Implementation, implementation, implementation

With no new reports, reviews or quango bodies planned, Neel Kothari thinks about where NHS dentistry can and will go from here.

We have now arrived at a point where we have numerous reports fr-on patient groups, widespread media criticism, the Health Select Committee (HSC) report, the Steele review and of course around 10 per cent of dentists leaving the NHS, but the UDA system still grows older. When the Steele review was announced, this initially kicked the debate over NHS dentistry out of the political spotlight and into the long grass, but now (at the time of writing) with no new government reports, reviews or quango bodies planned, the question ‘where does NHS dentistry go from here?’ must be asked.

Cash boost needed

The Steele review has received both favourable press and accep-ce since its release. Now, without entering into a debate regarding its content and rec-o-mendations, it seems to me that any change that may arise out of this needs money; money which the DH has already spent. The Steele review recommends a shift in the way dentists are paid from a fee-per-item sys-tem, towards a part-capitation and part-fee per item system. While this would probably help resolve issues regarding access to NHS dentistry by encour-ag-ing dentists to take on new pa-tients, what it does not do is ad-dress issues regarding quality within the NHS.

It is clear that among many GDPs working within the NHS, there is a genuine feeling they don’t feel able to provide good-quality treatment under this contract. Irrespective of where you may sit on this particular fence, the statistics are clear: the number of teeth being saved is down, while the number of dentures being made is up. Whether this phenomenon is down to the need for complex treat-ment decreasing as the of-ten seems to suggest, or a gen-uine failure of the new contract, one thing is clear – the current contract is certainly not based around quality.

Finding a balance

The sensible debate that needs to take place is exactly what level of care NHS dentistry is will-ing to fund. To clarify, I accept that under this current contract dentists are now paid more for many items of treatment com-pared with before, however at the same time, it only takes a few patients with high den-tal needs to take up much of a dentist’s time, leaving a great deal of uncertainty within this system. The funding which is derived from the UDA system is also relatively static and does not take into account the ever-growing costs of cross infection, laboratory and staff costs, as well as material costs such as single-use endodontic files. All things being equal, some things were poorly funded in the old system and some things are still poorly funded in this new system, but because of the unpi-loted ‘swings and roundabouts’ approach to funding dentistry, it’s hard to tell exactly which procedures are affected and how this may affect the quality of treatment provided by indi-vidual dentists.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2003, and currently works at 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 post-graduate courses to keep up to-date with current best practice.