this money is invested through open procurement very soon. Patients and dental practices will benefit from this central investment, from April 1.

‘The mini-contracts end on 31 March 2009, when we will need to purchase £2 million worth of dentistry. The likelihood is that many dentists will bid and be successful, in an open and transparent tendering process. This process will involve LDCs who play a constructive part in commissioning and procurement work.’

Eddie Crouch, secretary of Birmingham LDC, says: ‘All PCTs have been given funding, but staffing levels and competence make the transfer to practices extremely difficult and time-consuming.

‘Compliance with European law on tendering makes PCTs wary of legal challenges, so, instead of offering extra funding to expand existing practices, they worry about procedure and delay change. Large tenders for single providers make delivery harder than spreading the money over known successful practices.

‘Whilst HORT PCT tries its best, without radical changes to the contract, they are paddling uphill.

‘Unless Jimmy Steele, (head of the DH’s independent review), comes up with a miracle cure, this contract is terminally ill.’

Derek Watson, chief executive officer of the DPA, says that formerly, dentists could see investment in the profession because it was a percentage addition on the fee scale, which income paid for everything, including expenses.

‘In the past, the DH has invested more money in dentistry, mainly for political expediency. Therefore I expect its investment to at least run up to the election in May 2010.

‘Outside of the areas of oral health and prevention, we do not support expansion of the NHS dental service through simple funding increases, until the structural problems are addressed.’

Richard Thomas, General Secretary, Federation of London LDCs, says there are some excellent examples of increased capacity to treat patients under the NHS, due to increased funding, but there are associated problems.

He says: ‘Although there has been additional dentistry funding, we are however aware of situations where funding, allocated to PCTs, has not reached front-line dental services. There is certainly a difference between various PCTs in their ability or willingness to send out to practices all the funding they receive. We also feel that the present systems used to procure additional services are off-putting to many GDPs.

‘He says some dentists are saying they have seen no evidence of this investment, because the new contract places a ceiling on the extent of NHS services which each practice can carry out without prior approval. He explains: ‘This limit on their activity necessitates a cautious approach by dentists, as they are penalised for treating more patients than their PCT allows. The systems in place to enable dentists to attract additional funding are bureaucratic and discourage some from applying. Some PCTs offer funding on a non-recurring basis, but dental practices are reluctant to take this up as it creates an insecure business model.

With regard to future funding, he says the DH and PCTs should recognise that it is costly in terms of time and money to take on new patients, many of whom arrive with high treatment needs, costing more for the practice than the UDA system allows. He elaborates: ‘We feel there should be realistic incentives to take on new patients. Those practices whose present UDA values are uneconomic should be offered higher UDA values.’

Thomas claims the new contract has been ‘proven to have an adverse effect on access to NHS dental services’.

Ultimately, the federation wants dentists to be able to concentrate on their profession’s purpose, namely, the improvement of oral health.
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 unsustainable and we intend to phase the contract out. We would like to have a system that can put preventative dentistry at the forefront. We also think that the brand of UDAs is damaged and we don't like playing with semantics, but whatever we come up with will not be called UDAs.

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, you get to keep the money.

NK: So you see NHS dentistry as a business as well as a health-care?

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 £1 billion pounds of NHS spending is dispersed, 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: 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 specialty 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 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.

And the reason I say that the contracts sets us back 20 years when it's only been here for such a short space of time the damage is done in the children. It's in the unborn.