

## **Written evidence submitted by the British Dental Association (DHS0010)**

1. The British Dental Association (BDA) is the professional association and trade union for dentists in the UK. Members engage in all aspects of dentistry: general practice, community dental services, the armed forces, hospitals, academia, research, and our membership also includes dental students. We welcome the opportunity to provide input on behalf of our members.
2. Before we can begin to consider the full potential of digitisation in the NHS, the main obstacle to digital upgrades within NHS dentistry must be highlighted and addressed. The lack of digital integration NHS dental practices is the result of underfunding and a siloing of dentistry from the rest of the NHS coupled with NHS England's decision to place sole responsibility of implementing digital technology on individual dental contractors. There is no support or funding provided specifically for digitisation, and this has been a fundamental roadblock to consistent attempts to progress towards greater digital innovation and integration within dentistry.
3. As needs change and systems evolve, the systems in dentistry should be flexible enough to accommodate and embed new software quickly so that staff can benefit from new technology, saving time and improving productivity for the wider healthcare system. There are time and cost saving benefits to be reaped from digital improvements such as interoperable systems, a streamlined set of programmes used by all healthcare providers (such as for e-referrals), and the sharing of patient health and care records between dentistry and the wider system. The implementation of these solutions will allow for significant and vital improvements to quality of care and patient safety. Clinicians, whether dental or medical, should be able to see patients' records, observations, results, and background notes from any location, in real-time. Not only will this help with emergencies, but the ability to remotely add information to a file will save an enormous amount of collective time and effort across the wider healthcare system.
4. The motivating principles behind the establishment of Integrated Care Systems – reducing bureaucracy and barriers to multidisciplinary working to allow for a holistic approach to patient care – cannot be realised without these basic digital foundations.

### **E-prescribing capability**

5. The Government made a commitment to increase digital connection to support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer. In primary care NHS dentistry, dental practitioners do not have access to e-prescribing nationally. As a result, the Government has failed to increase digital connection in a way that meaningfully benefits dental practitioners' working lives and the wellbeing of their patients.
6. The absence of e-prescribing capabilities in dental practices prevents practitioners and their patients from managing their health concerns in an easy and efficient way. Requiring patients or their carers to attend dental practices to pick up prescriptions places an unnecessary burden on patients and can discourage them from accessing treatment. This is particularly a risk for special care patients treated within the Community Dental Services (CDS), as many are unable to travel alone and require assistance from a carer or guardian to do so. The failure to roll out e-prescribing capabilities may therefore exacerbate pre-existing healthcare inequalities to the disadvantage of these vulnerable patient groups.

7. The continued use of paper prescriptions places an avoidable administrative burden on dental practitioners. In a recent survey of dentists carried out by the BDA, 87 per cent of respondents did not have access to e-prescribing capabilities. 74.5 percent of overall respondents also believed that their e-prescribing capabilities (or lack thereof) in some way hindered their efficiency at work. This was rated on a 5-point scale ranging from never to always.
8. These findings corroborate the benefits of e-prescribing highlighted by NHS Digital, which states that “prescribers can process prescriptions more efficiently and spend less time dealing with prescription queries...dispensers can reduce use of paper, have improved stock control, and provide a more efficient service to patients”.
9. By failing to roll-out e-prescribing within dentistry, the Government has also missed an opportunity to secure improvements to patient safety, as there is evidence to suggest that e-prescribing has the potential to improve patient safety through the reduction of errors and adverse drug events<sup>1</sup>.
10. The glaring absence of e-prescribing capabilities within dentistry is not seen throughout the healthcare sector, as 63 percent of prescriptions are now issued electronically. Although this disappointingly reaffirms the marginalised position of dentistry within the wider NHS, it also suggests that the further rollout of e-prescribing is an achievable win for the Government. The BDA is eager to engage with NHS England to understand the barriers to the implementation of e-prescribing in dentistry and how these barriers can be removed. It believes that, with sufficient funding and piloting, the multitude of benefits associated with e-prescribing can be realised.

