At the end of last month the Office of Fair Trading (OFT) published its report on the UK dentistry market; in summary it declared that dental patients were largely satisfied with the services provided by their dentist. But even though the report started off on a high note, there were significant concerns regarding the past and the future of dentistry, and there were several recommendations that went hand in hand with these concerns.

One concern highlighted by the OFT was how the existing NHS dental contract in England acts as a barrier to entry and expansion in the dentistry market (a market who’s growth is valued at an estimated £5.73bn a year). The report stated that:

potential new, innovative dental practices trying to enter the dentistry market face limited opportunities, good practices offering higher quality services to patients face high barriers to expansion, and poor performing dental practices face more limited incentives to improve in order to retain and attract new patients. Even on paper it doesn’t sound too good.

Vital step

In the OFT’s view, it is a vital step for the Department of Health to progress with the redesign of the NHS dental contract and introduce a system in which ‘any qualified provider’ may deliver NHS services to dental patients and where NHS dental payments follow the patient; it was also strongly recommended that the Department of Health bring an end to non-time-limited NHS dental contracts and that NHS dental contracts in England should be ‘streamlined and standardised’ to facilitate entry into the market by new dental practices.

The proposed moves by the OFT didn’t seem to come as a shock to most practitioners, as practice principal Neel Kothari explained: “Unsurprisingly the 2006 dental contract was slated by the OFT report. A core concern for the OFT is that the existing NHS dental contract in England acts as a barrier to entry and expansion in the dentistry market and that reform of the NHS dental contract is needed to facilitate greater competition’.

The OFT report: what does it mean? Dental Tribune looks at what the recent OFT report on dentistry will mean
This leads onto the obvious ‘elephant in the room’ as Neel explains: “What exactly should be available on the NHS? Co-Cr dentures, implants, fixed bridge work, or simply a core service centred on fillings and dentures? Assuming that the OFT report is accurate in that 500,000 patients a year are actually being misled is this more than just a perverse incentive built within a flawed system; it’s confirmation that things have gone horribly wrong.”

Other worries highlighted in the report surrounded issues of dental payments plans, and concerns that patients are being pressured into joining a dental payment plan as a means of paying for private dental treatment. Along with these discoveries there were further matters regarding the complaints process and how the current complexity and costs impose unnecessary burdens on patients and dentists.

As a result, the OFT stated that they strongly recommended that either a single body should be responsible for dealing with such complaints, or a single patient-facing portal for the reporting of such complaints should be developed to ensure a more effective, efficient and consistent complaints system.

So far all the findings from the OFT report, from insufficient patient information to the complexity of the complaints process for patients, makes the question surrounding patient care beg for some serious deliberation. But the question on patient care was made even more prominent when the OFT announced that they had called upon the GDC to review and urgently remove restrictions on direct patient access to dental care professionals.

Currently, dental patients are unable to access dental hygienists, dental therapists and (except for patients without any teeth) clinical dental technicians without first receiving a referral from a dentist; however, the OFT stated that they did not consider that there is any compelling, objective justification for the current restrictions.

Benefits

The OFT believe there are a number of benefits that Direct Access may deliver for patients, such as the chance to provide patients with greater choice and a chance to allow DCPs direct interaction with patients; the OFT also believes that the removal of restrictions on patients’ Direct Access to DCPs could also create competition and enable the development of more efficient models of service in the dentistry market that may be more responsive to patients’ needs.

The report states: ‘On the ba-
sis of evidence we have considered there is a clear and compelling case for the removal of current restrictions on Direct Access to DCPs, without further delay. Patients are losing out on potential benefits that Direct Access could bring. Furthermore, we see no evidence to suggest that patient safety will be at risk.’

Mixed emotions

The statement has caused mixed emotions in the dental sphere. The GDC and the BDA have raised concerns around patient safety if patients are allowed Direct Access to DCPs, with the BDA stating that direct patient access to DCPs would introduce risks to patient safety because ‘DCPs are not trained to diagnose significant early stage oral disease.’ However, these views are not shared by all.

Sally Simpson, President of BDSHT said: “We firmly believe that Direct Access will not be detrimental to patients as suggested by the General Dental Council and British Dental Association; rather that Direct Access will help dentistry move forward and embrace the successful model of care as employed in medicine allowing patients greater accessibility.”

Sally Reid, Secretary of BDAFT said: “BDAFT are in favour of the OFT report regarding Direct Access for dental therapists and hygienists and support their recommendation. Patients should have more freedom of access and choice on who can deliver their dental care. This will improve the system and enable dental care professionals to practice dentistry within their competency without the need for treatment planning and referral from the dentist.”

Speaking on the subject, Neel said: “Whilst this could potentially be a good thing for patients, I am concerned that a government body responsible for making sure markets work well for consumers is making recommendations that have a clinical impact on patient care. On top of this, what evidence does the OFT have that suggests that allowing Direct Access to DCPs will actually save money and be better for consumers?”

Insatiable demand

Even still, as Neel explained, there remains to be some good points about UK dentistry, as Neel explained: “Whilst the OFT report highlighted flaws within the UK dentistry market, it fails to note the contribution that NHS dentistry has played in meeting the insatiable demand for high output en masse dentistry whilst working in a budget limited system.”

Inaccurate

The findings from the survey, carried out alongside the OFT report, has estimated that 500,000 patients were being provided with inaccurate information by dentists.

The report related how dental patients did not always benefit from timely, clear and accurate information to make active, informed decisions regarding their choice of dentist and dental treatment; it also revealed that 59 per cent of NHS dental patients reported that there were no leaflets or posters providing information on NHS charges at their dentist and 56 per cent of dental practices that provide some private dental services fail to display private fee information at the dental practice reception.

As a result, the OFT has suggested that steps should be taken to improve patient information and awareness of existing online tools, such as the NHS Choices website. The OFT also concluded that regulators of dental practices, such as the CQC, should be ‘more proactive’ in ensuring that dental practices display NHS dental treatment prices and clear information on dental treatments.

But questions as to why this was even looked at in the report have been raised by dental practitioners.

Weaknesses

Ever since the Health Select Committee’s 2008 highly critical report into NHS dental services it was clear that NHS dentistry was not working well,” explained Neel. “Clearly weaknesses within the 2006 contract have been the driving force behind many of the difficulties we are currently seeing as a profession; for instance, what a shame it is that we have now arrived at a position where we are incentivised not to see high risk new dental patients.

“In light of this, will improving access to dental care improve the information available to patients actually be a fix for a fundamentally flawed system?”

But more important questions are being fired in the direction of the OFT, such as why haven’t they yet? OFT argued the why around 500,000 patients a year are being supplied with the so called ‘misinformation’, or even where this figure comes from, given that there were less than 5,500 survey respondents?