

BDA Cymru's evidence to the Senedd Cymru's Health, Social Care & Sports Committee 2 July 2020

Following the presentation of our oral evidence on 2 July, BDA Cymru submits this written evidence in support. The panel wishes to thank the Health Committee for the opportunity to discuss these very pressing and important issues in dentistry. The Key points are expanded upon later in this document.

Key points

Impacting the state of dentistry currently are three key areas which we explored with the Health Committee. These are:

- 1. The changes to treatment measurement within the existing general dental services contract in this the pandemic recovery year and the sustainability of NHS dentistry in the mid and long term.**
- 2. Private Dentistry has been unsupported by Government business support schemes during the pandemic and faces an existential crisis. If wholly private practices go under, NHS dentistry will not cope with increased patient demand. Mixed contract practices are also at risk of failing.**
- 3. The Community Dental Service (CDS) has been manning almost all of the Urgent dental care centres (UDCs) for the last three months. But the CDS needs to step down the UDCs work to treat their special need patients who are in urgent need now.**

Underlying Issues

In addressing these three key areas we looked at the underlying issues:

- a. The patient journey - How Government can better support the GDS to get care back in own practices. Authorities need to understand the GDS and CDS are intimately linked and cannot be treated in isolation from each other.**
- b. The current and future impact of the pandemic on the oral health of patients and the disease burden in the population, including oral cancers.**
- c. The future impact of the pandemic on the dental teams and the loss of dentists, hygienists and therapists to the system through redundancies, retirements and career changes.**

We have attempted to provide solutions and timelines to be clear what are we asking from Government, with the Health Committee's important help, rather than just stating the problems. Our asks are summarised below:

ASKS

Following our evidence session we have articulated our asks below and trust these will be useful in eventually formulating the Health Committee's recommendations to the Government.

IMMEDIATE ACTION

Allow all practices to undertake more routine work now

This is essential for all NHS, private and mixed contract practices. SOPs are currently overly restrictive and limit the range of treatment available and to whom. By undertaking routine work including mouth checks, practices would be able to reduce the risk of missed mouth cancers and subsequently reduce the impact on the wider health service.

Guarantee PPE supplies

The government must take all available steps to ensure PPE is supplied to dental practices across Wales. This must include any essential fit testing. They should also provide grants for reusable PPE to help reduce practice waste and the impact of COVID-19 on the environment.

Instigate full reinstatement of contract value for GDS NHS practices without delay

The government must bridge the funding gap which has arisen in GDS practices by reinstating 100% contract values now so dentists can provide full levels of treatment. This will enable the Community Dental Service to step down their work in the urgent dental centres and allow community dentists to concentrate on their vitally important role, including the management of special needs.

Lift the business rates ceiling to be accessible for all individual practices

The majority of practices missed out on rates relief due to the ceiling being so low. Practice owners are currently operating at significant losses, a rebate on rates for the rest of the financial year might make the difference and help practices to survive.

Identify all dental team members as key workers

We need all practice staff, including private contractors, to be able to work and to provide care during the de-escalation period of lockdown. Without key worker status, many dentists are not eligible for childcare, especially as we head towards the summer holidays. Extending key worker status to the whole dental team is vital.

Reassure the public via a wider health campaign

The government must undertake a campaign to help practices communicate their message that dental teams are experts in cross infection control. They need to reassure the public that dental practices are controlled and safe environments to which they can return without fear or concern.

ELEVATE PATIENT NEEDS

Reintegrate services to ensure children and vulnerable adults are not at risk

At risk groups have become a ticking bomb since the outbreak of the pandemic. Children and vulnerable adults are still the forgotten group. Designed to Smile, our

free and successful preventative programme to improve oral health in children, is now on hold. As is Gwen am byth, our programme for improving oral health in older citizens living in care homes. The young, old, susceptible, and disadvantaged will suffer poorer oral health as a result. We must ensure that children and vulnerable adults do not become the lost group from this pandemic. Reintegration of existing services will be key.

Allow eligible patients an extension on payment exemptions

Patients whose eligibility for treatment and exemption from NHS fees has elapsed during the pandemic should be granted an extension. This includes:

- a) Mothers of babies under 12 months who would normally receive free NHS care where available.
- b) Orthodontic assessment made possible for those who would ordinarily have been referred before their 18th birthday. We note that in England, provision has been made for orthodontic referrals.

REVIEW AND REFINE

Review evidence into infection risk and fallow time

We need further evidence into infection risk in the dental surgery and fallow times. This particularly applies to the decision of the Welsh Government to differ from the FGDP guidelines in terms of 60 minutes of fallow time from an aerosol generating procedure. Reductions in fallow time is key to being able to improve the oral health for more patients.

