A matter of fairness

In the third article in the series on the state-of-play in NHS dentistry under the new contract, Neel Kothari suggests that the Government needs to rethink its strategy when it comes to allocating funding

I t’s never too long before a group of dentists start talking shop. As an NHS dentist, I’ve noticed that whenever a mention of the new contract, much of this shoptalk has been about the system, rather than the work done within it. Some dentists appear to have been minimally affected, but others are struggling with providing vast quantities of work and are still not meeting their targets.

In May 2006 the BDA asked PCTs across England for factual information about their PDS arrangements. The information concentrated on the amount of dental care commis- sioned by the PCT, contract values, numbers of contracts taken up and numbers of complaints and disputed. For those PCTs that responded, we can see that average UDA values vary staggeringly across the country, from £14/UDA in Durham and Chester-Le-Street to £56/UDA in Sheffield West. Apart from the matter of fairness, this begs the question of whether the Government can be sure that they have all of their calculations right; and if they have not, will we see this spectrum narrowing across England after April 2008?

Diminishing trust

Many dentists have lost faith in the Government’s ability to fairly allocate funding across the UK and see this system as a massive oversimplification of what is actually needed to provide dental healthcare. Nothing epitomises the failures of the new contract more than the effect it has on those patients who require dental healthcare the most. As I sift through the numerous reports on the working of NHS dentistry, we are constantly made aware that access has not improved, less complex dentistry is being carried out and there are financial incentives to under treat.

Dentists have now been put in a tense position when taking on new patients. On the one hand, dentists need to meet their targets; regardless of how unrealistic they are, but on the other hand, a few high-risk patients can absorb much of the dentist’s time for little reward. Instead of a clear set of workable guidelines, what we are faced with is a variety of murky solutions that cast a dark shadow over the core ideals of the new contract. As a profession, we can all see the need to realistically define the amount of work a dentist should provide per course of treatment. Unless the profession can see transparency and fairness in the new contract, it will be difficult to stop the current erosion of faith in the NHS.

Changes to work patterns

Since the introduction of the new NHS contract, it has become clear that the working patterns of many have changed. When we look at the management of high-need patients, we can see that what is being provided can vary considerably between dentists, practices and even postcodes nationwide. As a result of the changes, community dentistry and secondary dental care have become swamped with an increase in referrals of patients needing complex treatment. The Health Select Committee has been concerned that this could have an adverse effect on those patients who have been traditionally treated in these settings. Little has yet been done to return patients back to primary dental care. Dentists who refer high-need patients not only free up much of their time to chase targets but also in many cases are able to claim for the full course of treatment without providing it themselves, as directed by the Department of Health’s (DH) Factsheet 15: Referrals to other practitioners. While all high-trust environments are open for abuse, by placing targets on treatment, this has also placed limits on capacity and many feel they simply do not have the capacity to meet their UDA targets.

Testing the water

Many in the profession argue that the commissioning of den- tistry through the UDA system needs to be re-investigated by the DH. It was clear that the old GDS charging system needed simplification for the benefit of patients; and dentists needed a system where they could provide clinical care with unbiassed judgment, rather than that dictated by the NHS. There was certainly no question that reform was needed, but given its importance, surely by now the DH must regret not piloting these reforms first?

Like it or not, there is a clear link between the way dentistry is funded and the type of treatments dentists are able to provide. Much of the initial promise of this new contract has now faded and what we are left with is more than just a few teething problems. But there is still much about the new contract that, with reform, could improve dentists’ working lives and the patient’s dental experience. The simplification of the charging system is in essence a good idea. I also like certain aspects of the new contract, such as being able to now provide small posterior composites on the NHS and having the freedom to see patients more regularly if I feel it is necessary. But I, like many others, feel by simplifying the system into bite-sized pieces, NHS dentistry has eroded to just that. By only having three bands, even a layperson can see that turning corners will be tight and the squeeze will be felt. We would all have different opinions on what the right number of treatment bands should be, but I think we can all agree three is not the magic number.

So with a few modifications, we must hope that this system can deliver dentistry with a better degree of fairness. For this to happen though, the Government must urgently take into consideration the concerns of the profession and patients. Let us hope that it hears the recommendations of dentists, patients and MPs and not only has the desire to change, but also the funding.
KaVo ESTETICA E80 T/C

2008 saw The British Orthodontic Society’s (BOS) Chairman Dr Ian Hatherall address a Parliamentary Health Select Committee at the Houses of Parliament as it continued its strong political lobbying to petition for a more sustainable, fair and consistent orthodontic provision across the country.

The BOS Annual Conference took place between 14-16 September 2008 and attracted a substantial number of members to Brighton.

Each year, an outstanding contributor to the world of orthodontics is invited to give the Northbrook Memorial Lecture at the Conference. This year was no exception when Dr Nigel Harradine, the BOS’ Chairman Elect presented a perceptive address on ‘self-ligation: past, present and future’.

