Welsh Parliament
Health and Social Care Committee

Dentistry

February 2023

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Dentistry

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About the Committee

The Committee was established on 23 June 2021. Its remit can be found at: **www.senedd.wales/SeneddHealth**

Current Committee membership:

Committee Chair: Russell George MS
Welsh Conservatives

Rhun ap Iorwerth MS
Plaid Cymru

Gareth Davies MS
Welsh Conservatives

Sarah Murphy MS
Welsh Labour

Jack Sargeant MS
Welsh Labour

Joyce Watson MS
Welsh Labour

The following Member attended in accordance with Standing Order 17.49 during this inquiry.

Jane Dodds MS
Welsh Liberal Democrats

Contents

Chair's foreword

While COVID-19 inevitably had a severe impact on access to NHS dentistry, it is clear there were long-standing issues prior to the pandemic. Witnesses talk of historic underfunding, with budgets barely having changed in over a decade.

If we really want to tackle inequalities in access to NHS dentistry, we have to target resources where they are most needed. It is incredibly difficult to do this, however, if we have no idea of how many people are actually waiting to see an NHS dentist. It is also unacceptable that once people are on a waiting list, they could be waiting up to 26 months before getting an appointment.

Many people talk of a two tier system, where those who can afford to pay for private treatment do so. But are we in fact in danger of creating a three tier system? Where those who can't register with an NHS dentist but can't afford to pay privately are left with no access, other than to the emergency dental service.

The negative effect of the pandemic on the dental workforce should not be underestimated and it is concerning to hear that morale in the sector is so low. Pressure of waiting lists is cited as one of the most common causes of stress and dentists and their staff have been subject to the frustrations of the public, who cannot understand why they are unable to access NHS dental treatment.

While the Welsh Government's latest contract reform has been broadly welcomed, it is seen by some as merely tinkering round the edges when perhaps what is really needed is radical reform of the system to increase capacity and reduce inequalities to access.

Russell George MS
Chair of the Health and Social Care Committee

Recommendations

Recommendation 1. The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than six months before the reforms are planned to come into effect..... Page 17

Recommendation 2. The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making ay further changes to the dental contract. ..... Page 17

Recommendation 3. The Welsh Government should explore options for a centralised waiting list and report back to this Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023. ..... Page 28

Recommendation 4. In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023..... Page 28

Recommendation 5. The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024..... Page 31

Recommendation 6. By the end of the summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh Government will engage with private practices. ..... Page 31

Recommendation 7. In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area. ..... Page 36

1. Background

1. In May 2019, the Health Social Care and Sport Committee of the Fifth Senedd published 'A Fresh Start',[1] the report of its inquiry into dentistry in Wales. At this time, the Welsh Government had said "whole system change" in dentistry was underway. The Committee had been concerned that dental services in Wales needed to be more responsive, equitable, effective and preventive; its inquiry considered the shift in policy direction needed to support delivery and reform of the dental contract.

2. The Committee made six recommendations; all of which were accepted by Welsh Government.[2] These covered replacing the Unit of Dental Activity targets (as a sole measure of contract performance); investment and clawback; workforce planning and training; orthodontic services; and programmes to improve the oral health of children and young people.

3. In March 2022, the Health and Social Care Committee of the Sixth Senedd agreed to follow-up on this work, with a particular focus on whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living.

Our inquiry

4. We decided to focus in particular on:

- The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services.
- Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments.
- Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need.

[1] Health, Social Care and Sport Committee, A Fresh Start: Inquiry into dentistry in Wales, May 2019
[2] Written response by the Welsh Government to the Health, Social Care and Sport Committee report: A Fresh Start: Inquiry into dentistry in Wales

- Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the 'Gwên am Byth' programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service.
- Workforce well-being and morale.
- The scope for further expansion of the Community Dental Service.
- Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices.
- The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales.

5. We gathered evidence in writing[3] and by holding oral evidence sessions with stakeholders, including the Minister for Health and Social Services and the Chief Dental Officer for Wales. The Senedd's Citizen Engagement Team also conducted interviews with people across Wales about their experiences of dentistry issues.[4]

6. We are grateful to everyone who took the time to respond to our consultation and share their experiences with us.

[3] Health and Social Care Committee, Consultation: Dentistry
[4] Dentistry Engagement Summary: Case Study Report, October 2022

2. Different types of dental services

7. The landscape within dental services is complex and can cause confusion. It is therefore important to be clear, especially when looking at issues of access and inequality, about which services are being talked about.

General Dental Service (GDS)

8. The General Dental Service (GDS) provides NHS high street dentistry, check-ups, and treatments. NHS GDSs are provided by general dental practitioners. These dentists are contracted by health boards to provide NHS general dental care and treatment to patients. Practices can provide a mix of NHS and private treatment.

Community Dental Service (CDS)

9. The Community Dental Service (CDS) provides care for vulnerable people who are often at increased risk of dental and oral disease and are likely to include those who are unable to:

- co-operate with routine dental care;
- understand the need for dental care and good oral hygiene;
- maintain good oral hygiene without assistance; and
- readily access dental services (e.g. patients who require a hoist to transfer to the dental chair).

10. They may also be:

- people with complex health needs which may include medical, physical or mental health needs;
- socially disadvantaged people, including asylum seekers, homeless people and people with substance misuse disorders;
- Looked After Children (LAC) or children with dental disease who are severely affected and/or not being taken for dental care; or
- frail and vulnerable older people, including those living with dementia and people who live in care homes who are unable to access care via the GDS.

11. The CDS is responsible for the delivery of the Welsh Government's Designed to Smile and Gwên am Byth programmes. In collaboration with Public Health Wales and the Wales Oral Health Information Unit, it is also responsible for the conduct of epidemiological surveys on oral and dental health in Wales.

Hospital dental service

12. The primary role of the hospital dental service is the provision of specialist advice and treatment for cases of special difficulty. These cases are referred to hospitals by the GDS or CDS, or may be patients admitted to hospital as a result of trauma. The hospital service also provides outpatient care in special cases where there are medical considerations that make it desirable for patients to be treated in a hospital setting.

Domiciliary oral healthcare

13. Domiciliary oral healthcare is a service that reaches out to care for those who cannot reach a service themselves. Domiciliary care is intended to include oral healthcare and dental treatment carried out in an environment where a patient is resident either permanently or temporarily, as opposed to care which is delivered in dental clinics or mobile units. It will normally include residential units and nursing homes, hospitals, day centres and patients' own homes. While domiciliary care includes preventative oral healthcare, it excludes dental screening procedures.

Orthodontics

14. Orthodontics is a specialised branch of dentistry concerned with the development and management of irregularities and abnormalities of the teeth, jaws and face.

3. Welsh Government's dental contract reform

Dental contract reform programme

15. The NHS General Dental Services (GDS) contract came into force on 1 April 2006 in England and Wales. The contract changed the way that dentists were contracted from individual 'fee for item' payment claims, to an agreed annual contract value with stable monthly payments through the introduction of the Unit of Dental Activity (UDAs). The contract consisted of three bands that determined how much a patient was charged for their treatment, and how much a dental practice was then remunerated by the health board.

16. To test alternative systems of payment to dentists and new approaches to the delivery of NHS dental services in Wales, the Welsh dental pilot programme was developed. It ran from 2011 to 2015 and focused on widening access; improving quality; and incentivising prevention.

17. Two of the eight pilot practices participating in the programme moved on to a trial of a more advanced 'prototype' of the contract in 2016. Following the contract reform announced by the new Chief Dental Officer for Wales in 2017, the prototype contract was not rolled out. However, the two prototype practices within Abertawe Bro Morgannwg University Health Board continued to use the advanced contract and did not return to UDAs.

18. Instead, in September 2017 a new pilot scheme began, with 22 practices taking part. Health boards across Wales selected and supported a number of dental practices within their areas to take part in the programme. This pilot scheme worked with 10 per cent of UDAs given over to oral health needs assessment data collection.

19. Evidence from the British Dental Association (BDA) Cymru states:

> *"The contract offer initially involved a reduction of 10% of the discredited Units of Dental Activity (UDAs) in exchange for carrying out ACORNs—assessment of clinical risk and needs—once a year for each patient seen. Stage 2 involved 20% UDA exchange for additional targets of new patients. The minimum UDA value was lifted to £25 for those practices in contract reform. The percentage of children seen edged up a little from 2017 to 2019 but at the expense of the adult numbers which declined. It should be stated that*

> *performing the ACORNs continues to take away patient contact time (5 to 10%) that could otherwise be used for clinical treatment."*[5]

Dental contracts during the pandemic

20. During the pandemic, the UDA targets were suspended, allowing dentists to focus on patients with greatest clinical need. In July 2021, the Minister for Health and Social Services (the Minister) stated that contract reform would re-start in April 2022.[6]

Re-start of the dental contract reform programme

21. In response to questions in Plenary on 15 June 2022[7], the Minister stated that the Welsh Government was working on reforming the dental contract to focus on prevention and needs-based treatment in order to create more access for new NHS patients.

22. The Welsh Government wrote to health board directors of primary care, primary care leads and BDA Cymru about dental contract reform on 3 March 2022.[8] Detailed explanations of the arrangements for the re-start of the dental reform programme from April 2022 are available in Annex A of the letter The proposals for dental reform see a continued move away from UDAs.

23. Written evidence from the Welsh Government states:

> *"Previous dental contracts (1990 and 2006) did not address variations in population oral health needs. The contracts did not enable local innovation within service commissioning, which is being addressed within the reform programme. It is proposed to replace the current Units of Dental Activity (UDA) activity model with a needs-based funding system. A prototype was trialled during the pandemic and being adapted within the current contract variation, pending necessary legislative changes."*[9]

24. In a written statement issued in July 2022, the Minister said that, from April 2022, NHS practices had been asked to choose between being part of the reform programme or to return to the contractual arrangements based wholly on the

[5] D20 British Dental Association Cymru
[6] Welsh Government, Written Statement: NHS Dentistry – recovery and system reform, 1 July 2021
[7] Plenary, RoP [para 113], 15 June 2022
[8] Welsh Government, NHS Dentistry: Restart of contract reform from April 2022, 3 March 2022
[9] HSC Committee, 17 November 2022, Paper 2

delivery of UDA. The practices involved in contract reform would focus on prevention and needs-based care, which would mean a move away from routine six-monthly check-ups for all patients:

> *"The capacity released will be available to provide appointments for new patients.*
>
> *Practices will need to balance the need for urgent dental provision with the need to see new patients, however we have calculated some 112,000 people could gain access to an NHS dentist this year as a direct result of contract reform."*[10]

25. In oral evidence in November 2022, the Minister told us:

> *"…I'm getting far fewer e-mails about dentistry now and people getting access. I think that's partly because our contract reform is really starting to bite; 90,000 new people have already had access, and we're expecting that to go to about 120,000 [Correction: '112,000'], I think, as a direct result of that new contract."*[11]

26. However, in written evidence BDA Cymru said it "doubt[ed] the veracity of these figures which are totally unsubstantiated".[12] In a further statement issued in January 2023 regarding the future of NHS dentistry, it stated:

> *"It is still evident, however, that long-standing patients are being held back in favour of seeing new patients to hit targets. This continues to cause us concern, not least because of the unspoken amassing of oral health problems in patients being pushed down waiting lists who have been waiting for years to be seen.*
>
> *The ring-fencing of appointments for new patients is being continuously touted by the Health Minister as provision of over 100,000 new or extra NHS appointments. This is patently not the case. These are simply appointments taken away from historic patients to service new patients and hit targets. This level of*

[10] Written Statement: Dental Contract Reform 2022-23, 27 July 2022
[11] RoP [para 164], 17 November 2022
[12] D20 British Dental Association Cymru

misrepresentation to the public does not instil confidence in the contract reform process."[13]

27. Evidence from the British Orthodontics Society (BOS) states:

"The General Dental Services Contract reform was introduced in Wales for the new financial year in 2022. This was preceded by a series of pilots across Wales. Unfortunately, the nation wide introduction seemed to have occurred with a limited amount of notice and consultation with the dental profession and has reportedly led to a large degree of consternation within the profession due to the significant contractual non-tapered penalties included within the latest contract if the practice as a whole does not meet its performance obligations.

