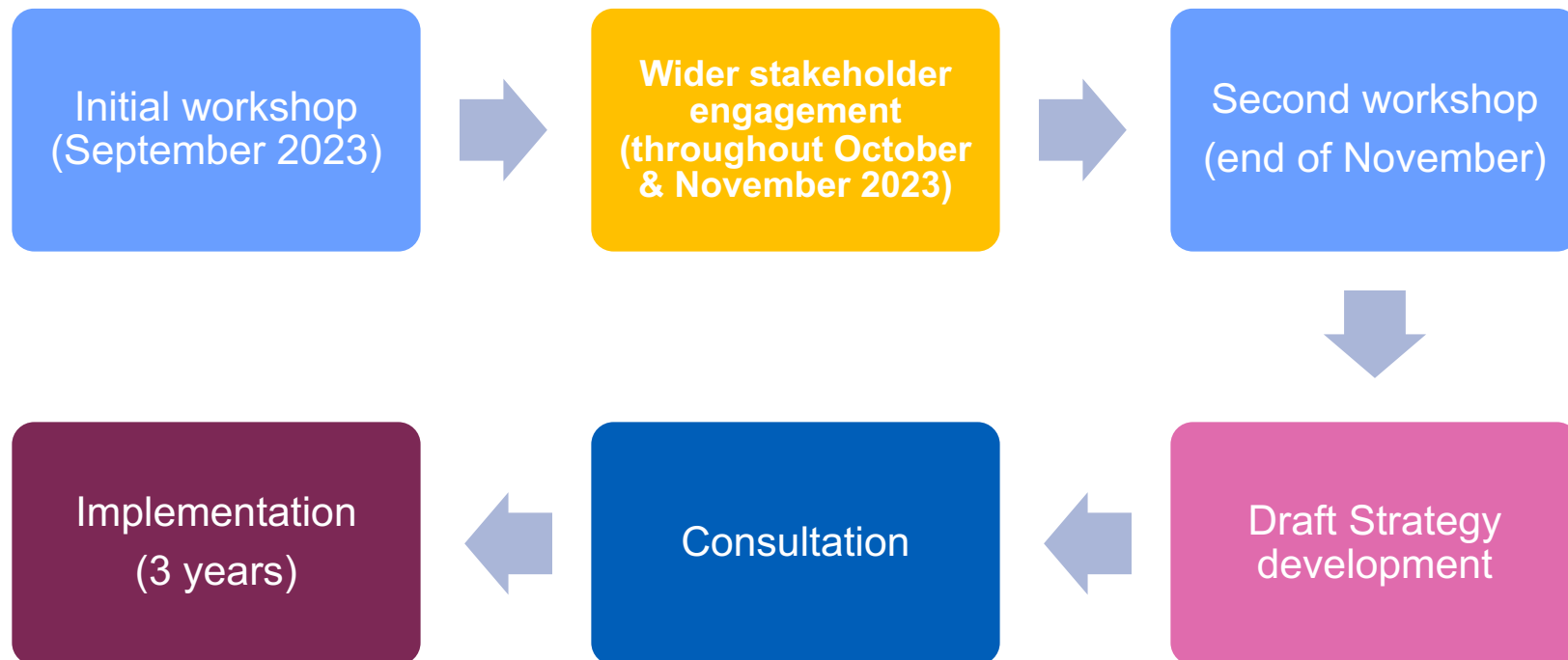


Collaborating to form a Bristol, North Somerset and South Gloucestershire Oral Health & Dental Strategy

Outputs from the Phase 1 & 3 Workshops and staff survey results

Plan for the development of a BNSSG Oral Health & Dental Strategy

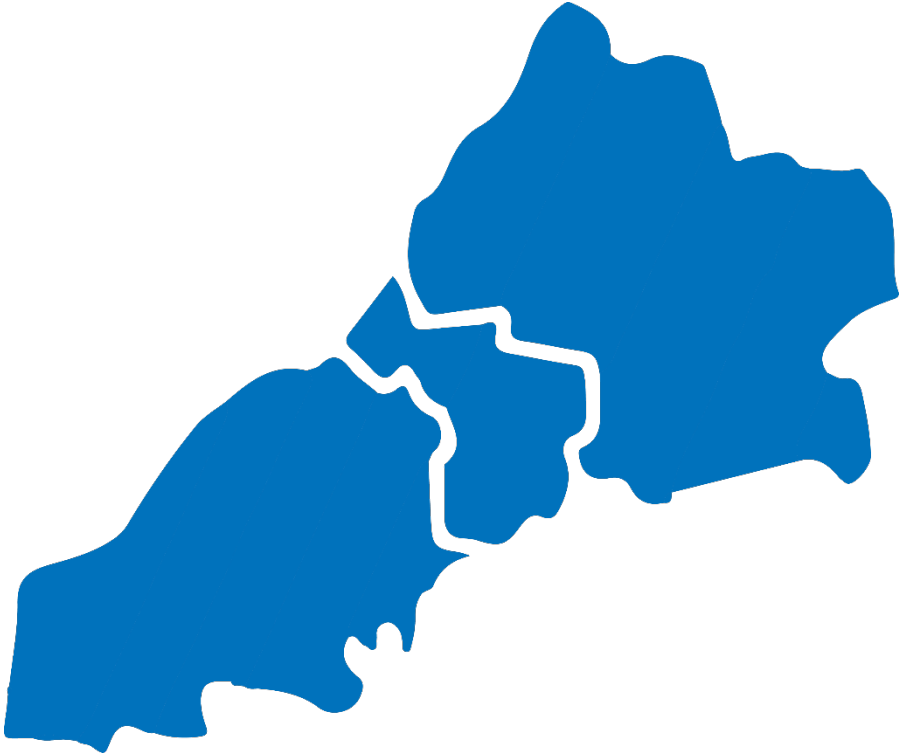


Workshop 1: Breakout Session Outputs - Overall Summary

Improving Access & Addressing Variation	Workforce	Population Level Oral Health Interventions	Integration & Collaboration
<p>Need to undertake a geographically focused review of capacity, contracts and associated local provision to identify aspirations for targeted access particularly for urgent care & hard to reach communities (mix of UDA and sessional rates)</p> <p>Explore opportunities to release funding in some areas to focus elsewhere</p> <p>Review and standardise referral pathways and access points</p> <p>Explore opportunities to utilise Digital technology</p> <p>Increase public and professional awareness of how dentistry works</p> <p>Consider health champions in the community which may be building on existing schemes for related areas</p> <p>Review reasons patients do not attend and look at reducing rates</p>	<p>Increase understanding of dental pathways and roles</p> <p>Review career progression pathways and upskilling of staff in particular therapists and consider increasing advanced care practitioners</p> <p>Promote career opportunities in schools including apprenticeships</p> <p>Coordinated approaches to recruitment across the area and focused on applicant work/life balance needs</p> <p>Create opportunities for workforce networking, wider community partnerships and enable staff to feel part of the NHS</p> <p>Review possibility of salaried positions and access to NHS Pension</p> <p>Broaden specialty focus including related areas such as Diabetes</p> <p>Focus on retention particularly nurses & therapists</p>	<p>Complete demand and capacity modelling</p> <p>Increase oral health education in care homes, nursing homes and schools</p> <p>Consider community engagement plans, other Local Authority areas (i.e. healthy weight) and early years services to find opportunities to include Oral Health</p> <p>Complete a skills audit to understand scale of opportunity for the population including outreach services and education</p> <p>Further consider national evidence such as the Advanced Dental Care Review and NICE guidance recommendations on tooth brushing schemes</p> <p>Increase HPV vaccine uptake to reduce Oral cancer rates</p> <p>Consider Tier 2 services to reduce waiting lists</p> <p>Consider care access routes such as urgent care, 111, stabilisation and opportunities to focus on population needs</p>	<p>Explore opportunities to embed Oral Health in primary care including GP practices and pharmacies (particularly if co-located) and increase awareness between services</p> <p>Review opportunities for any possible underspend on Local Authority prevention budgets</p> <p>Develop urgent care shared care records and referral processes</p> <p>Identify opportunities for the various dental roles to be part of the Enhanced Health in Care Homes Framework</p> <p>Review opportunities for utilising existing services such as Diabetic Retinal Screening</p> <p>Explore opportunities for dental students going out to schools, care homes and focus on specific areas</p> <p>Utilise existing voluntary sector links with hard to reach communities such as the homeless and asylum seekers</p> <p>Review opportunity for increasing sedation rather than general anaesthetic</p>

Workshop 2, Breakout Session 1:

Gap Analysis



Breakout Session 1: Gap Analysis

Group 1

- Need increased focus on domiciliary care (including capital investment) and older people plus oral health through ageing
- Consider specific focus on vulnerable adults and children
- Access / urgent care, demand for Dental Hospital
- Consider 20% of flexible commissioning to be focused on 5% urgent care, 5% children, 5% stabilisation – build across all contracts include salaried sessions
- Tier 2 Endodontics is important as well as oral support
- Child friendly dental practices
- Cleft support & cancer supportive practices, post oncology & radiotherapy support
- Referrals to hospital, paediatric referrals are so high that this impacts on urgent care pathway for adults and complaints re high number of rejected referrals (also mentioned within survey)
- Need a roadmap of how to access dentists
- Translation of forms, use community champions and work with other agencies to promote

