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 the introduction 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 grappling 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 contracts dispute. For those PCTs that responded, we can see that average UDA values vary stag- geringly across the country, from £14/UDA in Durham and Chester-Le-Street to £96/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 2006?

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 mas- sive 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 people who require dental healthcare the most. As I sift through the numerous reports on the way of NHS dentistry, we are constantly made aware that access has not improved, less complex dentistry is being car- ried out and there are financial incentives to under-treat.

Dentists have now been put in a tense position when taking on new patients; on one hand, dentists need to meet their targets, regardless of how unrealis- tic 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 vari- ety of murky solutions that cast a dark shadow over the core ideals of the new contract. As a profes- sion, we can all see the need to re- alistically 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 cur- rent 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 post- codes nationwide. As a result of the changes, community dentistry and secondary den- tal 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 tradi- tionally 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 tar- gets 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 capa- city 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 simplifi- cation for the benefit of pa- tients, and dentists needed a sys- tem where they could provide clinical care with unbiased judg- ment, 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 treat- ments dentists are able to pro- vide. 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 simplifi- cation of the charging system is in essence a good idea. I also like certain aspects of the new con- tract, such as being able to now provide small anterior composites on the NHS and having the freedom to treat 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 bet- ter degree of fairness. For this to happen though, the Government must urgently take into consider- ation the concerns of the profes- sion and patients. Let us hope that it hears the recommenda- tions of dentists, patients and MP’s and not only has the desire to change, but also the funding.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cam- bridge as an associate within the NHS. He has completed a year- long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly at- tend postgraduate courses to keep up-to-date with current best practice. Immediately post gradu- ation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the fu- ture holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.
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