NHS dental provision within Wales is at a crossroads. There needs to be a collaborative approach to the design and implementation of clinical services. Reforms which are instigated with little or no consultation with the profession are likely to be unsuccessful as they will lead to unintended consequences including loss of a proportion of the workforce from the NHS which would paradoxically reduce access to dental care."[14]

28. BDA Cymru also raised concern about the lack of notice:

"New volumetrics were announced in March 2022 for implementation from April 1st for one financial year. There was a follow up of facts and information by Welsh Government. This lack of notice alone caused significant consternation to dentists who had little time to make an informed business decision to accept the contract offer. Many practices had bookings months ahead with their patient lists so couldn't start the new volumetrics from a standing start on the 1 April."[15]

29. Professor Ivor Chestnutt, professor of dental public health at Cardiff University, told us that planning for the financial year 2022/23 had been difficult for practitioners and health boards because details of the contract were not

[13] BDA Cymru: Open letter addresses the uncertain future of NHS dentistry, 20 January 2023
[14] D06 British Orthodontic Society
[15] D20 British Dental Association Cymru

issued by the Welsh Government until the last minute. He said that while there were understandable reasons for this:

> *"...it is imperative that the plans for the next financial year and what the contract will look like in 2023/24 be made clear as soon as is possible and well before March 2023."*[16]

30. BDA Cymru says that while it supports the principle of government contract reform, which is needs-led preventive care:

> *"...there is no magic fix to a problem that lies fundamentally in underinvestment. There are some things that can have a positive effect such as using skills mix in the right setting and with the right training. But such tweaks can't put right a fundamentally underfunded system."*[17]

Our view

31. We welcome the reduced emphasis placed on Units of Dental Activity, which may have discouraged some dentists from taking on high needs patients, particularly in areas of high deprivation where poorer access to dental services already exists. However, it is disappointing that the dental community feel there was a lack of consultation and information prior to the re-start of the dental contract reform programme.

Recommendation 1. The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than six months before the reforms are planned to come into effect.

32. We note BDA Cymru's concerns that the contract reforms which the Minister says will release capacity to provide appointments for up to 112,000 new patients will come at the detriment of existing patients. The Welsh Government will need to monitor the situation carefully to ensure that the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients.

Recommendation 2. The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between

[16] D03 Professor Ivor Chestnutt
[17] D20 British Dental Association Cymru

prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract.

4. Access to services

General dental services

33. Access to dental services has been severely impacted by the COVID-19 pandemic, and it is likely to take some time to deal with the backlog of patients in need of dental care and treatment. However, while COVID-19 has inevitably had a severe impact on access to NHS dentistry, there were long-standing issues prior to the pandemic.

34. According to BDA Cymru:

> *"Dentistry in Wales was in crisis before this pandemic. Now COVID-19 has demolished the flawed foundations the service was built on. Without urgent reform and financial support the COVID-19 crisis will leave dental services in Wales compromised beyond repair."*[18]

35. It states that in 2019 on average only a quarter of practices in Wales were able to offer new child patients an appointment and only 15 per cent of practices could accommodate new adult patients. At that time, it warned that the trend was worsening for adults accessing treatment.[19]

36. Russell Gidney, Chair of the BDA's Welsh General Dental Practice Committee, told us:

> *"...when you talk about the backlog caused by COVID, you assume that we were in any way without a backlog before we went into COVID. So, the state of play typically within Wales, within the UK, is that about half the population are seen with a dentist at any one time. So, there has always been a large chunk of the population that's not been seen."*[20]

37. In the summer of 2022, the BBC reported that access for new patients to NHS general dentistry across the UK was very poor.[21] As summarised in Table 1, the research found that access for new patients in Wales is overall the worst in the UK.

[18] British Dental Association, Coronavirus: Dentistry in Wales needs urgent support, 3 July 2020
[19] D20 British Dental Association Wales
[20] RoP [para 8], 13 October 2022
[21] BBC News, Full extent of NHS dentistry shortage revealed by far-reaching BBC research, 8 August 2022

Table 1 Percentage of NHS dental practices not accepting new patients in each country[22]

Nation	Proportion not accepting adult patients	Proportion not accepting child patients
England	91%	79%
Northern Ireland	90%	88%
Scotland	82%	79%
Wales	93%	88%

Community Dental Service

38. We heard that access issues in the GDS were having a negative impact on the CDS. According to BDA Cymru:

> *"In some Health Boards, CDS resources, staff and clinics are being used to relieve the GDS access issues, with CDS staff treating emergency patients. This is happening without additional funding, at the expense of CDS core patients—i.e. the most vulnerable and those without a voice."*[23]

39. Additionally, during the first phase of the pandemic, CDS clinics across Wales became Urgent Dentalcare Centres. Patients normally seen in the GDS were treated by the CDS to minimise the spread of COVID-19. This meant that the vulnerable patients normally seen in the CDS were not seen, and waiting lists, which in some health boards were already long, began to grow.

40. Manolis Roditakis, Chair of the Welsh Committee of Community Dentists, told us:

> *"...in areas like west Wales, where I work, we do have waiting lists that are so long that I fear that we might never be able to go through these patients. As Vicki rightly said, we do have at the moment an influx of referrals from the general dental service, because it is a broken service at the moment. The capacity that we have in the community services is not enough, by a long shot, in order to deal with these problems."*[24]

[22] D20 British Dental Association Wales
[23] D20 British Dental Association Wales
[24] RoP [para 16], 19 October 2022

41. Vicki Jones, Clinical Director of Community Dental Services for Aneurin Bevan UHB, said she had seen referrals from general dental practitioners double since 2019:

> *"All I'm getting is lots and lots more patients coming into the community dental services that we have to take on board, and once we've actually provided that care and we know that they're able to go and access general dental services, we're finding that a little bit more of a struggle than we were doing prior to 2019."*[25]

Orthodontics

42. Ben Lewis, British Orthodontic Society, told us that orthodontic provision was capped in 2006-07 when the units of orthodontic activity were introduced:

> *"Although there will have been a number of needs assessments since then, and that that could have resulted in some increased orthodontic commissioning, the problem is that there's already a backlog, and most needs assessments don't take into account, actually, how to address the backlog that has already been created. So, if you're lucky, it will keep in line with current need, but there's always going to be a waiting time to actually access treatment because of that."*[26]

43. He went on to say the situation was made worse by the pandemic, when treatments ceased. Then when treatment did recommence or was recommended, it was focussed on those with the greatest clinical need, i.e. those who would become at risk if they weren't seen, usually meaning patients who were already in active treatment:

> *"So, it meant that new cases weren't started. So, the backlog that was, say, previously two to three years to actually get seen—then you just added the length of COVID on top of that.*
>
> *In addition to that, when you look at current commissioned activity, we're undercommissioned according to need. So, Wales, generally, is about 76 per cent of need, but that will vary region to region, and that's historic. So, for instance, Cardiff and Swansea will over-*

[25] RoP [para 14], 19 October 2022
[26] RoP [para 14], 13 October 2022

> *commission for the number of 12-year-olds, which is what the need is based on. So, it's usually about a third of 12-year-olds. So, Cardiff and Swansea will over-commission, but that's because of the geography in south Wales where high-population densities would have the location of specialists, and patients from more rural areas would commute into those high-population densities, such as Cardiff and Swansea."*[27]

Waiting lists

44. It is very difficult to get a clear picture of how many people are currently waiting to see an NHS dentist as there is no centralised waiting list. There are also no centrally held data on the number of patients being treated privately.

45. In the absence of a centrally managed, single list, some health boards have developed centralised lists for their own health board area. Cardiff and Vale University Health Board being one of these. Professor Chestnutt told us:

> *"...the reason why we went down that line, and why I think it's a good idea, is that until now we haven't had a good handle on what the demand for NHS dentistry is, and it hasn't therefore been possible to do an accurate needs assessment in terms of what the demand is, or the need is, out there. So, by having a centralised waiting list, we've been able to heat map where the demand is and therefore allocate resources within the board to those in greatest need."*[28]

46. He went on to say that there were 15,500 patients on the waiting list and anyone joining the list could expect to wait around 26 months from the date of joining to receiving an NHS dental appointment.[29]

47. The situation is further complicated by people being able to register on a number of waiting lists. According to Russell Gidney:

> *"[patients will] phone around hundreds of practices trying to get access. They'll end up on the list of multiple practices, so when we then try and phone patients to get them in our practice to be seen,*

[27] RoP [paras 14-15], 13 October 2022
[28] RoP [para 250], 19 October 2022
[29] RoP [para 249], 19 October 2022

> *we're wasting time phoning patients who've actually seen someone else."*[30]

48. Rob Davies, Cwm Taf Morgannwg University Health Board, supported this:

> *"...we had no choice but to set up the waiting list, especially for the Bridgend area, which is challenging for us. We've set that up in a way to allow patients not to have to ring around every practice. But that still doesn't stop some patients, actually, ringing the practices and sitting on a waiting list there. At this minute in time, we are unsure whether or not all the patients are sat on about five different practice waiting lists, or whether they're sat on ours. For me, I would like to see a simple automated system. There are software providers out there that can do that."*[31]

49. The Minister acknowledged that 'data is an issue' and that there was a discrepancy between practice waiting lists and health board waiting lists:

> *"...there's an issue in terms of validation; it could be that people are on multiple lists; it's not clear what they're waiting for, so there are lots of different treatments that they could be waiting for, and I think that we do recognise that there's an issue here."*[32]

50. She went on to say that she had asked officials to explore a digital solution that could provide an all-Wales centralised waiting list, but added that it was "complicated", "not straightforward". She concluded:

> *"If you want a digital solution, that's not going to be anytime soon, I shouldn't think."*[33]

