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Swansea Bay University Health Board Response to Community Health Council Accessing NHS Dental Care: Getting to the Root of the Problem February 2022

Swansea Bay University Health Board (SBUHB) welcomes the opportunity to respond to this report produced by Swansea Bay Community Health Council (SB CHC). The report provides an overview of the feedback received from 1370 people about their experiences of NHS dental services across Neath Port Talbot and Swansea throughout 2021.

The Health Board acknowledges that the report highlights a lack of access to NHS Dental care which is a barrier to people getting the support they may need. The Health Board agrees that good oral health is a significant factor in the overall health of the person and when this suffers there may be wider effects on individual's physical and mental health: oral health often being an indicator of wider social, educational and health risks.

There are various challenges surrounding general dental practice, including in 2006 the introduction of a new contract for general dental services (GDS) which relies on Units of Dental Activity (UDAs) as a performance metric. This measure does not overtly incentivise increasing access, quality or prevention particularly for the most vulnerable and needy. In addition, COVID-19, and notable challenges in respect to recruitment/retention has led to a substantial problem with patient access to NHS dentistry across Wales.

This response will provide information in relation to the report findings and the barriers outlined (page 12-39) and will respond to the recommendations for the Health Board to improve the dental experience (page 43-46).

Background Information

Across SBUHB there are 55 high street dental practices (general dental practices - GDPs), 1 teaching practice, 2 specialist orthodontic practices and 2 specialist contracts that deliver Oral Medicine and Oral Surgery services. SBUHB continues to be one of the most diverse Health Boards in Wales holding a variety of different contracts to meet the wider needs of the population. In addition, there are hospital based specialist services supporting the most complex cases such as cancer, trauma and congenital abnormalities such as Cleft Lip, usually working as part of wider Multi-Disciplinary Teams. SBUHB also has a community dental service (CDS) which provides specialist care in paediatric dentistry and for those adults who have high needs and vulnerability (Special Care Dentistry (SCD)). There is also the Designed to Smile service providing a targeted national oral health improvement programme as a part of a multi-disciplinary team.

The contract relationship between the Health Board and GDPs is through a nationally directed contract. This contract is based on volume and primarily extent since 2006.



Since its inception patients have no longer 'registered' with a practice but access care through a contract based on an individual course of treatment. Welsh Government have worked closely with Public Health Wales and Health Boards to develop the Contract Variation programme for 2022/23 that is focused on preventative dentistry and increasing capacity for new patients.

SBUHB has over the last three years continued to invest to increase and improve equity of access to general dental services. This has included;

- Opening a new dental practice (Dunes, Port Talbot) on 1st April 2019, as result of this additional investment (£325,000) over 2,100 new patients have been seen at the practice during 19/20.
- A children only contract converting to a full NHS contract in 19/20 opening up further access to adult patients in the Penderi Cluster area.
- Innovation grants - funding to increase access focussing on high need patients. Offered to practices trialling new ways of providing dental access to patients without a regular dentist.
- Significant additional investment in urgent access sessions both in-hours and out of hours and development of patient centred pathways, this included implementation of a new stabilisation pathway, not only to ensure patients were taken out of pain but their oral health stabilised to reduce the need for the patient to return through the urgent system.
- Development of the dental service within HMP Swansea to ensure that services received are aligned to that received from a General Dental Practice (GDP).
- Development of an Oral Medicine pathway for patients with chronic, recurrent and medically-related disorders.

Unlike many other Health Boards in Wales, in over five years there have been no contract notices from NHS dental practices to terminate their NHS contract.

Excellent progress has also been made improving the oral health of young children through the Designed to Smile (D2S) child oral health improvement programme and to individuals residing in care homes through expansion of a national programme.

Covid-19 Pandemic

The Covid-19 Pandemic had a significant effect on the provision of NHS dental services in Wales. On 23rd March 2020, the Chief Dental Officer for Wales (CDO) announced that dental services would move into Red Alert Phase, which meant all routine dentistry ended as a reaction to the transmission rates of Covid-19. In SBUHB, all dental practices remained available for patients to contact, providing triage, advice and care based on analgesia and antibiotics. Practices were also allowed to see a limited group of patients for selective urgent care e.g. simple extractions. Any patient who required urgent treatment that could not be delayed or required an aerosol generating procedure (AGP) had to be seen in an Urgent Dental Centre. This was established from new by the Health Board in the first week of the Red Alert and a total of 3,325 patients accessed the service throughout the Red Alert period.



