The power of incentives: a lesson from NHS Dental Services in England

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Content

• Context: NHS dental services

• 2006 Changes to NHS Dental Contract

• Consequences

• Implications
History of NHS dental services
NHS Dental Services

- 1948 NHS Dentistry
  - National Contract based on a fee for service remuneration system
- 1951 Introduction of patient charges
- 1990 Introduction of registration and capitation for children
- 1992 Dispute with the Department of Health
  - Start of a movement of dentists into the independent sector
Access

• Scarborough 2004

• Increase supply
  – International recruitment
  – Commission two new dental schools

• Press ahead with reform of the NHS contract
2006 Contract

- Capped budget devolved to Primary Care Trusts
- Services locally commissioned by PCTs to meet ‘need’
- Cost and volume contract
  – Agreed amount of activity for an agreed cost
- New contract currency - UDAs
- New system of co-payment fees
# Units of Dental Activity

<table>
<thead>
<tr>
<th>UDAs</th>
<th>Activity</th>
<th>Fee for dentist</th>
<th>Fee for patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 UDA</td>
<td>Examination&lt;br&gt;Single visit Scale &amp; Polish&lt;br&gt;Radiographs</td>
<td>£26</td>
<td>£18</td>
</tr>
<tr>
<td>3 UDAs</td>
<td>All of the above + Restorations&lt;br&gt;Extractions&lt;br&gt;Root-fillings</td>
<td>£78</td>
<td>£49</td>
</tr>
<tr>
<td>12 UDAs</td>
<td>All of the above + Dentures&lt;br&gt;Crown &amp; Bridgework</td>
<td>£312</td>
<td>£214</td>
</tr>
</tbody>
</table>
NIHR Incentives Project

Aim

To explore and explain the impact of incentives in primary care on professional behaviours and performance

- NIHR SDO 08/1618/158. 2010
- http://www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1618-158
Methods

• Mixed methods

• Examination of national data sets – held by the NHS Business Services Authority

• Face to face interviews with dentists
Reasons for behavioural change

“\text{A molar root canal treatment ... would normally take about an hour and a half. And I could take the tooth out and get the same number of UDAs. Which do you think we would suggest...? Both will achieve the same result. Both will get the patient out of pain.}”

• “\text{I'm not likely to be offering a bridge, where I used to offer a bridge. Purely because it's costing me more in lab work and it's just the nature of the beast. Yes, we should do it, but human nature tells you; why are we going to be spending a lot of money on lab work?}”

• “\text{If a patient comes in and just needs one filling doing, you get three UDAs.... If a patient comes in and they need every tooth in their head filled... three UDAs. So what do some of these youngsters do ......\textit{but us as well}, do one filling, then get back in a few months time and then do another.”}

McDonald et al. 2012 CDOE
Deeper issues

• ‘we tend to sort of decline to see new patients because we are frightened... until you examine them, you don’t know what you’re taking on board.’

• ‘it’s a shame really ... . people are getting probably a much poorer treatment than they could have got under item of service [old payment system].... they’re just going to get extractions and dentures because once you start getting above two and three crowns it really does become a loss. And at the end of the day whilst we are, working in a Health Service Contract, it also is how we make a living.’
Conclusions and Implications

- Dentists primarily and very swiftly respond to financial incentives
- Treatment decisions based on business considerations were viewed as ‘human nature’ and an understandable response to the imposition of an unfair system, rather than ‘unprofessional’ behaviour
- Begs a number of questions
  - Will the change in prescribing have a detrimental impact on population health?
  - What value are these treatments in improving health?
  - Is simple care better than complex care?
Current policy

In the Coalition Agreement the government stated their intention to:

- Introduce a new contract based on registration, capitation and quality
- Increase access to primary dental services
- Improve the oral health of the population, particularly school children
The Future

• Will policy makers get the incentives right in a new contract?

• Which is preferable?
  • Fee for item incentivises overtreatment
  • Capitation incentivises undertreatment

• How can the tax payer be assured of value for money?

• Key question is ‘what are dental services for?’
  • To prevent disease?
  • To treat disease?
  • To equitably and efficiently meet population need?
References

• Tickle M. Revolution in the provision of dental services in the UK. *Community Dent Oral Epidemiol*. 2012 Oct;40 Suppl 2:110-6


• **NIHR Funding Acknowledgement:**
This project was funded by the National Institute for Health Research Service Delivery and Organisation programme (project number SDO/158/2006).

• **Disclaimer:**
The views and opinions expressed herein are those of the author and do not necessarily reflect those of the NIHR SDO programme or the Department of Health.

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