Articles of Interest

**Student Debt:**
The recent BDA student debt survey shows that increasingly students are graduating with over £30,000 of debt. In addition to huge debts, students still rely on considerable financial support from their parents and income from part-time jobs.

**Health Select Committee**
The House of Commons Health Select Committee report into dental services, published in early June, heavily criticised the Department of Health for introducing a new contract without piloting. The committee believes this has failed to improve dental services even when measured against the Department’s own criteria for success.

**DDRB 2009-10**
In September 2008 the BDA submitted its evidence to the Doctors’ and Dentists’ Review Body for their thirty-eighth report which will be published in 2009. The BDA asked the Review Body to recommend a 5.3 per cent uplift to general dental practitioners’ remuneration.

**NHS Information Centre Reports**
In August and September of this year the NHS Information Centre published four reports relating to dentistry. The most significant findings are discussed.

**NHS Next Stage Review**
On the 30 June 2008 Junior Health Minister Lord Darzi published his final report laying out his vision for the next ten years of the NHS. The main report entitled ‘High Quality Care for All’ drew together work conducted across the country which began in the summer of 2007.

**Political Party Conferences 2008**
The BDA took its campaign for a comprehensive tobacco control strategy to the political party conferences this month, winning recognition from each of the parties that more action was needed.

BDA contact: Esther Banbury e.banbury@bda.org
What is the real cost of a dental degree?

The recent BDA student debt survey shows that increasingly students are graduating with over £30,000 of debt. In addition to this debt, the findings suggest that students still rely heavily on financial support from their parents, and income from part-time jobs.

Eighty-three per cent of the students had debt of some form by the time they were in their fifth year. The average debt for these students was £24,860 with a quarter owing in excess of £30,000. As Figure 1 shows an average student loan of £17,580 accounts for almost three quarters of the average debt while debts to parents and bank loans each account for around ten per cent of the total.

Eighty-two per cent of the fifth year students had also received financial support from their parents that they will not repay. This far exceeds the support other groups of students receive – one survey of the wider student body found that half the students had received financial support from their parents while another, specifically aimed at health students (but excluding medical and dental students), found that only 14 per cent had received parental support. The parents of dental students had contributed an average of £18,320 over the duration of the degree. This increased dramatically to £27,700 when students without current outstanding debt were considered in isolation.

Despite course commitments of up to 40 hours a week, a quarter of the fifth year students worked during the term to supplement their income. These students worked an average of 15 hours per week with one in ten working in excess of 15 hours each week. Eighty-two per cent of the students had worked at some stage during their degree.

While high levels of student debt may be seen as a worthy investment in a future career it is important to understand the additional impacts of student debt. These impacts happen in three main areas, discouraging potential dental students, adding pressure during dental school, and influencing career choices.

Past research has shown that students from lower income families are more likely to be put off higher education by potential debt. This effect may well be exaggerated in the case of dentistry where most students require significant financial support from their parents on top of loans and employment. Students from less affluent families are also disproportionately more likely to work during their degree, potentially to the detriment of their education.

The results of the BDA survey confirmed that large debt can discourage graduates from pursuing what they perceive as less financially rewarding careers such as academic and community dentistry. Students with large debts also felt dissuaded from pursuing specialisations which would require more study and result in more debt. Student debt may therefore also have longer term impacts on the NHS, causing serious recruitment difficulties and hampering efforts to achieve an NHS workforce that accurately reflects the diversity of the patients treated.

1 Sodexo-University Lifestyle Survey 2008
2 UNISON National Survey of Health Students 2007
3 Sutton Trust, P. Davis et al., Knowing where to study: fees, bursaries, and fair access, 2008
4 UNISON National Survey of Health Students (2007)
5 Push survey of student finance (2008)
Health Select Committee

The House of Commons Health Select Committee report into dental services, published in early June, heavily criticised the Department of Health for introducing a new contract without piloting. The committee believes the contract has failed to improve dental services even when measured against the Department’s own criteria for success.

The committee was particularly critical of the failure of the new contract to improve access or improve the provision of preventive care. It was equally critical of Units of Dental Activity (UDAs) and the quality of local commissioning overall to date.

The report makes a number of recommendations for the immediate future including reinstating registration, fanning the UDA bands and introducing a quality and outcome framework style rewards system. However, in the long term it recommends that the Department of Health reconsider whether UDAs are really a suitable mechanism for the provision of oral healthcare.

In preparation for drafting the BDA response to the report the Research Unit conducted two focus groups, inviting members to contribute to a guided discussion seeking their views on a number of key issues including; the removal of child only contracts; the reintroduction of registration; and complex treatment patterns. The views expressed were then analysed and used to guide subsequent policy development. The proposed positions were then presented to a meeting of the BDA’s GDPC and LDC Liaison Committee for their reactions.

