Help or hindrance?
Jame Shedlow discusses the new Personal Dental Services Plus Agreement and the array of new practices and procedures dentists will need to put in place as part of its implementation.

From October 2009, the new Personal Dental Services Plus Agreement was released ahead of schedule by several NHS Primary Care Trusts (PCTs) across the country as part of the tendering process. This new form of agreement is aimed at tackling current access and inequality problems surrounding the provision of NHS dental services.

The new proposals have already caused a furor within the dental community, and dragged the British Dental Association (BDA) and the Department of Health (DH) into a stand off. The main concerns appear to include the complexity surrounding the calculation of the payments due under the new regime, as well as the significantly increased administrative burden facing dentists under the provisions of the new agreement.

Payment issues
Under the revised provisions, the payment system will be overhauled with practices only receiving half the agreed payments each month and the remainder being paid in quarterly lump sums.

The reliance on UDAs as the sole measure of performance will be a thing of the past. Instead dentists will be obliged to provide their services to patients in accordance with and subject to the key performance indicators (KPIs) set out in the agreement.

The KPIs fall into five categories – Access, Effective Care, Health Promotion, Value for Money and Patient Experience (all of which are weighted differently under the agreement in terms of importance). Furthermore, there are three bands of performance level in respect of each category: Band A (desired performance), Band B (minimum acceptable performance) and Band C (unacceptable performance).

For each KPI category and relevant performance band (in respect of which guidance is given within the agreement as to what level of performance would equate to the appropriate band), there is a corresponding payment band.

However, in this regard the KPI payment calculations are so intrinsically complex that it is envisaged that the calculation of the end figures ultimately payable will prove extremely problematic for dentists.

Administrative burden
There is considerable concern that dentists will become embroiled in a mountain of paperwork and bureaucracy under the provisions of the new agreement. It is generally considered that at least one very competent practice manager will be essential to deal with such administrative requirements, which will include the implementation of the following policies and procedures:

The contracting dentist will be obliged to develop and implement a “continuous improvement plan” in relation to the services, utilising an evaluation process and patient satisfaction surveys agreed with the PCT, to ensure that the quality of the service is improved. In addition, there will be a requirement to regularly review the KPIs in accordance with the performance bands specified under the agreement so as to ensure that the performance of the services is improved.

Clearly, this is going to be a very intensive and time-consuming process.

The dentist will be required at all times to act with full regard to the safety of all people at the practice premises (this will involve the preparation of a suitable Health and Safety Plan), to comply with all Care Quality Commission requirements and “aspire” to achieve a top performance rating in respect of the KPIs (although quite how such “aspiration” is to be measured remains a mystery).

A “quality assurance system” must be put in place that is followed by anyone assisting in the performance of the services under the agreement. This system must reflect the KPI requirements under the agreement.

The contracting dentist is required to ensure that there are in place arrangements for all performers and staff at the relevant practice to maintain and update their level of competence, skills and knowledge.

No further detail is provided under the agreement, but the implication is that associates need time allowed for career development and that the practice needs to have a firm training policy in place.

The revised Clinical Governance provisions in the agreement require the dentist to go beyond simply complying with the PCT’s arrangements in this regard and instead the putting in place of an “effective system” of clinical governance (for example, a firm and structured arrangement through which the dentist endeavours to continuously improve the services offered).

Aside from this, little guidance is provided as to the creation of an effective system of clinical governance save that there is a requirement to comply with the PCT’s instructions in this regard.

There is a formal requirement of strict compliance with the Data Protection Act 1998 and furthermore, the dentist will need to have in place suitable systems and policies to ensure information security.

In this regard, the BDA has confirmed that it will shortly be providing comprehensive advice regarding the handling and management of patient information.

An unfortunate paradox
Such issues as highlighted in this article only serve to illuminate the stark paradox beginning to progressively engulf the Personal Dental Services Plus Agreement. Namely, that in its present form, it would appear that the agreement thoroughly heightens bureaucracy and innate complexity carries the danger of further reducing the accessibility of the public to NHS dental services, as well as the ability of dentists to concentrate on the provision of such services.

These are of course the very same issues that it was hoped this new form of NHS agreement would tackle upon its inception.

About the author
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