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Date: 10 July 2024
Quorum: 6

EXTRAORDINARY MEETING OF EXTERNAL OVERVIEW & SCRUTINY COMMITTEE

On:	Thursday 18 July 2024	**At:**	6.30 pm
Venue:	Petroc College, Barnstaple - G107, 1st Floor, South West Institute Development Building		

NOTICE OF MEETING

To:	Councillor C Cottle-Hunkin (Chair) Councillor A Brenton (Vice-Chair) Councillors: L Bach, J Craigie, S Harding, T Johns, P Shepherd, D Smith and H Thomas Non elected Members:

Members are requested to turn off their mobile phones for the duration of the meeting

AGENDA

PART I - (OPEN SESSION)

1.	**Apologies For Absence** To receive apologies for absence from the meeting.
2.	**Urgent Matters Brought Forward With the Permission Of The Chair**
3.	**Declaration Of Interests** Members with interests should refer to the agenda item and describe the nature of their interest when the item is considered.
4.	**Agreement Of Agenda Items Part I and II**

5.	**Dentistry** (Pages 4 - 21) To consider and discuss dental provision in the North Devon area NOTE: Appendices A to D provide responses to set questions that were sent to the panellists to seek their views prior to the publication of this Agenda. a) Partner at Torrington Dental Practice/Associate Professor of Primary Care Dentistry, Peninsula Dental School – Appendix A b) Specialist Orthodontis, (Exeter area) currently providing orthodontic provision for North Devon – Appendix B (to follow) c) Specialist Orthodontist (Bude) – Original provider of orthodontic provision in North Devon – Appendix C d) Area Development Manager My Dentist – Appendix D
6.	**Proposed format for the meeting** **6:30PM:** Both Chair(s) will open their meetings of their respective Committees, run through the housekeeping items. Chair of Policy Development Committee of North Devon Council to read out a statement outlining the format of the meeting. **6:35PM:** Chair of Policy Development Committee of North Devon Council to introduce the group lead for dentistry, Councillor Patrinos of North Devon Council. **6:40PM:** Councillor Patrinos as Group Lead for the Policy Development Committee of North Devon Council will then outline the purpose of the special meeting and briefly explain why the subject is being scrutinised together with how the session will work. **6:50PM:** **North Devon Council Policy Development Committee members:** Chair of Policy Development Committee to invite members of the Committee to ask any follow up questions of the panellists. **7:15PM:** **Torridge District Council External Overview and Scrutiny Committee members**: Chair of External Overview and Scrutiny Committee to invite members of the Committee to ask any follow up questions of the panellists. **7:40 PM:** Both Chair(s) to suspend their Standing Orders to allow opportunity for the invited public to ask questions of the panellists. **8:20PM:** Actions/next steps to be agreed by the Committee. **8:30 PM:** Chair(s) will formally close their respective meetings.

7.	**Exclusion Of The Public** The Chair to move:- That the public be excluded from the remainder of the meeting because of the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act 1972.
	Meeting Organiser: Democratic Services
	Centre for Public Scrutiny – website http://www.cfps.org.uk/

Name of representative/organisation: Devon LDC	Answers provided to questions from the Committee:
1. The Nuffield Trust wrote: "NHS dentistry in England is at its most perilous point in its 75-year history", and also described it as "in near-terminal decline: Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15" Do you agree or is it a scare story? If you do agree, why?	Scare story????? I'm not sure the thousands of patients in Devon unable to access NHS dentistry would consider this a scare story. In my opinion it reflects the stark reality of NHS dentistry in 2024. The Nuffield Trust are an independent organisation who provided a detailed report on the state of NHS dentistry in England based on evidence. The data you quote is from NHS Digital, NHS Dental Statistics. It is NHS England data. Whatever performance data you wish to analyse: courses of treatment, Units of Dental Activity delivered, unspent dental budget, dental contract underperformance number of dentists resigning their contracts, number of patients on a waiting list, etc, they will all indicate reduced NHS activity within primary care and growing numbers of patients unable to access care. The situation shows no sign of improving and without radical and urgent intervention initiated by Government and delivered by local health commissioners, the situation will continue to decline. NHS Dentistry has been underfunded for years – a real-terms **reduction** in total funding of 4% between 2014/15 and 2018/19, which has continued post-COVID. During the same period patient charges **increased** by 9%, meaning that Government are contributing less and patients are paying more, all for a poorer service. (Data from National Audit Office Report on Dentistry – 2020).

