

‘I am determined that the BDA will continue to be there to advise and support members, whatever mix of care they provide’



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After another extraordinary and tumultuous year, it feels like an appropriate time to stop and reflect on the impact of the wider political and economic chaos on our world of dentistry. We perhaps thought that coming out of the worst of the pandemic, we would experience a more stable environment this year. The global impact of the war in Ukraine, compounded by the UK's own domestic turbulence, has seen to that.

The UK political scene has undoubtedly contributed to that sense of turbulence. Everyone is probably aware that we had three different prime ministers in the space of a two-month period in the autumn, but you might be less aware of the trickle-down impact of Westminster government instability on other ministerial positions and portfolios. The names of Maria Caulfield, James Morris, Will Quince and Neil O'Brien may not trip off the tongue, but those are the four ministers with responsibility for dentistry during the four-month period from July this year. The appointment of Will Quince was particularly interesting in that he was in a more senior Minister of State role. The government made great play at the time about how this demonstrated its focus on dentistry. He did seem engaged, but sadly didn't last long, and we're back to dentistry being part of a more junior portfolio. It is incredibly difficult to make significant progress with such constant disruption.

Ironically, in the past year we've probably seen more political interest than we have for a generation in dentistry, despite the crowded space. At the BDA we have been active in engaging with politicians spurred into action

by irate constituents unable to access NHS care. That has led to nine debates in the Westminster parliament in the past year, with high levels of interest similarly across the devolved parliaments. We also saw dentistry feature in the prime ministerial election campaign and one of our passing Secretaries of State indicated it was one of her four key policy priorities. Therese Coffey is another politician who has already moved on from the health team.

So, will the political interest translate into action? We did at least see the introduction of the first meaningful changes to the English NHS system in more than 15 years. That's a step in the right direction, but undoubtedly these are baby steps and these alone are unlikely to retain dental teams, let alone encourage them back to NHS dentistry. For that to happen, we will need more radical change, which is something that policy makers continue to shy away from.

Whilst we procrastinate over what needs to be done to provide NHS care for those most in need, dentists and their teams are taking matters into their own hands. We have seen a clear continuation of the trend away from NHS provision towards private care. There are many push and pull factors combining to create the perfect storm for this continuing development. The profession is fed up with inadequate public sector systems, and the data demonstrate that they are not fulfilling NHS commitments; little more than two thirds of contracted NHS activity in England was achieved across the first half of the current financial year. Dentists do not want to work in a broken system.

The pandemic and economic conditions have combined to accelerate this shift. Initially, the restrictions on routine care we saw across 2020 and into 2021 meant that there was a build-up of demand. Some of those patients unable to access NHS dentistry were willing to pay for private treatment and dental teams have begun shifting the balance of their care to meet that demand. Alongside

the growth of private routine care, we also saw a jump in the demand for the more cosmetic end of the market.

The shift in provision we're seeing leads to an obvious question as the UK heads into a period of economic stagnation, if not recession. Is this boom for private dentistry likely to continue, both on the cosmetic and the more routine side of things? The patient plan providers are still busy servicing demand from practices looking to shift the balance of their patient base, but if history tells us anything, there is a clear correlation between economic downturns and the amount of money the public is willing to spend on private dental care.

What we have not experienced before is an economic downturn during a period when there remained such a latent high demand for care, but with a shortage of workforce supply, particularly on the NHS side of things. There is much talk about how it might become easier to recruit an overseas workforce to plug the holes in our leaky bucket. Leaving aside the ethics of such an approach in the longer term, any such changes are unlikely to come quickly enough to make a difference in 2023. So will any recession follow a different path this time, with demand for private dentistry sustained, not necessarily by patient choice, but through absolute necessity? Only time will tell.

In any case, I am determined that the BDA will continue to be there to advise and support members, whatever mix of care they provide. We are all dentists first, whether our funding comes from the public purse or directly from the patient. Part of the BDA's new three-year strategy is to make sure we build on what we do for members in the private sector, but we will also continue to make the case for investment in public sector dentistry, albeit in a very crowded space. There needs to be effective provision for patients relying on the NHS and fair reward for those dentists who choose to work within the system. ♦

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