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
tessed a miracu-
lous cure to my writer’s
lock 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 emer-
gency 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
architects of the new contract
must accept some culpability
for introducing a system that,
through a lack of proper pilot-
ing, has effectively prescribed
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-
neration, 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-
tient in pain, I’m afraid across
the nation, many dentists are
apparently still working in dif-
ferent ways and it is clear that
we still 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 access-
ing 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-
cording 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-
actl

While I have some sympathy for dentists... surely there can be no excuse for picking out patients in pain and agony while cherry picking those patients who help to better meet the bottom line.

About the author

Neel Kothari qualified as a dentist from Bect-
Sul 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 UCLA’s
Eastman Dental Insti-
tute, and regularly attends postgradu-
ate courses to keep up-to-date with new
practices. Immediately post graduation, he was able to work in the
older NHS system and see the changes
throughout. He then chose to take part in the in-
duction 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
dentistry within this widely
criticism system.