Breakout Session 1: Gap Analysis

Group 2

- Combine objective 1f (reduce community dental service waiting times for people with Learning Disabilities) with 1a focused on increasing population based access
- Need to explore 3-5 years pilot from Devon considering dataflows and links to Business Services Authority reporting
- Consider child friendly scheme in Greater Manchester, enhanced UDA rates and peer support
- Look at dentist to dentist referral opportunities (Cheddar model)
- Review of stabilisation and sessional rate opportunities
- Consider increased focus on Children in Care, asylum seekers
- Increased peer support from dentists or therapists

Breakout Session 1: Gap Analysis

Group 2 continued

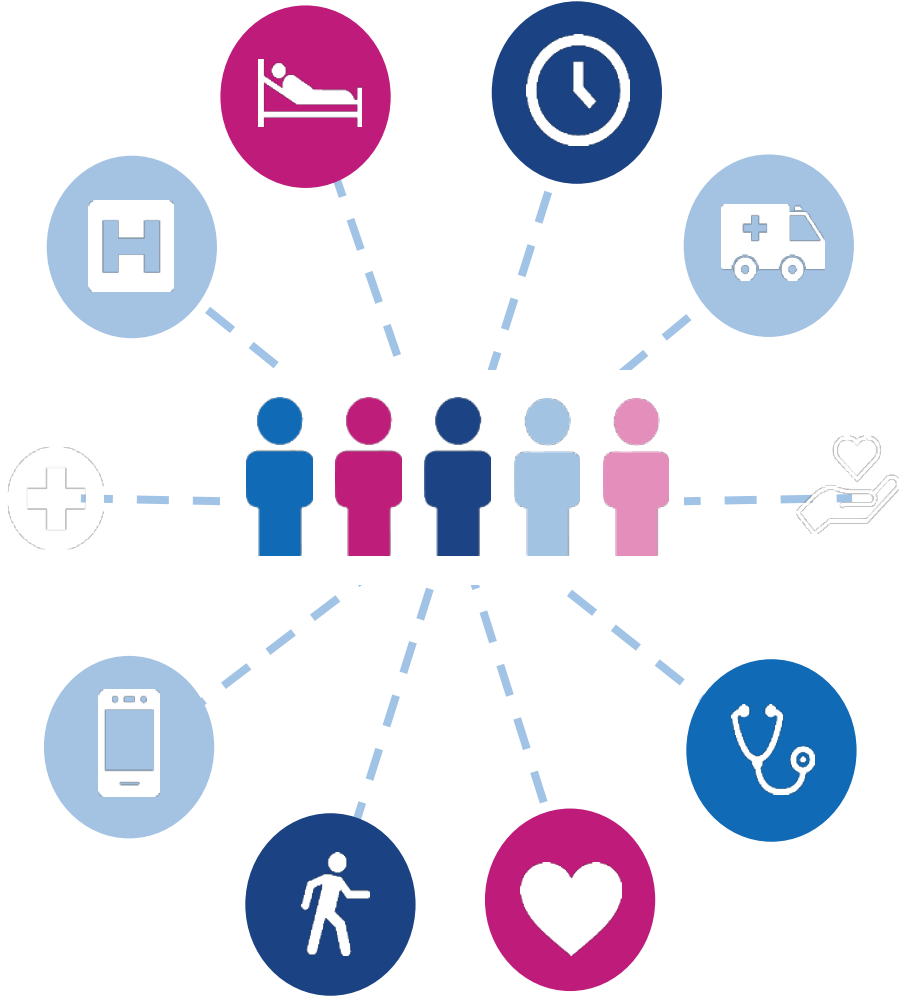
- Base remuneration on time spent with patients – complex needs means double appointment length i.e. autistic child
- Look at spaces large enough for the whole family rather than just child
- Consider opportunities for dental school as low cost but high output, could screen children
- Understand why children are not being referred when needed and ending up in A&E or GP practices
- Prioritise upskilling of workforce and train more dental therapists with the appropriate level of funding
- Further consider links with primary care including GPs and pharmacists

Breakout Session 1: Gap Analysis

Group 3

- Need to further consider the evidence base in order to inform decisions
- Increase understanding of the behaviours of the 51% of those funded and the remaining 49% - how many are entitled to NHS treatment but opt to go private
- Need to increase investment in the workforce i.e. nurses
- Explore opportunities to retain workforce starting in Dental school and foundation training to ensure after 5 years of being qualified staff continue to work for the NHS
- Identify ways to attract more people to train as Therapists (no applicants in some areas)
- Need to look at opportunities for incentives within the current constraints of the contract

Workshop 2, Breakout Session 2: Prioritisation



Breakout Session 2: Prioritisation

The 6 considerations:

1. Strategic fit
2. Clinical effectiveness
3. Anticipated health benefits/gains
4. Impact on Health Inequalities / Delivering Health Equity
5. Cost effectiveness (inc. comparison to alternative service models)
6. Help the NHS support broader social and economic development.

The scores determine the following timescales:

Low (< 3 years)	High (within 1-2 years)	Very High (< 12 months)
15-27.5	28-39.5	40-52

BNSSG Integrated Care System – Draft Oral Health & Dental Strategy 2024-2027 Summary

Aim



Promote good oral health across the entire BNSSG population



Reducing health inequalities by increasing access to NHS dental provision



Developing the workforce, retaining staff and attracting more applicants

High Level Objectives

Within 12 months*:

1. Work together to promote good oral health across all ages of the population
2. Identify and support those who are most likely to struggle to have healthy teeth

Within 12 months:

3. Review of all NHS provision to identify a plan for sustaining NHS Dental provision and increasing population-based access
4. Consider local opportunities to reduce waiting lists through increased use of Tier 2 services and sedation rather than waiting for a general anaesthetic in secondary care

Within 2 years:

5. Reducing the administrative burden for providers through standardization of referral pathways, access points and shared care records
6. Increasing public awareness of Dental services including access routes and the importance of good oral health

Within 2 years*:

7. Increasing the dental workforce locally by improving staff morale and increasing population-based access across different areas of interest
8. Creating a coordinated and locally focused dental recruitment plan which includes a workforce and skills audit, identifying opportunities to upskill staff and increasing continuing professional development
9. Maintaining NHS dental provision by retaining the existing workforce, identifying retention schemes to prevent trainees moving to other areas and increase career opportunities and support post foundation training

*where regional and national developments allow

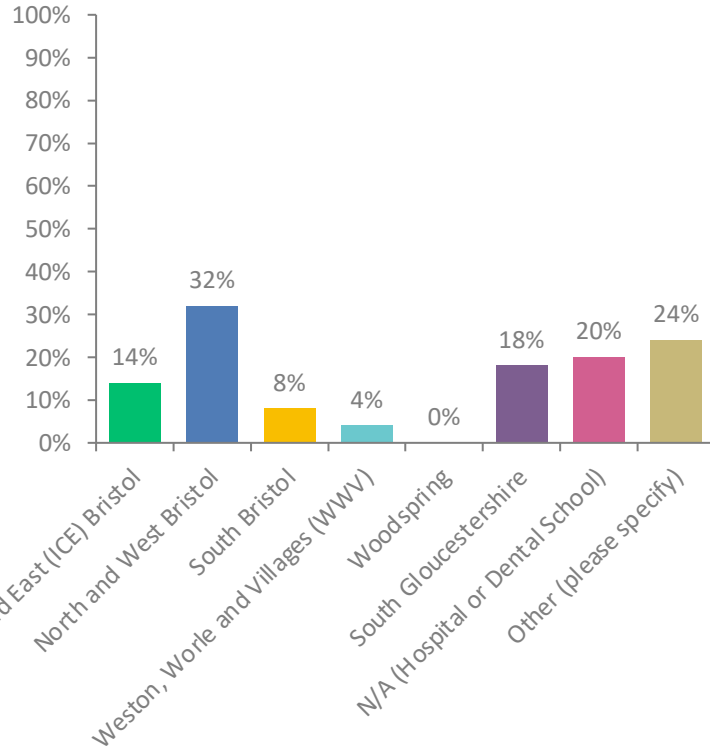
Bristol, North Somerset and South Gloucestershire (BNSSG) Dental Strategy: Dental Staff Survey

