

BDA CYMRU 2021
ELECTION MANIFESTO

BRIDGING THE GAP:
**TACKLING ORAL
HEALTH INEQUALITIES**



INTRODUCTION

The British Dental Association is the trade union and professional body for dentists in the UK. BDA Cymru is the voice of dentists and dental students in Wales. We campaign to promote the interests of our members and to improve the nation's oral health.

The COVID-19 pandemic has been a challenging time for all of us, and dentists have been working extremely hard as part of the great national effort: setting up COVID-secure urgent care centres, volunteering in hospitals, treating patients in urgent need within high street surgeries, often in challenging clinical environments; and now many are also involved in administering the vaccine.

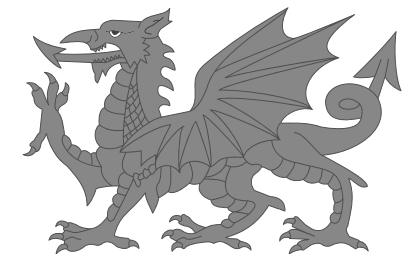
However, access to dentistry in Wales was in sharp decline even prior to COVID. Compounding this, the last year has seen access to services collapse, and pioneering work in the community to address oral health inequalities left at risk; all due to pandemic restrictions.

In addition, we know that unhealthy diets, an aging population, and poor healthcare infrastructure are all leading to greater strains on the whole healthcare system.

The pandemic is an opportunity to turn the page, and build a sustainable high street dental service that is fit for the future.

THE NEXT GOVERNMENT MUST

- 1** IMPROVE ACCESS TO NHS DENTISTRY
- 2** TAKE ACTION ON ORAL HEALTH INEQUALITIES
- 3** ENABLE A FRESH START FOR DENTAL SERVICES POST COVID



Improve access to NHS dentistry

■ Patient access before the pandemic

Access to high street NHS dentistry in Wales was a growing problem long before the pandemic. Back in 2012, 37% of practices were accepting new NHS patients, but by 2019 fewer than 16% were able to take on new adults.

■ Impact of the pandemic on access to general dentistry

Dental treatment was severely curtailed in the early months of the pandemic, and while it has slowly increased it remains at a fraction of previous activity. An enormous backlog of non-urgent treatment has built up during lockdown and nearly 2 million courses of treatment were lost last year. COVID restrictions mean practices are not able to run at anything like their previous capacity, due to the necessary social distancing and decontamination between appointments. Dentists and their teams are only able to see a fraction of their usual patients.

These restrictions are going to be with us for some time, as we move from pandemic to endemic. Adequate ventilation of surgeries is key to reducing the 'fallow time' required between patients and thereby helping increase capacity back to pre-COVID levels.

Public Health Wales reported last winter that the single biggest reason for patients not accessing NHS dental treatment was that practices were not accepting patients. The third biggest reason was a lack of NHS provision.

■ Impact of the pandemic on access to treatment for vulnerable and special needs patients

Access to treatment in the Community Dental Service (CDS) for vulnerable and special needs patients has been hard-hit by COVID. The backlog of treatment for these patients is even greater than in mainstream high-street practices, due to CDS dentists deployed within the Urgent Dental Care Centres. These were set up to provide dentistry during the first lockdown – many of which are still operational a year later. Since the throughput of CDS patients is still at best 40% of previous figures, the backlog continues to grow and might take years to clear.

Solution

■ **Investment in ventilation to boost patient numbers and future-proof dental surgeries** While the Welsh Government led the way in the UK last year by setting aside £450,000 in grant funding for ventilation, we need to see more investment here. The Northern Ireland Government, under advice from the BDA, has made £1.5 million available. Welsh Government needs to invest an addition £2m to make up the shortfall in requirements.

■ The Community Dental Service needs immediate government support to expand capacity. It is unacceptable that vulnerable patients are being kept in pain due to lack of resources. **Ventilation investment must be available to CDS as well as general practice**, and we need to see a **revitalised recruitment strategy for the CDS**.

Take action on oral health inequalities

■ Impact of the pandemic on oral health programmes

Inadequate dental care for at-risk groups is storing up immense problems for the future. Before COVID one third of all children did not visit a high street NHS dentist over a two-year period. Post-pandemic these figures will have worsened: the need for prevention is now even greater.

