A system under duress?

In the first of a new series, Neel Kothari looks at how the recent changes in NHS dentistry have affected the way the service now operates, and asks whether reforms have actually helped solve the problems they set out to achieve.

Since April 2006, the new dental contract has been widely criticised by the press and dentists alike, and despite protests from the profession, the new contractual reforms were implemented nonetheless. As a result, we now live in a new age, where people’s dental problems fall neatly into one of three categories for which we receive a certain remuneration, depending on the care we’ve provided.

We no longer provide items of treatment; instead, we are providing courses of treatment. If these courses happen to be short, such as a simple filling or a single crown, life tends to be stressful. So, like it or not, this contract is here to stay at least for the time being.

Targets too rigid

The HSC has recognised that the contract’s new remuneration system based on units of dental activity (UDAs) has proved extremely unpopular with dentists and many PCTs have set unrealistically high UDA targets and have applied these targets too rigidly. The new challenges of working in the NHS now involve managing these targets, or else facing financial penalties. Those dentists who manage to finish their targets early may not automatically receive further funding and as a result, may be forced to either work privately or not at all. The fundamental problem here is the lack of clarity and uncertainty in terms of what the future holds. While PCTs expect UDA targets to be more appropriately rationally throughout the year, in practice, for many dentists this is not always possible. Those dentists who are struggling to meet their UDA requirements face having to repay the PCT for uncompleted UDAs, regardless of the amount of work they have provided per course of treatment.

While the remuneration system is based on historical data, many younger practitioners either do not have a reference period or may have changed the way they have practised since then. Those seeing new patients, often have to provide more restorative care per course of treatment, compared with practitioners seeing patients on a continuous basis. This leaves many younger dentists having to cope with unrealistic and unrepresentative targets in an untested system.

A bleak future?

Although one of the primary aims of the new dental contract was to improve access, the HSC reports that fewer patients are visiting an NHS dentist than before April 2006 and access to dental care in many areas is far from adequate. Dentists have faced no sign of improvement.

As a profession, we now face the difficult task of learning to cope with a challenging system without knowing what the future really holds in store. Dentists have argued that these difficulties make working in the NHS un-favourable, but little has been done to ease dentists’ working lives, with many in the profession now questioning whether it is feasible to carry on in the NHS.

Moving forward

So what can be done to re-build the burnt bridges of trust between dentists and the PCTs? Well, to start with we must know the direction we as a profession are heading in before we get there. We still have no clear idea what to expect after April 2009, which makes financial planning (such as investing in further staff or investing in equipment) a logistical nightmare.

In my opinion, we must return back to a system where dentists are appropriately rewarded per item of treatment rather than per course, and above all, return fairness to both the dentist and patient alike. But will this really happen or is this an unrealistic dream? If the contract does change, are we as a profession ready for this change, and can we be certain that it will be for the better?

Over the course of the next few articles, I will be looking more closely at the day-to-day impact of the new dental contract and the effects this is having on dentists and patients alike.

Common complaints

The variety of treatment available in general dentistry practice today can be staggering. Sure, some procedures can be challenging, but there are now more reliable ways to save or replace teeth than in the past, and dental materials have also come a long way, and are far more reliable and predictable. So why, according to the parliamentary Health Select Committee (HSC), are dental technicians now complaining that they have less work and why are dentists pulling out more teeth and saving fewer?

Over the past few decades, since the start of the NHS in 1948, the oral health of the nation has improved significantly, and for a while, the health of the nation continued to tick along with dentists generally choosing to work in more affluent areas, leaving many areas of the country with a poor supply of NHS dentists. In addition, there was a growing concern that the NHS offered too many incentives to provide complex courses of treatment, rather than preventative care.

Poorer areas suffering

Since the care principal of the NHS, to be available to all, was being seriously eroded, many were asking why poorer areas were suffering, while wealthier areas were able to enjoy the benefits of the NHS. In April 2006, the Department of Health (DH) made vast reforms to the NHS, giving more power to the PCTs and simplifying a complex charging system into three broad categories. While dentists protested against these changes, we nevertheless succumbed to the will of the Government and accepted them as a way of providing health care.