

## **Written evidence submitted by Birmingham LDC (DTY0023)**

The Birmingham LDC is a Statutory Body, comprising of Birmingham dentists, elected by Birmingham dentists. We represent the interests of all primary care dental practitioners and dental professionals. NHS England recognises LDC as a key stakeholder to be consulted on issues relating to the dental profession and we can feedback grass roots views to a local and national level.

- **What steps should the Government and NHS England take to improve access to NHS dental services?**

Understanding the current barriers restricting access to NHS dental services for patients is essential when considering improvements to the current system.

Large numbers of NHS dentists are either leaving the profession or reducing their commitment. This is evident also in new graduates who are seeking to move to a private or mixed practice early on in their careers. The reasons for this are several and centre on a sense of being undervalued by the NHS. Working within an NHS system equates to being on a treadmill, where there is a constant requirement to complete activity targets (UDA – units of dental activity) which vary from practice to practice and were established in 2006 and based on practice performance in 2005-2006.

The makeup of populations and areas has changed significantly since 2006 and this has not been reflected in levels of funding to dental practices and consequently to NHS dentists. Therefore, practices are restricted from expanding NHS services and volume due to the restrictive nature of the current contract. Also, patients with higher needs will require more complex treatment and longer chair time; however, this is not reflected adequately in remuneration due to the banded nature of the current contract. Many practices operate in a mixed economy and are dependent on private income to supplement their provision of NHS services. The activity centred system, limited options for expansion and the lack of comparable remuneration for increased chair time and operator skills has significantly reduced NHS commitments for many practitioners.

Furthermore, the operating costs of practices (materials, staff wages, laboratory bill, energy costs and waste collection) are met by the practice principal and paid from the annual contract total of the practice. These costs have significantly increased since 2006 and more so over the last few years, however, any uplifts to NHS dental contracts have not increased in line with inflation. The operating profits of dental practices have consequently reduced and resulted in practices seeking revenue from private treatments. Recognition of these increased costs and inflation and reflecting this in annual contract uplifts is critical in ensuring that dental practices can remain viable and keep trust in the NHS.

Recruitment and retention of staff has become increasingly difficult within NHS dental practices and recognition of this is required by the government. This reflects the lack of appeal that NHS dentistry has to the dental workforce.

Dentistry has become a highly litigious profession, particularly over the last decade. Time constraints experienced within NHS dental practices are often inadequate to conform to the higher clinical

standards expected by patients and those to which lawyers will hold practitioners. This has resulted in practitioners being afraid to undertake NHS dentistry and consequently moving into private practice where more time can be afforded.

- **What role should the ICSs play in improving dental services in their local area?**

It is essential that ICSs maintain current levels of spending on NHS dentistry at the very least. Understanding areas of high need and access hot spots, such that funding can be directed to practices within these areas to improve access is important. Prevention regimes and initiatives with additional funding for practices in such areas would be beneficial in improving the oral health of patients. Engagement with local bodies such as Local Dental Committees would improve local knowledge and help design future initiatives.

- **How should inequalities in accessing NHS dental services be addressed?**

Ensuring equitable access and optimal health outcomes for NHS dental patients requires structuring of remuneration or levels of activity awarded to reflect the time and skill taken to treat the patient. Areas of greatest need frequently align with a level of deprivation and as such these patients often require more treatment items and consequently more chair time. The current banded UDA system lacks the flexibility to reward practitioners for completing such treatment. Either an overhaul of the current contract or additional funding for practices in areas of high need outside of the current contract funding is needed.

- **Does the current NHS contract need further reform?**

Without doubt urgent contract reform is necessary in order to improve the appeal of NHS dentistry for practitioners and patients alike. Gross under investment in NHS dentistry over the last decade has led to large numbers of dentists leaving the NHS and many practices handing back NHS contracts due to the lack of viability. The recent marginal changes to the current banded UDA system have done little to address the underlying flaws of the current contract and lack of incentive for dentists to stay in the NHS.

Importantly the NHS has only ever been funded for half of the population, as such improving access to NHS dentistry is impossible without additional investment. Disturbingly Government investment in dentistry has the smallest increase per capita in the UK between 2008-2019 compared to all other European countries.

- **What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?**

Focus should be maintained on the issues driving dental professionals away from the NHS as opposed to incentives. Reform of the current system is crucial to allow correct remuneration for treatment especially for those patients with higher treatment needs. Escape from the current treadmill of activity targets so that efforts can be directed to treating patients with a focus on prevention. Moreover, transparency around the treatments available on the NHS would be valuable for both patients and practitioners. Annual contract uplifts must recognise increases in dental inflation and be implemented as the new financial year commences to ensure that cash flow is not under threat and allow proportionate increases to dental staff.

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