operation unless such a construction appears very clearly in the terms of the Act, or arises by necessary and distinct implication.¹

Nicola Marchant, a partner at Pannone LLP, informed us of the huge importance of having partnership agreements (illustrated by pictures of Ashley and Cheryl Cole!). Without a formal agreement, practitioners can find themselves bound by the 1890 Partnership Act which is very rigid in its guidelines. She then went on to look at what needs to be considered when drawing one up such as:

- Defining entitlements/obligations
- Performance issues
- Expenses
- Profit
- Holiday, sick leave, locum provision

A good agreement won’t prevent disputes but it does mean that there is a clear process to follow, should one arise! Nicola then spoke about other business structures and how these can be utilised to avoid disrupting a PCT contract (which many PCTs view as between an individual and a ‘personal contract’). For instance, it is perfectly possible to leave a PCT contract in a partnership or name and then set up a company that will deal with any private work carried out by the practice. Hopefully in time, this can then take over the contract.

Roger Matthews, Chief Dental Officer of Denplan presentation was entitled, “Parallel Paths or Collision Course?” Roger made the point that the public and private sectors should work better together for the sake of patients but that this isn’t necessarily happening. It is human nature that everyone acts in their own self interest. He went on to illustrate how since 2006, NHS dentistry has seen inconsistencies of both care and contract enforcement across the UK. One very telling set of figures showed that since the 1st April 2006, the NHS is seeing 129,000 more adults and 111,000 fewer children. This means a net increase of 18,000 patients by 30th September 2009 at a investment of an extra £1.2 billion.² He was concerned that PCTs are deciding to enforce guidelines when they like and that this is bad news for the small practice.

Finally, Eddie Crouch guided the audience through the Steele pilots and what these could lead to in the way of a potential new contract. The Steele Review principally identified in current provisions:

- Poor communication and lack of information
- PCTs experience of rushed and poorly supported implementation
- The profession’s frustration with the new contract
- Need for new contractual arrangements to support
- The delivery of new pathways of care
- Better IT infrastructure

The Review’s principal recommendations were:

- Clearer incentives for improving health, access and quality
- Incentives passed to performers ie. not just practice owners
- An annual per person registration payment to dentists
- Quality of service to be recognised in the reward system

The pioneer Steele pilots commenced last month, with a further rollout likely to be in 2011. Eddie has been a member of the Contracts Group within the Steele implementation board looking at producing a list of contract options with a view to the new system being complete around April 2015.

Ample question and answer sessions were provided throughout the day for those needing more clarification or to elaborate on matters further. Legal issues can sometimes be a little dry but I would like to commend Pannone and all of the speakers on making the entire day interesting, engaging and relevant. I look forward to more in the future.

References

¹ Interpretation of Statutes (12th edition, 1969, Sweet & Maxwell)
² Source: ICNHS June 7-13, 2010