



# Regional Focus: SOUTHWEST

## Andrew Taylor

This issue's Regional Focus looks to the Southwest, as we spoke to Andrew Taylor, Chair of the Cornwall and Isles of Scilly Local Dental Committee about how the region's location creates challenges for practitioners and how the LDC is attempting to address these.



**Q** What are the main challenges that dental professionals in the Southwest are facing at the moment, and how are they tackling these?

**A** The main challenges they are facing are:

**Providing dentistry in a rural area:** the physical geography of the southwest means many patients travel significant distances to access dentistry, whether that's NHS or private.

For NHS dentists, providing a reasonable and acceptable level of care within a heavily restricted and underfunded service is becoming more and more difficult, with four practices handing back their NHS contracts and privatising in the last year. The government's austerity has meant for many dentists that they are unable to provide NHS dentistry without the private income it brings to a practice from options not available on the NHS.

**Regulations and bureaucracy:** there are now more than thirty organisations with an interest in dentists and more

than ever, monitoring and influencing and governing dentistry. Despite the government's focus in reducing this, they have made no progress and have in fact more than doubled the admin side of dentistry in the last 3-5 years.

**Recruitment:** recruiting new dentists on the NHS is very difficult as many are opting not to provide NHS care in favour of private or hospital jobs. The southwest has always struggled to attract dentists due to rural location, its distance from a dental school and the poor opportunities for career development and diminishing NHS pay. There are also only a handful of specialist dentists in the southwest and a woefully unacceptable and poor secondary care service provision due to a real lack of recruitment to consultant and specialist posts and historical lack of service provision.

**Mental health, burn out and suicide:** the pressures of dentistry have always been high combined with many of the above, and dealing with 20-30 patients a day with often complex and anxious patients with high needs and the pressures

of life in general. There's also added scrutiny from the GDC and regulatory and governing bodies with no help or support from the regulatory bodies or human acceptance.

Decreasing the GA rate in children is a national problem, and improving the oral health of adults and children is another.

One main challenge for patients and dentists is the patient charges, which have been increasing at 5% whereas the payment to practices has been minimal. There will be a stage over the next five years where what patients pay and dentists receive is the same, effectively privatising NHS dentistry and fixing the cost at the same time; clever from certain view points.

**Q** What has been the key positive or negative area of change in the Southwest region in the past decade, and how have professionals in the area responded to this?

**A** Key negative changes include:

- Loss of occupational health services for practitioners
- Austerity from government
- Amalgamation of the PCT to an area team for the southwest, understaffed and funded
- Orthodontic recommissioning and procurement
- Premature early retirement of experienced practitioners
- The UDA dental contract
- Low morale as a profession

**Positive changes:**

- Formation of the LPN, although yet to show the significant fruits they were supposed to offer
- The expanding private market and interest of patients from all ages. In addition the opportunities to improve and career progress in this environment
- Significant steps in oral health awareness and prevention
- Short term orthodontics

through these processes. We are also a source of information and resources for local practitioners through our website.

**Q** How have the needs of dental professionals in the Southwest changed in the last five years?

**A** I don't think the needs of dentists have changed; we still need increased help and support both financially and palliatively from the area team and nationally through sensible policy and a new dental contract. The dental contract, despite heavy criticism by dentists, critical review and general consensus from all is still existing to be. This has been the case since 2006 and is causing great problems and poor care for patients and providers.

**Q** Have patient expectations changed in the Southwest, and to what do you attribute any such changes?

“The demand for cosmetic restorations, procedures and quality caring service have changed the face of practices”

**Q** What are your core aims as a regional representative of the Southwestern LDCs?

**A** With limited influence and input into local commissioning, provision of services and the area team under significant pressure to cut costs and feed money back centrally, it is difficult to envisage that we will be able to make an impact or make positive changes despite best efforts.

Currently our core aim is to help and support local orthodontists through the procurement and re-tendering process offering advice, help, support and put positive constructive pressure on the local area team, holding them to account for any changes.

