

Bro Taf local dental committee is the statutory committee that represents the interests of GDS/ PDS providers performers and foundation dentists in the Cardiff and Vale and Cwm Taf Morgannwg Health Boards in line with Welsh statutory instrument 2010 number 2846 (w.234)

We welcome the Welsh Government initiative and commitment to dentistry as evidenced by this enquiry and the opportunities provided to colleagues to input information.

Background to Bro Taf LDC

Bro Taf LDC is a group of dentists who volunteer to represent the interests of the dental communities of Cardiff & Vale, and Cwm Taf Morgannwg. The committee is made up of NHS dental performers, with representatives from various fields (community, hospital, orthodontics etc.) The LDC meets regularly throughout the year and has an open general meeting every 2 years. We are the largest of 5 LDCs in Wales and we represent 127 NHS practices. A large part of the role of the LDC is in its interactions with the health boards. The LDC conveys the opinions and concerns of dental communities to the LHB, and the LHB consults with the LDC on matters of local interest, including contract issues and disputes. The LDC strives to keep local dentists up to date with new regional guidance. LDCs have a good working relationship with, but are independent of, BDA Wales.

RESPONSE

- The extent to which access to dentistry continues to be limited and how best to catch up

We believe in the two health boards that we represent performers, the current centralised waiting list not including those in practices' own waiting lists combines to a total of 15,000 patients that have contacted health boards during and after the pandemic for dental care. Anecdotal evidence from practices show that the uptake of private care has increased post pandemic. This is supported by evidence from NASDAL (an association for specialist dental accountants). Whilst the increase in private treatment is partly due to cosmetic dentistry most cases emanate from lack of access to NHS dentistry.

Positively the access element of the contract variation has increased the number of practices taking on new patients. However, it has not addressed the capacity to take on new patients according to need or deprivation. Another positive is the new care pathways which adopt prudent healthcare principles to underpin the planning of treatment. Complicated and expensive treatments are no longer delivered to patients who can't maintain them. High-cost treatments are delivered to patients who have lower risk of developing dental decay so that NHS funds are spent more appropriately and have the least risk of premature failure. Also,

positive uptake of dental care and appointments is at a post pandemic high, with most practices reporting patient appointment books being 'very busy and this is supported by the data collection of NHSBSA for Welsh Government,

This progress is hampered by a recruitment crisis, which is well recorded by the BDA and HEIW. The evidence depicts that the dental workforce crisis is no longer an issue in rural areas only but even in urban areas and for the second year running to young dentists entering foundation training. Immediate action is needed to address recruitment issues. Measures can include 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.

The costs of treating high needs patients even in contract variation are still unaccounted for within the contract and are often forcibly subsidised by dental practice businesses. This results in losses for dental practices, associate dentists working without earning and dental care professionals earning less. There is a very strong financial disincentive for dentists and their teams to treat high needs patients. While dentists are caring and hardworking this and all other contracts before have failed to address the fundamental issue of inequality.

- On Incentives to recruit and retain NHS dentists in rural areas and areas of high need.

We welcome and fully support the work that is being considered to incentivise welsh dental students to stay within wales. We call on welsh government to fund these incentives and to consider enticing English dental students to work in welsh rural dental settings, precedent being set by schemes such as train work live that has been successfully used to recruit our medical counterparts to rural wales. Consideration must be given to encourage welsh students from poorer social economic backgrounds Welsh speaking students to be incentivised to undertake dental foundation training within Wales and further incentivised to stay in the NHS host foundation training

- On well-being workforce and morale

Morale is particularly low, with a BDA post pandemic survey of dentists revealing 86% of dentist went to work without feeling emotionally well enough to do so. The insistence of health boards to enforce unreasonable targets as currently posed by contract variation and imposed on those practitioners that were forced into a quick decision to remain on the more familiar UDA contract, only serve to add stress to practitioners. We have received numerous complaints about confusion caused by the very short notice given to practitioners about the new contract variation and then the multiple ongoing problems in submitting claims and information to NHSBSA. In every practice dentists are working longer and longer hours to fill out and fix paperwork.

Dental Care Professionals such as dental nurses and therapists are thankful for being recognised as keyworkers in order to travel to work during the pandemic but remain without access to NHS pensions, sick pay, maternity pay, or agenda pay. Slow progress on removal of legal barriers for dental therapists helping dentists with targets has seen dental therapists leaving for private practice. Dentists want to work in a high trust environment where they are trusted to do what they think is best for their patients.

Of note there has been two large and two smaller dental practices who handed back contracts in fairly urban areas. The rarity of this situation should demonstrate the dip in morale post covid.

- On health inequalities

The LDC fully supports the work done by the designed to smile programme and the wild documented success and bringing down the rate of caries amongst children. The ongoing study into bringing skill mix into care home settings will go a long way to addressing the huge gap in service that is a legacy in Covid 19. There is also potential of training care home staff to collaborate with dental professional to improve the oral health of our ageing population.

- On the impact of the cost of living

The cost of living is affecting all levels of primary care including business owner associates and dental nurses. A 2020 study across the four nations of the average costs, excluding capital costs, of treating a child with one dental cavity in 2018 was average of £250 and if you are to avoid dental pain the cost rises to £330 over a 3-year period. We are aware that dental pain in children is the biggest cause of general aesthetics in children in Wales, dental pain in children also has detriment to their education and time away from work for parents. Over 5 years later the Welsh Government offer is £330 per child including capital costs. This shows how expenses of practices have not been taken into account by DDRB or Welsh government, In 2022 it costs more for practices and their teams than Welsh government has offered to pay. This must now be urgently addressed either by reducing targets or increasing the contract uplifts. Associates and dental nurses are being asked to subsidise an underfunded service the new contract must put an end to this. The current inflation and rising cost of materials, energy, and fuel has left many of the valued colleagues especially our precious nurses experiencing financial hardships and wallowing in the murky waters of poverty. These hard-working citizens provide a key health and care service and are therefore instrumental in ensuring the enjoyment of the basic human right to health.

Please note that in the interest of brevity , I have deliberately not only referenced widely available statistics and have only sought to use data pertinent to Wales. All other data or evidence unable to be sourced in literature we define as anecdotal, however we have limited this to the experience of practitioners within the Cardiff and Vale and Cwm Taf health Board.