

## CAUGHT IN THE MIDDLE Roger Matthews

There can be nothing more frustrating than to choose a book from an airport bookstall, take it on holiday, and then discover that you have bought the second volume of a trilogy – can there?

In the first place, you're not quite sure what to make of the beginning – am I expected to recognise these characters? Then with dawning realisation, I get to the end – and there isn't one.

Now I have to buy the first novel of the three, but of course I already know the ending, because of who is still alive in the one I just read. Finally, I have to buy the third (which is only available in hardback) to find out the 'real' ending.

Does the current situation in NHS-land have any similarities to this terrible adventure? A dentist who entered practice in, say, 2007, realises that they have missed something significant, the ending of a half-century (Volume 1) of fee per item dentistry. There is the recognition that an era has just ended, one which linked effort/input directly to output.

Now (Volume 2), our dentist vaguely recognises some of the hangover from the previous story, always provided that carious cavities, or the need for a crown, come along in single episodes – but that doesn't always happen, and the consequences may be significant.

Volume 3 (the 2014 contract based on Registration, Capitation and quality) is tantalisingly available only in hardback (pilot form), but suggests a possibly final *denouement*. Will this be the big conclusion, or will the author(s), like J K Rowling, opt for a continuing saga?

Certainly, the future promises the total disconnection between effort and outcome, which may not be entirely a disadvantage, provided (there's always a catch) that such effort is suitably rewarded.

Additionally, if the paperback edition of Volume 3 resembles the hardback – which considering the amount of work put in, it ought to – then this disconnect hides a significant problem. Unlike most commercially available and generally successful forms of capitation care, 2014 puts the risk squarely on the dentist.

Patients are not 'individually rated' for risk of disease, but are 'class rated' according to their home address, age and gender. This contrasts with individual risk rating in private systems.

But that, of course, is what the current synopsis of the plot, in pilot form, is designed to test out. I wonder how it will all end?

[399 words]

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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.