Is the answer the £1 UDA?

Michael Watson looks at the controversy over units of dental activity (UDAs) and suggests a fundamental rethink on the issue.

When the concept of the £1 UDA was first put to me by an economics expert, my first reaction was to suggest that she take a little more water with it. After all much of the controversy over UDAs centre around their low value especially after a tendering process and concern about what might happen after 2009. But as she explained the concept I warmed to it.

But first let us look at the background. At this time of year the media runs stories about dentists running out of UDAs and spend more time with their golf clubs or on exotic foreign holidays, leaving patients in the lurch. As an aside we might question why this is a story, if dentists have worked hard to achieve their targets, surely they deserve some relaxation.

Nevertheless there are sections of the media that disapprove of dentists enjoying themselves and the department of health says that they should manage their workload evenly throughout the year. Some PCTs are in a position to offer some additional UDAs on a temporary basis to ensure continuity of services.

So where does the £1 UDA fit in? Under this suggestion all UDAs would be valued at £1. In an average contract this would mean about £7,000 of the contract value would be accounted for by UDAs. This would be the maximum that could be clawed back for failing to reach the target, although in reality such clawbacks would be far less.

The rest of the contract value is a payment to the dentist(s) for keeping the practice open and being available to patients; opening times already form part every one’s contract as it is. The primary care trust (PCT) could agree with the practice a range of services that could be offered, such as a prevention programme, simply to see more patients or patients from specific postcodes.

In coming years the focus of PCTs will have to move away from UDA targets and towards better access to more patients. This is now a national NHS requirement and they will be judged on whether they achieve it. They will not do this by continuing with their current obsession over UDAs.

The £1 UDA does not require redrafting of the regulations and it removes from dentists the threat of clawback. It also allows dentists and PCTs to work together to provide services that are more effective and more relevant to their patients. Not the bad idea I first supposed.

The rest of the contract value is paid for the other services that the practice must provide. For instance nearly half is used to pay overheads, such as staff wages, rent, equipment materials and office expenses. These must be paid whether or not the practice achieves its UDA target. It is iniquitous that this element of the contract value is subject to clawback when the payments have been made.

Care for your patients’ teeth long after they leave your surgery.

Colgate Duraphat high fluoride toothpastes. The only high fluoride toothpastes on the market offering daily prevention of dental caries for high risk patients in their own home.

**Duraphat 2800ppm**
- 2800ppm high fluoride toothpaste for daily home use instead of regular toothpaste for patients 16 years and over
- A 29.4% reduction in DMFS increment was seen after one year of use

**Duraphat 5000ppm**
- 5000ppm high fluoride toothpaste for daily home use instead of regular toothpaste for patients 16 years and over
- Over 50% of Primary Root Caries lesions hardened within 3 months

*Care for your patients’ teeth long after they leave your surgery.*

Colgate Duraphat toothpastes are now included in the Dental Maxi Pack® formulary table.

Colgate Duraphat 2800ppm – 23ml in 7 Flavours (2 pack) DPP
Colgate Duraphat 5000ppm – Sodium Fluoride Toothpaste 11ml DPP

For further information please contact the Colgate Customer Care Team on 0845 40 40 401.