Investigate why fit testing is only required in the UK

Fit testing is not a requirement in other countries. In fact, there is discrepancy in much PPE guidance. In many countries dental teams are only using level 2 PPE for the vast majority of procedures. We need to investigate this further and ensure Welsh dental teams are not disadvantaged as they try to recover.

PLAN AND CONSULT

Plan for a piloting year for NHS GDS and contract negotiations could follow

The recovery year and the support for NHS contracts is welcomed by the profession. We must not use this as the piloting year, although we recognize the valuable learning from using the units of dental assessment (UDAS) and the assessment of patient needs and risks (ACORN). Full piloting and testing must be done in normal times with full consultation with the profession. Any new GDS contract requires a full negotiation process. Negotiation and consultation could start from April 2021. Well before then we need clarity around the government's time table for contract negotiation.

Support and retain the workforce

Ensure LHBs do not reduce the staffing levels of the CDS as a cost saving exercise (ie not replacing staff who have recently left or retired).

There may be other opportunities for the LHBs to offer salaried roles to dentists who might otherwise be lost, for example foundation dentists plus one year posts.

EXPANSION ON KEY POINTS

1. The variation to the NHS GDS contract is a welcome port in the storm

Key message: Removal of the Units of Dental Activity and introduction of Units of Dental Assessment and Assessment of Clinical Needs and Risks in the recovery year ahead of a full pilot is welcomed by the the WGDPC.

The new UDAS - Unit of Dental Assessment

This is intended to reflect the new measure of completing the needs and risk assessment (ACORN) and any associated preventive treatment for each patient within a 12 month period. Some patients will still need AGPs in addition. All of this is captured in the revised FP17W the NHS dental activity monitoring form.

The number of UDAS reflect the number of patients seen. This year there will be no target as such, just a reasonable demonstration of patient throughput, which is obviously going to be much reduced.

Eventually, once things have stabilized, the intention is to assign a number of patients (1 patient is equiv to 1 UDAS) against the contract value - and the calculation should take into account the percentage of high needs patients ... assuming this scheme continues into next Financial Year.

ACORN - Assessment of Clinical Risks and Needs

The ACORN has been extensively developed during the last three years of contract reform in consultation with all stakeholders. The BDA supports this as a valuable clinical tool. Now it is being used by all practices with NHS contracts in the recovery year. Some of the information can be obtained via remote patient consultation. The results from the ACORN are recorded in the NHS Business Services Authority System. Urgent patients will also have a certain amount of information recorded.

Numbers of NHS patients and future targets

Although the earlier CDO communications gave the impression that practices would be expected to see all their patients by end of March 2021 as a target, the CDO has since clarified that there will only be a target for patient numbers in 2021-22. There will be monitoring of activity in 2020-21 via the FP17W and there will be ghosting of UDAs in the system for comparison purposes. Any practice following the new scheme of units of dental assessment and doing a reasonable patient throughput will not suffer clawback this financial year. However, should a practice retain their UDAs, which they are liberty to do, they will most likely suffer clawback - the clock will be ticking from 1 July on prorated UDAs.

Financial constraints and pressures

There is a recognition by Government that in this recovery year continued payment to dental practices for NHS work will help the sustainability of many. However, the contract value has been depressed at 80% between April and June. This has meant

for three months practices have been paying 100% of NHS staff salaries but with practice owners having to make up the shortfall of approx 7%. Some practices which have previously relied on private income are already on the brink of permanent closure.

Many dentists are worried about how they are going to balance the books when they start to provide Aerosol Generating procedures (AGPs) to their NHS patients. Currently with the Annual Contract Value (ACV) now at 90% there is still a fear about the financial risk.

The new mandated way of working with risk in the Government's SOPs is hobbling patient care and patient throughput

Now and longer term the **patient throughput** is a significant concern. This is substantially impeded by a lengthy **fallow period** following AGPs before decontamination procedures which require a further period. Even a simple examination requires a **rest time** of 15 minutes plus swabbing between patients. The BDA would like to see more robust science on the efficacy of the SOPs and also of air handling mechanisms.

Before Corona virus there was a great deal of **unmet need** and **access for new NHS patients** was at record lows - only 15% of practices across Wales could see new adult patients. Now with COVID-19 pandemic measures that unmet need has been welling up and will continue to accumulate for some time to come. As a rough estimate it will take at least the next six months to see all the patients in need who have been waiting for the last three months. Meantime patients with new needs now will be waiting in a queue that could last until the winter and beyond on current alert levels. Dentistry is a vital part of bigger picture- doctors and A&E do not want overspill.

Infection control and patient safety

Dentists and their teams are experts in infection control - necessarily so - and there should be a high level of trust by government officials, LHBs and patients that the deescalation stringent measures are attainable. However, we do question the strength of the science base for some aspects of the SOP that are more cautious and stringent than other UK countries require or the Faculty of General Dental Practice recommends. As a result these create a difficulty with patient throughput times.