Analysis of 50 responses

Respondents Profiles: Location and Provider Type

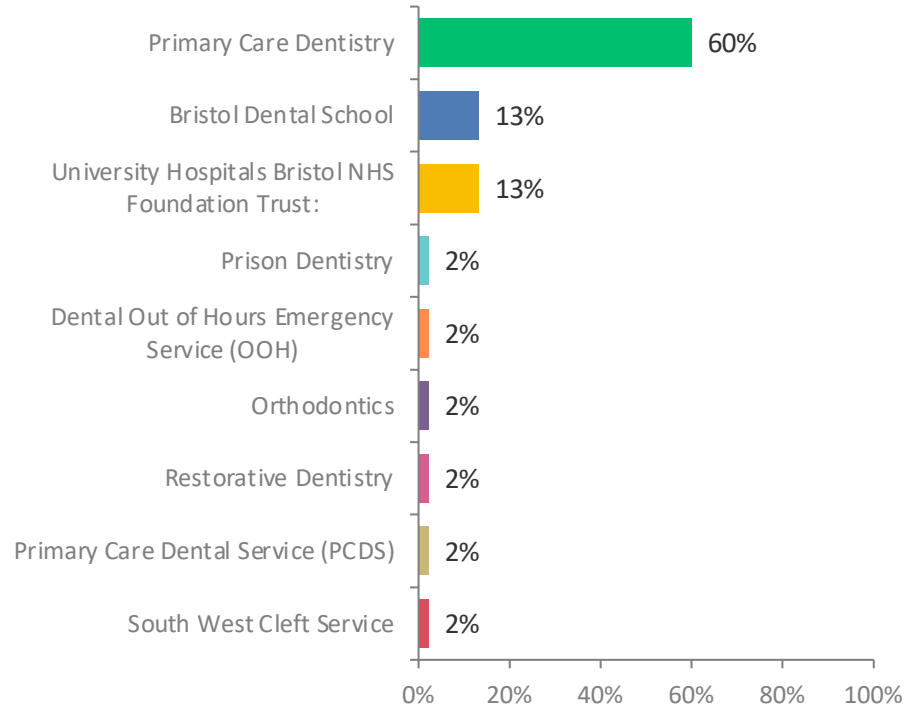
Q1: Which locality do you work in?

Answered: 50 Skipped: 0



Q5: Which organisation do you work for?

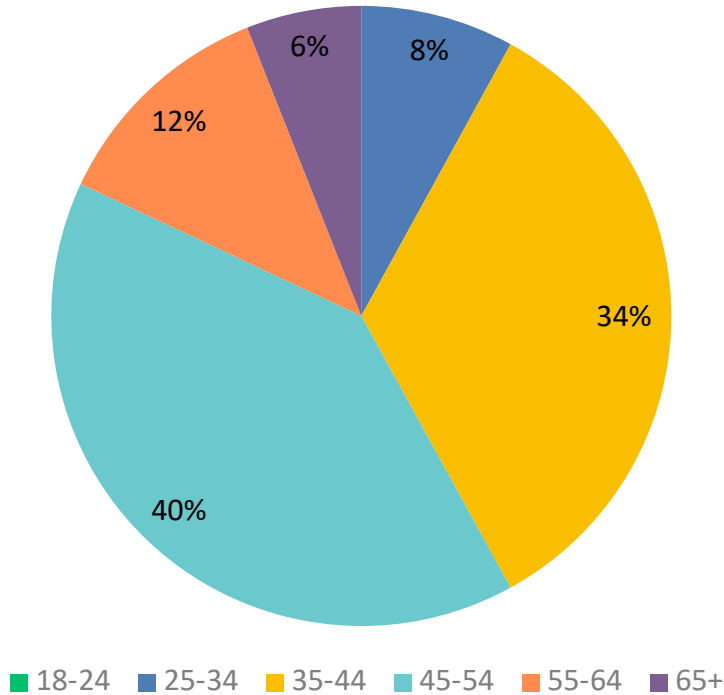
Answered: 45 Skipped: 5



Respondents Profiles: Age and Gender

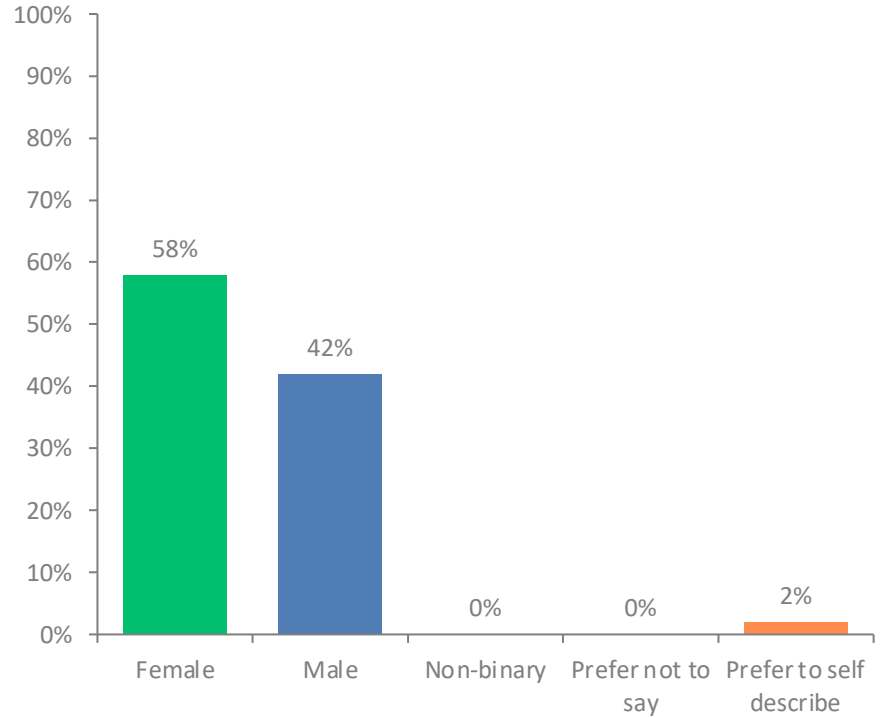
Q2: What age group do you fall into?

Answered: 50 Skipped: 0



Q3: What best describes your gender?

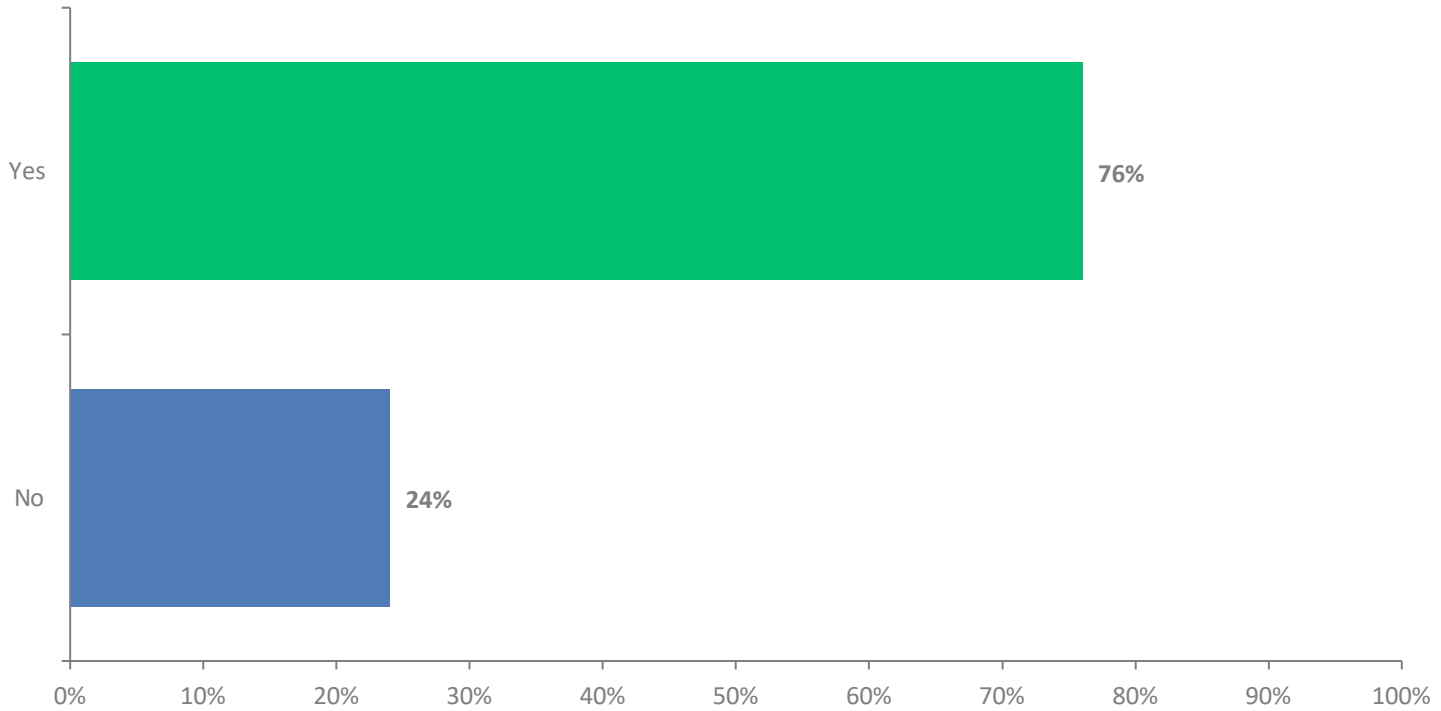
Answered: 50 Skipped: 0



Respondents Profiles: Nationality

Q4: Is English your first language?

