Question time for Tory policy

Addressing an audience of general dental practitioners at Addenbrookes Hospital, Cambridge, Secretary of State for Health, Andrew Lansley, outlined the Conservative Party’s policies on NHS dentistry. Neel Kothari reports

Firstly, wherever possible, people should have equal access to NHS dental services. Although NHS dentistry has always been different in that dentistry has not always been free at the point of delivery, in general, we believe NHS dentistry should be part of a service funded through general taxation, and wherever possible, people should expect to have equal access to NHS dental services. This does also mean that we do not want to go down the path of separating NHS dentistry into two parts, for those people who cannot afford private dentistry and for those people who cannot access NHS dentistry, we firmly would like to maximise beneficial health outcomes. Where dentistry is concerned like other areas in the NHS I want us working together to ensure what the new contract would look like (not the one we currently have), I had met with many dentists involved with PDS pilots and it seemed to me on the face of it the new contract was designed to be based on the experience of the PDS pilots. The new contract was designed to be based on the experience of the PDS pilots.

So why did all of this happen?

I think this rather an interesting question and I don’t pretend that I have any special knowledge of this, but I have talked to plenty of people who do, including many dentists involved with PDS pilots and those involved with subsequent discussions with the DoH about the new contract. The conclusion they have reached was that it didn’t happen for a very simple reason: finance. When the Audit Commission came in and looked at the PDS pilots, they concluded that if you actually concentrate on capitation and delivering better health outcomes for patients, the net outcome is that you do fewer procedures. This reduces the capacity to charge patients, which relates to a shortfall on patient charge revenue. Based on second hand information this shortfall in finances eventually led to the PDS pilots being torpedoed.

Dentists now share along with GPs in the results of a government that has become completely obsessed with being able to tell the public that they are going to have increased access to services, and that access seems to be the only measure that matters. I’m not saying that access doesn’t matter, but I certainly do resist the proposition that access is the only measure. That means introducing the new dental contract allowed PCTs to have control over the dental budget and was aimed to allow PCTs to go out and buy more access.

The next principle is that we should, wherever possible, seek to maximise beneficial health outcomes. Where dentistry is concerned like other areas in the NHS I want us working together to ensure what the new contract would look like (not the one we currently have), I had met with many dentists involved with PDS pilots and it seemed to me on the face of it the new contract was designed to be based on the experience of the PDS pilots.

I had met with many dentists involved with PDS pilots and it seemed to me on the face of it the new contract was designed to be based on the experience of the PDS pilots.

So why did all of this happen?

I think this rather an interesting question and I don’t pretend that I have any special knowledge of this, but I have talked to plenty of people who do, including many dentists involved with PDS pilots and those involved with subsequent discussions with the DoH about the new contract. The conclusion they have reached was that it didn’t happen for a very simple reason: finance. When the Audit Commission came in and looked at the PDS pilots, they concluded that if you actually concentrate on capitation and delivering better health outcomes for patients, the net outcome is that you do fewer procedures. This reduces the capacity to charge patients, which relates to a shortfall on patient charge revenue. Based on second hand information this shortfall in finances eventually led to the PDS pilots being torpedoed.

Dentists now share along with GPs in the results of a government that has become completely obsessed with being able to tell the public that they are going to have increased access to services, and that access seems to be the only measure that matters. I’m not saying that access doesn’t matter, but I certainly do resist the proposition that access is the only measure. That means introducing the new dental contract allowed PCTs to have control over the dental budget and was aimed to allow PCTs to go out and buy more access.

The history of the current NHS contract

If we go back to the point at which there were PDS pilots and dentistry was contemplat-