	The current dental contract is inherently flawed and promotes oral health inequality rather than addressing it. This has been highlighted in multiple reports over the last fifteen years including the Health & Social Care Select Committees in 2008 & 2023, the Steele Report in 2009, the National Audit Office Report in 2020, the Nuffield Report in 2023, amongst many others. Whilst the cost of delivering high quality oral health care has risen dramatically, NHS dental funding has lagged well behind. NHS dentistry has become financially unviable for many dental practices to provide and the only way they can continue to offer some NHS service is to cross subsidise from the private sector. Hence the increase in the number of “mixed practices” who are part NHS / part private. The increasing financial pressures on dental practices, due to rising costs of materials, laboratory work and staffing, has resulted in an increasing shift into the private sector to maintain financial viability. This has accelerated post-COVID as Government have shown little indication that any major changes in funding or contract reform are on the horizon. Dental practices are independent businesses and are not part of the NHS. Practice owners have to make difficult decisions to protect their business, their staff and their patients, and with little support or encouragement from NHS England, dental practices are having to diversify and look at the private sector to secure their future. The current situation has been compounded by difficulties in recruiting and retaining dentists within the NHS, particularly in

	rural and coastal areas. North Devon has experienced significant problems in this area with many practices operating below capacity. This results in financial clawbacks from the NHS which places further financial pressure on the business. In summary, I believe the Nuffield Report is a fair and accurate reflection of the state of NHS dentistry in the UK in 2024. We have a particularly acute problem in areas such as North Devon due to recruitment and retention of dental staff.
2. Why are there so few dentists, and how soon is it realistically possible to increase the supply of dentists and how can it be done?	The General Dental Council register indicates that we have more dentists registered in the UK, than we have ever had before. This would imply that we have plenty of dentists in the UK, and it may just be an issue in getting them to work within a flawed NHS dental contract. However, I would suggest that the GDC data does not show the whole picture, with the figures lacking detail about how workforce patterns have changed over recent years. There is a reasonable level of research to indicate that many more dentists are working fewer clinical hours per week than previously. This may in part be due to changing attitudes towards work life balance and shared childcare, however the significant gender shift in dentistry over the last 50 years is also likely to be a factor with women more likely to work part-time (Ayers et al, 2008). In 1968 10% of dentists were female; in 2024 this had risen to 52% (GDC data). Work pattern surveys also indicate that there is an increase in part-time working within dentistry, and this has been shown to be more likely for female dentists.

	The GDC registration data does not differentiate between dentists working in the NHS or private sector, although in 2024 they published survey data for the first time on workforce which can be accessed through the GDC website. https://www.gdc-uk.org/about-us/our-organisation/reports/working-patterns-data • Only 15% of respondents were fully NHS • A further 27% were predominantly NHS (over 75% commitment) • 42% work less than 30 clinical hours / week There are also geographical differences in terms of workforce, with rural and coastal areas experiencing greater difficulties with recruitment and retention of clinicians. This has certainly been the case in North Devon with many dentist vacancies impacting on access for patients. A recent survey conducted in Devon and Cornwall indicated that 57% of respondent practices currently had a vacancy for at least one dentist in their practice, and several had multiple vacancies. A similar situation was reported in Cumbria in a report published by Newcastle University. New graduates see little future in the NHS and are moving into the private sector much earlier in their career. This is making it even more difficult for practices to recruit. Peninsula Dental School graduates approximately 64 dentists every year. However, figures indicate that the majority of students return to their home city upon qualification, with few staying in the SW. Recent data from Health Education England indicated that in 2020 only 25% of Peninsula Graduates stayed in the SW to undertake their Dental Foundation Training year,

	and of that group only half stayed to work in general dental practice the following year. Research conducted at the University of Plymouth indicated that the key factors which will influence Peninsula Dental students to stay in the SW are relationships, undergraduate experience (including professional connections), lifestyle choices, opportunities for training and availability of private dentistry. We may need to accept that most young graduates prefer urban environments when they first qualify, but this may change as they settle down and start a family. This may need to be taken into consideration in the development of any future recruitment strategy. Homegrown students who originate from Devon and Cornwall are more likely to stay in the area post-qualification, but recent figures indicate that only 12% of graduates who are admitted to Peninsula Dental School are originally from the SW. The Dental School is hoping to increase undergraduate numbers as part of the Long-Term Workforce Plan and has already implemented various initiatives to attract applications from local students in order to improve retention rates. UK Dental Graduates are required to complete a one-year period of Dental Foundation Training to obtain an NHS Performer number in order that they can work in the NHS. Availability and location of training practices has been identified by NHS England as a major issue in relation to recruitment and retention of new graduates. As practices reduce their commitment to the NHS they often relinquish their role as a training practice which is impacting directly on NHS access and