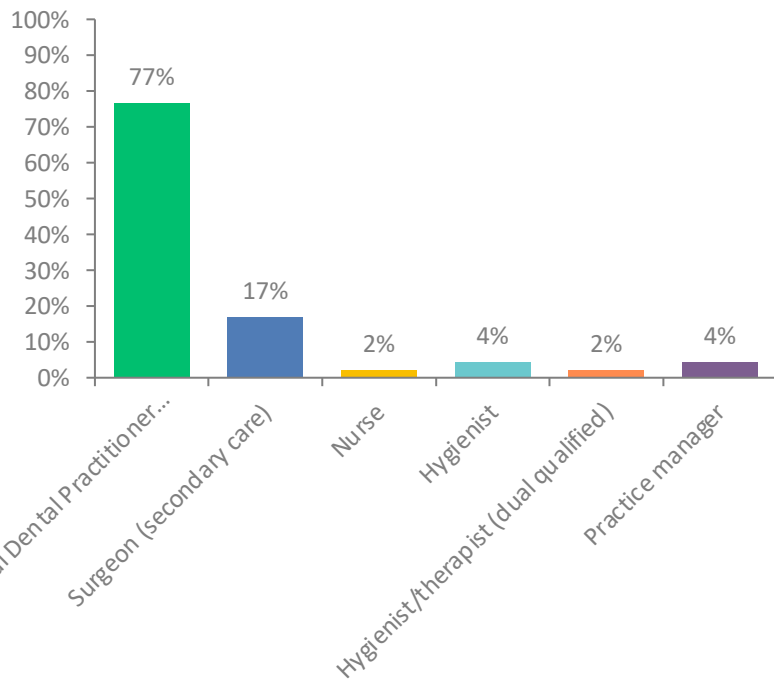
Answered: 50 Skipped: 0



Respondents Profiles: Current Role and Clinical Interests

Q6: What is your primary role?

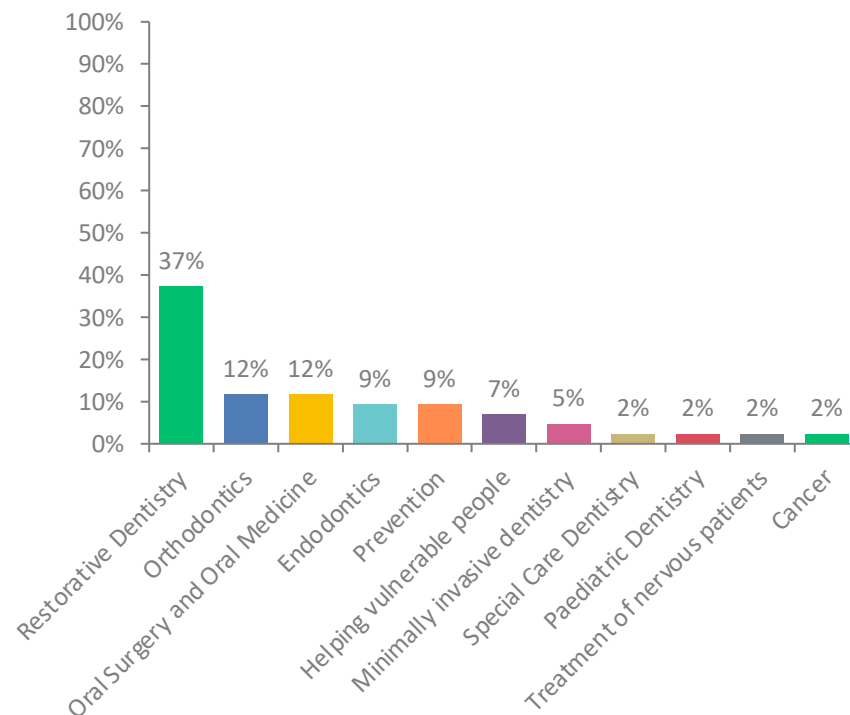
Answered: 47 Skipped: 3



Additional responses: Clinical lecturer, Orthodontist (secondary care), Surgeon (private practices), Dental Tutor, Senior Management in a Corporate

Q8: What are your key areas of clinical interest? (Please tick all that apply)

Answered: 43 Skipped: 7

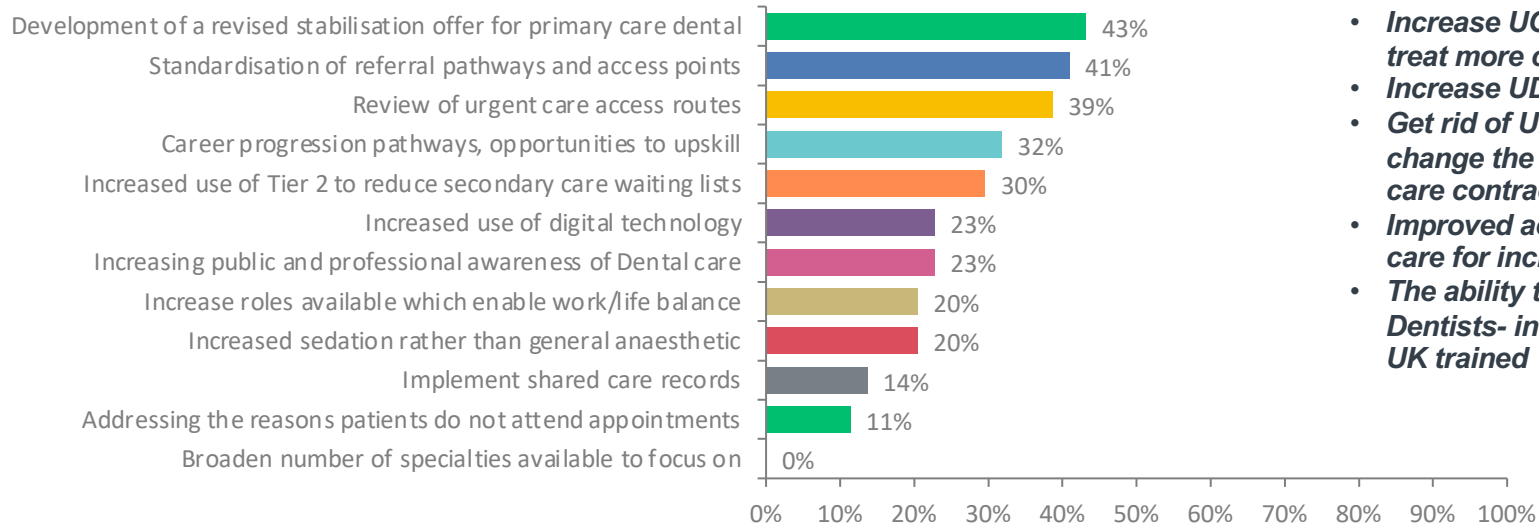


Additional responses: 5 x General Dentistry, General Dentistry, Oral Surgery Sedation, Endodontics / Restorative / Sedation, Specialist in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics, Dental Implantology, Dental Education / Upskilling the workforce

Prioritisation and Barriers

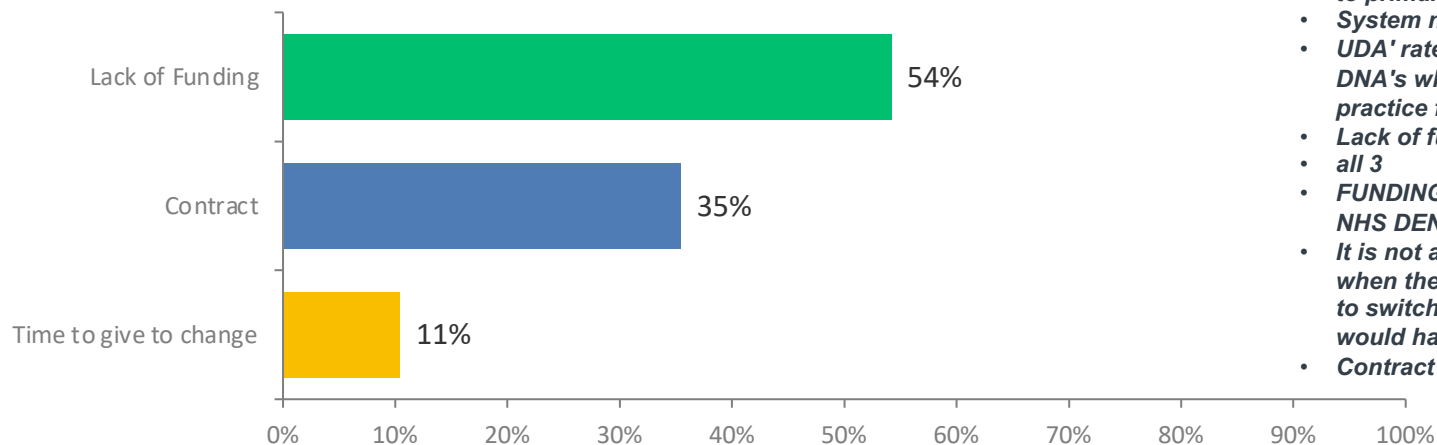
Q9: What would be your top 3 immediate priorities for improving Dental Care in BNSSG?