Designed to Smile is a successful preventative programme of supervised toothbrushing in schools and fluoride varnish application which has lowered tooth decay rates in five-year olds by 12% since its inception in 2008. The programme has been on hold for the past year with clinical staff redeployed due to the pandemic. Meanwhile Gwen am byth, a programme for improving oral health in older citizens living in care homes, is also paused. The young, old, susceptible, and disadvantaged will suffer poorer oral health as a result.

Given the very low access for new NHS children in many parts of Wales, with just 27% of practices across Wales accepting NHS child patients in 2019, the number of children seen by dentists is not likely to increase in the immediate short term. Therefore we really need to ensure that, at the very least, children can adopt good oral health habits while at school.

Designed to Smile should be expanded to children aged 6 to 10 years, to address the concerning levels of tooth decay in these age groups. The programme costs approx. £4m per annum to run. A modest increase of an extra £2m per annum would ensure that 50,000 more children would be tooth brushing in school and 3,000 more would receive fluoride varnish. These additional children would have support in caring for their oral health throughout their childhood.

For vulnerable older people, ensuring a high quality of oral care in care homes should be a priority. The dental domiciliary service has been badly underfunded for many years and this needs addressing. While we wholeheartedly support the oral health training of caregivers, this is not a substitute for timely dental treatment.

Solution

- **Restart Designed to Smile** as soon as possible, and **invest £2 million to expand** the scheme to 6-10 year olds.
- **Reverse underfunding of dental domiciliary services for older people in care.**
- **Ring-fence income from the sugar levy** to support Designed to Smile, and also to support action on other sugar-related health conditions such as diabetes and obesity.

Enable a fresh start for dental services

■ Impact of the pandemic on contract reform

The COVID pandemic has been hugely disruptive to high street dentistry, yet the recovery year has enabled dentists to use the learning from contract reform pilots Wales-wide. The suspension of discredited “Unit of Dental Activity” (UDA) targets during the pandemic has allowed dentists to focus on patients with greatest clinical need. However, the pandemic-induced limitations on patient numbers seen means that contract reform remains on hold for now.

■ Years of underfunding

In recent years there has been a steady erosion of the primary care dental budget in real terms and the actual proportion of spend has declined when compared to total primary care spending. It is no wonder that as a result practice owners are finding it harder and harder to keep the practice books balanced and to recruit associates to undertake NHS work.

We welcome the recent Government funding of £450,000 in air handling equipment for surgeries, but practices need sustained investment. Pre-pandemic it was generally understood that private practice income supplemented a practice’s NHS work by covering capital expenditure, which is not factored into the NHS contract.

In the last three years the percentage of primary care budget spent on dentistry has steadily declined. Furthermore, in the last reported year the absolute dental budget spend decreased by £875,000. Spend per capita has not kept pace with inflation either: in just three years inflation has removed 10% of the value of per capita expenditure on dental services.

■ Workforce resilience

Rural areas of Wales face greater challenges in recruiting primary care staff. Low staff morale and stress is a key issue for workforce retention. A recent BDA mental health survey has shown significant adverse impacts of the pandemic on the mental health and wellbeing of dental teams.

We need to make it attractive for new dentists to want to work in Wales, particularly in the more rural areas.

Solution

■ **Make it easier to recruit** dentists across Wales by offering incentives for practising in rural areas and **reintroducing NHS commitment payments**.

■ **Level the remuneration playing field** for dental core trainees and remove the lottery of foundation training placements - so that those who want to train in Wales can stay in Wales.

■ **Improve mental health support, working conditions, and contract security** for staff to support retention.

■ **Reform the General Dental Contract.** There can be no return to Units of Dental Activity and dentists must be allowed to continue to prioritise patients based on their clinical judgement without arbitrary targets for clinical interventions.

■ **End chronic underfunding.** Government spend on NHS dentistry in Wales was £47 per head prior to pandemic. It is time at the very least to bring it in line with investment in Scotland (£55 p.h.) and Northern Ireland (£56 p.h.).

Contact details

For more information about this manifesto and the wider work of BDA Cymru, please contact campaigns@bda.org

