

28 January 2022

Via email Correspondence.Eluned.Morgan@gov.wales

The Baroness Eluned Morgan of Ely MS
Minister for Health and Social Services
Senedd Cymru
Cardiff Bay
Cardiff, CF99 1SN

Dear Baroness Morgan,

I trust this finds you well.

Further to our correspondence of 21 June 2021 I wish to register our concerns about the ongoing situation of patient care in the community dental service (CDS).

While the Welsh Government led the way in the UK last year by setting aside £450,000 in grant funding for air handling equipment to improve ventilation and reduce fallow times, this was largely spent within the GDS. Consequently, more investment is needed within the CDS across Wales to do the same in order to improve patient throughput.

You recently pledged a onetime £3m funding in the current financial year plus an additional £2m recurring funding. This commitment is very welcome as it goes some way to redressing losses owing to the multi-year decline in the percentage of the Healthcare budget allocated to dentistry. At the time of the announcement, we discussed with dental branch whether this money could be used for capex for CDS ventilation improvements. Unfortunately, the answer came back in the negative for the reason of LHBs not being able to reallocate monies for patient care to capex. Plus, there was some mention of equipment standards in the CDS being prohibitively expensive. This is deeply disappointing news for our patients as it would have been a significant accelerator for many CDS surgeries to enable us to effectively tackle the colossal backlog we are facing.

As we wrote last time, access to treatment in the CDS for vulnerable and special needs patients has been particularly hard-hit by Covid 19. There were already long waiting lists in several LHBs before the pandemic. Since the onset the backlog of treatment for these patients is even greater than in mainstream high-street practices, due to CDS dentists being deployed within the Urgent Dental Care Centres. These Centres were set up to provide dentistry during the first lockdown – but several are still operational 22 months later. The throughput of CDS patients is still at best 50% of pre-pandemic activity. However, this is an

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estimate by us as there are no official treatment figures for CDS patients in the last two years. Meanwhile my colleague dentists can observe that the CDS backlogs continue to grow and may take years to clear.

These patients are some of the most vulnerable in our society and often don't have the ability to write to their MSs to complain about their lack of treatment. It is unacceptable that vulnerable patients are being kept in pain for many months, their infections often managed with multiple courses of needless antibiotics as they wait.

Problems also abound with referrals of these patients when they are finally seen. GA extractions are always the first to be delayed when hospital GA facilities are being limited by the effects of the pandemic. It is no doubt the case that many such patients with preventable dental disease will have progressed to an extent that had they been treated sooner they might have avoided the necessity for GA extractions.

To start to address some of these problems, the Community Dental Service needs immediate government support to expand capacity and it is crucial that capex ventilation funding is made available to the CDS. Health Boards need to be properly funded and instructed to make this happen where there is a lack of action.

I look forward to hearing from you.

Yours sincerely,



Dr David Johnson
Chair Welsh Committee for Community Dentistry (WCCD)

For further correspondence please contact:

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