On the 29 September the BDA submitted a full response to the Health Select Committee reinforcing the committee’s criticism of the new target-driven contract and providing a detailed analysis of each of the recommendations in the report. In particular, we have highlighted to the committee the incompatibility of reintroducing registration with the current UDA system; and suggested a number of areas for further research and consultation including around the introduction of quality and outcomes frameworks, redesigning the treatment bands and referrals.

The BDA’s response also highlighted the research and policy development work the Policy and Research Team are currently undertaking looking at local commissioning and contracting which we believe will provide further solutions to the problems the report outlined. Our full response is available to view on the BDA website.

The BDA has also written to the Minister and the Department of Health calling for a timing review aimed at developing a realistic understanding of the time involved in providing patients with the modern dentistry they have a right to expect must be part of any future review of NHS dentistry.
BDA asks for 5.3 per cent uplift for NHS dentists

In September 2008 the BDA submitted its evidence to the Doctors’ and Dentists’ Review Body for their thirty-eighth report which will be published in 2009. The BDA asked the Review Body to recommend a 5.3 per cent uplift to general dental practitioners’ (GDPs) remuneration. This figure is based on average increases in dental team wages as the BDA believes that GDPs should, at least, receive equivalent remunerative increases to their dental team. The BDA has asked that other branches of dental practice receive corresponding increases in order to maintain income relativity.

The Department of Health has asked the Review Body to recommend a simple increase of one per cent in gross contract values in 2009-10 for general dental practitioners and a two per cent increase to the salaries of salaried dentists.

The BDA’s submission of evidence drew on numerous strands of internal research including the BDA’s Business Trends survey, Clinical Directors survey and surveys of vocational dental practitioners and students. Quantitative information was provided from these surveys on the impact of the registration of dental care professionals, levels of student debt, the large administrative burdens placed upon the dental team and the cost of implementing rigorous decontamination guidelines. Evidence was also presented on recruitment difficulties and increased referrals since April 2007 in salaried primary dental care services.

The BDA highlighted the fact that GDPs are more heavily exposed to the prevailing economic downturn than other healthcare professionals and felt that this should be taken into account in determining the 2009-10 remunerative uplift. The BDA also cited evidence that in 2007-08, 48 per cent of NHS contracts in England and Wales did not achieve the minimum 96 per cent UDA target and may potentially face claw back in 2008-09. The destabilising effect this has on dental practices was discussed.

The BDA was critical that the previous Review Body recommendation of 2.2 per cent on net earnings fell well short of the increase in earnings experienced across the economy as a whole – earnings growth in the UK in the 12 months to April 2008 were 3.9 per cent, with increases in public sector earnings averaging at 4.1 per cent. The BDA is concerned that recurring recommendations of this nature would negatively affect morale in the short term, retention in the medium term and recruitment in the long term.

NHS Next Stage Review

On the 30 June 2008 Junior Health Minister Lord Darzi published his final report laying out his vision for the next ten years of the NHS. The main report entitled ‘High Quality Care for All’ drew together work conducted across the country which began in the summer of 2007.

Two supplementary reports ‘A High Quality Workforce’ and ‘Our vision for Primary and Community Care’ were also launched. These reports considered more specialised and central areas of the Next Stage Review undertaken by specific centralised workgroups hosted by the Department of Health.

As part of the review process each of the nine Strategic Health Authorities (SHAs) developed their vision for their local NHS over the next 10 years and published their individual ‘visions’ in June 2008. Some SHAs held a period of consultation and the BDA responded to the ‘visions’ of the North West and South West SHAs.

Throughout the review process the BDA has given input on all aspects of dentistry and local dental commissioning. The BDA has continually lobbied for a holistic approach to commissioning which would ensure the skill mix available within the NHS would complement and work in conjunction with the other providers of health and social care and create a more fluid localised service that focuses on the patient.
NHS Information Centre publishes four reports on NHS dentistry


The first report examined the changes shown in treatment activity in England and Wales within adult courses of treatment between 2003-04 and 2007-08. The results indicated that there had been a reduction in the percentage of courses of treatment that included treatments such as radiographs, fillings and root-fillings – although there appeared to be an increase in the percentage that included an extraction. Such findings echo the experience of some early PDS pilots which in time returned to more stable treatment profiles. It is also worth noting that overall in the year to 2007-08 an additional 937,000 courses of treatment were provided in England alone (a 2.7 per cent increase).

