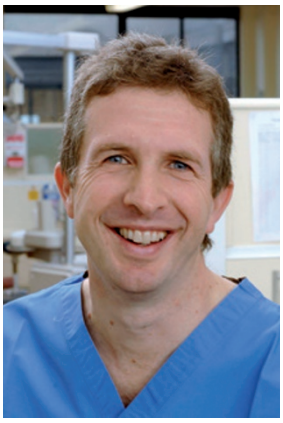
FEATURE

WHEN JONATHAN MET JIMMY

Renowned for his work leading the *Review of NHS Dental Services in England* in 2009, **Professor Jimmy Steele CBE** is more than qualified to discuss the review's journey. **Jonathan Lewney** caught up with Professor Steele to explore the current state of the Independent Review.



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How do you think the election result will affect NHS dentistry and contract reform in the shorter term? Do you think a Conservative government might offer us any opportunities?

The current piloting and prototype process was started by the coalition government which was clearly dominated by the Conservatives, so, one would hope that if they intended to do that before the election they'll carry it on afterwards. We've talked a lot about the pathway and the need for prevention, and I think that's all pretty well understood. I think the real opportunity that presents itself now, as we enter a new phase of a new government, is to address the slightly thorny and difficult issues, like what the offer is. There's a lot you could do in dentistry which should never be done within the NHS, so we need to find out what we mean by a 'comprehensive service'. It's definitely not for me to make the final decision on what's in and what's out, but we need to think very critically about where we're going to get the most health benefit from what we do. Now is a really good time to revisit that because there are commissioning guidelines coming out and also, if we're going to alter or rethink patient charges, now is a very good time to do it. That's a very important tool in managing appropriate demand and we need to ensure that support is given to that.

You mention the prototype contracts and your recommendations are guiding these. How is work on the prototypes going?

It's a bit slower than everybody would like. It's frustrating. Personally I would like to see far more prototypes. I think we could be much more ambitious, but that's not my decision and I can understand why government departments are quite risk averse. There's not much money in the system so you've got to be careful custodians of what's there. However, I think the important thing is that it is happening and we know that the pathways work. There's been a lot of uncertainty about elections and new governments, and now that's happened let's just push it on and get it done.

Although based on the Independent Review, the prototypes are ultimately under the control of the Department of Health. Do you feel the blend based more on activity is different enough from the current UDA system to make a difference to how dentists work?

All of the prototypes are based on the Type 2 and Type 3 pilots and there are two blends within the prototypes which are different. Blend A has got more service, or rather more fee-for-service, than Blend B. I am fairly strongly of the view that it makes much more sense to lean towards Blend B because if you want a dentist to undertake the preventative things they need to do, and to manage risk appropriately, then you have to make it worthwhile. For that, the dentists working in the system have to see a reduction in the basic treatments they do. They might put more of their time into advice and into conversations and lifestyle change, but they can only do that if they're actually seeing a benefit to them. They also might start to make decisions in different ways and make much more conservative decisions about managing caries which, in the current climate, and with the technologies we have, I think is entirely appropriate. Yet they require the capacity to do the restorations they need to do but I think you can trust people to do that, within that package, and we have to allow them that flexibility. I think most dentists, pound for pound, would rather do less treatment and spend more time advising because actually it's a better experience for the patients. There is a place for having payments for activity because we need to incentivise care and allow a bit more time for it to happen, but my view is that you'd be better around the 70/30 rather than the 40/60 model.

Do you have any comments on the challenges you've faced in implementing the recommendations that were made in the Independent Review?

If you'd asked in late 2006 or early 2007 'do you think resources are tighter than one would hope' the answer would invariably have been 'yes'. Then there was a recession and we started to see real fiscal pressure. To still be progressing with the process despite these incredibly tight resources, is something of a success. Implementing change across a huge sector of the practising population is so much more difficult to do than you might imagine for a whole myriad of complex reasons. If there were resources to throw at it, you'd have probably speeded things up a bit but we're not in that place now and that's just how it is. Implementing is always much, much harder than making the recommendations.

You've just been involved in the 2012 Child Dental Health Survey. Was there one key trend that stood out to you more than any other?

Decay in children has reduced measurably over the last ten years. What has become apparent is that there's always been a difference between the richest and the poorest in society in terms of the prevalence of dental decay, but as total amounts of decay

have reduced, the disease has become more concentrated around deprivation. The inequality has become greater. In the very wealthiest children, decay has actually become quite uncommon. Increasingly, caries becomes more like a badge of poverty than it ever has done before. I'm increasingly concerned about the distribution and I think it has big implications for service and for how we run our service. Chucking dentists at kids with decay who probably don't go to the dentist is not going to solve the problem. We're not going to treat our way out of this. The solutions lie elsewhere and in being more imaginative. That's not to say that dentists don't have a very important role to play – they do – but there's other things we have to do besides just filling more teeth.

