Tony Jacobs rounds up the latest issues from his growing GDP-UK emailing list. The HSC inquiry has been widely discussed and illegal dentistry by beauticians continues to pose a worry.

The Health Select Committee (HSC) inquiry into dentistry has been food for thought and comment on GDP-UK of late, in the past, colleagues have shared literal pages of dry evidence, questions and answers between committee members and themselves, and continue to manage the processes, while others are happy to use a service provider.

Some of the exchanges were interesting. John Taylor quoted evidence that paying dentists by piece work makes them more productive, and more cost effective. Many colleagues agree that change from the old system was needed. Colleagues thought the HSC was more sympathetic to Crouch and Renshaw, and more hostile when interviewing the chief dental officer (CDO), later in the session.

I think that many of the CDO’s ideas are based on his experiences of working in a true partnership in a practice where there was a unique PDS contract not piloted elsewhere. In evidence, the Department of Health continues to state that the pilot PDS schemes were used to draw conclusions. As a result, some of the features are being discarded.

Colleagues in the GDP-UK group also discussed the pros and cons of running an in-house payment plan for their practices. Many colleagues have done this themselves, and continue to manage the processes, while others are happy to use a service provider.

High costs and long waits are forcing patients to go abroad says survey

Record numbers of British patients are travelling abroad for medical and dental treatment because of the high costs, long waits and infection risks of care in Britain, according to a survey conducted by the agency Treatment Abroad. The growth in medical tourism is being fuelled by cut-price private dental treatment, offered in combination with package holidays to exotic destinations including South Africa, South America and Malaysia. An estimated 100,000 people travelled abroad for treatment in 2007, up from 70,000 in 2006.

High costs and the difficulty of finding an NHS dentist have made dental tourism the fastest-growing category of medical tourism, with Hungary the most popular destination for dental tourists. Budapest: the favourite place for ‘dental tourists’

British medical and dental organisations warn that providing follow-up care for patients treated abroad is more difficult and complain that British doctors are increasingly having to sort out complications from treatment provided elsewhere. They say standards of training, regulation and infection control may all be lower than in the United Kingdom.

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A further issue highlighted was a very carefully worded debate about ‘highly productive associates’. Colleagues were cautious in how they addressed this ‘highly profitable’ under the old GDS. Some colleagues felt this phrase should not be used, either.

The illegal practice of dentistry by beauty salons concerns many colleagues, and the stance of the GDC in using legal means to stop this practice of dentistry by non dentists was welcomed by GDPs.

Merrill Lynch’s valuation in its part purchase of IDH made colleagues think about the ‘milion pound practice’. Is there one near you?

GDPUK welcomes new members at its new website, http://www.gdpuk.com. There are money saving benefits to being a member, which is free. GDPUK is always seeking to improve the benefits to members.
Denplan receives Sunday Times award

For the fifth consecutive year Denplan has risen through the ranks of the ‘Sunday Times 100 best companies to work for, 2008’ listing, for mid-sized companies. At the awards dinner held at Battersea Park Events arena, London, hosted by the BBC’s Fiona Bruce (on February 28) Denplan again moved up the listings to secure sixth position – a rise of two places from 2007.

Steve Gates, managing director said: These awards are a real testament to the team here at Denplan, which continually rises to meet the exciting challenges facing UK dentistry today. As the organisation’s leader it’s hugely gratifying to know that Denplan commands such high levels of commitment and loyalty from its employees without compromising their work-life balance. This winning attitude is the key to our success as a leading provider in our field.

‘Dentists nationwide recognise how they too benefit from this ethos, which makes us the number one choice for those looking to move into private practice. Five years ago we entered on February 28 year on year we’ve continued to rise. This is our highest position yet and a great achievement. My thanks go to everyone one at Denplan for expressing their views so positively and making it such a great place to work.’

The ‘Sunday Times 100 best companies to work for’, for mid-sized companies, is open to all companies in the UK employing between 250-3,000 people and is designed to distinguish between ‘the good and the most outstanding companies’.

Based in Winchester, Denplan provides products and services to over 6,500 member dentists and 1.8 million patients, nationwide.

Hove practice faces massive clawback

Basses of an award-winning dental surgery say they may have to close because of their NHS contract problems. The Toothsmart surgery, in Port- land Road, Hove, may stop treat- ing NHS patients. Colette Mur- phy, who runs Toothsmart with husband Zoy Erasmus, says the practice has been struggling to break even since the Govern- ment introduced the controver- sial dental contract in April 2006.

Mrs Murphy told a local news- paper that the primary care trust (PCT) had told them that there is no problem with access to dental care, yet the figures show fewer people are visiting the dentist. ‘We have been working flat out and have not had a holiday, yet are struggling to break even. It can- not be right,’ she said.

