Three years’ warranty: 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

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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 robust enough to last over a year (as per the current free replacement period) but not up to three has failed due to inadequacies of the dentist.

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 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 make the most 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% (with NHS die I talk shop with Anya) within the last month. In Germany, a co-payment of money matters

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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’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

Neel 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 NHS and acknowledges some of the difficulties in providing dental healthcare within this widely criticised system.