

An independent review of NHS Dentistry: A year on

LDC conference
June 2010

Jimmy Steele

One year ago?

Had not published

Had just seen Secretary of State

Had no idea how it would play

One year ago? What if...



- Secretary of State had not supported the main recommendations?
- A year is a very long time in politics!

One year ago?

What was not there?

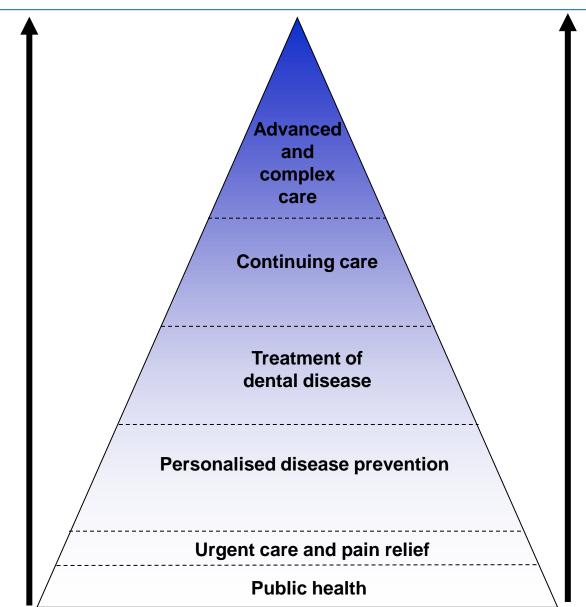
- Patient charges (though discussed)
- Lab fees (though options in there)
- 5 year tie-in
- Much about UDAs because in the context of the rest UDAs were largely irrelevant

Reducing priority for

public

investment

Patient charges?

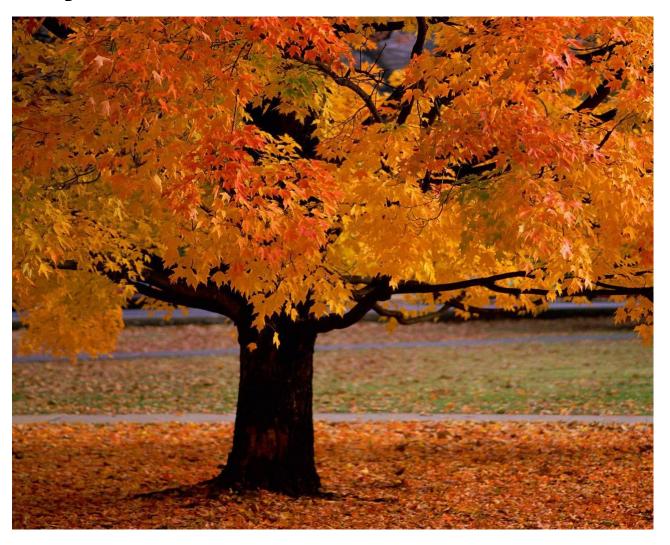


Increasing

personal preference

& cost

Thank you, leave it with us......



Independent role?

A:Say goodbye and, when it all goes wrong, jeer from the sidelines

B:Contribute on a project board to try to make sure that it doesn't veer off course

As if by magic......



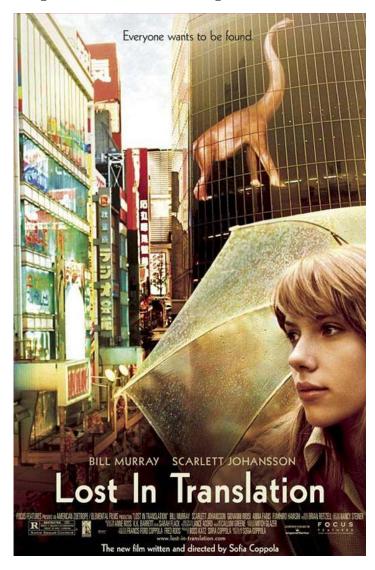
"Steele implementation programme"

"Steele implementation programme"
"Project management team"

Every recommendation taken to pieces and every step identified and planned in

I was cynical.....

Dental speak into planner speak



Planner speak into dental speak

Where has the process got to?

It has not been easy.

- "First wave" pilots
- Oral health assessment scoped
- A set of outcome measure options generated
- PCTs and practices identified
- Contract options narrowed down

And then of course......



Coalition Government?

Will want to makes its mark What's in?

- "Prevention"
- Blended contract capitation/registration and quality at least, some options there to be imaginative.
- Probably pilots (would be sensible)
- Await next stage

WHO will commission services?

The man in the ministry



You cannot expect the minister to know much about dentistry

Concerns.....

Quality measures

OHA and "dentistry by numbers"

Advanced care

"Micromanagement"

Quality measures

- Are inevitable
- Will be standardised
 - Some may be attached to payment
 - Some for monitoring
 - Some for self monitoring
- Evolutionary
- Ultimately outcome based
- Most suitable for local comparison

OHA/Dentistry by numbers

- "Its what we do already"
- "Its extra work"
 - For whom and when should it be done?
 - IT required bits need to be ironed out?
 - Any computed elements should be advisory?
- This is why it should be piloted
- Dentistry by numbers? (Dentistry is and always has been numbers)

Advanced Care



Advanced Care

Three elements

- 1. Clinical eligibility of the patient
- 2. Clinical guidelines about what the NHS will support
- 3. Delivery skill mix, commissioning etc

Micromanagement

Who will do the micromanagement?

Informed contract management

No easy solution BUT bigger commissioning groups makes a lot of sense.

Milk and Honey?





The man in the ministry



You cannot expect the minister to know much about day to day dentistry

CHOICE?

Something will happen

EITHER

WITH the profession

OR

TO the profession

What did NHS Dentistry ever do for us?



Sixty years of NHS Dentistry

