Chalk and cheese?

When it comes to carrying out endodontics under the UDA system, Jerry Adams suggests a little give and take is necessary to make it work.

The preliminary results of the dental treatment band analysis in England from April to July 2007 demonstrate that there has been a reduction in approximately 45 per cent of adult courses of treatment that contain a root-filling episode from 2005/04 to 2007 and an increase in the number of extractions. This is a direct quote from a British Endodontic Society memorandum, (OS05) to the House of Commons health committee a year ago, while the Department of Health (DOH) reported that figures are even worse. In 2008, this situation has become out of control and the reasons for the severe change are two fold.

Root problem

The UDA situation regarding root canal therapy is the core of the problem. The Government’s position is that the UDA banding and contract-value allocation to an individual practice was based on historic treatment patterns of that practice.

The Government will argue that under the new system, a practice should continue to provide 50 RCT treatments, seeing as they were part of the historic value, and as a result, there is reluctance from the Government to provide extra funding for what they perceive they have already paid for. On whichever side of the fence you sit, it is an argument that is difficult to argue against.

From the practitioner’s point of view, there is a different dilemma that has arisen from the GDP looking at an individual treatment within what is no longer an item of service contract. The practitioner either provides the root treatment, which will be part of the treatment that attracts three UDAs anyway, thus creating the view that the root treatment is being provided for free, seeing as it does not increase the UDA value. Alternatively, the practitioner extracts the tooth and provides a denture that attracts three UDAs anyway, which will be part of the treatment. As they were part of the historic practice should continue to provide extra funding for what they perceive they have already paid for.

What’s the solution?

The Government needs to decide whether it is serious about funding care such as root treatments and introducing a band of say five or six UDAs for complex non-laboratory treatment – that would be a good compromise. The flip side to this would have to be a reduction from the simple treatment UDA value.

The biggest loser

One thing is for certain, the status quo cannot be allowed to exist; it is the ultimate lose, lose, lose situation. Politically, the Government will be shown to have moved dentistry back 20 years and have cobbled together a definite two-tier system, something they have been desperate to avoid. Practitioners will lose as the Government will blame this failure on them, and they can expect little sympathy from the public following the latest report, which shows that the latest report, which shows that practitioner NHS earnings have averaged over £100,000 under the new contract. Ultimately it is the patients who are the biggest loser and at the end of the day surely that what is most important?

Predictable Endo for the General Dental Practitioner

smartseal is delighted to announce dates for their popular evening seminars. The events will be hosted by Jerry Watson BDS, a practising GDP from Lincolnshire.

Aim of the course

To provide course participants with the necessary knowledge and skills to be able to implement the smartseal endodontic system in their practice.

Course objectives

By the end of the course participants should:
- have an understanding of the science behind the smartseal system
- have knowledge of the polymer plastics used in the system
- have the necessary skills to be able to use the smartseal system
- understand the nature of the material and its uses
- be able to interpret x-rays where a smartseal endodontic treatment has been used.

Format of the evening

6.30pm light buffet/networking with colleagues
7.00pm overview of the system, science behind the material and how it works
hands on session using endo blocks, allowing delegates to see exactly how the smartseal system works and get a feel for using it
9.00pm close

Dates and venues

05 February 2009
North London
Hendon Hall
12 February 2009
Slough
Copthorne
19 February 2009
Oxford
Holiday Inn
26 February 2009
Solihull
St Johns
05 March 2009
Preston
Marriott Hotel
12 March 2009
Newcastle upon Tyne
Holiday Inn
19 March 2009
Edinburgh
Marriott Hotel

Delegate rates: £55 - dentists, accompanying nurse free of charge*. Delegates attending the seminar will receive a 50% discount against the purchase of an introductory pack of smartseal. “One nurse per dentist is a good compromise. The Government will argue that under the new system, a practice should continue to provide 50 RCT treatments, seeing as they were part of the historic value, and as a result, there is reluctance from the Government to provide extra funding for what they perceive they have already paid for. On whichever side of the fence you sit, it is an argument that is difficult to argue against.

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About the speaker

Jerry Watson is a general dental practitioner based in Stamford. He is a well respected trainer and has worked with many companies and organisations to deliver training for dental teams. He has been involved with Smartseal since the late 1990s.