



**Welsh Liberal Democrats
Democratiaid Rhyddfrydol Cymru**

**Dentistry in Wales:
A Wales-wide survey of
access to dental care and
treatment.**

March 2012

Introduction

We believe that dentistry has been overlooked by the Welsh Government in recent years. Despite the new dental contract being established in 2006, there are still considerable problems with dentistry in Wales. From the simple problem facing individuals trying to register with a dentist, to the much wider problem facing the government of tackling oral health as a public health issue; it is clear that much more work needs to be done to improve the state of dentistry in Wales.

The National Assembly for Wales has recognised this to a certain extent. The Assembly's Children and Young People Committee has recently conducted an enquiry into children's oral health in Wales. But while this report focused on the wider public health aspects and on improving children's dental education, we intended to focus more on frontline dentistry – on the things that affect people across Wales, such as being able to register with an NHS dentist and receive treatment when you need it.

For many in Wales, this simply isn't possible. We still live in an age where the opening of a new dental surgery makes headline news. A new surgery in Mountain Ash, offering free treatment, was widely covered by the media in January this year. It was reported that an estimated 10,000 people locally were not registered with a dentist.

The huge response we received to our survey highlights a number of issues facing dental health practitioners and dentists in Wales and shows their willingness to engage with policy makers to improve the provision of dentistry services in here.

Conclusions:

- NHS dentistry is still far from a universal service in Wales, with just 37% of dentists currently accepting new NHS patients.
- Waiting lists remain stubbornly high – almost two thirds (63%) of dentists accepting NHS patients have a waiting list. 65% of those were for more than two months.
- Missed appointments are a real problem for dentists – more than half (55%) reported an increase in missed appointments in the last year, costing dentists both time and money.
- More than half of dentists (53%) reported problems with the way the current dental contract operates. 31% believe that the UDA system needs to be reformed.

The survey

We conducted our survey in late 2011, writing to every dental practice in Wales – over 450 in total - whether they work in private, NHS or mixed practices. We received a tremendous response, with nearly half of all dentists in Wales responding to our survey. Many responded in detail, and gave suggestions for how dentistry can be improved in the future.

The questions covered by our survey included access to treatment, waiting times, the problem of missed appointments, and various suggestions for the future of the service.

Also included was a large amount of qualitative information and opportunities for dentists to raise concerns of their own.

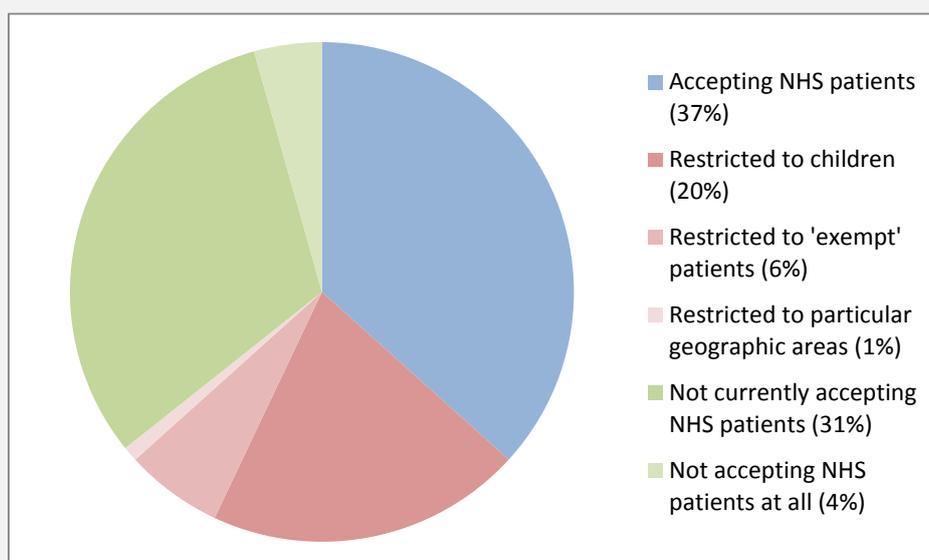
For people in Wales, dentistry services are one of the most used and most visible parts of the NHS. Still, one of the biggest problems for many people in Wales is being able to access an NHS dentist.

