

CLEAR DIRECTIONS Roger Matthews

The need for a “further response” to the Health Select Committee by the Government in January 2009¹, suggests that it was thought necessary to be seen to be doing Everything Possible to reassure the public that Every Conceivable Action would be taken to Put Things Right.

What’s more, this came on top of the Secretary of State’s announcement of the appointment of the Steele Review on 12 December and a debate on the Committee’s report in the House of Commons on 17 December.

In the Response, the Health Secretary acknowledged: “We accept, however, the Select Committee’s view that progress on improving access to dental services has been disappointing to date.” This admittedly did represent a change from his repeated references to dental access “getting better all the time” earlier in 2008².

The one significant new item in this latest paper was that an “expanded national dental access programme” would be set up to “support” PCTs to more successfully commission local dental services.

And there duly appeared a new guidance paper for Strategic Health Authorities and PCTs, which set out, in very clear terms, the direction that they should be taking to achieve World Class Commissioning in dentistry³.

¹ *Further Government Response to the Health Select Committee Report on Dental Services*, Cmnd 7532; January 2009, Crown copyright

² Hansard, 5 February and 17 June 2008

³ *World Class Commissioning: Improving dental access, quality and oral health*. January 2009, NHS Primary Care Contracting and Department of Health.

Written in language that painstakingly explains the delivery of dental services (“the majority of NHS primary dental care is provided by independent practitioners...”), this is not a document designed for the desk of a Dental Contracts Manager. This is intended for Board Level briefing, and underlines the clear requirement for Trusts to map their baseline provision and then to use the “range of powerful commissioning tools and levers” available to them.

The guidance clearly sets out the range of data and analysis now available for the effective performance management of existing contracts and the development of the market.

A good summary might well be: “You have the funding; you have the power; now go and do it”. This is Guidance with a capital G. It illustrates Scorecards (with traffic lights indicators, of course) to describe how PCTs and individual contractors can be measured in terms of access, activity, expenditure and quality (the last drawn from the Vital Signs reports announced in the autumn of 2008 and including patient satisfaction feedback).

This is heady stuff. To get a green traffic light, a PCT will have to have increased access figures by more than 5% since 2006, and at least 2% over the previous quarter. It will have to have contracted 96% of its allotted UDAs *and* to have exceeded 105% of its budgeted dental spend.

Quality ratings of contractors will enable patients and the public to know how their practice compares with others. This might include publishing patient feedback and quality ratings.

The document reminds that dentists’ income guarantees end on 31 March 2009. This “...does provide an opportunity to revisit dental contracts where there is clear evidence that levels of funding are no longer fairly related to the service provided.” There have been clear hints that child-only contracts might be so considered.

Overall, this paper challenges PCTs to tackle dental commissioning with direction and backing from the highest level – the Board. The dental team must have “capacity, skills and support”, clear strategy and policy, and manage performance effectively.

Is this just another layer of demands placed on PCTs? Or is it a portent of things to come? You will have to see what happens in your locality.

Notes to Editors:

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