Lansley at the BDA

Not at the BDA this year? Couldn’t get to Secretary of State for Health Andrew Lansley’s speech on dentistry? Don’t worry, *Dental Tribune* has the highlights...

![Image of Andrew Lansley speaking at the BDA Conference in Manchester](Image)

The welcome: As you all know we are in the middle of a listening exercise, so we can ensure that the reforms and the modernisation of the NHS, to take the views of the clinicians, patients and the public, so we can absolutely make sure that we have a legislative framework and a structure of modernisation that supports the objectives that we all subscribed to. When we talk about putting the patients at the heart of what we do or focusing on outcomes and evolving the responsibility to those clinicians who have care of patients – that is the basis of the agreement.

I have been Shadow/Secretary of State for seven years, and this experience has given me the view that there is a very chequered history of dental reforms. With regards to the listening exercise on the Health and Social Care Bill – whilst the Bill itself does not directly affect what we’re doing in relation to dental contracts we will of course in the future introduce legislation to reform the contract and the charging system for dentistry. So we do have to make sure that the reformed dental contract is a good fit with the NHS structures that are being developed through the health and social care bill and in particular the new commissioning arrangements.

**NHS Commissioning Board:** We intend that the new NHS commissioning board will commission all dental services, and I think I’m right in saying that this is very broadly welcomed. Some primary care trusts have worked innovatively and constructively to commission better services. But I also know that the different approaches taken by different PCTs has been frustrating for everybody, especially dental professionals.

Sir David Nicholson will be the Chief Executive of the new NHS Commissioning Board was recently here in the North West meeting dentists to discuss how they thought commissioning could be developed to respond to locally identified leads, at the same time bringing consistency across the country for in the profession. And that core consistency offers real opportunities to the patients, to exercise real choice in relation to dental services.

The changes we are making are essential, but it’s vital that we take the clinicians with us for the long term benefit of patients, whom we have to develop a system by which we will be in dentistry or wider healthcare, that will measure success by outcomes and tells us to what extent we are improving the health of individuals and the wider population, not just how process indicators have been achieved.

**Dental public health:** At either end of the age spectrum, the overall oral health in this country is amongst the best in the world. The recent Adult Dental Health Survey and Child Dental Epidemiology programme results shows that around 70 per cent of adults were free of active tooth decay and that nearly 70 per cent of children had no experience of dental caries. That’s great news, and it tells us we’re right to be seeking to use dental contract reforms to move clinical practice in the direction of continuing care and prevention. But it also shows that the 50 per cent of children who suffer from tooth decay, do suffer very significantly. And given that this is a completely preventable disease, this is not acceptable.

**Quality** - providing high quality services to patients is a key aim of all our NHS reforms. Measuring quality can be difficult but it is an essential element of the pilots. Finding out if we can really identify how quality indicators help us ensure that we can improve the outcomes of all the patients.

The constructive engagement we had with the dental profession and indeed with the BDA, for which I and my colleagues are very grateful, has contrasted sharply with the atmosphere of hostility and anger that had developed at the previous dental reform programmes. I think there are important lessons of dentistry that we can learn from a whole NHS modernisation programme. We are working with clinicians on dental reform whereas previously reform was imposed on the profession.

More than anyone else, you the clinician, know what is right for your patients and I want to engage with you as it’s how we take forward the reforms of dentistry and it is how we are taking forward wider reforms across the National Health Service.

Under our proposals, however, the reformed dental contract will be acceptable. Dental care is very significantly. And given that this is a completely preventable disease, this is not acceptable.

The new contract will be based on three elements: registration, capitation and quality.

**Registration** - to reassure patients that they have guaranteed continuity of care and to clearly divide the responsibilities of dentists and their patients.

**Capitation** - to take the perceived incentives of an activity based system out of the NHS, to focus on good oral health and preventative work and to really for the first time get dentists off the treadmill.

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Here in the North West the extraction of teeth is the biggest reason why children are subjected to a general anaesthetic. We need to focus our services more on prevention, both for children and adults, whilst at the same time maintaining the good oral health of that majority.

This coalition government has made a clear commitment to improve the oral health of children, this does not only mean dentists, we need to work across the spectrum, in education, social care and the wider medical fraternity, proactively tackling the inequalities on oral health.

I know that my colleague Freddie Howe has been impressed when he has visited schemes, where everyone - local authorities, dental practitioners, consultants and health visitors - have come together to really tackle oral health promotion. And I would like to take this opportunity to give my thanks to the people that are leading this vital work and schemes that support them.

Access to dental services:
You may be aware that the latest data on dental access was published yesterday; when the coalition government came to power a year ago access to NHS dentistry has increased to 651,000 and it is a credit to all of you and the NHS that this has been achieved at a time when we are also moving forward rapidly with changes of the NHS.

Access is a really significant issue and we all know that. We want to see access improved further. But it is important, vital, that people have access to a high quality, leads based, outcome-focused service, one that offers patients an excellent experience, one that offers preventions and a reasonable financial award and a satisfaction of knowing you have improved people's lives and knowledge that you are offering value for money on the NHS.

As a government, we can take pride for that being achieved; I think even more importantly as a profession I know you will take pride and care in delivering it.

The future:
My aim, I believe yours to, is to work to create an NHS dental service that is the envy of the world, that helps build on and maintain improving oral health of the majority of the population, whilst seeking out and tackling inequality, and finding that minority where we have not yet achieved it.

I believe that our contract reforms, taken together with NHS modernisation, will give dentists working for the NHS more complete working lives, reduce the burden of bureaucracy and the inconsistency of commissioning, that many of you have complained about in the past.

The fact that we are today here, at this conference, a matter of weeks away from the start of piloting the new NHS contracts, very much reflects the engaging commitment over the last year between the profession and ourselves. I want to say thank you to the BDA for that engagement. I think it's been constructive and positive, immensely helpful and I thank you all for it.

- Were you at Mr Lansley's speech? What were your thoughts? Email Lisa@dentaltribuneuk.com