

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 111

Ymateb gan: | Response from: [Cymdeithas Ddeintyddol Prydain yng Nghymru](#) | [British Dental Association Wales](#)

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor **Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

BDA Wales was pleased to see the wellbeing of the health and social care workforce being identified as a key priority. A recent BDA Wales survey on the impact COVID-19 has had on the mental health of dentists in Wales found that 43% of participants could not cope with the level of stress in their job. Three quarters of respondents have gone to work on one or more days despite not feeling mentally well enough. It is vital that the committee works to support the mental health of dentists in Wales.

Public health and prevention are also listed as a key priority. This issue is particularly prevalent to dentistry. Prior to the COVID-19 pandemic, accessing an NHS dentist in Wales was difficult. In April



2019 BDA Wales found that just 16% of practices in Wales were accepting adult NHS patients. Only 27% were accepting NHS Children up to Secondary School Age. Practices were struggling to see patients, with 41% of practices receiving daily calls from patients looking for an NHS dentist; a further 22% had received a call in the previous half an hour. Since the COVID-19 pandemic, access has worsened. In a recent BDA Wales survey, 96% of dentists in Wales stated they were concerned with the rising levels of patient backlog. Many oral diseases, such as tooth decay, are preventable, and access to NHS treatment can prevent further problems in the future.

Prevention is also a key aspect of Designed to Smile, the national programme to improve the oral health of children in Wales. Due to the pandemic, the scheme was suspended in 2020. On the 1st of September it was announced that the scheme was restarting in primary schools and nurseries. This means that staff are able to re-start the Daily Toothbrushing Scheme, alongside the Fluoride Varnish programme. The committee should continue to support Designed to Smile as it restarts.

Public Health and prevention must also be considered for the most vulnerable patients in Wales. When Wales went into Lockdown in March 2020, the Community Dental Service in Wales worked together to set up Urgent Dental Centres to continue to keep dentistry going. Hot clinics were treating patients with COVID-19 that had dental emergencies. As a result, CDS dentists were unable to care for their usual vulnerable patients. This continued into 2021, with some community dental services still covering aspects of general dentistry in Wales. This has resulted in a large increase in waiting lists for the CDS, leaving vulnerable patients in Wales without the care they need. It is estimated that some waiting lists have increased by over a year, and dentists are concerned. Waiting lists were long for many CDS services prior to the pandemic. There is also an increasing backlog for General Anaesthetic services. This means that vulnerable patients, some of whom are only able to accept an examination and treatment under GA, are waiting months for treatment. Shorter waiting times are needed for treat these patients, particularly when they need emergency treatment. It is vital that the committee addresses the backlog in the CDS, to care for the oral health of Wales's most vulnerable patients.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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A key priority for the Six Senedd should be ensuring improvement of NHS dentistry in Wales, as well as the recovery from the COVID-19 pandemic. From 1 July 2020, General Dental practices in Wales have received 90% of their contract value. Practices moved away from UDA (Unit of Dental Activity) and instead complete the risk assessment form ACORN (Assessment of Clinical Oral Risks and Needs). The move away from UDAs is positive, as the UDA based contract has faced criticism since its rollout in 2006. Dentists now complete a range of key performance indicators (KPIs), such as fluoride varnish application.

While the move away from UDAs has been welcomed by dentists, many practices still receive only 90% of their contract value. Health Boards have introduced differing asks of dental practice in exchange for 100% of their original contract value. The Sixth Senedd should ensure that NHS dentistry receives a Once for Wales approach, so that practices are not subjected to a postcode lottery. It is also vital that dentists in Wales are consulted throughout the reform process. Dentists must also be kept informed of any changes for business planning. The COVID-19 pandemic has had a huge impact on NHS dentistry, the future is currently uncertain. The Sixth Senedd should prioritise the reform of NHS dentistry in Wales.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

Recruitment and retention of dentists in Wales, particularly in rural areas, has been acknowledged as a problem, yet there has been little action. The training, recruitment and retention of dentists in Wales must become a priority. In his oral evidence to the Welsh Assembly Dentistry Inquiry, Professor David Thomas noted that the last workforce planning exercise for dentistry in Wales was in 2012.

Unfortunately, this problem affects both dentists and the entire dental team. A comparison of Wales GDC registrants found that from March to August 2021, there were 99 fewer dental nurses; this is a 3.5% reduction. BDA Wales also conducted a survey of dental nurse agencies to discover how they were coping during the pandemic. Multiple agencies stated that their nurses were working many hours and that they were unable to meet the demand. It is clear that the lack of dental nurses is affecting dentistry in Wales, and practices are struggling to both employ dental nurses and hire them through an agency. A comparison of Wales GDC registrants also found that from March to August 2021 there were 24 fewer dental technicians, a 10.3% reduction. Workforce planning for dentistry must be a priority in Wales.

Racism in dentistry is a problem that should be addressed by the Sixth Senedd. Unlike race hate crimes, which are being captured more frequently by better police data systems, incidents of 'every day racism' - which is insidious and often subtle - are hugely under-reported for the reasons it is a) hard to prove and b) when brave individuals do report incidents often little is done to support their claims. This is equally and sadly true within dentistry. A recent UK-wide BDA survey found that nearly 60% of minority ethnic dentists had experienced some form of discrimination due to their ethnicity.

This discrimination was predominantly not reported, with respondents citing being scared or having no one to complain to. Respondents predominately reported negative outcomes including termination, leaving their job and being made to feel like they were in the wrong. Positive outcomes, such as, patients no longer being seen at the practice or bullies being sacked, were reported but were less common. Our survey found that there is a problem of racism in dentistry, which manifests itself in a number of ways, including unequal job opportunities, bullying, abuse, harassment and discrimination. Addressing racism in Welsh Dentistry should be a priority moving forward