

Send your letters to the Editor, BDJ In Practice, 64 Wimpole Street, London, W1G 8YS.
Email bdjinpractice@bda.org.

Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Access problems

Sir, I read with interest the recent article on the geography and availability of NHS dentistry.¹

Since retiring from Denplan (now Simplyhealth Professionals) in 2016, I've moved to the beautiful isle of Wight, which has a population of around 140,000. A search on NHS.uk revealed that there are NO practices on the island accepting new adult NHS patients (We're glad we have kept up our Denplan memberships!).

The nearest practice accepting NHS adults is in Gosport, Hampshire, which the NHS cheerfully tells me is but 11.2 miles from my house. Sadly, a search on Google Maps advises it is 31 miles by road – if the patient is fortunate enough to have a car. So that would put us in 10th or 11th place in your Table 1.

But there is more. As the Island is just that – an island, a return car ferry, say next Tuesday, would cost around £56.00 (plus £5.00 booking fee if no internet access), and a further 1.5 hours each way in queuing and travel time – hence a total of about 3.5 hours each way. Let's allow 10 litres of fuel and my travel costs are about £68.00.

If I must choose public transport, the issue becomes quite Byzantine. A train from Shanklin IOW to Ryde pierhead is £6.20 return; a FastCat catamaran ferry from Ryde to Portsmouth is £17.00 and I would still have to get the Portsmouth to Gosport ferry (a mere £3.60) before boarding a bus to my destination. but I could at least probably do that, allowing for connection delays, in about 2.5 hours. A total cost of about £30.00.

Sadly the 'public transport route' column in your Table 1 of the article might not have room to fit that all in.

'Tourism-heavy, rural and coastal' all apply to us on the IOW, yet we are just over 2.5 hours by train from Waterloo and adjacent to a 'Solent City' population exceeding 1.7 million – the most densely populated area in south-east England outside London. Food for thought, and a very real problem to address.

R. Matthews OBE, Hon Life President,
Simplyhealth Professionals, via email.

1. Westgarth D. A problem not close to home. *BDJ In Practice* 2019; **32**: 10-14.

Cast your gaze north

Sir, we all choose where we would like to live and work for our own reasons. I don't know what manner of lifestyle David Westgarth would wish on a new graduate, but the tone of his article suggests that he favours that they choose NHS practices in London.

In 1986 as a recent graduate I saw friends working in high volume NHS practices in Colchester and London looking burnt out after six months. I took my first job in Windermere in 1986 and stayed here. Cumbria is a wonderful place to bring up a family. It is dismissive to suggest '...that's fine if you want to don your hiking boots and head out with Kendal mint cake... It doesn't scream appeal.' I would disagree. The prospect of a 40 minute each way commute from central London to affordable housing in Chelmsford sounds grim in comparison to my 20-minute journey on open roads from Kendal (cheaper housing, easy access to the west coast main line and the M6).

In 2003 we converted our practice from 100% NHS to private and immediately enjoyed increased freedom from the constraints of the NHS. We introduced implant services and hygienists. Professionally a much more satisfying way to work than being a slave to UDAs, targets and their previous equivalents. We can spend time with patients discussing their needs and expectations and using the best materials and labs to deliver their care. At the end of the working day Cumbria has Michelin star restaurants, pubs and microbreweries, open spaces, rivers and mountains for all manner of recreation. We have good schools both Private and state run. The fleshpots of Manchester are a mere 80 miles away down the M6 when mega shopping and Old Trafford call. NHS practices in London and the south are valued at around 200% of turnover, private practices in Cumbria about 100% of turnover are a comparative bargain. For those able to lift their eyes away from the South, forget about NHS dentistry in London and embrace a better life, Cumbria has a lot to offer to both the associate and the practice buyer.

A. Morgan, Morgan Dental, Windermere,
via email.

Editor's note

It is with great interest and irony I read the above letter. I know that Cumbria is a wonderful place to bring up a family. I know about the open spaces, the microbreweries, the Michelin star restaurants.

I know this because I myself am Cumbrian born and bred. I bear no grudges, having enjoyed a fantastic upbringing in the county before seeking pastures new in 2008. And for these very reasons I can also objectively discuss the benefits and drawbacks, with the help of data and analytics, for the benefit of readers.

Practice valuations: A small correction on large numbers

Sir, My understanding of practice valuations is that they are frequently based upon multiples of earnings before interest, tax, depreciation and amortisation (EBITDA). However, a recent NASDAL report on practice goodwill values¹ has caused me to question whether EBITDA is an accurate measure of goodwill values where the business holds a contract which offers commissioner/'employer' pension contributions?

It strikes me that for contracts which are delivered in part or fully by the contract holder and where the 'employer (commissioner) contribution represents a substantial percentage of the total nett income which forms the basis for the contract holder's pension calculation, then EBITDA and the coarser Percentage of Gross Fee Income basis?²

Based upon very rudimentary calculations of my own, if the 'employer's' pension contribution is 20%, if the pensionable pay approximately equals EBITDA, if the business owner delivers all of the contracted activity and if the EBITDA figure is approximately 45% of gross earnings, then the multiple used for calculating an EBITDA based valuation of the business SHOULD be 1.2 (pension value multiplier – PVM). It is also worth noting that the PVM could be larger still where the pension has benefits which enhance its market value.

In the case of larger contracts the PVM-corrected EBITDA value (PVMC-EBITDA) would only take into account the 'employer's' contribution typically delivered by the