WHEN DAVID MET SARA PART 1

Change. One word that can conjure up a whole range of emotions. Excitement. Apprehension. Worry. Uncertainty. For new Chief Dental Officer (CDO) for England, Sara Hurley, change means opportunity. In the first of a two-part series, news editor David Westgarth went to meet the new CDO to talk all things dentistry.

In your first 100 days what have you achieved and what have you identified as dentistry's strengths and weaknesses?

As to be expected, I have used my first 100 days to get out and about, prompt debate, listen, lift some stones, review the research, look for the policy gaps and most frequently ask 'so what'? So what exactly is your issue with the Guide for Commissioning Dental Specialities and what are your proposals? So what does contract reform really mean for our patients, performers, providers? So what are you trying to achieve with that initiative? So what have you done with the results of that survey and what would be the added value of repeating it? So what can we learn from your experience in attempting to solve that particular problem? I make no excuses; 'so what?' will continue to be a common theme if we are to move forward in line with the evidence. I am immensely grateful to the range of individuals, subject matter experts and organisations that have given generously of their time, offered well-considered thoughts and importantly shared their insight as well as ideas.

The obvious strengths I detect are those of critical analysis and professional commitment to excellence. What is patently clear is that the profession has the capacity and capability to create a paradigm shift in oral health. There are a wealth of individuals all doing some fabulous things, but all too often operating in silos of excellence and this disconnection has resulted in a duplication of effort or fratricide of initiative. So we do need to think about how we can bring about 'greater synergy' by identifying and bringing these like-minded groups together earlier so that we can deliver with a greater impact or influence with greater strategic effect.

'So it may be that our current disposition may be our greatest weakness'

It appears to me that for a variety of legacy reasons, we as a profession find ourselves delivering health care within a business model that has created small, focussed competitive teams. I suggest that this is a somewhat artificial and unnatural state of affairs for a profession focussed on holistic healthcare and actually I don't sense that's where dental care professionals or our patients want oral healthcare to be.

So it may be that our current disposition may be our greatest weakness. There may be some that dispute this view and I would welcome their perspective. However, if we as a profession are going to move the oral health agenda forward we need to be exploiting every opportunity to construct comprehensive collaboration across inter-professional and organisational boundaries. To enable changes in policy, improvements in pay, terms and conditions of employment, contracts and commissioning, it is axiomatic that we adopt a more systematic and rationale approach to gathering, reviewing and analysing evidence. This can only be enabled and informed by an openness and imaginative approach to sharing information and data based on the principle that all the profession's information can be shared with all of the profession, unless there are obvious or compelling legal or ethical reasons why not.

I see it as a personal responsibility to initiate and maintain the collaboration between NHS England, the representative bodies and our regulators and would hope that this will be a powerful stimulus to collaboration at every level. Our patients – pivotal to everything we do – would expect this of us as a matter of routine. My first 100 days has shown that there is a sense of purpose and coalition of the willing, so in a nutshell...a theme for the profession to consider for the next steps we could take together: How may we *'inform and 'integrate'* more effectively and more broadly in order to continue improving?

How have you been able to use your military background to make an impact?

It is worth considering the Royal Military Academy Sandhurst's motto *'serve to lead'* a paradox if ever there was one but this seeming contradiction is precisely at the heart of what I bring with me as I move from one sector of public service, the Defence Medical Services, to another. I remain privileged to serve in a capacity that can corral, consider and co-ordinate activities to support health. Patients, whether they are soldiers or civilians, remain at the heart of what I do. I aspire to bring with me an enduring ethos of public service backed with a track record in healthcare leadership and leadership under pressure.

I offer a systematic approach to strategic planning and reform melded with clinical insight and energy. With the distinct advantage of bringing an independence of perspective, and, importantly, no baggage or obligation to a particular approach or doctrine, there is opportunity for innovation and fresh approaches to legacy issues. I believe that I have used every opportunity whilst with the Defence Medical Services to develop as a disciplined systems thinker capable of bringing the level of innovation needed to create effective solutions to complex problems.

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Having worked across the Ministry of Defence and DH, as well as national and international arenas, I recognise the strategic barriers to subsequently delivering on a good idea and have the insight to know when and how to manoeuvre and fight on the intellectual battle field.

