

Fast forward 30 years

After attending the 30th anniversary celebrations of Independent Care Plans, **Robert Donald** looks at what has really changed in that time



Directors of Independent Care Plans and their partners

The 30th anniversary celebrations of the launch of Independent Care Plans (ICP) were held at Cameron House Loch Lomond on 6 September. The event was attended by 80 colleagues and partners from all over the UK, including those who have been closely associated with ICP over the years. These included members of Highland Dental Plan (HDP) Lothian Independent Practitioners (LIDP), Fife Dental Care (FDC), Moray Firth, Grampian, Tayside and other individual dental practices throughout the UK.

Success story

Who would have thought that something that started out as such a groundbreaking idea all those years ago would turn out to be such a success story? It doesn't seem that long ago since Highland dentists set up their own, locally-controlled private capitation scheme against a background of crippling NHS funding cuts and mounting bureaucracy. Some of my more senior colleagues will remember 8 July 1992 when the government imposed the now infamous 7% NHS fee cut. This was the catalyst for Highland dentists to take a concerted action in setting up HDP.

It all came about following the introduction of the UK government's 'new' dental contract in 1990. More patients had been registered and more work had been done on them – about £200 million more than government had



Gillian Graham, business development consultant, Independent Care Plans

budgeted for. In order to balance the books, fees were slashed by 7% and, following a hastily arranged ballot of British Dental Association (BDA) members, 58% voted not to accept new NHS patients of any age and 80% voted not to accept new NHS charge-paying adult patients. On the back of this advice, Highland Local Dental committee organised an emergency meeting of General Dental Practitioners and the foundations were laid for the setting up HDP.

From humble beginnings, in an attic room in 1993, HDP grew and prospered and in 1995 Independent Care Plans was launched following the recommendations of the HDP expansion committee enabling other like-minded dentists throughout the country to set



From left to right: Drs Neil and Bea Wallace beside Ann and Dr Robert Donald

up their own dental plans. These plans are now administered from a spacious suite of offices at River House in Inverness by 11 friendly, efficient and dedicated staff.

Facing the same issues

History, they say, has a way of repeating itself and it seems that the more things change, the more they remain the same. Fast forward 30 years and here we are still facing the same issues of 'real terms' NHS funding cuts and mounting bureaucracy. I recently came across a media briefing that the BDA produced in 1999 on NHS dentistry. It stated: 'Dentists don't leave the NHS for ideological reasons. They leave because they are finding it more and more difficult to provide an acceptable quality



Dr Grant Rutherford, secretary of Highland Dental Plan and his wife Lynn

of care and spend the appropriate amount of time with each patient under the present fee structure and still maintain a viable practice.'

What has really changed in the intervening years? The government's approach to funding NHS dentistry continues to be unrealistic, unsustainable and creates a fundamentally flawed baseline for future funding arrangements. Access to NHS care is as much a postcode lottery as it ever was with the vast majority of Integrated Care Boards suffering from poor dental access and inequalities of care. Add in the workforce shortages sweeping across the country and the outlook looks bleak. In response, more of my colleagues understand the benefits of having a dental plan that allows their patients to budget for their dental care and, at the same time, reduce financial pressures for the practice.

While the profession continues to face difficult times ahead, particularly with the mounting pressures on the NHS dental budget, I am convinced that putting patients first is the only way forward. All dentists should be allowed to provide care in an environment where they are able to put patients interests first without having to worry about whether the system that is funding the care provides adequate resources for the treatment or the care that is needed. It's no surprise that the demand by dentists for dental plans advances apace. Here's to the next 30 years! **D**



Dr Amy Harper, chair of Fife Dental Care and her husband Colin

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