Access to politics

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If the year 2000 was important for dentistry, the current year may turn out to be even more of a turning point. Once the general election is out of the way there should be a new mood of confidence within the Labour Party. The possibility of a Tory victory seems remote, unless foot and mouth disease gets the better of Tony Blair, and the pre-election jitters that are making the Labour Party look a little clumsy will soon disappear.

The NHS Plan for England, issued in July 2000, was the Government's public declaration of war on the many problems surrounding the wider NHS and 'Modernising Dentistry — Implementing the NHS Plan' published in September 2000 was their solution to some of the political problems besetting NHS dentistry — mainly access. Implicit in that document was an acknowledgement that the long term issues affecting dentistry could be put on one side until the big issue of the day was dealt with, but, and it is a big 'but', the other problems cannot be sidelined for much longer. Without a fundamental revision of the way that NHS primary care dentistry is provided and paid for there will be no long term solutions to the problems of access to NHS dentistry. The existing problems will not only persist, they will indeed deteriorate significantly.

That message has been delivered to the current Government on many occasions and in no uncertain terms. After many years of trying, the message seems to have finally hit its target. Noises emanating from the Department of Health, the House of Commons and the House of Lords would suggest that the BDA's campaign has borne fruit. The Health Minister, Lord Philip Hunt, has said repeatedly that he wants to see real progress made in redefining what primary care dentistry does and how it is funded. Dame Margaret Seward, England's Chief Dental Officer, has shown that she wants to do business, for example a workforce review in dentistry appears to be imminent. Is this a real change of heart or just another case of smoke and mirrors? I suggest there is real evidence to support the positive view.

Even more recently, the Health Select Committee, under the astute chairmanship of David Hinchliffe MP, undertook a short enquiry into access to primary care dentistry in the NHS and the effects of the recent strategy proposals. They said in their report — and I paraphrase — that the time for talking was over, the time for action is now. Too many reports, too much talk and too little action was their summing up of the present situation.

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As with all fast-moving agendas, there is a down side. There is no change without pain. If the profession of dentistry is to put its own house in order and deliver high quality dental services to all patients regardless of who is funding the treatment, there will have to be some serious rethinking of the kind of NHS dental service that will be possible and, perhaps more importantly, what sort of service the Government wants to pay for and how much it is prepared to pay. We on our part have to consider what sort of services practitioners may be willing to deliver.

This is not an easy or comfortable position in which to find ourselves. We have railed against the present system for so long that we have become expert. Forty years of grumbling against the system has turned us into master critics. The difficult part is converting that negative skill into a positive attitude to change that challenges existing treatment patterns and accepts that the way we work is often driven more by the way we are paid than by the treatment needs of our patients. If that is to change it will not be the Government alone that must be ready to adopt new thinking. We will have to be ready to do the same.

That will not be easy.

John Renshaw
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