NHS practices

Our survey showed that, at present, only 37% of dentists are accepting new NHS patients. A further 27% will accept NHS patients, but have limited this availability in some way – either to children, to those on benefits who are exempt from charges, or to patients from a particular geographical area.

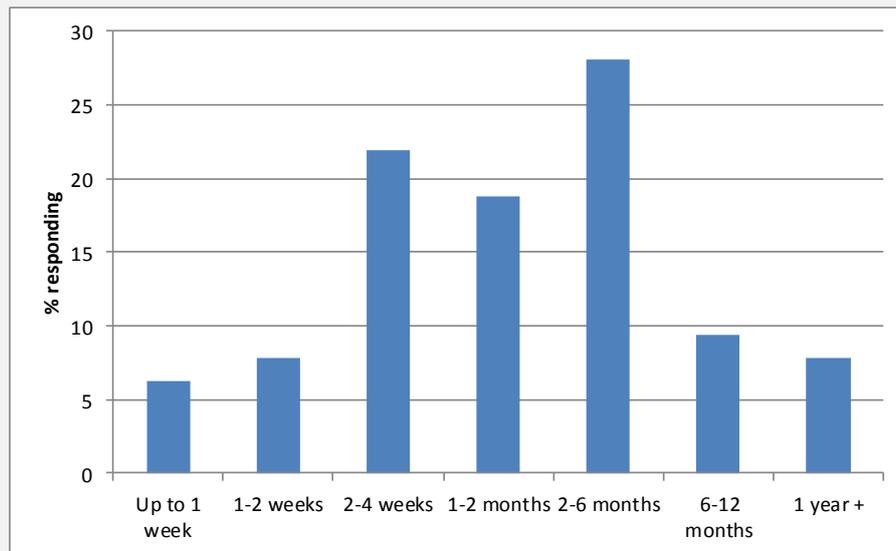
35% of dentists in Wales are currently accepting no NHS patients at all – either because their books are currently full, or because they are solely private practices.

Fig 1: Practices accepting NHS patients



While over a third of practices are accepting NHS patients, this does not mean that patients will be able to see a dentist easily. Those surgeries, who told us that they were accepting NHS patients, often had very long waiting lists indeed. So even if, on the face of it, a surgery appears to be accepting new patients, it could still be very difficult for a patient to see a dentist at that practice.

Fig 2: waiting lists for NHS dentists



Alarming, in those surgeries with waiting lists, 65% of those waiting lists were for more than two months.

In extreme cases, waiting lists exceeded one year. In the worst instance, one dentist had a waiting list of **six years** before a new NHS patient could be seen.

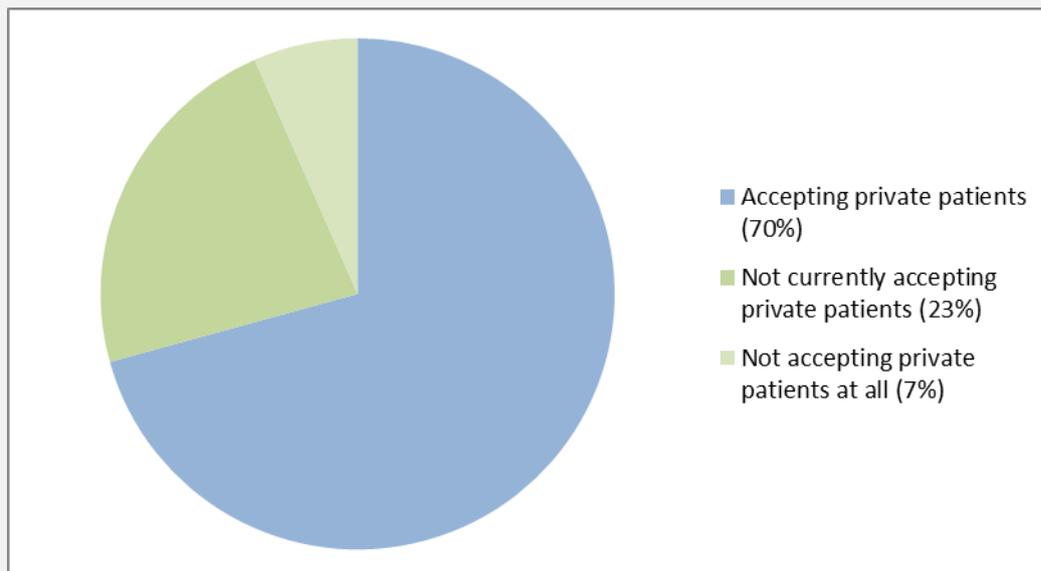
The reasons for not accepting new NHS patients varied from surgery to surgery. Some dentists were quite frank about their reasons. One dentist told us that 'the main barrier to accepting new NHS patients is the fact that if they require extensive work - and this is becoming more frequent due to irregular attendance and difficulty in registering with an NHS dentist.'

