

## THE VALUE IN CONVERTING TO PRIVATE PRACTICE

**Roger Matthews, Chief Dental Officer at Denplan looks at some of the issues dentists are currently facing and how converting to private practice can help.**

I think it is fair to say that no dentist takes converting to private practice lightly. For many, the 2006 Dental Contract failed to remove the 'treadmill' and instead added more pressure to meet UDA targets. However, 2006 was a long time ago and so much has happened since that time that the 2006 Dental Contract seems like a distant memory. Since signing their contract, many dentists faced a deficit in years two and three and PCTs are now aiming to clawback an estimated £47.8 million in undelivered UDAs.\*

There has also been significant changes in dental politics, policies, contracts and reviews and this article will look at some of the most poignant over the last few years and show how converting to private practice can help you meet all the challenges the future is sure to bring.

### **Steele Vs Warburton**

In the past four years, the cost of NHS dental primary care has virtually doubled, from just over £1.2bn to nearly £2.3bn, but three years into the reforms there were still over 600,000 fewer NHS patients being seen. In response to this, the Department of Health announced the appointment of an independent group to report on how to increase access to NHS dentistry across the country; improve quality of services; and suggest how the Government can work towards reducing oral health inequalities. The review team was led by Professor Jimmy Steele and the resulting report seemed based on good, common sense and proposed workable options for the future.

However, it seemed that the recommendations made by Steele would never see the light of day as, behind the scenes, another policy initiative had been underway – the Warburton Access Contract.

The Warburton framework – now known as PDS Plus - was designed to unite all primary care contractors under one contractual formula. However, this framework is not only extremely long and complex, but also appears to be overwhelmingly one-sided in favour of the PCT. It basically called for NHS dentists to sign a five-year contract – something which seemed unwise when considering the upcoming general election and public-spending uncertainties. For dentist's who have built up their businesses for most of their professional careers, it meant giving almost complete control of their practice and patients over to the PCT. As a result, the BDA recommended that NHS dentists refuse to sign the contract.

The Department of Health has made some modifications which tone down some of the more officious clauses, but a number of dentists have come forward to tender for the 150 – 200 pilots being offered. As a result, dentists may have to make arrangements with suppliers and manufacturers to ensure that, on termination of the contract, all ongoing service and rental costs can be transferred to a new provider or indeed to the PCT.

### **Decontamination**

Perhaps the most poignant legislation to have come into effect over the last year is the decontamination and sterilisation guidance, HTM01-05. This guidance requires all dental practices in England to have achieved 'Essential Quality Requirements' within 12 months. It also expects practices to have a written policy indicating how, and by when, they will move to 'Best Practice' standards. Wales is expected to follow suit. Scotland is still consulting on the fine details of its own regulation and both here and in Northern Ireland (which has the most stringent interpretation) deadlines have been set for practices to equip with separate decontamination facilities. It is clear that this document will fundamentally affect every dental practice and many will simply not have the space to accommodate 'Best Practice'.

### **So what you can expect from private practice?**

A full conversion can often feel like an unknown entity and, as a result, can be extremely daunting. Therefore, it is important for any dentist to look closely at the problems they face and whether a full conversion to private practice would resolve some of these issues.

## **Freedom**

Salisbury dentist, Richard, who converted to private practice three years ago not only enjoys greater work/life balance but also greater satisfaction and pride in his work: “It’s a great feeling no longer being restricted by UDA targets, and my patients now receive the high standards of care they deserve. Before I used to see up to 60 patients a day, now it’s around 15 – and I’m more financially secure.

“It’s also nice to be able to relax and chat to my patients; it makes their experience of visiting the dentist that much more pleasant. And not only do I know them better, I have a clearer understanding of their oral healthcare needs and the time to assess the best treatment for them. What’s more, because they are paying monthly for their care, they rarely miss an appointment. I particularly like that bit.”

## **Security**

With the economic climate still proving to be an unstable entity, many dental practices are rightly anxious about taking their practices away from the NHS. Help and advice are available to ensure that your conversion is smooth and as stress free as possible, allowing you to get back to the kind of dentistry you trained to deliver.

Providing your patients with a range of options to pay for their treatment will not only ensure their loyalty but can mean the difference between attendance and cancellation in the current financial climate. It can also help you to differentiate yourself from the competition, increasing the success of your practice.

Additional assistance for your patients, such as interest free loans for high-value dental treatments, including cosmetic whitening and orthodontics, can also be the difference between sale and no sale: the patient gets to spread their repayments while the practice receives payment up front – it’s a win/win situation!

### **Finding a conversion model that suits you**

My advice to anyone thinking of undertaking a conversion to private practice is to look closely at what you want to achieve as a result of the change; which provider will offer you the best support; and do their values and aspirations mirror your own? It sounds simple, and in the right circumstances, it can be.

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\* Freedom of Information research with 115 English PCTs, Denplan Ltd November 2009

**1053 words**