The proposed reform of the NHS and the abolition of Primary Care Trusts has been met with skepticism and mixed reactions in a wide range of stakeholder groups. Whether a council will be named, has said that: “The NHS Commissioning Board will commission both general dental practitioner contract services and integrated public health services, 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: “There will clearly need to be consultans 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 information and attendance at scrutiny meetings of any provider that is being drafted. Last December the Department of Health announced that pilots will begin in April and will test any 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 model 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 new structures set out in the new bill are hammered out. One thing is clear, and that is that change is coming and that practices are going to have to adapt quickly.