The Steele behind the Steele Review

Interview: Lisa Townshend speaks to Prof Steele

For the last nine months, the name on the lips of anyone interested in NHS dentistry has been Professor James Steele. Since the announcement of the independent Review into NHS dentistry in December 2008, Prof Steele has been at the forefront of the dental agenda as the lead in the Review process.

Prof Steele graduated in dentistry from the University of Dundee in 1985 and was awarded his PhD in 1994. His research is around oral health in populations and oral health services research. He has been awarded the International Association for Dental Research Distinguished Scientists Award for geriatric oral research. He is also a clinician, working as a consultant in Restorative Dentistry for the Newcastle Hospitals NHS Trusts. Formerly chair in Oral Health Services Research at Newcastle University, he has recently taken up his new post of head of Newcastle Dental School.

Speaking with Prof Steele, he looked back over the initial reform period, which he had given during the Review and explained how he had become involved: “I was contacted in November of last year ask if I might be interested in the Review, and I think there was a shortlist of people at that time. I’m really not sure how I ended up on that shortlist to be honest. I like to think it was a combination of things — I hadn’t been involved in everything that had gone before, so I think that made it a bit easier as I was coming from a neutral position and I had no ‘baggage’ attached. I had made various comments and observations over the initial reform period, which had been reasonably balanced. In addition, I think an academic background helps when producing documents, writing and analysing etc. — so I probably had the right sort of skills. But as to how I was selected is actually a mystery.”

He was keen to praise the support the University of Newcastle had given him during the Review process: “It’s not really something you can turn down — it was a really big task and a really difficult task. It was a quite important thing to do in a sense I was less concerned about the dental school more concerned to make sure that the university understood what it was I had been asked to do and they were broadly supportive. “Sometimes your natural modesty takes over and you think ‘can I really do this?’ and I looked at it and thought ‘well yes I think I probably can do this’. There are a lot of things I can’t do but this was one I could.”

One of the first tasks for Prof Steele was appointing the Review team. “I had a lot of input into the rest of the Review team. There were some really difficult decisions to make because this had to be done quickly — this was my decision. There was a certain amount of momentum coming off the back of the Health Select Committee report and I wanted to maintain that. I wanted to keep the momentum; I wanted to do it relatively quickly, and I wanted to engage widely, but I didn’t want a huge team with dozens of people because we would never have gotten the job done. I was keen to keep the team quite small and compact and have on board people that I knew could deliver.”

Deciding on a team of him and three others was going to pan out — and he says he was proved almost completely wrong. “I did have a few preconceived ideas and whatever I had they were all wrong. Well not all wrong — I knew I’d find quite a lot of anger amongst the profession. Amongst patients we weren’t really sure what we would find and we weren’t really sure what I would find in the commissioning world and people’s responses, I didn’t find exactly what I expected from the profession — I think there was a fantastic willingness to engage with the process, a real interest in getting it right and a lot of dentists who were really interested in doing good dentistry. That didn’t surprise me but what perhaps did was the real willingness to engage with the process and to really want to try to improve the system for everybody — not just for dentists but for patients and everybody else as well and that was good — because if I had got to the end and finished the job in a very partial way I would have finished it back in December it wouldn’t have been much of a Review!”

Discussing the biggest issues which came out of the Review Prof Steele did state that UDAs weren’t the actual problem. “The UDA ended up as a focus of all evil. But it’s not the concept of being paid for a unit of treatment, we always had that. It’s just that in the past we had different sizes of units. The biggest issue was actually the variability of the UDA and one that does concern me. And the way it is grouped together — the banding across the system — came up as a bit of a problem.

“Clearly some dentists have done much better than others and some have benefitted because of the reforms and others not. However, some of the cases that concern me are the really honest guys who are trying to do a thoroughly good job and who it hasn’t really worked for — because of the way their UDAs ended up or their patients or whatever it was and I have a lot of sympathy there. So the UDA was one thing, but actually there was much more.

“There was an awful lot about the relationship between the dentists and the commissioners and how good or bad that relationship was. In some areas the relationship was absolutely fantastic — there was really good commissioning and it was imaginative and it was almost surreal. We heard a lot about that; naturally people were very keen to tell us how well it was working in their area. This included dentists who didn’t like the contract but who thought that commissioners were doing a really good job and who were working with them. Equally, there were lots of complaints about the commissioning process. This included that they [commissioners] didn’t know what they were doing and were junior so couldn’t expect to get their head round dentistry because they had so many other things to do at the same time. And so dentists felt short-changed by not getting the quality of commissioning they felt they should deserve. And I think a lot of commissioners felt the same way.

Of course cynicism about the Review was something Prof Steele was expecting — and got! “It’s come across a lot of cynicism about what we are doing and I still come across it. And I think to some extent that’s understandable. We have been through a number of Reviews before and nothing has come of it. But I think we are in a different place now we are running out of chances to get it right; so I can understand the cynicism and we really have to get it right now.

