Change is coming...

Dental Tribune’s Maria Anguita takes a closer look at the recently published Health and Social Care Bill

Local councils are to have a say in how NHS dental services are commissioned and run. Whilst primary and secondary dental services are to be commissioned by the NHS Commissioning Board through the establishment of health and wellbeing boards at every upper tier authority from 2015, local authority councils will share commissioning duties with GP consortia and the NHS Commissioning Board through the proposed structure of the envisaged new bodies. This is due to be published in 2014; however, dental groups have expressed concern over the timing and the relationship between the new structures set out in the bill and the current dental contract, currently in use, which was signed in 2005 and will expire in 2012.

Under the NHS Health and Social Care bill’s sweeping reforms, announced by Health Secretary Andrew Lansley, local authority councils will share commissioning duties with GP consortia and the NHS Commissioning Board through the establishment of health and wellbeing boards at every upper tier authority from 2015 (although they could be operating in shadow form as early as from 2012).

Until now, local councils have only been involved in the provision of social care. A separate new body, called Public Health England, will be created to improve public health and reduce health inequalities between the richest and poorest. At the same time, the number of health arm’s length bodies (ALBs) is to be reduced from 18 to between eight and 10. Organisations which are no longer needed will be removed from the sector, with essential work moved to other bodies. ALBs facing the chop include the Health Protection Agency, and the National Patient Safety Agency.

The proposed reform of the NHS and the abolishment of Primary Care Trusts has been met with skepticism and mixed reactions in a wide range of stakeholder groups. There is widespread concern that there will not be enough dental expertise amongst board members involved in the commissioning of dental services, and a lack of thorough knowledge of how dental practices are run. In the proposed structure, the channels of responsibility are opaque and confusing, and there are question marks of where accountability will lie.

Dr Susie Sanderson, the British Dental Association’s Executive Board Chair, has said that: “There will clearly need to be an involvement of experts such as consultants in dental public health, dental practice advisors and local dental committees to ensure that patients’ needs are addressed as services are commissioned.”

According to Paul Burstow, Minister of State for Care Services, local authorities will have the power to require attendance at scrutiny meetings of any provider that is funded by the NHS. This includes the scrutiny of GP practices, dentists, pharmacies, and independent and voluntary sector providers.

An NHS dentist from South East London, who does not wish to be named, has said that councils “will not be perceived as having enough knowledge or expertise in the dentistry arena to be able to pass judgment on healthcare professionals. High street general dentistry is still mainly delivered by independent practices, run by principal dentists as small businesses, and it is likely that they will not be happy having more pushers from the council calling the shots.”

The BDA has also pointed out that until now the coalition government has failed to address a number of important issues for dentists and their patients, leaving many questions unanswered. Importantly, these include the Government’s intentions for how dental public health fits into the envisaged arrangements and arrangements for care for vulnerable patient groups.

Dr Sanderson has said that: “This Bill must answer those questions.”

While the exact details of the relationships between the NHS Commissioning Board, GP consortia and local council authorities are still to be clarified, a spokesperson for the Department of Health has said that: “The NHS Commissioning Board will commission both hospital and primary dental care services to ensure integrated dental services.”

However, the Department of Health has not revealed what extra funding, if any, Councils will receive in order to be able to meet their new obligations under the new bill. It is also unclear how much budget has been created for commissioning of dental services.

The NHS reforms come at the same time that a new general dental practitioner contract is being drafted. Last December the Department of Health announced that pilots will begin in 2012 and will test new contract models that focus on providing continuing care for registered patients and improving access. They will also explore ways of moving away from the target-driven basis of the current dental contract and instead focus on prevention and quality of care. The new contract is due to be published in 2014; however, dental groups have expressed concern over the timing of the NHS reform and are worried that energies will be diverted into implementing the new contract rather than on securing a good deal for dentists and patients.

Lord Colwyn, Vice-Chair of the All-Party Group for Dentistry, has highlighted that in 2005 a new dental contract was introduced at the same time as PCTs were reorganised and that during the restructuring many dental leads and commissioners were not in post to oversee the implementation of the new contract.

The NHS reforms pose questions such as what criteria will the local authority council be measuring, and to what level will they be able to scrutinise? What happens if a council deems a practice not performing adequately? Who will monitor practices, and will they be qualified? Such issues will remain unanswered for some time while the next steps of Health are addressed as services are commissioned.