Sixty years of NHS dentistry

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EDITORIAL

Tomorrow sees the start of a week of celebrations to mark the 60th anniversary of the National Health Service. I suspect some of the activity and associated rhetoric will not be exactly what the Department of Health had in mind for the health service's diamond jubilee. This NHS birthday has already provided yet another opportunity to remind politicians and the public that all is not well.

But it would be a failure of the imagination to pitch straight into what's wrong today, without paying respect and giving recognition to the tremendous achievement of the NHS and all who have worked and continue to work for the service. The massive backlog of untreated disease and the stories of dental practices overwhelmed by the sheer number of patients in those early days of the NHS are well documented. Experience of providing dental care has changed dramatically, even in our own practising lifetimes. Thirty years ago when I started work in a mining town in North Derbyshire we had a couple of queues everyday, at 9am and 2pm, with patients waiting for extractions. Clearances for 21-year-olds, given as a birthday gift, were still a regular feature of practice.

SERIOUS CONCERNS ON INEQUALITIES

As dentists, we should still have serious concerns about today's oral health inequalities but the overall story of dentistry in the last 60 years is still remarkable. The combination of access to dental care for the general population and the introduction of fluoride toothpaste in the 1960s has transformed the oral health of the nation. NHS dentistry should be proud of itself – and we should be proud of the contribution of our profession. Many of us, however, are not in celebratory mood. As I write this, we await the publication of the health select committee report on the new dental contract. We don't know what the committee will say, but we know only too well the level of unhappiness expressed by dentists and patient groups about the impact of the Government's changes to NHS dentistry.

Frustration over governments' and politicians' interference with the NHS is nothing new. Writing in 1957, the Chairman of Council of the BDA, Lionel Balding observed: 'The greatest mistake that we made was allowing the health of the nation to be mixed up with politics, and in particular with party politics. In the first nine years of the NHS, nine fee revisions took place and only the last two made an upward alteration.'

I can just imagine the grim smiles of recognition, as you read those words. The reality though, is that politicians will never be able to leave a state-funded healthcare system alone and, in the current climate, our particular area of healthcare is high on their agenda. Dentistry is on the politicians' radar more than ever and not surprisingly, with recent research showing that dentistry is the health issue that continues to dominate MPs' constituency postbags. Much as we'd like to, we cannot ignore the political landscape and hope they'll leave us alone, stop meddling and just let us get on with caring for our patients. For all of us wherever we work, understanding and learning how to navigate our external environment is vital for professional life.

ANTICIPATING NEEDS

As well as looking back over the last six decades, the NHS anniversary invites us to look forward – and not just at the immediate difficulties thrown up by the current reform programmes. For all those who care about the continuing positive direction of oral health, the challenge is to engage more fully with those who can help us plan the detail of expected developments. We have new issues to address in a world in which, to take just one example, many children graze constantly and where babies in buggies clasping bottles full of orange juice are a familiar sight in my local shopping centre.

If the problem of tackling the presence of gross disease as it was 60 years ago has largely passed, then it is the more complex matter of discerning patterns of pathology and implementing targeted solutions that needs to engage us in the years to come. For this we will require collaboration with researchers, epidemiologists, workforce planners and many others to create services and care which, just like 60 years ago, are designed to anticipate and then meet the needs of our patients.

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