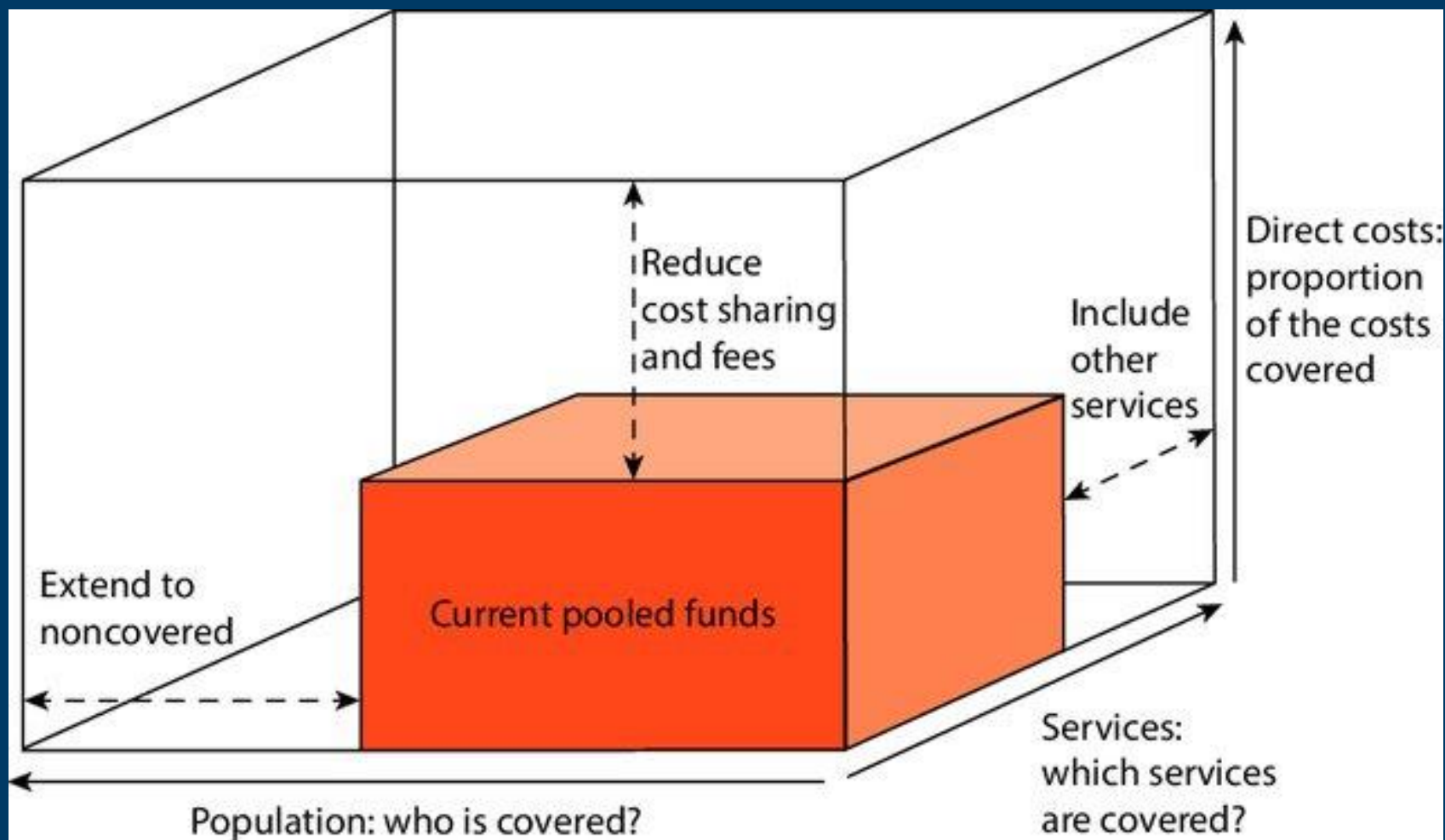
Funding

The views expressed are those of the author(s) and not necessarily those of the funders.

Horizon Europe (with UKRI)

Universal Health Coverage?