I am not unique but I have had some unique opportunities and whilst I am not advocating a military coup for NHS Dental Care or conscription as a prerequisite for an appointment in the CDO England Team, the ethos and competencies I offer seem to fit the current and likely future challenges faced by us and our patients. I believe they will be particularly useful in changing attitudes and approach.

You mention changing attitudes and approach. Do you feel this could be one of your biggest challenges?

The nature of the transformation that the profession is involved in will demand a shift in attitudes, certainly with regard to the full utilisation of the enriched skill mix offered by the DCP workforce but that is not the greatest challenge. I sense that the positive spin placed on the changing nature of contemporary oral health experience across the United Kingdom is creating a perception that there is a reduced need for dental teams in future. We will need to combat this myth; for prevention and early intervention do require investment in time, resources and access to professional dental care expertise.

Moreover, dental diseases will not disappear, certainly not with the various lifestyle habits that the UK population seem unable to curb coupled with with the recent ONS estimate of an increase in UK population by 9.7 million people (15%) over the next 25 years and the increase in years lived together with a 5.0 million (51%) population increase due to projected net migration. Indeed, there is going to be, by anyone's estimate, a growing need for professional dental care expertise. Albeit that there will be likely changes in incidence and prevalence of dental disease, there is an inevitable and enduring need for dental care delivered by dental professionals.

So enabling a fundamental shift in attitude and resources brings me to the crux of the major issue facing the profession; we do not own the narrative surrounding dentistry or dental care. Whether we are raising the oral health cause, or articulating the case for sugar tax the profession seem unable to get its messages heard and that may be because we are not always in harmony.

The fact that Jamie Oliver in one documentary can create a story about sugar that we as a profession and the BDA have been echoing for the last 100 years perhaps sums it up. So we need to ask ourselves, how willing is the profession to commit to realigning ourselves as a single entity, with agreed messages, delivered coherently to influence attitudes and perceptions? Or do we have to continue to rely on a variety of proxies to get our messages out there, if so who?

Could that be one of the reasons why it took the government around seven minutes to dismiss the sugar tax out of hand?

I do think many will come to reflect on this decision by parliament as an opportunity missed. Just because it has been missed at this juncture does not mean it has been taken off the table in perpetuity. However, the PHE report contains another seven evidence-based measures. Although a powerful signal, as a single measure, sugar tax on its own was not going to make all the difference to sugar intake. So let's work with what we've got for the time being and ensure that remaining seven recommendations are enabled and sustained. With significant pressure to curb promotions and limit the consistent advertising for patently unhealthy foods as well as eradicating sugar loaded confectionary at store checkouts we can make a difference.

What is your view on the oral health inequalities that are still rife throughout the UK?

The current overall trend in improving UK oral health is very welcome and we must sustain the positive trend. Clearly some sectors of society are comfortably taking charge of their health, adopting good dental health habits and heeding the message to reduce sugar in their diet, and as a result they enjoy far better oral health than their grandparents. But as you rightly point out this is not universal and it is both concerning and deeply disappointing to find that an easily preventable disease such as dental caries is still prevalent in significant pockets of the population and even more sadly prevalent in children.

It is a concern for all of us that health inequalities persist and the myriad relationships between the factors that affect how or why a particular group of people haven't been able to act on the health and lifestyle messages or initiatives is complex. This underlines why oral health inequality should not be an issue confined to the dental agenda. Whilst many questioned the shift of the CDO England role from DH to the Medical Directorate of NHS England I see this opportune relocation as an ability to link directly with the various NHS England medical leaders at the strategic level and as a result we can focus efforts on integrating oral health into every healthcare pathway with a view to addressing inequality in a more holistic manner.

But the solutions are not limited to healthcare pathways and cognisant of the social and educational factors, the questions we need to be asking ourselves is despite all the good intentions, why or what is it that seems to hinder or prevent some people making what we could call the right lifestyle choices for themselves and their children to prevent dental decay and lead healthier happier lives.

There is a real impetus behind the reorienting of education and social care services towards prevention and, with a shared interest in the common risk factors, we have both the motive and opportunity to actively engage with these multidisciplinary efforts. The most obvious being a commitment to support the current focus on early years initiatives. We have a unique opportunity to build enduring relationships with young families, ensure access to care, especially for those under three years where advice and early intervention may circumvent the necessity for a journey to the general anaesthetic suite and secure a far better prospect for future oral health experience.

Read part 2 of David's interview with Sara in the next issue.

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