A close inspection

The Government’s response to the Health Select Committee raised a few hackles in the profession, but what does it all really mean? Dental Tribune takes a good hard look at the report and analyses the good, the bad and the ugly parts.

When the Health Select Committee produced its damning report on NHS dentistry in July, many commentators hoped that the Government would rewrite the dentists’ contract. Even before the report was published, Conservative spokesman, Mike Penning MP, had called on the Secretary of State to ‘scrap this ludicrous contract’ which had left nearly a million members of the public without access to NHS dentistry.

The British Dental Association’s chair, Susie Sanders described the report as ‘damning’, which had highlighted ‘the failure of a farcical contract’. She called on the Department of Health (DH) to ‘listen to this condemnatory report and act swiftly’. Three months later they produced their interim response.

Far from promising radical reform, the Government said it was confident that the new dental contract provided a ‘better basis for Primary Care Trusts (PCTs) to commission services’. Although it accepted the Committee’s view that progress on improving access was disappointing to date, the DH would work to see how the NHS could achieve ‘the maximum benefits for patients from these reforms’.

It had already started to work with Strategic Health Authorities (SHAs) to improve access to NHS dentistry. This project will be completed later this autumn and the Government will then make a fuller response setting out further actions. Media speculation suggests the DH is planning a crackdown on dentists who are exploiting the system to maximise their incomes, denying thousands of patients access to treatment.

‘Media speculation suggests the DH is planning a crackdown on dentists who are exploiting the system to maximise their incomes’

The Government’s response

The Committee was most scathing about patients’ access to services reporting that the DH’s goal of improving this had yet to be realised. Its members were unconvinced by the Chief Dental Officer (CDO)’s claims that the situation had stabilised and that improvements would soon be seen. It pointed out that ‘the various measures of access available all indicate that the situation is deteriorating’.

In reply, the Government admitted that progress was ‘uneven’. It did acknowledge that the first two years had been ‘a difficult transitional period’, both for PCTs and dentists. The DH accepted the Committee’s view that PCTs should commission more services, and the Government pointed to evidence that this was already happening. There were also more dentists in the system to do the work and the ‘there was no shortage of applicants when PCTs tendered for new practices’.

The Government accepted that there was more to do, such as addressing the problem that some PCTs are better than others at commissioning in a bid to improve access. Similarly, the public are not using the services in some areas where PCTs have opened new practices.

Accessing services

The Committee was most scathing about patients’ access to services reporting that the DH’s goal of improving this had yet to be realised. Its members were unconvinced by the Chief Dental Officer (CDO)’s claims that the situation had stabilised and that improvements would soon be seen. It pointed out that ‘the various measures of access available all indicate that the situation is deteriorating’.

In reply, the Government admitted that progress was ‘uneven’. It did acknowledge that the first two years had been ‘a difficult transitional period’, both for PCTs and dentists. The DH accepted the Committee’s view that PCTs should commission more services, and the Government pointed to evidence that this was already happening. There were also more dentists in the system to do the work and the ‘there was no shortage of applicants when PCTs tendered for new practices’.

The Government accepted that there was more to do, such as addressing the problem that some PCTs are better than others at commissioning in a bid to improve access. Similarly, the public are not using the services in some areas where PCTs have opened new practices.

Child-only contracts

The Committee argued that child-only contracts should be removed from NHS dental services as soon as possible. The Government agreed that they were undesirable and had the effect of ’pressurising adults to accept private dentistry, so that their children can receive NHS care’. The DH had issued guidance so that they should move away from child-only contracts, but in a managed way that did not threaten children’s access to NHS dental services.

Complex treatment

The laboratory industry has certainly suffered with the number of treatments involving laboratory work falling by half. The Committee said some patients were not receiving the care they needed and recommended that the DH should commission research into adverse effects.

The Government defended the system. It said that there had to be some measure of activity, and that it was reasonable to use weighted courses of treatment to do this. It also accepted that UDA closures should not be the only measure of activity and that PCTs should work with dentists to develop other measures for monitoring work. It was working with the University of Manchester to develop a research proposal to assess the impact of the new system on oral health.

Registration abolition

The Committee believed that it had been a mistake to abolish registration and recommended the DH should ‘reinstate the requirement for patients to be registered with an NHS dentist’. The Government agreed on the importance of continuity of care, and recognised the significance still attached to the term ‘registration’. It would examine the possibility of some form of registration in the future.

For the future

The Government promised to carry out a review of how dental services should develop over the next five years and the Committee welcomed this pledge. It will look at all aspects of the arrangements for commissioning, including UDAs and other matters of concern. Its aim will be to ensure that services are responsive to the needs of individual patients, ‘ensuring a strong focus on prevention as well as treatment’, with improvements in the quality of care.