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 their GP. Patients need to be aware of the problems it can cause.
• Examine the role of orthodontics and other specialist treatments
• There is confusion about the preventive role of dentistry in detection of oral health issues.
• 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 services is incompatible, but the Patients Association found these responses incompatible, but the patients 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 services, but less than ten per cent of dentists had opted out for NHS fee paying patients. 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 where a dentist has opted out of NHS care.

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.

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.

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 (46.7 per cent) of PCTs indicated that they allocated less than 10 per cent of their dental budget to attract new dentists.

Over a third of PCTs (38.2 per cent) have sought to recruit dentists to their area, but out of the three quarters (76.5 per cent) of PCTs that do not. Renewed guidance on best practice in commissioning should be issued. If a dental practice is sold, PCTs appear to have two different approaches. Some have a strict policy of no guarantee that the contract will 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.

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