Answered: 44 Skipped: 6



- **Increase UOAs so we can treat more children**
- **Increase UDA value**
- **Get rid of UDAs and change the NHS primary care contract**
- **Improved access to dental care for inclusion groups**
- **The ability to recruit more Dentists- international or UK trained**

Q10: Do you view the barriers for innovation as:

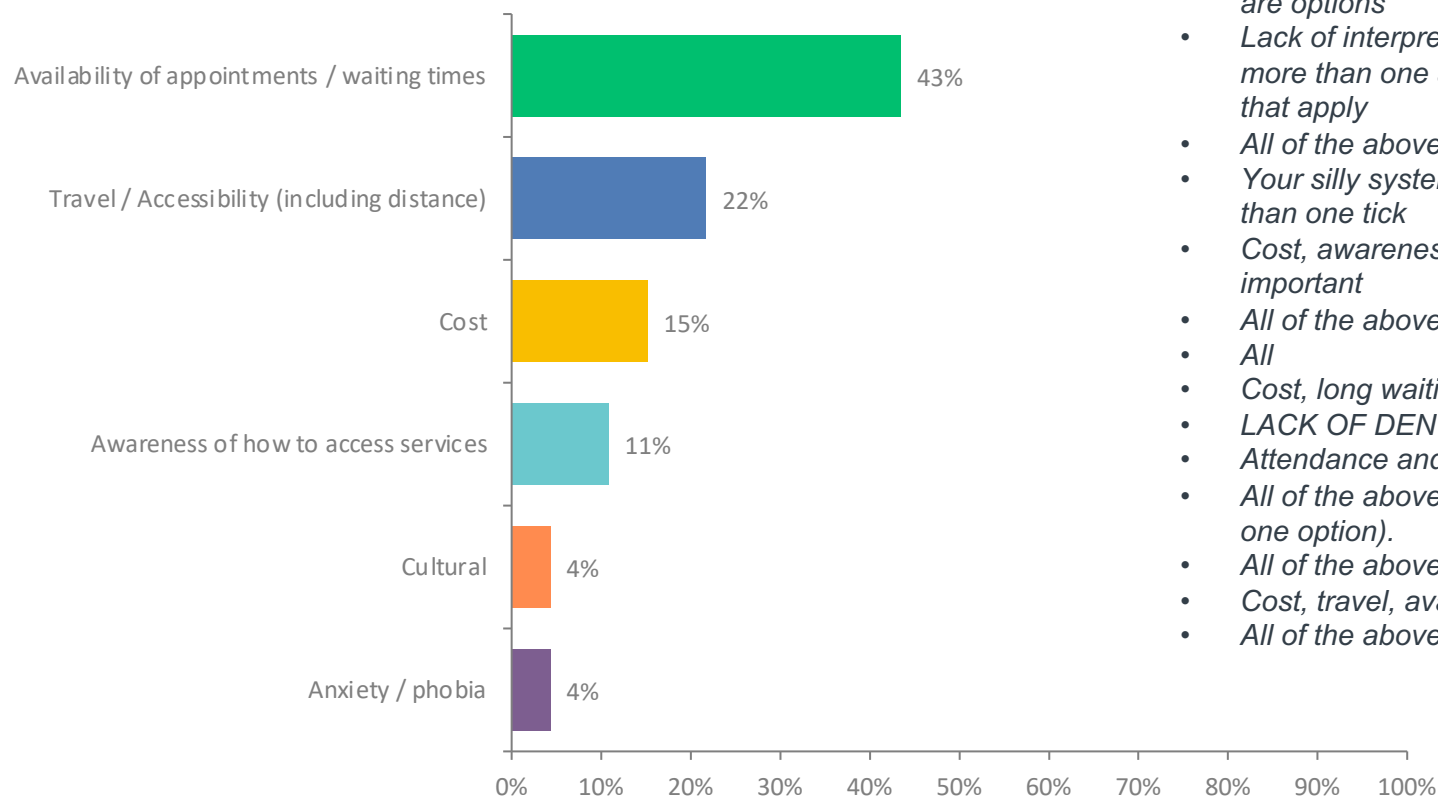


- **Multiple issues- not enough access to primary care**
- **System needs reinvention**
- **UDA' rates very low, High level of DNA's which unfairly penalises a practice for underperformance**
- **Lack of funding and contract**
- **all 3**
- **FUNDING AND COMMISSIONING. NHS DENTISTRY IS DYING**
- **It is not attractive to work in the NHS when there is a viable Private system to switch to. Otherwise dentists would have gone on strike**
- **Contract and lack of funding**

Population Based Oral Health: Accessibility

Q23: What barriers do you think these groups face in accessing dental services? (Please tick all that apply)

Answered: 46 Skipped: 4



- *Can't tick multiple options -all of these are options*
- *Lack of interpreters , it won't let me tick more than one above despite saying all that apply*
- *All of the above*
- *Your silly system doesn't allow more than one tick*
- *Cost, awareness, understanding that it's important*
- *All of the above but wont let me select All*
- *Cost, long waiting time, phobia/anxiety*
- **LACK OF DENTISTS**
- *Attendance and communication barriers*
- *All of the above (unable to tick more than one option).*
- *All of the above - I could only tick one!*
- *Cost, travel, availability of appointments*
- *All of the above*

Population Based Oral Health: Accessibility

Q29: Over the last 12 months, what percentage of patients not attending appointments have you experienced?

Answered: 49 Skipped: 1

Average of 18%

2 x 0%

17 x 1-10%

16 x 13-22%

5 x 24-29%

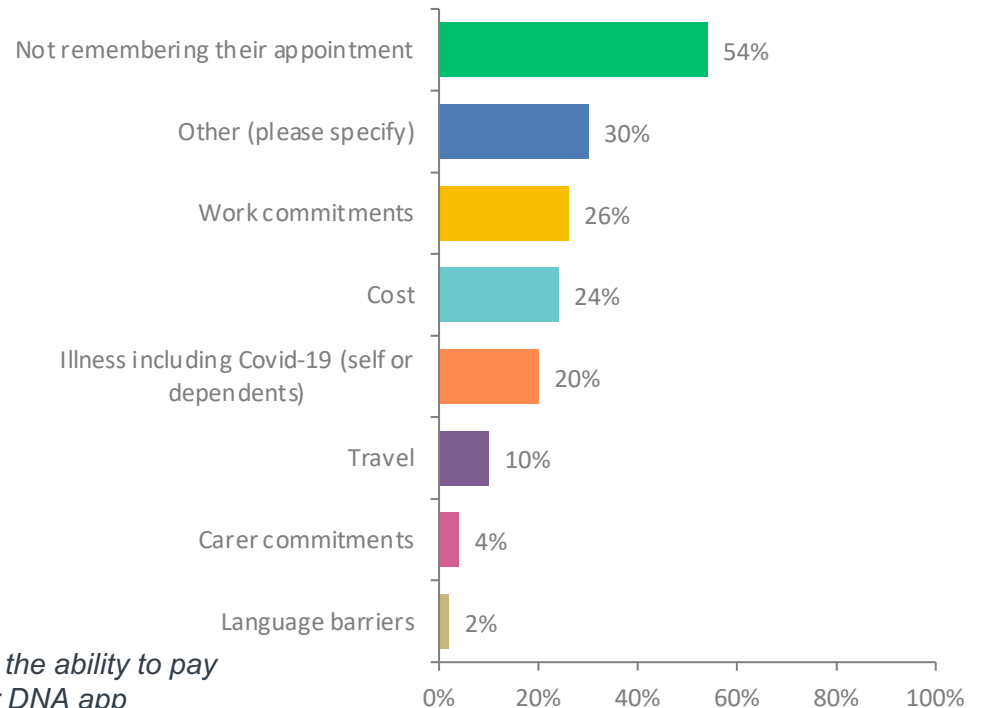
5 x 30-40%

4 x 45-50%

- *Inequalities, chaotic life style, poverty*
- *4 X unsure*
- *No charge for missed NHS appointments*
- *Non attendance in my Private Practice is wholly related to the ability to pay*
- *Doesn't matter, dentists are the ones who get zero pay for DNA app*
- *Anxiety*
- *Patients not encouraged to play a role in their dental health, or their responsibilities in the effective running of a system*
- *Very few - I work in a private practice where pts are called the day before and understand there is a fee for missed appointments*
- *If treatment is free they often don't bother attending, a lot on my attend in pain and only come when they have a problem and want the appointment immediately, they take no personal responsibility*
- *Parents not bringing their children for appointments that they made*
- *other things come up*

Q30: What are the main reasons for patients not attending appointments?