Based on that, what advice would you give to newly qualified dentists who are deciding on their career pathways?

My advice to new dentists would be to keep your practise up as a generalist, I think there's still a huge place for generalists, but as time goes on, develop your skills in areas where you might have an interest. Some people might hear about 'enhancing your skills in a certain area' and think that's about what are sometimes called 'Level 2' practitioners. But what I'm actually saying is that any practice will likely need to treat the whole population and within that body of dentists you will probably need to have somebody who's better at dentures and somebody, not necessarily a specialist, who likes doing molar endo or whatever so you're going to have a range of very high level skills in a practice. Don't expect when you leave dental school to have all the skills you need to be an outstanding dentist. You will be very well trained but you will not be the finished article. Also remember that the technology will change and you'll have to adapt with it so don't expect things to be the same in five or ten years because things are changing so rapidly.

What issues do the newly qualified face?

It's interesting because a number of things are happening in the dental population. We just published the child survey but I've been involved in the adult surveys as well. The last one we did was the 2009 Adult Dental Health Survey. Complete tooth loss, for example, has reduced again. There are still lots of people with complete tooth loss, but if you're a newly qualified practitioner, depending on where you practise you may not see a complete denture case from one month to the next which limits your chance to consolidate your skills in that area. I've said many times that it's a dark art; full denture prosthodontics is almost Harry Potter-esque isn't it? And you can't perfect the art if you're not being exposed to the need to practise it, and that might be being replicated in a few other areas of practise.

Some non-dental questions now! If you could interview anyone past or present, who would it be and why?

I would love to interview Charles Darwin. I think one would have found him to be a completely obsessional and maybe even quite a difficult man, but I'd just love to have got a better understanding of how he saw what he saw.

The other person I would have loved to have interviewed would have been at the other end of the spectrum, and that would be Robert Burns, who is a big hero of mine and I think he would have an interesting few things to say!

If you could go back in time when would you go back to and why?

Going back assumes that you have either really enjoyed something or missed an opportunity. Some of the really enjoyable family, social or sporting events for example are so much in the moment that revisiting knowing what would happen would just be disappointing, so my answer is going to be birdy. There have been a few birding days when the weather, date and location have aligned and yet I felt I missed out by subtle misjudgements. So, 28 September 1988, Mizen Head, County Cork, I would relocate that rare bird that I glimpsed and sort it out properly.

Where in the world would you most like to visit?

I am really lucky that I have travelled a lot and seen a lot of the world, so there are loads of places that I would love to return to and many that await. However, I have not spent much time in the arctic, so probably remote arctic Canada, I would really like to see Bowhead and Narwhal (two species of whale), though a few other places would push it quite hard.

What's the hardest thing you've ever done?

Try to implement change in NHS dentistry. It is nobody's fault, but it is a hard slog.

Professor Jimmy Steele will present the BDJ/BDA Anniversary Lecture in London on 2 July to celebrate the 135th anniversary of the British Dental Association.

NHS DENTISTRY 'NOT FIT FOR PURPOSE' IN 10 YEARS' TIME

Seventy-two percent of dentists believe that NHS dentistry will not be fit for purpose in 10 years' time – that's according to a poll carried out by Practice Plan at the British Dental Conference and Exhibition in Manchester.

Adding some fun to election day on 7 May 2015, but asking some serious questions about dentistry and the future of the NHS, the poll also reveals that the majority of dentists (66%) do not think that, going forward, NHS dentistry will be able to provide the right balance of treatment *versus* prevention.

Furthermore, while a third (33%) of dentists thought the Conservatives could be trusted with NHS dentistry, a similar number (29%) felt that none of the political parties could be depended upon with this aspect of state-funded healthcare.

With 62% of respondents working in a practice offering either predominantly NHS or mixed treatment, these figures offer significant insight into dentists' views on the NHS.

The poll also revealed that if they were in David Cameron's shoes, the majority would support NHS dentistry through increased spending, closely followed by wanting to change the current contract. These feelings were further reinforced by respondents' finding a lack of time and the potential financial repercussions of the UDA banding system the greatest challenges they face in the present climate.

In addition, with cosmetic treatment considered by dentists to be the biggest influence in dentistry at the moment, expanding beyond NHS care seems a distinct possibility for those who have not already done so.