Conservative dentistry?

In an exclusive interview for the *Dental Tribune*, Neel Kothari interviews Mike Penning, the Conservative shadow Health Minister responsible for dentistry, and asks him what the Conservatives would do to improve NHS dentistry.

NK: Mr Penning, what are the Conservatives’ plans on taking NHS dentistry forward?

MP: Sadly, we’ve come to the conclusion with many parts of the profession that the present contract as it is formulated and imposed upon dentistry is unsustainable and we intend to phase the contract out. We would like to have a system that can put preventative dentistry at the forefront and re-introduce registration. But also I think the brand of UDA is damaged and, I don’t like playing with semantics, but whatever we come up with will not be called UDA.

NK: You mentioned you’re planning on phasing the contract out. How quickly do you think this will happen?

MP: I think there will be some areas where the contract is really not working and here commissioners, the PCT, will work with the NHS dentists to phase it out quite quickly. We think that there should be allowed to have a contract up to five years, in some cases possibly even longer. The reason that’s so important is that, unlike any other area of NHS provision, the dentist is an entrepreneur where you put up the money.

NK: So you see NHS dentistry as a business as well as a healthcare?

MP: Yes, absolutely, and it has to be, in that, if I’m a GP and I want to set up a practice the PCT comes forward and covers the costs... in dentistry that isn’t the case.

NK: By putting a capacity on the amount of work that’s being delivered does this tend to make employment law a bit murkier?

MP: I think it does make it murkier, I think a better word may be rationing, and rationing based on an accountant’s idea of what dentistry should look like, rather than on patient outcomes.

NK: Do you feel that the current level of funding of NHS dentistry is sufficient and, if not, how would the Conservatives alter that?

MP: I’ve made a commitment to my treasury team that we will stick within the existing budget. Is all NHS funding spent in each of the years? No, it’s not. Was there a surplus last year? Yes, there was. Do we have a major problem in certain parts of the country where there is almost no NHS provision whatsoever? Yes. Do we have a surplus of provision and a surplus of cash in our country? Yes. So we have to look carefully at the formula.

NK: So how would you distribute the current funds?

MP: Well, the whole area of NHS funding, as the Select Committee said, is fundamentally flawed. If you look at how the funding formula works, some 110 billion pounds of NHS spending is dispensed, it’s distributed almost solely based on a social-economic situation. It takes almost no account at all of age-profiling and birth rate. That’s the way it should be looked at, that’s what the Health Select Committee said when they looked into the deficits. We’ve committed ourselves to a review of the funding formula.

At the moment the PCTs can and do refuse to allow you to sell the goodwill of your business on. I will make it implicit within the contract that, subject to due diligence, you have the right to sell your contract on. That will help give some stability back to NHS dentistry.

NK: What else could be done to encourage dentists back into the NHS?

MP: We’re not going to be short of dentists, we’re going to be short of people working within NHS dentistry. I have often been asked, would I allow children-only contracts? And the answer to that is, I’d like not to. I’d like to have a perfect world where we’ve got enough dentists to say no, you’ve got to take all or nothing, but we’re not in a perfect world, so I would allow specialty contracts such as child only contracts, so we can encourage people back into the fold who are not likely to come back in otherwise. And to be fair it’s not new what I’m saying, I said it at the BDA conference last year, I’ve said it in the chamber; I’ve said it at business such as personal dental contracts and these were seen to be working, and yet they suddenly woke up with this one morning, with no proper pilots in it came, and the crisis has ensued.

NK: How big an error do you feel it has been not to pilot the contract and are you aware of any other government contracts which have been introduced without piloting?

MP: I think it’s a massive error that has probably put dentistry, oral hygiene in this country back 20 years. And the reason I say that is because there are now thousands, millions of people that would have had some sort of professional dental oral hygiene routine, which have none today.

And the reason I say that the contracts sets us back 20 years when it’s only been here for such a short space of time is the damage is done in the children. It’s in
Children with oral health problems will have to live with those problems for the rest of their lives.

For most simple treatments, prices have rocketed under this new contract. Do you feel that the ‘swings and roundabouts’ approach is unfair for patients?

NK: Yes, but the key link that I want to draw here is if a patient requires 10 fillings, should they be paying the same as if they require 1 filling?

MP: No, of course not.

NK: And should a dentist be remunerated the same as if he was doing 1 filling?

MP: Well what we need to look at is having a payment plan which doesn’t put us in the position where we are now; a payment plan which isn’t a deterrent to the patient, isn’t a deterrent to the NHS dentist and also isn’t a deterrent to the taxpayer, who quite rightly will say ‘is this value for money?’ If you look at the last audit commission report, the previous Health Select Committee report into dentistry and this one, all of them slammed the government over the way they were handling dentistry. They actually turned around and said that personal dental contracts were fundamentally good things. Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea. That’s something they’ll have to explain for themselves. All I know is that every time I try and debate with them, when I go and speak to the BDA at their conference, no minister turns up. At the London Dental Council, no
minister turned up. They keep sending Barry Cockcroft; Barry is not a politician, I will not debate with Barry, he’s a civil servant, not the minister of state responsible for dentistry.

