Conservative dentistry?

In an exclusive interview for the Dental Tribune, Neel Kothari interviews Mike Penning, the Conservative shadow Health Minister responsible for dentistry, and asks him what the Conservatives would do to improve NHS dentistry?

NK: Mr Penning, what are the Conservatives’ plans on taking NHS dentistry forward?

MP: Sadly, we’ve come to the conclusion with many parts of the profession that the present contract as it is formulated and imposed upon dentistry is unsustaiable and we intend to phase the contract out. We would like to have a system that can put preventative dentistry at the forefront and re-introduce registration. But also I think the brand of UDA has been damaged and, I don’t like playing with semantics, but we’re not going to be called UDA’s.

NK: You mentioned you’re planning on phasing the contract out. How quickly do you think this will happen?

MP: I think there will be some areas where the contract is really not working and here commissioners, the PCT, will work with the NHS dentist to phase it out quite quickly. We think that you should be allowed to have a contract up to five years, in some cases possibly even longer. The reason that’s so important is that, unlike any other area of NHS provision, the dentist is an entrepreneur where you put up the money.

NK: So you see NHS dentistry as a business as well as a healthcare?

MP: Yes, absolutely, and it has to be, in that, if I’m a GP and I want to set up a practice the PCT comes forward and covers the costs... in dentistry that isn’t the case.

NK: By putting a capacity on the amount of work that’s being delivered does this tend to make employment law a bit murkier?

MP: I think it does make it murkier. I think a better word may be rationing, and rationing based on an accountant’s idea of what dentistry should look like, rather than on patient outcomes.

NK: Do you feel that the current level of funding of NHS dentistry is sufficient and, if not, how would the Conservatives alter that?

MP: I’ve made a commitment to my treasury team that we will stick within the existing budget. Is all NHS funding spent in each of the years? No, it’s not. Was there a surplus last year? Yes, there was. Do we have a major problem in certain parts of the country where there is almost no NHS provision whatsoever? Yes, do we have a surplus of provision and a surplus of cash in our country? Yes. So we have to look carefully at the formula.

NK: So how would you distribute the current funds?

MP: Well, the whole area of NHS funding, as the Select Committee said, is fundamentally flawed. If you look at how the funding formula works, some £10 billion pounds of NHS spending is dispensed, it’s distributed almost solely based on a social-economic situation. It takes almost no account at all of age-profiling and birth rate. That’s the way it should be looked at, that’s what the Health Select Committee said when they looked into the deficits. We’ve committed ourselves to a review of the funding formula.

NK: So why do you think this new contract was imposed by the Labour government?

MP: I honestly don’t know. They must have realised that there was going to be a massive problem. I’ve already eluded to the fact that I think it was drawn up by accountants rather than clinicians. Most of the representative bodies either walked away or said, please don’t impose this upon us, it won’t work. They’ve done pilots on other schemes such as personal dental contracts and these were seen to be working, and yet they suddenly woke up with this one morning, with no proper pilots in it came, and the crisis has ensued.

NK: How big an error do you feel it has been not to pilot the contract and are you aware of any other government contracts which have been introduced without piloting?

MP: I think it’s a massive error that has probably put dentistry, oral hygiene in this country back 20 years. And the reason I say that is because there are now thousands, millions of people that would have had some sort of professional dental oral hygiene routine, which have none today.

NK: What else could be done to encourage dentists back into the NHS?

MP: We’re not going to be short of dentists, we’re going to be short of people working within NHS dentistry. I have often been asked, would I allow children only contracts? And the answer to that is, I’d like to. I’d like to have a perfect world where we’ve got enough dentists to say no, you’ve got to take all or nothing, but we’re not in a perfect world, so I would allow speciality contracts such as child only contracts, so we can encourage people back into the fold who are not likely to come back in otherwise. And to be fair it’s not new what I’m saying, I said it at the BDA conference last year, I’ve said it in the chamber, I’ve said it at business...
young people that we have to address these problems. And those people will now live with those problems for the rest of their lives.

The second part of your question was, have they cocked something else up that is similar; yes, there are other areas of health where they did. The first ISTC programmes that came out in phase one were a fundamental disaster. Contracts were being paid 100% on 40% of activity and had no training facilities.

NK: For most simple treatments, prices have rocketed under this new contract. Do you feel that the ‘swings and roundabouts’ approach is unfair for patients?

MP: I think you’ve touched on one of the fundamental flaws within the system. We know that under the previous contract there was probably excessive treatment done at times. What we’ve got now is under-treatment in many cases, because people cannot physically afford to have their treatment done. Dentistry has always been a co-payment system, unless you’ve been on one of the welfare packages, but at the moment we have a situation where middle England are struggling to afford NHS dentistry, which seems to be somewhat of an anomaly.

NK: Dentists who take on new patients under this contract have been asked to do a potentially unlimited amount of work for a fixed fee. Do you feel this is workable or do you feel that this is another one of the problems of this new contract?

MP: The package isn’t helpful in the way that you’ve just described. The government I think knew this anyhow. Dentists should be treated fairly and the contract should remunerate you fairly. What really worries me at the moment is that as some of the contracts have been issued we have people coming in from outside the United Kingdom, quite legally under the European Union employment laws, but are being paid a pittance to provide the services. That’s not fair in the 21st Century and that shouldn’t happen.

But I think if we move the contract back to what the NHS was designed to do, which was to be the welfare state, to look after the welfare, the oral hygiene, of the people in this country for those that do not wish to have or cannot afford private dentistry. That’s where we need to be.

NK: Yes, but the key link that I want to draw here is if a patient requires 10 fillings, should they be paying the same as if they require 1 filling?

MP: No, of course not.

