A solid foundation?
In the fifth article in the series, Neel Kothari asks whether the Department of Health will engage a better working relationship with dentists for 2009

Over the course of my last few articles, I have discussed some of the difficulties faced by NHS dentists on a day-to-day basis. Since the start of the new contract, we have seen an almost universal condemnation of the system from groups representing dentists and patients, but little recompense from central Government.

More recently we have seen an abhorrent use of the media to finger point and impart blame on dentists who the Government feel are not living up to their end of the contract. Rather then implementing some of the changes set by the Health Select Committee (HSC), what we are seeing is a shameful onslaught by central Government, which is determined to make NHS dentists, follow suit, regardless of public and professional opinion. The problem dentists are now facing is that by using the media in this way, all dental professionals face being tarnished with the same brush, rather then just those unethically profiteering from the system.

Combating unethical practice
This raises another important question: can we effectively regulate ourselves against unethical practice when most dentists feel the new UDA system is fundamentally unfair? The amalgamation of over 400 treatment codes into three bands has made the link between work done and remuneration extremely blurry. Rather than being given clear workable guidelines, dentists have been left to work within a difficult system. The spate of articles over the past few months criticising dentists over their current working patterns surely cannot be the right forum to regulate good practice. Catchy headlines about the past few years.

At a time when our patients have real worries about the economy and their jobs, what the NHS can do to help our patients is offer stability. Another mass exodus of dentists after April 2009 has been predicted by some and denied by others across the spectrum of popular opinion. If the NHS wants to offer stability to our patients, those dentists who may potentially leave the NHS must be offered guarantees that if there are to be changes to the current system, these are to be made in consultation with dentists and show a greater degree of fairness and transparency than seen in the past few years.

Predicting the changes
Looking towards the future, it is difficult to predict what changes, if any, will be made to nGDS. But if changes are to be made, what guarantees can we expect the Government to make that these will be piloted? Or even having a two-way dialogue with the dental profession? The HSC has recommended as a short-term measure that the Department consider increasing the number of payment bands from three to five or more. In particular, the HSC has raised concerns that there are disincentives to providing complex treatments.

Most dentists feel the new UDA system is fundamentally unfair

PCTs in power
The key link between Government funding and dental treatment now lies in the hands of Primary Care Trusts (PCTs). While many PCTs are able to effectively commission NHS treatment based on local needs, the HSC has reported this is not happening nationwide. I know from personal experience in 2006, some PCTs gave dentists very little time to examine the details of their contract before having to sign them. This gross lack of organisation and communication from PCTs has acted to further alienate dentists worried about their future security. I guess we’ll never know whether this was a deciding factor for those that left the NHS back in 2006, or merely the final straw in a long line of broken Government promises. Nonetheless, let’s hope PCTs learn quickly from the past and show greater transparency in their future negotiations.

Sacrificing quality?
Although the DH would like us to believe these current problems are merely teething errors from coping with a new contract, the evidence gathered as summarised by the HSC must be worrying for the profession and the Government. As dental services are increasingly being commissioned across the UK, what sacrifices to quality is the DH prepared to accept as this happens? And when will the DH tell us if there are to be changes to the current contract? As April 2009 draws ever closer, dentists are still in the dark over what the future holds. Perhaps now, the DH can re-engage a good working relationship with dentists, by allowing us to plan for change rather than merely reacting to it.

The DH’s response offers a more positive interpretation of what the future holds in store. While acknowledging many of the difficulties during the transition period, the DH’s response offers us little new information as to the direction NHS dentistry is moving in or any concrete plans to get out of the mess we are already in. While the DH has made an effort to respond to most of the concerns raised by the HSC, I was unable to find an adequate response to point 26 (HSC conclusions): ‘We conclude that the contract is in fact so far failing to improve dental services measured by any of the criteria’.

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About the author
Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post-graduate he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as such, is treating, appreciating some of the difficulties in providing dental healthcare within this widely criticised system.