

Name of representative/organisation: Orthodontist managing North Devon referrals.	Answers provided to questions from the Committee:
<p>1. The Nuffield Trust wrote: “NHS dentistry in England is at its most perilous point in its 75-year history”, and also described it as “in near-terminal decline:</p> <p>Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15”</p> <p>Do you agree or is it a scare story? If you do agree, why?</p>	<p>I do not think this is a scare story but in my experience, statistics can be made to appear, in many cases, to back up your argument depending on how they are interpreted.</p> <p>That being said, I am not certain of the figures but I can well believe this.</p> <p>I have worked within the NHS for 27 years, and I have never known the situation to be so dire. I left general dentistry in 2010, one reason being that my main interest was orthodontics, but a big deciding factor was also because the 2006 contract was unworkable. The profession did point that out at the time, and ever since, but this has been completely ignored. The decline was inevitable.</p> <p>The \$500m funding decrease is believable and I would surmise this to being a large proportion of dentists leaving the NHS. I am curious however, where this ‘extra money’ has gone. I was under the belief that any money clawed-back or contracts given up would be re-distributed to other NHS providers. However, given experiences over the years this is apparently not the case.</p> <p>I personally have asked for more funding over the last few years, as have the practices I have been working with. Despite practices in the area handing back their contracts and therefore, logic would suggest, that local funding is now available, no extra money was ever forthcoming. Red tape, and the need to follow due procedure causes huge delays despite</p>

	<p>glaringly obvious need for funding and practices willing to put in the work. Despite what the public may think, there are dentists out there who want to provide treatment on the NHS but it is almost impossible to get the extra resources in a timely manner.</p>
<p>2. Why are there so few dentists, and how soon is it realistically possible to increase the supply of dentists and how can it be done?</p>	<ol style="list-style-type: none"> 1. The main reason is the NHS contract is not fit for purpose. The UDA is not system is an extremely bad way of remunerating for dental treatment. Dentists are finding that they cannot work within the NHS system and provide quality work, so are handing their contracts back. 2. Although I do not have any exact numbers, I would surmise that too few dentists are being trained. 3. Brexit saw an exit of some overseas dentists. The pandemic period also saw many dentists take early retirement from the profession. <p>The obvious course of action is to train more dentists. However this is obviously not going to solve the problem overnight. This will take many years to train them and to get them up to speed. There is also the then the need for good FD trainers who are willing to put in the hours with new foundation dentists. Given the shortage of NHS practices this will obviously be a problem with an increased number of graduates. Logic therefore dictates that some practices would have more than one FD but not all practices will have the capacity for this.</p> <p>There is also the idea being considered to tie in new graduates to the NHS for a certain number of years.</p>

This is a very tricky thing to consider. The expense of going to university for 5 years has increased astronomically since I graduated so this is a huge decision for anyone considering dentistry as a career. If they are then tied into a system that is not fit for purpose for many years while being tens of thousands of pounds in debt, I cannot see this being particularly appealing. The NHS system needs a huge overhaul if it is going to be seen as an attractive option to school leavers.

I believe the GDC is considering reducing restrictions and the drawn-out process of overseas dentists practising in the UK. Brexit did have an impact on numbers of overseas dentists working in the UK now so hopefully the suggestions of the GDC will make a difference. However reducing the stringency of the checks of the qualifications of the incoming dentists is a concern.

In short, there is not going to be an increase in numbers of new dentists any time soon. So, it all comes down to once again, overhauling the existing contract, scrapping the UDA and properly funding the existing practices who are providing NHS treatment. I think it is fair to assume that any practices that have gone private are not going to be attracted back to the NHS.

3. In your opinion what will be, or has been, the effect of the Conservative government's dental plan that promised "In 2024, we will significantly expand access so that everyone who needs to see a dentist will be able to."

It will have very little effect. It is effectively a sticking plaster and an election gimmick. It's my opinion and I may be wrong, but as far as I am concerned the only way to improve NHS dentistry is to overhaul the contract.

- NHS dentists given a 'new patient' payment of between
- 'Smile for Life' initiative, offering advice to parents and parents-to-be on oral care for baby gums and milk teeth
- Minimum NHS activity value rising from £23 to £28
- 'Dental vans' in rural areas to reach isolated communities
- A water fluoridation programme.

The funding for potentially high needs patients is woefully inadequate. £15-£50 is not going to pay for a lot of clinical; time for patients who will potentially need a lot of treatment.

£20000 over 3 years in high needs area?. When tax and expenses are considered, this does not amount to much.

Dental health advice in nurseries is a good suggestion but really should have been introduced a very long time ago. School visits should definitely be re-introduced.

The UDA is still in the mix. This needs to be abolished.

Dental vans could help short-term but are clearly not a long-term solution.

Water fluoridation? Country-wide? This will be difficult to get off the ground sadly. This is actually not any government's fault,

	but a huge proportion of the public show great resistance to this so I cannot see it happen any time soon.
4. At the moment a range of people are entitled to free dental care (including under 18s, pregnant or new mothers, those on low-income benefits). In your experience do these people receive the care the law says they are entitled to?	Clearly not. With waiting lists for practices and other practices not taking NHS patients at all, there are people out there who are not accessing that treatment.