This is in addition to our core aims of helping and supporting local dentists, either directly or through our PASS scheme, liaising with the area team and LPN and giving all dentists a say in changes and decisions made centrally and feeding back to the area team. We also represent on PAG and PLDP groups, giving clinical input, help and advice and giving context to practitioners going

**A** Patients' expectations have changed greatly over the last five years. The education and knowledge of patients through the web, social media and celebrity culture has changed the way we view and access information as well as our needs for our oral health. The demand for cosmetic restorations, procedures and quality caring service have changed the face of practices. We have seen a huge increase in patients turning their back on NHS care in favour of private care. We have had to adapt and change to the challenges this produces. Patient expectation is also at an all-time high in this disposable era. The interesting thing is that improving our practices to provide these additional requirements and features has added to running costs, which has made providing NHS and private dentistry in conjunction a challenge, with many making a loss or breaking even on NHS care, which is unsustainable.

**Q** How do you and the LDCs in the region ensure LDCs maintain their relevance to the profession?





“For NHS dentists, providing a reasonable and acceptable level of care within a heavily restricted and underfunded service is becoming more and more difficult”

**A** We engage with as many dentists as possible and attend as many events as possible, locally and nationally, to keep up to date and feed back, help and support where possible. Being a practicing NHS and private dentist with enhanced skills and being an NHS/private provider, performer and principle of a large eight surgery practice aids this. It keeps me engaged, current and on topic.

**Q** How do you feel the pace of innovation differs in the Southwest compared to other regions? Where is the region ahead of curve in this area, and where might it be behind?

**A** Provision of services in the specialities is and has been archaic and limited in the region. Being a great distance out and on a limb of the country with no boundaries with other counties makes the southwest vulnerable from isolation and consideration nationally. I can't think of any areas we are ahead, which is a demoralising thing to say for local practitioners, apart from small local initiatives with limited impact.

**Q** How do you think the dental profession is perceived by the public? Do LDCs have a part to play in building relationships on this level?

**A** LDC's definitely have a role in presenting the profession in a positive light and where possible, taking every opportunity to promote this. However, our primary role and responsibility is to practitioners and levy payers. I believe the perception from the public is better than ever, apart from a small minority having had bad experiences in

one way or another, and a minority of practitioners have negative influence on the profession, as in all walks of life.

NHS dentistry has without doubt fuelled the stigma around dentists' pay. The low cost has given patients the expectation it should be cheap. The media has not helped with rash and inaccurate statements around pay. The headline figures have been misguided with the naive misinterpretation of the difference between gross and net pay and the costs dentists face. Roughly half of over the counter pay goes straight out to costs before dentists' pay. When in comparison to our peer groups, we are, for the majority, below that of solicitors, doctors, and health care professionals in other countries.

**Q** Do you feel that the Southwest dental market has a voice in wider conversations outside of the region?

**A** We definitely have a voice and it is listened to, talked about and debated locally and fed back nationally, but it has little or no influence. NHS England are disorganised and not open to taking on messages fed back.

**Q** What does the future look like for the dental professionals in the Southwest region?

**A** The future is bright with the expansion in private care and efforts being made locally. The NHS outlook is bleak and unpredictable. It is of great worry what is happening with the orthodontic process locally and nationally, and this seems to be a sign of things to come for the upcoming potential dental contract revision.

## Andrew Taylor

Andrew had aspirations of being a dentist from aged 12 and qualified in 2005 from Cardiff Dental school, achieving Merit for clinical and academic achievement. These aspirations gave him the drive and motivation to own and establish the caring family practice of which he is now Principal, Wadebridge Dental Care.

In 2009 Andrew was elected as Local Dental Committee Chairman for Cornwall and Isles of Scilly, allowing him to influence dentistry and represent, guide and help local dentists in Cornwall. He also represents the southwest region nationally on the GDPC-LDC liaison group, which meets quarterly at the British Dental Association, and in his involvement with the Local Professional network in Cornwall.

Outside dentistry, Andrew moved to Cornwall in 2005 and set up home with his wife Melissa, who qualified as a dentist in the same year and now also works at the practice. In his spare time he enjoys keeping fit, watching rugby union/Formula 1 and time spent with his wife and their cocker spaniel Henry on long walks, soaking up the Cornish sunshine.

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