

NEWS RELEASE 18th November 2006

New NHS Dental Contract – Briefing for Journalists

Contract Summary

On 1st April 2006 a new contract was introduced for NHS dentists in **England**. Commissioning dentistry was handed over to Primary Care Trusts. Under the previous system dentists were paid for each ‘item of service’ (for example fillings, extractions). Under the new system dentists are paid in ‘units’ for each ‘course of treatment’. A unit has a monetary value which varies from dentist to dentist.

There are three types of course, which attract one, three and twelve units respectively. The patient charges for these courses are £15.50, £42.40 and £189 respectively (some patients are exempt from charges, charges in **Wales** are slightly lower). **Scotland** has retained the system of fee per item, with added incentives in the form of grant-in-aid.

Implementation

The contract was introduced without consultation and at short notice. Although different types of scheme were piloted, the system that was introduced was not one of them. Dentists who did not sign the contract had to cease providing NHS treatment after 1st April. Figures released in October 2006 from the Health and Social Care Information Centre (HSCIC), a division of National Statistics, showed that 1,649 dentists (8 per cent of the workforce) had resigned.

The problem

There is a growing disparity in the terms and conditions between NHS and private dentistry that can be traced back to 1992. This is causing dentists to leave the NHS. PCTs are trying to contract at £20 a unit, which is approximately one third of the market rate. They are being covertly directed by the Department of Health which still has a centralist ‘command and control’ attitude and is virtually at war with its workforce. As a result of this ‘take it or leave it’ approach, many children have been deregistered from the NHS. Unless this disparity is addressed, dentists recruited from abroad (or trained in dental hospitals) are as likely to leave the NHS as existing dentists.

Dentists are different

Dentists are self-employed subcontractors to the NHS. Unlike doctors, dentists buy their own premises and pay for their own staff and materials. When looking at potential contracts they must take into account the fact that they adopt a considerable business risk (in particular the likelihood that PCTs will scale back dental spending when it ceases to be ring-fenced after March 2009).

Dentists do not ‘go private’ to earn more money. A report from the HSCIC in Sep 2005 showed that NHS dentists earn on average £79,790 (before tax) and £80,590 privately, a difference of £800. Private dentists do however spend on average £50,000 a year more on better quality materials, better laboratories and more time with their patients.

Disputes

2,773 dentists disputed their contract, of which 11 have been found in favour of the dentist and 1,373 remain unresolved. Of the 1,389 where the finding was against the dentist, a considerable number will opt to leave the NHS. A further exodus is expected in April 2009 when an earnings guarantee expires.

Inefficiency and Inflexibility

The interpolation of a middle tier of management will inevitably take money away from the dental budget. Primary Care Trusts are too far removed from dental expenditure to be as efficient as dentists are at looking after their own budgets. Workforce mobility has been reduced.

Many dental practices were started as ‘squats’—speculative practices that depended on attracting new patients. It is now much harder for a dentist to start an NHS practice, requiring agreement from the PCT and allocation of part of the PCT budget.

Under the old system a dentist moving into an area would bring a budget with him/her. Under the new system the budget for a new dentist only exists on a like-for-like basis. This means that if one dentist moves out of the area the PCT can only replace one, even if more than one is required.

Unfairness

Different dentists are paid different amounts 'per unit', even within the same practice. A dentist earns the same number of units for one filling as for ten. Equally a patient will pay the same charge for one filling as for ten. Patients with high dental needs (new patients) are actively discouraged.

Notes for Editors

This very brief summary is accurate as at the date of publication. The Dental Practitioners Association represents 'high street' dentists in the UK. Please use the contact details below for amplification on any point.

¹ Source: [NHS Dental Activity and Workforce Report: England 31 March 2006.](#)

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