

## “Feeling a little tender?” by Sim Goldblum

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I’m delighted to have been asked to contribute to the debate on hot topics in Dentistry and look forward to a full exchange of views with “Dentistry” readers.

I was not surprised to hear a group of mainly NHS dentists saying how scared they were at having to tender for new UDA’s – the “old” way of having a cosy chat with their Commissioner to buy some extra UDA’s seemed so much easier!

PCTs are now using the tender process to allocate new UDAs, either on a general basis across their patch, or to improve specific local access issues.

Who benefits from tendering? Clearly the PCT does – it can survey the market quickly and easily, get a better idea of market value, fill a market gap quickly and perhaps surprisingly, improve quality.

Most of you will probably think the “Bodies Corporate” will also benefit – they have the potential for economies of scale, reducing their operating costs and they have the staff and organisation to produce polished tender documents relatively easily.

All is not lost, however, for the smaller practice owner!

The new NHS Strategic Framework emphasises the need for PCTs to invest the extra 6-7% funding they will receive in the new financial year on **improving access to comprehensive and high quality dental treatment** (11% extra funding, less 2% top-sliced to the SHA, less the DDRB award).

So, if high quality is important, the tender process should require greater weighting to be given to your Quality Assurance process, your up-to-date Clinical Governance conformity, and your improving Patient Satisfaction and falling Patient complaint numbers – all areas where the smaller practice can beat the corporate Goliaths. You need to ensure that you can provide accurate, audit-based evidence to support your assertions of your “Best-in-Class” performance and you may need to overhaul your processes to generate these.

Of course, the cynics among you may remain convinced that price will remain the decisive criterion for the PCT bean-counters. But we know that price isn’t everything – there’s a huge difference between price and value, and PCTs will be very concerned when basement pricing means basement quality, dissatisfied patients and lots of complaint letters to them and MPs.

If you are promising to see new patients exclusively from within the PCT area, you are likely to see high-need patients who require multiple visits for a Band 2 treatment, costing you much more time than is justified by your low, 3 UDA fee – if

you can demonstrate that you are regularly spending 60-90 minutes on a typical Band 2 CoT, the average £66 fee is clearly insufficient for you to run a viable practice.

This needs to be incorporated into your offer, slightly offset perhaps by your recognising that you may be able to achieve the extra UDAs without substantial increases in overheads.

Successful tendering will be your way of life for most new NHS business. Being successful requires you to build a positive, mutually beneficial relationship with your PCT, so that you can appreciate their true priorities. You need to value your QA and CG processes, including your Patient Satisfaction process, so you can provide up-to-date evidence. Finally, you need to have a well-organised practice management process, so you can generate a tender value which represents accurately the true cost of the extra UDAs you want – i.e. the lowest number that values your extra work correctly.

Sim Goldblum is a Partner in The Dentistry Business, which provides tailor-made training and coaching for practice owners and their teams. It also runs individual topic and modular group programmes (see [www.thedentistrybusiness.com](http://www.thedentistrybusiness.com) for details). Sim can be contacted at [sim@thedentistrybusiness.com](mailto:sim@thedentistrybusiness.com) and welcomes your opinions.