Oh, what a night

Shaun Howe, RDH on what dentistry can expect post-election

'PREVENTION REALLY IS BETTER THAN CURE AND CANNOT BE IGNORED'

Since the surprise victory of the Conservative Party on 7 May 2015, discussions about the future of dentistry are slowly gaining momentum. Yet what can the average dental professional glean from any announcements – or indeed a lack of them?

In January 2015 the Department of Health (DH) announced those dental practices selected to be 'prototypes' to trial a reformed NHS General Dental Services contract following a series of trials using various permutations of contracts to deliver care to patients in a more preventative based care system focusing on prevention rather than cure. The introduction of such care systems have caused some concern in the wider dental profession as the concept of Key Performance Indicators (KPIs) is inherent with such a system and presents, arguably, another layer of bureaucracy to provide care to patients. The drive for change is perhaps led by the last Adult Dental Health Survey (2009) which shows a direct correlation between improving oral health and the ever increasing life expectancy; people are living longer, retaining more teeth and cleaning their teeth better than ever before. The evidence base in Delivering Better Oral Health 3 (2013) really shows that prevention really is better than cure and cannot be ignored.

A week before the General Election, NHS England announced the appointment of the new Chief Dental Officer; Sara Hurley BDS(UBrist) MFGDP(UK) MSc(UCL) MA(KCL) has come from the military to this new appointment. Many a cynic may

suggest the timing was quite apt but Sara's predecessor, Barry Cockcroft, helped form the way forward for dentistry. In an interview with BADT President Fiona Sandom, Mr Cockcroft is quoted as saying *'The majority of the population are going to have much simpler needs and I think this is bound to lead to dental care professionals (DCPs) having a greater role in the delivery of care – in both the NHS and the private sectors'*. You may make your own assumptions from this but in light of the 'prototype' practices busy trialling new systems it would be foolish to assume that there will not be a paradigm shift over time of how NHS dental care is delivered.

We remain in a period of austerity; it is not for this article to discuss the whys and wherefores of such policies but as Local Area Teams (England) are constrained by budget reforms then those responsible for commissioning such services as dentistry may well be minded to seek out the very best value. There is ongoing concern in the profession that such strategies may just mean that commissioners simply give contracts for services to the lowest bidder although there

is nothing to substantiate such fears at this time. The rise of corporate dentistry means there may well be a 'stack it high, sell it cheap' mentality in future bidding processes but again, this is currently unsubstantiated.

It is interesting to note an announcement made in March 2015 by the Welsh Assembly of a ring fencing of dental budgets in Wales for three years which, on the face of it may seem a good thing but may well lead to an actual decrease in funding in real terms as inflation and other factors are taken in to account. The current period of deflation will not persist and as Mark Carney, the Governor of the Bank of England is recently quoted as saying, *'We expect inflation to be very low over the next few months. But over the course of the year as we get towards the end inflation should start to pick up towards our 2% target. The British people should enjoy this period of very low energy prices low, very low food prices, enjoy it while it lasts'*.

The cuts are deep and wide ranging and given there was no mention of dentistry in the last two Queen's speeches then the profession can only assume that it is carry on until time that such announcements are made that will affect the way we all, NHS or privately, deliver care to our patients; representative bodies are pushing for reform at the GDC yet no one really can predict the future of healthcare regulation given the ongoing ramifications of the 5th Shipman Enquiry and the profession can only sit and wait until change is announced; it seems such a shame that we have to react rather than predict.

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