Interview: Lisa Townshend speaks to Prof Steele

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 Trust. 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 looks back over the years since 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 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 quite quickly – this was my deci-sion. 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, he then asked for everyone to have all the bases covered. The Review team finally consisted of himself, Janet Clarke (clinical director, Salaried Dental Services, Birming-ham) and deputy director, Provider services, Heart of Birmingham teaching PCT), Eric Rooney (consultant, Dental Public Health, Cumbria and Lancashire PCTs) and Tim Wilson (director of Contracting and Performance, NHS Tame-side and Glossop).

He added: “One of the areas where there had been a bit of an issue was whether I should have a practising dentist on the team, and I had to give that a lot of thought. Initially I was quite keen to do that, but then the more I considered it and thought through the implications, for the team and the individual con-cerned, I thought that it was not in the best interest of the Review, largely because it would put im-
credible pressure on the one who was doing it. And then the accusa-tion would be that I had only gotten one view. We had given him during the Review and explained how he had been involved in everything that had been reasonably balanced; I had made various comments and observations over the initial reform period, which had been reasonably balanced. I had got to the end and finished the job, did have a couple of fixed ideas about the issues that was going to pan out – and he says that he was proved almost completely wrong. I had 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 to be honest, or what we would find in that media and that tends to have its own agenda. So wasn’t really sure what we would find there and I wasn’t really sure what I would find in the commissioning world and people’s responses, didn’t find exactly what I expected from the profession - I think there was a fantastic willingness to en-gage with the process, a real inter-est in getting it right and a lot of den-tists 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 risk-averse way and then 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 ends 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 dif-ferent sizes of units. The biggest is-sue is 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. How-ever, 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 what-ev-er it was and I have a lot of sympa-thy there. So the UDA was one thing, but actually there was much more.

“There was an awful lot about the relationship between the den-tists 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 successful. However, 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 ex-pected to get their head round den-tistry 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 commis-sioning they felt they should de-

Of course cynicism about the Review was something Prof Steele was expecting – and got! “I’d come across a lot of cynicism about what we were doing and I still come across. 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 under-stand the cynicism and we re-al-ly 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 a sit-uation that is understand-ed now that is not the easiest time to be doing it. In a sense though, if you understand the concept no-body 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 battle now to main-tain 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 main-tain what we’ve got because eroding it further it could cost dear. And I think we can do a lot with the re-source we have if we use it better than we do.”

Prof Steele added: “The feed-back we’ve had has been pretty pos-itive, but there has been an element of cynicism that you might expect. I’ve had the accusation that the Depart-ment of Health (DH) and everyone over that, it was a DHI document - I can assure you they weren’t! What I negotiated with DH at the begin-ning was for total editorial control of the Review and that was re-quested. It’s the role of the Review team and I stand by everything that’s in the document –nothing has been altered.

“There have been a lot of ques-tions about implementation. I think there is perhaps some frustration that there isn’t more detail of imple-mentation in the Review. I thought it was more important to get the principles clearly set out then the principles clearly agreed by all par-ties -then the details can be worked on the back of that. In addition, our terms of reference didn’t include implementation, we 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, clin-ical 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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of basis. For that there will be all sorts of detail and the devil is in the detail - detail about set up about the contract and how they operate and that’s fine detail that frankly I don’t want to be involved in! But it has to be done and there are people who 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 and 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 backlog 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 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’s an issue as the taxpayer puts 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 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 £5000 a year and I think there’s a gross misconception 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 in 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 at meetings or gave me stuff that was important and I didn’t have a chance to thank all of them if they are reading Dental Tribune. Thanks! I tried to make sure that I read everything that I got and that it was a vast amount but I really did try to do that so I would like to thank the whole of the profession for that.”

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