Dear Rhun,

During Business Questions in Plenary on 7 May you raised the issue of NHS dentistry, in particular the current contract arrangements and difficulties in accessing services.


All seven health boards are participating and action is being taken to expand involvement in contract reform across Wales by collecting and using clinical oral health ‘need and risk’ assessments to plan care, give personalised preventive advice, and agree appropriate recall intervals with patients to meet individual needs. This will reduce demand on dental services of healthy adults, some of whom are attending too frequently, freeing up dentists’ time for those who need treatment the most.

The collaborative approach being taken in dentistry builds on the principles of prudent healthcare, reducing the reliance of Units of Dental Activity as the sole measure of contract provision, and will contribute to the commitment to ensure dental services supports people in Wales to live healthy, prosperous lives.

The latest published data show that at 31 December 2018, 1.73 million people were regularly accessing NHS primary care dentistry (over 36,000 more people than 5 years ago). Figures also show access for children at an all time high.
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The proportion of the adult population accessing NHS dental services remains stable although the population as a whole is increasing. As I highlighted in my Written Statement, we need to continue to address and increase access to dentists where there are localised problems.

There are some recruitment and retention difficulties particularly in the more rural areas of North, Mid and West Wales – including movement of staff within the larger body corporates from rural to urban areas. This is causing difficulty in filling some vacancies and on occasion there are time-lags in delivering new services due to recruitment delays. My officials continue to discuss with health boards how to address these issues including incentives and the greater use of skill mix.

I also mentioned in my Statement the establishment of the All-Wales Faculty for Dental Care Professionals (DCPs) 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.

Health Education Improvement 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.

While some of the issues faced by Betsi Cadwaladr University Health Board with regard to access, recruitment and retention are not unique to North Wales, the situation there has been exacerbated by practice closures and previous under-spending by the health board of their ring-fenced dental budget, leading to a lack of investment in dental services. My officials are working with the health board to develop a robust three year dental improvement plan to help address the challenges faced by the health board.

I intend to provide Assembly Members with a further update on the progress of dental contract reform in Plenary in the Autumn.

Yours sincerely,

[Signature]

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services