

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

10 October 2024

Dear Russell

Thank you for your letter of 22 August 2024 about the 2023 Health and Social Care Committee report on dentistry.

Please see annex A, which outlines progress in relation to the committee's recommendations.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of loops and a horizontal line at the end.

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Annex A

	Recommendation	WG response
1	The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than 6 months before the reforms are planned to come into effect.	<p>Officials have been in negotiation with the British Dental Association (BDA) for the last 12 months. Those talks have now broadly concluded, and officials are preparing a document setting out the final position. This will be shared with the dental profession before the end of the year before we begin the legislative process needed to implement the new contract.</p> <p>Our aim is for the new contract to be in place for 1 April 2026 providing the dental profession with sufficient time to prepare.</p>
2	The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract.	<p>The most recent statistics for NHS dental services are published here. The 2023/24 publication will be available in October.</p> <p>The statistics show a clear reduction in the proportion of Band 1 courses of treatments (check ups in the main) and an increase in the proportion of Band 2 and Urgent courses of treatment. This is to be expected given our ambition to move to a risk and needs based system.</p> <p>We will continue to monitor activity to ensure this shift continues to happen.</p>
3	The Welsh Government should explore options for a centralised waiting list and report back to the Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023.	<p>The development of a Centralised Waiting List (renamed Dental Access Portal), for people wanting to access routine dentistry is now proceeding at pace. Digital Health and Care Wales are leading the development and have established a task and finish group comprising of health board leads to ensure the operational elements of the system are considered. Powys Health Board was chosen as the pilot site and testing and development with data already held by the health board has been ongoing through August. The patient facing part of the system went live on 19 September and we are scheduled to roll out to all other health boards before the end of the year.</p>

4	<p>In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.</p>	<p>As per recommendation Digital Health and Care Wales has been working closely with all health boards to develop an inclusive Dental Access Portal to provide a consistent approach across Wales.</p> <p>The final solution includes an assisted digital pathway and enrolment can be undertaken in Welsh or English.</p>
5	<p>The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.</p>	<p>This issue has been discussed extensively during the negotiation process with the BDA. Further detail will be included in the public consultation.</p>
6	<p>By the end of summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh government will engage with private practice.</p>	<p>This recommendation was also discussed during the negotiation process. Whilst there are clear advantages to having a single software system in operation the BDA have made it clear that this is not a route they would be prepared to endorse. It will therefore not feature as a requirement in any new dental contract.</p>
7	<p>In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area.</p>	<p>The Welsh Government commissioned Miller Research in spring 2023 to conduct research into what ‘good access’ means to the general public in relation to community pharmacy, NHS dentistry and Allied Health Professional (AHP) services.</p> <p>Miller Research carried out a literature review, interviews with key stakeholders in Welsh Government and Public Health Wales and focus groups with members of the public residing in each of the seven health boards in Wales.</p> <p>The research sought to identify key barriers to accessing these services and explore people’s expectations of what good access means in relation to these services.</p> <p>The report is available here. Participants were selected based on a series of factors to ensure a range of representation, including geographic location, experience of</p>

		<p>accessing the three services, age, gender, disabled people, or those caring for a disabled person, parents or carers of young children, and socioeconomic group.</p> <p>The report concludes with a summary of “Good Access Principles” which in our view provide a clear steer for improving access for all members of society.</p> <p>The Health and Care Research Wales Evidence Centre have also recently undertaken some research aimed at seeking views from a diverse range of people on what NHS dental services could look like in the future, what the priorities for them are and to ask what people understood about the current NHS dental services offer.</p> <p>The final report is available here</p>
8	<p>The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023.</p>	<p>The Strategic Workforce Plan for Primary Care in Wales was published on 15 May 2024. Dental specific actions are included in Annex 3 that clearly recognise the benefits of a wider skill mix and the need to support development for the entire dental team.</p>
9	<p>The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency, and provide us with a timescale for this.</p>	<p>Completed without the need for regulatory change. Dental Therapists, Dental Hygienists and clinical Dental Technicians can now apply for a unique PIN from the NHS Business Services Authority which enables them to record courses of treatment that they deliver.</p>
10	<p>The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024.</p>	<p>Whilst our ambition might be to have a second educational facility offering a dental undergraduate programme there are no definite plans to launch a second Dental School in Wales. However, this may be something that would be considered in the future subject to funding becoming available.</p> <p>The location of any such school would be made utilising robust data and intelligence to inform and support any such decision.</p>

		We need universities and health boards to work together to develop proposals and we are actively encouraging them to do so. Then, if funding is available, we will be move quickly.
11	The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.	Officials have written to Public Health Wales to ask them to formally integrate oral health into all other health prevention policies.
12	The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible and provide an update to the Committee on progress by the end of the summer term 2023.	<p>The Designed to Smile (D2S) programme is continuing to recover from the impact of the pandemic. The 2022/23 annual report is available here.</p> <p>Participation was still lower than pre-pandemic however there were significant increases in participation in all aspects of the programme as summarised on page 4.</p> <p>The 2023/24 annual report is due to be published week commencing 14 October 2024. We will ensure a copy is sent to the committee.</p>
13	The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.	<p>Whilst this recommendation was accepted in our original response to the report, we have given this further consideration and concluded that efforts should be concentrated on adopting oral health promoting behaviours and practices from early years – as is the objectives of the Designed to Smile Programme. On publication of the report, we discussed this objective with academic colleagues who were also of the view that given the likely resources available best outcomes could be achieved by concentrating on nursery and Year 1 (First year in Primary School) school children. Establishing toothbrushing at that age is more effective that devoting resources to older primary school children via a school-based programme.</p> <p>The steps taken to prevent dental decay in 6-12 year olds beyond toothbrushing and restriction of sugar in the diet involve the application of fluoride varnish and provision of fissure sealants. For this age group these are best provided in a dental surgery by the whole dental team. Advice from our academic colleagues supports this view.</p> <p>Whilst not specifically research, through our national dental epidemiology programme we have just completed a representative Wales wide survey of over</p>

		8,000 12-year-olds (Year 7 – first year of secondary school) and this is currently being analysed. The results will be available in December 2024 and this key piece of work will ensure that we have a picture of what is happening to oral health in this age group, including the impact of the disruption caused by the pandemic.
14	The Welsh Government should explore options for expanding the Gwen am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.	As per our original response and details provided in an update letter to the committee in July 2023 this is already happening to varying degrees in most health boards. Our view is that the Welsh Health Circular setting out the role of the community dental service provides clear direction for how health boards can use this element of the dental system to provide care for vulnerable groups.
15	The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.	This recommendation was rejected.
16	The Welsh Government should review whether the current levels of funding are appropriate for the services to achieve what’s needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023.	<p>We have been honest that we are not able to provide NHS dental care to the entire population. Indeed, we estimate around 20% pay privately for their dental care.</p> <p>We must also recognise that we have no accurate means by which to measure how many people are failing to get access. The introduction of the Dental Access Portal later this year will for the first time provide an accurate picture of unmet need for routine dental care.</p>