Clarify position of prototype contracts? Fallow time?

Eddie Crouch: The Department of Health and Social Care have decided not to continue with the prototypes beyond the end of March 2022. There would have needed to be a change in regulations but it's clear the learning would not be enhanced by extension as the criteria set for success have not so far been achieved and probably had no chance without additional resources. Access improvements, quality of care improved, and acceptance by the dental team in the same financial envelope was unrealistic from the start.

Prototypes are meeting NHS England to discuss support as they exit back to normal contractual terms and BDA met also with a representation to find out what they would like the BDA to negotiate on their behalf.

Not sure what the second part of the question is about but fallow time at present is as dictated in the SOP and dependent on Air Changes per hour.

Is it time to remove RCT from NHS dentistry?

Eddie Crouch: In my opinion there is a place for endodontics still within the NHS but it's clear that molar endodontics and the potential for litigation makes this treatment that may be classified as advanced in certain circumstances and there is a restorative commissioning guide to back up that view. Commissioning should be an NHS decision. What's clear is the UDA system is inappropriate for many forms of treatment including endodontics.

Do you think that a core service is the best way forwards for NHS dentistry? Will it help stem the bleed of NHS dentists to private practices?

Eddie Crouch: It may be, but it depends on what the remuneration is for the core service, if it's inadequate it will not make any difference but if the budget (which already only covers half the population) is maintained it could work. The stem of dentists from the NHS will not be enhanced by one change and needs further structural contractual terms to improve and better overall support for dental teams. There has been a significant income reduction over the last decade and increased administration and regulation burdens. It's pretty clear though that no change will see a massive haemorrhage.

Do you think NHS England are playing a very dangerous game as many dental labs are going out of business or reducing their workforce leaving nowhere to send lab work unless it is private?

Eddie Crouch: It's clear dental laboratories were awfully supported through the pandemic and the report produced by Jason Wong for support for dentistry seemed overlooked as most pleadings have by the Treasury. It is awfully sad that many labs have gone to the wall, and it is no surprise that as businesses those surviving may now be concentrating on work that builds them back through the high private demand that is out there currently.

Nigel, are you seeing more and more practices approaching you about leaving NHS dentistry? Are they leaving fully, or just scaling back?

Eddie Crouch: This question wasn't directed to me, but my experience is that practices are handing back sizeable contracts or preparing to.

Not a question but it all just highlights the utter contempt the government have for our profession, NHS or private. It's insulting.

Eddie Crouch: I agree. But patients don't feel that.

Can you see Clinical Dental Technologist's working within the NHS alongside Hygienist's and Orthodontic Technicians?

Eddie Crouch: It does seem with the Advancing Dental Care publication that enhanced training pathways and flexible training is the direction of travel, with care being delivered by a skill mix. Strange then, that model currently being used in many prototypes is seemingly being abandoned. However, it would seem logical eventually with contractual reform that that is possible.

When the NHS dental contracts were changed from fee per item, I always believed that it would be children's dentistry that would bear the brunt. Unfortunately, I was right. Surely preventative dentistry is the only way forward?

Eddie Crouch: The contractual changes in 1990 and 2006 have affected all patients not just children, in that the current system creates health inequalities with the unfairness of the UDA. But the preventive model was what was being prototyped and makes sense, but it needs time to deliver as prevention takes time and investment as it's not initially cheaper to deliver.

I've been an NHS dentist for 26 years. Hand on heart if someone offered me a private job tomorrow, I'd take it. It's such a shame

Eddie Crouch: It is for those who believe in an NHS and want to help patients who require it, but you are not alone for sure in your feelings.

Great point about support staff leaving, I know of one receptionist that left because they were sick of getting frustrated calls from patients and not being able to help them!

Eddie Crouch: Indeed, there are frustrations for staff and patients at present and our calls for wider public messaging on the difficulties with dental access have gone unheard leaving practices to take the brunt and sadly abuse in many circumstances.

At the risk of sounding harsh, dental disease is generally preventable so reaching the point of requiring RCT is generally preventable.

Eddie Crouch: As someone who works in a very under privileged part of Birmingham, I do see the difficulties with cheap food being full of sugar and oral hygiene being the last thing on parent's minds who are struggling to make ends meet. We are fortunate to be a fluoridated area but still we see pockets of huge dental need in areas of deprivation.

What has the BDA proposed as a suitable alternative to NHSE proposed new contract?

Eddie Crouch: We submitted a paper to NHS England in March and so far, it's not been debated, hopefully that will be part of the negotiation phase NHS England say we are in very soon. The document was crafted by the General Practice Committee but inevitably it will require a bigger envelope of spending.