The new dental contract - full of holes and causing pain?
On March 6, the Patients Association launched a survey which asked Primary Care Trusts in England how they are responding to the new dental contract and the needs of their patients.

The Patients Association have acknowledged an educational grant from Denplan, which made work on the survey possible. As a result of the survey the Patients Association has called on the Government to:

- Examine the co-payments system for dentistry as the basis for expanding the availability of treatments elsewhere in the NHS.
- Ensure early diagnosis of serious oral illness e.g. cancer by giving patients the same level of priority as those who have been referred for other serious illnesses in the NHS. Primary Care Trusts (PCTs) must offer a complete and safe NHS dental service to their population, which was intended to be a main benefit of the new contract.
- Remove the postcode lottery for patients which results from poor or weak commissioning by PCTs. Where PCTs offer an excellent, creative commissioning structure, they should take over the dental commissioning role of those that do not.
- Renewed guidance on best practice in commissioning should be issued.
- Require PCTs and dentists to ensure patients are fully aware of the important changes to their NHS dental care and financial charges, thereby minimising patient anxiety and financial waste.
- Ensure the same level of coverage and availability of specialist treatments, e.g. root canal, orthodontics, as applies to other specialists in the NHS.
- Require PCTs to ensure dentists comply with latest infection control guidance.

The Patients Association demands

The association sent a questionnaire to each of the 150 Primary Care Trusts (PCTs) in England, under the Freedom of Information Act. A total of 112 questionnaires were returned giving a response rate of 75 per cent. In summary:

- The majority of PCTs say they are satisfied with the level of funding and the latest increase. Most confirm that the funds are ring fenced.
- But: PCTs complain there is widespread lack of funds for orthodontics and other specialist treatments.
- There is increasing concern for the preventive role of dentistry in detection of oral health disease.
- Patients are confused about the new contract, new charges and NHS availability – complaints have risen.
- PCTs now commission dental services for their area, but the results reveal a lack of creativity in commissioning.
- There is confusion about the commissioning role of PCTs.
- The mixed bag of access to service, emergency and out of hours care, and preventive campaigns revealed in the survey does not constitute a national health service for dentistry.

Funding

All PCTs said that funding had either been ring fenced or floor funded – in practical terms the same thing, but two of them said funding had been transferred to other services, but less than ten per cent.

Asked what services they found difficult to fund. Most cited orthodontics and other specialist care. Compared to the previous year, the vast majority of PCTs indicated an increase in their dental funding in 2007/2008 on average 4.4 per cent increase on the previous year. The majority of PCTs were generally satisfied with their dental funding (57.9 per cent).

The Patients Association were critical of the response that only just over a third (57 per cent) were using their funding to attract new dentists to their area, but out of the additional money the PCTs had to fund an increase in contact values which will have taken most of the increase. This also explains why probably three quarters (70.2 per cent) of PCTs said that they use less than 10 per cent of their dental budget to attract new dentists.

Access to NHS treatment

The survey showed up some confusion about what access to NHS dental care means. In answer to one question the PCTs said that, on average, 1.5 per cent of their population remained without access. On the other hand only around half of their population ‘were currently receiving NHS dental care’.

The Patients Association found these responses incompatible, but the discrepancy is probably due to the fact that not all people who are without a dentist actually want one.

Figures for dentists who have left the NHS reflect previously published Government data. The vast majority of PCTs (92 per cent) said that fewer than 10 per cent of dentists had left the NHS entirely; 81.9 per cent of PCTs indicated that fewer than 10 per cent of dentists in their area opted out for NHS fee paying professionals. However, 1.1 per cent of PCTs replied that 50 per cent to 90 per cent of dentists had opted out. The vast majority (95.9 per cent) of PCTs said that they successfully offered alternative care for patients who had chosen to opt out of NHS care.

Treatments offered

PCTs were asked if they were aware of any particular treatments ceasing to be offered by NHS dentists and 51.3 per cent of PCTs confirmed they are aware that this was happening.

They reported reductions in the following treatments:
- Root canal work - 89.7 per cent
- Braces - 51.7 per cent
- Dentures - 57.9 per cent
- Crowns - 27.6 per cent
- Dental extractions - 5.9 per cent
- Other 17.2 per cent: included periodontal treatments and domiciliary care.

On orthodontic treatment, the Patients Association commented: ‘This is an area of dentistry which falls increasingly into private care despite its expense. Child patients require orthodontic treatment need it without delay. The NHS scheme, using a scale of severity, allows only the most severe cases to be dealt with. Yet nearly half (46 per cent) of PCTs indicated that they allocated less than 10 per cent of their dental funding to orthodontic treatment.’

‘It is open to question how the small sums allocated to orthodontics square with the state’s critical of the response that only just over a third (37 per cent) of PCTs had allocated less than 10 per cent of their dental funding to orthodontic treatment.

Other PCTs adopt a more in-house approach. Some have a strict policy of no guarantee that the contract will not be passed on to the new practice owner, if there is greater need in other areas. Other PCTs adopt a more informal approach, merely giving advice to the new practice owner on the content of the contract.

The average Unit of Dental Activity (UDA) value is of £22.90. Asked if they anticipate harmonising UDA values across the PCT area in April 2009, 62.2 per cent of PCTs said they had no such intention.

About three quarters (76.5 per cent) of PCTs indicated that they permitted dentists to have child only contracts. Of those that did 55.5 per cent anticipated continuing permitting dentists to have NHS limited contracts after April 2008.

Only four per cent of PCTs had agreed any uplift of fees locally for endodontic treatments following the recent ‘single use instruments’ advice.

The Patients Association launched a survey which asked Primary Care Trusts in England how they are responding to the new dental contract and the needs of their patients.