IN BRIEF

- A series of focus groups were performed to investigate perspectives and motivations relating to the introduction of the 'new ways of working.'
- Some dental practitioners relayed dissatisfaction with the clarity of information provided by the Government in relation to the details of the new contract.
- The resulting uncertainty makes it difficult for GDPs to plan future practice activity and commitment to NHS dentistry.
- There is a strong need for communication, information and openness between the Government, PCTs and GDPs during this period of organisational change.
- Support and guidance for GDPs are crucial.

Perspectives on the 'new ways of working'

Perspectives of dentists in primary care ahead of the 'new ways of working'

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ABSTRACT

Objective

To determine the future intentions and motivations of general dental practitioners (GDPs) relating to NHS dental practice in South Yorkshire.

Design

Focus group discussions.

Setting

General dental practices providing NHS care within South Yorkshire, United Kingdom.

Subjects (materials) and methods

Twenty-nine dental practitioners were purposively sampled and invited to take part in a series of focus groups. Focus groups were transcribed and data analysed to identify themes and concepts.

Main outcome measures

Themes and concepts relating to the current and future provision of dentistry and the proposed 'new ways of working' of the new dental contract.

Results

The data fell into three broad categories: the organisational structures of dentistry; the future of dentistry; and the CDS. This paper focuses largely on the second category, the future of NHS dentistry. The first category related to the organisational structures of dentistry, and encompassed perceptions that dentistry was not a high priority for the Government and that current changes were politically motivated and to be implemented by PCTs with a lack of capacity for the management of such wide-reaching changes. The second category covered the future of NHS dentistry. For some, NHS dentistry was in a precarious and uncertain position, coupled with a lack of clarity and information on the 'new ways of working' and exacerbated by problems in the recruitment and retention of future dental practitioners. The last category dealt with views in connection with the CDS.

Conclusion(s)

In this 'snapshot in time' there was considerable uncertainty and instability within the general dental service against a backdrop of major organisational change. There was a need for information, guidance, openness and communication between the Government, PCTs and GDPs surrounding the implementation of the new contract.

EDITOR'S SUMMARY

For those of us who are, or who ever have been, involved in work with committees, groups or organisations the role of minutes will be a familiar feature. Some poor soul has to take them and then write them up, while at the next meeting they generally receive scant regard before being signed and consigned to history. However, such documents do provide a rich source of information for future reference as they record the matters that were regarded as important at the time and, equally, are silent on those matters that were clearly not seen as contemporaneously essential. The imposed implementation of the new NHS dental contract in April 2006 might be regarded at some level as a note in history, a 'minute' of a factual happening in the course of oral health care in the UK but the associated documents will also add to the context of this change.

The importance of such a radical change, the way in which it was brought in and its subsequent success, failure or adaptation is a crucial piece of health policy which should not be overlooked. This paper adds to that record the thoughts, concerns and anxieties of general dental practitioners against the background of major organisational change. It is, as the authors describe it a 'snapshot in time' but it provides a very valuable image of a profession struggling to make sense of change and as such is an important baseline from which we may be able to judge future contracts. In the event it might be seen either as a paper which says 'told you so' or one which remains as evidence that despite the doubts the system worked well. Only time will tell.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 10.

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

Why did you undertake this research?

The reconfiguration of dental care in the UK under *Options for Change* required PCTs to commission oral healthcare from April 2005. The introduction and stability of this new system was dependent on new contractual arrangements between the PCTs and primary care dentists. Dentists were apprehensive because they considered the GDS to be under funded for some time.

The PCTs lacked information on the dental workforce and their future expectations and intentions. This study demonstrates that there was considerable uncertainty and instability amongst dentist who lacked information and clarity on how these major organisational changes would impact on them and the dental service.

What would you like to do next in this area to follow on from this work?

This study suggests that there is a lack of information available to both the dentists and the PCTs on the delivery and commissioning of dental care under the new ways of working. The absence of any form of monitoring within primary dental care will make it difficult to establish the extent to which the new contract has been a success. A system to evaluate primary dental care under the new contract should now be established.

It would also be important to evaluate the new contract to establish to what extent the "fears" of the dentists were founded.

The GDPs could also benefit from support and training which would help them manage the current changes ultimately enabling new ways of working.

COMMENT

This paper reports the views and opinions of a selection of GDPs and VDPs facing a massive change in NHS regulations for dentists providing treatment under the GDS and PDS. The proposed change finally took place on 1 April 2006 after substantial political delay.

The timing of the focus group meetings (late 2004 and early 2005), the relatively small sample size (29) and the particular geographic area covered (Sheffield) could have led to a somewhat idiosyncratic view of the changes. In fact, the views expressed by those taking part were similar to ones heard around the country. This is consistent with the superior communications methods available today compared with the last such major contractual change in 1990, despite the lack of formal information for GDPs from the Department of Health.

The GDPs' gravest concern – about a lack of clear information and useful guidance on the legal aspects of the proposed changes – remained unanswered even beyond implementation day. GDPs facing such a fundamental change in the contractual relationship between their businesses, their livelihoods and the Department of Health were left to fathom out just what it was the Department wanted them to do and how it was to be achieved.

Had this research work been done a year later (late 2005 and early 2006) the opinions and doubts expressed would probably have been much more strongly worded. There can have been few occasions when such a major system change has taken place with so little official help and advice for those affected. The pressure on GDPs to sign up by the due date was little short of scandalous. Now that the changes have taken place this article will be of historic value as a reminder of just how ill-informed practitioners were at this early stage.

In April 2006 the Department of Health made a significant unilateral change to 20,000 contracts with a group of dental professionals against a background of mistrust and absence of reliable information. There is little doubt the NHS dental service in England and Wales has been damaged as a result.

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