However, for the most part, dentists simply cannot afford to take on additional NHS patients as their practices are already oversubscribed.

Private practices

Our survey found that it is far easier for patients to access private dentists. 70% of dentists in Wales are currently accepting new private patients – almost double the number of practices accepting new NHS patients.

Fig 3: Practices accepting private patients



This is a shocking state of affairs, and shows that poorer patients are being disadvantaged. Although the new dental contract was supposed to improve access to NHS dentists for all, the simple worrying truth is that NHS dentistry in Wales is still far from a universal public service.

Missed appointments

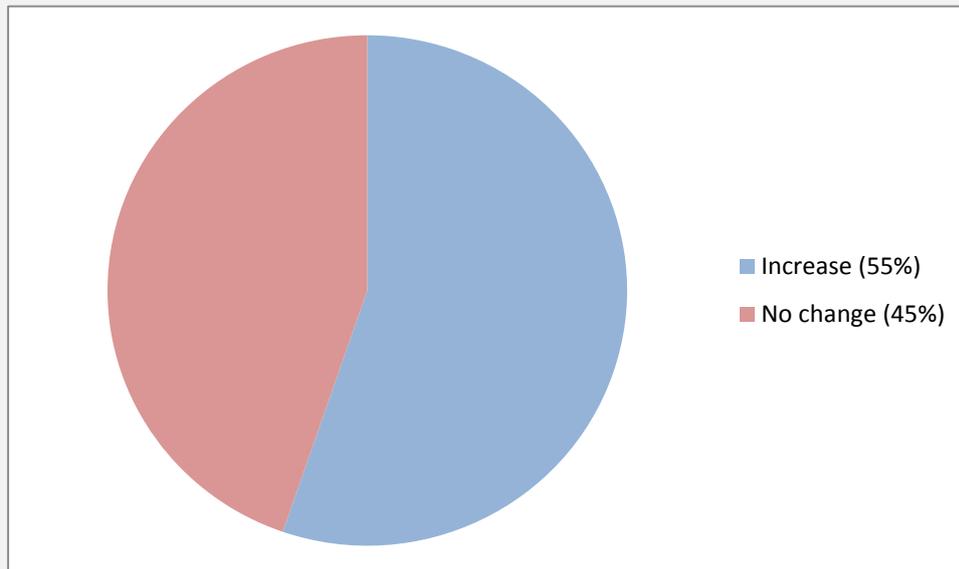
One of the biggest concerns raised by dentists is the number of patients missing appointments. While missing an appointment may not be a big consideration for an individual patient, overall this has a huge effect on the ability of dentists to treat patients and subsequently on other people's ability to see a dentist.

Almost half of all dentists said that they had seen an increase in missed appointments in the last year. Just ten dentists said that the situation in their practice had improved. The remainder did not report any change.

We were concerned that, in the current economic environment, more patients might be missing appointments for costlier treatment. We asked dentists if they had noticed more

patients missing appointments for treatment. Worryingly, this did seem to be the case. Just over half (55%) of dentists said they had seen an increase in people not following through with their course of treatment.

