

In recovery

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



In an unfortunate case of serendipity, details of the government's Dental Recovery Plan were leaked on the day that hundreds of people queued to be seen at an NHS practice in Bristol. The plan, arriving after a significant delay, promises that in 2024, 'everyone who needs to see a dentist will be able to'. To achieve this, the plan sets out to increase payments to dentists, including a limited

funding, and concern that, while practice funding may increase a little, this won't be passed onto those dentists carrying out treatment. If this is the case, it's clear that rather than enticing dentists back from the world of private practice, it could be the thing that puts the final nail in the coffin of NHS dentistry with those who were valiantly holding on for a major improvement to the contract seeing this

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'golden handshake' offering, introducing an early years scheme and commissioning mobile dental units to improve access. There's also the suggestion of a mass water fluoridation scheme, subject to public consultation.

It's safe to say that the reaction from the profession has not been good, with the financial offerings seen as derisory, both from a funding aspect where the promised ringfenced funding appears to be redirected from existing contract

rearrangement of deckchairs and hopping on board the private lifeboat.

The plan singularly fails to acknowledge that the reasons people don't want to work in rural and socially deprived areas are not solely financial. These areas are often seen as unattractive to work in from a socio-economic perspective. So unless dentistry is tied in with social reform, areas where the need is highest will continue to struggle and the situation will worsen before it gets better. Even from a financial viewpoint, it

will take more than ten thousand pounds over three years to overcome these other barriers to attract people to those areas when they could be making significantly more privately and not be tied to the UDA. And for those already working in these parts of the country, an extra few pounds to see patients who haven't been seen in over two years isn't going to cut it, when there's the risk of it costing practices money to make these people dentally fit.

However, one good thing to be highlighted in the plan is recognising the potential that mobile dental units have to improve access to care. Full disclosure: I'm not unbiased here. I have a role in a company that uses such units in a multitude of situations. But these 'surgeries on a truck' are fully functioning clinics providing a full range of care. They're agile, being able to deploy in areas of high need at relatively short notice and are a great solution to immediate concerns of access. But they're not a panacea for the country's dental ills. And neither is the Dental Recovery Plan.

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NHS 'Recovery Plan' unworthy of the title

The British Dental Association (BDA) says government failure to embrace fundamental reform of NHS dentistry risks condemning a generation to decay and widening oral health inequality.

The professional body says the Recovery Plan, published on 7 February,¹ is incapable of even beginning to honour Rishi Sunak's promise to 'restore' NHS dentistry, or in any way meet the Government's stated ambition to provide access to NHS dentistry for 'all who need it'. The plan sets up a 'new patient premium', which will give a bonus to dentists seeing a patient who hasn't

undergone treatment in two years – £15 to first see them, £50 if they need significant work done. It also raises the minimum Unit of Dental Activity (UDA) value from the current level of £25.33 to £28.

The BDA had strenuously made the case for the Government to ensure that dentists treating higher needs new patients that require more time in the chair do not end up providing NHS care at a financial loss. It warns progress does not go anywhere near far enough to stop dentists – who operate as contractors not as NHS employees – being forced to cover costs out of their own pockets, particularly for treatments

like dentures or crowns that require laboratory work.

There is no new money for this New Patient Premium, and so any new patients seen are just recycling the same limited pot of money. Factoring in late uplifts to contracts already promised by Government, the BDA estimate fewer than 900 of the approximately 8,000 NHS contract holders in England are likely to benefit from the higher UDA rate.

The £200 million in 'new' money pledged is less than the half the underspends in the budget expected this year, the result of practices struggling to ►►