Never enough resource to do everything (SCARCITY)



World Health Organisation 2001

Resource allocation

Historical

Decibel

Needs assessment

Core service

Economic evaluation

~~Opportunity Cost
Multiple objectives~~

Integer programming
Multi-criteria decision analysis



PRUDENT Project

EU Horizon funded €5.3m, 2023-2028, Lead: Stefan Listl, Heidelberg

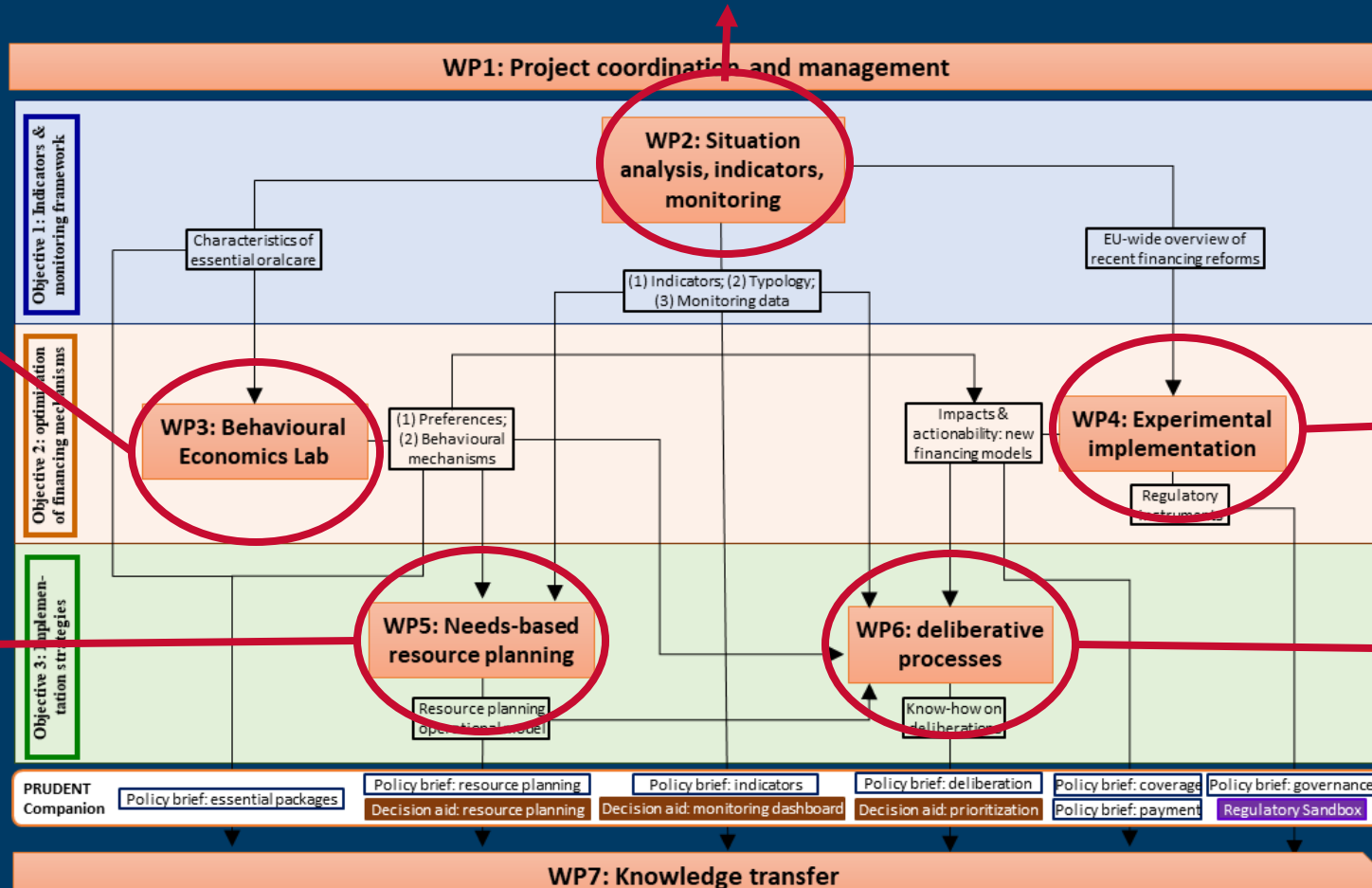
Today's presentation

Patient and professional values

Cost effectiveness models

Incentives experiment

Resource allocation



Programme Budgeting Marginal Analysis

1. Establish appropriate advisory panel
2. Define scope of the exercise
3. Compile the programme budget
4. Determine criteria for decision-making Identify options:
 - (a) growth
 - (b) resource release - operational efficiencies
 - (c) resource release from scaling back/ ceasing
6. Evaluate investments and disinvestments
7. Ensure recommendations valid and robust

PRAGMATIC APPROACH

Peacock et al. *British Medical Journal* 2006

Some of the key questions...