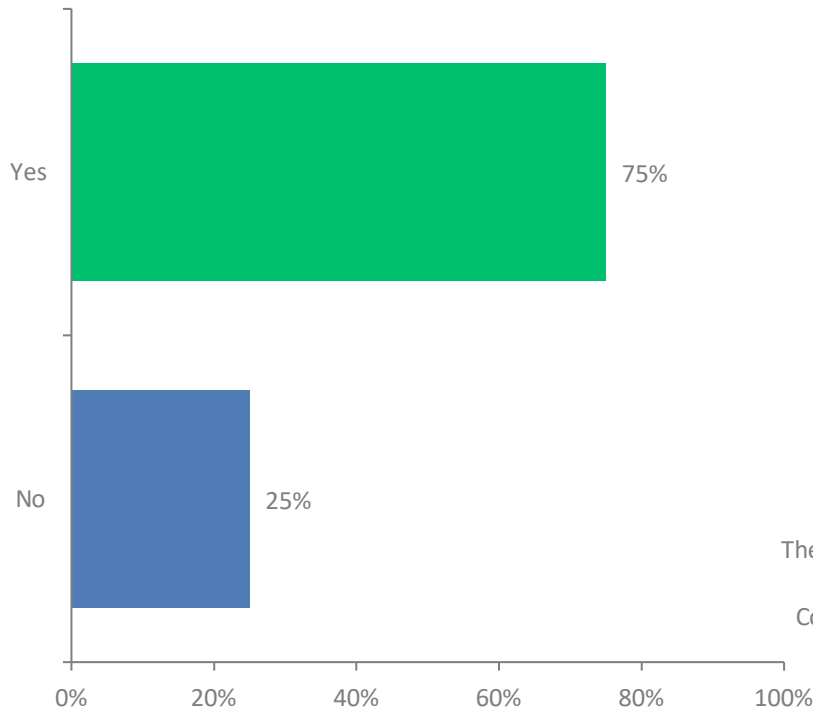
Answered: 50 Skipped: 0



Digital Innovation

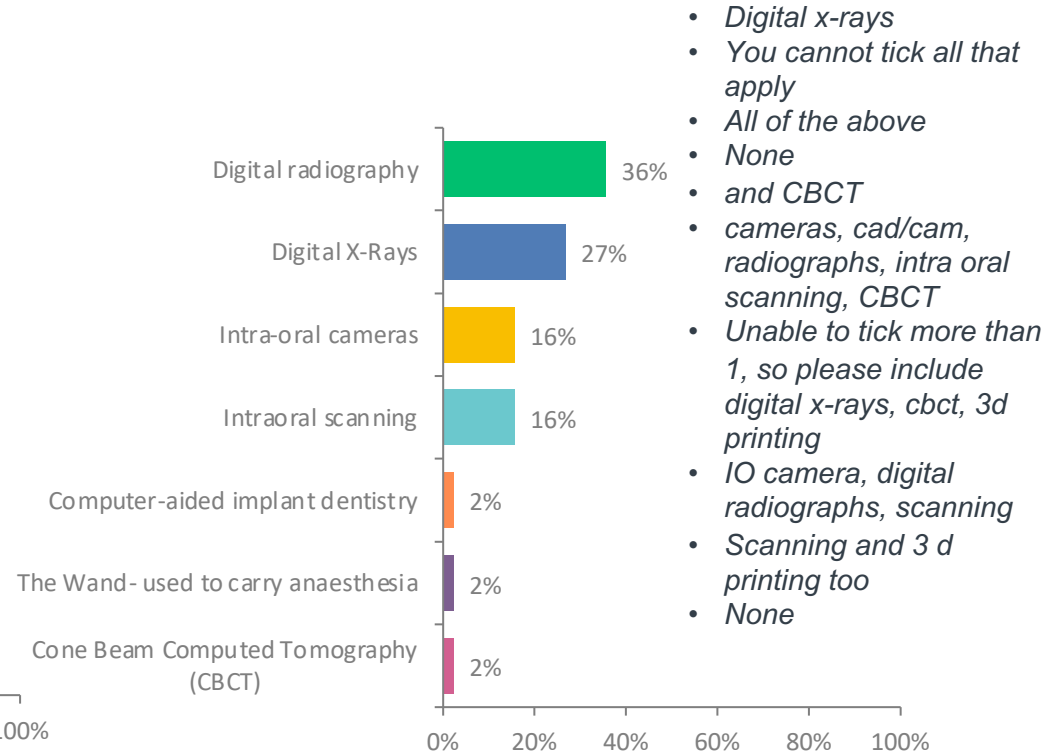
Q25: Do you feel utilising the Digital dentistry tools available is important?

Answered: 48 Skipped: 2



Q26: Please can you tell us which of these digital dental practices you use (please tick all that apply)?

Answered: 45 Skipped: 5

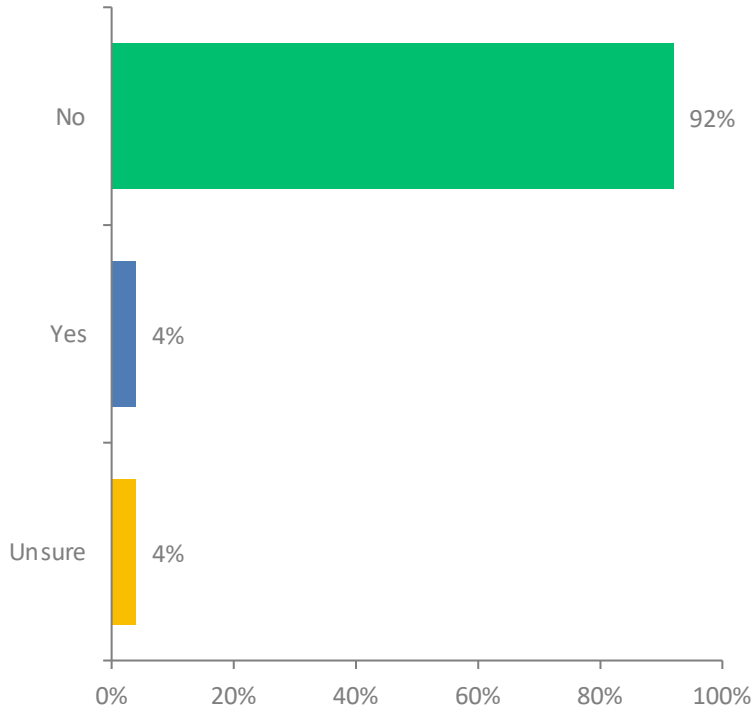


- Digital x-rays
- You cannot tick all that apply
- All of the above
- None
- and CBCT
- cameras, cad/cam, radiographs, intra oral scanning, CBCT
- Unable to tick more than 1, so please include digital x-rays, cbct, 3d printing
- IO camera, digital radiographs, scanning
- Scanning and 3 d printing too
- None

Public & Professional Awareness

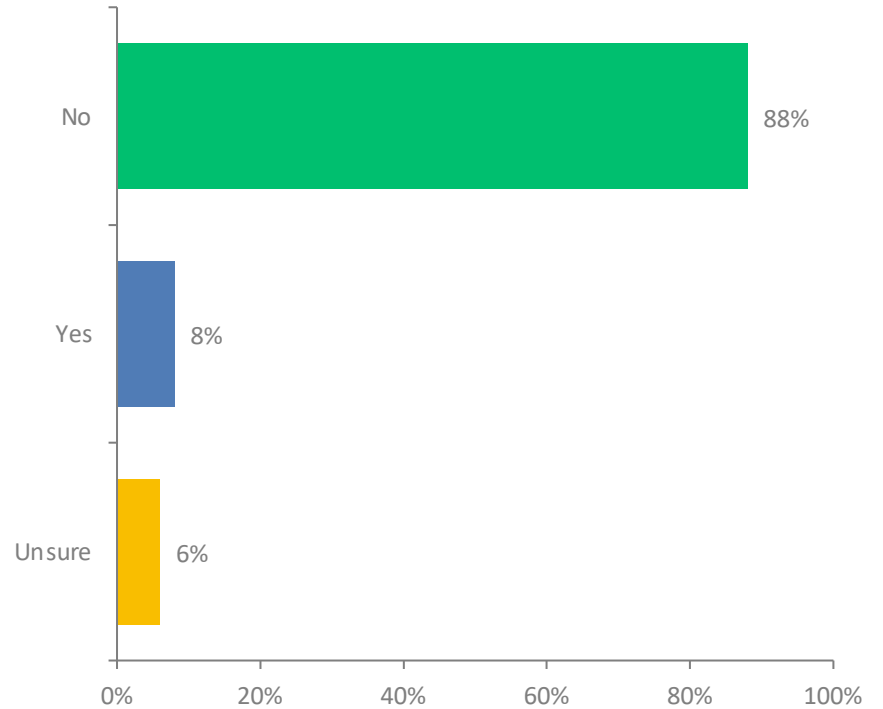
Q27: Do you feel the public understand how NHS dentistry functions?

