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.'

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. He explains: 'Now, dentists don’t see the investment because they don’t follow PCT budget meetings. Also, because the contract is inflexible, inefficient and unfair, there are considerable amounts of wastage. For example, there is a middle management tier to be paid for. Any funding announcements invariably include an element of double-counting, eg: they include money from the Doctors and Dentists Review Body, which is given to the profession anyway.

'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.
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 unsustainable 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 UDAs is damaged and I 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 can deliver does this tend to make employment law a bit murkier?

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 not 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 busi-