BODY POLITIC **Nigel Hawkes**

NHS dentistry: a service with teeth

It's fashionable to decry public dentistry, but is it fair?

Most people, if asked to name the least effective sector of the NHS, would settle without hesitation on dentistry. It has become a truism that NHS dentistry is beyond saving, as the middle classes desert it in droves. Ministers don't talk about it, unless coerced; it is the service that dare not speak its name.

Yet a contrarian view ought sometimes to be heard. Take, for example, the oft quoted statistic that the market for private dentistry has now overtaken that of the NHS. In simple cash terms that may be true. But a quarter of total spending in dentistry is cosmetic, which the NHS does not provide. Another quarter is on routine private dentistry, while the remaining half is spent on NHS dentistry. Given that private charges are much higher than those in the NHS, the half that is spent in the NHS buys far more treatments. In fact, 75-80% of dental treatments are still in the NHS, which has 27 million patients, against 6.7 million in the private sector.

This suggests that the old dog isn't quite dead yet, despite the potent images of huge queues forming whenever a new practice opens its doors and old ladies extracting their rotten teeth with pliers for lack of a dentist.

Could NHS dentistry be about to turn the corner? The chief dental officer, Barry Cockroft, certainly believes so. Admittedly, that's his job—but there are some grounds for hope.

For a start the idea that British teeth are uniquely bad isn't really true. They certainly aren't as perfect as American teeth, those gleaming gravestones that make everybody's smile flashbulb bright. These unnatural looking teeth are the result of cosmetic dentistry taken to the extreme. But in practical terms the United Kingdom compares well with almost every other country in Europe in terms of the numbers of "DMFT"—decayed, missing, and filled teeth—in 5 and 12 year olds. The credit lies mostly with fluoride toothpaste.

More open to argument is whether the new dental contract, which came into force in 2006, is working. The House of Commons Health Committee, which reported earlier this year, thought not, pointing out that the number of patients seen in the year after the contract was 900 000 lower than under the old contract.

The British Dental Association—whose council, it may be worth remarking, consists predominantly of private dentists—certainly thinks not. It has called the contract farcical, blaming it for alienating dentists and leaving patients in uncertainty.

The access figures are undeniable and result from the loss of 1000 dentists who opted not to provide NHS services when the new contract came into force. Dentists vote with their feet, the headlines said. But even these damaging statistics are open to another interpretation.

Some of the dentists who left, Mr Cockroft argues, were private dentists who provided NHS services to the children of their private patients. For each child they collected £50 (€65; $90) a year, often for doing not very much. The new contract discouraged "child only" NHS services, so these dentists had a choice. They could either opt to take on some adults as NHS patients, too, or leave the NHS altogether. Most chose the second option, and the NHS has yet to make up the shortfall. The loss of 1000 dentists meant a fall of about a million NHS dental treatments a year, roughly the figure quoted by the Health Committee.

Looking forward, the picture looks brighter. This was a one-off fall, and the number of NHS dentists is now rising—by 655 last year—even before the graduates of two new dental schools launched in recent years begin to practise. Primary care trusts issuing tenders for new dental practices are finding it much easier to get a positive response. Cornwall Primary Care Trust sought applications for four new practices and had more than 20 applicants for each one, Mr Cockroft said—a remarkable result in an area where NHS recruitment has often proved hard. In many parts of the country, including London, access to NHS dentistry is much better than it was. "The perception is that you can't get an NHS dentist," he said. "But it isn't true. This perception is preventing people from even trying."

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Despite Mr Cockroft's optimism, serious questions remain about whether the new contract will actually deliver better dentistry than the old deal in which a fee was paid per item of service. That was charged with creating a drill and fill mentality, where dentists did needless work to make a living. Critics argue that the new method of payment, based on so called units of dental activity (UDAs), has remarkably similar flaws, undervaluing more complex treatments and leading to extractions where teeth ought to have been saved.

Primary care trusts also seriously miscalculated the amount of work dentists could do and of the income to be expected from charges to patients. Some dentists were asked to return cash they had already been paid when they fell short of the UDAs they had promised to do, while in some areas the cash shortfall from patients limited the services that could be offered. So the new contract had a tough start, despite the extra money the department has pumped in. Can it recover? The British Dental Association says no and calls for renegotiation. The irrepressible Mr Cockroft believes it can—and that perceptions of NHS dentistry will soon begin to change. The game may not yet be over.

Nigel Hawkes is a freelance journalist and consultant
nigel.hawkes1@btinternet.com

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