The Annual Report 2007-08 goes on to show that more than one million fewer patients in England had been able to access NHS dentistry since the introduction of the new NHS contract in April 2006 – the number of patients accessing NHS dentistry in England in the 24 months prior to 31 March 2008 was 27,049,000, compared to 28,145,000 in the 24 months prior to 31 March 2006.

Decontamination proved to be an important and highly emotive issue for respondents. Some dentists questioned the evidence-base behind the decontamination guidelines in Scotland while others felt that they were receiving mixed messages about decontamination.

Finally, the ‘Dental Earnings and Expenses 2006-07’ report suggests that the average net profit after expenses (before income tax) for all dentists in 2006-07 was £96,135. However, the BDA believes that caution must be exercised when interpreting these figures as changes to the methodology combined with the impact of significant transitional arrangements (including the potential for future claw back) in the first year of the new NHS dental contract will have affected the results and makes comparisons over time fraught with danger.

Decontamination compliance a hot topic for Scottish dentists

Earlier this year the BDA undertook a major survey of dentists working in general dental practice in Scotland. The survey was completed by 454 dentists and covered a range of issues including; decontamination, the Dental Action Plan, practice expenditure, the primary care audit tool, and vocational training.

Decontamination proved to be an important and highly emotive issue for respondents. Some dentists questioned the evidence-base behind the decontamination guidelines in Scotland while others felt that they were receiving mixed messages about decontamination.

“We are advised to practice evidence based dentistry but there is insufficient evidence to support many regulations, especially regarding decontamination.”
“Dentistry sometimes seems the 'easy' part but keeping up to date with regulations from health board and other agencies and local councils [does] require more time and effort.”

The survey showed that three quarters of the practice owners had already spent significant money on equipment for decontamination in the past three years. Forty-five percent of the practices did not have a local decontamination unit (LDU) in their practice and 24 per cent of all practices did not have room for a single-room LDU.

The cost of complying with decontamination guidelines was clearly a concern for many dentists, causing some to worry what the future may hold for their practice if they are not able to comply with guidelines.

“Decontamination rooms and expenditure [are] causing great concern.”

“At current ideas on LDUs will make this premise unavailable. Massive funding will be needed. The future of this premise is now in doubt.”

In September £5million of new funding was announced to improve decontamination facilities in Scotland. This funding provides recognition of the significant difficulties that complying with decontamination guidelines has caused for dentists in Scotland. However, the BDA is still concerned for the 24 per cent of practice owners that simply do not have enough space to meet the specifications and for whom funding alone will not resolve the issue.

Political party conferences 2008

The BDA took its campaign for a comprehensive tobacco control strategy to the political party conferences this month, winning recognition from each of the parties that more action was needed.

BDA representatives called for greater awareness of the vital role dentists play in identifying oral cancer and tobacco related oral health problems and highlighted the potential for dentists to be more involved in tobacco cessation programmes through flexible and innovative commissioning. The BDA feels that a comprehensive tobacco control strategy is needed to drive down smoking rates, and that dentists should be allowed to prescribe nicotine replacement therapy (NRT).

Sandra Gidley MP (Liberal Democrats health spokesperson), The Rt Hon Dawn Primarolo MP (Labour public health minister) and Mike Penning MP (Conservative health minister) joined the BDA, Cancer Research UK and expert speakers including Professor Saman Warnakulasuriya, Chair of Oral Medicine & Experimental Oral Pathology at King’s College London, Professor Gerard Hastings, Director of the Institute for Social Marketing, University of Stirling and Deborah Arnott, Director of ASH on the panel.

The Liberal Democrats showed strong support for many of the measures proposed in a comprehensive tobacco control strategy including a ban on point of sale displays and cigarette vending machines. Ms Gidley agreed a greater emphasis on supporting mothers-to-be to quit was needed.

At Labour, the Rt Hon Dawn Primarolo showed strong support for further measures to reduce the visibility of tobacco as well a need to tackle tobacco smuggling. She also supported calls for improved access to Stop Smoking Services and NRT.

Mike Penning, speaking for the Conservatives, called for more support for people who had given up smoking, and a greater focus on preventing people from becoming smokers in the first place. Mr Penning also stated the need to tackle tobacco smuggling and make NRT more affordable with greater nicotine content options.
BDA Consults

NHS Constitution consultation

As part of the NHS Next Stage Review the Government is consulting on the introduction of a constitution for the NHS. The constitution outlines the rights and responsibilities of patients, NHS organisations and NHS staff, focusing on the principles which underpin the NHS Next Stage Review itself. The constitution is largely based on existing legislation so at this time it only intends to introduce one new right – for patients to make choices about their NHS care.