“The circumstances in which we have to do this — we are in the middle of a recession, there’s not much money and there is a cut in public spending, so it is not that understood that now is not the easiest time to be doing it. In a sense, though, if you understand that nobody is going to get a lot of money then it makes it a bit easier — not to deliver but it does make it easier to say ‘right, this is the situation we are in’. We are in a brave new world to maintain our position to be appropriately resourced. We have to use what we have maybe a little bit better. From the point of view of the profession it must make sure that it does maintain what we’ve got because eroding it further could cost dear and I think we can do a lot with the resource we have if we use it better than we do.”

Prof Steele added: “The feedback we’ve had has been pretty positive, but there is still a lot of cynicism which you might expect. I had the accusation that the Department of Health (DH) had already made up their mind that they wanted it, that it was a DHI document — I can assure you they weren’t. What I negotiated with DH at the beginning was for total editorial control of the Review and that was re-termed. It’s the Review team and I stand by everything that’s in the document — nothing has been altered.

“There have been a lot of questions about implementation and I think there is perhaps some frustration that there isn’t more detail of implementation in the Review. I thought it was more important to get the principles clearly set out then the principles clearly agreed by all parties — then the details can be worked on the back of that. In addition, our terms of reference didn’t include implementation, they were to make suggestions about how we were going to do various things. For these things to work they have to be on firm foundations; sensible, clinical and theoretical foundations for what might work and what might not. Let’s review the theoretically what patients want and what dentists can deliver and it was done on that sort...
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Steele detailed what he thought the Review has made, Prof Steele will do that. Discussing the recommendations the Review has made, Prof Steele detailed what he thought would be the hardest to implement. “The most difficult for DH is always going to be the thing that implies most resource, so I think the most difficult for them will be the IT. Actually I think it could be one of the most important recommendations in the whole thing so that we get our data collection systems and IT properly set up. The one that I think has been most controversial amongst practitioners is the idea of warranties. The point I was trying to make is that this is a principle because it is something that patients say ‘well, why not?’ and we have to ask the question ‘if we can’t do that, then why can’t we do that?’ - there would have to be a very good answer to that. There are situations where you can’t guarantee it and there are many situations where we already do because there is a free replacement for some treatment within 12 months. That one will be the hardest to get agreement on, and the hardest to implement will be the one that costs money, so I think that will probably be the IT.

Looking to the future, Prof Steele was clearly excited about his recent appointment to head of Newcastle Dental School, a position that he took over at the beginning of August. “It’s been a revelation. The Review now seems years away. I feel like I finished it months ago when in reality I only finished six weeks ago. So much happened during the period of the Review and it was so intense that it really occupied every minute of my life just about for six months. Then it tailed down a little bit with the presentations and that’s all done now. So I’ve been trying to clear an awful lot of back and the new role has already been really challenging!”

“As head of the dental school I have to make the decisions about how we are run. I have to make big strategic decisions about research direction, our teaching ‘manifesto’ and our role in the NHS. There’s some quite big decisions I’ve got – I have to manage our budget properly which is quite substantial. I’ve got dealings with the local trusts which we are part of. Many millions of pounds come into the system every year and I’ve got to try to make sure that is used fairly. I think we’ve got a fantastic school here and a fantastic workforce and I’ve got to make sure that we use everybody to the best of their ability. It’s a reasonably big school and it is obviously very expensive to train dentists so I think I have to think pretty carefully about how we do that.”

Training and retaining students and young dentists within the NHS is a matter that has been coming up more often as the issue of access is raised. Prof Steele acknowledged that dental schools have an important role to play in this and commented that it had been raised within the Review. “It’s come up in independent think tanks and one of the consumer associations raise their concerns about dentists being committed for a certain time. There is an issue as the taxpayer pays an awful lot in to training dentists and they quite rightly expect something back. I think that for the most part we do get something back which is good. But I’m very keen to ensure our students recognise that actually they are working for the NHS, that they have got a role within the NHS that they do – a really important role in the NHS. They provide care within the NHS and in return they have an awful lot invested in their training.

“It’s interesting that the students pay fees now – £3000 a year – and I think there’s a conception that the fees cover the training. It doesn’t come close and I’m not sure they get that. So I’m very keen to make sure they know that they have a huge responsibility to the NHS, that they have a real role to play. But it’s been a real challenge and I’ve enjoyed it so far.

Looking back on the last nine months, Prof Steele wanted to show his appreciation to the people who participated in the Review process. “I would like to put on record my thanks for the people who contributed out of their own time, and there were many people who emailed in (I tried to reply to all of them but sometimes I was unable to do so because of the volume), people who came along to the engagement events, people who telephoned me or stopped me in the street – I really want to thank the whole of the profession for that.”

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