Three years’ warrantee: parts and Labour

Could Jimmy Steele’s recommendations push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients, asks Neel Kothari

A fter years of turmoil we have arrived once again at a turning point in history where the calls for change echo in the halls of the DLI. Professor Steele and his team must surely be commended for providing not just a brave and honest review into NHS dental services, but as yet we still have no notion of what currency will replace the UDA. Professor Steele’s review suggests a new payment system where dentists are paid in part based on how many patients they have registered on their books and in part by the work they provide.

As with all reviews, very few of the recommendations are new, and all play out in practice? is directly affected. Could Jimmy Steele’s recommendations push dentists into treating upper laterals. Could you imagine a scenario where if a patient is willing to have all their teeth extracted, the NHS would cover the cost of replacement, rather than the PCT or the patient.

Theory vs practice

Of course, patients should have the right to expect good quality restorative work, and as the review also points out, for much of NHS dentistry patients are getting this, but how will this all play out in practice?

Thinking about this issue at work today, with each patient I find myself questioning whether I could guarantee my work for three years and whether this would have an impact on my treatment planning. By lunchtime, I had four cases where I really could not be certain. One of these cases was for adhesive bridges on a young lady with missing upper laterals. Could you guarantee this type of restoration for three years? If dentists were to bear the full cost of replacement, my fear is that this may directly affect treatment planning and as such push dentists too far within their comfort zone, rather than trying to provide the best solution for their patients.

Another example was where a patient could not afford £198 for a NHS crown, so instead I provided her with a very large filling to save her money and give her the chance to reconsider this in the future if needed. Again I pose the question: if you were in this situation could you guarantee this restoration for three years?

Now of course shoddy workmanship and poor-quality issues need to be addressed and for this I have no tangible solutions, but my fear with this recommendation is that it will push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients.

Cause for worry?

The reason this is such a worry for me is because the most predictable treatment tends to be extractions. From my own practical experience I often find myself in situations where I am explaining to patients that there are chances that their filling, root treatment or crown may fail, but I am happy to try and save the tooth if the patient is willing to accept it may have a reduced chance of success. This may not be a perfect solution, but it is one which I am comfortable with and I feel most of my patients benefit from this approach, rather than jumping straight to extraction.

At present it’s too early to judge the general body of opinion towards this recommendation, but should it make its way into the new new dental contract one must wonder how robustly a three-year guarantee can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling needs to be a perfect solution, but it is one which I am comfortable with and I feel most of my patients benefit from this approach, rather than jumping straight to extraction.

Of course I do not advocate or support those who choose to put profits above patients’ interests and I fully support the review’s recommendation to start looking at measures to assess quality within the health service rather than focus on quantity. However, if quality assessment measures are finally put in place, let us hope they raise standards from the bottom up, rather than unduly affecting those at the top of the pyramid already providing sound ethical treatments within the NHS.

Much of Professor Steele’s future recommendations have focused on how dentists and the profession must change to meet the needs of the public, but at present there are no systems in place to encourage patients to meet the end of the bargain. We all know the NHS is a budgeted system, so where is the financial penalty for those patients who frequently miss appointments or cancel at short notice?

Missed appointments in the NHS cost the taxpayer money within secondary care and directly affects dentists within primary care, but more importantly have resulted in me putting in £55 worth of treatment on a shop with Anya within the last month. In Germany, a co-payment system must change to meet the needs of the public, but at present there are no systems in place to encourage patients to meet the end of the bargain. We all know the NHS is a budgeted system, so where is the financial penalty for those patients who frequently miss appointments or cancel at short notice?

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