Disillusion as NHS dental contract prototypes are condemned to history

In just a few weeks, NHS dental contract prototypes will come to an end.

Caroline Holland speaks to some of those involved to garner reactions and find out what their legacy might be.

The Department of Health and Social Care (DHSC) owns a success story in the field of dentistry. The prototypes set up to test a new dental care pathway appear to convincingly demonstrate a way out of the 2006 dental

contract. A largely capitation-based approach (the practice is paid a sum of money for each patient registered at the practice), they exclude the reviled Unit of Dental Activity (UDA) payments and associated targets. Focused on prevention, with patients trained and motivated to

keep dentally healthy, they are also a great showcase for skill mix, team members working to their full capacity.

These were dental practices – around 100 at the last count¹ – where dental care professionals (DCPs) were empowered to take the lead in patient care while dentists focused on more complex treatments. The patient journey centred on oral health assessments and patients liked this approach to their care. Introduced in 2016, the prototypes had grown out of a pilot contract in 2011 which had in turn been triggered by Professor Jimmy Steele's independent review in 2009.²

For the last five years it seemed certain that one or other of the two prototypes would be rolled out. According to a document³ prepared for Dental Contract Reform engagement events, a national roll-out of one of the prototypes was anticipated in 2018 or 2019. The choice to make was between blend A, which is 60% capitation based – and blend B, which is 80% capitation based. The additional funding is derived from treatments provided, or measured activity.

But to the surprise of all involved, it was announced at the back end of last year that prototype practices will end on 31 March. This is despite more than ten years of commitment by scores of dental practice owners and their teams. According to a spokesperson for DHSC: 'The prototype programme was always intended to operate for a fixed term, and to inform future system reform. Data gathered from the prototype programme suggests that the precise prototype contract is unsuitable for widespread rollout.'

The spokesman said that by default, practices would return to their underlying GDS [General Dental Services] or PDS [Personal Dental Services] agreement and would be helped in that transition with a range of measures including a dedicated helpline and support from commissioners.

The dentists and dental therapist I spoke to could not hide their disillusionment.

Ruth Singleton-Evans is a dental therapist at Bateman and Best dental practice in Darwen, Lancashire. She began working at the practice as a student dental therapist in

2005. She was assigned to Bateman and Best as part of the outreach programme run by the University of Liverpool where she undertook her diploma.

Reflecting on the last 15 years Ruth said: 'I am so lucky I was allocated to this practice. It was the best training I could have had'. She fitted in so well that once she had completed the course, she segued into employment.

At that time, the practice was in the GDS contract which meant it had to fulfil UDAs. This did not affect Ruth who earned the UDAs on behalf of the practice. In charge of her own diary and appointments, she was free to provide the care she believed was in the best interests of the patient.

When Bateman and Best moved away from the GDS and into the pilot and then the prototype, it made no difference to her. She continued to provide treatments as well as preventive care, without the burden of targets. She works to her full scope of practice with a dental nurse to assist her.

Ruth said: 'Because I have autonomy, if I see a patient who needs extra help with prevention, I can bring them back at no extra cost. Or if I want to carry out a debridement, I can choose to provide dental education first'.

Several of her dental therapist colleagues who have not been so lucky to have been employed in a prototype have not stayed in general practice, she says. They have either retired early, changed career or moved to be a sales rep for a dental supplier.

Dr Mike Best, the practice principal, has nothing but praise for Ruth, describing her as an excellent therapist and an asset to the practice. He said the

DHSC decision to terminate the prototypes, especially in the absence of a plan for implementation of either blend A or B, came as a huge shock.

Mike said: 'The presence of a dental therapist means better patient care, better outcomes and a dental contract run well and ethically. I already know of dental practices who are letting their dental therapists go as a result of this announcement'.

He does not understand the rationale for terminating the prototypes but has an inkling it might be connected with patient charges, which decrease when there are fewer courses of treatment. 'Due to the care the patients receive, fewer courses of treatment are being opened. This does not mean the Government are not getting value for money. What it means is that patients were getting, better, in-depth care which lessens their need for treatment. It's such a shame that this is not being recognised.'

Dr Ben Atkins was also surprised by the DHSC announcement.

The former owner of Revive Dental Care in Salford, a leading

exponent of prototype A

and of skillmix, he has been Chairman of the Local Dental Committee and President of the Oral Health Foundation, a public advocate for the prototypes.

Ben said: 'I felt very disappointed when I heard the prototypes are being ended. I have spent a lot of my clinical time and career committed to supporting new ways of working. Behaviour change in dentistry is challenging but we did it'.

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He said that he created spreadsheets of patients to map their oral health and could see that 140 new patients a month were joining the practice. The practice was delivering valuable access and showed that the approach was financially viable.

At one time, he continued, he was running 11 different dental contracts, some with traditional UDA contracts. Dental therapists worked so well at Revive he introduced them to his UDA practices. Politicians visited the practice, he said, and were impressed.

Does he believe that the prototypes will leave a legacy? He hopes so: 'It's hard to believe the DHSC can just let go of all the learning'. He hopes that in the future it might be possible for a dental therapist working outside a prototype to open a course of treatment.

Debbie Hemington, President of the British Association of Dental Therapists (BADT), said she was sad to learn that the prototypes were being ended: 'We know that

many were employing dental therapists and demonstrating how well they work as clinicians, undertaking some of the more routine clinical treatments. Any arrangement which uses dental therapists to their full capacity is a good thing and to see them being terminated without an explanation is very disappointing'.

Debbie added: 'BADT has been campaigning for years for dental therapists to be able to open a course of treatment within their scope of practice. Now that the prototypes are being abandoned, we shall push even harder to be recognised alongside dentists as a dental practitioner suitably qualified to initiate treatment, referring upwards where necessary. This is surely the best way to improve access for patients'.

References

1. Department of Health and Social Care. Guidance. List of dental prototypes. Last updated 14 October 2020. Available at: <https://www.gov.uk/government/publications/list-of-dental-prototypes> (accessed 27 January 2022).
2. NHS. NHS dental services in England. An independent review led by Professor Jimmy Steele. June 2009. Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/+/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137?IdcService=GET_FILE&dID=198219&Rendition=Web (accessed 27 January 2022).
3. Department of Health and NHS England. Dental Contract Reform Engagement Events. January and February 2017. Available at: https://www.nhs.uk/sites/default/files/2018-08/dcr_engagement_event.pdf (accessed 17 January 2022).

<https://doi.org/10.1038/s41407-022-0824-z>