

EDITORIAL

Britain is now a dental desert: it's time to save NHS dentistry

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The queues and chaos in Bristol have shone a light on the plight of people across the country who are unable to access dental care. We've heard the term 'dental desert' used repeatedly in the media, usually in a local context, but the real picture is that the whole of Britain is now a dental desert.

The Government announced its recovery plan – which is unworthy of the title and fails to even acknowledge the fundamental issues fuelling the current crisis in access to dental care. You will have seen that the Government's plan is to increase spending on dentistry in rural areas where there is a significant deficit in access (but we know it's not just 'rural' areas, however you want to define that) and – well it feels like a blatant bribe to support MPs whose postbags are full of complaints about access. It will do nothing to solve the national, structural problem we are facing.

Am I just a bit cynical, or is this going to be spinning the clawback money and underspend to fill the cavity (pun intended) left in funding to attract new service to these areas – and where are these dentists going to be coming from to provide all this new activity to fulfil the demand in the rural areas? I am pretty sure no one will be moving out of London to set up a new practice in Ipswich (sorry Ipswich!). As the BDA Chair Eddie Crouch has said repeatedly, it's just filling a leaky bucket.

Stand by me: sign the petition!

When I launched my petition, alongside *The Mirror* and 38 Degrees to campaign to save NHS dentistry, I was more than just a little apprehensive. But I think that we – as dentists – have to tell the truth. Well actually it's called a 'duty of candour' in clinical practice.

We've all seen the headlines of 'DIY' Victorian dentistry and winced. I've even had a family member take out two of his own teeth in desperation, which left me speechless – and felling more than a little guilty (especially as he did a pretty good job!). This wasn't about costs – he simply could not find a dentist within a 40-mile radius to see him – and he is disabled.

I think this is what makes me so angry – on a daily basis I am seeing some of the most vulnerable in our community being abandoned by the Government, with sometimes catastrophic consequences. I feel that in twenty-first century Britain, I am again seeing health outcomes from the



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1940s, and this is plainly wrong. You can stand by me, stand up for your patients and the profession, and sign the petition: <https://you.38degrees.org.uk/petitions/save-nhs-dentistry-2>.

Can we sleep at night?

The cost of patients not being able to access primary care has a ripple effect all of its own. Community services find themselves more overloaded and are struggling, facing a similar problem of constrained funding, whilst in the secondary sector, my colleagues in HDS struggle with increasing workloads, no additional funding, more complex cases demanding more care, and disease inflation.

In a 2022 paper¹ published in the *British Journal of Oral and Maxillofacial Surgery*,

McGoldrick *et al.* looked at admissions to critical care units due to orofacial infection from 2010–2019, finding a statistically significant increase in admissions over the period. Sepsis was present in over 75% of these patients, with close to a 5% mortality rate. That was pre-COVID. I am convinced things are worse now, and the reports of acute admissions for severe odontogenic infections seem to have gone through the roof. And once again – the more vulnerable you are – the higher your risk.

Dental disease tends to be associated with deprivation, and it doesn't matter where you are in the country – Liverpool, Bridgewater, Glasgow, Swansea, or Belfast

– there are vulnerable groups who suffer dental disease that is now uncontrolled. How can the Government and the layers of management between them and patients actually sleep at night?

Dentists can't take the fall...

Have patients lost hope? Polls over the years have consistently shown the high level of trust that the population have for their dentists, but this is now in jeopardy. The profession has been incredibly imaginative and effective at delivering care despite the circumstances – and there have been many crises – but – well this does seem to be the end game for dentistry within the NHS, and universal access to care. Even the Nuffield Foundation ▶▶

« sees this. How have we come to this – dentistry being left to wither on the vine?

Even patients feel this now – and are beginning to talk about the end of NHS care. I am also concerned about the impact on you – my professional colleagues – of the move to more private work, as it is not without huge risks. There is a risk that there will be overwhelming demand that becomes unmanageable, that patient over-expectations that lead to an increase in litigation, and that there will be profound resentment against the profession – effectively the profession will become the Government's scapegoat.

This does not mean that any decision to work without the NHS is wrong – I know that practice viability is the bottom line – but we need to be a unified profession.

Dentistry really matters

That's why I believe in fighting for our patients, and for their access to dental care in a timely and effective way. This will take funding and imagination – but give us the funding and we will make it work – the UK has a dental profession able to deliver cutting-edge care in imaginative ways. It is important to remember that dentistry impacts on quality of life: in the NHS we need to show that we are worth every penny of whoever's money.

Show that we are a real asset, that dentistry really matters. You can make your views felt and help us by sharing what you are seeing in practice – please fill out the BDA's survey: www.smartsurvey.co.uk/s/Deliveringdentistry/. This evidence is vital for our collective effort in lobbying government, keeping the issue raised in the media and showing patients we do care.

Becoming engaged in the campaign, being on *The Mirror's* website and on social media is not something I really wanted – or indeed, imagined would ever happen. But I don't feel I am alone, the BDA's senior leadership team and representatives have been right behind me all the way, and I hope that every BDA member will also stand with us. We owe it to ourselves, to our profession, and most importantly, to our patients. ■

References

1. McGoldrick D M, Edwards J, Praveen P, Parmar S. Admission patterns and outcomes of patients admitted to critical care in the UK with surgically treated facial infection: an analysis of the Intensive Care National Audit and Research Centre Case Mix Programme database. *Br J Oral Maxillofac Surg* 2022; **60**: 1074–1079. <https://doi.org/10.1038/s41415-024-7262-6>

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