Welsh Government guidance on 19th June 2020 moved dental services into an Amber Phase. Throughout this phase, practices were asked to prioritise patients with urgent dental needs or whose care had been delayed and where further delay would lead to a significant deterioration. Restrictions remained in place associated with national IPC Guidance reducing the number of patients who could attend a practice as well as impacting on the time taken to provide care and surgery preparation time between patients.

Dental services currently remain in the Amber Phase but the restrictions, in line with the national approach, have been reduced, ensuring that as many patients as possible can receive treatment safely. There is still a reduction in the capacity at dental practices due to the remaining restrictions but as we move out of the Pandemic and with the re-introduction of contract reform measures, it is anticipated there will be a steady increase in the availability of NHS dental services.

Welsh Government estimate that during 2022/23 a gradual increase in activity to 75% of the 2019/20 position will be seen. However, they acknowledge that the anticipated increase will be affected by a number of variables. Swansea Bay are making good progress with 20,312 patients seen in dental practices in February 2022 which is a 25% increase in the number of patients being seen in February 2021.

Practices can now see 'routine patients' if they have the capacity but still need to prioritise urgent care. From the 1st April 2022, as part of contract reform, all practices will need to demonstrate achieving access for new and existing patients aligned to new metrics based on pre-Covid 19 activity.

Urgent Access

Throughout the Pandemic, the Health Board has continued to ensure that urgent access to dental services has been available for the local population. Urgent Access appointments are commissioned at dental practices across the Health Board area. Patients who do not have a regular dentist and require urgent dental care can access the In Hours Access (IHA) service by calling 111.

They are then referred to the Health Board's Dental Referral Management Centre (RMC). This is a 'fast-track' pathway introduced by the Health Board through 111 which minimises the resources required in this service as well as ensuring speedy access for the patient. For those who require urgent dental care on the weekend or Bank Holidays, access is through the Health Boards dental Out of Hours pathway (OOH) and 111.

The demand for urgent dental care has increased two-fold through the Pandemic and the Health Board has reacted to this by ensuring additional significant investment. This has increased both the capacity of patient appointments and also the length of appointment times to recognise the additional infection control and social distancing requirements during this period. The Health Board recognises the need for additional investment into dental services. Since the move into the Amber Phase the Health Board have made a number of additional and significant investments into the service, to further reflect the capacity and demand issues associated with Covid-19. These include:



- Introduction of a stabilisation pathway to offer an additional 300 patients accessing urgent care pathways a full oral health assessment and an opportunity to access long-term care.
- For those patients accessing urgent care pathways who only request a single appointment, evidence based care which minimise their need for further urgent care.
- Currently developing a 7-day single point of access which will further reduce the pressures on 111 and provide robust triage by a dental nurse assessor that will also offer advice and information to the public.

NHS Dentistry – Contract Reform Programme (CRP)

General Dental Services had embarked on a contract reform programme prior to the Covid-19 pandemic, with 40% of Swansea Bay UHB practices engaged. The Pandemic delayed the progression of the reform progress, but during the recovery period Welsh Government issued clinical guidance for practices which was based on learning from the programme. This included care based on need and prioritisation.

From 1st April 2022, the contract reform programme will restart with new guidance and metrics for those practices who opt in. All practices who hold NHS contracts have been given a choice; either to join the reform programme or to return to the previous contractual arrangements of delivering Units of Dental Activity (UDA).

In SBUHB dental 88% of practices have chosen to join the reform programme.

The basis of the reform programme is to enable a focus on vulnerable and high need patients and to further increase access to all patients who request NHS dental care.

The CRP has an emphasis on preventative care and the continued use of the Assessment of Clinical Oral Risks and Needs (ACORN) Tool which was developed as part of the initial reform programme. ACORN was widely used throughout the Pandemic and continues to be a key part of contract reform. The findings of the ACORN and a clinical examination of a patient forms the basis for discussion with the individual about their oral health requirements and helps guide the individualised annual care plan.

New patient care pathways highlight what is required of a dental practice over the course of a year to support a patient transitioning from red (high risk/need) to amber then green.

