



FLOWERBANK DENTAL PRACTICE

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MODERNISING NHS DENTAL SERVICES

Any changes should be specifically aimed at GDP's who reduced their NHS commitment following the 1992 fee cut debacle.

This will involve massive increases in the cost of GDS and a reduction in workload

GDPs must be given the time to talk to their patients giving meaningful advice and get away from the treadmill of nhs piecework allowing meaningful clinical governance etc

The costs per item of treatment provided by gdps should approximate that of the salaried service ie increase threefold (combination of reduced output and increased remuneration)

If the issues are not dealt with this time then the decline in nhs access will not be reversed and may well accelerate

We must trust the nhs- the proposals for England are already undermined by their assertion that gdps are to come off the treadmill but production will be monitored to ensure no fall in output paras 24 and 27 are contradictory

Yours faithfully,

Raymond Smith
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PS. 2.9% is a further insult!!

The new 'base contract' for GPs and the stability it provides for dentists

23. The purpose of the base contract is to provide stability and reassurance to the profession, patients and the NHS during a three-year transitional period from April 2005 to April 2008.
24. The transitional period is intended to enable dentists and their practice staff to adjust to new ways of working in an environment where their practice turnover is protected assuming net workload does not decrease.
25. Under the base contract, dentists will remain responsible for the care of a similar number of patients as now (dentists' existing list, plus the occasional and emergency treatments currently provided). The range of treatments provided will be similar but it will be up to dentists' clinical judgement what care is offered to meet the individual patient's clinical needs.
26. Dentists will no longer be paid fee-for-item and so contract monitoring will be different. In return for what dentists are paid, they will provide oral health care for a group of patients. This will allow them to use their professional skills, in consultation with the patient, to determine what that care should be. Activity will be monitored by patient throughput and type of course of treatment provided. The data collected by the new Special Health Authority for each course of treatment will be used to verify patient charges collected. The same data will be used to verify activity and hence earnings.
27. Under protected gross earnings in the transition period, dentists will be able to adjust their working patterns to meet individual patient needs each day. Where the overall care provided varies, the PCT and individual dentist or practice will discuss this and, where necessary, the PCT will make changes to the contract and the contract value.
28. In the transitional period the base contract will provide dentists with the same gross income as they have been receiving for caring for a similar number of patients as under the old system.
29. Several examples of the PDS contracts, or Service Level Agreements as they are generally known, are available for information on the Modernisation Agency website, <http://www.modern.nhs.uk/dentistry>. These agreements are based on the experience gained from five years of PDS piloting, and will be further informed by learning from the field sites during this year to produce the final version of the simple and robust base contract which all dentists and PCTs will be able to put in place from April 2005. The base contract proforma, scheduled to be published in June, will build on the generic elements of the tried and tested models in discussion with the BDA.
30. As this new type of contract evolves informed by local discussion, and by learning from the Modernisation Agency field sites, dentists and PCTs may well want to agree different arrangements together. (Indeed this can occur right from the start of the new system). For example, PCTs may wish to vary the contract for dentists

Contradictory