

Written response by the Welsh Government to the Health, Social Care and Sport Committee report; A Fresh Start: Inquiry into dentistry in Wales

1. I would like to thank the Committee for the report on their inquiry into dentistry in Wales. I am pleased to say the Committee's recommendations generally support our current policy direction and also recognise the progress made to date.
2. Whole system change is already underway in dentistry in Wales. To reflect the need for dental services to be more responsive, equitable, effective and preventive, a shift in policy direction is supporting delivery and reform of the dental contract via whole system change. At the centre of this is the need for new models of care to support a more patient focused approach and a **greater use of skill mix in dental teams**.
3. Dentists, dental care professionals, health boards, and academics are working in collaboration to shape and deliver transformation in line with *A Healthier Wales*. I recognise that effective and appropriate investment of resources encourages and creates an environment and opportunity for better ways of working, which also supports change and enables innovation to happen.
4. We are taking a **'test and modify' approach within the dental contract reform programme to ensure change is taking us in the direction we intend**. Reform has to be fair for dental teams, health boards and patients. **Low value Units of Dental Activity do not support quality and are being taken out of the system**. The principles of fairness, co-production and collective responsibility to making change are being followed.
5. Ensuring patients with the greatest needs can access routine dental care and treatment, stepping up a preventative approach to care for all patients, making more effective use of the resources we have, and using the skills of the whole of the team in delivery, will be the key areas of work and focus in transforming dentistry in 2019 and future years.

Detailed responses to the report's recommendations are set out below:

Recommendation 1. We recommend that the Welsh Government replaces the current Unit of Dental Activity targets with a new, more appropriate and more flexible system for monitoring outcomes to include a focus on prevention and quality of treatment, and to provide an update on the progress of these considerations to this Committee in six months.

Welsh Government response: Accept

We have acknowledged the current contractual system needs reform and that Units of Dental Activity (UDA) as a sole measure of contract performance, focusing on treatment activity only, does not incentivise needs led care, prevention or make the best use of the skills of the whole dental team.

A move away from UDA targets is already embedded within the current NHS dental contract reform programme. However, it is necessary that robust outcome measures to incentivise excellence in delivery continue to be developed. The current reform programme facilitates the development of appropriate need and outcome measures, worked up jointly with clinicians and contract managers. Clinicians have been engaged in shaping change and developing options.

The approach is being underpinned by making better use of skills in the whole team, understanding individual patient need, developing outcome measures and communicating

delivery expectations within the patient journey. This supports adoption of appropriate, evidence informed and preventive care delivery, to meet need and reduce wasteful repeat exams for those patients who do not need such frequent visits.

In addition, the variation in the value of UDAs and the perverse incentives generated by them, requires new approaches to contracting. The reform programme is moving low value UDAs out of the system and also introducing more meaningful measures based on practice level quality, access, risk and need.

An updated progress report on contract reform will be provided to the Committee in 6 months.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 2. We recommend that the Welsh Government ensures and monitors the consistent reinvestment of clawback money recovered by health boards back into dentistry services until a new system for monitoring outcomes is in place (as referred to in recommendation 1).

Welsh Government response: Accept

Holding health boards to account for the investment the Welsh Government makes in NHS dental services is a core responsibility. Primary care dental budgets remain ring-fenced for those health boards without two successive approved Integrated Medium Term Plans. The Designed to Smile and Gwên am Byth oral health programme budgets remain ring-fenced for all health boards.

Health boards are monitored and scrutinised on the use of dental resources. The Welsh Government has regular discussion with health boards to encourage efficient and effective investment in dentistry, including appropriate reinvestment of any clawback or recovery of funding as a result of contractual under-delivery. Sanctions have been applied to health boards who have not achieved full expenditure of their dental budget allocations.

We are encouraging health boards to provide year-round support to dental providers who are experiencing difficulty in meeting current activity targets, using contract reform principles, and not simply waiting to recover funding at year end. The broader set of monitoring measures and the removal of low value UDAs being introduced under the reform programme will help reduce the need for health boards to clawback funding.

The Welsh Government will require health boards to submit an annual report on the level of funding recovered as a result of contractual under-delivery and details of where the resources have been reinvested. Consideration will need to be given to accounting rules and also the wish to see a balanced approach to strategic long term planning by practices and health boards. Health boards are being encouraged to work with and support practices at risk. However if contractually agreed levels of service delivery have not been met, recovery of funding must remain an option to safeguard public funds.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3. We recommend that the Welsh Government undertakes an evaluation to determine if the UK wide recruitment system effectively supports a strategy to increase

the recruitment of those who are Welsh domiciled and the levels of retention of students generally following training.

Welsh Government response: Accept

The Welsh Government, Cardiff Dental School and Health Education and Improvement Wales (HEIW) have already been holding discussions on Dental Foundation Training (DFT). Wales Deanery (now part of HEIW) produced a discussion paper in 2018 outlining the current issues with the UK wide recruitment scheme (covering Wales, England and Northern Ireland), and proposed options and actions necessary for improvement in Wales. HEIW are currently collecting and analysing data to link with workforce planning, and to quantify risks of withdrawing in part or fully from the UK scheme. We accept evaluation of the UK scheme is required and will discuss with HEIW how to take this forward, building on the initial exploratory work.

Following earlier consideration, agreement has been reached to focus on three specific areas:

- i) work with Cardiff Dental School to increase the number of Welsh applicants and entrants;
- ii) improve the recruitment, delivery and retention following DFT; and
- iii) work with health boards to facilitate and incentivise retention following training.