Fig 4: Change in number of missed appointments



For those surgeries where missed appointments were routine, the scale of the problem varied hugely. In the most extreme cases, the surgery was losing upwards of 2,000 hours of surgery time per year – almost the equivalent of a full working week for one dentist.

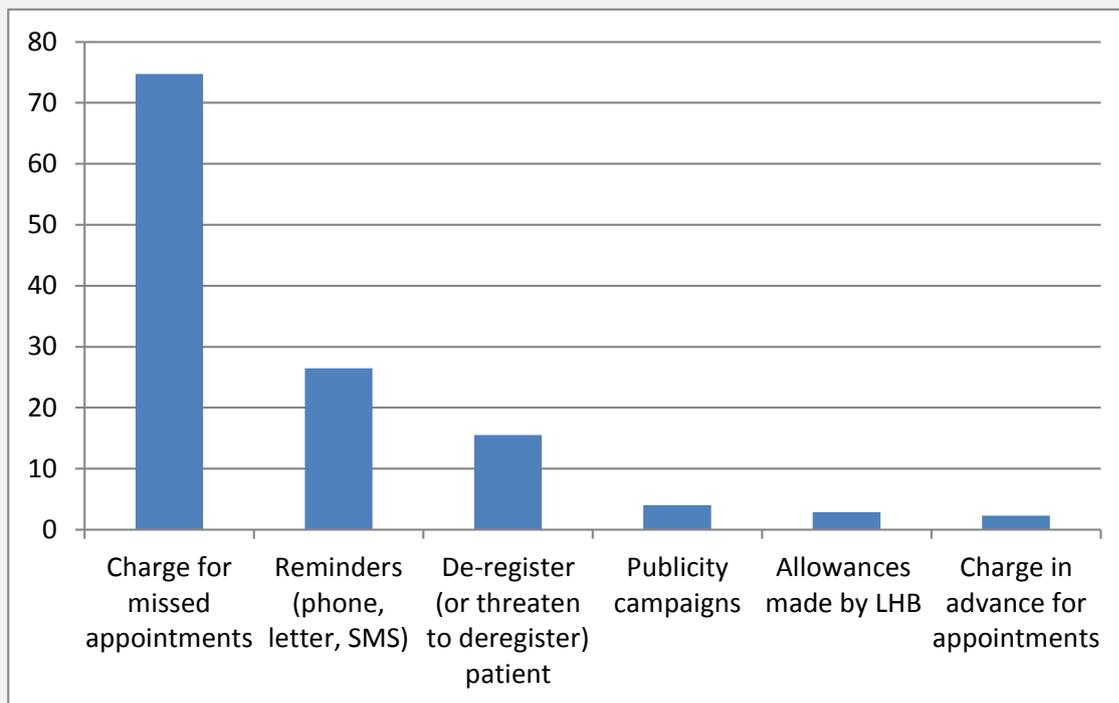
From our survey it was clear that dentists recognised the problem of missed appointments on the ability of other patients to access their dentist. We asked dentists if they had measured the impact of missed appointments – either in terms of cost to the practice, or in terms of wasted time.

Some dentists provided us with estimated financial costs of how this affects their practice. Depending on the size, location and operating costs of those practices, around 250 hours of missed appointments could cost the practice anywhere between £17,000 and £39,000 in lost income.

Many surgeries already operate a policy of issuing reminders – either in the post, or by phoning the day before, or increasingly, using SMS reminders. It seems that the surgeries with the best practice policies for reducing missed appointments have instigated these policies themselves, and in fact, a number of practices raised concerns that local health boards do not provide help with this.

We asked dentists what they thought should happen in order to tackle missed appointments in future. We asked an open-ended question with no prompted responses. The suggestions made by the dentists are below.

Fig 5: Suggestions for reducing missed appointments (percentage making each suggestion) – NB some dentists made more than one suggestion, and so overall figures are greater than 100%



The overwhelming response – from almost 75% of dentists – was that they should have the ability to charge patients who miss appointments. Interestingly, this was the same recommendation made by the Welsh Government’s own task and finish group in 2009. To date, the Welsh Government has not responded to the task and finish group’s recommendation.

