

Evaluating and resetting: A word from the CEO



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I'm sure we will all be glad to see the back of 2020 and will hope for better from 2021. You and your teams have worked tirelessly across the year to serve patients in extraordinarily difficult circumstances, often facing criticism for events well beyond your control. We've tried to shed light on that good work, but I don't think the profession has received the credit it deserves for its work during the pandemic. So as a patient and member of the public, I just wanted to say thank you at the end of this most trying year.

The profession and patients have suffered as the amount of dentistry contracted from the end of March has only gradually recovered since early June. The reasons are well-known, with most face-to-face care stopped and then as treatment resumed, significant restrictions placed on practices. We've had social distancing requirements, additional PPE and most notably, infection prevention and control constraints imposing downtime between patients.

Activity has begun to recover, in particular as fallow time restrictions have eased, but we know that the amount of care provided is still well below historic levels. And whilst dental care now looks set to continue through further local and national lockdowns, anything that deters the public from going about their business is likely to impact on patient footfall.

So what will we see in 2021? Are there reasons to be cheerful? It seems likely that we will see reduced levels of activity for at least a while to come, particularly on the NHS side of things. Previous levels of intensity in publicly funded dentistry are just not sustainable with

the ongoing limitations in place.

In any case, should we use the opportunity of this awful situation to fundamentally reassess expectations of NHS dentistry?

We've said for some time that the NHS is not an attractive place to work for young associates and that there is too much pressure to churn out activity and care which is inconsistent with the way that dentistry is taught in our dental schools. Is this the moment to shift our funding models across the UK to fit with that aspiration to deliver prevention-based dentistry, and to afford time to provide the care that is best for patients?

2021 will be the 10-year anniversary of the start of the NHS reform process in England and that programme feels to have been treading water in recent times. There is no sign of a roll-out of contract reform; for one thing, misgivings seem to remain on the government side about what the impact would be on access to care. Nevertheless, it does feel like the time for change, so can we take the best of the prototype system, blend it with what we are learning now, and develop a model that is good for patients and the profession?

We were hopeful that the current circumstances, with the necessity to develop *ad-hoc* contractual arrangements, might give way for a more radical shift in thinking towards outcome-based models. At the moment, it feels like an opportunity missed. Returning to Units of Dental Activity in England is just more of the tired old same. Other nations may be more ambitious.

So what will we see as dentistry seeks to recover in the new year? In the short term, given a fair wind and no further major

lockdowns, we could see a continuing increase in activity levels. Indications are that private provision is already heading towards former levels, with high intensity NHS care a step behind. There are a few things that will enable that growth to happen more quickly. Ideally, we will find ourselves in a position where we can once again assume that every patient is COVID-19-negative. A successful vaccine programme would be the obvious and best way of achieving that and recent signs are of course encouraging. In the meantime, an effective point-of-care testing system could also serve the purpose of reducing PPE, social distancing and infection control measures back to something like normal, and in turn increase provision. We will also see a renewed focus on whether practices are now able to improve their ventilation to get the time between aerosol-generating procedures down.

Whatever the next year brings, you can be sure that we at the BDA will be there to support and advise as you face whatever new challenges come next. We'll be here for you again in the months ahead as more government decisions inevitably affect our dental community. Our priority will continue to be the safety and finances of your practice and workplace.

Finally, thank you again to our members. Your support means the BDA exists to keep fighting for and supporting the profession. Together, we remain stronger. ♦

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