

The future of private dentistry



Catherine Rutland

Clinical Director, Denplan

Over the course of my series of three articles for *BDJ in Practice*, I have written about the issues confronting dental practices as we come out of the pandemic – with some themes that run from well before it started, I have provided my views as to how we consider those issues based on my personal professional experience and after hearing feedback from our 6,700 Denplan member dentists. The previous two articles in this trilogy have focused on NHS dentistry and mixed dental practices. However, with the third article in this series I wish to devote my column inches in this publication to private sector dentistry.

As I have discussed in previous articles, Denplan has estimated that private sector dentistry makes up about 15% of independent dental practices in the UK (with NHS and mixed practices making up 40% and 30% respectively.) However, although a small proportion of the dental sector in comparison to other types of practice, that 15% share still plays a significant role in delivering high quality oral health and patient care across the UK. So much so that in 2019, the annual value of high street dentistry was over £8.5 billion – almost 60% of this came from the private sector, which had a total annual value of £5.2 billion.¹ This illustrates, at least in purely financial terms, the significant position of private dentistry.

Despite the recognised importance of private dentistry within our profession, there is a

noticeable lack of understanding of dentistry and specifically private dentistry amongst policy makers at the national level. In Denplan's recently published white paper, *The Future of Dentistry*, we discovered that the overwhelming majority of our Denplan member dentists surveyed expressed concerns about the government's understanding of, responsiveness to, and support for the private dental sector.² Private practices have good reason to take this view of the government's poor knowledge about private dentistry based upon the experience of several decades of public health policy.

My concern is that private dentistry can often be viewed as purely cosmetic dentistry. From my own experience in practice, and for the many all private practices I know, this is predominantly not the case. Of course, cosmetic dentistry is central to some private practices. Yet for many, their model is based around ongoing regular preventive oral care for families.

Far too often dentistry is an afterthought for policy makers and the vital role it plays in public health is consistently overlooked. There is even less understanding of the role private dentistry plays in this. In addition, the Department for Health & Social Care's recent white paper on reforming the healthcare system, *Integration and innovation*,³ made little to no reference to dentistry – let alone private dentistry – and its role in the wider health and wellbeing of patients. Indeed, aside from proposals on water fluoridation, dentists are left excluded from the proposed network of ICSs (Integrated Care Systems) in much the same way dentistry has been excluded from previous reform initiatives – much to the detriment of public health.

Despite the lack of acknowledgement from Whitehall, private dental practices nevertheless play a crucial role in maintaining the oral and general health of the nation and should be properly supported to do so. Alongside NHS dentists, they promote oral health and disease prevention, support the diagnosis of certain conditions, and provide patients with preventive lifestyle advice. Indeed, private dentistry plays an integral role in the early detection of many chronic and life-threatening diseases including the most concerning of which is mouth cancer. Last year, 8,722 people in the UK were diagnosed with mouth cancer – almost one person every hour. The number of cases each year continues to grow at an astonishing rate – there has been an estimated 97% increase in the incidence of mouth cancer over the last 20 years.⁴ With mouth cancer now the 14th most common cancer in the UK and 9th most common amongst men, never has the early preventive role of dentists been more important and the screening carried out in both NHS and private examinations. However, as recently demonstrated by comments from government ministers in Parliament, there remains a poor understanding of the vital role dentistry plays in the early diagnosis and referrals of mouth cancers.⁵

A *Cochrane Oral Health* review highlighted that visual inspection of the mouth by a front-line health professional is the most effective method of diagnosing such cancers, and successfully detects between 59% and 99% of cases, which is superior to other techniques.⁶ Across NHS, mixed and private practice the importance of early detection of signs of mouth cancer require a collective

effort from colleagues across the profession. But the early detection of mouth cancers isn't confined solely to mouth inspections alone, a significant and equally important part of the preventive oral health aspect of dentistry is the wider diet and lifestyle advice many private dentists provide to patients in addition to the level of service most patients expect. Effective provision of oral-related dietary and lifestyle advice is crucial given the role lifestyle factors such as smoking and drinking alcohol excessively are known to play in the development of oral cancer.

This thus feeds into the wider preventive healthcare agenda that has been at the forefront of discussions amongst policy makers and healthcare professionals over the past several years. As established by the government's 2019 prevention green paper⁷ and *NHS Long Term Plan*,⁸ the managing and monitoring of patients' lifestyles will be far more integral to healthcare in the future than standalone treatment. Smoking, obesity, and excessive alcohol consumption are three of the most significant challenges facing the nation's health. All three also contribute to the prevalence of diseases such as diabetes, cancer, and dementia. With the time and resources private dentists can devote to patient care my view is that there is an opportunity to play an important role in the preventive healthcare model of the future. This is an area that I know some practices have already started to explore and embrace. We are in a unique position that we see many of our patients regularly, which is especially important with those groups who maybe would not attend other areas of healthcare as early as they should.