What the objectives of the service are

Which services/groups should we provide to meet the objectives with limited resource

What is the most efficient way of providing the selected services

Interviews with public and professionals

Very varied views on:

What NHS Dental should be for

Who should be covered

Means tested?

Pregnant?

Chronic health condition?

Elderly?

What should be covered

Clinically necessary?

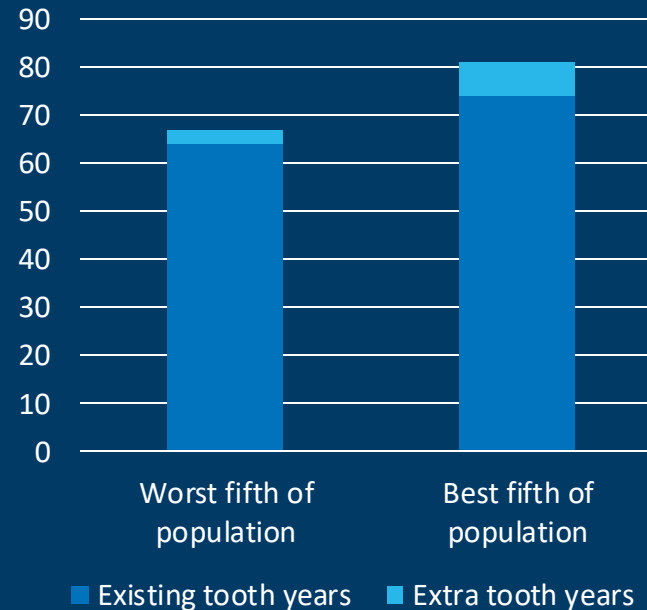
Psycho-social benefit?

Aesthetic?

Complex?

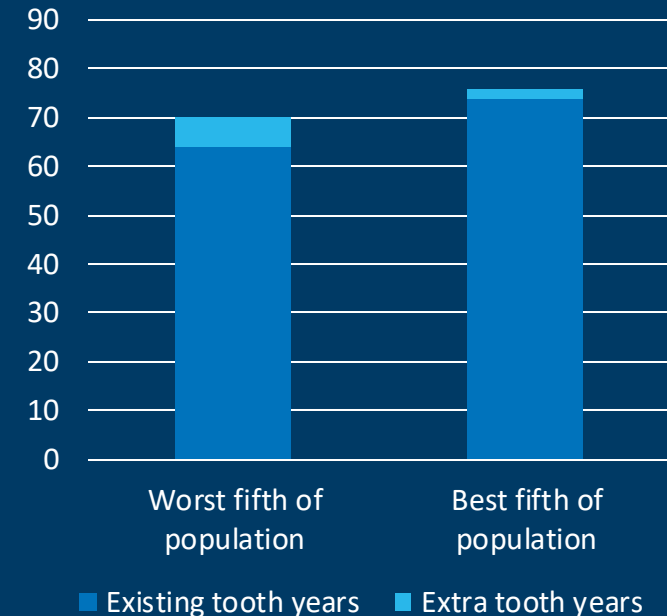
Large scale public survey (NATCEN)

Programme A



Total health improvement = **10 years**
Inequality gap **increased** by 4 years

Programme B



Total health improvement = **8 years**
Inequality gap **decreased** by 4 years

Views pretty much split equally (slight favouring of health maximisation)

Different to general health!



Katherine Carr, NIHR DRF

Project to look at resource allocation across **NHS dentistry in England**

Whole process called *Programme Budgeting and Marginal Analysis*

First step is to agree and weight **objectives** of an ideal service

Undertaken by a **stakeholder** panel with wider input

Domain	Weight (%)
Benefit	22.8
Preventative	13.9
Cost-benefit	12.8
Inequality	11.8
Safe/acceptable	9.1
Cost	8.2
Workforce	7.2
Patient responsibility	5.8
Innovative	2.9
Politically acceptable	2.8
Aesthetics	2.7

RAINDROP Part 2

Current services to stop/reduce

Service	Estimated cost	Score (+2 to -2)	Recommend for funding
Moderate need orthodontics	£44m	-0.21	Disinvest
Adult orthodontics	£11m	-0.18	Disinvest
Scale and Polish	£174m	-0.04	Disinvest
Root canal on molars	£190m	-0.09	Continue
Jaw surgery	£20m	0.03	Continue
Moderate + severe orthodontics	£99m	0.16	Continue
Out of hours pain	£54m	0.81	Continue

