Growing older gracefully?

In the second article of our new series, Neel Kothari asks whether younger dentists will be allowed the luxury to flourish in their careers and mature in the new NHS dental system or will they be forced into independent practice?

A while back a patient asked me a tricky question, ‘Can I get everything I need under the NHS, or do I need to go private?’ At the time, I repeated the standard rhetoric. ‘Well, the NHS does provide most treatment items needed except for cosmetic treatment.’ I felt comfortable with that answer but knew it wasn’t quite that simple. The NHS, being a budgeted system, quite rightly wants value for money. But how do we judge what is value? What happens to those items needed except for cosmetic treatment? I felt comfortable with that answer and not against them.

The Health Select Committee (HSC) has advised the Department of Health (DH) to find out, as a matter of urgency, why the level of band-three items has fallen so dramatically. While this research may or may not be carried out, we must ask ourselves how this would affect younger dentists, who are already now providing far fewer crowns, bridges and dentures, if this trend was to continue. Yes, the previous system had been criticised for promoting over-treatment, but it seems this new system has turned the ship in entirely the opposite direction, as dentists now effectively earn more for shorter courses of treatment.

Money a priority?

With the chief dental officer (CDO) announced that all endodontic files were to become single-use, we had to ask ourselves whether this decision was supported by the evidence base or was merely an overreaction. Whatever the case, the profession has clearly been alienated by the issue of remuneration: there is no funding within the UDA system and dentists have had to swallow the extra costs. The CDO has tried to address this issue by suggesting that the financial impact of this should be provided to meet their UDA targets. It is this uncertainty which does not provide reassurance to the profession that dentistry can or will be fairly rewarded.

Lack of trust

The DH’s own prediction of patient-charge revenue in 2006-07 was over-estimated by a £159 million. Research from the BDA has shown that almost half of dentists in the first year of the contract failed to meet their UDA targets. It is this uncertainty which does not provide reassurance to the profession that dentistry can or will be fairly rewarded.

So are younger dentists able to grow older gracefully in this new system or do they have to be forced into independent practice? Do we as a profession mind? And does it matter to the DH? The reduction in certain items of treatment such as root canal therapy or complex laboratory items is surely worrying, for both patients and the profession. If this trend continues, there is a real risk that NHS dentistry will be heading further towards a basic ‘core’ service, rather than promoting excellence in dental care. So if the DH is looking to rebuild burnt bridges between PCTs and dental professionals, it must look with urgency at how it might provide a platform for dentists to practice a range of simple and complex healthcare, while fairly remunerating them for this. Otherwise, our younger dentists may grow old outside of the NHS.

However, as Mark Twain once said: ‘Age is an issue of mind over matter. If you don’t mind, it doesn’t matter’.