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From Barry Cockcroft
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Information: All NHS dentists

Dear Colleague,

In the last few weeks I have been in contact with many of you either by correspondence or at various meetings around the country. I have also had two constructive meetings with the British Dental Association. These discussions have clarified for many people the real advantages of local commissioning. However, there are three specific issues I would like to address which I know are causing concern among some dentists: children only lists; Units of Dental Activity; and the future of current PDS agreements.

The first, 'children's lists', is part of a broader issue concerning whether a practitioner can agree to see a particular group of patients. The provisions in the current draft regulations were not intended to prevent contractors continuing to give priority to their existing patient base, and this applies equally where those existing patients are exclusively (or predominantly) children and/or exempt adults. Nor were they intended to prevent PCTs agreeing with local dentists that, in relation to any new patients, priority could be given to particular groups of patients (for example, children) – where there are reasonable grounds for doing so. But please be aware that the regulations do not allow any dentist to provide services for a child on condition that the child's parents agree to being treated privately.

The current draft regulations are now being revised, reflecting the comments received during consultation, to make clear that a dentist may give priority to a specific group of patients where the Primary Care Trust has explicitly agreed this with the dentist. I hope this provides helpful clarification to those of you concerned about your provision of services to children.

Secondly, I would like to look in a little more detail at the concept of weighted courses of treatments (Units of Dental Activity or UDAs), which some dentists have said needs more explanation. It is important, given the significant investment in dentistry in the last two years – around 19% or £250m extra since 2003/04, and a total spend of £2.2 billion - to establish a common currency that can be used to relate investment to level of service provided. But it is vital to understand that this currency is based on overall courses of treatment, not individual items, and is designed very much to allow similar ways of working to those piloted through PDS to date.

Weighted courses of treatment are not a new treadmill: all GDS dentists are *guaranteed* a 5% reduction in their current courses of treatment; and it will be at your clinical discretion to provide the treatment you see fit within each course of treatment. The 30% of dentists already exercising their discretion in PDS have found that they provide fewer and simpler items of service within the average course of treatment. So the profession itself has already shown that clinical discretion reduces the treadmill effect – with no loss of income.

Thirdly, many dentists have expressed frustration that their PDS agreements, often recently negotiated, must be re-set next April. The prime reason for this is that all PDS agreements are currently only temporary arrangements and new legislation is required to make them into mainstream, substantive arrangements, reflecting the proposed new banded system of patient charges. Without this change, PDS agreements could always be subject to alteration or even abolition. The new legislation – the Health & Social Care Act 2003 - puts PDS on a more secure footing, and firmly establishes PDS agreements as a matter for local not national decision.

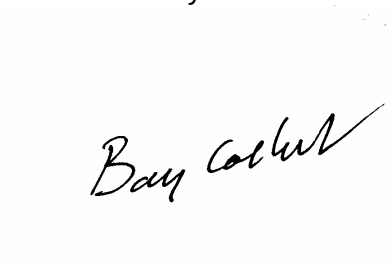
We also need to ensure a fair basis for measuring the level of service provided. To support this, PCTs and dentists will need to agree an appropriate annual level of weighted courses of treatment. The starting point in this discussion will be a review of the current levels of PDS activity and agreement to an appropriate level of future activity to reflect local investment by the PCT. The gross contract value will be at least that of current agreements, and the length of the agreement will be at least that of the remaining part of the pilot agreement.

The next key step to local commissioning is the release of minimum annual contract values to all dentists by the DPB at the end of November. It will then be for you to discuss and agree a new contract with your local PCT. At around the same time, I will be issuing a Dear Colleague letter containing further supporting information.

We are also taking steps to ensure that PCTs are as well supported as possible during the run up to April 1st. Amongst other activities, a series of six road shows are planned over the next month, focusing on the local commissioning process and what PCTs need to do to implement it successfully.

Working closely with NHS colleagues, we have made much progress over the past month towards implementing the new reforms. I have found my discussions with dentists around the country invaluable and I hope you are persuaded that local commissioning is in the best interests of dentists and patients alike.

Yours sincerely



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