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James Davies MP  
Member of Parliament for Vale of Clwyd

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12 October 2022

Dear James,

Thank you for your letter of 12 September about provision of NHS dental services in the Vale of Clwyd and Dental Contract Reform.

Whilst it is disappointing when a dentist decides to reduce or end their NHS commitment, the funding remains with the Health Board for it to replace the provision of NHS dental services.

The majority of dentists are independent, self-employed practitioners who are at liberty to choose whether they contract a proportion of their time to provide NHS treatment on behalf of Health Boards. As a consequence, they may provide only NHS care, work totally outside the NHS or as is commonly the case, provide a mixture of NHS and private dental care.

We want to reach a position where everyone in Wales who wants access to NHS dental care can get it. We are working with Health Boards, who have the budgets and responsibility for the provision of NHS dental services, to address gaps in service provision through their operational plans.

From 1 April additional recurrent funding of £2m is being made available to improve access to NHS dentistry across Wales. Health Boards will be able to invest this funding in NHS dental services to address local needs and issues.

We are working on system reform in dentistry and moving forward collaboratively with the primary care reform programme in 2022. This includes working in partnership with the dental profession to improve access, experience and quality of dental care.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Action is being taken to expand involvement in contract reform across Wales by collecting and using clinical oral 'need and risk' assessments to plan care; giving personalised preventive advice; and agreeing appropriate recall intervals with patients to meet individual needs - this will reduce demand on dental services of healthy adults, some of whom are attending too frequently.

Guidelines on the frequency of dental check-ups were issued by the National Institute for Health and Clinical Excellence (NICE) in October 2004. The guidelines state the recommended interval between recall intervals should be determined specifically for each patient and tailored to meet their needs on the basis of an assessment of disease levels and the risk of or from dental disease. Routine visits to the dentist every six months are not necessary for everyone anymore, largely because the oral health of the nation has improved dramatically over the last few decades.

Since April 2022, we have offered practices the opportunity to opt-in to a variation of their contract with Health Boards which will significantly reduce the reliance on Units of Dental Activity (UDA) in line with the principles of dental contract reform.

Practices joining the contract reform programme will have time to focus on providing preventive dental care by supporting a set number of patients for their annual contract value, instead of focusing solely on achieving their previous UDA target. This is because we know that tooth decay and gum disease are largely preventable through good tooth brushing and reduced frequency of sugar intake. Taking this preventative and needs based approach will also help open up access and practices will be required to see a given number of new NHS patients (based on the size of their NHS contract).

Betsi Cadwaladr University Health Board has confirmed that 75% of dental contracts have moved onto the contract variation that follows the principles of reform. More importantly, this represents 96% of the total contract value of commissioned NHS dental services. The contract value is more important than the number of contracts because it is the contract value that sets the metrics for new patient access.

Practices will need to balance the requirement for urgent dental provision with the need to see new patients, however, a conservative estimate predicts that 23,000 new patients across the Health Board could gain access this year as a result of contract reform uptake. I'm pleased to be able to tell you that in the first 6 months of the current financial year over 13,600 new patients have attended an appointment. Health Boards and officials will monitor this closely but we need to be proportionate, particularly where practices are able to demonstrate an above average dental need in their historic patient base.

Alternative measures have been trialed during the pandemic and we are not asking dental teams to practice differently or significantly change the way they work. But we'll need time to assess the impact - a 'test and modify' approach - to ensure change is taking us in the direction needed.

This summer the Welsh Government implemented a public facing communications project, led by our new Chief Dental Officer, Andrew Dickenson to educate the public about how contract reform will change the way NHS Dental services are accessed. This includes updated recall intervals based on NICE guidelines, as well as how people can maintain good oral hygiene to support their health and ultimately support NHS dentists.

We continue to run listening and engagement events with Health Boards and practitioners. The British Dental Association has said the new measures implemented from April have the potential to allow dentists to step off the treatment treadmill and start managing patients in the best way. We don't want to see a drift back to previous ways of measuring activity which was disliked by the dental profession. Reform has to be fair for dental teams, Health Boards and patients.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

**Eluned Morgan AS/MS**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services