

## Lynn

Shaun Sellars continues his series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.



King's Lynn is a typical coastal town in West Norfolk. It is one of the least affluent towns in the county, with a significantly higher-than-average unemployment rate and lower-than-average educational attainment levels. In common with many other coastal and rural areas, its local economy has suffered in recent years. Much like the rest of the East of England and mass swathes of the country, NHS primary care dental services are few and far between. This is why one practice recently saw queues of around 300 people when they announced they were accepting new patients under the NHS.<sup>1</sup>

The practice appears to have been the only one in the county accepting new NHS patients, but it would have to turn most of them away. For reference, Norfolk is a county of around 860,000 people. If this practice couldn't see them, the nearest practices accepting NHS patients would be in Northamptonshire, Essex or Nottingham.

Queues to see the dentist aren't new. More seasoned readers will remember regular news features in the early 2000s, pre-'new contract, showing patients lining up to register with an NHS dentist. But the current problems are leading to an irreversible breakdown of the system as more and more practices withdraw from the NHS altogether.

A prime example of this is the recent decision by Bupa to close, merge or sell 85 of its clinics.<sup>2</sup> Described by the company as a 'consolidation of their UK portfolio,' this loss of access will disproportionately affect those at the lower end of the socioeconomic spectrum. Many of the sites earmarked for closure are in coastal or rural areas. Towns like Skegness, Boston and Rhyl, already suffering from generalised deprivation, will have fewer choices regarding their dental care. There are multiple reasons behind the practice closures.

It would be easy to blame the current economic pressures and increased cost of living. But Bupa themselves say that this is not solely to blame. They simply cannot get enough people to work in these areas.

In some ways, the current NHS crisis results from a political reliance on free markets, although perhaps not in the way many would expect. Primary care NHS dentistry is already a mostly privately run service, with service providers subcontracting from local NHS bodies. The NHS contracts tie their owners onto their terms of service. However, the provision of care is often further subcontracted out to associates, especially in the case of corporate bodies like BUPA. Towns like King's Lynn and Skegness have suffered dramatically over the last few decades, with struggling economies and a lack of investment for regeneration.<sup>3</sup> Many associates are choosing not to work in areas of high socioeconomic need when they could earn more from the NHS system in more economically buoyant areas.

Dentistry is the canary down the mineshaft for the future of healthcare in the country. Any further shift towards privatisation of the system without understanding how the broader economy affects the localised workforce spells disaster for patients and practices.

### References

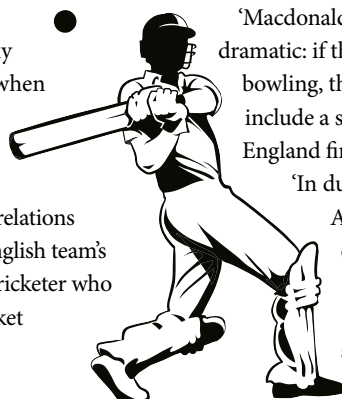
1. @Elliebwick. Is this a queue for a gig? 2023. Available at <https://twitter.com/elliebwick/status/165331575727757224?s=61&t=RwQo2L3ZBbVBU2CLbyUQ> (accessed May 2023).
2. Bupa. Bupa consolidates UK dental portfolio. 2023. Available at <https://www.bupa.co.uk/dental/dental-care/news> (accessed May 2023).
3. UnHerd. Skegness is drowning. 2023. Available at <https://unherd.com/2023/04/skegness-is-drowning/> (accessed May 2023).

## The dentist who helped save cricket in the 1930s

Cricket fans among our readers may be surprised to hear that an Australian dentist called Robbie Macdonald was involved in the aftermath of Bodyline, a cricketing tactic devised by the English cricket team for their 1932–33 Ashes tour of Australia to curb Don Bradman, an Australian cricketer widely acknowledged as the greatest batsman of all time.

Bodyline delivery, also known as 'fast leg theory bowling,' is where the cricket ball was bowled swiftly at the body of the batsman in the expectation that when they defended themselves with their bat, a resulting deflection could be caught by a fielder standing close by on the leg side.

During the 1932–33 Ashes tour, Anglo-Australian relations were under threat due to the injuries caused by the English team's strategy. It was Dr Robbie Macdonald, a dentist and cricketer who became Australia's representative at the Imperial Cricket Council in London, who helped steer a 'truce'.



An article in the February 2023 issue of *The Cricketer* all about 'The man who killed Bodyline' reads:

'Australia was very, very displeased at England's brutal bodyline bowling in that tumultuous summer of 1932/33. The only course left open to the "colony" was to drop a hint – polite or otherwise – that the next tour of England might well be cancelled.

'Macdonald, aged 63, diplomatically offered something equally dramatic: if there was no guarantee to ban this vicious bodyline bowling, then Australia might still tour, but its touring party would include a squad of big and nasty fast bowlers who would show England first-hand what this ghastly bodyline was like...

'In due course the intrepid Macdonald carried the day [...]

Ashes cricket was patched up and continued on its eventful way.'

Thank you to *BDJ* reader Gary Whittle for bringing this story to our attention ahead of this year's Ashes series in June.