Access will also be improved by extending recall times for those patients who have good oral health; this is in line with previous guidance issued by National Institute for Health and Care Excellence (NICE) on Dental Checks; intervals between oral health reviews, published in 2004. Dentists are expected to deliver care in line with this guidance. For adult patients, NICE recommends that patients should be recalled between three months and two years' dependent on their clinical needs and risk assessment. Only a limited number of those within the population with high risk will require three monthly recall, the majority will require longer periods between their



routine oral health checks. The recommended interval for children is between three and 12 months. The actual interval should be assessed by the dentist based on the patient's needs. This may impact on patients' expectations, particularly those that have historically accessed an oral health check every six months.

The CRP in 2022/23 will be used as a test period, moving away from the delivery of UDAs in line with the principles of dental reform. The Welsh Government's Programme for Government, which sets out their priorities up to 2026, makes a commitment to reform primary care dentistry and also increase access to dentistry based on need.

Children and Young People

It is acknowledged that oral health is an integral part of overall health for children and young people supporting their ability to learn, thrive and develop, and contribute to school readiness. Oral health is well recognised as an indicator of wider social, economical and educational vulnerabilities of children and their families.

The improvements in access through the contract reform programme will have a positive impact on access for these individuals. New patient targets will include access for children and young people in all NHS practices including seven practices that will only be targeting children for the new metric due to the historic nature of their contract (child only).

There will be significant benefit to the preventative care approach including the application of fluoride varnish. This will be further complimented by the national Design to Smile Programme operating within schools across SBUHB supporting families with young children. The programme also involves a tooth-brushing and fluoride varnish application and has been re-established following Covid restrictions. The programme has continued to have excellent engagement from the majority of schools involved.



Swansea Bay Community Health Council

Accessing NHS dental care

Getting to the Root of the Problem February 2022

Questions for Swansea Bay Health Board to address:

1. Does the Health Board collect information about how many people are waiting for dental treatment across the Swansea Bay Health Board area?

a. If not, why not?

b. If this information is collected:

i. How many of these people are actually on dental waiting lists?

ii. How many people are unable to get on to a dental waiting list?

The Health Board does not hold a centralised waiting list and this is common with many Health Boards in Wales. Each dental practice is responsible for its own waiting list with patients being added/removed/amended frequently.

The current process of practices holding their own waiting lists means that they are able to identify any capacity within their appointment book and contact potential new patients immediately to offer an appointment. The Health Board holding a central waiting list would not necessarily increase the availability of NHS dental care for patients, there is a risk that a centralised system could cause delays for patients.

With the new contract reform process, practices have a targeted number of New Patients to see throughout 2022/23 and in order to achieve this target, practices will need to be working through their current waiting list to offer appointments to new patients to the practice, Swansea Bay UHB has a new patient target of 28,495 for 2022/23.

2. The Health Board are telling people to telephone practices in the area to find out if they are taking on NHS patients and to ask to be added to a practice waiting list. Many people told us they are calling all the practices as instructed but are being informed that they are not currently taking on NHS patients. They are also not being offered the opportunity to be added to a waiting list. Why is this happening?

During the Covid-19 Pandemic, due to the enhanced social distancing and infection control processes that were put in place to ensure patient and staff safety, the capacity of dental practices to see patients was significantly reduced. If practices already have a long waiting list, they may not wish to continue to add patients without being able to advise how long the wait to be seen would be. It is not a contractual requirement to hold a waiting list.

The restart of the Dental Contract Reform programme from 1st April 2022 puts an emphasis on practices seeing new patients. Each practice who joins the programme will have a target of new patients to see during the next 12 months. The majority of SBU practices will be joining the contract reform programme, so whilst there are still Covid-19



restrictions in place, there will be increased opportunities for NHS patients to be seen at a dental practice.

3. Access - It is clear that services are not meeting local demand for NHS dental care:

a. What is the total contracted patient capacity within the Health Board area?

The Health Board receives a ring-fenced recurrent allocation for the commissioning of general dental services in line with the national contract which is based on Units of Dental Activity (UDAs). This allocation is fully committed and includes the commissioning of 671,401 UDAs. The total financial investment for Swansea Bay UHB is 22 million pounds. During 2019/20 206,003 patients were seen within dental practices across the Swansea Bay footprint.

b. Is there enough NHS dental capacity commissioned across Swansea Bay to meet demand?

The level of Units of Dental Activity (UDAs) was set nationally in 2006, all Health Boards recognise that this would benefit from a review and Welsh Government has acted upon this feedback by introducing Contract Variation that provides a strengthened and expanded programme of NHS contract reform within primary dental care. This programme will support the shift on the emphasis of treatment intervention and too frequent 'check ups and polish' for those with comparatively good oral health, to a more needs-led preventive-focussed approach which will accelerate necessary change and better align dental services to patient and population need.

c. How will the Health Board deal with the demand and ensure those without a dentist have access to NHS care?