51. Alex Slade, Director of Primary Care and Mental Health, Welsh Government, confirmed it was very difficult to put a timescale on this work due to the current budgetary position:

[30] RoP [para 29], 13 October 2022
[31] RoP [para 185], 19 October 2022
[32] RoP [para 187], 17 November 2022
[33] RoP [paras 187 and 196], 17 November 2022

> *"...because we don't know how much it will cost to put in place a digital solution. So, I'd be hesitant to put a time frame on that, but, as the Minister indicated, it is a priority to scope that at the moment, and we've been asked to."*[34]

A two-tier system

52. A number of respondents noted that the pressure on dental services has meant some patients are resorting to private dentistry. The Welsh NHS Confederation voiced concerns over a two-tier system emerging, with patients feeling they have to pay privately for treatment due to current long waiting times following the pandemic. It also raised the possibility of a third tier emerging:

> *"...whereby some patients will only ever be able to access urgent NHS dental care, some will have regular access to an NHS dentist, and some will choose to have private dental care."*[35]

53. Carol Richardson, a member of the public who responded to our written consultation, told us that in the six years she had been living in North Wales, she had been unable to obtain an NHS dentist. She said she had had to sign on with a private dental provider while waiting for inclusion on their NHS list:

> *"As far as I know after 6 years we are still on the waiting list.*
>
> *We are fortunate that although we are of pensionable age we can manage to afford to go privately should the need arise. However after paying into the NHS by our taxes for over 50 years we do feel really let down by the NHS dental provision which is very lacking in North Wales."*[36]

54. Both the Older People's Commissioner for Wales[37] and Age Cymru[38] highlighted increasing numbers of older people who were having to seek private treatment because they were either unable to access NHS services or unable to wait for treatment. The Older People's Commissioner also said that some were

[34] RoP [para 206], 17 November 2022
[35] D19 Welsh NHS Confederation
[36] D01 Mrs Carol Richardson
[37] D13 Older People's Commissioner for Wales
[38] D21 Age Cymru

reporting difficulty in finding information about local private practices, as the health board does not provide a list.

55. The Board of Community Health Councils (CHCs) said that often people don't know how to find a dentist, or how much it will cost:

> *"For far too many people, it is difficult to know where to start. The information on NHS websites is too often limited, out of date or inconsistent."*[39]

56. It also said that since the easing of restrictions and the re-opening up of dental practices, they had been hearing more and more about the pressures people feel to 'go private':

> *"Some dental practices that were previously offering NHS dental treatment were no longer doing so, and people couldn't find an alternative practice easily."*[40]

57. According to Professor Chestnutt, it could be argued that a two tier system already exists, with procedures such as dental implants and tooth-whitening not being routinely available on the NHS. He went on to say that what is of greater relevance is exactly what a state funded general dental service should provide:

> *"There remains a perception or perhaps a pretence that all necessary dental care is provided by NHS General Dental Services. That is not the case and I believe it is time for a clear definition and explanation to the public of what is and isn't available via state funded care."*[41]

Cost of living impact

58. The cost of living crisis is likely to have an impact on both dental patients and practitioners which may lead to further inequalities in accessing dental services.

59. The Welsh NHS Confederation highlighted that increasingly, more people are unable to meet their basic living needs due to the cost-of-living crisis. This may lead to families not being able to spend money on mouthcare products, leading to worsening oral health and widening inequalities. In addition, calorie-dense

[39] D08 Board of Community Health Councils
[40] D08 Board of Community Health Councils
[41] D03 Professor Ivor Chestnutt

affordable food often contains sugar and could also impact on oral health. It suggests that healthcare workers, food banks and organisations working with families in deprived areas should be provided with mouthcare products to offer to those who are struggling as a result of the increase in cost-of-living.[42]

60. One of the participants of our Citizen Engagement Team interviews told us they had gone privately in the past, but that was not a scenario they wanted to pursue moving forward due to the ongoing cost of living situation:

> *"I could probably afford to go private if I had to, but I won't on principle. Dentistry feels like a basic need and the fact is I know people here who would not be able to afford it."*[43]

61. Transport to appointments could be a barrier to accessing dental care due to fuel poverty and a reduction in affordable public transport and taxis. The Board of CHCs told us that for some people, particularly in many rural areas, the distances people have to travel to see a dentist makes things even more difficult and costly.[44]

62. The Welsh NHS Confederation also pointed out that the increase in the cost of living could lead many people to discontinue their private dental subscriptions, which could add further pressure onto NHS dental services. This could mean rising waiting lists and another increase in the use of emergency and urgent dental services.[45]

63. Public Health Wales raised concern that although dental charges in Wales are much lower than in England, the cost of living crisis is likely to impact on those who just miss out on exemption from NHS dental charges, which may worsen oral health inequalities.[46] BDA Cymru would like to see patient charges frozen or restructured.[47]

64. In relation to the impact of the cost of living, the Minister noted that the Welsh Government hasn't increased dental fees since the beginning of the pandemic.[48]

[42] D19 Welsh NHS Confederation
[43] Engagement Summary: Case Study Report
[44] D08 Board of Community Health Councils
[45] D19 Welsh NHS Confederation
[46] D04 Public Health Wales
[47] D20 British Dental Association Cymru
[48] RoP [para 331], 17 November 2022

Our view

65. It is unsatisfactory that there is no clear picture of how many people in Wales are currently waiting to see an NHS dentist. The situation is further exacerbated by people potentially being on multiple waiting lists. While the Minister acknowledges this is an issue and is investigating possible solutions, it doesn't appear that this will be resolved anytime soon. However, without this clear picture, it is impossible to know how to target services at where they are most needed. Sufficient data is needed to clearly determine the level of need in order to prioritise services effectively and reduce inequalities, and enable greater monitoring and accountability.

66. We are also concerned that some people in need of dental care are struggling to find the right information about what may be available. The availability of accessible information to the public is a recurring theme throughout Senedd committee reports. Our recent report on the impact of the waiting times backlog[49] calls on the Welsh Government to provide an update on progress made on the implementation of recommendation 37 in the Into sharp relief: inequality and the pandemic report[50] published by the Fifth Senedd Equality, Local Government and Communities Committee in August 2020. The recommendation, which was accepted by the Welsh Government on 23 September 2020, called for the appointment of an accessibility lead within the Welsh Government to oversee the production of all key public health and other information in accessible formats. This recommendation is yet to be implemented.

67. We have heard that many people are choosing to pay for dental treatment because they have been unable to register with an NHS dentist. However, there is a large number of people who do not have an NHS dentist but are unable to afford to pay for private treatment. These people are then reliant on the emergency dental service, should they require treatment.

68. The increasing cost of living is likely to have an impact on people's ability to pay for treatment, leading to increasing demand for NHS dentists. We are also concerned that people will not be able to afford oral hygiene products (toothpaste, mouthwash, etc) or to travel to dental appointments, thus creating further inequalities in access.

69. We welcome the efforts being made by the Welsh Government to reduce the waiting lists and urge them to continue this work at pace. Ultimately, we

[49] Waiting well? The impact of the waiting times backlog on people in Wales, April 2022
[50] Into sharp relief: inequality and the pandemic, August 2020

would like to see one centralised waiting list but this will take time so, in the meantime, the Welsh Government should ensure that each health board has a centralised waiting list for its area.

Recommendation 3. The Welsh Government should explore options for a centralised waiting list and report back to this Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023.

Recommendation 4. In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.

5. Data on oral health and access to dentistry

Data

70. The Welsh Government releases quarterly data on NHS dental services.[51] This includes the number of patients receiving NHS dental treatment, the type of treatments provided and the numbers of NHS dentists.

71. However, unmet population need is difficult to determine as data can only be collected and reported on patients accessing dental services. A number of people do not access services regularly, and some choose to only access care in an emergency when in pain or to seek private treatment. Ruwa Kadenhe, Chair of Bro Taf Local Dental Committee, told us:

> *"But when you collect data, you're only collecting the patients who actually come into the practice. So, the patient who's at home, and may not access dental care in the way that you want them to, you won't have data on that. So, that data, we can never get."*[52]

72. To understand the scale of the service problems and to monitor the effectiveness of future remedies, BDA Cymru calls upon Welsh Government to improve the collection and reporting of all relevant data and make this publicly available.[53]

73. We were told that a considerable amount of data is collected but not used. Ruwa Kadenhe told us that in Wales "we collect more data than anyone else, but we just don't process it very well".[54] We also heard that there is a lot of duplication of data entry in the system and the time taken to complete the required paperwork was taking dentists away from patient care. According to Manolis Roditakis:

> *"...whenever I do an initial examination with a patient, there is what we call the basic periodontal examination, which is a simple chart. I have to insert four times, on four different screens, the same chart, and this takes time. This makes the system slow and inefficient, and it's also a bit frustrating for us, because we could use our time doing*

[51] Welsh Government, NHS Dental Services
[52] RoP [para 131], 19 October 2022
[53] D20 British Dental Association Cymru
[54] RoP [para 115], 19 October 2022

> *something else. So, modernising and simplifying the data collection would take us a long way."*[55]

74. Russell Gidney agreed:

> *"We've been filling in these risk assessment forms, the ACORN form, which I'm going to assume you're aware of, and that data is supposed to be building up profiles of the practices, to look at local commissioning and balancing of funding based on the local need. Well, actually, that data, we're now being told, isn't robust enough to be of any use to that commissioning. We're still putting in those forms. They take about 10 per cent of our time away from providing patient care."*[56]

75. Rob Davies, Cwm Taf Morgannwg UHB, said that while it was important to collect information, he believed that this information should be live. However, the current collection of information is delayed, because the information is not available until a course of treatment has been completed. He went on to say that one of the barriers to making it live is that independent contractors have to provide their own software systems, so the software systems available within Wales are commercially purchased. He suggested that a more simplistic system, overseen by Welsh Government, that could be rolled out to all NHS dentists to collect information was needed.[57]

76. Andrew Dickenson, Chief Dental Officer for Wales, confirmed that there are currently 14 different practice management pieces of software being used in practices across Wales. He also advised that dental practices don't currently record their patients based on their NHS number, so it is difficult to track the pathway of a patient. Consideration was being given to how patients could be linked to their NHS number as part of the contract reform discussions.[58]

77. When asked if it would be possible for all dentists and all health boards across Wales to have the same computerised system in dentistry, Alex Slade told us:

> *"The actual principles are quite straightforward to do that, but at the moment, independent contractors secure their own software, so we*

[55] RoP [para 150], 19 October 2022
[56] RoP [para 111], 13 October 2022
[57] RoP [paras 135-139], 19 October 2022
[58] RoP [paras 194 and 189], 17 November 2022

would take a shift and a transfer of risk where Government or part of the NHS decided to procure that with engagement, clearly, from dental representatives, to then roll out a system that they all engage with, which does happen in some other independent contractor spaces. So, we have gone through that process, but clearly there's a big engagement and procurement activity that would need to take place. If they hold contracts for four or five years, we'd need to work out what the implications are for the independent businesses that they currently have got set up. So, yes, in principle, but it's not straightforward in practicalities."[59]

Our view

78. Data collection seems to be a recurring theme throughout our inquiries. Our report on the impact of the waiting times backlog on people in Wales[60] highlighted the importance of robust, accurate and disaggregated data in service planning.

