

A SHORT HISTORY OF THE CONTRACT – PATIENT VIEWS

Roger Matthews

In last month's column I introduced research, conducted on behalf of the Welsh Assembly Government* which demonstrated in clarion terms that dentists were significantly under-impressed by their experience of the new NHS dental contract two years on.

The research also went on to look at the motivation of Dental Vocational Trainees in Wales, but I will concentrate here on the views of the Welsh public, which constituted the second chapter of the research document.

The investigators comment that previously: “no rigorous examination of the public's experience and expectations of dental services” had been undertaken. Given the momentous changes in dental contracting across England and Wales, perhaps this is (like the lack of piloting) a little surprising?

A mailing to 3,845 patients resulted in 1,141 useable responses, 55% of which were female. A good range of ages and neighbourhoods were represented.

Recall attendance

58% of patients would prefer to visit the dentist every six months, and a further 17% once a year. A small minority (5%) would visit only in pain and 1.4% stated no need for a dental visit.

Only 0.7% opted for a two year recall, the frequency recommended by NICE for adults at low risk of dental disease whilst 15% were happy to attend as their dentist recommended. The researchers consider that more public “education” is needed to bring them into line with guidance. Patient-centred care?

Nearly nine in ten (86.7%) of patients would prefer to visit a dentist “at a registered practice, and with a known dentist”. In contrast, just 5.3% preferred to visit a clinic and to see any available dentist and 3.1% a “drop in” centre. Lord Darzi please note. This response is a particularly clear expression of “patient choice” and one would expect that such an overwhelming view would be reflected in future dental services planning.

Prevention recognised

When asked why they visited the dentist, two thirds referred to preventive care (“catching things before they go wrong”) and one third mentioned upbringing and habit. Over half (56%) of patients said that cost was not a deterrent to dental visiting, and just 17% reported that cost was a significant issue.

Researchers comment that the availability of elective and potentially costly treatments mean that “it is not possible to provide, under a State funded system, all treatments to which the public may aspire”.

84% of patients think that dentists should be able to charge for missed appointments.

44% said they had tried to access NHS care in the past 12 months, and of these, 57% had no difficulty in obtaining it. 8% had not been able to obtain NHS care and 12% had to have private treatment.

One in five patients had needed emergency dental care in the past year (a high figure) and nearly three quarters of these had accessed it without difficulty.

NHS priorities

Respondents were asked to whom the NHS should prioritise, and offer freely, its dental services. Only children (favoured by over 60% of patients) and adults over 65 (about 20%) were significantly prioritised.

When patients were asked what treatments should be prioritised under the NHS, check-ups and x-rays (50%) and Emergency treatments (35%) were the only significant inclusions. No other form of treatment received a “high priority” vote from more than 5% of the sample, with orthodontics and cosmetic treatment the least popular choices.

However, in conflict perhaps to the above, a majority of patients, when asked to decide, felt that most forms of treatment, apart from cosmetics and complex treatment should be available free of charge.

The research team conclude that there is insufficient detail in this survey to design a “core” NHS dental service, but believe that there would be public understanding and acceptance of such a proposal.

Conclusions

In summary, and in the researchers’ own words, no such survey has previously been undertaken in the UK. Given that well over £3bn of taxpayers money is spent on NHS dentistry in England and Wales, this itself is an amazing admission. As I commented last month there has been no suggestion that such a survey would or should be carried out in England. Perhaps the BDA could rectify this by calling conclusively for such research.

When planning is blind, outcomes are perverse. Where policy is established in a vacuum, implementation is sure to be ineffective. If there is no knowledge, guesswork can only be disguised as intention for a limited period. In the absence of planning, knowledge or sound policy, the future can only be bleak, surely, for our patients.

*Chestnutt I, Thomas D, Davies L et al (2008). Implementing the new dental contract – studies to inform the planning of NHS General Dental Services in Wales. Welsh Assembly Government.

Notes to Editors:

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