

Research Briefing **Dentistry in Wales**

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Research Briefing **Dentistry in Wales**

This paper looks at the current state of dentistry in Wales and the main government policies that influence it. It looks at the current workforce and what plans are in place to maintain the flow of dentists into the profession. It also looks at how services are delivered and paid for and how many services are delivered each year. It also has data on the proportion of the population accessing the service and some potential issues around accessing a dentist.



Dentistry in Wales

Background

The provision of dental services is a devolved matter. However, the professional regulation of all dentists in the UK is the responsibility of the **General Dental Council**. The Welsh Government receives advice on dental health policy from the **Welsh Dental Committee** and the **Chief Dental Officer**.

Most NHS dentistry is delivered to patients through the General Dental Service (GDS) contract system. Health Boards are responsible for the planning and commissioning of GDS in their area.

The **(GDS) contract** system was introduced in Wales in 2006. The main elements of the contract include:

- **three standard charges** for patients receiving NHS treatment;
- patients are no longer registered with a particular dentist, but dentists may keep a list of patients for whom they provide regular treatment;
- a new way of calculating dental activity so that NHS dentists in England and Wales are paid according to how many Units of Dental Activity (UDA) they do in a year;
- Health Boards taking on responsibility for the provision of ‘out of hours’ dental services, rather than dental practices themselves; and
- Health Boards retain the funding for NHS dentistry when a dentist leaves the area, enabling them to put in place alternative local dental services to meet local needs.

General Dental Practitioners (GDPs), operating mainly from ‘high street’ locations, are independent self-employed practitioners who enter into GDS contracts with a **Health Board**, but are not directly employed by the Health Board.

The **2014/15 Annual Report** on the National Oral Health Plan (NOHP) noted the previous Welsh Government’s:

*intention to develop a new dental contract which focuses on tailored patient care based on prevention and on risk assessment. The challenge is to develop a system that works for patients and dentists alike. Central to this will be the options for maximising the skills of the whole dental team, taking account of the **Direct Access** arrangements recently introduced by the General Dental Council.*

GDPs may provide NHS care only, work outside the NHS completely or, as is commonly the case, provide a mixture of NHS and private dental care. Other dentists work in **Community Dental Services** or **Hospital Dental Services**, where they would usually be employed by the NHS.

Private Dentists are regulated by the Welsh Government under **Private Dentistry (Wales) Regulations 2008**. These regulations **were updated in 2011** and require all dentists undertaking private dentistry to be registered with **Healthcare Inspectorate Wales (HIW)**. A further update to the regulations was proposed by the previous Welsh Government.

The consultation on the **draft Private Dentistry (Wales) Regulations 2016** closed on 22nd April 2016. The proposed regulations would increase the range of people, involved in private dentistry, who

are required to register with HIW. It aims to align requirements for Disclosure and Barring Service (DBS) checks in private dental practices, with those required by the NHS. It would also require DBS checks for other members of the dental team such as dental nurses, dental hygienists and dental therapists.

Strategies to improve oral health in Wales

The National Oral Health Plan

The previous Welsh Government's dental health Strategy was: **Together for Health: A National Oral Health Plan for Wales 2013-18** (NOHP).

The NOHP sets out the previous Welsh Government's agenda for improving oral health and reducing oral health inequalities in Wales. It focuses on the three themes of prevention, service delivery and quality and safety.

The NOHP outlined how the previous Programme for Government commitments in relation to oral health and dentistry would be met. These commitments were to:

- improve access to NHS dentistry where there are localised problems;
- encourage people to take responsibility for their own oral health;
- continue to implement the **Designed to Smile programme** to improve the oral health of children; and
- ensure dental charges remain affordable.

Health Boards are required to have **Local Oral Health Plans** addressing key issues specific to their citizens. These plans are reviewed against the requirements of the NOHP and **Welsh Government guidance**.

Annual Reports are published which provide an overview of the progress made by all key stakeholders towards the targets. The latest NOHP **Annual Report (for 2014/15)** notes that:

Welsh Government will, during 2016, start to consult on refreshing the Plan objectives in order to ensure new challenges are identified and delivered upon.

Designed to Smile

Designed to Smile (DoS) is a child focused oral health programme initiated by the previous Welsh Government. It was launched in January 2009 as a three year pilot in key areas in Wales. Due to its success, in October 2009 it was enhanced and expanded to cover the whole of Wales.

DoS is a preventative programme with two target groups:

- **Nursery/Primary school children** - for children aged 3-5, this revolves around the delivery of classroom based supervised tooth brushing and a **fluoride varnish programme**. Children aged 6-11 are part of a **Fissure Sealant programme** and receive advice on how to maintain their oral health; and
- **Newborn babies 0 to 3 year olds** - the focus is on giving consistent oral health advice to parents, and other individuals with child care responsibilities. Toothbrushes and paste are provided for free and participants are encouraged to regularly visit a dentist.

In 2012 the 4th Assembly's Children and Young People Committee conducted an **Inquiry into children's oral health**. The subsequent report contained recommendations, including that the Welsh Government:

- publish annual monitoring reports on DoS;
- increase awareness of DoS amongst parents;
- consider the evidence on including the DoS into the national curriculum; and
- make changes to the GDS, to place more emphasis on preventative work with children.

