
THE SPACES BETWEEN THE WORDS

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What has Professor Jimmy Steele's Review to say about Private Dentistry?

Sometimes a document is as important for what it doesn't say as for its actual content. Since Jimmy Steele was commissioned to write a Review of the new NHS dental contract, it is hardly surprising that the output contains little reference to private dentistry.

But there is much in the Reviewⁱ to make it a worthwhile read. It *is* readable, and there is much in it which makes very good sense, provided, of course, that you buy into the underlying principles. Professor Steele is a principled man, and anyone who has heard him speak on the topic or attended one of his "engagement events" will certainly leave with that impression.

The underlying principles here are those of a comprehensive and universal system of healthcare (NHS, vintage 1948) for which there is a sufficiency of funding to provide for high quality dentistry and a "decent living" for dentists. The NHS *could*, in short, lead the world in providing an Oral Health Service... Could.

The NHS exists, according to the Review, to provide free treatment for some, subsidised treatment for most and (critically) to "manage the market for oral care that would otherwise fail [the patient]".ⁱⁱ

As has now been discussed in most dental journals, the Review is critical of the 2006 reforms and sets out ambitious (but carefully piloted) plans to bring about reform. But what image does it convey of private practice and most crucially, its future?

In reviewing the history of English dentistry, the Review makes clear that before 1948, dentistry for most people was very expensive, and that following the fee cut of 1992, the profession embarked on an increasingly private path. In 2006, a "small proportion" of dentists also left the service. However given that by 2004 the NHS itself could report that 52.4% of all British dentistry was delivered privatelyⁱⁱⁱ, is there not an "elephant in the room" here that is being glossed over?

Moreover, although the Review states (correctly in my experience) that most dentists choose private practice primarily for professional and clinical reasons, there are suggestions that, because private practice can be undertaken in addition to NHS work, “some dentists and provider organisations seem to be doing very well indeed.”

There is only one reference to mixed practice, noting that some patients see a benefit in this, but no comment that the increased investment and business certainty that such practices may afford benefits *all* their patients.

The argument (which has been “cogently put”) that UK dentists are trained at the taxpayers’ expense and therefore properly owe a debt to the NHS is also repeated, and one is left with a general assumption that the NHS is both the moral and clinical guardian of the oral health of the entire nation.

The principles are thus very much a reflection of the current administration’s policies and priorities. It is admitted that there is a “viable private dental market”, which is well established and “often” provides an excellent service. However the overall theme is that by providing excellent preventive care, alongside well thought-out public health measures, access to advanced or complex treatment which is more aimed at suiting a patient’s quality of life rather than disease management will be restricted by using a “patient care pathway”, and thus affordable within the NHS budget.

It is not clear where this leaves the “viable” private market, since in theory this re-distribution of resource will provide a full spectrum of care.

Undoubtedly there is currently a failed NHS contract in need of repair. Equally clearly, any changes will need to be tested. It is the ability to translate such changes, via the unwieldy and now locally fragmented management structures of the NHS which will be the testing ground of the Review’s intentions.

Sadly, so long as private practice is seen as a “competitor” to publicly funded services, rather than having a complementary role, and so long as the political myth is sustained that all oral healthcare services, of high quality, can be provided to all comers, progress towards the Review’s principled ambitions will be slow .

Notes to Editors:

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ⁱ *NHS dental services in England* (2009) Dept of Health.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137

ⁱⁱ *Ibid* p40.

ⁱⁱⁱ *Dental Earnings and Expenses, GB, 2004/5*. (2006) Information Centre for Health and Social Care. (this figure has not been updated officially since then)