The BDA response highlighted our commitment to the principles which underpin the NHS Next Stage Review and welcomed the development of an NHS constitution which clearly sets out rights and responsibilities. In particular, we stressed that, while the local commissioning of services has the potential to enable greater flexibility and responsiveness in NHS provision, it does also lead to variation in approach.

The BDA is hopeful that the introduction of a constitution will provide a vital central point of reference for patients and the NHS and set the standards and principles which will ensure that difference and diversity does not equal variable quality or accessibility.

The BDA also requested for the Government to provide clarification on how independent contractors and their staff would interact with the constitution. Specifically to clarify which, if any, pledges within the constitution would be the responsibility of practitioners and their staff to deliver. We also asked the Government to ensure that a robust mechanism for consultation in updating the constitution is developed. The Policy and Research Team are now waiting for the final draft of the constitution to be published.

Abolishing targets

In September 2008 the BDA responded to the Conservative Party’s consultation document ‘Delivering some of the best health outcomes in Europe’ which considered Conservative proposals to abolish targets within the NHS and focus on actual health outcomes and patient experience as the measure of success.

While overall the BDA responded favourably to the proposals, highlighting the problems dental practitioners have experienced with rigid UDA targets, we also outlined a number of concerns regarding the ways in which the outcome measures are determined and monitored. For instance, where certain groups of patients, including high-risk or high-needs individuals, would make the achievement of particular outcomes more difficult to achieve which may result in clinicians being inappropriately penalised.

The BDA argued that any system which monitors performance of healthcare professionals based on both clinical and patient reported outcomes needed to be carefully constructed to ensure environmental factors, case mix and resources are taken fully into account.
Additional consultations

The BDA has also recently been involved with the following consultations.

**UK**

- Council for Healthcare Regulatory Excellence: Harmonising fitness to practice sanctions across regulators.
- DH: Future of tobacco control.
- General Dental Council (GDC): Declaration of involvement with a dental body corporate.
- House of Lords: Proposed EU directive on patient mobility.

**England**

- DH: Consultation on the NHS Constitution.
- DH: Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- IHAS: Standards for non-surgical cosmetic procedures.
- North West SHA: Healthier Horizons for the North West.

**Northern Ireland**

- Department of Health, Social Services and Public Safety: Provision of additional dental services in Northern Ireland.
- Northern Ireland Court Service: Widening the jury pool.

**Scotland**

- Audit Scotland: Future study programme.
- NHS Quality Improvement Scotland: Stakeholder consultation.
- Scottish Government: NHS Scotland national uniform consultation.
- Scottish Government: Regulation of care.
- Scottish Government: The Modern Scottish Jury in criminal trials.
- Scottish Parliament: Membership & Elections (Scotland) Bill.

- South Central SHA: Fluoridation of the water supply.
- South West SHA: Improving Health: Ambitions for the South West.
- The Kings Fund (on behalf of the DH): Proposals for a Centre of Excellence for workforce strategy and planning.

**Additional consultations**

The BDA has also recently been involved with the following consultations.
Work in progress...

Exploring innovative models of local commissioning

As April 2009 approaches the big question on many dentists’ and dental stakeholders’ minds is how will my local Primary Care Trust or Local Health Board embrace the concept of local commissioning? Will they continue the status quo or look to implement new commissioning models?

In anticipation of these concerns the BDA is about to commence an 18 month project which aims to identify and promote models of best practice in the commissioning of local dental services. The first stage of this research is to undertake an audit of PCTs and LHBs to identify existing or impending innovative models of local commissioning.

The follow-up stage will involve preparing in-depth case studies of these creative commissioning solutions with the ultimate aim of promoting these throughout England and Wales.

Patient-focused dentistry research programme

In 2009, the BDA hopes to begin a programme of research focusing on patients’ perceptions and experiences of dentistry in the UK, with the work likely to examine views on both private and NHS dentistry. The BDA will report on this stream of work as it progresses.

Knowledge management programme helping to focus on valuable information resources

The knowledge management programme at the BDA has been underway since 2007. The aim of this programme is to unlock the intrinsic value of our collective information and knowledge resources, whether in recorded format or in peoples’ heads, so that these resources can be used and shared to enhance our services as experts in the field of dentistry.

The records management programme will control and help to organise the records and documents being generated across all areas of the organisation’s activities. Alongside this, new policies and guidelines will give advice on good practice for aspects such as file storage while face-to-face and virtual social networking events amongst the staff community will formulate the expert know-how into a reliable and intelligent knowledge base.
### Economic Data

#### Table A - UK GDP*

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#### Table B – UK base interest rates*

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#### Table C – UK inflation, earnings, housing and unemployment indicators*

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* Source: HM Treasury Pocket Databank 7 October 2008 (www.hm-treasury.gov.uk) and www.bankofengland.co.uk