Mrs Murphy is in dispute with the PCT, which says the practice owes £80,000 over work which has not been carried out. She said: ‘The PCT pays surgeries for the work at the start of the year, but because our targets are unrealistic we simply cannot do all that work. If we have to pay those clawbacks we will eventually have to stop treating NHS pa- tients and close half the surgery, because it simply costing us too much to keep treating people on the NHS.’

About 6,000 fewer adults and 900 fewer children have visited NHS dentists in Brighton and Hove since April 2006. A spokesman for Brighton and Hove City Teaching PCT said: ‘There are NHS dental places available in the city now, and if this practice moves away from NHS dentistry we would use the money to provide replacement NHS places at other practices instead. The NHS dental contract gave practices an agreed amount of money to provide treatment.’

‘When a practice delivers less activity than it had contracted for, we ask it to refund the money it has been paid for the proportion of work it has not done. The Toothsmart practice provides excellent care to its patients and we want to see that continue. We have been working intensively with the practice to help it find a way forward, but have not yet agreed a solution.’

Rogue salesmen using scaremongering tactics

The local Strategic Health Authority (SHA) has taken the unusual step of issuing a statement reassuring patients that NHS dental services remain widely available in the North- East. It follows reports that door- to-door sales staff have been try- ing to get members of the public to sign up to private dental policies by telling them that it is difficult to get an NHS dentist in the region.

According to the SHA, access to NHS dentists in the north-east is the best in England. A recent report from the Information Centre found that 61 per cent of adults in the north east had visited a dentist in the last two years compared with 52 per cent nationally. While 59.5 per cent of adults and 71.9 per cent of children in the region had seen an NHS dentist at some point in the 24 months leading up to 30 June 2007. A spokeswoman for the SHA said: ‘If people are approached over the phone or by telephone by telling them that it is difficult to see an NHS dentist.

Professor Jimmy Steele, of Newcastle University Dental School, said: ‘That is quite shock- ing. It seems that people have been employed to generate busi- ness in this way. They are scare- mongering, playing on people’s fears.’ While there was a ‘wide- spread belief that it was difficult to get an NHS dentist in the North- East, Prof Steele said he thought this was untrue.

The North-East SHA’s dental adviser, David Landes, said it ap- peared there was a ‘rogue’ sales- man or salesman who had been operating in County Durham and South Tyneside. While Mr Landes conceded that in some ar- eas of the region NHS dentistry was ‘not as good as the NHS would like’ and that some people in rural areas had to travel to get treat- ment, he said people were still able to see an NHS dentist.

A spokesman for the Associa- tion of British Insurers said the sale of any form of insurance was strictly regulated and advised any- one who was unhappy not to sign any documents and to get in touch with their local insurance representative.
Minister lightly grilled by committee
Minister and CDO perform an unusual double act before the Health Select Committee

Traditionally the responsible minister gives the final evidence before a select committee, to answer or avoid questions that have arisen in other evidence sessions.

As health committee chairman, Kevin Barron, told the minister Ann Keen, when she appeared before him on March 6, 'Most of the questions that are going to be asked today are going to be directed you,' although he said she might wish to 'field them on occasions'.

Taking the catches that day were chief dental officer (CDO) Barry Cockcroft and civil servant, David Lye. Despite the chairman's wishes most of the questions were 'fielded' by the minister's supporters rather than by her. This gave the unfortunate impression of a minister unsure of her facts and not in charge. This was compounded when the CDO referred to her as 'Ann' rather than 'Minister'.

One committee member challenged the minister to accept that 'some PCTs are actually currently incapable of properly commissioning dental services'. Ann Keen thought 'incapable' was a bit strong but she agreed that there was 'very, very strong evidence that some PCTs need much more support'.

Another raised the issue of a quarter of a million fewer patients received NHS care in the first year of the contract; which meant the new the new arrangements were a failure. The minister deflected this to the CDO who said that the full effect of opening new practices would not show for two years after their opening. There was much questioning about access, waiting lists and workforce planning. The CDO said there was no workforce shortage and there are enough people who want to provide services if the PCTs offer them for tendering.

Another issue raised by committee members was the department's relationship with the profession which had 'certainly not been good'. The minister said she had had a very good meeting with the BDA. She wanted to work with the BDA along with other professions related to dentistry in 'the same way as I work with every other part of the NHS'. She continued: 'We do recognise the professionalism of a dentist, the quality of the work they do and also, by us having regular oral checks, other more serious conditions can be diagnosed by the dentist and the rest of the oral health care team'.

The independent MP Dr Taylor feared he was living on a different planet from everybody else. Dr Cockcroft had said he got no negative vibes, but the MP found that every time he sat in the dentist's chair he got negative vibes all the time, mainly centered around Units of Dental Activity (UDAs). The committee had heard suggestions for change in the system, but the CDO said what was needed was to 'let it settle down as it is'.

There was much questioning about UDAs and also the removal of patient registration, something that the committee appears to believe should be re-instated. Whether such ideas appear in its final report however, remains to be seen.

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