79. We were told during our work on dentistry that there is a lot of duplication in the data that is collected, much of which is then not used. This is taking considerable time away from patient care. There are currently 14 different software systems being used in practices across Wales. It is not clear from the Welsh Government's evidence whether or not they are committed to developing a simplified computer system for use by all NHS dentists, but we agree with witnesses that such a system, overseen by Welsh Government, is needed.

Recommendation 5. The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.

Recommendation 6. By the end of the summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh Government will engage with private practices.

[59] RoP [para 397], 17 November 2022
[60] Waiting well? The impact of the waiting times backlog on people in Wales, April 2022

6. Inequalities in access

Oral health inequalities

80. According to Public Health Wales there is irrefutable evidence from the dental literature as well as surveys conducted as part of the Dental Epidemiology Programme for Wales that oral health inequalities exist, with people living in the most deprived areas bearing the largest burden of dental disease:

> *"Oral health inequalities are unfair, unjust and preventable. Hence, reduction in oral health inequalities should be a priority."*[61]

81. Professor Chestnutt told us:

> *"Whilst Units of Dental Activity have been removed in Wales, my view is that there is a need for the system to pay dentists more for seeing a high need patient. A universal fee irrespective of patient need does not make sense."*[62]

82. Similarly, Public Health Wales said that proposals to replace the current UDA based model is a step in the right direction and an opportunity to create a learning oral health care system in Wales:

> *"The prevailing idea that one highly prescriptive dental contract (like the Units of Dental Activity based contract) or a particular service model being suitable for all parts of Wales with different levels of population need, demand and workforce challenges is unrealistic."*[63]

83. However, Ruwa Kadenhe said that contract variation and reform is not tackling inequality as it is not targeting resources towards high-need areas or low-need areas. She said that a change in the way services are commissioned is needed:

> *"So, we need a very big change in commissioning, where the commissioners, instead of looking for equity between providers, look for equity for patients, so that the patients that need the most get the*

[61] D04 Public Health Wales
[62] D03 Professor Ivor Chestnutt
[63] D04 Public Health Wales

> *most, and the patients that don't need the most get the least. So, if we can do that, we're—. The contract right now is a one-size-fits-all, and even in contract reform we're still on one-size-fits-all, and that's a very big frustration. So, if we don't get that right, we will continue to increase inequalities."*[64]

84. Similarly, Angela Jones, Public Health Wales, said that as approximately 25 per cent of the population are not regularly using dental services or having dental support, services needed to be reoriented towards the areas and communities in most need to begin to address some of that inequality.[65]

85. Responses to our consultation highlighted issues that are being faced by some specific sections of the population.

People with learning disabilities

86. Evidence from Mencap Cymru[66] states that without regular check-ups people with a learning disability could be at greater risk of developing serious oral health issues, and associated conditions including respiratory and heart issues. It is calling for check-ups for people with a learning disability to remain at every six months to ensure that things are picked up early and health inequalities are not widened. It would also like to see all people with a learning disability qualify for free dental treatment, regardless of benefit entitlement.

87. Mencap says that several carers have told them that they are on a waiting list for either a surgery or community team, but they have heard nothing for more than eighteen months. This wait is forcing families to consider one of two paths; private treatment or no treatment. Some are paying for their children to get private treatment, fearful that to leave them without oral care would leave them in poor health. Others simply do not receive any regular dental care, relying on out of hours emergency treatment when problems become acute.

Gypsy and Traveller communities

88. Gypsies & Travellers Wales[67] highlights the "huge inequalities" with regard to the Gypsy and Traveller communities being able to access dentistry services. It is aware that generally, many children from these communities have never visited a dentist at all. Education around the care of teeth in terms of regular brushing and

[64] RoP [para 171], 19 October 2022
[65] RoP [para 245], 19 October 2022
[66] D11 Mencap Cymru
[67] D14 Gypsies & Travellers Wales

diet is often something children (and in many cases adults) are unaware of due to not attending full-time and long-term education.

89. It says the main issues for the Gypsy and Travellers communities are:

- lack of accessible, culturally appropriate information;
- distrust and negative attitudes – from the services and the community themselves;
- a historical neglect of dental health services in reaching out to the Travelling community;
- raised levels of fear and anxiety about visiting the dentist; and
- a transient population.

90. A survey carried out by Gypsies & Travellers Wales prior to our consultation found that many community members would like mobile dental services to continue, with drop-in options for initial consultations, and outreach is also a popular option for making the first line of contact. Outreach is also a popular option for making that all important first line of contact, and to build trusting relationships with the community.

Asylum seekers and migrants

91. The British Red Cross[68] delivers the Cardiff Health Inclusion Project which supports people seeking asylum and other vulnerable migrants to access health services, and other statutory and community services. Written evidence from the British Red Cross says that service users from the Project encounter challenges in accessing dental care and often fall through the gaps in the dental care system. Limited English language skills is also a common barrier to accessing emergency dental services and advice.

92. The Project has referred over half of its service users to the GDS waiting list. At the time of submitting evidence, it was aware that some service users referred to the GDS waiting list eight months ago are still waiting for a dental appointment. As a result, some of the service users have become reluctant to proactively seek dental care and have reported feelings of hopelessness.

[68] D16 British Red Cross

93. The British Red Cross has also seen many people seeking asylum struggle to find a dentist in their local area and unable to afford transport to dental practices further away.

Older people

94. Evidence from Age Cymru[69] says that many older people are worried about delays in access to NHS dentistry and need help with finding a dentist. The Older People's Commissioner for Wales told us that because many older people don't have access to the internet there needs to be other ways of informing people of the availability of services that don't rely on digital access.[70]

95. Age Cymru states that the delays in access to dentistry are having a profound impact on older people and for older people on fixed incomes it is vital that NHS services are maintained as there is not another option for the majority of older people that they can afford. As age is a protected characteristic, further consideration is needed of the disproportionate impact the paucity of dental services has on older people.

96. Lack of access to dental treatment can also lead to other health problems. The Older People's Commissioner for Wales told us that she was aware of people who had been unable to access treatment and, as a result, had been unable to eat, so they had become malnourished. She also talked about how their confidence had been affected, leaving them not wanting to go out, which was leading to greater social isolation.[71]

Children and young people

97. Many parents have told the Board of CHCs how anxious they are that their children have not been able to see a dentist at all since the pandemic. For some children and young people, the impact of the pandemic and the cost-of-living crisis on healthy eating may, without access to good dental care and treatment, have a life-long impact on their teeth and gums.

98. A parent who was interviewed by our Citizen Engagement Team[72] said that their children, aged 3 and 4, had never seen a dentist. Since moving back to North Wales during the pandemic, they had been unable to register with a dentist and

[69] D21 Age Cymru
[70] RoP [para 213], 13 October 2022
[71] RoP [para 245], 13 October 2022
[72] Engagement Summary: Case Study Report

were concerned that if any of the family needed emergency treatment, they would have to go to A&E.

99. The Royal College of Paediatrics and Child Health (RCPCH) wants children to have the same access across Wales but does not believe this is happening. It suggests that the Welsh Government should review and publish clear targets and timescales for children's access to dentistry services as part of its programme to reduce waiting times and transform services, and report against these annually.[73]

Welsh Government approach to tackling inequalities

100. The Minister stated:

> *"As a Government, we are committed to addressing inequality. The direction that we give to our officials is, 'That's where you need to focus.' So, your concerns are absolutely what our priorities are, and that's why you will have seen that change in the contract reform reflected in what we're expecting them to do."*[74]

101. The Welsh Government also stated that within the new contract, it is looking to drive a more prevention approach rather than a treatment approach.[75]

Our view

102. We agree with Public Health Wales that "oral health inequalities are unfair, unjust and preventable". Inevitably, it is those who are most in need of services that are least able to access them. The Welsh Government needs to have a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie. Services then need to be prioritised accordingly, with a needs-led focus. As stated previously, it is essential that the Welsh Government collects sufficient data to understand where and how many people are currently waiting for NHS treatment, and that this data is disaggregated and enables intersectional analysis of oral health inequalities and progress made in addressing them.

Recommendation 7. In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area.

[73] D09 Royal College of Paediatrics and Child Health
[74] RoP [para 170], 17 November 2022
[75] RoP [para 255], 17 November 2022

7. Dental Workforce

Wellbeing of the workforce

103. According to BDA Cymru, the mental health of dentists was a problem before the pandemic. However, the pandemic for some dentists was "the proverbial straw, and their mental health was the personal price they paid to look after their patients."[76]

104. Results of two surveys of dentists undertaken by the BDA in 2021 showed that the pandemic conditions had a significantly negative impact on dentists' mental health. Patient care was a large source of stress, as were limited time slots and fallow times. Multiple respondents also stated that patients had been rude to them. The surveys also found that:

> *"Almost two thirds of GDPs rated their sleep quality as bad or very bad. Multiple respondents stated they woke in the night or struggled to sleep due to worrying about work. A third of GDPs had gone to work for more than 10 days during the pandemic when they did not feel mentally well enough. Finances and the future of dentistry were large sources of stress for GDPs. Added to that was uncertainty over contract reform which also was a source of stress for some respondents. Finances were a large source of stress for practice owners with over half reporting they were extremely stressed. Increasingly, dentists have been turning to private practice for their mental health and to practise dentistry in the way they believe is better for patients."*[77]

105. While the Chair of Bro Taf Local Dental Committee described the mental health of teams as being "just in crisis, really."[78]

106. Manolis Roditakis said that within the CDS morale is also very low, and has been for a number of years:

> *"...we have causes of stress that are: the excessive pressures of the waiting lists, of course, and the backlog; the limited control that we have over the diaries; poor communication sometimes with the*

[76] D20 British Dental Association Cymru
[77] D20 British Dental Association Cymru
[78] RoP [para 156], 19 October 2022

> *management; and again, what we said about dysfunctional IT systems."*[79]

107. He went on to say that in recent discussions with colleagues, one had told him that they felt abandoned where they worked, while another had had to seek mental health support because they felt responsible for the amount of patients waiting to see them:

> *"I think that's a very serious issue, and it has an impact on our lives, on our families, on our careers, and, of course, it has an impact on service provision as well."*[80]

108. Fiona Sandom, Chair of the British Association of Dental Therapists, said that she believed that dental nurses had been treated poorly during the pandemic and, as a result, weren't feeling very well respected at the moment:

> *"Hygienists and therapists, we just didn't work, but the nurses were there with the dentists, and their responsibilities were increased threefold, fourfold. They were wearing all the PPE. They didn't receive much recognition for the very hard work they did, and I think the dental nurse population has dwindled because of that, because they found it easier—and, actually, better pay, better conditions—working in Lidl.*
>
> *We've got dental nurses out there working for minimum wage. They're registered professionals with the General Dental Council, they have to pay their own indemnity."*[81]

