High standards

In part one of this two-part exclusive interview, Neel Kothari talks to Chief Dental Officer Dr Barry Cockcroft to find out how well he thinks the NHS system of dentistry is working and what standards it should be aiming for.

NK: Since Labour has come into power, funding for the NHS has almost doubled. In your opinion how well is NHS dentistry currently doing?

CDO: The way we describe it at the moment is that it’s turning the corner. It’s certainly been a very turbulent period over the last three years and it’s obviously a very high priority for government and ministers. What we know now is that the amount of NHS dentistry being commissioned, being purchased from dentists, is now above the level it was in April 2006 and that’s continuing to rise. We increased spending by 11 per cent in 2008/9 and we will increase it overall by 8.5 per cent next year, which is a massive level of investment. According to Information Centre data the number of dentists providing treatments is up, and the NHS is already commissioning more dentistry than it was prior to the introduction of the new contractual arrangements in 2006, but the access data which has stubbornly so far gone in the wrong direction we are absolutely confident will begin to move in the right direction.

NK: Has the increase in NHS dentistry spending gone towards commissioning new services or has this been lopped up by a deficit in PCTs’ budgets from a reduced patient charge revenue (PCR)?

CDO: No, not at all, the two things are not connected. The reduction in PCR I wouldn’t say is significant, it was there in the first year of the contract, but is certainly getting better. But the 11 per cent certainly being used by PCTs to commission new services which you can see all over the place.

NK: But that’s not really the case everywhere. After all, PCTs also have to make ends meet.

CDO: Now they have made a commitment to grow services, as you can see in our response to the HSC, they have got more money to grow services, and that’s what it’s about. The overall difference in PCR pales into insignificance compared to the money they now have to grow.

NK: What standard is NHS dentistry aiming to set for patients; should it be a basic core service or a world-beating healthcare?

CDO: Well it’s a quality standard; we expect dentists, who are well paid, to provide a quality service. Lord Darzi set the vision for the future of the NHS that is a quality service for people who need it and we want it. In dentistry that means a service that’s safe, that’s effective, that’s evidence based, outcome based and improves health and that the patient gets a good experience. And I think that for the amount of investment we have made the patients have every right to expect that.

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not actually come true. There is no shortage of vocational train-
ers, there is no evidence of a mass exodus of dentists. There is significant increase in the amount of preventative treat-
ment going on. The amount of NHS dentistry commissioned has gone up, the number of den-
tists working in the NHS has gone up. One thing that has not turned round yet is the retro-
spective access data and if we are right, we expect that to turn around; then we will have evi-
dence that everything we said would happen would have actu-
ally happened.

NK: In 2009, the three-year term for the current contract expires, what changes can dentists expect to the current system?

CDO: Current contracts do not expire. This is a complete misunderstanding about what will happen after April 2009. Nothing changes, other than the gross income guarantee. So everything else remains the same. GDS contracts are open-ended and can only be termi-
nated if there is a breach of contract.

NK: So dentists can expect no changes to the current UDA system, not even an increase in the number of bands as ad-
vocated by the HSC?

CDO: No, nothing like that. We would need to consult on any of that, and in the statement of fi-
nancial entitlement which we consulted on widely recently we made the point that contract val-
ues, if nothing happens, will for next year remain the same, just up-rated. The only thing that changes is the gross income guarantee. The PCT does not have the power to change a con-
tract unilaterally. But if somebody had a contract value for £200,000 and for the last three years has only delivered £100,000 worth of contract, then the PCT now has the opportunity to say you have underperformed for three years and we propose that your con-
tract value be reduced.

NK: Nationwide PCTs have provided a mixed service, have the PCT staff received ade-
quately training with commissioning or is more needing to be done?

CDO: We completely accept that the quality of PCTs' com-
misioning has been variable, as has the engagement of clini-
cians. What we're now able to say is that 50 per cent of PCTs have already increased access to further consultations, but others have not, and that's why we announced in the HSC that Mike Warburton, who helped implement the equitable access framework last year, is going to help the PCTs that are having the most difficulty. In our final response to the HSC, the strate-
gic health authorities (SHAs) have said: 'We will work with our Primary Care Trusts to make sure that all our PCTs' commis-
sioning plans enable us to de-

About the author

Neel Kothari
qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS sys-
tem. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficul-
ties in providing dental healthcare within this widely criticised system.