

# Association of Dental Groups

Licensing Conditions Engagement  
Monitor  
3rd Floor  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG,

12 December 2012

Dear Sir or Madam,

## **Consultation on the new “Provider Licence”**

The Association of Dental Groups (ADG) was formed earlier this year in order to bring together corporate dental providers and larger dental groups. Our current membership presently represents approximately 800 practices and accounts for some 10% of the NHS dentistry market.

The ADG is not in a position to provide a full response to all the detailed questions on Monitor’s first consultation paper on the new “provider licence” which will be required under the Health and Social Care Bill when it becomes law in due course. However, on the basis that the licensing requirement will apply to *“all providers wishing to offer NHS-funded services”*, we are pleased to submit the following comments, which convey a number of significant concerns that we have at this stage. We hope that these will be fully taken into account as the development of the provider licence is progressed.

(1). While the ADG understands the principles behind the intention to license and regulate all NHS providers, and broadly supports the approach being proposed and the structure of the licence, we have major concerns about the practical implementation of the regime in dentistry.

(2). Above all, the application of the new regime must be proportionate both to the degree of “risk” involved and to the size and significance of different providers. Application must also be cost effective in terms of the benefit to patients relative to the regulatory costs involved. There is a real risk of the new arrangements become unnecessarily burdensome in terms both of bureaucracy and cost. The information requirements are a serious cause for concern in this regard.

(3). For corporate dentistry providers there is a concern that Monitor will need to acquire the necessary expertise to evaluate different business and financial models in order to reach valid conclusions about providers.

(4). Concerns also arise about the approach that will be adopted in respect of companies with multiple sites/practices spread across wide geographic areas. This is not a situation or business configuration that is found in many other types of NHS care.

(5). The scale of the overall task which Monitor now has to undertake really only starts to

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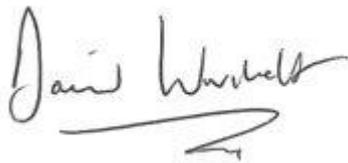
become clear with the publication of this consultation paper. It is immense, and the dentistry sector's unhappy experience of the CQC's handling of their recent registration processes gives us serious concern that an attempt by Monitor to carry out licensing of all NHS services within a relatively short period of time could lead to similar problems and almost instant loss of confidence.

(6). We also have real concerns about the lack of clarity, at this stage, of the regulatory relationship with the CQC. It is absolutely imperative that duplication is avoided and the costs of regulation by the two regulators are looked at together and not allowed to be determined entirely separately.

(7). With these points in mind, we would suggest that dentistry should sensibly be a second order priority for the new licensing regime, and that the process could be deferred until first order priorities have been completed and lessons learned. We consider that the provision for exemptions could and should be used to facilitate phased implementation in this way.

We would welcome the opportunity to discuss these issues with you in order to start to develop a shared understanding of the characteristics of the corporate and group dentistry providers who make up the ADG, in the interests of effective and proportionate regulation.

Yours sincerely,



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