Tip of the iceberg

Sir, the 'Upfront' report in *BDJ in Practice* on the decision to withdraw free flu vaccinations for NHS dentists makes interesting but worrying reading.[1] It highlights again important factors that are just the tip of the giant iceberg of long-term disastrous planning and hopeless resources that affect the population with regard to dental and oral healthcare in general within the NHS in the UK.

Why are dental diseases and problems in the mouth managed by frontline healthcare workers any different from any other part of the body? In the anomalous and frankly incredible situation that in a healthcare system trumpeted to deliver whole patient care – 'free at the point of need' – dental patients receiving care are expected to fund the lion's share of NHS fees with payments approaching £300 or so in some essential rehabilitation situations – and still they queue up! To try and pull a stroke like this in any other medical specialty – say when anyone perhaps needed a hip replacement or similar procedure, let alone for regular care – would result in massive media outrage in a millisecond. Yet this has been achieved by stealth over the years since 1948 whenever patients need oral healthcare procedures. The deathly silence when it happens (and when it is meekly complied with!) in dentistry is so deafening as to be unbelievable. Whilst no one protests, this will of course continue despite it being so hugely illogical and unfair and a disincentive for many in the seeking of such care.

To make any real inroads into even going *some way* to delivering a service that would provide quality assured oral healthcare in all its aspects, in the way it definitely needs to be in the 21st century, the mouth needs to be considered part of the body again as a matter of urgency. Is it perhaps that 'it's not really part of mainstream healthcare' but considered some sort of indefinable add-on? A frankly ludicrous thesis surely, considering the following…

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Currently dentists are trained in parallel with and alongside medics in diagnosis and the medical skills of surgery, pharmacology and prescribing, injecting various drugs, the spectrum of diseases and generally dealing with, and accepting responsibility for, their patients on a 'whole person' basis and all that this involves. Dentists are to be found in every hospital maxillofacial team and dentally developed surgical skills like implantology are to be seen as an indispensable part of secondary care rehabilitation of head and neck cancers in hospital departments. Every front-line section of the Armed Forces has a dental team, as part of and on par with, in rank and status, the rest of medical personnel. Skills in general dental practice will be needed often against a background of polypharmacy, varying degrees of wellness and illness for patients, through the very young to the geriatric and frail. Mistakes are known to have a significant effect!

Wales – where I am now located in my supposedly less hectic and only part-time employment 'past- retirement age' era – has no less than seven different Health Boards all with tiers of administration and ideas for the country which must beg the question as to whether seven different administrations with not exactly similar ideas are essential to make it all work? Not exactly the most cost efficient?

Nevertheless, at the very least, in the interests of fair play and a level playing field, if 'co-payments' (patient contributions) are seemingly needed to effectively resource a system of 'quality' healthcare rather than perhaps a mega tax hike, then let these contributions not just be only for oral healthcare, but addressed more equitably across the board to all of the current failings of a system that has long outlived in present format its value to the current population throughout the UK.

K. Marshall, Carmarthenshire, via email

Reference

1. Free flu jabs for dentists jabs axed by NHS England. *BDJ In Pract* 2022; **35:** 6.

What is going on?

Sir, I'm replying following reading your article in *BDJ In Practice* on associate pay.[1]

I'm an associate after more than two decades of being a principal, and I wasn't paid correctly during the 20-21 year, coincidentally by the 10% drop you highlight. The principal used various calculations to justify this theft. They also did it to other associates in the practice. We all left because of this and have subsequently found other jobs. I registered my issues with BSA and the BDA but the reply was basically the same: because the contract between associates and principal sits outside of the NHS, there's nothing they can do. The only option was to sue for the money but due to the cost of lawyers being about the same as what was stolen from the other associates and I, we haven't pursued this option – yet.

I'm glad NASDAL published these figures and that you saw fit to discuss it, but until there's a court case I feel that these wrongs won't be righted! Practices can't survive without associates and the 'creaming off' is surely only a short term gain? I have heard this story many times from around the profession, but apart from leaving and suing, what can be done?

Anon, via email.

Reference

1. Westgarth D. NHS and private principal net profit: What do associates think? *BDJ In Pract* 2022; **35:** 17.

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