Filling the Gap - Fixing NHS dentistry in Wales.

Summary Report.

Welsh Liberal
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Introduction

NHS dentistry is in crisis. In many parts of the country, it is impossible to get an appointment with an NHS dentist. In others, there are long waits. We hear disturbing reports of people so desperate for care that they carry out DIY dentistry. And children in particular are being let down, facing long waiting times for care, stress and disruption to their education.

We will:

- Invest in NHS dentistry, so nobody is forced to travel for miles or pay for private care.
- Reduce waiting times and address staff shortages by allowing a wider range of professionals to treat patients
- Ensure that every child can get treatment where and when they need it.

Key facts

- In 2022 93% of dental practices in Wales were not accepting new NHS patients, and 88% not accepting new child patients
- The number of dentists in the UK is among the lowest of the OECD countries, and Wales is at the low end of the UK numbers
- The number of dentists in Wales continues to fall, and around 20% of dentists are close to retirement
- Two million appointments were lost during the Covid pandemic, leading to huge backlogs.
- More than 15,000 people are understood to be waiting for appointments in the Cardiff and Vale Health Board area alone. In Powys there are more than 800 children waiting for treatment.
- In 2015 research showed a third of five-year-olds were already suffering from tooth decay

- Tooth decay remains the largest single reason for operations on children under general anaesthetic – more than 7000 operations in 2018

Our proposals

We propose a five-point strategy for the future of dentistry in Wales:
- Ending two-tier dentistry in Wales with clear, challenging and progressive targets for access to NHS dentistry in Wales, supported by adequate funding;
- A renewed public health approach to oral care;
- Bringing dentistry to the people
- Making the best use of the professional skills in NHS dentistry, and ensuring those skills are properly rewarded;
- A focus on oral care for children.

We have set out a series of actions to help achieve this, drawing on evidence from practitioners right across the country.

End two-tier dentistry in Wales by:

- Setting targets for Health Boards in terms of numbers of, and waiting times for, appointments, empowering them to use salaried staff to achieve those targets as well as entering into agreements with private sector providers
- Ensuring that funding levels for NHS dentistry are consistent with those in Scotland and Northern Ireland.
- Resolving the outstanding contract issues, so that dental practices have a clear mandate and clear incentives to provide NHS care, providing the certainty that long-term dental planning requires, while ensuring best value for money for taxpayers. We believe in principle that the contract process should have a clear focus on outcomes, and that there should, as part of the targeting progress, be clear success criteria and metrics.

-   Setting up a national waiting list system, properly resourced and working with health boards, to ensure that the process of getting an appointment is more efficient, and that fewer appointments are lost

Implement a renewed public health approach to oral care by:

-   Extending Design to Smile to reach older children, and a wider range of socio-economic backgrounds
-   Recognising the read-across between poor oral health and deprivation, and exploit synergies with other public health initiatives where possible
-   Building on the success of Gwen am Byth, to ensure that support is available for those working with older people.

Bring dentistry to the people by:

-   Exploring ways of integrating dentistry more closely with other primary care services, possibly by making some primary dental care services, such as triaging and the opening of courses of dental treatment, available in GP surgeries
-   Empowering health boards to use initiatives like mobile dentistry to improve access to dental services in rural areas

Reform the way NHS dentistry is delivered by:

-   Ensuring that dental therapists can play a greater role in primary care, in particular by empowering them to initiate courses of NHS treatment and by resolving as a matter of urgency the uncertainties over their existing powers to initiate care.
-   Protecting and developing the Community Dental Services, and ensure that it can carry out its principal role in providing care for those with particular needs, without being seen as a stopgap for other services.

Focus on oral care for children by:

- Expanding the availability of scope and availability of schemes like Designed to Smile, to reach older children, as well as a wider social base.
- Setting targets for reducing the number of children undergoing tooth extractions under general anaesthetic.

The Challenge

Good oral health matters, and getting NHS dental care has never been more difficult. Although it struggles for attention and resources beside killers like heart disease or cancer, tooth decay and oral disease have profound impacts on people's wellbeing; it causes pain and distress, it interrupts education and leads to lost work days.

But in too many communities, NHS dentistry has become all but inaccessible.

Research published by the BBC in August 2022 reported that 93% of dental practices in Wales were not accepting new adult NHS patients, and 88% were not accepting new child patients. Those figures are the worst of the nations of the UK, where the number of dentists is already significantly below the OECD average.
It is not known precisely how many people are waiting for NHS appointments because the information is not collected centrally, but it likely runs into many thousands. And people really care about getting timely, local dental care.

The problems in NHS Dentistry in Wales fall into three principal categories:
1) the long-term problems that have been mounting over several years;
2) the impact of the Covid pandemic;

3) and the issues that arise in managing the aftermath of the Covid pandemic, during which nearly two million appointments were lost, and only emergency care was available.

Hence a strategy for NHS dentistry must address two distinct but closely-related problems: dealing with the aftermath of the pandemic and addressing the deep-seated longer-term problems affecting dentistry in Wales.

NHS Dentistry: the policy background

The Welsh Government's core aspiration is to make NHS dental treatment available to everyone who wants it.

