Help or hindrance?

James 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 months as a result of the national problem 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.

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 where 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 for the dental practices to provide their patients with suitable systems 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 the agreement through its heightened 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

James Shedlow joined Cohen Cramer in 2008 and is a key member of the dental team working on practice sales and acquisitions. His particular area of expertise is in the corporate field, specialising in the preparation of expense share agreements and the incorporation of dental practices. To contact Cohen Cramer itself, call 0115 2440495; email dental.team@cohencramer.co.uk or visit www.cohencramer.co.uk.