Tories unveil new dentistry reforms

... Dentists will be required to work for the NHS for at least five years. The Tories’ plan to reform NHS dental care in England includes school check-ups, missed appointment fees, NHS work quotas and scraping the unit of dental activity.

Under the plans, which are outlined in a document titled Transforming NHS dentistry, the Conservatives said they would make changes to the contract to bring back registration so dentists were paid to provide treatment to a set number of patients with incentives in place to encourage good care similar to the current GP contract.

Their proposals also include a return to school screening for five-year-olds. Dentists trained at taxpayers’ expense will also be required to work for the NHS for at least five years, instead of the current three year minimum.

They also want to see a tough stance taken against people who consistently miss appointments by giving dentists the power to charge them for failing to turn up.

Shadow health secretary Andrew Lansley said: ‘Dentists are fed up with the flawed system of perverse incentives that Labour have introduced.

We will make preventative treatment a real priority because we urgently need to improve our nation’s dental health.’

The Conservatives have pledged to properly pilot any reforms they bring in.

John Milne, chair of the British Dental Association’s (BDA’s) General Dental Practice Committee, said: ‘The dental contract that was introduced in 2006 has created significant problems for dentists and patients alike.

Those problems have been well documented, by the BDA, patient groups and the Health Select Committee.

In seeking to address those problems it will be important to afford adequate access to all and ensure that dentists can provide modern, preventive care.

Also vital is engagement with the profession in developing the details of these proposals and properly testing new arrangements before they are implemented. The BDA looks forward to discussing those details and discussing them further.’

Lib Dem health spokesman, Norman Lamb, agreed that the government’s new dental contract is not working, but said: ‘I am not sure whether the Tories are suggesting will work. It could create turmoil in the health service. We are looking into this issue as we feel it is a priority.’

Preventing back pain

A n e-learning solution giving practical help on how to prevent occupational back pain has been launched.

The CD-Rom Perfect Posture for the Dental Team, was produced by Smile-on in conjunction with Ellis Paul, who has more than 30 years of experience in teaching perfect posture and direct and mirror vision, and patients alike.

Some of the techniques include school check-ups, missed appointment fees, NHS work quotas and scraping the unit of dental activity.

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Surely it is far more sensible to take relatively simple measures to prevent it occurring in the first place rather than wait till they are in pain and rushing off for treatment.

The CD-Rom produced by Smile-On provides the complete solution to the problem. It comprises the whole of Ellis Paul’s One-day Hand’s On Course but with additional techniques such as rubber dam, and a whole section on exercises.

Recognising that it is not only dentists but dental nurses, therapists and hygienists also suffer occupational back pain, it shows how the same preventative techniques apply to them as well. Thus it is for the whole team.

For more information please call Laura McKenzie on 020 7400 9898 or email info@smile-on.com

Managing Director
Marius Goldstein
Marius@britishdentaltribune.com

Editor
Penny Palmer
020 7400 9079
penny@dentaltribune.com

Dental Tribune UK Ltd
4th Floor, Treasurer House
19-21 Hatton Garden
London, EC1N 8BA

Chairman
Trudeau Voss
trudeauvoss@dentaltribune.com

Managing Director
Marius Goldstein
Marius@britishdentaltribune.com

Editor
Penny Palmer
020 7400 9898
penny@dentaltribune.com

Dental Tribune Europe
Dental Tribune UK Ltd
4th Floor, Treasurer House
19-21 Hatton Garden
London, EC1N 8BA

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My technician told me that the current climate is not easy for dental labs, which have to cope with a 20-30 per cent increase in materials purchased from abroad. With a decline in output since 2006, many laboratories are struggling to find money for future investment and are forced to constantly evaluate the service they provide in terms of cost, quality and value. With the decline in the pound forcing the cost of materials up and rising competition from overseas laboratories, it is clear that something has to give, but it is also clear that neither dentists nor patients benefit from these changes.

The HSC found that the number of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since 2006 whilst at the same time extractions were rising. The initial promise of dentists having more time for preventative care seems to be superceded by the reality that for some this new system offers little more than unrealistic targets, with every complaint raised by the profession answered with the ambivalent term ‘swings and roundabouts’. The rising cost of lab-work, materials and cross infection procedures illustrates the inflexibility of this approach and acts to further undermine confidence in the future of the NHS.

Whilst the retail price index stands at 3.2 per cent recommendations from the review body on doctors and dentists pay have set dentists pay rise at just over a fifth of one percent, which in real terms means a pay cut. Clearly prudence by central government needs to be exercised especially in our current economic climate but why should individual practices be left to pick up the tab when providing a national service? Perhaps it is here where government needs to rethink the sensitive balance between cost, quality and value when deciding on future commissioning.

The tightening of cross infection regulations in dental practices is surely a good thing. As times change, so does our understanding of how we face the challenges of modern day dentistry. Unlike hospitals, dentists face a delicate balancing act between providing healthcare and running a business. Hospital doctors in this respect do not have any direct financial burden if choosing a treatment option which is not cost effective, whilst dentists still do. So when a change in regulations such as the introduction of single use endodontic files or washer-disinfectors is introduced, GDPs directly feel the pinch. In a hospital setting this may not be such a problem, but in general practice making large investments such as these can have a bigger impact.

Regardless of which side of the fence you sit on, the question lingers on: is the NHS providing a service based on cost, quality or value? Of course the answer is probably a little bit of each, but as the cost of dentistry rises within the confines of a rigid, target driven contract what should we expect to give? And do the general public really expect cross infection controls (suitable more for complex brain surgery than general dentistry) at any cost?

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