

### **Government action plan on Private Dentistry**

The Government welcomed the Office of Fair Trading's report into the private dentistry market, which was published on 26<sup>th</sup> March. We share OFT's concerns that

- Consumers lack information necessary to make informed choices.
- Should things go wrong, procedures for dealing with complaints are inadequate.
- Regulations may impose restrictions on conducting the business of dentistry which are no longer necessary.

Today we are publishing our action plan for private dentistry, which implements the OFT's recommendations in full and complements both:

- our wider public health objectives for reducing inequalities in oral health; and
- in England, our plans for the modernisation of NHS dentistry through reforms to the contractual and remuneration arrangements, provided for in the Health and Social Care (Community Health and Standards) Bill now before Parliament. In response to the concerns raised by OFT the Government will:

#### **Ensure that consumers are provided with the information necessary to make informed choices:**

1. Work with the reconstituted General Dental Council (GDC) and the Commission for Healthcare Audit and Inspection (CHAI) to ensure that
  - All professional staff in dental practices are registered and comply with existing requirements in the Council's *Maintaining Standards* guidance on the provision of information; and
  - the guidance is enforced (and in some instances expanded) to require that dental practices:
    1. Provide indicative prices for key services and that these are clearly displayed to consumers.
    2. Give patients written treatment plans.
    3. Issue itemised accounts for treatment carried out.
    4. Display prominently details of what services are available under the NHS and what services the practice provides privately.
    5. Make available Department of Health information on NHS treatments (both by supplying the information on demand and making patients aware that it exists).

6. Ensure that patients know whether they will be treated under the NHS or privately for each treatment proposed and what the potential options are (and that where appropriate that the dentist explains to the patient why private treatment is being offered).
7. Ensure that where appropriate the relevant forms (eg FP17DC or GP 17 (DC) in Scotland) required for mixing NHS and private dentistry are completed and signed by the patient so that they realise under what terms their treatment is being provided.
8. Refer existing patients who want NHS treatment to the relevant body if they stop offering NHS treatment.
9. Routinely transfer copies of patient records and radiographs when patients change dentists. (This will be supported by wider changes to develop an integrated care record service within the NHS, fully supported by IT as set out in 'an Information Strategy for NHS Dentistry in the 21st Century'). The pace of change on this will be affected by the timetable for delivery of that service, which has not as yet been announced.

Progress on the implementation and compliance with this guidance is to be reviewed in 12 months subject to the inclusion of the additional items.

2. Subject to the necessary legislative changes, the Government will also include private dentistry within the remit of the Commission for Healthcare Audit and Inspection (CHAI), which is due to take over the functions of the present National Care Standards Commission in 2004. CHAI's powers will not extend to the devolved administrations (although it may have a limited role in Wales). The Health Inspectorate Wales, the Care Commission (Scotland) and the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority are the closest equivalents and the Government will discuss with the devolved administrations what action should be taken in their areas.
3. In England, the Government will support the development of evidence based clinical care pathways to aid decision making. They will provide defined treatment routes for NHS dentistry and enable the recording of reasons for any deviations within the wider context of clinical governance. The Department of Health will explore with the GDC how clinical pathways can inform its *Maintaining Standards* guidance and thus be extended to private dentistry.
4. The use of clinical pathways in conjunction with the new contractual and remuneration arrangements to be introduced subject to the enactment of the Health and Social Care Bill will contribute to addressing concerns about incentives to under or over treat patients, for example through payment systems or through lack of information on the patient's part. Clinical pathways will be introduced as part of a new contractual framework in England for NHS dentistry, subject to legislation and to the implementation of a wider strategy for IT in NHS dentistry. The Government will review progress on clinical pathways within the next two years.

5. The Government welcomes OFT's decision to run an awareness campaign to ensure that consumers get the information they need and we will assist and support them. The OFT has reported that the campaign will publicise what information dental practices should already provide to patients. It will also advise consumers that there are benefits from asking the right questions. We note in OFT's report that effective competition is also dependent on dentists adhering to the Competition Act 1998. We agree. The OFT already has a programme to inform all businesses about the competition framework, including the provisions of the Competition Act 1998.

**Ensuring that, should things go wrong, there are adequate procedures for dealing with complaints**

6. The GDC will be given a range of additional sanctions, for use where it finds a dentist guilty of professional misconduct, to be included in powers to monitor and maintain the fitness to practise of dentists, which will be put in place during 2004. They will allow the GDC to impose sanctions relative to the degree and type of misconduct.
7. The Government is committed to ensuring there is an easily accessible and effective complaints procedure for private dentistry. It is important that this procedure is carefully thought through and planned and to this end, the Government will work with the GDC, CHAI and other bodies with relevant interests to decide whether the complaints scheme should be concerned with private dentistry only or cover both NHS and private dentistry complaints, and then what the appropriate body would be to run the scheme. These decisions will be made by the end of the year. The Government will work with interested parties to facilitate implementation of the complaints scheme as soon as possible, and by 2005 at the latest.
8. The complaints scheme will:
  - Put due emphasis on the need for practice-based systems which ought to be capable of resolving the great majority of complaints.
  - Ensure that lay people are involved in adjudication and recommendations for redress.

**Ensuring that regulations do not impose unnecessary restrictions on the business of dentistry.**

9. The Government is committed to lifting the restriction on the number of corporate bodies that can carry out the business of dentistry. Subject to the approval of parliament the change should come into effect during 2004.
10. The Government will consult on OFT's recommendation for the annulment of the statutory requirements that
  - Corporate bodies may only carry out the business of dentistry or an ancillary business.
  - The majority of directors should be registered dentists; and

- The operating staff are dentists or dental auxiliaries.
11. The consultation will occur via a wider consultation taking place on a proposed Section 60 Order made under the Health Act 1999.
  12. The proposed Order will also include enabling powers that will allow the GDC to extend the roles of certain professionals complementary to dentistry (PCDs) who do not currently have the power to practice dentistry. The Government will also work with the GDC to implement OFT's recommendation that selected PCDs should be able to carry out the business of dentistry. The Government and the GDC will work together to decide which PCDs should be granted the right, and when the changes should come into effect. It is planned that the order will come into effect in 2004.
  13. The government's intention is to ensure that private dentistry is more flexible, innovative and responsive in meeting patients' needs within any safeguards necessary to protect patients from risks to their health or financial exploitation. Increasing corporate activity in dentistry should also aid investment and free up more time for dentists and professionals complementary to dentistry to spend with patients rather than on other aspects of running practices.
  14. The Government will also:
    - Ensure that access to NHS dentistry in England is improved by taking forward the plans for local NHS commissioning of dentistry proposed in *NHS Dentistry: Options for Change* within the legislation now before Parliament. Particular attention will be paid to ensuring that vulnerable groups are able to access NHS dental care.
    - Work with the GDC in ensuring that professional development training for dentists includes training in business management and competition law.

End  
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