Answered: 50 Skipped: 0



Q28: Do you feel other professionals in the NHS understand how NHS dentistry functions?

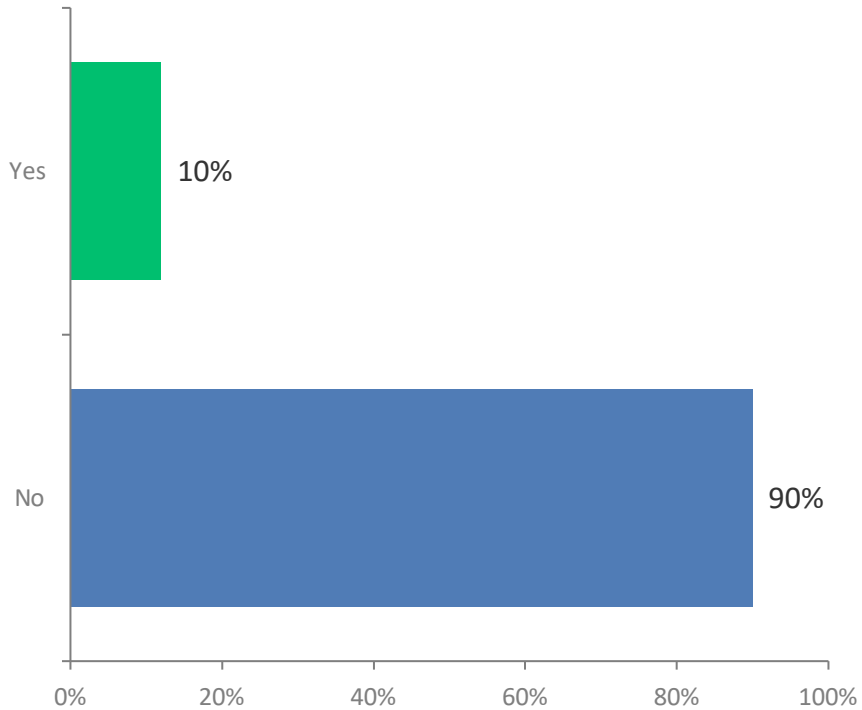
Answered: 50 Skipped: 0



Working for the NHS

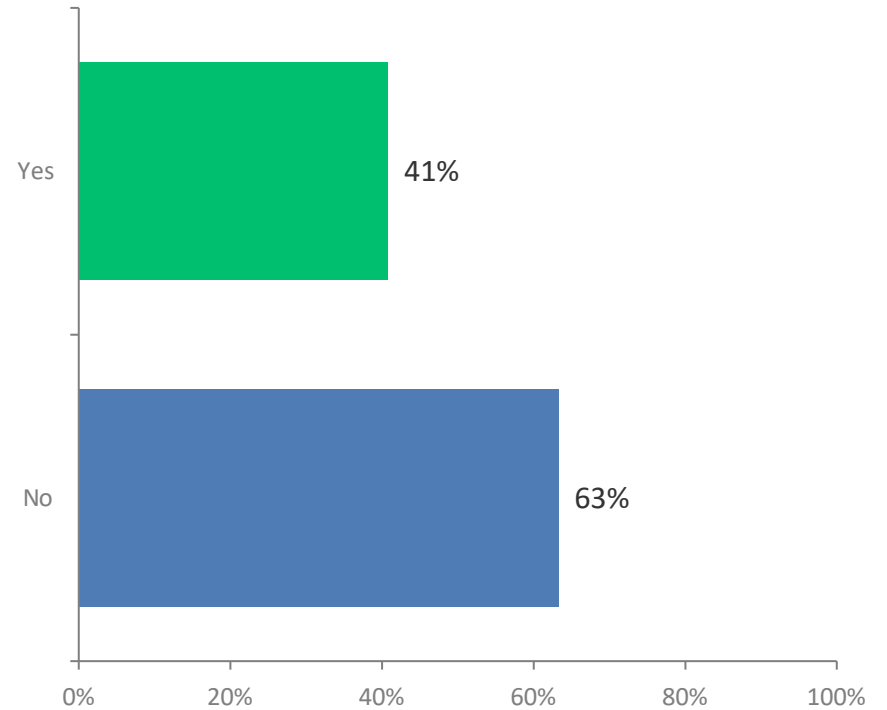
Q13: Do you believe your service is funded appropriately?

Answered: 50 Skipped: 0



Q14: Do you enjoy working for the NHS?

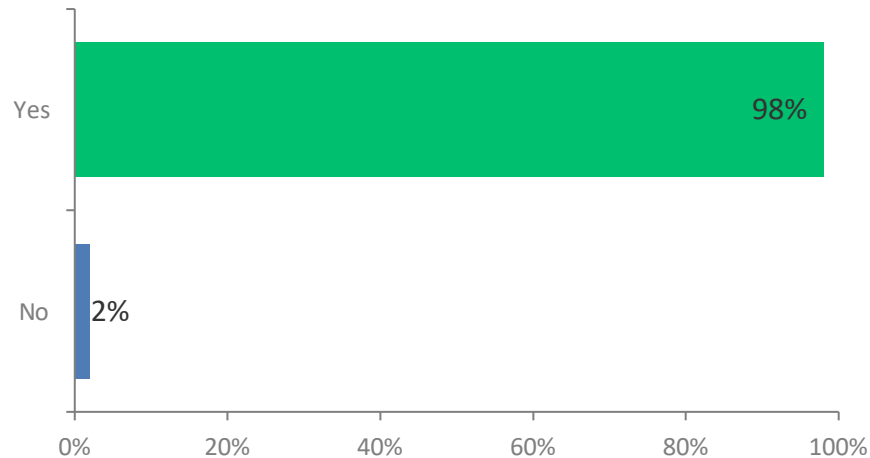
Answered: 49 Skipped: 1



Working for the NHS: Continuing Professional Development

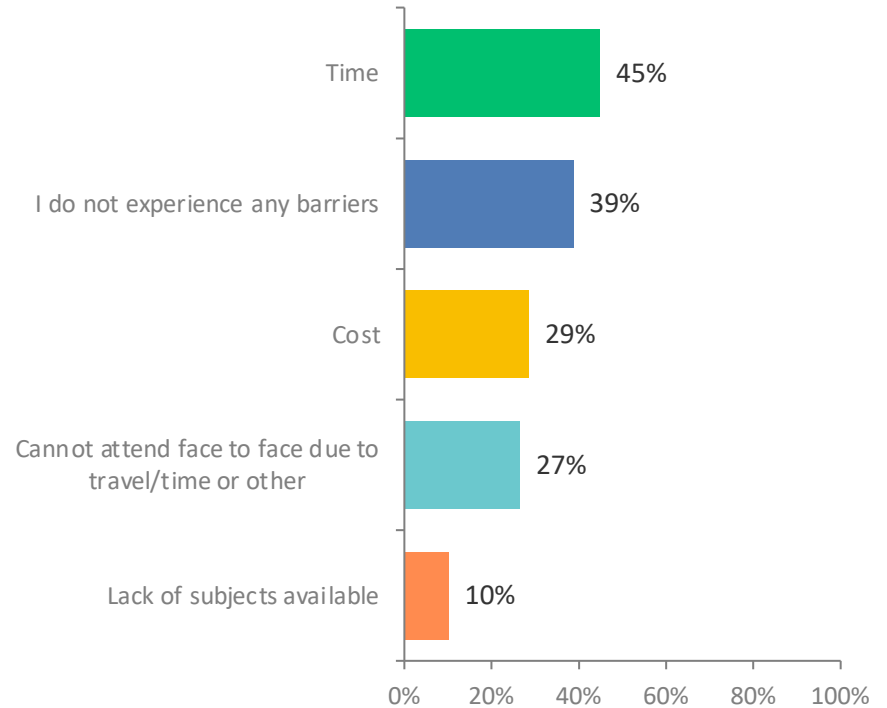
Q11: Have you completed any continuing professional development over the last 12 months?

Answered: 50 Skipped: 0



Q12: What do you see as the greatest barrier to completing continuing professional development?