#### **Real-time exemption checking**

11. Another obstacle to equality of access to dental care is the lack of real-time patient exemption checking software in dental practices. The BDA has highlighted incidences where patients were wrongly and unfairly fined because of the overly complex patient charge and exemption system. In 2019, a National Audit Office investigation found that, between 2014 – 2019 in England, 1.7 million fines related to dental treatment or prescription charges were overturned.<sup>2</sup>
12. Patients, particularly those with learning disabilities or dementia, may be unable to accurately recall their exemption status, or their carers may unintentionally make an incorrect declaration on their behalf. The issuing of penalty charge notices, or the threat of them, creates a hostile environment which can instil fear and further discourage patients from attending at dental practices, many of whom already have trouble accessing healthcare because of their specific needs. The creation of this hostile environment can be avoided if dentists are granted access to a central system through which a patients’ exemption status can be confirmed.
13. The September 2019 Public Accounts Committee report on penalty charge notices in healthcare recommended that NHS England should pursue real-time exemption checking, and that this should be a priority<sup>3</sup>. Sufficient progress has not been made on these recommendations, and the

---

<sup>1</sup> *Clinical Pharmacist*, CP, May 2016, Vol 8, No 5;8(5):DOI:10.1211/PJ.2016.20201013

<sup>2</sup> Sean Coughlan, “NHS fines for 1.7 million people overturned, watchdog finds”, May 2019, [NHS fines for 1.7 million people overturned, watchdog finds - BBC News](#) (accessed 31 October 2022)

<sup>3</sup> Committee of Public Accounts, “Penalty charge notices in healthcare”, September 2019, [Penalty charge notices in healthcare - Committee of Public Accounts - House of Commons \(parliament.uk\)](#) (accessed 31

importance of moving forward with their implementation must not be forgotten. We would ask the Select Committee to scrutinise NHS England regarding the work it has undertaken in the last three years to fulfil the Public Accounts Committee recommendations.

### **Summary Care Records**

14. The Government has failed to fulfil its commitment to roll out integrated health and care records to all people. Dental practices do not have universal access to the summary care records of their patients. Although NHSX has undertaken work as to how dentists can have appropriate access to patients' medical records through GP Connect Access Record: HTML, it is not clear how much progress has been made towards implementation. As a result, avoidable administrative burdens are placed on overstretched dentists to record the medical history of their patients before each check-up and course of treatment.
15. Patient safety concerns are also associated with the failure to grant dentists access to summary care records. Patients' recollection of their own medical history can be incorrect, and it is possible that they will fail to self-report all the necessary medical information for safe treatment to be carried out. Once again, vulnerable special care patients treated within the CDS are especially at risk of incorrectly recalling their medical histories. In addition to increasing safety from a clinical perspective, a shared, single medical record could allow for more effective safeguarding processes; a multidisciplinary approach would mean that patterns of abuse reported by a variety of health and care professionals could be recognised sooner and more easily.
16. As stated previously, for the vision behind the establishment of Integrated Care Systems to be realised fully, a functionally single health and care record that all care teams can safely access will be essential.

### **Funding Digitisation**

17. For digitisation to be implemented effectively across dentistry, NHS England must provide additional, ring-fenced funding to dental practices for this purpose. If the burden of financing new digital technology is placed on overstretched and underfunded dental practices, either the technology will simply not be upgraded or, if contractors are compelled to implement new technology without dedicated funding, resources will shift away from the delivery of clinical services. If NHS dental practices continue to be expected to meet the costs of digitisation themselves, there is also a risk that some will consider whether they wish to continue providing NHS services. Given the access crisis already facing NHS dentistry, this possibility must be avoided. Funding is perhaps one of the biggest obstacles to digital innovation within the NHS but investing in digital technology now is an investment in the future of NHS dentistry. The technology outlined above has the potential to increase the efficiency of the dental workforce and, in turn, increase the capacity that is desperately needed within the sector.