A **Welsh Government evaluation** argues that the DoS scheme has led to a decrease in tooth decay, indicating that:

in the mid-1980s, the level of dental caries (tooth decay) in five year old children remained constant at 47%...Since 2008 there has been a steady reduction in levels of decay and the latest survey carried out in 2015 shows that 35% of five year olds in Wales had dental decay.

Access to Dentistry

In the **24 months before 31 March 2015**, 1.7 million patients had dental treatment in Wales. This equates to 54.8% of the whole population, comprising 52.3% of the adult population and 64.9% of all children. The reasons why more people do not visit the dentist is not clear. In **2011 the British Dental Association** (PDF 1.09MB) conducted a survey, drawn from a sample of 1000 people from across the UK. It found the most common reasons for not going to the dentist were:

- a belief there was no need to go (66%);
- a feeling that they are not able to afford to go (17.2%); and
- a fear of going to dentist (16.2%).

The NHS in Wales does try to overcome these barriers. It provides **some financial support for those unable to pay** for dental treatment, with **treatments for certain groups provided for free**. Free treatments for unregistered citizens have been **successfully piloted by Cwm Taf University Health Board**.

In 2014 **Prof Mike Lewis**, the Dean of Cardiff University's School of Dentistry, **was quoted as saying**:

The days of seeing people queued up outside practices are gone...I think the workforce is out there actually. I think at the present time, if somebody wants dental treatment they will get it.

However the NOHP Annual Report 2014-15 noted:

Access to NHS dental care has improved significantly in recent years although difficulties remain in some areas...Some of the areas where access has proved most difficult in the past have seen some of the greatest improvements. However, there remain particular areas where access remains difficult.

Dental workforce development and planning

Between **1 April 2014 and 31 March 2015**, a total of **1,439 dentists** were recorded undertaking NHS activity in Wales. This averages as 4.7 dentists per 10,000 population. These figures are up from 1,247 dentists and 4.1 per 10,000 population in 2007-08.

The previous Welsh Government's **primary care plan and accompanying workforce plan** set out how they intend to ensure the long-term sustainability of primary care services, including dentistry, in Wales. A part of this will depend on maximising the contribution of a wide range of professionals. In an **article on Prudent Healthcare**, **Michael Allen**, a tutor at the **School of Postgraduate Medical and Dental Education**, noted:

A model of modern primary dental care with the dentist as diagnostician who prescribes care pathways and delegates these to appropriately trained supporting dental care professionals has growing acceptance.

*...At the author's NHS general dental practice, which provides dental care from a four surgery practice in Abergavenny, under the **NHS dental pilot** the bulk of simple NHS dental care, and nearly all paediatric dental care offered at the practice, is no longer delivered by the dentist but now managed instead by dental therapists. This has enabled the dentists to spend more time on more complex treatments.*

Paying for dentistry in Wales

Remuneration for Dentists

As per the GDS contract, dentists are contracted by Health Boards to carry a specified number of Units of Dental Activity (UDA). They receive a set fee for each UDA they carry out while under contract. As of April 2015, this was £13.50 per UDA. **Different bands of treatment constitute a different amount of UDA.**

Between 1 April 2014 and 31 March 2015, over 5 million units of dental activity (UDA) were carried out in Wales. This is a decrease of 1.5% compared with 2013-14. These 5 million UDA's translate as approximately 2.4 million individual NHS dental courses of treatment (CoTs).

42.7% of all CoTs were for paying adults in the 2014-15 financial year. This amounted to £31.6 million of charges to service users in Wales, an increase of 4.5% when compared to the £30.2 million charge in 2013-14.

Welsh Dental Pilots programme

The Welsh Dental Pilot programme was organised to test new systems of payment and delivery of dental services in Wales. The aim was to test an alternative system that would work for providers, Health Boards and patients.

The piloted systems moved away from a Unit of Dental Activity (UDAs) basis of organisation and towards a system which focused on patient care based on risk assessments. Two pilots were selected;

- **The Quality and Outcome Pilot;** This tests a new way of working addressing issues of access, quality and prevention by removing the UDA target. Instead delivery is based on a Capitation and Quality Payment, which focuses on patient numbers and promoting prevention. The removal of UDAs was designed to give clinicians freedom to make decisions, using their own clinical judgement about what is best for their patients; and

- **The Children and Young Peoples Pilot for 0-17 year olds;** This pilot incentivised the preventative care of 0-17 year olds, complemented DoS and tested the introduction of Quality and Access indicators.

The previous Welsh Government published the **Final Evaluation of Welsh Dental Pilots**, in September 2015. It stated that:

The next stage is to develop a prototype of the modified system and gather more evidence before any final decisions are made on the shape of any future contractual changes in Wales.

Further information

Further information on:

- finding, registering and accessing a dentist, including for emergency treatment;
- the costs of treatments on the NHS;
- making complaints about a NHS or private dentist; and
- accessing dental records;

is available on the **NHS Direct Wales website**.

Key Sources

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