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 prevention as is now planned for others. In the UK, primary health care (GPs) and dentistry 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 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 service; and that there are no 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 specialties in the NHS.
- Require PCTs to ensure dentists comply with latest infection control guidance.

Patients Association demands

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 had left the NHS entirely. The Patients Association confirmed this were 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 - 5.6 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 requiring 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 (48 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 standards of care for patients whose dentists have opted 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 51.5 per cent of PCTs confirmed they are aware that this was happening.

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, 62.5 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.