

Third-party control

Quentin Skinner, chairman of DPAS, suggests that under a NHS contract, there are always strings attached

How funny life is, in that occasionally, some of its fundamental tenets can change quickly without anyone noticing. Consider how the mindset of the dental profession has changed in the last two decades.

Then

In the early 1990s, when BUPA dental cover was launched in an effort to compete with Denplan Care, both branded schemes felt the need to introduce 'quality' measures as part of the procedures necessary to help protect the national delivery of the brand promise.

From a businesses point of view, this was a perfectly sensible proposition, as it would help to reduce the risk of many customers operating under the same banner getting tarred with the brush created by the actions (or inaction) of a smaller number of miscreant customers.

However, at the time, the profession took a very different view. I remember from my time at Denplan, whenever we raised the subject of quality at seminars, dentists would invariably round on us, saying that clinical quality was a matter for the profession and its representative bodies, and certainly not a matter for third party commercial ventures.

It was also in the early 1990s that the BDA started waving the red flag to its members, warning against getting involved with 'dental plan administrators'. The basis for the BDA's argument was almost entirely framed around the situation in America – this was quite different to the UK, with an oversupply of dentists and funding levels controlled by the combination of employers who were in contract directly with the dental plan administrators/insurers for the provision of employee dental benefits.

Granted, a few aspects of the BDA's warnings could have been relevant to the nationally branded dental schemes, but they just did not apply to the operation of dentists' own practice-branded plans, where the administration was sub-contracted to back-office administrative agents.

Anyway, suffice it to say that the natural self-regulatory instincts of the profession were, to an extent, encouraged by the third-party control warnings – and life proceeded accordingly.

Now

I believe the passage of time has shown that dentists who offer their own private dental plans – practice-branded and using administrative sub-contractors – have had no reason to claim any third-party interference whatsoever. Furthermore, many of those who subscribe to a nationally branded scheme have largely come to accept a degree of quality inspection by the plan administrator as a necessity, even if some may resent other moves to hijack patient loyalty away from the dentist to the consumer brand.

However, what makes me wonder about life is the degree to which dentists may be prepared to accept third-party interference in their practising framework while offering NHS dentistry.

The new Personal Dental Services Plus template agreement is absolutely full of it. The degree of information and data that is required to be submitted to PCTs in order that dentistry can be micro-managed by non-dental PCT staff is quite breathtaking.

This is most important, even for those dentists who



feel that things might just carry on as they are under their existing nGDS contract.

Any of the extra funds for dentistry, promised by the government, will only be released in conjunction with this new contract. PCT staff are currently being trained up to be able to crack the controlling whip much more effectively in order to try to squeeze a better outcome (access) out of a tighter and tighter budget, and no change of government will alter this.

In the new decade of austerity, any change of ownership, any under-delivery, any need for contract variation, any chance to move more NHS funding into this web of control will be seized upon, because otherwise the PCT staff will not be doing their jobs. And, of course, merely by submitting notice but without giving any reason, PCT staff will be at liberty to enter the practice premises and thoroughly check up on all aspects of the business. Acceptance of this situation is a far cry from those feelings not 20 years ago that quality is a matter of the profession and the profession alone.

Fourth, fifth, sixth-party control

Oh, and interference and control by PCT staff is not all, not by a long way. In addition, the PDS Plus template contract allows for entry and inspection of the practice premises by:

- NICE, an organisation apparently directed to help manage and control the costs of NHS care, and one that is not even represented by a dentist
- The Care Quality Commission which, while retaining a prominent dentist as its advisor, represents yet

another swathe of bureaucratic regulation, the need for which would be hugely questionable if the GDC was properly empowered to do what it was always previously responsible for doing in the past, and

- Local Involvement Network Representatives – doubtless, someone will come up with a more positive explanation of the need for LINKs but, to me, this conjures up an unsmiling visit by the People's Party Representative in Stalin's Russia, who certainly will not have the well-being of the dentist in mind.

Whose practice is it, anyway?

So, there will always be those in life who will succumb to control by others, even when this points towards an ongoing squeeze on their personal circumstances. However, many others find that such oppressive restrictions on the freedom to act as they have been brought up or trained to do force them to look for a newer, independent way forward. I would, therefore, encourage dentists – who wish to operate in a working environment as free from third-party control as possible – to sit up and do some careful analysis of the alternative funding structures for the delivery of their dentistry – and choose the route that best ensures that they remain in control of their own practice.



DPAS is a leading administrator of practice-branded private dental plans. For more information, please contact DPAS on 01747 870 910 or visit www.dpas.co.uk.