Eluned Morgan AS/MS Y Gweinidog lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services Llywodraeth Cymru Welsh Government

Eich cyf/Your ref P-06-1364 Ein cyf/Our ref EM/02543/23

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

15 October 2023

Dear Jack,

Thank you for your letter of 22 September on behalf of the Petitions Committee about access to NHS dentistry for adults and children.

We want to reach a position where everyone in Wales who wants access to NHS dental care can get it. We are working with Health Boards, which have the budgets and responsibility for the provision of NHS dental services, to address gaps in service provision through their operational plans.

The majority of dentists are independent, self-employed practitioners who can choose whether they contract a proportion of their time to provide NHS treatment on behalf of Health Boards. As a consequence, they may provide only NHS care, work totally outside the NHS or as is commonly the case, provide a mixture of NHS and private dental care.

It is always disappointing when a dentist decides to reduce or end their NHS commitment. It is important to highlight that when this happens the funding for the lost provision remains with the Health Board in order for it to replace the level of NHS dental services.

Anyone seeking access to NHS dental services should contact their Health Board for the latest information on access in their local area and with a view to joining a practice waiting list. The Health Board will be able to provide details of the current level and location of available NHS dental services in the locality. They will also be able to provide details of the access sessions and availability of urgent treatment the Health Board provides for those residents not currently placed with a practice. As an interim measure, it may be possible to arrange for children to be seen by the Community Dental Service, especially if there are any concerns about a child's oral health or the length of time since their last dental check-up.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Guidelines on the frequency of dental check-ups were issued by the National Institute for Health and Clinical Excellence (NICE) in October 2004. The guidelines state the recommended interval between recall intervals should be determined specifically for each patient and tailored to meet their needs on the basis of an assessment of disease levels and the risk of or from dental disease. Routine visits to the dentist every six months are not necessary for everyone anymore, largely because the oral health of the nation has improved dramatically over the last few decades. For children the guidelines recommend a maximum interval of 12 months.

Access in dentistry is not where we would like it to be. Historic access issues have been further compounded with complications caused by the pandemic. We are working on system reform in dentistry to make improvements for patients and the profession; however, significant and substantive changes will take time and require financial investment which is difficult in the current financial climate.

Reform focuses practices on prevention and needs based care rather than routine 6 monthly check-ups on all patients. This is because we know that tooth decay and gum disease are largely preventable through good tooth brushing and reduced frequency of sugar intake. The capacity released by this shift is then available to provide new patient access, both for those who want to receive continuing care from an NHS dental team, or urgent care capacity for patients who just want a particular dental need resolved but opt out of receiving continuing care.

There seems to be a narrative circulating that dental practices are terminating their NHS contracts and moving to an exclusive private service only, converting those patients that can afford it onto private dental plans. There are some examples of this happening, but the scale does not equate to the amount of noise. At the start of April 2022 there were 413 dental contracts in place across Wales; 26 of those contracts have been terminated for a range of reasons such as retirement, practice sale and practices choosing to move to private only provision. In the majority of cases where contracts have been varied or terminated, Health Boards have already or are in the process of recommissioning replacement services. This shows that there is a genuine appetite for taking on NHS contracts. Of course, this does take time and there is inevitably a gap in provision while the procurement process takes place.

We are working with Health Boards to ensure that as part of the recovery of services, measures are included to ensure dental practices see new patients. I am committed to increasing new patient access as part of dental reform and since April 2022 almost 246,000 new patients have gained access to an NHS dentist across Wales. Overall, over 1 million people received NHS dental care through the general dental service last year, with over 1.3 million courses of treatment delivered. If dental treatment is urgent or the patient is in pain, there is provision in place to provide care quickly. We will continue to invest in dental services in a way that continues to increase access for new patients but there may be a delay while appointments for routine care become available in some local areas.

Workforce is a key part of improving access to NHS dental care and we are looking to identify and establish innovative opportunities to upskill and improve career pathways in dentistry to make working in Wales more attractive. Health Education and Improvement Wales continues to concentrate on ensuring that they work with stakeholders to have a focus on both recruitment and retention of the dental workforce in Wales. Most recently they have launched a scheme to incentivise dental trainees in dental practices across rural Wales, rather than more popular urban areas. This will help to increase access to NHS care for local people in rural Wales.

Skill-mix can also play a significant role in the provision of NHS dental care and the reform programme has highlighted the advantages of a well-balanced dental team delivering preventive-based approaches. From April 2023 dental therapists, hygienists and clinical dental technicians can open and close NHS courses of treatment which increases the capacity of our existing workforce.

I hope this information is helpful.

M. E. Myan.

Yours sincerely,

Eluned Morgan AS/MS

Y Gweinidog lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services