

1. EXTENT AND NATURE OF NHS DENTAL SERVICES

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SEHD QUESTIONS

A. What services should come within the NHS for the future?

- CORE SERVICE TO MAKE PEOPLE DENTALLY FIT BUT ALSO PSYCHOLOGICALLY FIT - PRESERVING DIGNITY OF SMILES.
- EMERGENCY SERVICES TO RELIEVE PAIN *
- GOOD REFERRAL SYSTEM.

B. Should they be prescribed and limited or unlimited?

- THE CORE SERVICE SHOULD BE LIMITED AND PATIENTS SHOULD BE MADE AWARE OF WHAT'S AVAILABLE.
- THE CORE SERVICE SHOULD BE A DE-CLUTTERED VERSION OF THE SDP.

C. What system should there be for reviewing and updating?

There should be an on-going audit of patients using indices. This will inevitably take more time but will improve quality.

D. What is the right balance between preventative and repair services and what, in particular, should be included in the former?

- Prevention is not well remunerated but under a sessional model this would be possible. Encourage preventive sessions using PCD more widely. ↑ prevention + ↑ quality of restorative work will reduce the amount of "repair" work required.

E. Should the 'dental public health' role of CDS be kept separate from the 'family health' role of dentistry in the community?

No - should be better integrated providing support to the "Family Dentist" in areas of special need.

It will be inevitable that as we move away from the "treadmill" less patients will be seen at a day. However, if the one receiving the "best" care then they will be better equipped to look after their dentition and will also have better than "reasonable" dentistry. This will reduce the number of times they will need to return for "repair" services.

2. THE DELIVERY OF NHS DENTAL SERVICES

SEHD QUESTIONS

A. What are the views on the range of delivery and funding options?

- Session Model - Well remunerated from L.P.C.T.

B. Are there specific issues about future funding of infrastructure, e.g. premises?

- Premises and staff should be paid by L.P.C.T when doing sessions with L.P.C.T

- Better to staff.

C. Are there other approaches or incentives that merit consideration?

- Career pathways - Incentives to dentists to gain post grad qualifications. Enhanced pay for experience and quality.
Hospital Model is JMO → SMO → SMO3 → PREG → CONSULTANT.

D. How best should any new arrangements be put in place?

Phasing in rapidly with compensation for loss or change of earnings.

Not based on fee but based on experience.

- CORE SERVICE DELIVERED IN NEW CLINICS ?? Manned by "Sessional Dentists"

- FEE SCALE FOR PATIENTS MOST DIFFICULT TO WORK OUT.

3. PATIENT CHARGES

SEHD QUESTIONS

A. What principles should be pursued in determining a system for patient charges?

- CAPITATION \Rightarrow Different Schemes. i.e. NHS or FOC. TIERED CAPITATION
- ITEM OF SERVICE - ENHANCED VERSION OF NOW.
- FREE? -

B. What are the views on the options listed?

- Enhancing current fees under a sessional model with monitoring of Tx would work.
- No enhancement in quantity of patients.

C. Are there other approaches that merit consideration?

- Totally separate Care service run in Clinics by the PCT with salaried dentists and everywhere else private clinics as is medical model.

i.e. Consultant does NHS Hospital work and then moves on to do private work.

It is important that we move away from a Quantitative model and move to a quality model. Maxile amongst dentists is low especially those working within the current NHS Treadmill. Financial reward has lots of "reasonable" work. I would rather be rewarded for the quality of work that I do. Its time we all started to value ourselves and the skills we possess.