However, despite the recent publication of the Department of Health & Social Care's *Integration and innovation* white paper, there remains no clearly recognised or identified role for private dentistry. Indeed, even in the field of the adoption and greater usage of digital health tech – an important innovation in the health sector that will greatly aid preventive healthcare models – private dentistry (and the dental sector more widely) is hardly mentioned.

The Department's proposals for the restructuring healthcare envisions a more integrated health system based around Integrated Care Systems (ICSs), the wider adoption of digital technology in healthcare – from telemedicine to wearable health monitoring tech – and a greater emphasis on preventive healthcare building upon the aforementioned NHS Long Term Plan. During an expert roundtable event convened by Denplan in February of this year, it was

acknowledged that the adoption of digital trends and preventive health are already key aspects of general practice routines and have been accelerated by the pandemic.

Private dentistry has adapted quickly to the restrictions placed upon it by the pandemic and has begun to integrate telemedicine and other digital solutions into their practices. As Gerry Campbell has noted, since the onset of the pandemic the need for efficiency has driven more dental practices to adopt digital technology with the associated benefits of less 'chair time' for patients, more informed communication with patients and the opening up to a wider array of treatments.⁹ The enhanced usage of digital impressions and other key technological innovations are allowing dentists in private practice to create a more flexible and patient orientated approach to oral healthcare.

As healthcare in general becomes more digital and preventive in nature, then the expectation will grow that dentistry should play its role in the detection, referral, and prevention of disease. Due to the ability to focus more time and resources on patient care, the expanding adoption of digital dentistry and the flexibility of workloads that comes with operating outside of the GDS contract, makes private dental practices a large cohort of potential key partners in delivering improved oral and physical health across the nation.

Writing these three articles considering the future of our profession, has shown me that despite different payment models, there are certain things that are fundamental to all practices, and challenges faced by all. If we wish to tackle the bigger issues of public perception of the profession, oral health messaging, workforce issues, lack of policy makers understanding of how we work and our importance in overall healthcare, the only way to achieve this is to be united in our messaging. We may have chosen to work using a particular payment system, yet at the core is our desire to improve the oral health of our patients, keep our teams engaged, trained and well, and make sure that we work in a compliant way from a regulatory perspective.

Although the early stages of the pandemic caused some fear and division, as time has gone on, we are potentially more united as a profession on the key messages than we have been for years and we must use this opportunity to drive change. As a profession, we cannot feel the future is in someone else's hands, we need to determine it ourselves, in our individual practices or areas of work, and as a collective.

Then there is the small task of taking the public and policy makers with us! ♦

References

1. British Dental Industry Association. Spotlight 2020. Available online at: www.bdia.org.uk/dental/resources/spotlight (Accessed May 2021).
2. Denplan member survey, October 2020: data on file.
3. Gov.uk. Integration and innovation: working together to improve health and social care for all. Available online at: www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version (Accessed February 2021).
4. Oral Health Foundation. The State of Mouth Cancer UK Report 2020/21. Available online at: www.dentalhealth.org/thestateofmouthcancer (Accessed June 2021).
5. Hansard. Oral cancer: Diagnosis. March 22 2021.
6. Walsh T, Liu J L Y, Brocklehurst P *et al*. Clinical assessment to screen for the detection of oral cavity cancer and potentially malignant disorders in apparently healthy adults (Review). *Cochrane Database of Systematic Reviews* 2013; **11**: CD010173.
7. Gov.uk. Advancing our health: prevention in the 2020s – consultation document. 2019. Available online at: www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document (Accessed June 2021).
8. NHS. NHS Long Term Plan. 2019. Available online at: www.longtermplan.nhs.uk (accessed June 2021).
9. Dentistry, Digital Dentistry to the rescue. October 2020. Available online at: <https://dentistry.co.uk/2020/10/07/digital-dentistry-rescue/> (Accessed: June 2021).



Author bio

After qualifying as a dentist from Leeds University in 1992 and doing a year as a House Officer, Catherine worked as a Senior House Officer in Newcastle before settling into general dental practice. Catherine joined Denplan part-time in 2010 and was promoted to her current position in 2019. She has 19 years' experience as a joint partner in a private dental practice in Berkshire, and completed a Masters in Medical Ethics and Law from King's College London in 2013. She is also a certified member of the Institute of Risk Management and completed a Level 7 Certificate in Leadership Mentoring and Coaching in 2016.

<https://doi.org/10.1038/s41404-021-0834-0>