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 (BDA)’s chair, Susie Sander son described the report as “damning”, which had highlighted “the failure of a farcical contract.” She called on the Department of Health (DH) to “listento the DH in a bid to improve access. Similarly, the public are not using the services in some areas where PCTs have opened 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.

Those UDAs

Many dentists wanted to see the death of units of dental activity (UDAs). The Committee said that the system had proved extremely unpopular with dentists and that it was “extraordinary that the Department did not pilot the new payment system before it was introduced.” Too many PCTs had set unrealistic UDA targets and the Committee recommended that in the short-term the number of payment bands should be increased from three to five or more.

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. But it accepted that UDAs 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.”

Complex treatment

The laboratory industry has certainly suffered with the number of treatments involving laboratory work falling by half. 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.

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.