

Written evidence submitted by West Yorkshire Joint Health Scrutiny Committee (DTY0045)

Re: Health and Social Care Committee – NHS Dentistry

I chair the West Yorkshire Joint Health Scrutiny Committee which has membership from the five metropolitan districts in West Yorkshire and includes two co-opted members from North Yorkshire County Council. At our meeting on 29 November 2022, we discussed a range of dentistry and oral health issues with NHS England and with the West Yorkshire ICB. We also received advice from one of the public health consultants in the area. The Member of Parliament for Halifax, Holly Lynch MP made a deputation at the start of the meeting setting out her concerns about the difficulties many of her constituents have in accessing NHS dental services.

Councillors from all parts of West Yorkshire are very concerned about the difficulties that many of our people have in accessing NHS dentistry and they expressed their views strongly at our meeting. This letter sets out my views on access to NHS dentistry informed by the discussion at that meeting.

I note that you have asked the following questions in your call for evidence:

- What steps should the Government and NHS England take to improve access to NHS dental services?
- What role should ICSs play in improving dental services in their local area?
- How should inequalities in accessing dental services be addressed?
- Does the NHS dental contract need further reform?
- What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?

Prevention

Whilst I understand that your enquiry is predominantly about access to NHS dental services, it is important to start from improving oral health, particularly for children. In all parts of West Yorkshire, we see the impact of poor oral health in children, resulting children of primary school age having teeth extracted in hospital under general anaesthetic being a far too common thing to happen. We know that poor oral health is a particular issue in some of our most deprived areas, so addressing this will contribute to addressing health inequalities as well as suppressing demand for NHS dentistry. The following actions will contribute to improving oral health:

- Increase the public health grant to local authorities to enable greater investment in oral health and require Directors of Public Health to make improving oral health a priority.
- Make improving oral health a priority for Primary Care Networks and require Primary Care networks to develop plans for improving oral health in their area
- Incentivise dentists through the contract to undertake preventive work beyond regular (and sometimes too frequent) check-ups.
- As Integrated Care Boards take on responsibility for commissioning dentistry, require them also to include improving oral health as a priority.
- Fluoridisation of water supplies is a controversial issue, but I consider that the Government should investigate the feasibility of extending fluoridisation across the country.

Funding and charging

We understand that the funding available for NHS dentistry is only sufficient to meet the needs of around 55% of the population. Increasing the funding available to NHS dentistry will not, by itself, produce more dentists, but it will shift the balance from private to public dental care, which will immediately contribute to reducing health inequalities in this area.

One of our areas in West Yorkshire undertook some “mystery shopping” which identified that, whilst very few dental practices are offering NHS dental care to children or adults, many promoted payment schemes for private care, which would suggest that capacity within the system is not always a problem.

Charges provide a substantial income to the NHS which helps fund dental care, but at a time when the cost-of-living crisis means that many families are having to choose whether “to eat or to heat”, paying the family’s dentist bills may often become a lower priority. At a minimum, freezing increases in dental charges may reduce the impact of the cost-of-living crisis on families in this position.

The role of Integrated Care Boards

The transfer of responsibility for commissioning dentistry to Integrated Commissioning Boards should be seen as an opportunity to address improve oral health and access to NHS dentistry at a regional level, responding to local needs. ICBs need to be given the flexibility to work imaginatively within the whole health and care system to bring about improvements. Over time, ICBs should be able to make local amendments to contractual arrangements with dentists.

We know that the West Yorkshire ICB recognises the important role that dentists play in the wider prevention field, such as the early identification of mouth cancers, and making “every contact count” to offer advice and signposting on smoking cessation and weight loss, for example.

Your enquiry is an important one and I wish you well. Thank you for the opportunity to make this contribution. Please don’t hesitate to contact me through the Joint Committee’s support officer, Mike Lodge

