

NEVER MIND THE ***
Roger Matthews**

“When I use a word,” said Humpty Dumpty in a rather scornful tone, “it means just what I choose it to mean, neither more nor less.”

It seems clear to me that reading ‘Through the Looking Glass’ is part of every aspiring politician’s upbringing. Perhaps you agree that there should be a list of words that politicians are banned from using, so great has become the meaning-stretch that has become attached to them?

Somewhere pretty high on that list should come ‘Quality’, I think. It’s everywhere, especially in healthcare (which also has to be ‘responsive’, ‘inclusive’, ‘performance managed’ etc). We now have a Care Quality Commission (whose Chief Executive, as Chair of the West Midlands SHA, was ultimately responsible for the ‘quality of care’ at Stafford Hospital). And of course we have quality indicators (can I add ‘dashboard’ as another word banned to politicians?) in dentistry.

C Everett Koop (known as “Chick” to his friends – I kid you not) was a celebrated US Surgeon General, serving two terms in that prestigious office from 1982 – 1989. On his watch issues such as HIV-AIDS and the Tylenol scare came to prominence. But I remember him best for first articulating what has been called the ‘iron triangle’ of healthcare policy.

Koop said (I’m paraphrasing a bit): “We cannot deliver high quality health care for everyone and control the cost. We can do any two of these, but not all three.” Economists are familiar with this conundrum. If you want higher ‘quality’ (whatever that is, and although I’ve got a taught Masters in the subject, believe me I’m not going to bore you to death with definitions here) and greater ‘access’, something has to give on the cost-constraint side.

Now the Government would argue that it has put lots of extra cash into health services generally (it has) and into dentistry in particular (no argument there, either). The new mystery is where has it gone? Previous increases in the NHS budget have famously gone on salaries and management, with newspapers reporting that only about 12% of the overall increases have gone to additional patient care services.

So, back to Quality. In dentistry, as in other areas, PCTs are measured for quality, access and performance (the exact three sides of the iron triangle) and are therefore expected to increase all three. Dentists, in turn have quality measures applied, which appear to centre on the ‘Vital Signs’ reports from the Dental Services of the NHS Business Services Authority.

Monitoring for frequency of recall is a particular area of focus. But even the NICE guidance emphasises that this should be the outcome of not just patient need, but clinical judgement and patient preference. When patients are asked, the majority want to have services delivered regularly from a known and trusted practitioner in a practice they can relate to and which is convenient for them.

Provision of 'urgent' treatment is another measure (can we ban 'metric' too?) assumed to relate to quality. But what of the areas where a significant number of patients choose to have episodic or symptom-related care?

Finally, there are patient satisfaction surveys. We are told that the NHS BSA DS sends out over 25,000 patient surveys per month, with a return in excess of 50%, which is good going indeed. The 'quality' reports focus on two questions, satisfaction with NHS care received and waiting times for appointments.

Unfortunately, numbers of responses can be low and all such patient surveys are prone to response bias – that is they tend to attract either the very satisfied or the very dissatisfied. As the results for satisfaction lump together both the very satisfied and the fairly satisfied, it is difficult for dentists or PCTs to gain much information about the happiness of patients and any trends in performance.

Unfortunately, the advice to PCTs says that the results of this quality assessment, such as it is, should be used to discuss with practices ways of improving access and performance – no mention of using quality measures to improve quality, then?

Perhaps I should leave the last word to Humpty Dumpty himself. Alice asks: “the question is whether you can make a word mean so many different things?”

“The question is,” said Humpty Dumpty, “which is to be the master, that is all”

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.