How do we pay for NHS dentistry?

Neel Kothari discusses piloting and the new contract

The seemingly endless NHS reorganisation, uprooting and change has now culminated in a new set of dental pilots due to be unraveled by the coalition government in April. These pilots are aimed at testing a range of different models to gradually move away from the UDA-based system towards a system based on capitation and a quality and outcomes framework. Much of the rhetoric surrounding this change sounds similar to that proposed when the 2006 dental contract was first suggested with once again an emphasis of movement away from a treatment based system to a more preventative based one. Essentially these pilots will be based on a capitation system where dentists will be paid on how many patients they look after and the healthcare outcomes they achieve, rather than just the amount of treatment they provide. However with the country in economic strife and goodwill with the profession virtually extinct, one must question whether this new set of pilots will work with the profession to bring change or once again impose reform without the informed consent or will of its members.

Of course, until the pilots reach their more conclusive stages, I certainly cannot say that I am against the prospect of piloting and, just like the 2006 contract, many of the aims proposed by the government resonate strongly with the profession, none more so than one of the Department of Health’s (DH) overall priorities for the NHS, which is to cut bureaucracy and improve efficiency. With many practitioners, including myself, currently dealing with the rigamarole of the CQC and compliance with HTM01-05 I certainly welcome any plans to learn bureaucracy, but more importantly if we are to learn from the mistakes of 2006 surely the profession needs a greater say in how best to move forwards.

An example of how the coalition government in my opinion can do better is by looking at the issues surrounding HTM 01-05. On behalf of the profession, the British Dental Association (BDA) has repeatedly requested an evidence based evaluation of the HTM 01-05 proposals via NICE prior to the bureaucratic implementation and as yet does not seem that this is likely to happen. If the DH wishes to restore goodwill with the profession and is serious about reducing bureaucracy, why not start by asking whether all aspects of HTM01-05 are really necessary and based on sound evidence?

The initial set of pilots look at testing three simultaneous models, where, unlike the current system, dentists do not have to carry out a specified number of UDAs but are instead paid based on the number of patients they see. The type 1 pilots aim to establish a fair baseline capitation value by looking at the way dentists carry out treatment without the financial incentives of providing UDAs. The type 2 pilots aim to test the implications of a national weighted capitation model based on age, gender and social deprivation, where dentists will also be eligible for payment against the QOF. In the final type 3 pilots the dental budget will be split, the capitation payment covering only basic care and a separate budget catering for complex care that involves dental laboratory work.

Currently the Department of Health intends to run between 50 and 60 pilot sites which will be assessed after an initial period of one year, with scope to extend them until the new contract is ready in its final form where they are successful. The Department says that changes to the patient charge system required by the new contract will require changes to legislation, a process which will take time and is subject to Parliamentary approval. It is anticipated by the DH that a new contract will be ready by April 2014. Clearly dentistry differs from other aspects of the NHS by having a patient charge. Whilst many patients are used to paying a fee for NHS dentistry, the government still adds more than £2bn a year in the United Kingdom to support NHS dentistry, so even though the service continues on under the umbrella of the ‘NHS’, for most people it cannot be said that it is free at the point of delivery.

Whether we like it to admit it or not, operating under a fixed budget clearly involves a level of rationing and, with due respect to the taxpayer, this is not an unreasonable expectation. Under the current system, whilst the payments to dentists are rough based on pre-2000 values, the burden of responsibility for high risk patients requiring advanced dentistry seems to be unfairly distributed, introducing what the coalition government calls ‘economic incentives’. Whilst we can have various discussions on essentially how dentists should get paid, the elephant in the room is an open discussion on what NHS dentistry should really provide, how much they should provide and to whom? After all, advanced treatment in dentistry is not just a highly complex, skilled activity, but an expensive one too.

In an article for the BBC, Professor Jimmy Steele makes the point that if taxpayers are contributing to the NHS to provide costly and difficult treatment, asking the patient to provide a healthy mouth first seems a reasonable deal, doesn’t it? Professor Steele accepts that this does sound like a form of rationing, however unlike restricting liver transplants to those on the waiting lists or by-passes to nicotine quitters which involve chemically addictive process, he draws a clear contrast that cleaning teeth properly usually requires little more than a few short and sensible conversations with a professional, a toothbrush and some toothpaste.

It appears that any changes to the current system are still far away, at the earliest April 2014. The widespread criticism of the lack of piloting prior to the introduction of the 2006 contract seems to be being addressed by the coalition government, but after the fiasco of 2006 it is difficult to know whether the profession will welcome these changes with open arms or merely see this as another upheaval too far. It is unlikely that many of the 2000 or so dentists who left the NHS in 2006 will come back and it is even harder to envisage how the profession would cope if the new new dental contract resulted in a further cull of dentists away from the NHS.