Chalk and cheese?

When it comes to carrying out endodontics under the UDA system, Jerry Adams suggests a little give and take is necessary to make it work.

“The preliminary results of the dental treatment band analysis in England from April to July 2007 demonstrate that there has been a reduction in approximately 45 per cent of adult courses of treatment that contain a root-filling episode from 2003/04 to 2007 and an increase in the extent of non-laboratory treatment – that is difficult to argue against. It is a direct quote from a British Endodontic Society memorandum, (DS 05) to the House of Commons health committee a year ago, while the Department of Health (DH) reports figures as even worse. In 2008, this situation has become out of control and the reasons for the severe change are two fold.

Root problem

The UDA situation regarding root canal therapy is the core of the problem. The Government’s position is that the UDA banding and contract-value allocation to an individual practice was based on historic treatment patterns of that practice.

The Government will argue that under the new system, a practice should continue to provide 50 RCT treatments, seeing as they were part of the historic value. Physically, there is reluctance from the Government to provide extra funding for what they perceive they have already paid for. On whichever side of the fence you sit, it is an argument that is difficult to argue against.

From the practitioner’s point of view, there is a different dilemma that has arisen from the GDP looking at an individual treatment within what is no longer an item of service contract. The practitioner either provides the root treatment, which will be part of the treatment that attracts three UDAs anyway, thus creating the view that the root treatment is being provided for free, seeing as it does not increase the UDA value. Alternatively, the practitioner extracts the tooth and provides a denture that attracts 12 UDAs. It can be argued that there is little wonder the number of these treatments has decreased to such an extent.

What’s the solution?

The Government needs to decide whether it is serious about funding care such as root treatments and introducing a band of say five or six UDAs for complex non-laboratory treatment – that would be a good compromise. The flip side to this would have to be a reduction in the simple treatment UDA value.

The biggest loser

One thing is for certain, the status quo cannot be allowed to exist; it is the ultimate lose, lose, lose situation. Politically, the Government will be shown to have moved dentistry back 20 years and have orchestrated a definite two-tier system, something they have been desperate to avoid. Practitioners will lose as the Government will blame this failure on them, and they can expect little sympathy from the public following the latest report, which shows that practitioner NHS earnings have averaged over £100,000 under the new contract. Ultimately it is the patients who are the biggest loser and at the end of the day surely that it what is most important?"