Three years’ warrantee: parts and Labour

Could Jimmy Steele’s recommendations push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients, asks Neel Kothari

A fter years of turmoil we have arrived once again at a turning point in history where the calls for change echo in the halls of the DH. Professor Steele and his team must surely be commended for providing the profession with a brave and honest review into NHS dental services, but as yet we still have no notion of what currency will replace the UDA. Professor Steele’s review suggests a new payment system where dentists are paid in part based on how many patients they have registered on their books and in part by the work they provide.

As with all reviews, very few recommendations are perfect or fail to please. The recommendations of the reviews are often good suggestions are let down by poor implementation, leading many to question: Are we better off with the devil we know? While I agree with many of the recommendations raised by the review, I do question the review team’s recommendation on free replacements, which states: ‘as dentists are paid as professionals to perform high-quality services, neither the patient nor the taxpayer should bear the cost of unnecessary premature failure of restorative care. We recommend that the free replacement period for restorations should be extended to three years and that the provider should bear the full cost of replacement rather than the PCT or the patient.’

Theory v practice

Of course, patients should have the right to expect good quality restorative work, and as the review also points out, for much of NHS dentistry patients are getting this, but how will this all play out in practice?

Thinking about this issue at work today, with each patient I find myself questioning whether I could guarantee my work for three years and whether this would have an impact on my treatment planning. By lunchtime, I had four cases where I really could not be certain. One of these cases was for adhesive bridges on a young lady with missing upper laterals. Could you guarantee this type of restoration for three years? If dentists were to bear the full cost of replacement, my fear is that this may directly affect treatment planning and as such push dentists too far within their comfort zone, rather than trying to provide the best solution for their patients.

Another example was where a patient could not afford £198 for a NHS crown, so instead I provided a very large filling to save her money and give her the chance to reconsider this in the future if needed. Again I pose the question: If you were in this situation could you confidently guarantee this restoration for three years?

Now of course shoddy workmanship and poor-quality issues need to be addressed and for this I have no tangible solutions, but my fear with this recommendation is that it will push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients.

Cause for worry

The reason this is such a worry for me is because the most predictable treatment tends to be extractions. From my own practical experience I often find myself in situations where I am explaining to patients that there are chances that their filling, root treatment or crown may fail, but I am happy to try and save the tooth if the patient is willing to accept it may have a reduced chance of success. This may not be a perfect solution, but it is one which I am comfortable with and I feel most of my patients benefit from this approach, rather than jumping straight to extraction.

At present it’s too early to judge the general body of opinion towards this recommendation, but should it make its way into the new new dental contract one must wonder how robustly a three-year guarantee can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling can or would be piloted.

Of course I do not advocate or support those who choose to put profits above patients’ interests and I fully support the review’s recommendation to start looking at measures to assess quality within the health service rather than focus on quantity. However, if quality assessment measures are finally put in place, let us hope they raise standards from the bottom up, rather than unduly affecting those at the top of the pyramid already providing sound ethical treatments within the NHS.

Much of Professor Steele’s future recommendations have been focused on how dentists and the profession must change to meet the needs of the public, but at present there are no systems in place to encourage patients to meet the end of the bargain. We all know the NHS is a budgeted system, so where is the financial penalty for those patients who frequently miss appointments or cancel at short notice?

Missed appointments in the NHS cost the taxpayer money within secondary care and directly affect dentists within primary care, but more importantly have resulted in me putting in 55-60 hours per week. I shop with Anya) within the last month. In Germany, a co-payment of 50 per cent applies to crowns, bridges and dentures, but this percentage can be lowered if a patient has participated in regular checkups. Currently our system, as I see it, financially penalises those patients who attend for regular checkups and require a single filling or crown while rewarding ill health by providing an unlimited amount of restorative care all under the auspices of one single band... and on a completely unrelated matter, dictionary.com defines crazy as ‘senseless; impractical; totally unsound, i.e. a crazy scheme.’

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL London Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. In addition, immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the new NHS system and the changes it will bring about. He fully supports the DH’s recommendations to provide some of the difficulties in providing dental healthcare within this widely criticised system.

DENTAL TRIBUNE United Kingdom Edition • October 5-11, 2009

Money Matters