109. Mari Llewellyn Morgan, British Association of Dental Therapists, said that while support was available online, this was not helpful if people weren't given the time to access it:

> *"I'd say that I've had a number of e-mails in terms of what's available, but I would just say that we don't have the time to attend these*

[79] RoP [para 161], 19 October 2022
[80] RoP [para 156], 19 October 2022
[81] RoP [para 128], 17 November 2022

things. Our days are long, we're tired and we're switched on all day. By the end of the day, it's the last thing I want to do."[82]

110. The BOS drew attention to the impact the pandemic has had on administrative staff:

"There have been multiple reports of long-standing experienced administrative staff deciding that they cannot continue within their role. This will be due to combination of factors, but seems to be significantly influenced by the increase in bureaucracy and complaints being made to practices about wating time to access care and the inability of these individuals to address these concerns due to capacity issues within the services."[83]

111. The Minister confirmed that £1m had been provided for mental health support for healthcare professionals. She said there were also a number of helplines provided by professional bodies:

"So, there is actually quite a lot of support. I guess part of the challenge is making sure that they know and they are signposted to that support."[84]

112. Alex Slade went on to say that part of the dental reform work was to engage with the profession to change the way in which they work:

"And one of the points that comes out there is moving away from a sort of treadmill of activity—that we're just counting as many times as they can do something—to a more valued job where they have conversations with patients about their risks, their needs and they're giving patients advice and patients were satisfied rather than a tick list. And so, changing the way in which their job operates to move it away from that sort of stressful, volume-based activity."[85]

[82] RoP [para 135], 17 November 2022
[83] D06 British Orthodontic Society
[84] RoP [para 268], 17 November 2022
[85] RoP [para 273], 17 November 2022

113. The Chief Dental Officer for Wales added that he too has been concerned about the health of the workforce and wants to ensure support is provided.[86]

Recruitment and retention

114. The Welsh NHS Confederation noted a number of issues currently affecting recruitment and retention including burnout, lack of access to NHS pensions and development and training opportunities. It said that investment in the workforce will be vital in ensuring oral health and dental transformation, with a needs-based and flexible approach to workforce planning.[87]

115. According to BDA Cymru, "no amount of extra funding will be able to tackle patient backlog if you cannot find the workforce."[88]

116. Practices offering GDS must compete increasingly with practices that focus on private dental provision according to BDA Cymru. Generally, the working conditions in private practice are less stressful with less bureaucracy.[89]

117. Rob Davies said that in the CDS they had needed to be more creative in the types of roles they are putting forward when recruiting, as dentists are looking for a mix of roles and a work-life balance:

> *"We had some issues with attracting individuals into our community dental service a few months back, but what we've looked at now is changing the roles so that we have more of a mix of a salaried service, where they do some community dentistry, some special care dentistry, but we also have some development within that as well, where we upskill them and maintain them."*[90]

118. While Ben Lewis, BOS, told us:

> *"So, we've got to be thinking about the long-term recruitment and retention. It's not a quick fix, but we need to be thinking about succession planning now."*[91]

[86] RoP [para 274], 17 November 2022
[87] D19 Welsh NHS Confederation
[88] D20 British Dental Association Cymru
[89] D20 British Dental Association Cymru
[90] RoP [para 104], 19 October 2022
[91] RoP [para 97], 13 October 2022

119. According to the North Wales and Powys Orthodontic Managed Clinical Network, recruitment and retention of the dental workforce is key to underpinning the success of dentistry within Wales, however:

> *"Without a strategy to address the current staffing deficit then it is likely that all other implementations to boost access and overall dental health of the population in Wales will fail."*[92]

120. It went on to say that recruitment and retention of the dental workforce is recognised to be more challenging in rural regions and this needs to be taken into consideration when it comes to strategy development and possibly providing incentives to address a recruitment shortfall:

> *"Successful incentives are unlikely to be purely financially based and the expectations of the future workforce need to be considered carefully when formulating the strategic direction. This could involve providing additional training or clearly defined opportunities for career progression."*[93]

121. Bro Taf Local Dental Committee said that the dental workforce crisis is no longer an issue only in rural areas. It called for immediate action to address recruitment issues, and suggested a number of possible measures, including:

> *"...a possible new dental school, release of funds by the education branch of Welsh government for the training of dental nurses, acceleration for plans for escalator models of upscaling current staff and removals of barriers to apprenticeships in dental nursing such as 5 GCSE's. Other measures include working together with the GDC to remove barriers to international recruitment, fair pay, and access to NHS pension for dental care professionals."*[94]

122. Written evidence from the Welsh Government states that implementing workforce strategies in a flexible manner, based on careful monitoring, is key to responding to changing population needs. It says that dental workforce planning that links oral health and service improvement should not be regarded as a "one-

[92] D15 North Wales and Powys Orthodontic Managed Clinical Network
[93] D15 North Wales and Powys Orthodontic Managed Clinical Network
[94] D18 Bro Taf Local Dental Committee

off" creation, but must also be capable of adaption and change, and that this is the basis of the current reform programme.

123. The Minister confirmed that Health Education Inspectorate Wales (HEIW) was developing a dental workforce strategy, a draft of which should be available in December 2022.[95]

124. The Welsh Government further states that international recruitment has been impacted by Brexit and the pandemic but that imminent Section 60 Order changes within the General Dental Council international registration proposal could support the recruitment of international graduates into rural areas of dental access need:

> *"The draft Order will provide the GDC with flexibility to apply a range of assessment options in determining whether an international DCP applicant has the necessary knowledge, skills, and experience for practice in the UK."*[96]

Education and training

125. The BOS believes the training environment within Wales needs to be re-evaluated. It notes that the trainee pay scales within Wales are significantly less than those within England, which puts Wales at a disadvantage when it comes to attracting candidates to take up training positions within Wales. Ben Lewis told us:

> *"As an example, my registrar, who's just finished, when he first started as my registrar in Wales, he was being paid £8,000 a year less than one of his peers in England. So, a person in England who is doing exactly the same job was getting 21 per cent more in his wage than my registrar was. That will affect people, and will affect the current crop of graduates coming through who've just left dental school with £100,000-worth of debt."*[97]

126. BOS also questions the appropriateness of using national (UK) recruitment for dental recruitment within Wales. It suggests that reverting back to a local recruitment process to allow local talent to be retained within an area could improve recruitment and retention in the long term. Yvonne Jones told us:

[95] RoP [para 258], 17 November 2022
[96] HSC Committee, 17 November 2022, Paper 2
[97] RoP [para 95], 13 October 2022

> *"We ought to concentrate on trying to promote dentistry for local Welsh people, and encourage that. If we take on and train more Welsh students at Cardiff, and try to encourage local recruitment, then we're likely to retain those people here in Wales."*[98]

127. A number of witnesses, including Ben Lewis[99] and Professor Chestnutt[100], noted that most graduates like to practice close to where they qualified because they've established links and social networks but if there are no incentives to train in a particular area, that will decrease the pool of people who stay in that area. Professor Chestnutt told us:

> *"Cardiff University is making strident efforts to attract to dental school those who might not otherwise have thought of dentistry as a career for them, and we have what's called contextual admissions whereby additional points to get you to the point of having an interview for dental school is given to students who are resident in Wales. So, we're certainly working with schools in Ceredigion and Pembrokeshire and up north to make sure that the students do think about dentistry as a career in the hope that they, having qualified, will think about returning home."*[101]

128. The Welsh NHS Confederation said that recruitment campaigns are needed to increase interest for Welsh domiciled students to remain and work in Wales. It also suggested that more dental student placements, scholarships and shadowing opportunities are needed.[102]

129. In relation to dental care professionals, Fiona Sandom believes that the number of training places needs to be higher in order to make a difference.[103] She also suggests that satellite schools in Bangor and Aberystwyth could be a possibility.[104]

130. She went on to say that HEIW run a Wales dental therapist foundation training scheme and will be increasing the number of training places to 20 this year:

[98] RoP [para 89], 13 October 2022
[99] RoP [para 94], 13 October 2022
[100] RoP [para 311], 19 October 2022
[101] RoP [para 311], 19 October 2022
[102] D19 Welsh NHS Confederation
[103] RoP [para 11], 17 November 2022
[104] RoP [para 107], 17 November 2022

> *"But, if we were to make it mandatory in Wales, if you wanted to work in the NHS and open a course of treatment—like it is for dentists; they have to do foundation training to get their performer number—three things would happen. First of all, you'd get therapists who work as therapists and they wouldn't de-skill in that very important first year. Secondly, you'd get therapists contributing to NHS dentistry, which they don't have to do right now; they train for free with their bursary and don't necessarily contribute back into the NHS practice. And thirdly, you'd get a very skilled team member, who, once they've spent probably a year back in their home town doing foundation training, they're more likely to stay."*[105]

131. The Chief Dental Officer for Wales stated that HEIW's foundation therapy programme provides a one-year supported programme when people finish their degree. At the current time, it is within primary care, but the Welsh Government is looking at whether next year's cohort can cross over and spend some of the time in community and some of it in primary care, to develop their skill set.[106]

132. The Minister stated that she is keen that if the Welsh Government is funding the training, that recipients then work within the NHS and not the private sector.[107]

133. When asked if the Welsh Government would look at how medical education could be expanded with another dental school for Wales in Bangor to sit alongside the medical school, the Minister replied that the Welsh Government is always looking for opportunities in terms of where it can expand provision and there are always discussions ongoing.[108]

134. Alex Slade stated that they would want to take the work that HEIW are doing to look at whether the current capacity is fit for what that modelling and projection suggest, to then make an informed decision both about where and the volume that we would need.[109]

135. When asked about introducing a dental school in Bangor, Professor Chestnutt said:

[105] RoP [para 108], 17 November 2022
[106] RoP [para 297], 17 November 2022
[107] RoP [para 306], 17 November 2022
[108] RoP [para 320], 17 November 2022
[109] RoP [para 322], 17 November 2022

> *"The issues are, in training medical students, they just go to patients that are already there and are trained by people who are already in the healthcare system. To train dental students, you need a very substantial infrastructure set up to do that, because they see patients that wouldn't otherwise be being seen. They wouldn't be being seen in primary care, for example. So, it's the capital costs and the infrastructure that's needed to run a unit. The other issue is, in a unit that is more than commuting distance from the student central base, that becomes a problem, but probably not insurmountable. In Scotland, they have very much gone down the line of setting up outreach centres like you would envisage having in Bangor or elsewhere in the north. So, that model can be there, but of course you need to then attract the academic staff to teach the students, so that becomes another issue. So, I would say, if that was what was deemed to be needed, it's technically feasible. It just would be a matter of cost, resource and people putting their minds to it."*[110]

Skill mix

136. Professor Chestnutt told us that skill mix had not been pursued in NHS dentistry to the same extent as it had in medicine, in part due to resistance from the profession but also because the system is not set up to maximise the use of dental therapists:

> *"They can make more money going off and doing scaling and polishing as a hygienist in the private sector than, perhaps, a set-up for a practice in Ceredigion. The scope and the range of skills that both hygienists and dental therapists can do now has been expanded enormously by the GDC, and there's a great deal of treatment that they could actually do if a practice was sufficiently well organised to do that and the regulations were set up in such a way to make that financially viable."*[111]

137. Fiona Sandom highlighted the frustrations of working as a dental therapist in the NHS:

[110] RoP [para 316], 19 October 2022
[111] RoP [para 313], 19 October 2022

> *"Dentists, it's considered, are the only ones, at the moment, to be able to open a course of treatment, due to having a performer number. So, currently, we have to rely on a dentist seeing those patients and referring to us."*[112]
>
> *"...and you can't have a performer number unless you've completed dental foundation training or completed, as an overseas dentist, something called PLVE, which is a performers list validation by experience, and only a doctor or a dentist can hold a performer number. Therefore, we are unable to hold a performer number, therefore we are unable to open a course of treatment".*[113]

138. However, when working in the private sector, dental therapists are clinicians in their own right and can make decisions for themselves. Mari Llewellyn Morgan told us:

> *"And, unfortunately, when we're working for the NHS, that's taken out of our hands. We are more of a monkey for the dentist rather than anything else. In the long term, that's not a pleasant position to be in."*[114]

139. Written evidence from the Eirlys Dental Practice called for direct access for therapists working within a skill mix to be put in place as a matter of urgency. It said that changes in legislation or emergency measures are required to allow therapists and hygienists to work at the same scope of a private dental therapist:

> *"This would bring the skill mix efforts to fruition and allow dentists to do what only they can do, focusing on more complex treatments and increasing access furthermore."*[115]

140. Fiona Sandom told us that, with such changes, dental therapists would be able to examine, diagnose, treatment plan and deliver treatment for about 80 per cent of band 2 treatments:

> *"So, we're looking at being able to take care of your routine low-risk patients, your routine amber and red periodontal patients. We'd be*

[112] RoP [para 11], 17 November 2022
[113] RoP [para 15], 17 November 2022
[114] RoP [para 24], 17 November 2022
[115] D10 Eirlys Dental Practice

> *able to look after most of your amber patients, and we'd be able to maintain people who have need, which would free up the dentist, who's the most expensive member of the team, to be able to do the more complex things that it takes five years to train to do, as opposed to three years to train to do."*[116]

141. She also said there was more potential to use skill mix in the CDS, as a performer number was not needed to open a course of treatment because of differences in the funding mechanisms.

142. BDA Cymru, however, urged caution around the use of skill mix:

> *"There is an argument long-made by the office of the CDO and HEIW that skills mix can extend the finite resource of the GDS to provide more treatments. While the BDA recognises the value of the wider dental team and the skills that they can bring to effective dentistry, we are concerned that these putative efficiency savings are very optimistic and possibly simplistic."*[117]

143. Public Health Wales also highlighted that while there is generally good public support for greater use of skill mix in NHS dentistry, further work is needed because there will still be a significant proportion of the public who will want their dental care to be exclusively delivered by a dentist.[118]

144. The Welsh Government's written evidence states that the dental reform programme has outlined the intention to develop skill mix within dental teams, reflecting the valuable contribution made by dental nurses, hygienists, and therapists. Workforce planning must be more ambitious than expansion of dentist numbers.[119]

145. The Minister reiterated this in oral evidence, saying:

> *"So, you'll have heard us say time and time and time again in the Chamber that it's not just about dentists, it's about the whole team. So, it's really important that, if we're going to develop that, we're developing it, and that will be ready by the summer of next year. So,*

[116] RoP [para 13], 17 November 2022
[117] D20 British Dental Association Cymru
[118] D04 Public Health Wales
[119] HSC Committee, 17 November 2022, Paper 2

> *that's in progress at the moment. And on top of that, HEIW are developing a dental workforce strategy."*[120]

146. Alex Slade confirmed that the draft dental workforce strategy was expected to be available by the end of 2022. He went on to say that a change to regulations would be needed to address the issue of providing dental therapists with a performer number:

> *"The way in which contract reform is working is it's done within flexibilities of current legislation, so we need to make wider changes to the dental regulations, and as part of that, we will sweep up this issue around removing those barriers that you heard about this morning."*[121]

147. He also confirmed that the new legislation would not become effective until 2024-25.[122]

148. The Minister said that she was keen to turn the system around, so that a patient started with a therapist and was then passed on to a dentist, as necessary, rather than the other way around:

> *"So, that's what I would like to see for the future, but, if you do that, then you have to ensure that you have the workforce in place in order to allow you to turn the system on its head. So, that's why, for me, you can't do that until the workforce has been developed, and that's why I have included within the aims and objectives of HEIW that they have to focus on that as a starting point. So, it's not going to happen overnight; it takes time to train these people, but, as a vision, that's what I would like to see."*[123]

Terms and conditions

149. Fiona Sandom told us that dental hygienists and therapists are generally subcontractors to the dentist, who holds the contract and, as such, contribute to that dentist's pension fund, maternity fund, etc:

[120] RoP [paras 258], 17 November 2022
[121] RoP [paras 290], 17 November 2022
[122] RoP [paras 292], 17 November 2022
[123] RoP [paras 385], 17 November 2022

> *"...yet, we, as self-employed subcontractors to the NHS, are not benefiting from any NHS benefits whatsoever. So, we're expected to provide our own pensions, our own sick pay insurance, maternity pay and things like that.*
>
> *So, there's a very big divide between dentist and hygienist and therapist in terms of working in the NHS, which can often mean that dental hygienists in particular will work in the private sector rather than go and work in NHS practice."*[124]

150. She went on to say that as self-employed subcontractors to the NHS rather than NHS employees, they are denied many of the benefits afforded to NHS employees, such as access to the blue light card scheme. Also, as they are not able to have an NHS email address, they are unable to access NHS education:

> *"There's a lot of mandatory training out there that the NHS provides that we can't tap into and we have to go and seek it elsewhere. Sometimes we can get it free through Health Education and Improvement Wales, which is great, but, other times, if that doesn't fit in with your timetable, you might have to pay for it and things like that."*[125]

151. She also talked of a double standard in access to training, with dentists being given protected time for quality improvement, while dental nurses studying for a professional qualification had to do that in their own time at night, after a day in work:

> *"You can't have that double standard, and what you do have right now is you have that double standard. You have dental care professionals that are expected to do everything in their own time, and dentists that are working in the NHS expect to have protected time to do anything they're asked to do."*[126]

152. In relation to NHS email addresses, the Chief Dental Officer for Wales confirmed that nearly £90,000 of funding had been provided so that all dental practices had access to NHS e-mail:

[124] RoP [paras 16], 17 November 2022
[125] RoP [paras 26], 17 November 2022
[126] RoP [paras 139], 17 November 2022

> *"...but, of course, you have got to be somebody who is providing NHS care, you've got to be the contract holder for that. We have had those discussions, but it having been raised again, I will take those away to look at."*[127]

Workforce data

153. According to the British Orthodontic Society, monitoring the dental workforce within Wales is challenging as dental commissioned activity is agreed between health boards and "contractors" who then employ independent dental performers to fulfil that contract. This is made more complicated by the fact that many dental practitioners work across multiple sites. As such, the health boards do not usually have an accurate list of all dental providers working within their health board.[128]

154. Rob Davies told us:

> *"I think workforce data is not where we'd like it to be. I think that's fair to say. I think there is a lack of clarity, not just on the numbers of individuals, but whole-time equivalents, age demographics of the workforce, other dental care professionals as well. Because we are part of a wider service, I think, when you're talking about workforce you need to be thinking about the nursing staff, the actual therapy staff, hygienists, those kinds of things. So, that information is not currently there. I know that it was something that was looked at by Welsh Government, and there was talk on the last contracted element of having a workforce information process, where all practices have to fill that in. It is yet to land, so I don't know what the timing is of that one as yet, but I think that would help with some of the planning."*[129]

155. Similarly, evidence from BDA Cymru says that there are no reliable figures of whole-time-equivalent (WTE) dentists in the GDS as they are nearly all independent contractors, so figures are a head count:

[127] RoP [paras 295], 17 November 2022
[128] D06 British Orthodontic Society
[129] RoP [para 102], 19 October 2022

> *"These are unweighted numbers, so one dentist could work full time and another contract just half a day a week for NHS work and they would count the same."*[130]

156. The Minister confirmed that because many dental practices are independent businesses, aggregated data on the workforce is not currently collected:

> *"We have a national workforce reporting system that is in progress, and what we'll be doing is we're going to be recording all the dental members of the team."*[131]

Our view

157. The negative effect of the pandemic on the dental workforce should not be underestimated. While we are assured that services are in place to help with the physical and mental wellbeing of the workforce, we are concerned about the pressure that the workforce is under that leads to these services being necessary. We want to see the right workplace conditions, and conditions of service, in place to support the mental health and wellbeing of the dental workforce.

158. We believe the increased use of skill mix has the potential to help address the current difficulties in accessing NHS dental treatment. Allowing dental therapists to treat lower level patients autonomously would free up dentists to concentrate on higher need patients. We understand that work is taking place to amend the relevant legislation to allow dental therapists to have a performer number but we believe this needs to happen before 2024-25. Given the potential impact this could have on capacity and waiting times, we believe this work needs to be taken forward as a matter of urgency.

159. It also seems unfair that dental care professionals (dental nurses, hygienists and therapists) who provide treatment in the NHS, are not recognised as NHS employees because they are employed by the dentist, who is an independent contractor and are not able to have an NHS email address. As a result, they miss out on a range of benefits, including an NHS pension, sickness pay and maternity leave. The Chief Dental Officer for Wales has given a commitment to revisit this, and we ask that he does this as a matter of priority.

[130] D20 British Dental Association Cymru
[131] RoP [para 258], 17 November 2022

160. We welcome the Minister's intention to develop skill mix within dental teams, reflecting the valuable contribution made by dental care professionals, but believe that greater pace is needed to make this a reality. It was also not clear from the answers provided when the dental workforce strategy would be available and if it would be a published document.

161. The Welsh Government needs to improve its workforce data, to record not only the number of individuals, but the whole-time equivalent number of dentists providing the service, age demographics of the workforce and other dental care professionals. This would help with the planning of future services and resources. The Welsh Government should also use the opportunities provided by the Section 60 Order changes within the General Dental Council international registration to increase overseas recruitment.

Recommendation 8. The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023.

Recommendation 9. The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency, and provide us with a timescale for this.

Recommendation 10. The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024.

8. Preventative measures

Prevention

162. Prevention should be a priority in relation to oral health and dental services. According to the Welsh NHS Confederation, "the two main dental diseases, tooth decay and gum disease, are largely preventable and ultimately reducing the burden of disease will facilitate access to dental services and be more cost-effective."[132]

163. A number of respondents to our consultation raised the need for greater oral health awareness amongst the population.