	on recruitment of young graduates to areas such as North Devon. It is important to be aware that Peninsula Dental School also provides training for Dental Hygiene Therapists (DHT) with approximately 24 students graduating each year. There is a higher retention rate for DHT graduates staying in the SW, and this is again related to recruitment of “homegrown” students. The University are keen to increase numbers of undergraduate places as part of the Long-Term Workforce Plan, although there are currently funding implications which need to be addressed. In summary, there may be more dentists on the GDC register, but they tend to work fewer clinical hours, are spending less of their time working in the NHS, and most dentists don’t seem to recognise the benefits of living and working in beautiful areas such as North Devon & Torridgeside

Name of representative/organisation: Devon LDC	Answers provided to questions from the Committee:
3. In your opinion what will be, or has been, the effect of the Conservative government's dental plan that promised "In 2024, we will significantly expand access so that everyone who needs to see a dentist will be able to."	Sadly, this statement provides further evidence that the previous Government had little appreciation of the problems facing dentistry and were either incapable or unwilling (or both) to deliver a solution. This is not a political point, as Labour appear to be under the same misconception, as they also claim that they can provide "an NHS dentist for all who need it", without significantly increasing funding or expanding the workforce. The key to the Labour commitment for dentistry, will be how they define "need". In 1999, Tony Blair announced that his Government would deliver "easy access to NHS dentistry for all". Despite significant investment in the NHS at that time, including dentistry, he failed disastrously, and was subsequently forced to admit defeat, declaring that dentistry was "the most difficult aspect of the NHS". NHS dentistry sits largely outside the NHS and it is only funded to deliver care for 50% of the population. It is neither universal, nor is it free at the point of delivery. Unless there is a massive increase in funding, which is an unrealistic expectation, we need to utilise the existing dental budget more effectively, more responsibly and more equitably. With limited funding and a depleted workforce, many within the dental profession believe that the only option is to move towards a "core service" where NHS dentistry is prioritised towards the most vulnerable groups with the greatest need.

	It might be accurate to state that NHS dentistry is already providing a “core service”, but unfortunately it is largely being utilised by the “worried well” rather than those with the greatest need. Attempts are being made to address this by commissioning “urgent care“ or “stabilisation” sessions at existing practices within the SW. This will increase access for some but decrease access for regular attenders.
4. At the moment a range of people are entitled to free dental care (including under 18s, pregnant or new mothers, those on low-income benefits). In your experience do these people receive the care the law says they are entitled to?	As per my previous answers, although an individual may have a right to receive NHS care, in practical terms this does not happen due to the lack of NHS access. The reality is that need / demand for NHS dentistry massively outstrips capacity, and those that desperately need care are unable to access it. The irony is that the current NHS dental contract acts as a barrier for patients with the greatest need. This has been the case since the current performance measures (UDA) were introduced in 2006, yet very little has been done to address this. The lack of progress on contract reform has been a major factor in the shift to the private sector as dentists have become increasingly frustrated. The unwillingness of the previous Government to act decisively has led to privatisation by stealth and sadly it is the most vulnerable in society who have suffered the most. These delays have also been a major factor in the growing levels of oral health inequality within the population, with dental extraction still the leading cause of hospital admission in five to nine-year olds. A travesty when you

	consider that dental decay is preventable and the vast majority of these extractions should have been avoidable. A change in approach towards a core service would allow resources to be targeted at those who are eligible for free dental care, with an increasing focus on prevention. However, this would result in reduced or loss of NHS access for many regular attenders, which many politicians and individuals may struggle to accept.