Cardiff Dental School has engaged with Y Gymdeithas Ddeintyddol (the Welsh Dental Society) and others to reach out to all areas of Wales and increase applications. In the academic year 2018/19, nearly 50% of the first year students are Welsh domiciled. However, in addition to this awareness raising, Welsh Government and HEIW have asked Cardiff Dental School to go further and consider flexible entry requirements to incentivise Welsh students to undertake dentistry, including analysing whether the use of cultural and social determinants could be incorporated into Cardiff University entry requirements. They have also been asked to offer and expand the reach of a pre-clinical registration year to encourage applications from Welsh domiciled students, particularly those from hard to recruit areas of West and North West Wales, and consider discounted grades to local socially deprived applicants.

The Welsh Government Officials are also in regular discussion with health boards, and ask that dental ring fenced resource is utilised to support establishing follow-on employment opportunities for DFTs, who wish to stay in Wales following training year, particularly in hard to recruit areas.

Welsh Government has established an All-Wales Faculty for Dental Care Professionals (DCPs) based at Bangor University which is designed to work with education colleges and training providers to set clear educational frameworks and monitor the quality of training. It will develop research capability, leadership and enhance the skills of DCPs to help fulfil their potential. Its work plan includes the co-production of a framework for the future DCP workforce in Wales.

HEIW will also be looking at the commissioning of training numbers, training and education packages to help develop the workforce, and considering whether there are more effective workforce models to deliver services which could improve dentists' workloads and make practices more sustainable.

Financial Implications - Any additional costs will be drawn from existing programme budgets.

Recommendation 4. We recommend that the Welsh Government works with health boards to develop a clear strategy to ensure that the e-referral system for orthodontic services in Wales has a positive impact on ensuring appropriate referrals, prioritising patients and reducing waiting times.

Welsh Government response: Accept

Orthodontic referrals are already an integral part of the electronic referral management system within the existing strategy communicated to health boards prior to its launch in March 2019. It is important to note the system covers all dental specialities.

In addition evaluation and reporting on the quality of orthodontic referrals is incorporated into the system which will monitor and identify practitioners who are sending in poor referrals i.e. referrals that are too early, do not meet the 'clinical need' acceptance criteria, patients with poor oral health or no motivation to play their part in achieving a positive outcome through orthodontic treatment.

Some practitioners admit to referring too early to take account of possible waiting times thereby adding to system pressures. Dentists making a referral in the electronic system are required to confirm there is a clinical need, good oral health and appropriate suitability for orthodontic treatment before making a referral and they should only do so when a child is ready for care. This will be monitored by health boards and practitioners, making poor referral decisions or multiple referrals, will be identified. A priority setting decision tool is also built within the system to ensure those with highest needs are seen first.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 5. We recommend that the Welsh Government funds the Designed to Smile programme sufficiently to enable children over 5 years old to receive the same benefits of inclusion as they did prior to the refocus of the programme.

Welsh Government response: Accept

I would like to take this opportunity to clarify the apparent misconception that as a result of the refocus of Designed to Smile (D2S), children aged 6-7 have been denied the tangible benefits of the programme. This is simply not the case.

While the D2S refocus and the supporting Welsh Health Circular issued to the NHS, put a greater emphasis on children aged 0-5, it recognised the value of offering schools the opportunity of including children in Year 1 and 2 (5-7 year olds). There has been no reduction in funding or delivery.

As part of the refocus of the D2S programme, the provision of fissure sealants has been replaced with the application of fluoride varnish. Evidence based research shows it is as clinically effective, more cost efficient, and acceptable on clinical and school time resources. There is robust evidence that a child free of decay at 5 years old carries that benefit into adulthood.

Financial Implications – None.

Recommendation 6. We recommend that the Welsh Government builds upon existing oral health improvement programmes to address and improve the oral health of older children and young teenagers in Wales.

Welsh Government response: Accept

D2S teams have developed resources to support lessons for older primary school children (Year 6 i.e.10-11 years of age). These children do not participate directly in D2S but lessons delivered by teachers support and reinforce the messages and principles of D2S and support required elements of the school curriculum. Providing evidence based teaching resources means that D2S teams are not pressurised into providing lessons to older children who are not targeted for D2S. Resources will be available on the education Hwb - the digital platform for learning and teaching in Wales - which teachers can readily access. This approach helps to continue the work of D2S with older children and is supplemented by the considerable work by General and Community Dental Services teams who engage with older children and young adults to help to spread the knowledge of the necessary preventive actions and key messages of the programme further.

As part of their education children learn skills that stand them in good stead for life. Tooth brushing is a good example where, as part of D2S, they learn skills and come to understand why tooth brushing and dental health are important. When they reach the right age we expect children to take forward the things they have learnt for themselves and use them in daily life. Tooth brushing is like other skills and learning, and by about 7 years of age they should be ready to take responsibility for this and brush regularly at home.

There is an acceptance we need to incentivise access to primary dental care for older children and young teenagers. General dental practice is the mainstay of dental care provision and we know that well over 8 out of 10 children aged 6-15 years are regularly attending the dentist. The contract reform programme has a growing role in ensuring appropriate delivery of 'what we know works' in evidence informed and preventive care delivery, to meet individual need and support patients adopt behaviours and actions to improve and protect their oral health.

However, we are aware the most vulnerable teenagers, and particularly those with severe dental decay, require access to a responsive preventive and treatment service. These services also often need to include a sedation and/or Cognitive Behavioural Therapy offer for many of the most severely affected teenagers.

The Welsh Government has commissioned an epidemiological study to assess and understand the needs of the 12-21 age group. The results will help inform future approaches to meet the needs of this age group with regard to preventive programmes and services. We have already established National Strategic Advisory Forums for Paediatric Dentistry and also Sedation. These Groups are assisting Welsh Government not only in planning preventive oral health intervention programmes, but also in improving access to appropriate clinical services.

Financial Implications – None.