Its policy framework is set out in *The Oral Health and Dental Services Response to A Healthier Wales: Our Plan for Health and Social Care*, published in 2018[1]. That document sets out a number of policy objectives, as well as placing oral health in the wider context of improving health outcomes in a nation with well-documented endemic public health issues.

Welsh Liberal Democrats support those objectives, and the vision that underpins them. However, we argue that the provision of NHS dentistry in Wales currently falls short, and that innovative thinking and much work is needed to bring it up to an acceptable level.

The long-term picture

In general, Wales has seen a long-term improvement in dental health, across all social groups. But serious inequalities have remained. Poor oral health and tooth decay are entirely avoidable, but their incidence is correlated with economic and social deprivation, and with other public health problems.

A 2015 survey suggested that a third of five-year-olds were already suffering from tooth decay. And removing decayed teeth remains the biggest single reason for surgery under general anaesthetic among children – more than 7000 operations in 2018.

Public health initiatives – like the successful Designed to Smile programme, aimed at pre-school and primary-school age children in deprived communities – have had a significant impact. But the statistics remain stark.

One consequence of a system in which NHS care is largely delivered by independent practices contracted to health boards – rather than directly Health Boards - is that it is difficult to obtain data about waiting lists, which are held by individual dental practices – and about the total level of treatments.

Even before the pandemic, data shows that the number of dental practitioners per head in the UK was low by international standards, with Wales among those with the least provision in the UK.

Spending on dentistry before the pandemic was historically lower than in other parts of the UK - with per capita spending of £47 per head of population before the pandemic – compared with £55 in Scotland and £56 in Northern Ireland.

And the number of dental practitioners is falling too. Before the pandemic, in 2020-1 there were 1389 dental practices– a fall of more than 5% in one year. Up to 20% of those dentists are close to retirement age.

With a continued demand for private dental care, many dentists are reducing their commitment to NHS work or abandoning it altogether in favour of private practice; dentists' representatives have suggested that their private work often subsidies NHS work.

And in a country like ours, where many people live in smaller towns or rural areas, the loss of a single NHS practice can have a substantial impact on communities.

As well as dentists, dental care is delivered by a range of professionals, including dental therapists and nurses. They are very often employed in dental practices on a freelance bases; a dental therapist is a highly-trained professional who is able to undertake similar work to that of a dentist, but is not able to initiate a course of NHS treatment.

Although not a solution to the short-term problems, we believe that making better use of the skills of other professionals could have a significant impact in improving access to NHS services, especially where their work can be co-located or otherwise integrated with other forms of primary healthcare.

The impact of the Covid pandemic

These longer-term problems of NHS dentistry were hugely exacerbated by the Covid pandemic, during which only emergency care – provided by the Community Dental Service (CDS), which provides care for those with additional needs – was available. The number of paid treatments fell by more than 70 per cent for adults and more than 80 percent for children. It is believed that around two million appointments were lost.

This inevitably led to backlogs and long waits for treatment. The use of CDS to provide emergency care meant that waiting times for their patients increased even more. Moreover, essential public health initiatives like Designed to Smile could no longer take place, resulting in a lost cohort of children who would not receive support– with potential long-term issues as children who would otherwise have acquired good habits of oral care have not done so.

Thus Covid left both a huge backlog of appointments and a population whose dental health would, as a whole, almost certainly have declined.

The aftermath of Covid

The principal effect of the Covid pandemic has been to leave huge backlogs of cases. Some health boards have started to compile their own waiting lists as a result, and where the information is available it shows waiting lists extending into the thousands. It was reported to the recent Senedd Health and Social Care Committee inquiry into dentistry that more than 15,000 people were on waiting lists in Cardiff and the Vale Health Board area alone.

Paradoxically, at the same time, there is a serious problem of missed appointments – with nearly one in ten NHS appointments being missed. The inconsistencies of the waiting list system are likely to be a significant contributory factor.

In response, the Welsh Government announced a package of measures including additional funding of £2m to incentivise the creation of 120,000 appointments for new patients, while encouraging the move from six-monthly to annual check-ups. However, dentists' representatives argue that the contractual arrangements are not working and that the incentives to deliver appointments to new patients – who often require significantly more (and more expensive) care than those already seeing their dentist regularly. As a result, dentists are cutting back or even abandoning NHS work as they lack the capacity to meet targets and face financial uncertainties as a result.

Making NHS dentistry work for Wales

Our starting point is that everyone who wants it should have access to NHS dentistry – which, means, in the first instance, that it should be possible to get an appointment within

a reasonable timescale and reasonably close to home; and that once a course of treatment is started that it should be carried out in a timely fashion.

But we also want to set out a longer-term vision for oral care. We want to use the full range of skills and talents that people working in oral care already bring, making the best use of the resources we already have as well as considering how dentistry can best be delivered alongside other primary health care.

Against a decline in the number of dentists, we need a strategy that not only incentivises existing practitioners to undertake more NHS work, but in the longer term to consider how better to integrate dentistry into existing primary care services, while empowering highly-skilled professionals.

In a country where many people live in rural areas, and in which public transport is often expensive and limited, we need creative thinking for the long term about how primary dental care is delivered.