

QUANTITATIVE EASING Roger Matthews

Just a few days before the Bank of England cut interest rates to an all-time low of 0.5%, and embarked on the process of printing money in an attempt to maintain momentum in the economy and avoid the dangers of deflation, a similar Quantitative Easing was apparent in the statistics on NHS dentistry.

Predictably, the news (as featured on the front page of *Dentistry* – 5 March) that figures for the quarter ended 30 September 2008 showed that there had been an increase in the number of patients seen by NHS dentists in the previous 24 months, prompted an almost audible sigh of relief from the Health Department.

Whilst this may, in the long term, be the “tipping point” that the Chief Dental Officer has awaited (and I don’t know the truth of that any more than he), a rise of 0.4%, compared to the two year figures for the preceding quarter to 30 June, was hardly spectacular in the scheme of things. It might equally have been a rounding error and the probability of change of 99,000 patients in a study population of over 27 million would in all likelihood not even merit a $p < 0.05$ in a learned scientific paper.

Given that the number of UDAs commissioned has risen, we are told, from about 81 million last April to well over 83 million at Christmas, I rather suspect that Quantitative Easing of a sort is indeed being undertaken in the DH.

Just as the pound in your pocket is currently regarded internationally as slightly only more valuable than the currency of Zimbabwe, what is the worth of these additional economic units of dental output?

The Department has written elsewhere about dentists “recycling” healthy patients, rather as if the health messages of regular dental check-ups are now to be consigned to the bottle banks of history. Is this where the additional UDAs have gone? Because there are still over a million fewer “unique” patients being seen. As I recall, all my patients were unique (indeed some were more unique than others, and still return in my nightmares).

Or are some of the stories true about chain practices being awarded large NHS contracts, only to then struggle to find a dentist to carry them out? Surprisingly, a number of PCTs have reported significant shortfalls (as at 31 December 2008) of UDAs commissioned, in some cases, over 200,000 according to their own figures.

In just over five years, the money poured into NHS dentistry has virtually doubled, but if the ambition remains to have everyone in the country access a dentist at will, it still means that on average each individual would have access to between 1 and 2 UDAs a year.

Now I accept that if we do give up on “regular visiting” and have a sizeable proportion of the population attend only once every two years (my patients – and yours I expect – had problems remembering every six months, despite reminders, so *two years??*) we will still have problems apportioning surgery time across the population as a whole.

How long *is* a UDA? In an unguarded moment, a Government spokesman once said 20 minutes (but then retracted it). And if you take an average “dentist’s working year” at 1600 chairside hours (no sickness, no CPD) that sounds a little generous, there is still some way to go to achieve dental Nirvana.

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.