



# ‘For NHS dentistry to survive they need to get onside with the report’s recommendations, and quickly’

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**M**uch has been said and many column inches have been devoted to the current state of NHS dentistry. It feels as if the topic has finally cut through with the general public, and given waiting times to see a dentist, that’s not a huge surprise.

Politicians can no longer turn a blind eye and get away with it – the Workforce Plan and the Health and Social Care Committee both have dentistry in their crosshairs. I spoke to Shawn Charlwood, Chair of the BDA General Dental Practice Committee, about where dentistry is heading into the summer recess.

*On the back of the Workforce Plan and the recommendations of the Health and Social Care Committee, has the future outlook for NHS dentistry improved?*

We clearly cannot recruit our way out of a workforce retention crisis as the Plan suggests. It was notable that the Plan also didn’t mention the underlying problem, the elephant in the room – the contract.

There is no point in adding dentists to a system they do not want to work in. No amount of new recruits will change the appeal of working in NHS dentistry. You wouldn’t fill a leaky bucket without plugging the gaps, but the Plan doesn’t address this fundamental problem.

For me, the fact the Plan did not mention the current contract – which the Health and Social Care Committee has said is not fit for purpose – is very disappointing. It’s crucial to changing the direction of NHS dentistry. Without addressing it and its fundamental deficiencies, as well as moving away from the discredited UDA model, we’ll only see the workforce move in one direction, and that’s further reduction in NHS work.

*This isn’t new ground – the contract has previously been condemned as not fit for purpose. Is there anything different about the current dento-*

*political landscape that makes you think we’ll see real action?*

It has, but the Health and Social Care Committee’s report has gone further. While it repeats the same damning criticisms the 2008 iteration did, it has provided a specific roadmap for reform which has the potential to secure cross-professional support around delivering a capitation based, prevention focused and patient centred contract. It seems the only people sitting outside of this consensus are the government and NHS England. For NHS dentistry to survive they need to get onside with the report’s recommendations, and quickly.

Do I think we will see real action? The difference between 2008 and today is context – access problems are showing no sign of easing, and the unmet need for NHS dentistry is greater than it ever has been. It is a real problem for the general public, and it is being discussed widely and often. Dentistry as we find it today is not fit for purpose in a developed country such as ours. We risk going into reverse if we do not see action on access, prevention and inequalities. We simply won’t see progress without reform.

*Picking up on that point – what will happen if these changes don't transpire?*

The reality is already here. Dentists have had enough and are voting with their feet. Analysis undertaken by the BDA of government data published in July indicates unmet need for dentistry in 2023 stood at over 12 million people, up a million on 2022 figures, and now well over one in four of England's adult population. The situation is becoming untenable for many. If politicians don't take action to rescue NHS dentistry now, then there won't very much dentistry to save in a few years' time.

*Dentistry finds itself in the media like never before. You've appeared across radio and TV. What level of understanding does the public have about not being able to access an NHS dentist, and do you think this is higher than ever before?*

My team, the BDA and I have been working flat out to get the message across that dentistry is in need of urgent attention, and I do think we're seeing the fruits of those labours. I also think the situation NHS dentistry finds itself in is a reality for millions – no-one expects the public to know the ins and outs of how the service works, but they do expect the service to be there and that is simply not the case. Political choices have a real human cost.

As a direct result of these problems, we're hearing more cases every week about DIY dentistry. This has no place in 21<sup>st</sup> century Britain whatsoever. Patient stories like this are now starting to receive the attention they deserve because politicians need to know their choices have real consequences beyond the bottom line. It is stories like these that, alongside BDA colleagues, have garnered the cross-party support with MPs across the country that we have managed to achieve to date. I cannot remember a time where so many MPs are standing up in the media and in the House, representing their constituents, pleading with the government to fix NHS dentistry. It is very difficult to do so when the answers don't reflect the reality.

*I know the BDA has expressed its dismay at the inaccuracies of the*

*Prime Minister's responses. What do you make of them?*

It is frustrating. They are little more than standard, stock answers which do not accurately paint the picture of what's really going on. For millions of patients struggling to access an NHS dentist, statements that have not been corrected do not help.

*We have an interim CDO in England, and the prospect of a General Election sometime next year. What do you say to political leaders about the plight dentistry finds itself in?*

I would say two things: the first is that the problems facing NHS dentistry are very clear, but secondly that the solutions are equally as clear.

The Health and Social Care Committee produced an instruction manual, with cross party support, that can turn NHS dentistry around. We need to see the political will, leadership and ambition to get the job done and make it happen. We're hearing that dentistry is an issue on the doorstep for residents up and down the country, and politically dentistry has never been higher on the agenda. We will continue to highlight the plight the service faces, the impact it has on those within it, as well as the impact it has on patients.

*Finally, to BDA members leaving NHS commitments behind. What do you say to them? Should they wait in the hope that better days may be tangibly around the corner?*

I would tell them that I totally understand why you are tired of waiting for change to happen, why you are voting with your feet and why you are reducing your NHS commitments. No service runs on goodwill, and those committed professionals who have throughout the years put their hearts and souls into NHS dentistry now feel they have no choice but to change tack, and who can blame them? This is not a financially viable service, and we cannot keep subsidising NHS dentistry with private work.

I would say that we are working tirelessly to change this, and there is much work to be done. However, it is no surprise people are tired of waiting for change, and I do not blame them. ♦



### Bio

Shawn graduated from Birmingham Dental School in 1986 and has postgraduate dental qualifications from the University of Bristol and the Faculty of General Dental Practitioners UK. He owned a large mixed practice for twenty-five years and was a Foundation trainer for over twenty years.

He has been on the GDPC for 15 years and is now Chair, having previously served as Vice Chair GDPC, Chair of the GDPC Remuneration Sub-Committee and Chair of the GDPC Private Practice Committee. He also currently sits on the GDPC-LDC Regional Liaison Group, GDPC Associates Group and the BDA's Review Body Evidence Committee and the British Dental Guild. He was previously the Chair of Lincolnshire LDC, which he has been a member of for 25 years.

He has now given evidence to the House of Commons Health and Social Care Select Committee on two separate occasions; first giving evidence on Dental workforce in 2022 and on NHS Dentistry in 2023. He has represented the profession on multiple occasions on national TV and Radio including BBC Breakfast TV, the Radio 4 Today programme and Radio 5 Live as well as many other regional programmes.

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