NK: And should a dentist be remunerated the same as if he was doing 1 filling?

MP: Well what we need to look at is having a payment plan which doesn’t put us in the position where we are now; a payment plan which isn’t a deterrent to the patient, isn’t a deterrent to the NHS dentist and also isn’t a deterrent to the taxpayer, who quite rightly will say “is this value for money?” If you look at the last audit commission report, the previous Health Select Committee report into dentistry and this one, all of them slammed the government over the way they were handling dentistry. They actually turned around and said that personal dental contracts were fundamentally good things. Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea. That’s something they’ll have to explain for themselves. All I know is that every time I try and debate with them, I go and speak to the BDA at their conference, no minister turns up. At the London Dental Council, no
minister turned up. They keep sending Barry Cockcroft; Barry is not a politician, I will not debate with Barry, he’s a civil servant, not the minister of state responsible for dentistry.

NK: What effects do you think the recession will have on middle England, who is as you say struggling to pay for some of the more expensive NHS work?

MP: I think we’ve got a two-fold crisis going on. Before the recession we knew that less people were having any form of oral preventative work done at all, which has been increasing for some time. That is sending a disaster down the line, which our A&Es are already starting to pick up. With the recession there will be more and more people that can ill-afford their private insurance policies; that will put even more demand on the ever-decreasing availability of NHS dentistry.

NK: It’s likely that there are going to be far more people who are hit in their wallets, who may not be claiming welfare packages, but will still have the increased dental charges to pay under this new NHS contract, can these people get a fair deal?

MP: Under the existing contract, absolutely not. One of the things we want to do with the contract as we phase it in is to expand, not back to the hundreds of different funding systems we had before, but certainly expand probably going into 15 or 20 areas of treatment, because it can’t be right that you have one piece of treatment that costs you £198 odd and have something much more complicated which costs a lot less.

NK: The Health Select Committee has recommended increasing the width of range of band 2 treatment plans. What do you think about this?

MP: Well I’ve already said earlier on that the very limited area of our bands make certain treatments ridiculously expensive and actually preclude some treatments being done, in that the dentist looks at them and says the amount of work I’m going to do for you, I’m going to lose money on this. And that’s a crazy situation. People must be treated. We must look at outcomes… I think we need to move to much better longevity outcomes.

NK: Has local commissioning been a success or an expensive failure?

MP: In some parts of the country it has been a success but in other parts of the country it has been a disaster.

NK: But overall?

MP: I believe in PCT’s quality commissioning. If the PCT’s aren’t commissioning well we have to look at why this is. Is it the amount of funding they have? Is it the quality of people managing their commissioning or is it that the contract is fundamentally flawed? In most cases where it is not working it will be a bit of each. The contract is where the main drive of the failure is happening.

NK: You mentioned the quality of PCT commissioning; has...
the introduction of this contract been fair on PCTs?

MP: Well again I think you have touched on probably one of the greatest flaws within the contract, which is that it is so compli-
cated to manage and so difficult to work within. There is so much documentation and so much op-
portunity for the PCTs to get it wrong, and when they get it wrong to blame someone else. I can assure you we will pilot the

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legislation that comes forward from the Conservatives. We will publish a green paper and white paper and we will work with the whole industry including hygienists and technicians who are also struggling with the increased leg-
islation that they have to deal with, such as registration. This is so that we can have as simple a contract as possible that protects the tax payer, but at the same time gives a service.

NK: Can you give me an idea as to how you will make this happen?

MP: Well the key has to be reg-

NK: Do you think NHS den-
tistry has been poorly funded?

MP: No, I actually think there has been a lot of money gone into NHS dentistry in the last 10 years which has been very, very badly spent and some of it not spent at all. So I think we need to spend the money we have got better and make sure it gets under the front line more rather than forever saying give me more. The NHS has tried to cover up over the last 10 years, it has nearly doubled the amount of money going into the NHS from our taxpayers and our outcomes of productivity have actually dropped.

NK: Since the introduction of the new contract the private dental sector seems to have done un-
believably well. Is this a sign that the contract has failed?

MP: I think this is one of the key barometers that shows that the contract has failed. Very often dentists have written to their pa-

tients and I have had this from my own dentist, ‘We can no longer work within the contract, we are going private. If you’d like to come across with us, we’d love to keep you.’ Now for a lot of people they didn’t have any choice... The people that worry me are the people that can ill-afford it and have almost no dental provi-
tory. It’s a term which has been bandied around from year to year, but you can live on one side of a road in London and have a damn good NHS dentist working for that particular PCT, or you could live on the other side of the road and have almost no dental provi-
sion whatsoever, unless you can pay for it, whether you’re on a welfare package or not. And those are the people that are be-
ing worst affected. The people that need the care and can’t ac-
cess it, either because it’s not available or they can’t afford it.

NK: Very final question, does the Conservative party feel that by the government consistently defending this new contract they are trying to cover up a massive mistake?

MP: That’s a very leading question. The answer to that is, yes, and they have consistently as you said tried to defend the inde-
fensible. Last week they put up the white flag and said, we’re go-
ing to have an independent re-

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cam-
bridge as an associate within the NHS. He has completed a year-
long postgraduate certificate in implantology at UCLA’s Eastman Dental Institute, and regularly at-

ne of the great scamps that is going on at the moment is people are being fooled into thinking they are registered with a den-
tist. They haven’t got a dentist; you and I know that once you’re treat-
ment plan stops, you don’t have a dentist until the next time your treat-
ment plan starts, and if the dentist has used their UDAs they may have to find another dentist if they wish to have their treatment under the NHS. To have people registered with dentists costs nothing and I believe that will be the start of the rebuilding process we need within dentistry.

Our A&E’s are dealing with more oral health emergencies

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