Access over quality?

Although high-need patients can be seen for dental treatment, Neel Kothari thinks the jury is out as to whether they are getting the treatment that best meets their needs.

Over the last few days, I have witnessed a miraculous cure to my writer’s block when a patient I recently treated brought to my attention some of the issues that can still be seen within NHS dentistry.

This patient is a young lady of around 25 who presented in a great deal of pain from a lower abscessed molar tooth, as well as rampant caries elsewhere. I asked her when she had last seen a dentist and she replied: ‘Only last week, I booked in to see a dentist under the NHS, but at the end of my session I was told that this was only an emergency visit and they did not have the time to see me for treatment.’ She was told to find another dentist and was given a prescription for antibiotics, but still could not sleep or eat.

Funnily enough, this is not the first time this has happened and I am sure that many of you may have encountered something similar. The problem here in my opinion cannot purely be put down to the new contract, but when any system is based solely on ‘improving NHS patient numbers’ rather than ‘improving quality’, surely the architects of the new contract must accept some culpability for introducing a system that, through a lack of proper piloting, has effectively prescribed neglect across the nation.

The good news for the Department of Health (DH) is that this patient will now probably count twice in the access figures! Meeting bottom line While I have some sympathy for dentists having to provide an unlimited mass of dental treatment for a fixed level of remuneration, surely there can be no excuse for kicking out patients in pain and agony while cherry picking those patients who help to better meet the bottom line.

Disastrous consequences Ten years ago, in September 1999, Tony Blair told the Labour Party Conference: ‘Everyone will have access to an NHS dentist within two years.’ Ten years later the drive to (still) try and achieve this has clearly had disastrous consequences. Rather than improve quality, access to treating some of the major problems, stabilising the patient and spreading the treatment over multiple courses.

While they all agreed that it was unacceptable to leave a patient in pain, I’m afraid across the nation, many dentists are apparently still working in different ways and it is clear that we still all have different interpretations of exactly how the new dental contract should be implemented. One problem still remains: when one dentist chooses to cherry pick patients, this leaves others to unfairly pick up the pieces.

In Hampshire and the Isle of Wight, access figures are clearly well below average. Regardless of how much investment into dentistry has been made here in recent years, according to prospective Parliamentary candidate Terry Scrivens, thousands of people across the New Forest still have no access to an NHS dentist.

One of the problems here is that any new practice commissioned by the PCT would be subjected to a massive number of patients, many of whom may require treatment for years of dental neglect. That’s great, you may say? Surely that’s exactly what a new dental practice needs, isn’t it? Well, yes and no; we hear a lot about NHS efficiency savings and getting more for less, but there comes a point where less is definitely less and if PCTs choose to fund new services based around improving access rather than quality, just exactly who are they accountable to? And at what point does this transgress from governing to influencing clinical decisions?

Of course since the inception of the NHS, dentistry has always been used as a political football where successive governments have incentivised clinical choices they deem favourable. However in incentivising access over quality, while high-need patients are able to be seen for dental treatment (according to the DH), for me the jury is out as to whether they are getting the treatment that best meets their needs.

About the author

Neel Kothari qualified as a dentist from Barts and the London 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 UCLA’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with general best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes 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, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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