

Crossing Your Threshold **Roger Matthews**

When BBC's *Panorama* exposed the horrifying and casual abuse of vulnerable patients at Winterbourne View private hospital in Bristol in June, it subsequently became clear that several attempts had been made, unsuccessfully, to draw the attention of the Care Quality Commission to the threats to patients' safety.

Many dentists voiced their views to me that if the CQC couldn't even manage to address such major problems, it seemed doubly pointless that they had just put eight or nine thousand dentists through an interminably bureaucratic process.

Then came the news that CQC was requesting a delay in the registration of GPs to give it time to put its processes onto a more user-friendly and efficient footing. Indeed, although public consultation for such a postponement is legally required, both the DH and CQC are acting as though this is already a 'done deal'.

Cue yet further – and rightful – grumbling from the dental profession that we had been used merely as guinea pigs in an already failing, and ultimately pointless, exercise in over-regulation.

It seems in vain that the profession's representatives have lobbied against this whole costly exercise – and to a Coalition Government that allegedly wants to cut down red tape...

Now in a further development comes the announcement by the CQC's chief executive that additional funding of £15m is to be sought in a strategy shift away from 'risk-based regulation' towards a stronger and more proactive role. This, we learn, could mean that all regulated bodies (presumably including dentists) will be physically inspected annually.

"The public" says Cynthia Bower, "don't want to hear about light-touch regulation. There is a need to cross the threshold when assessing care"

What a monumental waste of resource and taxpayers' money at a time when the NHS and every other public institution is undergoing cuts and rationing.

Previous indications had been that dentists might expect an 'assessment' every two years, in line with the legislation. Such assessments might not even take the form of a physical inspection. Now it seems 'dawn raids' could become the order of the day.

Already we are seeing the first contacts from CQC for inspections of dental practices. Although 'unannounced' visits (except in the most extreme of circumstances) had been previously ruled out, less than two weeks notice typically is now being given.

While this might be manageable in a larger institution, the impact on a small dental practice is potentially significant. CQC have said that cancellation of patients is 'not required' but I cannot imagine many dentists being happy to continue working while an inspector (not dentally qualified, let alone dentally experienced) pokes around their practice interviewing the staff.

So once again – as before Christmas, when dentists took time off to battle the application process and get their CRB forms to a distant Post Office – time to care for patients is lost. And UDAs, of course, for those with NHS contracts.

This is hardly the first time that CQC has done an about-turn. Remember them saying that there was no registration fee, only an annual fee? The invoices for £800 and more arrived with a 30-day payment limit on them (and I bet that bit of the bureaucracy works well), just over three months into the year. Presumably all rich dentists keep that sort of money in the till?

There seems, in short to be little understanding of what CQC is trying to achieve and with what resource. Inspectors have been trained and are all experienced auditors, we are told. So who provided their dental training? I haven't been able to find out (and nor I suspect has the BDA).

Will an inspectorate charged with ensuring patient safety be familiar with the detail of HTM 01-05? Understand the nuances of NHS charges and private fee-scales? Recognise that the avulsed incisor patient who arrived at 9.00am has pushed back all the morning's appointments and while you're striving to reassure the waiting patients, some will understandably be a bit huffy?

I have to admit that I'm experiencing more than a twinge of trepidation as the first inspection reports come in.

And, for heaven's sake, someone get a grip. Our patients visit us, 95% of the time, because they *want* to - because they have come to *trust* us. And if they didn't they'd be off down the road like a shot. It's not for nothing that dentists score so highly in patient satisfaction measures, whether conducted by the NHS or by bodies like Denplan, independently of the practice.

Patients may not always like dentistry, but they do like *their* dentist. Let's get a sense of proportion here, before all our thresholds are trampled underfoot.

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Notes to Editors:

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Roger joined Denplan in 1995 having spent 20 years working in general dental practice and as a dento-legal advisor for the Medical Defence Union. He oversees dental advice to the company and its links with professional bodies, and is responsible for Denplan's professional services.