164. Promoting general health along with oral health is important, such as healthy diets, reducing sugar consumption and smoking cessation. Prevention programmes should be adequately supported and oral health should be integrated into prevention policies such as 'Healthy Weight: Healthy Wales'. All healthcare settings should contribute to the oral health agenda, and not just dental practices.

165. This is supported by Public Health Wales who believe that:

> *"Proactive prevention for better oral health should not be seen as the exclusive responsibility of dental services and oral health programmes. Prevention of oral diseases needs to be an integral part of the objectives of relevant population level prevention strategies and programmes both at national and local level."*[133]

166. BDA Cymru urges the Welsh Government to actively invest greater levels of funding and attract the workforce needed to ensure prevention programmes, such as Designed to Smile and Gwên am Byth, thrive and reach their full potential.[134]

167. The Welsh Government acknowledges that the burden of oral disease remains high in the population. It also states that the oral health of the population cannot be improved through dental services alone, as prevention of oral diseases

[132] D19 Welsh NHS Confederation
[133] D04 Public Health Wales
[134] D20 British Dental Association Cymru

needs to be integral to population level prevention strategies and programmes, both at national and local level.[135]

Children's oral health

168. Despite tooth decay being largely preventable, it is the leading reason why children aged 5-9 require admission to hospital. Multiple tooth extractions can also result in the need for a child to go under general anaesthetic. In pre-pandemic years, the Royal College of Paediatrics' State of Child Health report[136] showed that children from lower socio-economic groups were significantly more likely to be at risk of tooth decay prevalence and severity.

169. Evidence from Public Health Wales supports this:

> *"Evidence from the Dental Epidemiology Programme for Wales demonstrates that oral health inequalities exist from as early as 3 years of age, and children living in the most deprived areas have the largest burden of dental disease. Even low levels of tooth decay in children should be of concern because tooth decay is a lifelong progressive and cumulative disease."*[137]

170. The Welsh Oral Health Information Unit (WOHIU) works with the Wales Dental Epidemiology Co-ordinator to plan and deliver the NHS Dental Survey Programme for Wales. There are no recent surveys for children as surveys weren't possible during the pandemic.

171. The survey being conducted in 2020 was abandoned due to the pandemic. A survey of 5 year olds in schools will be undertaken in the 2022/23 academic year. This will help determine whether the gains in oral health in 5 year olds observed in the decade leading up to 2020 have been sustained, or whether caries prevalence has stagnated or worsened.

172. Public Health Wales reports annually on the number of general anaesthesia dental procedures carried out on children aged 0-17 in Wales.[138] This work seeks to determine an overall figure for general anaesthesia (GA) dental procedures carried out on children aged 0-17 in Wales during 2019-20 and to compare this with data collected annually since 2011-12. However, the report notes concerns about double counting and other data anomalies, and suggests the data needs to be

[135] HSC Committee, 17 November 2022, Paper 2
[136] RCPCH (2020). State of Child Health
[137] D04 Public Health Wales
[138] Public Health Wales: Child Dental General Anaesthetics in Wales

interpreted with caution. It also highlights the need for a robust information system in each health board. Data was not collected during the pandemic, so newer reports are not expected.

Designed to Smile

173. Designed to Smile (D2S) is a national programme to prevent dental caries in young children in Wales. It is overseen by the CDS and delivered in partnership with health and education services. It was launched in 2009. It includes:

- A preventative programme for children from birth involving a wide range of professionals, including health visitors and other early years services. The aims are to help start good habits early by giving advice to families with young children, providing toothbrushes and fluoride toothpaste, and encouraging regular attendance to a dental practice. This element of D2S is aligned to the Healthy Child Wales programme and its approach to provision of universal and enhanced support.

- A preventative programme for nursery and primary school children involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay. These aspects of D2S are targeted to more deprived areas of Wales, with approximately 60 per cent of nurseries and schools invited to participate. Children up to and including Year 2 (6-7 year olds) are included in the provision.

174. The latest monitoring report for D2S[139] looked at the reach of the scheme in 2018-19:

- Across Wales, 1,396 primary/infant schools and nurseries participated in D2S daily toothbrushing schemes, up from 77 per cent in 2017/18 to 82 per cent in 2018/19.

- In total, 90,977 children were signed up to brush their teeth with fluoride toothpaste at school or nursery.

- 44,217 children also had fluoride varnish applied at nursery or school, to give their teeth extra protection from decay. 188,709 toothbrushing home packs were distributed across Wales, to encourage brushing twice a day at home.

[139] Welsh Oral Health Monitoring Unit: Designed to Smile – Monitoring Report

175. During the COVID-19 response, D2S staff across Wales were fully redeployed to community testing units and vaccination centres. Those that returned from redeployment in September 2021 were returned to COVID-19 roles for the Omicron response. This meant that early attempts to restart D2S faltered in the latter half of 2021, but began again in spring 2022.

176. Welsh Government written evidence states:

> *"Relationships with settings had to begin afresh, and training and consent processes started anew in a more time-consuming way than the roll-over between academic years previously. This impacted the speed of restarting in settings."*[140]

177. The Minister said that getting D2S back to where it was pre-pandemic is currently a challenge but pointed out that the distribution of toothbrushing home packs continued throughout the pandemic.[141]

178. Welsh NHS Confederation members are clear on the importance of restarting the D2S programme to pre-pandemic levels as experiencing tooth decay at a young age has damaging effects both in relation to the pain experienced and can worsen existing inequalities. It also refers to issues around recruitment into the programme.[142]

179. Similarly, Public Health Wales said:

> *"Whilst there are challenges in recovery, the focus of all partner organisations and teams involved in this important programme should be on recovering this programme as soon as possible so that children in deprived areas of Wales do not lose out."*[143]

Expansion of the programme to older children

180. Welsh NHS Confederation members support the expansion of the programme to 6–10-year-olds.[144] While BDA Cymru says that the Welsh Government must ensure that age-appropriate oral health programmes for up to

[140] HSC Committee, 17 November 2022, Paper 2
[141] RoP [para 340], 17 November 2022
[142] D19 Welsh NHS Confederation
[143] D04 Public Health Wales
[144] D19 Welsh NHS Confederation

12-year-olds are delivered through schools in all health boards in order to address the prevalence of decay in that age group.[145]

181. Rob Davies told us:

> *"I would be supportive of expanding the programme, but I think it needs to be in the context of what is available, what resources are there, and a more targeted approach. As people get older, I don't think it needs to be in the same format, if that makes sense. So, Designed to Smile, as it stands for the under-fives, I think that is key and the essential basis. I think after that, then, we need to look at other ways of educating our children, population, and giving them more resources to do it, rather than just a simple change in the age range."*[146]

182. However, other witnesses felt that expanding the age range of the programme would dilute its impact. It would also have significant implications for the workforce. Professor Chestnutt told us:

> *"But I wouldn't see any need for it to be extended beyond that [ages 6-7], because I think, given the limited resources that we have, we've got to direct them to the areas of greatest need. And in Wales, we've taken a proportionate universalism approach, where the Designed to Smile programme is targeted in relation to need. So, it's about 53 per cent of schools, or nursery schools and pre-schools, that are involved in the programme. To expand further will just dilute your effort, and we haven't got the workforce to do that."*[147]

183. Similarly, the Chief Dental Officer for Wales told us:

> *"...the workforce is fully engaged, so we would need to be expanding the workforce if we were to expand that programme, but, at the present time, they are heavily engaged in the restoration of services. So, that would be an aspiration, rather than something that would fit the reform programme at the current time."*[148]

[145] D20 British Dental Association Cymru
[146] RoP [para 87], 19 October 2022
[147] RoP [para 283], 19 October 2022
[148] RoP [para 344], 17 November 2022

Gwên am Byth

184. A survey of care home residents in Wales in 2010-11 highlighted high levels of poor oral hygiene and dental disease. The Gwên am Byth national programme to improve oral health for older people living in care homes was established as a result. Overseen by the CDS, it has the aims that in participating care homes:

- an up-to-date mouth care policy is in place;
- staff are trained in mouth care (including at induction) and the home keeps a register of training;
- residents have a mouth care assessment at appropriate intervals to identify any changes that will impact on their oral health;
- the assessment leads to an individual care plan, designed to support routine good oral hygiene that is reviewed on a regular basis; and
- care homes are aware of how to ensure timely access to appropriate dental care and treatment when required.

185. The programme does not deliver domiciliary dental care.

186. Like Designed to Smile, Gwên am Byth activity was suspended during the pandemic. Russell Gidney told us:

> *"It has again been severely affected through COVID. So, it was the outreach, the support, the education, the whole preventative side that sits within the elderly community. But it's had to stop through COVID; the access has not been there to do so. Any benefits that have been gained over the previous years will be lost and, again, need to double down."*[149]

187. Public Health Wales notes that it has seen a good recovery of the programme. In 2021-22, 299 care homes were participating fully in the programme and 199 were partially participating. In comparison, in 2019-20, 310 care homes were participating fully and 124 were partially participating. While the Older People's Commissioner for Wales told us:

> *"…there was a really positive effort to get more engaged by having a slightly stripped-down version of the programme. And, certainly, we*

[149] RoP [para 165], 13 October 2022

> *know that it does have a really positive impact in terms of the oral health of older people living in care homes, but also a positive impact in terms of staff as well, in terms of training and support, and greater knowledge about how to look out for oral health."*[150]

188. The Commissioner also suggested there was a need for greater promotion of the programme and its impact to increase participation among care homes:

> *"There's probably a piece of work to do to understand better why those care homes who haven't taken up the programme haven't done it. So, I'm not aware of any work being done with care homes to identify, 'Well, why haven't you taken part in this programme? What are the barriers? How might we help you with those barriers?', and that probably needs to be part of the roll-out of the programme during its next phase."*[151]

189. Age Cymru says the programme provides a vital service to care home residents who have not had access to the dental care they need but raises concerns that the crisis in recruitment of care workers will affect the ability of care homes to provide the oral care that residents need.[152] Similarly, the Older People's Commissioner for Wales raised concerns around workforce shortages and the impact this could have on a care home's ability to support the programme:

> *"We know there are workforce shortages, so if you have a situation where there's a lot of pressure on staffing in care homes, this is effectively another piece of training, another bit of support, another additional area of work. You can see why some are maybe struggling to get that capacity to do that. So, I think part of this is actually addressing those issues in relation to care homes. That's about workforce, that's about pay and conditions, and all those issues have a bearing on this."*[153]

190. Age Cymru also makes the point that as older people's access to community dentistry diminishes, this may put additional pressure on Gwên am Byth resources to fill that gap. It is concerned that a lack of access to community dentistry and

[150] RoP [para 281], 13 October 2022
[151] RoP [para 290], 13 October 2022
[152] D21 Age Cymru
[153] RoP [para 289], 13 October 2022

gaps in domiciliary dentistry may mean that the preventative focus of Gwên am Byth is reduced in order to address critical dental care needs.[154]

