The INCENTIVE study: a mixed-methods evaluation of an innovation in commissioning and delivery of primary dental care compared with traditional dental contracting

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Declared competing interests of authors: During the study Jenny Godson was employed within the primary care trust commissioning the dental services and involved in the procurement of the services.

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Plain English summary

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Plain English summary

n 2006, a new type of contract was introduced for NHS dentists. The contract incentivises dental treatment through payment of an annual sum in return for delivering an agreed number of 'courses of treatment', weighted for complexity. An alternative to this contract is one that provides an incentive to shift from treatment and repair to prevention and oral health by introducing a new clinical pathway and new remuneration models. However, there is limited evidence on the impact of this type of contract.

The aim of this project was to evaluate a new blended/incentive-driven model of dental service provision implemented in West Yorkshire. The project compares three dental practices under the 2006 contract with three under the new contract. Within the project a qualitative study reports on the meaning of key aspects of the model for patients and non-patients (i.e. individuals without a dentist), commissioners and the dental teams using data from observations, focus groups and interviews. The clinical effectiveness (does it improve health outcomes?) and cost-effectiveness (is it value for money?) of treatment under the two contracts are assessed.

The results favoured the new contract, which was associated with improved health outcomes but increased costs for commissioners. However, the results should be treated with caution as a large proportion of people who had access to a dentist did not follow up on oral care. These individuals are more likely to be younger males and have poorer oral health. Further work is required to understand how best to promote and encourage appropriate dental service attendance, especially among those with high level of need, to avoid increasing health inequalities.

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