With 88% of Swansea Bay practices committed to the reform programme from 1st April 2022, the Health Board will support NHS dental practices to reform their models in line with the agreed principles which will include:

- Treating new patients
- Revisiting recall times for patients to ensure that patients are only recalled for a follow up appointment when clinically necessary and in line with NICE guidance.
- Ensuring historic patients (treated at the practice with a course of treatment in the last four years) at the practice are seen based on their clinical need.
- Access is prioritised based on need.

The Health Board will continue to invest in Urgent Access for those patients without a regular dentist.



d. What resources will be provided to:

i. reduce the backlog of patients causing waiting times to become longer?

ii. to turn around what has now become an increasing problem within the area?

It is anticipated that the implementation of contract reform as explained above will have a positive impact on recovery of NHS dental services and should:

- engage dental teams to embrace change;
- actively involve patients;
- increase patient access to NHS dentistry;
- make more effective use of current resources;
- facilitate a preventive and prudent healthcare approach to care in more dental practices.

In addition, the Primary Care Team have engaged with the Health Board and Welsh Government to explore the potential of identifying Covid-19 recovery monies to further support reducing the backlog.

4. Why are some dental practices prioritising extra capacity for patients on their waiting lists to be seen sooner if they become private patients?

The Covid-19 Pandemic heavily impacted on the number of patients able to be seen in dental sessions. Practices have been required to follow a national Standard Operating Procedure with strict guidance on fallow times and additional cleaning between patients and also restricting the number of patients who could be in the practice at any one time to ensure social distancing. So whilst the Health Board expects all practices to continue to provide the same number of NHS sessions, these adjustments have meant a reduction in patient activity over the past two years by over 50%. This is in line with the impact on all Health Boards in Wales.

GDPs are independent contractors and are able to provide both NHS and private dental care. If a practice holds an NHS contract, they are commissioned to provide a certain level of dental activity. Outside that commitment, practices are able to offer other services including private dental care. The private element of a dental practice is not commissioned or funded via the NHS and so there is no requirement for private patient activity to be reported. Dental practices providing any level of private dental services are required to be registered with Health Inspectorate Wales. We are aware that many practices extended their normal opening hours over the past two years to support both their private and NHS activity.

5. Given that many people informed us that they have been given little choice but to pay privately for treatment, what are the implications in terms of establishing the true picture of local demand for NHS dental care?



Public Health Wales are undertaking a national piece of work to understand the needs of the population by analysing the data provided by practices, we hope that this will be instrumental in understanding the demand and need for NHS dental care.

6. What is the Health Board doing to ensure patients within vulnerable groups, such as children, pregnant women, new mums, immigrants, individuals with low income and those with chronic conditions, are getting the treatment they are entitled to?

The Community Dental Service (CDS) within Swansea Bay UHB provides a comprehensive service for vulnerable patient groups such as people with learning disabilities, elderly housebound people, people with mental or physical health problems or other disabling conditions which prevent them from visiting a dental practice. The service accepts referrals from a wide range of health care practitioners including GPs and other medical practitioners, dentists, hospital staff, health visitors, social workers and carers of disabled people, the service has an electronic referral pathway to ensure that patients face minimal delays in accessing alternative dental services.

The Health Board also operates a Domiciliary Dental service for patients who are unable to travel to a dental practice for treatment, such as those patients in care homes, nursing and residential care homes and housebound patients. Together with the CDS, four local dental practices are commissioned to carry out this service, working in tandem with the Health Board's Oral Health in Care Home service which provides oral health screening and dental treatments to residents of local care homes.

There is a dedicated urgent dental service for Asylum Seeker patients which is provided by two local dental practices and coordinated via the Health Board's Health Access Team, to ensure that patients within this group are able to access urgent dental care, with translation provision if required, on arrival to the area.

Design to Smile operates within the Health Board and is a National Oral Health Improvement Programme with an emphasis on improving the dental health of children in Wales. The programme's aim is to start good oral health habits at an early age and it supports families with young children by encouraging them to visit a dental practice before a child's first birthday and by providing toothbrushes and toothpaste. The programme also involves a tooth-brushing and fluoride varnish service for children in Nursery and Primary School.

