

## **Written evidence submitted by Healthwatch Portsmouth (DTY0084)**

Healthwatch Portsmouth is a statutory function, funded by Portsmouth City Council, whose remit is to encourage the public and patients to be involved in shaping and improving health and social care services in Portsmouth. We amplify the patient voice that we hear and have gathered feedback from and are independent from the NHS and social care services. We have been extremely concerned about people's access to NHS dentists since August 2019 when suddenly 3 dental surgeries gave immediate notice to terminate their NHS contracts which put huge pressure on patient access to remaining NHS dental services in the city. This reduction in provision, compounded by the effects of the COVID pandemic and the decision by many Dentists in the city to hand back their NHS contracts has resulted in Portsmouth being a (now commonly referred to) 'Dental Desert'. Healthwatch Portsmouth has heard from over 200 Portsmouth residents since April 2021 who have struggled to find an NHS dentist to provide an appointment for them or their family.

Below are our suggestions in relation to the 5 questions posed by the committee:

### **1) What steps should the government and NHS England take to improve access to NHS dental services?**

Urgent care dental hubs/ set aside emergency appts in local dental surgeries to care for patients needing an assessment and course of treatment not just assessment and painkillers until the surgery waiting list reduces or providing emergency treatment but without follow-up treatment to fully sort out the tooth. Referral via 111, GP, Pharmacist or social worker, dieticians, outpatient clinics, mental health teams, physiotherapists, allied health professionals etc. (see referral list for Solent's Special Care Dental Service).

Surgeries could alert local 111 call handlers if have real-time 'DNA emergency appt slots' in which emergency appts for patients awaiting emergency treatment on 111 patient list in very local area could benefit from? Distance to travel would need to be within the town/local area of surgery to benefit from the very short timescales involved.

Offer free of charge to patients for appointments at Dental Schools which link in with the training of final stage dental undergraduates and as per Portsmouth Dental Academy

Enable patients to register at a dental practice – as per GP practice - and to appropriately fund (per procedure) dental care for patients per head of the practice population (capitation funding not UDA funding). For newly registering patients have a different rate offered to dentists for first year of care to help dentists feel they are being remunerated for work that needs doing for a course of treatment(s) to get patient's teeth to healthy state. Ensure that checks for oral and throat cancer are included in initial assessments, include referral route to cancer diagnostics team, not simply 'go and see your GP about this'.

Include a risk-based approach to the review of each patient's oral health and the implications should determine the appropriate interval for recall (check-ups) since the window of choice is quite wide – for example between 12 months and 24 months for adults without ongoing treatment requirements.

Ensure care and nursing home residents are registered with a dentist who will do care home visits to maintain good oral health and provide treatment when needed.

## **2) What role should ICS's play in improving dental services in their local area?**

Workforce planning – provide training and attractive recruitment packages for dental therapists, dental hygienists, dental nurses. Oral health programmes to support local dental team(s) with peripatetic teams to provide ongoing preventative care to patients, targeting support in areas of deprivation and with a key focus on school age children to have healthy teeth, gums and oral care. Personnel could be shared between practices.

Have mobile dental equipment for use in domiciliary care if dental needs identified by community nurses/care workers and or for housebound patients (if not registered with Special Care Dentistry Service). Invest in more Special Care Dental Services (such as the one funded by Solent NHS Trust) to ensure patients do not end up using (more expensive) emergency services simply because they cannot access more routine treatment. During urgent care backlog catch-up period (2023) enable drop-in appts at mobile dental units for people who are not homeless but have not received treatment for their urgent dental needs even though they have been triaged as needing urgent dental care by 111.

## **3) How should inequalities in accessing NHS dental services be addressed?**

Greater emphasis in areas of deprivation to encourage residents to 'register' with a NHS dentist, informing patients where and for what dental activity they can get fee-free care if they have benefit entitlements. Make patients feel that it is 'their' practice. Provide incentives to dentists / surgeries to locate in these areas offering oral health/hygiene and healthy living initiatives as well as mainstream dental care. Have free tooth brushes and toothpaste for newly registering patients. Offer mobile unit for housebound/care home based registered patients.

Funding to allow an interim salaried dentist to locate in an area of deprivation/ area of low coverage of dentists /head of population a practitioner who wishes to set up surgery locally which would assist them to 'kick start' the process whilst building a patient list and then revert to (updated and improved NHS contract for dentists).

## **4) Does the NHS Contract need further reform?**

UDA targets and payment metrics need to change so that dentists are paid for the treatment they provide, which has an audit trail from the digital x-ray taken in first appointment linked to treatment provided.

Provide an alert mechanism in each NHS surgery for the public to use to call out dodgy practice such as requiring parents to register as private patients so that their children can be taken on.

Have a public facing published NHS Dental constitution (a bit like NHS constitution) so that patients know their rights in relation to accessing NHS dental care.

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

Offer dentists interest free loans repayable over a period of time on equipment to enable the set-up of surgeries in areas not currently served by NHS dentists. Offer initial rental discounts on potential surgery sites in areas not sufficiently provided for by NHS dentists

Require newly qualified dentists who have received their training via a government loan to contract to provide (as a salaried dentist) a minimum level of NHS work for a specified number of years.

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