On the International front, the BOC will attend the 7th IIOC which is taking place in Sydney, Australia in 2010. The event is staged by the World Federation of Orthodontists (WFO) and will be hosted by the Australian Society of Orthodontists.

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Heka Dental are inviting Dentists to visit Wonderful Copenhagen to see their fantastic design and production facilities, as well as their beautiful city. They will be arranging several trips a year which will normally run from Thursday morning to Saturday afternoon. During which time their guests will have an opportunity to visit their factory as well as enjoy some of the delights of Wonderful Copenhagen. If Dentists order a Heka Dental package before or during the trip, their visit (including flights, hotel, lunch and dinners) will be free. If they do, they will only pay for the flight and hotel.

Incorporating the latest Treatment Centre Technology, Heka Dental’s UNIC is the ultimate embodiment of feedback from patients, dentists, dental technicians and service engineers.

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This unit provides:
• Electric motor for slow handpiece with water spray (can run as a High Speed with an optional 1:5 speed increaser and Handpiece) all foot control operated
• Low Volume suction (saliva ejector)
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• 5-in-1 Syringe
• Optional Piezo-Ultrasonic Scaler with foot control
• All packed into roll along suitcase

The extensive Aseptico range includes portable patient chair as well as operators stools and lights. There are a number of different delivery units available offering either electric or air turbine as well as high or low volume suction all including 5-th-1 syringe.

For more details on the range of Aseptico products supported by Velopex, in the UK please see: www.velopex.com and follow the right hand scroll bar to the Aseptico range. If you would like a demonstration, please contact Velopex. Tel 01442 268 676

Successful choices begin with type of chair from our basic Simplicity through to our ultimate J/V version with unique seat tilt action and eight programmes as standard with Ultralighter upholsteries. Our range of chairs is far wider than any other manufacturer, a range of styles and options.

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Your choice begins with type of chair from our basic Simplicity through to our ultimate J/V version with unique seat tilt action and eight programmes as standard with Ultralighter upholsteries. Our range of chairs is far wider than any other manufacturer, a range of styles and options.

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Dental Services Direct have a wide selection of chairs and delivery packages from many major manufacturers and their experience and understanding of the dental trade can help make your decision swift and painless.

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26 Chairs/Delivery systems

KaVo ESTETICA E80 T/C

The KaVo treatment unit ESTETICA E80 with its innovative suspended chair concept can be optionally adapted to the everyday needs of the dental practice. Both the dentist’s and assistant’s elements are provided with a configuration and an ergonomically perfect instrument layout ready for the future. The new AL 762 motor with optional endo-function, and the possibility of integrating the surgery motor SL 590, makes additional, expensive instruments superfluous. The integral communication system ERGocom 4 connects the ESTETICA E80 to the practice system and delivers information directly to the treatment area. USB interfaces at both the dentist’s and the assistant’s elements enable USB suitable equipment to be connected to the unit at any time.

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For information or to arrange a visit from a KaVo Equipment Specialist, regarding the full range of KaVo products and services including dental units, handpieces, imaging products, surgery planning, cabinetry and flexible finance please contact us on Freephone 0800 218020.

Dental Art

Presented for the first time at Dental Showcase and greatly received, there are no doubt more KaVo products on their way to launch the new product line of Dental Art cabinetry. Introduced to complement all aspects of the A-dec range, this Italian designed product offers a contemporary and stylish addition to the A-dec family of products. Since 1973, Dental Art have designed and manufactured cabinets and furniture for the dental industry. Now, in conjunction with A-dec, they offer an exclusive line of products to the UK market. Available in a selection of colours, finishes and specifications, A-dec are excited to offer a further product dimension to the extensive line of established products.

Prices and designs are available from A-dec dealers and an example of the cabinetry available can be viewed at selected A-dec showrooms. Please contact Adec for more details on 02476 559091.

The BOS reviews some annual highlights

On Reflection

Incorporating the latest Treatment Centre Technology, Heka Dental’s UNIC is the ultimate embodiment of feedback from patients, dentists, dental and ultimately making your business more profitable.

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When the time comes to buy a new dental chair the variety can be confusing. You’ll need to consider things like; patient comfort, ease of use, the ability to incorporate other equipment such as monitors and handpieces and what type of upholstery you would prefer.

Dental Services Direct have a wide selection of chairs and delivery packages from many major manufacturers and their experience and understanding of the dental trade can help make your decision swift and painless. Their exclusive agreements with both Ancar and Heka, combined with packages from Anthos, Belmont, and DentalEZ mean there is some to suit every budget.

Scaling Made Simple with the R&S Ultrasonic Scaler

Realistically priced is the R&S Ultrasonic Scaler, available exclusively from Dental Sky. This light, small and portable ultrasonic scaler, quickly, effectively and efficiently removes dental calculus and stains from the tooth surface.

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To find out how the Sirona team can directly support your practice and for a no obligation demonstration of the CEREC 3D system telephone 0845 071 5040 or email: info@sironadental.co.uk or visit www.sironadental.co.uk

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