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 '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.

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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 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 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.

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

hit their punitive government targets. The BDA stress the 'ring fence' promised by Ministers to protect the dental budget remains an exercise in semantics, and that budget raids will remain the norm in cash-starved Integrated Care Boards.

Any additional investment will barely begin to compensate for a decade of frozen budgets. Last month Department of Health and Social care accounts revealed the service's £3 billion budget has barely changed in a decade, with no effort to keep pace with demand, or rising costs. In real terms the budget has been cut by over £1 billion since 2010.

The plan falls well short of the criteria set by the Health and Social Care Committee in its damning inquiry into dentistry. The BDA believes it singularly fails to honour MPs' call for the 'scope and ambition… to immediately address the crisis of access people across the country are experiencing.' The Government has ruled out reform of the discredited contract fuelling the exodus from the NHS. The Committee had stressed 'fundamental reform of the dental contract is essential and must be urgently implemented, not only to address the crisis of access in the short-term, but to ensure a more sustainable, equitable and prevention-focussed system for the future.'

With oral health inequality now widening the BDA has also said pledges merely to consult on preventive programmes like water fluoridation in the North East are close to meaningless, and that frontloaded investment in tried-and-tested schemes like supervised brushing are needed now.

Police have recently had to break up crowds of hundreds attempting to get on the books with a new practice in Bristol. In the face of ongoing access problems new BDA surveys indicate eight in ten dentists have treated patients that have undertaken some form of 'DIY' dentistry since lockdown, amid reports of life-threatening dental sepsis surging, and British nationals even choosing to head to the Ukraine for care.

Leaks to the *Daily Telegraph* indicated that government was attempting to limit the political damage the crisis is doing in the coming General Election. The BDA stress the inadequacy of this plan will effectively ensure dentistry remains a major issue on the doorstep. The BDA is now working alongside the *Daily Mirror* and 38 Degrees to mobilise the public, to push for real change. https://38d.gs/SaveNHSDentistry.

Faculty of Dental Surgery

Dr Charlotte Eckhardt, Dean of the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons of England, saw positive elements to the government's recovery plan, and said: 'NHS England's plan, and the funding behind it, should go some way to tackling the growing inequalities in oral health and the current crisis of access.

'We are pleased to see measures in the plan that will help reduce tooth decay, including roll-out of a new "Smile for Life" programme, to offer families advice for baby gums and milk teeth, the potential introduction of a water fluoridation programme across the North East, and dental vans to reach underserved communities.

'It is also good to see efforts to make NHS dental work more attractive to dental teams, and plans to attract more NHS dentists. However, it will take some time to recruit the numbers of NHS dentists we really need. Therefore, getting the message on prevention out there is key.'

College of General Dentistry

Dr Abhi Pal FCGDent, President of the College of General Dentistry, said: 'The Dental Recovery Plan does not represent the more fundamental contract reform which is required, nor will the additional £210 million in funding behind the plan, welcome as it is, restore universal access to NHS dental care.

'We welcome the proposed Smile For Life programme. However, we wait to see whether sufficient resources will be invested for the programme to be a success.

'The additional temporary funding aimed at those who have been unable to access dental care for two years or more is much needed. However, we would like to see consideration of the ongoing care of individuals benefitting from this initiative.

'The intention to bring NHS dentistry back to some of the many communities who have lost access to it is also very welcome. While mobile units may help in the short term, bricks-and-mortar dental surgeries should remain the backbone of routine ongoing care delivery, and appropriate funding should be put in place to support the re-establishment of NHS practices to address lack of access and meet the volume of need.

'We are already looking forward to the expansion in the number of dental school places available for dentistry and dental hygiene students, and to the implementation of medicines exemptions for dental hygienists and therapists. Greater recognition and use of the full range of skills of all team members will enable the delivery of more care and make NHS dentistry more attractive to dental professionals. We also look forward to further proposals which empower the wider dental team when the next set of contractual changes are consulted upon.'

British Society of Paediatric Dentistry

Professor Claire Stevens CBE, BSPD Spokesperson said: 'This long-awaited plan includes some measures to tackle the crisis in children's oral health. However, we cannot see a plan to review and revise the dental contract which is central to kick-starting the UK dental recovery. For too long we have had podium announcements which sound good, but are actually unworkable on the ground. We have been calling for clinically informed policies with measurable outputs. The current dental contract is not fit for purpose and reform is long overdue.

'We need to ensure the funding is put to good use and supports the dental health workforce with a contract that works. In the run up to an election, we want to feel confident that these initiatives won't just be shelved once the focus is off getting votes.

'A preventively focused dental services plan with funding and measurable outcomes is what we need. We look forward to seeing more details as the plans unfold.'

References

1. Department of Health and Social Care, NHS England. Our plan to recover and reform NHS dentistry. 7 February 2024. Available at: https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry (accessed February 2024).