Pregnant women and new mums are able to access dental care through the General Dental Services provided by 55 dental practices across Swansea Bay UHB, this cohort of patients have been affected by Covid-19 as there has been a need to prioritise urgent patients rather than routine care, this has created a backlog in the system that the contract reform programme will address in the new patient target and the responsibility for historic patients.

The Gwên am Byth (A Lasting Smile) oral health programme for people living in care homes was launched in 2015, and is funded by Welsh Government at £0.5million per year. The aim of the programme is to improve oral hygiene and mouth care for all older people living in care homes by ensuring that:



- an up-to-date mouth care policy is in place
- staff are trained in mouth care (including at induction) and the home keeps a register of training
- residents have a mouth care assessment at appropriate intervals by carers
- the assessment leads to an individual care plan, designed to support good oral hygiene, which is delivered by carers
- residents are referred to the dental team if necessary

There are currently 83 Care Homes (100%) engaged with the programme in SBUHB.

The Oral Health in Care Homes Transformation project commenced in Feb 2019. The programme has been funded with additional transformation investment and is a Dental Therapist-led service providing ongoing assessments and dental care to residents.

The Dental Therapist (DT) works with a direct access approach, this means that residents can be seen without a direct treatment plan from a dentist. The DT is able to screen, treat and refer residents as necessary. The DT has already developed a robust referral pathway with primary care clusters.

7. Access to urgent dental care: what measures will be taken to improve access to urgent dental care through NHS 111?

The Health Board is not responsible for the management of the 111 service, but is fully aware of the increased demand for this service throughout the Pandemic which has created long waits for patients trying to get through.

Plans are in place to extend the existing Referral Management Centre (RMC) to a 7-day service. The RMC take referrals from patients who have called 111 seeking urgent dental care and operate an appointment booking service for urgent appointments at dental practices Monday- Friday. This is a 'fast-track' pathway introduced by the Health Board through 111 which minimises the resources required in this service as well as ensuring speedy access for the patient

Dental Nurse Assessors will be employed to answer all urgent dental calls, providing a full triage and advice service and ensuring that patients are directed to the most appropriate service for their urgent dental need. By expanding the service to also cover weekends, this ensures patients will not have waits to get through to the 111 service.

8. With regards to issues highlighted at points 1 to 7 above, what are the arrangements in place for monitoring dental contractors?

- a. The CHC asks that the Health Board works with dental contractors to:
- b. Carry out EIAs in respect of dental services
- c. Develop an action plan to address inequalities identified by the assessment
- d. Share its action plan in relation to the EIA with the CHC



Historically the Health Board monitored performance in general dental services delivery by the percentage of UDAs delivered (from the total number assigned to a given total contract value) and quality outcomes through an agreed framework. Health Boards are required to implement effective, fair and transparent contract monitoring processes which are agreed with Local Dental Committees (LDCs), and are consistent across Wales. The new measures and those continuing through contract reform include regular review and discussion against the agreed national metrics.

In addition, there is an assessment against an annual submission of a Quality Assurance Self-assessment (QAS) toolkit that supports dental practices to identify areas for Quality and Safety improvement, to improve Quality and Safety in primary care dentistry. The annual QAS process supports providers:

- To identify those areas where the practice is doing well and areas which need to be improved and to formulate an action plan to make improvements
- By signposting to legislation, guidance, sources of advice and support
- To be prepared for the HIW practice inspection

Although the Health Boards only require the dental providers to self-assess annually, practices are encouraged to use the QAS toolkit to identify areas for improvement on an ongoing basis.

Practices are encouraged to discuss the self-assessment in their team meetings. The Dental Practice Advisers (DPAs) employed by the Health Board collate and scrutinise the returns, and compile reports and any action plans for practices, within a specified timeframe, the DPAs undertake regular practice visits to seek assurance and verify the information provided. The reports are reviewed within the Health Boards Dental Operations Group and shared with Health Inspectorate Wales (HIW) where appropriate.

National contracts and policy direction requires EIAs by Welsh Government using evidence and informed judgement to understand the impact upon groups when implemented.

CHC recommendations to improve patient experience:

1. Increasing the flexibility of dental commissioning

- a. In response to changing local needs**
- b. to tackle the backlog caused by the pandemic**

a. Health Boards are required to commission dental services in line with national contracts. However, to support service delivery in line with local needs SBUHB has created dedicated roles for Dental Cluster Members. Each of the eight Clusters within SBUHB now has local dental representation, ensuring that dental services are fully engaged in the work of the clusters and supporting the needs of the local population. These dental leads will take a role in the Accelerated Cluster Development programme which is now underway.



