

Written evidence submitted by Plymouth Community Dental Services (DTY0069)

- **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?**

An effective NHS contract needs to entice and maintain a professional workforce which improves recruitment and retention. The Government needs to review the scope of NHS dentistry on offer and better manage expectation of patients where NHS charges are applied.

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

Special care patients find it difficult to be placed onto regional NHS dental wait lists due to communication challenges. A more joined up service with medical and social care professionals for these vulnerable patients would greatly improve their access to dental care.

A country wide dental system (like GMP's) which links to the benefit system and to be able to view list of patients' current medications from the GP system would reduce paperwork and information patients need to provide to dental professionals, helping those more vulnerable with lack of understanding / those with a language barrier.

Set up in all acute hospital settings a dental provision to help support long term in-patients to receive oral health / dental care (lack of Special Care Dentistry consultants under NHS acute trusts impacting on this). Many long-term in-patients receive very little oral health/dental care and when discharged have significant dental issues which could have been avoided.

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

Absolutely.

It is not cost effective to make patients dentally fit on the current NHS dental contract. The current contract incentivises dentists to undertake check-ups on healthy patients and not undertake dental work on patients who need it. It is not uncommon for patients to require full mouth rehabilitation and the current contract mean dentists would be working at a loss to complete this work.

Dental therapists should be able to do direct access not just under GDS contracts, but CDS contracts too.

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

All dental graduates should complete a set number of years working within an NHS setting, providing NHS dental care post-graduation – or if they do not, be asked to repay their training costs including the Government subsidy. Due to the high expectation of grades to commence dental training, dental schools are recruiting academics / high aspiring career professionals who are likely to be more focused on their future salaries. Dentistry is a practical profession and softer / practical skills should also be considered, not just academic grades when students are offered places to train as dentists.

The salary of an NHS salaried dentist Band A is not much different to a Foundation Dentist rate and much less than a dentist can achieve in private practice – therefore there is no financial incentive to apply for NHS salaried Band A positions.

The Government should consider reverting to local, rather than the current national recruitment process for recruiting to specialist training posts to encourage more dentists to develop their skills. This is also a pay cut for any NHS salaried dentists Band B applicants, which would be the level many dentists who are looking to become specialists are employed as.

Unless you are an NHS Trust, it is very difficult for NHS contracted providers to create Consultant posts. Every ICB should have Consultants in Paediatric dentistry and Consultants in Special Care Dentistry as this will help to develop and train specialists in their region and this needs to be equitable across the whole of the UK.

Consider core trainee posts beyond MaxFax positions. Currently graduates undertake one year as a foundation dentists then can apply for a 2nd year core training in a MaxFax setting. In many regions there are no other options for core training (e.g. paediatrics, special care dentistry) unless moving into private/NHS practice.

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