Other suggestions included being able to strike off patients from their books if they are ‘repeat offenders’; other less drastic measures included, publicity campaigns or extending and improving services for reminding patients of appointment times.

It is clear that dentists’ hands are currently tied. Dentists are clearly frustrated that there is little more that they can do, and it is obvious that the next step has to come from the Welsh Government. Reminders are costly and time consuming and there is a feeling among dentists that their contract will not reward them for investing in these facilities. If an education campaign is needed or if additional funding is to be provided for reminders, then the government needs to provide this leadership. Given the strength of feeling among

dentists, it is clear that the government should look again at the issue of charging patients for missed appointments – and at the very least should provide a formal response to the task and finish group’s recommendation on this matter.

The dental contract

By far the biggest concern for dentists was the way that the dental contract, agreed in 2006, is operating on a daily basis. More than half of dentists (53%) reported problems with the model.

The dental contract rewards dentists for the number of ‘units of dental activity’ (UDAs) that they provide. The various types of treatment that dentists provide are put into different ‘bands’ – so, a treatment in band 1 is worth one UDA, treatment in band 2 is worth three UDAs, and treatment in band 3 is worth 12.

For example, simple treatments such as fillings are classed as ‘band 2’ and would award the dentist with fewer units (and therefore less payment) than more complicated procedures involving lab work, for example fitting crowns and bridges – both in ‘band 3’.

Many dentists believe that the bands do not fully reflect the wide variety of treatments available. Root canals and fillings are both classed as band 2 procedures, yet many dentists felt that the root canal procedure is far more intricate and time-consuming and should be reclassified.

There is an additional problem with the banding system of UDAs: if a patient requires, for example, multiple fillings, the UDA system disadvantages the dentist further. Since the contract pays dentists a fee for treatment *which includes fillings*, the reimbursement would be the same whether the patient required one filling or five. Likewise, no account is taken of how difficult each filing is to complete.

It is clear that if the government did choose to adapt the current banding system, some considerable work would need to be done to ensure that the new bands were fair.

Many dentists state that the UDA system actually discourages dentists from taking on new NHS patients – particularly those that haven’t seen a dentist for a long time. Since unregistered patients often need significant dental work, the cost to the dentist of completing this initial work can be considerable, and will not be adequately compensated through the dental contract.

Some dentists suggested that the solution was to have a general increase in the payment value for each unit of dental activity. However, overall more dentists preferred instead to extend the range of units of dental activity, rather than simply increasing the payment level. In fact, over a third of all dentists suggested adding more bands to the current model.

The feeling was that this would more accurately reflect the costs of different forms of treatment than is currently the case. Some dentists suggested that there should be up to ten bands in order to account for the greater variety of treatments available, but the suggested number of bands varied from dentist to dentist. It is clear that if any changes are to be made to the UDA bands then a considerable amount of work will be required to ensure that the new bands are fair to all dentists.

A small number of dentists – three in total - advocated a return to the system that existed prior to the new dental contract in 2006 – i.e. where payments were based on a ‘fee per item’ system. However, of those dentists reporting a problem with system, 90% preferred to improve the current model through changes outlined above, rather than reverting to the previous system.

It seems clear that the current system is too simple for the broad range of treatments available. We recommend that the government reviews the UDA system, taking into account dentists’ concerns.

Other issues

Another area of concern for dentists was a feeling of over-regulation by the government and often interference by their local health board.

25% of dentists responding said that they felt they were burdened with paperwork which was having an impact on their available time to treat patients, and just over 10% said that they had a troubled working relationship with the LHB.

Fig 6: Typical comments from dentists about their relationship with LHBs

- “We have employed more and more staff over the last 10 years due to increased admin workload. This is costing more and is not doing anything for productivity.”
- “Reduce the red tape to allow dentists more time to see patients.”
- “Too much bureaucracy initiated by people who have little knowledge of the profession and treatment.”
- “The LHB appears to be making political decisions, they are not working with the Local Dental Committee as they should be, as this committee has the clinical experience to determine treatment required by patients.”
- “Relationships with LHBs are poor as they do not abide by Welsh Assembly guidelines on how dentists should be treated.”

