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.

S
ince April 2006, the new
dental contract has been widely criticised by the press and dentists alike, and de-
spite protests from the profes-
sion, the new contractual* forms 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 stress-
free, but what happens when we have to do more? And why do some dentists complain more than others?

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 re-
place teeth than in the past, and dental materials have also come a long way, and are far more reli-
able and predictable. So why, ac-
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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 time stood still. The NHS continued to tick along with den-
tists 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 com-
plex courses of treatment, rather than preventative care.

Poorer areas suffering

Since the care principal of the NHS, to be available to all, was be-
ing 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 De-
partment of Health (DH) made vast reforms to the NHS, giving more power to the PCTs and sim-
pifying a complex charging sys-
tem into three broad categories. While dentists protested against these changes, we nevertheless succumbed to the will of the Gov-
ernment and accepted them as a way of providing health care.

A recent HSC report criticised much of the new contract. Its conclusions have not come as a surprise to most of those working within it. Although this contract was introduced without piloting, we now know that any further changes must now be vigil-
orous testing; so, like it or not, this con-
tact 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 ex-
tremely unpopular with dentists and many PCTs have set unrealis-
tic UDA targets and have applied these targets too rigidly. The new challenging of working in the NHS now involve managing these tar-
gts, or else facing financial penalties. Those dentists who manage to finish their targets early may not automatically re-
ceive further funding and as a re-
sult, may be forced to either work privately or not at all. The funda-
mental problem here is the lack of clarity and uncertainty in terms of what the future holds. While PCTs expect UDAs to be appropriately rationed throughout the year, in practice, for many dentists this is not always possible. Those den-
tists who are struggling to meet their UDA requirements face having to repay the PCT for un-
completed UDAs, regardless of the amount of work they have provided per course of treatment.

While the remuneration sys-

tem is based on historical data, many younger practitioners ei-
ther do not have a reference pe-
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 see-
ings patients on a continuous ba-

A bleak future?

Although one of the primary aims of the new dental contract was to improve access, the HSC report said that fewer patients are visiting an NHS dentist than before April 2006 and access to den-
tal care in many areas so far shows 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 re-
ally 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 lo-

In my opinion we must return to a system where dentists are appropriately rewarded per item of treatment rather than per course, and above all, return fair-
ness to both the dentist and pa-
tient 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.

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graduate certificate in implantol-
egy at UCL’s Eastman Dental Insti-
tute, and regularly attends post-
graduate courses to keep up-to-
date with current best practice. Im-
nediately post graduation, he was able to work in the older NHS sys-
tem 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 as an NHS dentist, appreci-
ates some of the difficulties in pro-
viding dental heathcare within this widely criticised system.