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

O

ter the last few days, I witnessed a miracul-

cous 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 hooked in to see a dentist under the NHS, but at the end of my session I was told that this was only an emerg-

cy visit and they did not have the time to see me for treatment’. She was told to find another den-

tist 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 prob-

lem 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 archtects of the new contract must accept some culpability for introducing a system that, through a lack of proper pilot-

ing, has effectively prescriptions neglect across the nation.

The good news for the De-

partment of Health (DH) is that this patient will now probably count twice in the access fig-

ures! Leading me to question, just how exactly does the Gov-

ernment collate access figures?

Meeting bottom line

While I have some sympathy for dentists having to provide an unlimited mass of dental treat-

ment for a fixed level of remu-

eration, 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

While they all agreed that it was unacceptable to leave a pa-

rent in pain, I’m afraid across the nation, many dentists are ap-

parently still working in dif-

ferent ways and it is clear that we will all have different inter-

pretations 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.

Disastrous consequences

Ten years ago, in September 1999, Tony Blair told the Labour Party Conference: ‘Everyone will have access to an NHS den-

tist within two years!’ Ten years later the drive to (still) try and achieve this has clearly had dis-

astrous consequences. Rather than improve quality, access to treating some of the major problems, stabilising the patient and spreading the treatment over multiple courses.

The promises made at the recent Labour Party Conference should really be measured up against Labour’s own record. This in fact shows loss of access. After the introduction of the new contract, the number of people accessing NHS dentistry fell by one million. Some 7.5 million people are not going to an NHS dentist, because it is hard to find one. Fewer children are accessing NHS dentistry – more than 100,000 fewer than before the new dental contract and den-

tal caries is now the third most common reason for children’s admission to hospital.

A key driver?

Regardless of how the Govern-

ment dresses up various new schemes and initiatives to im-

prove NHS dentistry, it does not take long to realise that ‘improv-

ing access’ tends to be the key driver. But how sensible is this aim? Of course everyone who needs a dentist should be able to get one, especially as it’s called a National Health Service, but ex-

actly what are they getting?

In Hampshire and the Isle of Wight, access figures are clearly well below average. Re-

gardless of how much invest-

ment into dentistry has been made here in recent years, ac-

\ncording to prospective Parlia-

mentary candidate Terry Scriv-

en, thousands of people across the New Forest still have no ac-

cess to an NHS dentist.

One of the problems here is that any new practice com-

misioned 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 ex-

actly what a new dental practice needs, isn’t it? Well, yes and no; we hear a lot about NHS effi-

ciency savings and getting more for less, but there comes a point where less is definitely less and if PCTs choose to fund new serv-

ices based around improving ac-

cess rather than quality, just ex-

actly who are they accountable to? And at what point does this transgress from governing to in-

fluencing clinical decisions?

Of course since the incep-

tion of the NHS, dentistry has always been used as a politi-

cal football where successive governments have incentivised clinical choices they deem fa-

vourable. However in incentiv-

ising access over quality, while high-need patients are able to be seen for dental treatment (ac-

\ncording 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 Bra-

tford University Dental School in 2005, and currently works in Cambridge as an asso-

ciate within the NHS. He has completed a year-long postgradu-

ate certificate in im-

plantology at UCL ‘s Eastman Dental Insti-

tute, and regularly attends postgradu-

ate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes through. He then went on to work within the introduc-

tion 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.

NEW

A highly concentrated mouth rinse with added benefits.

• Fresh bouquet and taste for pre and post-op rinsing.

• The benefits of added Zinc (Zinc in low concentrations is known to reduce levels of Volatile Sulphur Compounds in the mouth).

See article on the benefits of zinc on our web site listed below.

• Sugar and alcohol free

Minamint with Zinc

Exceptional Introductory Offer value of just £8.33* +vat each

*Price when taking up offer of Buy 2 get 1 free

www.panadent.net/TheBenefitsOfZincToFreshenBreath.pdf

Can be ordered online at: www.panadentonline.com or from your usual dealer.