Name of representative/organisation: Specialist Orthodontist (Bude) – Original provider of orthodontic provision in North Devon.	**Answers provided to questions from the Committee:**
1. The Nuffield Trust wrote: “NHS dentistry in England is at its most perilous point in its 75-year history”, and also described it as “in near-terminal decline: Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15” Do you agree or is it a scare story? If you do agree, why?	On the whole I would agree that “NHS dentistry in England is at its most perilous point in its 75-year history.” I have noticed an increasing divide between the treatment need in the population and the NHS provision available. The pressure on available services is increasing. The costs of providing dental services has undoubtedly increased above the rate of increase in NHS funding, profit margins are diminished or even eliminated. I am aware of that many practitioners ceasing their NHS contracts.

Name of representative/organisation: Specialist Orthodontist (Bude) – Original provider of orthodontic provision in North Devon.	**Answers provided to questions from the Committee:**
2. Why are there so few dentists, and how soon is it realistically possible to increase the supply of dentists and how can it be done?	I don't think that the number of dentists has increased in line with population increase and while at one point it was predicted that dental disease (primarily dental decay) would decline this has not been the case. The scope of dentistry has also expanded especially with regard to primarily aesthetic treatments. I think that there has been a wave of slightly earlier retirements that my have been exacerbated by the pandemic. I also feel that the general trend in dentistry is to work fewer hours. The training of dentists is lengthy and training places are limited, it is not possible to address the lack of dentists in the short term. There are many overseas dentists providing care in the UK but I think that it is unlikely that this number can be significantly increased. The pressure on dentists can be reduced by continuing the increase in therapy positions (skill mix). In the long term a continued emphasis on prevention could help.

Name of representative/organisation: Specialist Orthodontist (Bude) – Original provider of orthodontic provision in North Devon.	**Answers provided to questions from the Committee:**
3. In your opinion what will be, or has been, the effect of the Conservative government's dental plan that promised "In 2024, we will significantly expand access so that everyone who needs to see a dentist will be able to."	This has been ineffective. Most of the political parties have made pledges with regard to improving dental access in the recent general election. I have no idea how they would be able to implement these pledges.
4. At the moment a range of people are entitled to free dental care (including under 18s, pregnant or new mothers, those on low-income benefits). In your experience do these people receive the care the law says they are entitled to?	There is an increasing number of patients who cannot access the care they are entitled to. Recently I have received a significant number of orthodontic transfer cases from IDH the vicarage as they ceased providing their contracted orthodontic services. Some of these patients have also lost their NHS general dental provision at the same or other providers. In some cases they cannot access the extractions required to facilitate the continuation and completion of their orthodontic treatment as these extractions were not prescribed at the beginning of treatment as is usually the case. The situation is further complicated as some of the patients are now over 18 years of age and are not entitled to free care.

Name of representative/organisation: Area Development Manager, MyDentist	Answers provided to questions from the Committee:
1. The Nuffield Trust wrote: "NHS dentistry in England is at its most perilous point in its 75-year history", and also described it as "in near-terminal decline: **Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15"** **Do you agree or is it a scare story? If you do agree, why?**	NHS dental activity has been in decline since the COVID-19 pandemic. During the pandemic, many patients lacked access to dental services, leading to significant delays in treatment. Consequently, dentists now face extensive treatment plans and are booked weeks in advance. The UDA (Units of Dental Activity) system, introduced in 2006, has long been a barrier to effective dental service delivery. Despite attempts to pilot and invest in reforms, significant changes have not been implemented. The current UDA system discourages dentists from undertaking complex treatments such as multiple fillings, root canal treatments (RCT), and extractions for only five UDAs. Although the UDA value has recently increased to £28 per UDA, this change is overdue. Historically, varied UDA rates across the country have caused competition among dentists, who would often leave positions to seek better rates elsewhere, disrupting service provision. For example, with a UDA rate of £21, practices already struggle, paying dentists £12 per UDA. This discrepancy makes it challenging to maintain the viability of dental practices due to high operating costs, leading to recruitment issues and an inability to provide NHS services.

	Furthermore, dentists cannot offer NHS dental services without a performer number, exacerbating the issue of service provision. > Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15" The above statement from the Nuffield Trust seems alarming and I cannot comment on its accuracy, however, the feeling on the ground certainly corroborates this. Dental budgets have not kept pace with inflation and its is a widely acknowledged fact that the annual NHS dental budget does not cover treatment for the entire British population.
2. Why are there so few dentists, and how soon is it realistically possible to increase the supply of dentists and how can it be done?	The shortage of dentists in the UK can be attributed to several factors: 1. **Funding and UDA System Issues**: The current UDA (Units of Dental Activity) system, implemented in 2006, has been widely criticized. It often discourages dentists from undertaking complex or time-consuming treatments due to inadequate compensation. The financial constraints and pressures within the NHS make it challenging for practices to remain viable. 2. **Recruitment and Retention Challenges**: Many dentists are leaving NHS positions due to better opportunities in private practice or abroad, where they can earn higher incomes and face fewer bureaucratic hurdles. Additionally, varied UDA rates across different regions have caused competition and instability.