In addition SBUHB has also created a Dental Clinical Senate which is a multi-disciplinary group of dental clinicians working to progress the “shift left” approach of moving appropriate services from hospitals into the community.

As the CRP develops, Health Boards will be able to understand population needs at a practice level based on the ACORN returns.

b. The CRP will have the potential to see services being commissioned in a different way in the future based on the oral health needs of patients across Swansea Bay. Those practices that sign up to the reform programme will be expected to meet a number of metrics including:

- Providing care to additional new patients.
- Adjusting recall intervals to ensure that patients are seen for their follow up appointment when clinically necessary.
- Application of fluoride varnish to prevent dental decay in both adults and children.
- Taking responsibility for historic patients where a course of treatment has been provided.

2. Ensure that patients get the information they need about:

a. oral health

b. the treatments they can get on the NHS

c. how to give feedback or make a complaint

a. The Primary Care Team will continue to work in conjunction with the Health Board Communications Department to ensure that all relevant advice and information for dental patients is kept updated on the Health Board website. Plans are to be put in place for more frequent use of the Health Board’s social media channels to also ensure that patients are kept fully informed. Welsh Government are also committed to developing a national communications plan to ensure that patients are sighted on the new contract reform programme and what that means for patients, further details will be released shortly.

b. As part of the update to the Health Board’s dental website page, the following link will be added which gives patients a full scope of the type of dental treatments that are available on the NHS:

<https://www.nhs.uk/live-well/healthy-body/dental-treatments/>

c. All dental practices are required to display the Putting Things Right poster within the practice to guide patients on how to make a complaint.

The Health Board will remind all dental practices of their responsibility to ensure that the poster is visible within the dental practice and that all staff are familiar with their complaints policy.



The Swansea Bay UHB website also has detailed information on how to make a complaint:

<https://sbuhb.nhs.wales/about-us/complaints-feedback/complaints/>

3. Out of Hours (OOH's) Emergency Dental Service:

- a. Continue to gather feedback from the general public about their experiences of all dental care including patients' experiences of seeking advice from NHS 111 about dental problems**

The NHS Business Service Authority (NHSBSA) are currently conducting a pilot for a new patient feedback programme. This is due to be rolled out in the coming months to all Health Board areas in Wales and will include specific questionnaires for patients who have accessed urgent dental care such as OOH. The data compiled from these questionnaires will be available to the Health Board and to dental practices to review and analyse, ensuring that any common themes or issues raised can be acted upon to help model the OOH service going forward.

4. Accessibility - There are legal duties under the Equality Act 2010, to ensure that reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. We recommend that dental practices across the Swansea Bay Health Board area consider the following actions:

- a. Undertake an audit of disabled facilities and aids and ensure information is regularly updated on practice websites. This will provide people who may use the site to look for an accessible dentist with current information.**

100% of dental practices across the Health Board footprint are compliant with the Equality Act 2010, this is monitored and reviewed through the annual Quality Assurance Self-assessment (QAS).

It is not a national contract requirement of the dental practices to have a website, they must ensure that information is available to patients but not specifically through a practice website.

- b. All practices should work towards the full implementation of the Accessibility Information Standard, to ensure patients have access to the communication support they need. This should include the provision of hearing loops, access to BSL interpreters and access to information in an alternative format**

All practices have had the opportunity to access improvement grant funding that has been specifically focused on the implementation of the Accessibility Information Standards, this included funding for hearing loops and access to practice information in braille.

We continue to work with practices and seek assurance through the Quality Assurance Self-Assessment (QAS) that all legal requirements relating to health and safety in the workplace are satisfied and that mechanisms are in place to continuously monitor and improve quality and patient safety.



c. In the instance that a person is not able to get to their dental practice because of a disability or medical condition, the dentist should refer the patient to a more specialised dental service, e.g. community dental services

All dental practices are able to refer patients to the Community Dental Service (CDS) where required. The Domiciliary Dental Service is also in place to ensure dental services can be provided to those patients who are housebound or unable to travel to a dental surgery due to mobility issues.

Brian Owens
Cyfarwyddwr Grŵp/Group Director
Grŵp Gwasanaeth Cynradd, Cymunedol a Therapïau / Primary, Community & Therapies Service Group
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