

converting your practice

Forcing your hand

Robert Powell considers the impact of recent NHS changes.

For National Health Service dentists, the spectre of April looms large and for those who are likely to be subject to 'clawbacks', the future looks particularly uncertain.

The dental industry has been faced with significant change since the introduction of the controversial new contract in 2006. Last July's report by MPs into the 2006 contract concluded that the changes to the existing system had been largely unsuccessful. Originally intended to simplify charges and make NHS dentists easier to find, the Commons Health Committee remarked that access remains 'patchy' and that there had been a sharp fall

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in the number of complex procedures undertaken.

The issues currently facing dentists working in the NHS are numerous. The British Dental Association's own statistics show that in the first year of the new contract, nearly half of dentists in England and Wales failed to achieve the 96 per cent of UDAs required to avoid clawbacks. Although as yet unconfirmed, it seems certain that this figure will be repeated in year two with a consequential loss of revenue.

Figures, obtained under the Freedom of Information Act by DPAS, suggest that some regions have experienced particular problems. In Leicester, more

than 50 per cent of UDAs have not been delivered and 21 dental practices face repayments in excess of £50,000. Nationwide these results are repeated as the survey found a total of 411 contracts where targets were missed by £50,000 or more.

My colleague, and chairman of Payment Plan provider DPAS, Quentin Skinner sums up the situation eloquently, 'It's all a very far cry from former health minister Rosie Winterton's suggestion of the same money for five per cent less work, and chief dental officer Barry Cockcroft's promises that the new contract would 'end the NHS treadmill and deliver guaranteed income'. For those NHS dentists who fell short of the mark, the future certainly looks bleak.'

So what about the future faced by practices 'forced' to move from NHS to private provision? Our challenge as service providers within the dental industry is to make the transition as smooth as possible for practitioners, their team and their patients.

Patient communication lies at the heart of a successful move to private provision. The media has much to answer on this point. Headlines reporting the greed of dentists are already being written in preparation for April's fallout and the profession itself does little to counter these arguments. So communicating your side of the story is important. Private practices rarely aim to see as many patients in a day as an average NHS practice and



● Find a means to communicate your side of the story to your patients.

spending more time discovering the patient's needs and desires is one of the true benefits of private practice.

Providing patients with a means to budget for their new private treatment is certainly an important consideration particularly in view of the financial constraints currently being experienced, and the need to provide a solution for patients is a critical aspect of maintaining patient numbers post privatisation.

At DPAS we work constantly and consistently with practices experiencing the transition from NHS to private practice, finding solutions that meet the individual needs of the practice and their patients.

Essentially the decision to convert to private practice in some form is one that many feel will come to most practitioners, the current environment in which NHS dentistry exists is simply speeding up the process. No one knows what the years beyond will hold for dentistry. ■



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