

SHADOW(Y) POLICIES Roger Matthews

Mixed reviews, then for the Conservative Party's publication *Transforming NHS Dentistry* published last month (May). Given the beleaguered state of Gordon Brown's administration and widespread professional opposition, the Tories' intention to "scrap Labour's bureaucratic dental contract" came as no surprise.

More difficult was to ensure, proclaim even, the Opposition's dedication to the National Health Service, on the one hand, while ensuring that it did not fall into the same elephant trap as the present Government. Oh, and read my lips – "no more money".

This then is the predicament that faces Mr Cameron. Rather like the Prime Minister, who was challenged to re-shuffle his Cabinet while not knowing whom the *Daily Telegraph* was going to "out" the next day, so the Conservatives needed to launch proposals for the future of NHS dentistry while the Steele Review was still just in final draft form.

Andrew Lansley, Shadow Health Secretary, and Mike Penning, who is the front bench spokesman for dentistry, have chosen carefully: a number of high profile, crowd-pleasing bullet points, but a rather more thoughtful and as yet undefined route forward – with appropriate piloting and testing, of course.

There can be few dentists with NHS commitments who would not welcome the ability to charge for repeated missed appointments, nor the loosening of the PCTs' vice-like grip on practice sales and start-ups.

The profession were arguably less keen on the proposal to "tie in" newly qualified dentists to the NHS for five years. This is a bit of an old chestnut, and something that has been advocated for at least 15 years. It would not apply to young EU qualifying dentists, and presumably not to newly qualified hygienists and therapists.

And such tie-ins, unless supported by some form of pre-accepted contract (as in Scotland, or in the Armed Forces), would be of doubtful validity. The Conservative document talks, indeed, of students “funded by a public bursary”. So perhaps that is more of a headline policy rather than a detailed proposal, since 95% of all dental graduates go into NHS practice in any event.

Rather more puzzling – and open to public consultation (otherwise known as “anyone got any ideas, here?”) – is the commitment to incentivise preventive care. While we all sign up to the concept that an ounce of prevention saves umpteen kilos of amalgam, how to get this into practice is more problematic.

The UDA is not necessarily for the chop straight away, either. And clearly 3 UDAs for oral hygiene and dietary advice and 1 UDA for fillings isn’t going to work. One perverse effect of the new Contract has been to store up restorative need in the population, by discouraging the acceptance of “high needs” patients and incentivising minimal restorative work in favour of extractions or “phased treatment”.

One good sense item is the proposal to offer screenings for all five-year old children – nearly four fifths of PCTs are reported to have phased out most school inspections, another perverse outcome of the 2006 revolution.

Perhaps a new administration would find both the courage and the public support to put the majority of its resource into high-quality child oral healthcare, with multi-agency working starting pre-natally and continuing through to higher education, as a number of our European neighbours have done.

The Conservatives anticipate that the existing contract and any replacement will run side by side for a time, so that benefits can be assessed in a comparative way. Something, we were told back in 2005, which could not be done. It was “big bang” or nothing, said Ministers then.

So the Tories' proposal to bring back registration of patients with an NHS dentist will not happen in the short term. This has been a lynch pin of BDA strategy for some time, but even they recognise that grafting registration on to the 2006 Contract would result in even *less* access unless accompanied by draconian NICE-like recall guidance.

Most of the dentists I speak to – whether in private, mixed or NHS practice – are against the current arrangements. And most will welcome practical - and practicable – re-appraisal of the situation. But reform will bring its own crop of problems to surmount, and we must hope that whatever happens, “big bang 2” is shunned.

Demonstrably there is neither the capacity nor the money to finance public dentistry for all. We need public and private sectors to work harmoniously and positively. The current polarisation and political competitiveness does no party and no stakeholder any good. Maybe, just maybe, this is a start.

Notes to Editors:

Roger Matthews MA BDS DGDP (UK) FDSRCS(Edin) - Chief Dental Officer

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.