NK: What effects do you think the recession will have on middle England, who is as you say struggling to pay for some of the more expensive NHS work?

MP: I think we’ve got a two-fold crisis going on. Before the recession we knew that less people were having any form of oral preventative work done at all, which has been increasing for some time. That is sending a disaster down the line, which our A&Es are already starting to pick up. With the recession there will be more and more people that can ill-afford their private insurance policies; that will put even more demand on the ever-decreasing availability of NHS dentistry.

NK: It’s likely that there are going to be far more people who are hit in their wallets, who may not be claiming welfare packages, but will still have the increased dental charges to pay under this new NHS contract, can these people get a fair deal?

‘Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea.’

MP: Under the existing contract, absolutely not. One of the things we want to do with the contract as we phase it in is to expand, not back to the hundreds of different funding systems we had before, but certainly expand probably going into 15 or 20 areas of treatment, because it can’t be right that you have one piece of treatment that costs you £198 odd and have something much more complicated which costs a lot less.

NK: The Health Select Committee has recommended increasing the width of range of band 2 treatment plans. What do you think about this?

MP: Well I’ve already said earlier on that the very limited area of our bands make certain treatments ridiculously expensive and actually preclude some treatments being done, in that the dentist looks at them and says the amount of work I’m going to do for you, I’m going to lose money on this. And that’s a crazy situation. People must be treated. We must look at outcomes... I think we need to move to much better longevity outcomes.
the introduction of this contract been fair on PCTs?

MP: Well again I think you have touched on probably one of the greatest flaws within the contract, which is that it is so compli-
cated to manage and so difficult to work within. There is so much documentation and so much op-
portunity for the PCTs to get it wrong, and when they get it wrong to blame someone else, I can assure you we will pilot the
legislation that comes forward from the Conservatives. We will publish a green paper and white paper and we will work with the
whole industry including hygienists and technicians who are also struggling with the increased leg-
islation that they have to deal with, such as registration. This is so that we can have as simple a contract as possible that protects
the tax payer, but at the same time gives a service.

NK: Can you give me an idea as to how you will make this happen?

MP: Well the key has to be reg-
istration. One of the great scams that is going on at the moment is people are being fooled into thinking
they are registered with a den-
tist. They haven't got a dentist; you
and I know that once you're treat-
ment plan stops, you don't have a
dentist until the next time your treat-
ment plan starts, and if the
dentist has used their UDAs they
may have to find another dentist if
they wish to have their treatment
under the NHS. To have people
registered with dentists costs
nothing and I believe that will be
the start of the rebuilding process
we need within dentistry.

NK: Do you think NHS den-
tistry has been poorly funded?

MP: No, I actually think there
has been a lot of money gone into
NHS dentistry in the last 10 years
which has been very, very badly
spent.

MP: I think this is one of the key barometers that shows that the contract has failed. Very often dentists have written to their pa-
tients and I have had this from my
own dentist, 'We can no longer
work within the contract, we are
going private. If you'd like to
come across with us, we'd love to
keep you.' Now for a lot of people
they didn't have any choice... The
people that worry me are the peo-
lies that can ill-afford it and have
not got a dentist, 'We can no longer
work within the contract, we are
going private. If you'd like to
come across with us, we'd love to
keep you.' With a lot of people
they didn't have any choice... The
people that worry me are the peo-
lies that can ill-afford it and have
just about managed to pay the
premium and they've already paid
their taxes remember. Ad-
mittedly you only pay 20%; the
taxpayer pays 20%, 80% has al-
ways been your contribution to-
wards it.

But the other area where it’s fundamentally obvious it fails is if
you come into a night shift with me at an A&E. Come to one of our A&Es, anywhere around the
country, and just stand and ask
the consultant how much of an
increase they have seen over the
last two to three years of oral pain
and oral abscesses coming through
our A&Es and the graph will just show you, it has rocketed. Of course the govern-
ment will tell you that the figures
are not available. I’ve tried. So I
go to the A&Es and find out.

NK: Who has been worst af-
fected by the changes in the NHS?

MP: The people who are be-
ing worst affected are those be-
ing affected by the postcode lot-
tery. It’s a term which has been
banded around from year to year, but you can live on one side of a
road in London and have a damn
good NHS dentist working for
that particular PCT, or you could live on the other side of the road
and have almost no dental provi-
sion whatsoever, unless you can
pay for it, whether you’re on a
welfare package or not. And
those are the people that are be-
ing worst affected. The people
that need the care and can’t ac-
cess it, either because it’s not
available or they can’t afford it.

NK: Very final question, does the
Conservative party feel that by the government consistently
defending this new contract they are trying to cover up a massive
mistake?

MP: That’s a very leading
question. The answer to that is
yes, and they have consistently as
you said tried to defend the inde-
fensible. Last week they put up
the white flag and said, we’re go-
ing to have an independent re-
view into NHS dentistry. What do
we need an independent review
for? What’s the minister paid for?
What is Barry Cockscroft paid for?
Why don’t they just read the
Health Select Committee’s report
and look at what was said there.
They don’t need a review; it’s there
in black and white.

About the author

Neel Kothari
qualifed 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-
tends 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.