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Brave new world

It would appear, from all the signs at the moment, that April 1st 2005 is going to be the most significant date for NHS dentistry since the inception of the Health Service in 1948 (or so we were told by the minister John Hutton MP recently). I suspect that when the time comes we will notice very little on the day (as happened with the fears of computer meltdown on January 1st 2000) and life will appear to go on as normal for several weeks if not months, but unlike what happened with computers the actual results of the changes from the Health and Social Care Bill could affect dentists and patients quite significantly.

The Bill will be passed through the House of Commons on 8th July and will go to the House of Lords in the Autumn, probably becoming law by the end of the year. What we know at the moment is that the current method of remuneration will disappear, that the GDS (General Dental Services) will no longer exist in its current form, and that patients will no longer need to be registered as they currently are in general practice. Changes will also occur in the CDS (Community Dental Services).

We also know that the Primary Care Trusts (PCTs) will take over the provision of NHS dental care for the local area and will be responsible for negotiating local contracts with dentists and it is here that speculation about the future starts to get interesting. At the moment all dentists who elect to work in the GDS have the same contract which enables them to claim fees for work carried out under the current items of service arrangements. In the future each PCT will be able to contract with individual dentists to provide appropriate dental care in a number of different possible arrangements.

Naturally there is some concern about what type of individual contracts the PCTs will be offering, and we are promised that initially the PCTs will have to offer a 'default' contract where dentists have not already negotiated individual contracts. This 'default' contract will, we are told, ensure that the dentist is guaranteed an income comparable with his or her situation prior to the change. But the details still remain fuzzy and we should remember that income (the word used so far) and practice profit are not necessarily the same thing. Doubtless this will be an area subject to fairly intensive scrutiny and negotiation between the BDA and the Department of Health as we move at speed towards April 2005.

We can get an idea of the different types of arrangements PCTs may well be considering by looking at the activity in the participating field sites of the Options for Change initiative, due to start on October 1st. The latest list shows 23 sites, involving dental practices, hospital's, community clinics and health authorities , either as single units or in some areas operating in conjunction with each other. There is a rich variety of subjects covered in the pilots, varying from customer service, on-line booking and skill mix to access for patients and primary care integration. However, of the 48 pilots nearly half (22) are investigating various forms of remuneration.

Most of the possible options for remunerating dentists are being looked at, including capitation schemes, salaried schemes, items of service and sessional payments. Many of the details in these pilots are understandably vague, but it is apparent the subject of remuneration is being investigated with a degree of thoroughness and we can eventually expect to see some answers. What is less certain is whether the results of these pilots will actually help, as what works for some practices and PCTs may well not work for others. You could argue that the whole point of local commissioning is to try and ensure that the right approach is used to suit the local area, and that sounds sensible. The only possible snag is — who makes the final decision on what works best, and for whom?

In the end it will probably all come down to money. The person paying usually makes the final decision, and the PCTs control the funding. Doubtless that means their choices in the use of that funding may vary from area to area, resulting in possible differences in remuneration and accessibility to NHS dentistry for people living on the boundaries or those wishing to see a dentist outside their area for NHS care. While it is very understandable that dentists are concerned about how the new arrangements will affect them, we must also not forget the possible ramifications for our patients.

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