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 than 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 than 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 460 treatment codes into three bands has made the link between work done and remuneration extremely blurry. Rather than being given clear workable guidance, dentists have been left to practice 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 earnings and how frequently dentists recall patients do very little to build constructive dialogue between dentists and the Government. Instead, this can be interpreted as a pre-emptive strike aimed at those dentists who disagree with the new dental system.

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 then seen in the past few years.

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 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.

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.

But let’s look at this in closer detail. Sure the disparity between a simple filling and a complex RCT is staggering, but as many molar root-treated teeth are subsequently restored with cast restorations instead of attracting three UDA this course attracts 12 overall. If band two was split into an upper and lower level would this actually encourage more dentists to restore teeth? Or could this be seen as a way for paying dentists less for simple fillings? As long as the link between payments and treatments provided remains severed, it’s hard to envisage reactionary measures, such as this, as long-term solutions.

What the profession is looking for is fairness and equality across the board, and defining how much work should be provided per course of treatment would go a long way, particularly with those dentists working in high need areas, to help manage allocated funds. Currently we can see little indication that the DH has the desire to change or acknowledge the flaws in the system as put forth by the HSC.

Differing responses

Both the BDA and the Department of Health (DH) have written formal responses to the main concerns raised by the HSC and these can be found on the BDA website. Not surprisingly, we can see both reports differ in their response to the HSC report. The BDA’s response seems to agree with the fundamental flaws in the system as pointed out by the HSC and in my opinion offers a fair and balanced view of the system in its current form.

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.

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 graduation 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 a consequence, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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