

MUSICAL CHAIRS

Roger Matthews

The announcement, in the government's White Paper *Equity and Excellence: Liberating the NHS*, of possibly the most fundamental change in the Service since 1948 (again) brings to six the number of major re-organisations in the past two decades. What of dentistry?

There has been little in the headlines to date to spell out the detail of any proposed changes for dentists, but the White Paper suggests that this is not an administration that is shy of making dramatic policy shifts on health.

GPs – now to be formed into 'commissioning consortia' – will no doubt mop up many of the administrative roles currently carried out at PCT level, and so a sort of NHS "musical chairs" will ensue, as has happened so often before.

There will be few readers, I suspect, who will remember (sadly, I do) Executive Councils, which begat Area Health Authorities, which begat Family Health Services Authorities, which begat Primary Care Trusts (I've probably missed a few begattings out), but it now looks as though it's 'all change' again.

The abolition of PCTs over the next three years does beg the question – will local commissioning, which for dentistry has been more "local" than for any other branch of the NHS, now bite the dust completely? With widely varying UDA values, emergency and referral arrangements, contract variations etc, are we now going to move back to a national dental contract?

It is notable, in fact, that the White Paper suggests that dentistry commissioning will be the responsibility of a central NHS Commissioning Board.

Meanwhile, recently, a number of PCTs have announced their intention to “harmonise” UDA values across their respective patches, admittedly by the back door. The ending of many PDS contracts, whose five-year term ends in March next year, gives one excellent opportunity for this.

PDS contract values (that is, in pounds per UDA) were generally set around 15% higher when the 2006 Contract was introduced – indeed the Health Department advised and encouraged such a distinction in its guidance to PCTs.

So the first “tradesmens’ entrance” ploy is to exploit the loophole in the Regulations, allowing PCTs to reduce the UDA value for any PDS dentist who wants to move to a “never-ending” GDS arrangement (although the number of UDAs must be maintained, the Regs say nothing about the contract value). Alternatively, new PDS contracts will be strictly for a limited period and with significant strings attached.

The second manoeuvre is to make clear that on the sale or other transfer of a GDS contract, new contracts will be granted only at the “average” UDA value for the area. As the PCT is the only authority who can say what this average actually is, you can probably guess the result.

Of more general significance, we are now over four years on from the Eastbourne calculations, the ‘baseline period’, which have been (mostly fruitlessly) disputed in their thousands at the NHS Appeals Unit, and which purported to ensure that dentists’ earnings were maintained under the new arrangements.

There must now be a great temptation to level the playing fields and indeed to take the opportunity, while the civil engineering is under way, to re-site the goalposts and maybe re-write the rules of the game.

Postponing the Steele pilots this autumn is one sign that there is a great in-drawing of breath in the dental corridors of the Health Department, and I for one, do not take the momentary silence on dental policy as a sign of inactivity or lethargy.

There are major changes ahead – again – and the parlour game is not going to be confined to our medical colleagues, nor to the administrative functions of PCTs and SHAs. We will be caught up once again in the rinse cycle and it will be more important than ever to ensure that when the music stops you have at least one place to sit – and preferably some additional seating options to cover all the possibilities.

[653 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.