The costs of PPE have rocketed sky high in the last few months. While the provision of PPE to practices during the amber phase is very helpful this needs a concerted Once for Wales procurement by the NHS for dental practices to maintain quality and consistency of PPE beyond the amber phase.

Impact of pandemic conditions on staffing and the workforce

As a result of the increasingly stressful working conditions many dentists are considering taking early retirement or even retraining for another career which could impact dentist numbers. Any impacts on dentists may be less severe in some cases than on hygienists and therapists - there are many currently who are not re-registering with GDC.

2. Private Dentistry has gone unsupported by Government business support schemes

Key message: Private dentistry supports NHS dentistry - if it collapses the NHS system will be overwhelmed

Impact of the pandemic

Dental practices are independent businesses and are exposed to many of the same financial conditions that other types of businesses have faced with lockdown, but without the same eligibility for government support.

Government support was not available

The Economic Resilience Fund in Wales was unlikely to help many practices because the scheme is aimed at businesses with employees rather than contractors. Most dentists, dental therapists and hygienists in General Dentistry are contractors not employees. We asked Welsh Government ministers Rebecca Evans SM and Ken Skates SM to act rapidly to put in place a raft of remedies, including changing the Welsh Economic Resilience Fund by counting dental contractors as employees.

While some dental practices may have received the £10K business rate grant, many practices across Wales have been deemed ineligible because premises exceed the £12K business rates valuation. We asked the ministers for lifting of the business rates ceiling to provide relief to practice owners. We also said that banks must be held accountable and required to offer practices loans through the government Coronavirus Business Interruption Loan Scheme, which had been denied to virtually all practices in Wales.

BDA campaigned for private dentistry

The BDA centrally has written repeatedly to the Chancellor to improve the financial security for dentists throughout this crisis. The measures included raising the ceiling on self-employed earnings from £50K. We have yet to receive a reply.

Across the UK, 101 MPs wrote to the Chancellor demanding new financial support packages for dentists and dental practices. To date he has not replied to his Parliamentary colleagues. We wrote to all 40 MPs in Wales about the lack of support for private dentistry and more than a quarter of MPs replied to convey their concern and some requested new measures from the Chancellor. Ben Lake, MP for Ceredigion, was particularly supportive and [tabled early day motion #338](#).

Prospects for private dentistry

Expansion of face-to-face care will not solve all the issues that have arisen since the outbreak of the pandemic. The costs of PPE for treatment of a single patient have multiplied from pence to many pounds. Some estimates obtained by the BDA are as high as 6,000%. The severely reduced throughput of patients will inevitably lead to redundancies for private practice staff once furlough is lifted.

3. Urgent dental care centres need to be stepped down soon to enable special need patients to be treated

Key message: The CDS now, more than ever needs to be fully staffed to deal with the backlog in existing treatment and assessments of new complex referrals.

UDCs in response to red alert

At the beginning of the emerging Coronavirus pandemic in Wales, the Community Dental Service took the lead to initially convert 15 clinics throughout Wales into Urgent Dental Care Clinics. Their primary role was for the urgent dental treatment of patients with COVID symptoms or those requiring urgent treatment involving an Aerosol Generating Procedure (AGP). The number of Urgent Dental Care clinics has now risen to around 25 and in a few areas they are supported by the GDS and in Cardiff by the Dental Hospital. Greater travel distances for patients with urgent treatment needs have resulted but this is not good for reducing COVID spread and not good for patients' confidence.

Impact of pandemic on CDS staff and staffing levels

Working long hours in full enhanced PPE, especially in warm weather, has had a significant impact on CDS staff's health and well-being. Many feel taken for granted given how constant the work demands have been. Community dental teams have done a great job for many patient emergencies.

Very recently some CDS staff have retired and now is not the time for LHBs to leave these positions unfilled. If this is not addressed, it will raise work-related stress, decrease morale and thus increase work related sickness and staff leaving the profession or early retirement, which in turn will leave even fewer staff to deal with a rapidly growing caseload. The CDS now, more than ever needs to be fully staffed to deal with the backlog in existing treatment and assessments of new complex referrals.

UDCs in response to deescalation amber alert

Patients want to be treated by their own dentists. Patients are frequently reluctant to come in to the UDCs unless they are in extreme need. As we emerge from this first peak of infections, the Urgent Dental Clinics need to transfer the urgent work to the GDS so that the CDS can return to their primary role and patient group, treating special needs children and adults, the most vulnerable groups of society.

Funding for the UDCs needs to be moved into the GDS - the funding of GDS doesn't work presently - practices are operating at a loss already and doing AGPs will increase the level of loss unless the annual contract value is fully reinstated. Government must respect that GDS practices are businesses with the clock ticking.

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