

Back to the future?

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EDITORIAL

The September 2011 announcement that 70 practices across England would be piloting three new ways of working signalled a new chapter in a long campaign to rid dentists and patients of the deeply unpopular contract foisted on the profession in 2006.

That chapter is still being written, and the BDA is watching the pen strokes carefully because this is a vital time. It is, of course, too early to draw firm conclusions from the pilots. The BDA has argued all along that the pilots must be given time to produce meaningful results and that learning from them must be done carefully, and it will continue to insist those things are the case as the process continues. As frustrating as the continuation of the problems presented by the 2006 contract is, it would be an error to replace it hastily, without proper consideration. This time, we must get reform right.

PROMISED VIGILANCE

That's why the BDA is looking very carefully at the progress of the pilots, maintaining the vigilance that the General Dental Practice Committee has promised. That vigilance has seen the BDA engaging closely with those who are involved in the pilots. Their feedback, gathered during a series of specially-convened focus groups, is fascinating. An overview of that feedback was published in this month's BDA News.¹ I urge anybody with an interest in the development of general dental services in England to read that article.

A stated aim of the pilots was to allow dentists to move to a more prevention-focused practising life that encouraged a focus on quality and outcomes. This is, of course, motherhood and apple pie. I struggle to think that anyone believes that we should be seeking to do the opposite, and we all know that agreeing the general direction of travel is easy.

But the proof of the apple pie is in the eating, and it was encouraging to see pilot participants reporting that they felt that the pilots were allowing them to practise the kind of dentistry that they were taught at dental school. The apparent glee that a professional should be able to do their job properly, as they were trained to, is a sad reflection on how many have felt compelled to work in recent years, but it is a positive sign that things may be heading in the right direction.

Positive commentary has also come from Professor Jimmy Steele, the man who led the team that produced the well-received report to which the basis of these reforms can be traced. In his recent *British Dental Journal* interview Professor Steele provided an assessment of the pilots that was,

overall, upbeat.² But as Professor Steele also pointed out, the pilots are not without problems. His verdict was not blind to the problems that have been experienced with the IT, nor the inevitable challenges that would come with implementing any change. That viewpoint reflects the balanced verdict delivered by the BDA's focus group research. Participants may have reported improved morale and less stress, but they also articulated anxieties.

Colleagues working in single-handed practices will be concerned that worries about space and the investment in staff and infrastructure to make what is being piloted viable were expressed. It is inconceivable that NHS dentistry in England could do without the vast estate of single-handed practices in which NHS care is provided, so that needs to be looked at very carefully.

And the changes to working patterns of the various dental team members will also raise many eyebrows; particularly those of associate dentists who will feel that their already-difficult position is coming under further threat from enhanced roles for dental therapists and hygienists. Also interesting was the mixed reaction from patients that was reported. Overall dentists reported that patients were positive, particularly about the time being spent with them. But patients graded red in the traffic light assessment of oral health were dissatisfied with the consequence of that grading; that they were denied some of the advanced care they wanted. As clinicians we understand the very good reasons why patients with poor oral health aren't provided with certain treatments, but I can understand from their perspective why they might not like it. There is some explaining to do, and as the focus groups pointed out, Government would need to assist and support clinicians in doing that.

The dental profession has fought a long, hard battle to get this far. We will fight another battle, for as long as is necessary, to see these reforms through to a conclusion that delivers a better practising life for dentists and better health for our patients. GDPC won't get carried away by the very positive positives that are emerging from the pilots; nor will we be scared off by the emerging concerns. The reform of NHS dentistry remains a big challenge. We will remain steadfast in the face of that challenge, striving to achieve the best result for the profession and patients alike.

1. Hawkey N. The dentistry we were taught could return. *BDA News* September 2012.
2. Doherty R. Jimmy Steele interview. *Br Dent J* 2012; 213: 251-253.

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