	3. **COVID-19 Impact**: The pandemic exacerbated existing issues by causing significant treatment delays and increasing workload pressures. Many dental professionals experienced burnout, leading to early retirement or career changes. 4. **Educational Bottlenecks**: There are limitations in the number of dental school placements available each year, which restricts the number of new dentists entering the workforce. **Increasing the Supply of Dentists:** Realistically, increasing the supply of dentists will take time and a multi-faceted approach: 1. **Reform the UDA System**: A comprehensive review and reform of the UDA system is necessary to ensure fair compensation for all types of dental treatments. This would make NHS positions more attractive to dentists. 2. **Increase Funding for Dental Services**: Additional investment in NHS dental services would help improve working conditions and enable practices to hire more staff, thus reducing workload pressures. Mydentist has already offered premium rates of pay and golden hellos to dentists to increase dental access across the country. 3. **Expand Dental Education**: Increasing the number of dental school placements and supporting the establishment of new dental schools can help address the bottleneck in dental education. This requires collaboration between the government and educational institutions.

	4. **International Recruitment**: Streamlining the process for overseas dentists to practice in the UK can help fill immediate gaps. This includes simplifying registration processes and providing support for relocation and integration. 5. **Retention Strategies**: Implementing measures to improve job satisfaction and reduce burnout among current dentists, such as mental health support, flexible working hours, and career development opportunities, can help retain more professionals within the NHS. 6. **Public Health Initiatives**: Investing in preventive dental care and public health campaigns can reduce the overall demand for complex dental treatments, easing the burden on existing dental services. By implementing these strategies, the supply of dentists in the UK can be increased over the coming years, ensuring better access to dental care for all citizens. However, significant improvements will likely take several years to fully materialize.
3. In your opinion what will be, or has been, the effect of the Conservative government's dental plan that promised "In 2024, we will significantly expand access so that everyone who needs to see a dentist will be able to."	The introduction of the New Patient Premium has led to an increase in the number of new patients accessing dental services. Additionally, I would introduction of Stabilisation sessions across Devon has helped to treat patients who have not a dentist in over two years.

4. At the moment a range of people are entitled to free dental care (including under 18s, pregnant or new mothers, those on low-income benefits). In your experience do these people receive the care the law says they are entitled to?	In my experience, the provision of free dental care to eligible groups such as under 18s, pregnant or new mothers, and those on low-income benefits has been a significant success, ensuring that essential dental services are accessible to those who need them the most. Some positive aspects of this are: 1. **Increased Accessibility**: The policy of providing free dental care to these groups has significantly increased accessibility. Many individuals who might otherwise have been unable to afford dental care can now receive regular check-ups, preventive care, and necessary treatments, promoting better oral health across these demographics. 2. **Improved Health Outcomes**: By ensuring that vulnerable populations receive the care they are entitled to, the program has contributed to improved health outcomes. Early detection and treatment of dental issues prevent more serious conditions, contributing to overall well-being and reducing the burden on emergency dental services. 3. **Support for Families**: Pregnant women and new mothers receiving free dental care not only benefit themselves but also their families. Good maternal oral health is crucial for the health of both mother and child, and this support helps ensure a healthy start for the next generation. 4. **Encouragement of Regular Visits**: For children and young people, access to free dental care encourages the habit of regular dental visits from an early age. This helps instill good oral hygiene practices and ensures that any dental issues are addressed promptly.

	5. **Economic Benefits**: For those on low-income benefits, free dental care alleviates financial strain and ensures they do not have to choose between dental care and other essential needs. This support helps maintain their overall quality of life and productivity. 6. **Public Health Impact**: Overall, providing free dental care to these groups has a positive public health impact. It reduces disparities in health care access and outcomes, contributing to a healthier population and lessening long-term healthcare costs. While there are always areas for improvement, the existing framework for free dental care entitlement has made a meaningful difference in the lives of many, ensuring that those who are eligible receive the care they need and deserve.