Editorial comment

Turning a blind eye

The government’s response to the Health Select Committee report conjures up the old adage of the three wise monkeys: see no evil, hear no evil, speak no evil. For it’s an easy path to follow isn’t it.

In short, turning a wilful blind eye to the situation is one way of dealing with a somewhat ‘difficult’ situation. But waves of disappointment are breaking on the profession. Has the hard graft required to compile the report been wasted? The meticulous detail combed together from the Committee was black and white i.e. ‘Things have worsened since the changes of the General Dental Service in April 2006, with nearly a million fewer people seeing a dentist since the reforms’. Whoops!

Okay, so it’s not exactly good news for the government to deal with, but to blatantly deny such evidence is not the way to go if it wants to build bridges. The local bhirb is good though and we like that – but what’s the point of having a system that provides local dental services if there aren’t enough NHS dentists to provide the services anymore? Acknowledging that ‘progress on improving access has been disappointing to date’ is a start. And pledging to ‘work with professional and patient groups to review how nationally and locally, we and the NHS can achieve the maximum benefits for patients and these reforms’ also sounds good. But if the government fundamentally stands firm with the status quo how does it possibly think it can make any changes? It has claimed there will be an 11 per cent increase of funding, and that this will be sufficient for PCTs to commission ‘a far greater range of new services and will further improve access.’

Will increased funding be enough and if so how will it be distributed?

Continuing on the thread of denial is the response to the Committee’s evidence that UDAs remain ‘extremely unpopular with dentists.’ It appears the government has its own separate evidence which tells an entirely different story. We all love UDAs apparently, yes really. We must do, because ‘the available evidence supports the view that this has led, as intended to a reduction of workload AND dentists working hours are shorter than they were in 2000.’ But is the reduction of workload to do with some dentists who were under-allocated in the first place? Or maybe it’s down to those forced to extract teeth instead of performing complex treatments through lack of funding? Something doesn’t quite add up but the Committee has done its bit from every possible perspective. If only the government would follow suit.

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