Two years post contract

Although new practices are opening up and down the country, some dentists argue they are not getting enough money to treat patients. Yvonne Gordon talks to several PCT managers, about how the new contracts are working out in practice.

Philippa Coleman is a part-time dental health commissioner for Worcestershire PCT, which has 70 new dental contracts in urban and rural areas. Alongside colleague, Daphne O’Connor, she is forging links with local NHS dental practices. She is pleased there is 11 per cent more UDA funding this current financial year.

Ms Colman says: ‘Short-term it’s good we can offer additional UDAs until March 2009 to all NHS general dental practitioners working with the new contract.

‘Long-term, we are undertaking a needs’ assessment to target areas needing specific funding for additional dental activity.’

The PCT is setting up an Oral Health Strategy in 2009, with an emphasis on health education and to look at differing ways of awarding quality. Ms Colman sees the new contract as a positive challenge: ‘We are taking it as a good opportunity. But we realise the importance of working pro-actively with dental practitioners - because they are the interface with the patients - and the public to demonstrate that NHS dentistry is alive and well in Worcestershire.’

Looking ahead, she says: ‘Our aspiration is to develop the best dental services we can and the new contract is a tool towards this.’ Meanwhile, Mark Pulford is the primary care commissioning manager for Heart of Birmingham Teaching PCT with a special interest in dental services. He says the PCT stuck quite rigidly to the baseline UDAs based on the new contract’s test-period in 2004/05.

‘The different contract values reflect the different base-line experiences and each contract is unique.’ Mr Pulford thinks the new contract has certain advantages: He says: ‘It is a much simpler system to get the same income each month.

‘Another positive aspect is that instead of being paid on a drill-fill-bill basis like before, which meant the more work dentists do the more money they get, practices now tend not to take on new patients at the expense of existing patients.”
Dr Crouch says it’s not just about how many UDAs are dispensed, but how they are utilised. He adds: 'The DH is concerned that increasing UDAs doesn’t mean more patients are seen. More available dentistry does not necessarily mean more patients. In areas where PCTs understand dentistry better, UDAs can be used better.'

He thinks dental commissioning only works if the commissioner knows how to get things done and suggestions are given a speedy response. But in areas where managers are given several NHS responsibilities, dentistry is at the bottom of the list. He says: 'If one person has too much responsibility over different areas, the results get so diluted that dentistry suffers.'

Dental surgeon, Anthony Lipschitz, from Great Northern Road dental clinic in Dunstable, Bedfordshire, says: 'The problem is not with Bedfordshire PCT, but with the Government. The recent DH report states many clinics are opening, which is true. But they don’t offer extensive treatment and are usually just dental A & E units. What’s happening is a patch-up job.'

'We have all seen the gradual demise of the NHS, but hardly anyone is prepared to speak out. We dentists are doing the best we can and will always get by, but it is the dental health of the public that is losing out. 'The British
public is not getting the dental service it deserves.'

Corrine Manger, from Warwickshire PCT, says: 'We have an open dialogue with all dental practitioners to ensure appropriate UDAs are allocated to meet patient needs. She adds that the PCT is really pleased it has enough capacity to increase NHS dental provision in line with its Oral Health Needs Assessment. ‘Within the national framework there are two specific periods when formal negotiations can take place - mid and end-of-year reviews — but we also have an open door arrangement where any practice can discuss their contract at any time.’

However she admits the new contract took time to settle down: 'Like all PCTs, we faced difficult issues, but we now have a very good relationship with dental practices and the LDC.'

She thinks the new contract is a change for the better: ‘It has enabled us to clearly define what we need in Warwickshire and develop new initiatives for improved quality and access. We have a very positive view on NHS dentistry’s future and our ongoing partnership with practitioners.’

Sue Gregory, consultant on dental public health for Bedfordshire, Luton and Herts PCTs agrees, saying that the PCT takes its statutory responsibility very seriously to provide dental care to meet the needs of the population and good results are emerging.

‘We believe the new contract is working quite well and were pleased we didn’t lose any NHS dental care in transition. In fact, NHS patients have increased over the two years. There is now the same volume of money available for dentists as in the fee-per-item days, so dentists should meet patients’ needs in the same way. Possibly there was a tendency for over-treatment in the old system.’

She understands dentists’ initial fears, but thinks any wrinkles can be ironed out through good communication, ‘Dentists were concerned because the new contract is cash limited. Beforehand, they entered claims for each treatment. Now it’s a fixed annual contract, which can be very frustrating. However, new UDAs can be negotiated for.’

‘It’s important for us to be clear about our expectations from dentists and we are working hard locally to ensure that full NHS care includes endodontics and periodontics.

‘At Luton PCT we are developing a Dental Skills Area for care professionals such as nurses and dental technicians to support practices.’

But what about the future?

‘Maybe there could be a preventative dental health UDA, which is currently not covered, although patients can obtain an oral health tool-kit, which gives advice on dental self-help preventative techniques.’

‘Ultimately, for the new contract to work, communication is the key.’

PCTs acknowledge some dentists were not over-the-moon about how the volume and value of work carried out by practices in the new contract’s test-year was translated into UDAs. They admit that for some dentists, it is daunting to change from a cash-per-item system to a cash-limited system. But the overall message rings out loud and clear. For the contract to work, good working relationships between PCTs, dental and LDCs are absolutely crucial.