Cyflwynwyd yr ymateb i ymgynghoriad y <u>Pwyllgor Iechyd a Gofal Cymdeithasol</u> ar <u>y gweithlu Iechyd a Gofal Cymdeithasol</u>

This response was submitted to the <u>Health and Social Care</u>

<u>Committee</u> consultation on <u>Health and Social Care Workforce</u>

**HSC 30** 

Ymateb gan: | Response from: BDA Cymru

\_\_\_\_\_





- 1. BDA Cymru Wales is pleased to provide a response to the consultation on the provision of health and social care in the adult prison estate by the Health and Social Care Committee. The British Dental Association (BDA) is the voice of dentists and dental students in the UK. We bring dentists together, support our members through advice, support and education, and represent their interests. As the trade union and professional body, we represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research.
- 2. Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.
  - While A healthier Wales: our workforce strategy for health and social care refers to implementation plans that will be developed, these plans have not been published making discussion difficult. Implementation plans should include studies into the mental health and wellbeing of the current health and social care workforce. The pandemic has also had a significant impact on the mental health and wellbeing of this workforce and continues to do so. Prior to the COVID19 Pandemic, depression and anxiety in the general population had increased in recent years<sup>1</sup>. BDA Wales conducted a study a survey to capture the mental health impacts the pandemic has had on all dentists working in Wales, and the different sources of stress that they face. Staff are physically and mentally exhausted; 82% of respondents said stress levels in the dental team have increased noticeably<sup>2</sup>. Three quarters of respondents have gone to work on one or more days, despite not feeling mentally well enough. It is alarming that more than half of respondents in this group have done so for more than ten days<sup>2</sup>. Prior to the pandemic, The BDA paper (2019) on stress and burnout in UK general dental practitioners discovered high levels of self-reported stress, with 43% of dentists stating they could not cope with the stress in their job1. Almost a fifth (17.6%) admitted they had seriously thought about suicide3. While it is important to plan for the future, it is vital to have an understanding of the current workforce in order to create positive change.
- The alignment of the strategy and its implementation with other priorities and actions, including those
  identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier
  Wales: our Plan for Health and Social Care (2018).
   Further details, particularly on the implementation of the strategy, are needed to determine whether

it aligns with the Welsh Government's Programme for Government. Specifics are needed for each



aspect of Health and Social Care for accurate and detailed input to be given. The strategies needed for dentistry would be different to other aspects of Health and Social Care, and it is important that relevant stakeholders are notified to be able to give their input.

4. The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.

Optimising the use of digital technology is essential for the future of the workforce. It is vital that this is done with a Once for Wales Approach so there is not a postcode lottery for improvement. Currently, the levels of technology available in dentistry vary, particularly in the CDS where IT capabilities can be poor. There is great variation clinic to clinic, as well as among Health Boards. The workforce planning is broad, covering many different roles under the umbrella of the Health and Social Care Workforce. It is important that the technological needs of each aspect of this workforce are understood and met.

5. The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

BDA Wales agrees with the Workforce Strategy on the importance of measuring progress, it is vital that the impact of this strategy is continually measured for future workforce planning. However, there is a lack of detail as to what this would look like. In Welsh Dentistry, for example, recruitment and retention is a long-standing issue, particularly in rural areas. While attraction and recruitment is listed as a strategic theme, the only action to address this is Action 7 "Review and develop targeted schemes for a) significant shortages in professional and occupational groups and hard to recruit areas including medicine, domiciliary care, social work and nursing". This action does not specify whether dentistry would be included in these professions, or how this would be done. While simple indicators, such as employment numbers in the CDS, could be used, without a full understanding of the specifics of the strategy, it is difficult to consider the mechanisms and indicators that are the most appropriate.



- 6. Whether the financial and other resources allocated to implementation of the strategy are adequate.
  The lack of specificity of both financial allocation and implementation methods makes this a difficult question. BDA Wales would be pleased to consult on this further in future when further details can be provided.
- 7. The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.
  BDA Wales was pleased to see that the Workforce strategy plans to include inclusive leadership as well as an accessible and inclusive recruitment approach. BDA Wales would be pleased to consult on this further on inclusion specific to dentistry in Wales.
- 8. Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.
  - The areas that BDA Wales feels are most relevant to dentistry and could benefit from focused follow up work are Objective One: An Engaged, Motivated and Healthy Workforce, Objective Two: Attraction and Recruitment, Objective Four: Building a Digitally Ready Workforce and Objective Five: Workforce Supply and Shape. These objectives, particularly one two and five, overlap significantly. Ensuring a sustainable workforce in sufficient numbers to meet the oral health needs of the Welsh population can only be accomplished if the current workforce's mental and physical health is cared for. Attraction and Recruitment should be a focus for dentistry. The BDA Wales 2019 study on access found that just only 15% of all NHS practices in Wales were accepting adult NHS patients and 21% of all NHS practices had waiting lists<sup>4</sup>. This lack of access would likely have worsened during the pandemic, as dentists had to focus on emergency patients. BDA Wales 2021 survey found that 96% of dentists in Wales had concerns about the level of patient backlog, and three quarters of respondents were very concerned<sup>1</sup>. As some of the most common dental problems are preventable, the pandemic, and the lack of routine dental care that it created, will likely have worsened. Furthermore, toothbrushing programmes taking place in schools have been suspended, Designed to Smile began to resume their programme in September 2021<sup>5</sup>. NHS dentistry in Wales was at a crisis point prior to the pandemic. It is vital that



Health and Social Care committee address the problems the workforce is facing so that they can continue to care for the oral health of the Welsh population.

# References

- 1. Bulman, M. (2017). Anxiety and depression among UK workers up nearly a third in four years, figures show. Available: https://www.independent.co.uk/news/uk/homenews/depression-uk-stats-figures-anxiety-record-high-a7991056.html
- Toon, M., Collin, V., Whitehead, P. et al. An analysis of stress and burnout in UK general dental practitioners: subdimensions and causes. Br Dent J 226, 125–130 (2019).
   Collin, V., O'Selmo, E. & Whitehead, P. Psychological distress and the perceived impact
- 3. Owen, C. The mental health of Welsh dentists during the pandemic . *Br Dent J* **230**, 500 (2021). https://doi.org/10.1038/s41415-021-2976-1
- 4. Owen, C., Seddon, C., Clarke, K. et al. NHS general dentistry in Wales: evaluation of patient access and budget expenditure. Br Dent J 226, 967–978 (2019). https://doi.org/10.1038/s41415-019-0407-3
- 5. NHS Wales. (2021). Designed to Smile let's get smiling again!. Available: https://phw.nhs.wales/services-and-teams/designed-to-smile/news/covid-19-update/.