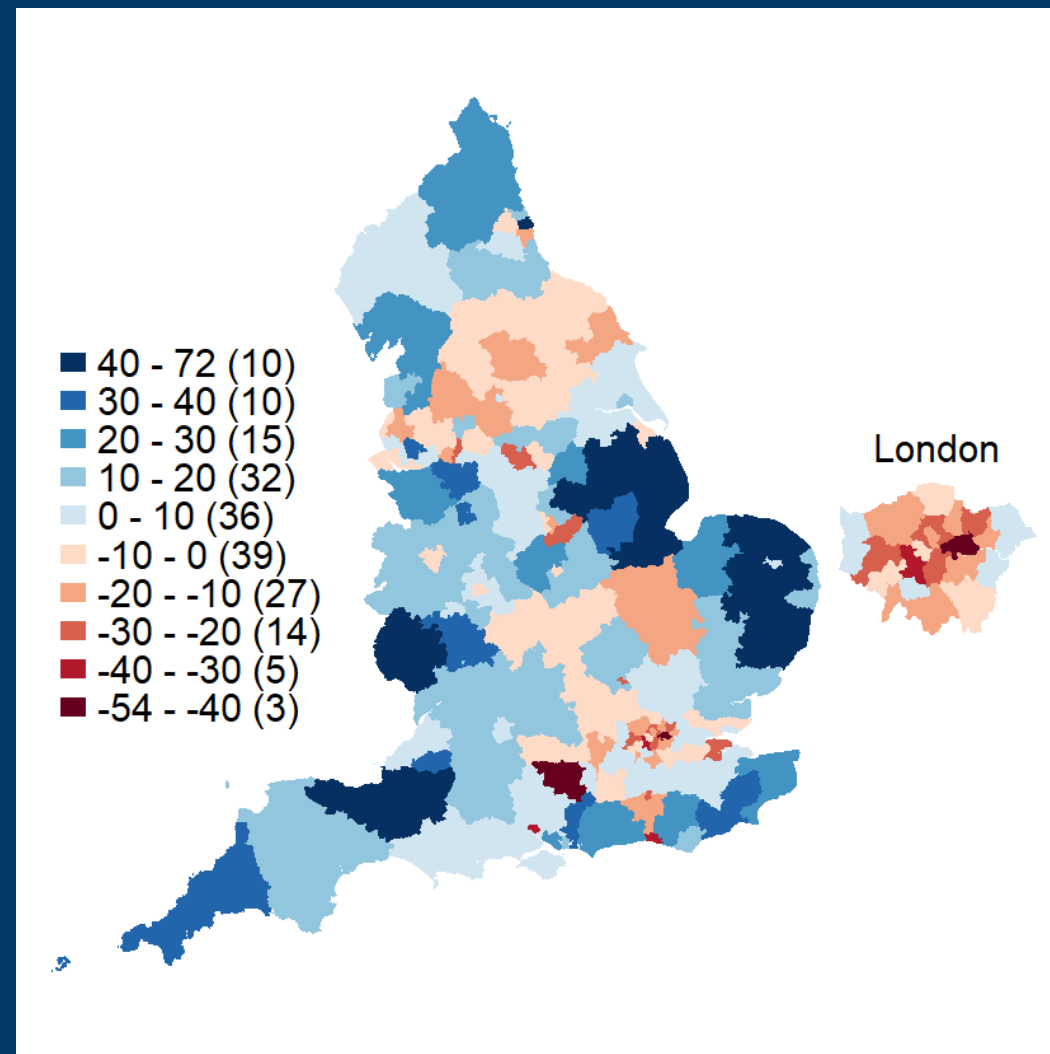
New services to start/increase

Homeless care	£190m	-0.02	No invest
CBT	£824m	0.09	No invest
Preventative sessions	£659m	0.44	No invest
New dental places	£135m	0.23	Invest
Care home dentistry	£13m	0.56	Invest
↑ Public health in local authorities	£5m	0.57	Invest
NHS 111 – Practice link	£2m	0.72	Invest

Funding for NHS dental services mainly based on historic 2004-5 activity of each practice

Funding for other NHS services (e.g. GP) based on formulae that adjust for need/supply/cost base.

DIAMOND investigated how a dental weighted capitation formula could look



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Strategies for managing **compromised first permanent molars** in children.

Restoring or full gap closure highly valued

Partial gap or prosthetic replacement valued less

Modelling - **extraction of the tooth between 7-10** was the most efficient option.

Greig Taylor
NIHR DRF



Monetary valuation of benefit
(Contingent Valuation
or Discrete Choice Experiments)

Undertaken in many areas:

Community Water Fluoridation
Fluoride varnish

Amalgam versus composite fillings in molars

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