Expansion of the programme

191. The use of fluoride varnish as a preventative dental care initiative for younger children was raised by Age Cymru, who suggest that, given the preventative focus of the Gwên am Byth programme, this initiative could be extended to care homes as a means of reducing the level of need for dental treatment in the short term.[155]

192. Vicki Jones agreed but raised concerns about the funding and staffing of such an initiative:

> *"I would agree that would be a very, very good idea [ ]. But, again, that would have to be funded. Therefore, with the Gwên am Byth programme, at the moment, they're just getting back into those care homes and actually providing that, but it would take a lot of workforce to be able to do that. Also, the provision of that fluoride varnish is a little bit more complex because the residents in care homes have much more complex medical histories; children don't seem to have that."*[156]

193. There was also support for expanding the programme to other residential settings. Welsh NHS Confederation members suggested it could be expanded to include care homes for younger vulnerable people with learning disabilities, autistic spectrum disorders, brain injuries, severe physical disabilities and enduring severe mental illness.[157] While the Older People's Commissioner for Wales said that consideration should be given to expansion into extra-care housing and sheltered housing.[158]

Dental domiciliary care

194. The Welsh NHS Confederation notes that dental domiciliary care is an area that is likely to require further investment, with more joined-up thinking in service planning needed for the older population across primary, community and social

[154] D21 Age Cymru
[155] D21 Age Cymru
[156] RoP [para 48], 19 October 2022
[157] D19 Welsh NHS Confederation
[158] RoP [para 284], 13 October 2022

care.[159] BDA Cymru would like the Welsh Government to increase investment in domiciliary services.[160]

195. Professor Chestnutt told us:

> *"The terms of the 2006 contract made domiciliary dental care provision less attractive to general dental practitioners. Whilst some practitioners retain relations with some care homes this is often provided on a private basis. The Community Dental Service provides domiciliary services to a varying degree across Wales though often as a reactive service rather than any routine care provision."*[161]

Fluoridation of water

196. In September 2021, the UK's four Chief Medical Officers published an independent statement on water fluoridation[162], which provides information on the role of fluoride in improving dental health; concerns associated with the fluoridation of water, and the impact of water fluoridation in areas of deprivation. The statement concludes that:

> *"On balance, there is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK. It should be seen as a complementary strategy, not a substitute for other effective methods of increasing fluoride use."*[163]

197. In its State of Child Health 2020 report[164], the RCPCH calls on the Welsh Government to resource and support fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay. Dr David Tuthill told us:

> *"As a public health measure, one of the key things we want to do [...] is to reduce the number of children that get caries, that need to see dentists, and the frequency. That has benefits throughout the whole of health. By fluoridating water to a set level, you can improve the dental*

[159] D19 Welsh NHS Confederation
[160] D20 British Dental Association Cymru
[161] D03 Professor Ivor Chestnutt
[162] Statement on water fluoridation from the UK Chief Medical Officers, September 2021
[163] ibid
[164] State of Child Health 2020

> *health of children for life, you can reduce the severity of dental decay and the frequency of it, and I believe you reduce operations in the low socioeconomic areas for tooth extraction by about 30 per cent to 50 per cent. So, it has a benefit, particularly for those who are economically deprived, and particularly if it's done universally, it covers everybody. When COVID happened and Designed to Smile would have struggled to deliver fluoride to children's teeth, because schools were closed, it would have still done that, ameliorating the problems."*[165]

198. Representatives of the CDS also supported the fluoridation of water. Vicki Jones told us that there had previously been fluoride in the water in Anglesey, but once this was removed the rate of decay in children's teeth went back up.[166]

199. Ruwa Kadenhe said that in her view, one of the biggest ways to address inequalities would be to have targeted fluoridation, especially in areas of socioeconomic deprivation, "because we know that there is a link between socioeconomic deprivation and the amount of dental disease."[167]

200. Although agreeing that water fluoridation is effective in preventing dental caries and would help address inequalities in oral health, Professor Chestnutt told us:

> *"The issue is that there is a small but very vocal anti-fluoridation lobby who, over the last 40 years, have prevented the implementation of any new fluoridation schemes anywhere in the United Kingdom."*[168]

201. He went on to say that while there is no evidence to suggest that fluoridation has any adverse effects other than increasing the level of fluorosis (white mottling on the teeth) which people are usually quite happy to live with, any recommendation for water fluoridation would, in his view, result in a lot of resources being devoted to it:

> *"I think that, at this point in time, it's very much more important that we be pragmatic, as we were in 2008, and have a scheme that gets fluoride into contact with the teeth of the deprived children in Wales, which is Designed to Smile, rather than pursuing the dream of water*

[165] RoP [para 50], 13 October 2022
[166] RoP [para 47], 19 October 2022
[167] RoP [para 257], 19 October 2022
[168] RoP [para 298], 19 October 2022

> *fluoridation. Because, my position is, having spent 20 years trying to pursue water fluoridation, it is a dream, and I think [...] it would be very difficult to make it happen."*[169]

202. Dr Tuthill agreed that some people view it as a right not to drink additional fluoride in water, but argued that is has been done successfully for 6 million people in Britain, and they have fewer tooth problems. He also raised the issue of children's rights, saying that Article 24 of the United Nations Convention on the Rights of the Child, which Wales has signed up to, says that every child has the right to the best possible health:

> *"Thirty per cent of children having dental decay by five isn't the best possible health, and we could have an intervention that would greatly improve that. We do other public health measures. I appreciate we're in interesting political times at the moment, but in Wales we still believe in public health, I hope. But we're not doing it for oral health."*[170]

203. When asked for the Welsh Government's position on water fluoridation, the Chief Dental Officer for Wales said that it is getting fluoride onto teeth that is important and "water fluoridation is one adjunct alongside fluoride toothpaste, fluoride mouthwashes and fluoride varnish."[171]

204. He went on to highlight the findings of a recent study undertaken in Cumbria where they compared one half of Cumbria with the other, one fluoridated and one not:

> *"They noticed a downward trend in the tooth decay in both groups because of the implementation of other fluoride adjuncts, such as the toothpaste and the varnish. But even though it did decrease tooth decay it didn't do anything to decrease the inequality between the two groups, and that is where our Designed to Smile and some of the other targeted interventions through the reform bring the fluoride to the patient."*[172]

[169] RoP [para 299], 19 October 2022
[170] RoP [para 261], 13 October 2022
[171] RoP [para 368], 17 November 2022
[172] RoP [para 369], 17 November 2022

205. The Minister did not give a clear steer on the Welsh Government's position regarding fluoridation, but did say that her preference was for targeted measures to ensure that people in most need received targeted support.[173]

Our view

206. We agree with the Minister that the oral health of the population cannot be improved through dental services alone. It is therefore important to raise the oral health awareness of the public and ensure prevention programmes are adequately supported. We would seek assurances that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales.

207. It is extremely concerning that, despite tooth decay being largely preventable, it is the leading reason that children aged five to nine are admitted to hospital. We welcome the impact the D2S programme has had on improving the oral health of children and would urge the Welsh Government to make every effort to restore the programme to pre-pandemic levels.

208. We do not believe that the D2S programme, as is, should be expanded to up to 12-year-olds, but agree with witnesses that the Welsh Government must ensure that age-appropriate oral health programmes for up to 12-year-olds are delivered through schools in all health boards in order to address the prevalence of decay in that age group.

209. We would support the expansion of the Gwên am Byth progamme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing.

210. There are strong arguments both in favour and against the fluoridation of water. There are those who believe it is their right not to drink fluoridated water. However, the preventative benefits are also well documented; water fluoridation is effective in preventing dental caries and could help address inequalities in oral health. We accept that this is not an easy decision and will provoke some strong reactions, but neither we nor the Welsh Government should shy away from difficult issues where there is the potential to benefit the population and help tackle the issue of inequalities in access for our most disadvantaged citizens.

Recommendation 11. The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.

[173] RoP [para 373], 17 November 2022

Recommendation 12. The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible, and provide an update to this Committee on progress by the end of the summer term 2023.

Recommendation 13. The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.

Recommendation 14. The Welsh Government should explore options for expanding the Gwên am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.

Recommendation 15. The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.

9. Funding

Background

211. NHS dentistry spend has been based on the historical delivery of care to patients and the funding model is based on 50 per cent of the population accessing dental care through the GDS. According to BDA Cymru, "investment in NHS dentistry has declined over the last decade. It has been shrinking as a percentage of the health budget and has seen erosion due to inflation".[174] Dan Cook, told us:

> *"Budgets for NHS practices were fixed, certainly in England and Wales, they were capped, from the financial year 2006-07 onwards, which is quite a long time ago now. And the budget has more or less, with some small exceptions, been frozen in aspic since then, and decisions have been made at Welsh Government and Westminster level to retain that cap at half the population having funding for dentistry. And that's something that's been done over and over again."*[175]

212. BDA Cymru also notes that practice owners are increasingly not able to fill vacancies for associates to undertake NHS work, as the rates offered cannot compete against wholly private practices which can offer better incomes and better working conditions.[176]

213. The Welsh NHS Confederation suggests that as funding is not based on the oral health needs of the population, modelling is required on service need and access levels to establish whether the current funding is sufficient. Any increase in spend could be directed towards models which can respond to how the public wish to access services. Its members also highlighted the need for more capital investment and grant opportunities, suggesting the expansion of dentistry practices or the purchase of new builds could be supported through an 'Improvement Grant' scheme[177].

214. The Welsh Government's written evidence states that dental services were provided with a £3m investment in 2021/22 and an additional recurrent £2m

[174] D20 British Dental Association Cymru
[175] RoP [para 12], 13 October 2022
[176] D20 British Dental Association Cymru
[177] D19 Welsh NHS Confederation

funding from 2022, targeted at the GDS and CDS. It is also noted that funding for NHS dentistry has increased year on year. Annual increases have been applied in line with recommendations from the Doctors' and Dentists' Review Body along with periodic additional allocations to target specific challenges or to fund innovation projects.[178]

215. In response, BDA Cymru states:

> *"While this news was welcomed in principle it cannot make up all the losses described. We don't know whether much or all the £3m was allocated for extra patient care after Christmas, as most practices were barely coping with their existing targets."*[179]

216. The BOS reports that NHS orthodontic services within Wales is in a similar position:

> *"After years of underfunding and lack of holistic strategic direction, orthodontic provision is in a dire state. The workforce is under a significant amount of personal and professional strain attempting to keep the current system functioning."*[180]

Our view

217. Dentistry budgets have been capped for a considerable amount of time. Given the lack of access to NHS dentistry, the impact of the cost of living and the increasing inequalities in access to services, the Welsh Government should review whether the current levels of funding are appropriate for the service to achieve what's needed in terms of reducing the backlog.

Recommendation 16. The Welsh Government should review whether the current levels of funding are appropriate for the service to achieve what's needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023.

[178] HSC Committee, 17 November 2022, Paper 2
[179] D20 British Dental Association Cymru
[180] D06 British Orthodontic Society