Philippa Coleman is a part-time dental health commissioner for Worcestershire PCT, which has 70 new dental contracts in urban and rural areas. Alongside colleague, Daphne O’Connor, she is forging links with local NHS dental practices. She is pleased there is 11 per cent more UDA funding this current financial year.

Ms Colman says: ‘Short-term it’s good we can offer additional UDAs until March 2009 to all NHS general dental practitioners working with the new contract. ‘Long-term, we are undertaking a needs’ assessment to target areas needing specific funding for additional dental activity.’

The PCT is setting up an Oral Health Strategy in 2009, with an emphasis on health education and to look at differing ways of awarding quality. Ms Colman sees the new contract as a positive challenge: ‘We are taking it as a good opportunity. But we realise the importance of working pro-actively with dental practitioners - because they are the interface with the patients - and the public to demonstrate that NHS dentistry is alive and well in Worcestershire.’

Looking ahead, she says: ‘Our aspiration is to develop the best dental services we can and the new contract is a tool towards this.’ Meanwhile, Mark Pulford is the primary care commissioning manager for Heart of Birmingham Teaching PCT with a special interest in dental services. He says the PCT stuck quite rigidly to the baseline UDAs based on the new contract’s test-period in 2004/05.

‘The different contract values reflect the different baseline experiences and each contract is unique.’ Mr Pulford thinks the new contract has certain advantages: He says: ‘It is a much simpler system to get the same income each month. Another positive aspect is that it is locally controlled. We can strike up vital relationships with individual practices and local dental committees.’

An issue that needs addressing is that instead of being paid on a drill-fill-bill basis like before, which meant the more work dentists do the more money they get, practices now tend not to take on new patients.

**Two years post contract**

Although new practices are opening up and down the country, some dentists argue they are not getting enough money to treat patients. Yvonne Gordon talks to several PCT managers, about how the new contracts are working out in practice.
Some are getting kick-started to them manage the new contracts. under-performing PCTs to help Health Authorities are targeting of Health (DH) and Strategic ham LDC, says: ‘The Department contract to work.’

‘A year ago we were concerned that the new system, albeit more straightforward, did not have enough resources to monitor quality control. So we are currently piloting a Dental Practice Accreditation Scheme, which awards extra UDAs for accredited practices.

‘Although we cannot re-negotiate the new contract, we can support a quality service locally.’ The PCT aims to accredit six pilot practices this autumn, using criteria including surgery environment, team-work, clinical aspects and health & safety. Data will be analysed over the next year.

Mr Pulford says: ‘We will turn all we learn into tender documentation, to include contracts for more specialist work.’ But he does think the new contract was not piloted properly, which could encourage dentists to extract teeth instead of following courses of treatment, but believes the key point for its success is to build up trust with dentists.

He says: ‘I can understand why dentists who have been in the NHS long-term may not feel valued if they are doing 6fillings and getting the same money as for one. However, I think the contract is fundamentally OK, but PCTs need to invest time in talking to local dentists and LDCs, because building quality relationships is essential for the new contract to work.’

Eddie Crouch, from Birmingham LDC, says: ‘The Department of Health (DH) and Strategic Health Authorities are targeting under-performing PCTs to help them manage the new contracts. Some are getting kick-started to do better.

‘South Birmingham has been set a target to get 20,000 more NHS patients, but it’s struggling. However, in some areas the new system is work-

Corrine Manger: ‘We have a very positive vibe on NHS dentistry’s future’
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Adverse events should be reported. Reporting forms and information can be obtained from Pharmacovigilance at Alliance Pharmaceuticals, tel: 01249 466966, or at pharma@alliancepharma.co.uk. The patient's dental health is crucial. She adds appropriate UDAs are allocated to meet patient needs. She adds an open dialogue with all dental care professionals such as nurses and dental technicians to support practice.

What about the future?

Maybe there could be a preventative dental health UDA, which is currently not covered, although patients can obtain an oral health tool-kit, which gives advice on dental self-help preventative techniques.

Ultimately, for the new contract to work, communication is the key.

PCTs acknowledge some dentists were not over-the-moon about how the volume and value of work carried out by practices in the new contract's test year was translated into UDAs. They admit that for some dentists, it is daunting to change from a cash-per-item system to a cash-limited system. But the overall message rings out loud and clear. For the contract to work, good working relationships between PCTs, dentist and LDCs are absolutely crucial.