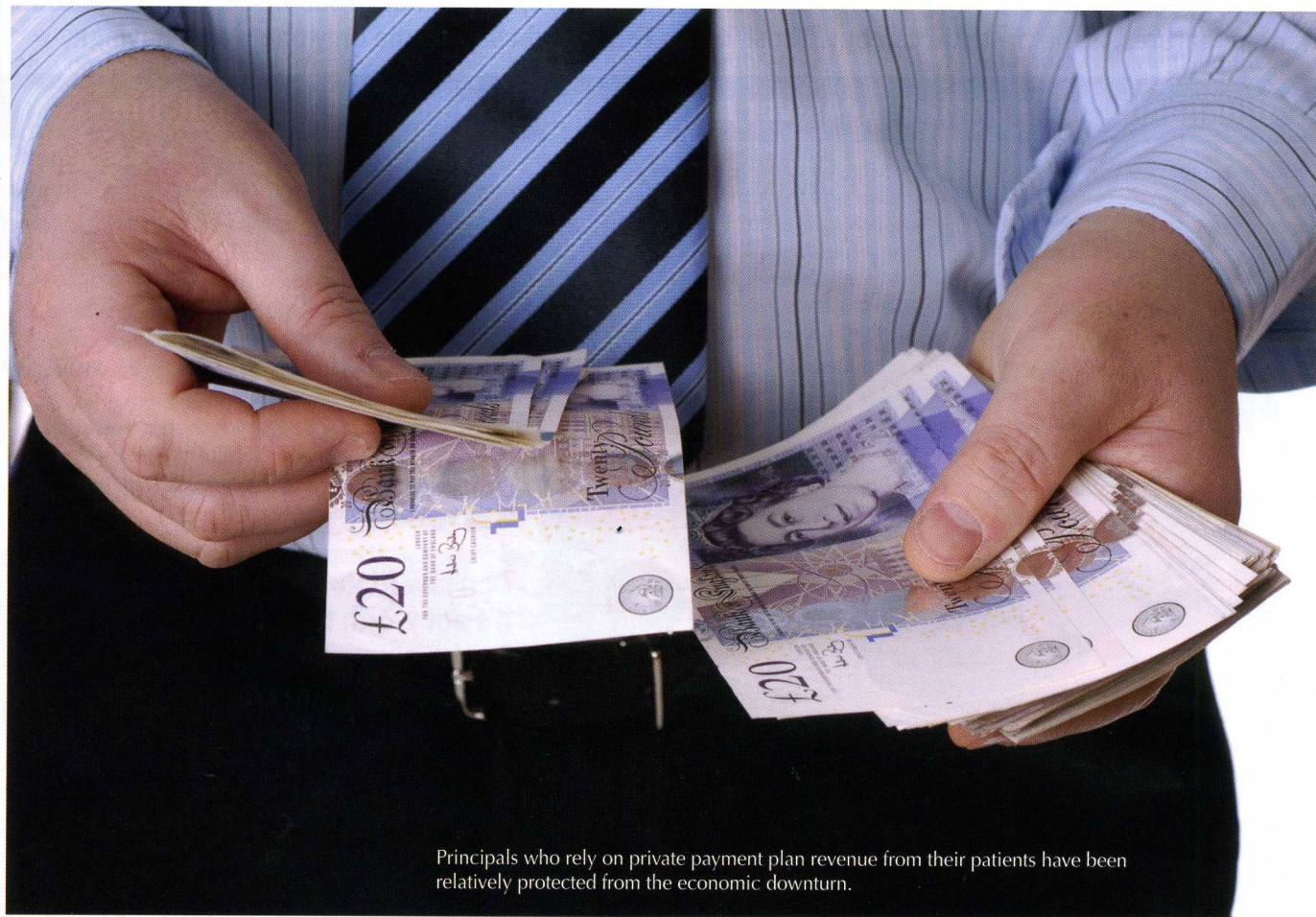


# Where are we leading?

Quentin Skinner considers the changing face of UK dentistry.



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**T**wenty-five years ago, UK dentistry was almost entirely delivered on a piecework funding basis under the National Health Service, apart from a small number of private dentists in Central London, Cardiff or Edinburgh. How things have changed since then, and plenty of further change is inevitable.



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is chairman of DPAS Ltd.

In the mid-to late 1980s, private dental plans were introduced to the UK as an ethical funding option for private dentistry that was designed to optimise the outcome for patients, aligning the interests of dentists and their clientele. Initially operating under a consumer brand, this structure offered considerable support to dentists who, at the time, were finding the NHS piecework remuneration mechanism a treadmill that no longer allowed them to practise dentistry to the standards they had been trained to deliver. Conversions from the NHS were a significant challenge, with much engrained hostility to the private sector and no real precedents to rely upon. Such a move was a brave choice for dentists but hardly any

have regretted making the move to independence.

The growth of private dental plans, and indeed private fee per item funding (PFPI), was given a significant boost by the introduction of a new NHS contract in 1990. Following this, everything rather stabilised as it turned out dentists happened to be earning more under the 1990 contract than they were meant to. Thus, in 1992, the famous seven per cent fee cut was announced (a cut to gross fees and therefore rather more to take-home pay for dentists) which caused another swathe of dentists to move a substantial proportion of their practice to the private sector.

Little changed for more than a decade, other than a rather slower

•but steady drip-feed of dentists moving towards private dentistry. My view is that the reasons for this move have been due to a wish to provide the quality of patient outcome that has been becoming ever harder under the NHS funding.

During the latter part of the 1990s, and into the 21st century, there has been a clear development of the independent sector with increasing numbers of dentists moving towards private funding via their own practice-branded dental plans, under their own identity and control, rather than relying on the earlier need for some kind of national branding, which itself carries a certain downside.

With the *Options for change* consultation dentists realised that further change was afoot, not necessarily in their favour or in the interests of patient outcome. After two aborted launches of another new contract in early 2006 another significant move from the NHS into the private sector occurred in the lead-up to the contract's introduction on April Fool's Day 2006.

This all mirrored the 1990 experience and there have been plenty of dentists who have done well financially out of nGDS. Because of a change of Government resulting in a (perhaps uneasy) coalition, little has been done to bring radical change to NHS dentistry funding. However, over this time, the proportion of money spent in the UK on private dentistry rather than NHS dental services has increased over this period from hardly anything to easily more than 50 per cent of dental funding.

This is a huge change over such a relatively short period, and it seems that the various institutions, the Government of the day, the health department, the GDC and the BDA, have not adjusted their view on life to reflect this reality. Given that NHS dental funding is now less than private funding, it seems to be time that this shift away from the 'big state' is recognised in a sensible and mature manner.

We all currently find ourselves in very austere times indeed. Three things are certain in such times. Those in the NHS with way-above average UDA values continue to do well; those who have gone down the PFPI route have seen significantly reduced patient attendance; and those who substantially rely on private payment plan revenue from their patients have been relatively protected from the economic downturn.

Looking forward, it is certain that there is zero political pressure to increase the remuneration of NHS dentists. Principals under this system are earning more than their private counterparts and the status quo just doesn't look sustainable.

I believe it is now time for radical change, or we will have to accept that we will continue to limp along, with UK dentistry diminishing, by allowing itself to be realigned with the parlous state of the public finances.

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