

The Kent Local Dental Committee (KLDC) is grateful to Paul Wickenden and the KCC NHS Overview & Scrutiny Committee for the opportunity of advising how General Dental Practitioners (GDPs) in Kent have reported problems they have experienced since the introduction in April 2006 of the new GDS (General Dental Services) and PDS (Personal Dental Services) contract(s).

The KLDC is unable to offer information on difficulties encountered by GDPs in specific areas of Kent. This information is more accurately held by the PCTs in direct contract with the practitioner(s). However the following back ground information will be of use to members of the Committee.

The new contract came in April 2006. The new contract was supposed to allow dentists to spend more time with their patients, focussing on preventive dentistry and to not incentivise dentists to be paid more for doing more interventive treatments. It was also supposed to be based on their previous activity in the reference year October 2004 to September 2005, such that provided the dentist did the same amount of treatments they would be paid the same amount of money in 12 equal monthly instalments.

The only choice the dentists had with the new contract was to either sign it or not. They did not have a choice about the content of the contract and so were not able to negotiate variations within it. Given this "done deal" most dentists signed - but in 'dispute'. Most of the disputes were rejected by the DoH as the grounds for dispute were non-negotiable and as a consequence the dentists had to accept the contracts as they stood. These disputes were listed as "resolved" by the PCTs in giving feedback to the DoH but many dentists have been left feeling unhappy with the contract.

When the dentists were sent their individual contracts a significant number of dentists were required to carry out more activity represented by 'Units of Dental Activity' (UDAs) than they had in fact carried out in their reference year. Some experienced as much as a 30% increase in their workload for the same funding. The reality is that these practitioners are working just as hard as before (if not harder) and effectively are being asked to do more work to earn the same money as before.

Now that we are drawing near to the end of the first year (April 06 to March 07), most dentists are short of their required targets although some have achieved them and others achieved their targets quite some time ago. This latter category included dentists whose reference year was atypical of their normal activity (e.g. they had time off for illness or pregnancy in the test period). Where dentists had asked for higher funding with their new contracts because the reference year was atypical, few were able to obtain this because the PCT had no additional funds available. These dentists reached their targets easily. Most dentists look as though they are likely to be falling short of their targets. If they are more than 4% short of their 'target' the PCTs are preparing prompt action to either withhold future funding proportional to the shortfall or require dentists to repay money that they have been given.

The new contract did not allow dentists to spend more time with their patients as it is still an output driven contract whereby dental activity is still measured by items of treatment. The nature of the contract means that superficially (and politically) it may appear that more courses of treatment are being provided than under the previous dental contract. The reality is that although more 'courses' of treatment may be being provided, less actual treatment is being provided on each course of treatment than before. It seems very unlikely therefore that the perceived increase in treatment provision is a reality.

Although we have no data as yet, it is likely that any PCT claw-backs and a lack of sensitivity in these subsequent negotiations will precipitate further withdrawals of dentists from continuing to provide NHS care to patients in Kent. This is a real risk that must not be underestimated. A lack of sensitivity will prompt withdrawal from the NHS by many practitioners who have tried out the new system in good faith and will feel betrayed by the PCT if they feel the PCT is merely on a book balancing exercise with no real regard for the practitioners and the patients they are looking after.

We feel that relating UDAs as the target by which all judgements are made and against which financial sanctions may be applied is iniquitous and merely produces resentment in practitioners and is unhelpful to patients - especially given the fact that there is no accurate reliable data being produced by the Business Services Authority (BSA). It would be a shame to threaten dentists who are practising good ethical dentistry centred on patient care.

The KLDC is happy to answer any questions the NHS Overview & Scrutiny Committee may have over any issue affecting Performers working within NHS dentistry in Kent.

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