Answered: 49 Skipped: 1

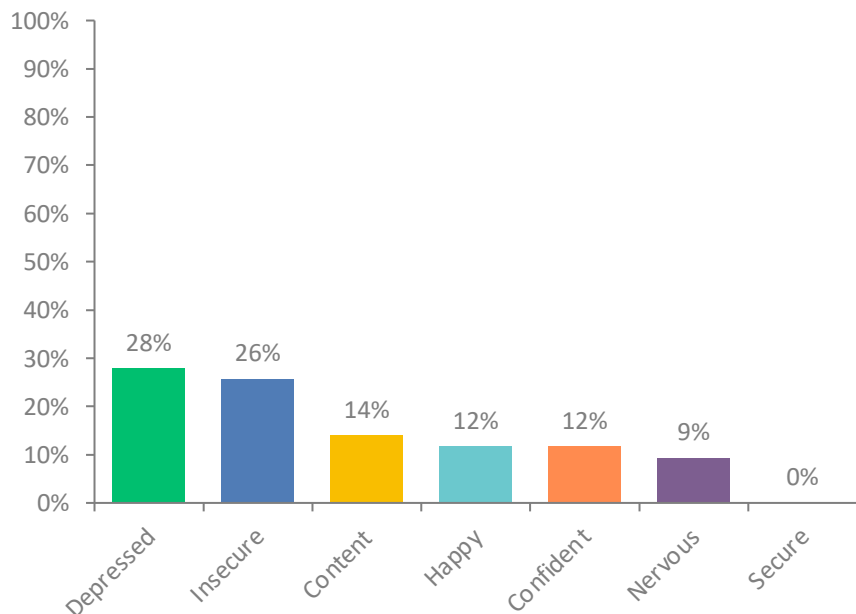


- *going over subjects that you've done many times before*
- *writing reflection and how it will change the way you work*
- *when you've done the job for so long, there is nothing new you can learn and apply to the job.*

Working for the NHS: Satisfaction

Q15: Do you routinely feel any of the following as a result of your work?

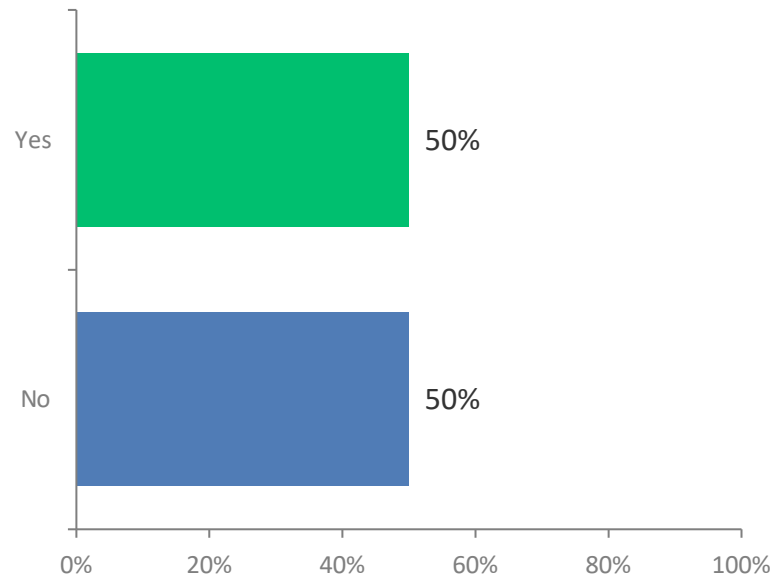
Answered: 43 Skipped: 7



- *Can't tick multiple answers. Probably feel all of those things*
- *None of the above*
- *Overwhelmed*
- *I'm happy because I am a private practitioner*
- *Burnt out*
- *Angry*
- *UNDERVALUED AND MISERABLE. STRESSED*
- *Decreased NHS provision as a result. Now much happier, but depressed when I see the problems which are not being solved*
- *As I am coming to the end of my career, I feel quite content. Whilst an NHS practice owner - I felt anxious and insecure for many years.*
- *downhearted at times, too many rules and regulations that distract from treating patients*

Q17: For NHS dentistry work, do you feel patients value the work you do?

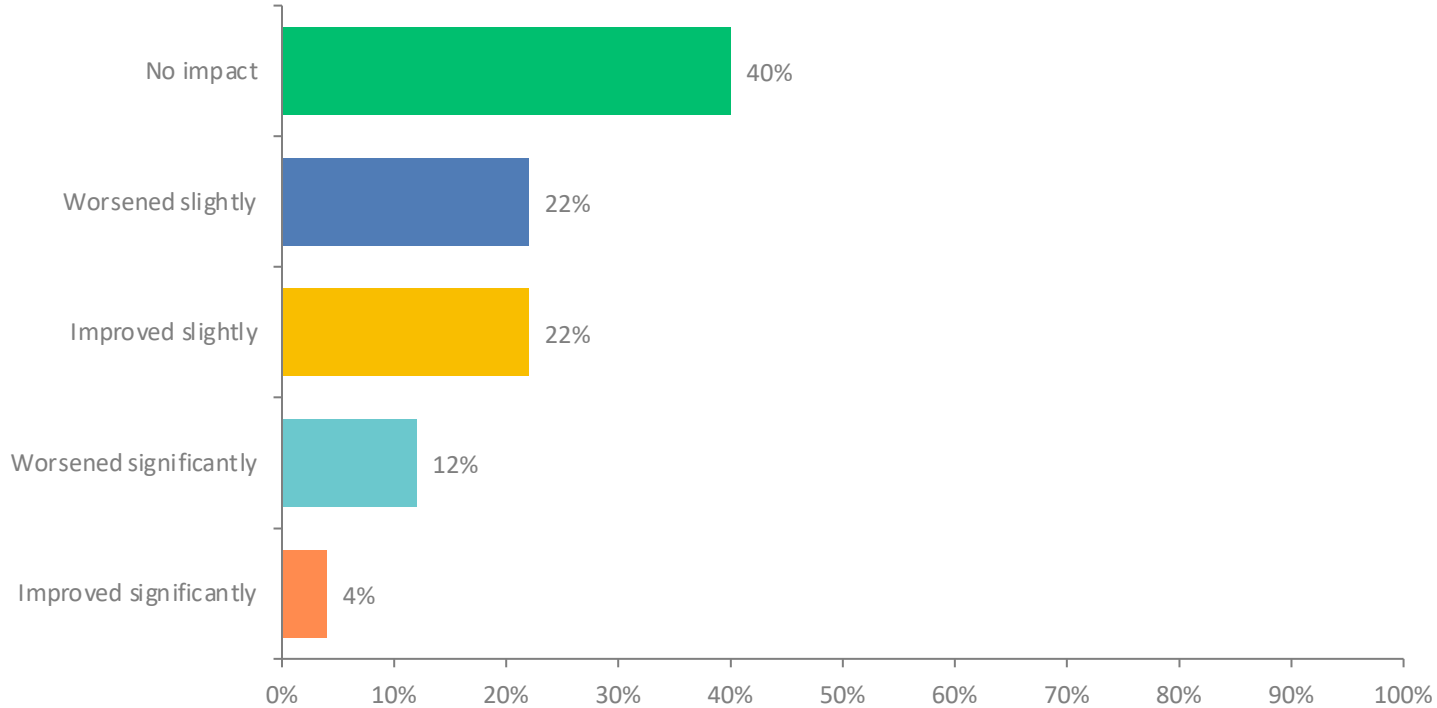
Answered: 50 Skipped: 0



Working for the NHS: Patient Relationships

Q16: How would you describe your relationship with the majority of your patients following the Covid-19 pandemic?

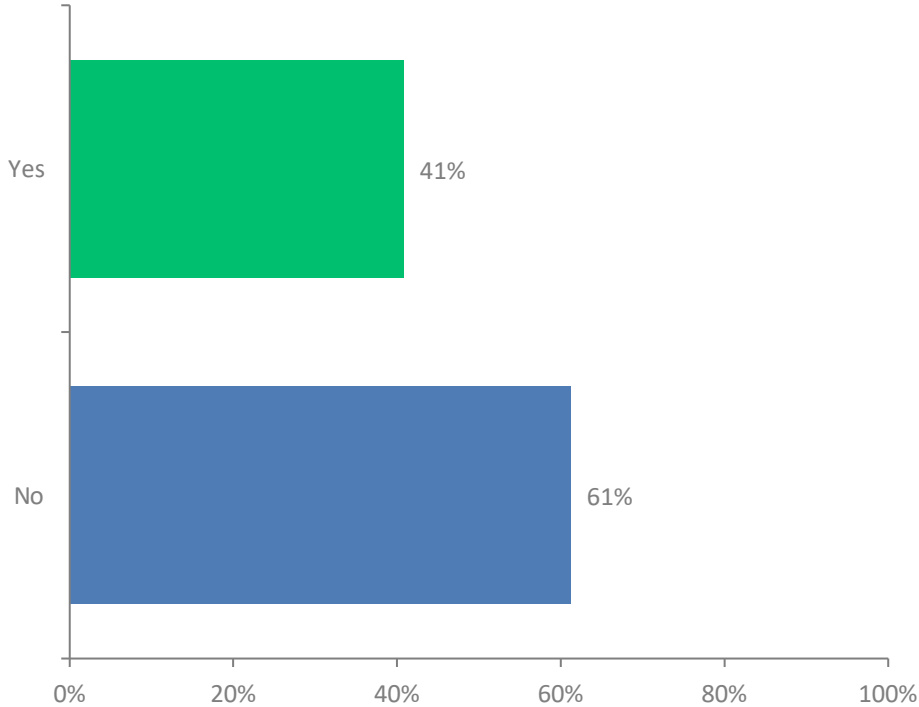
Answered: 50 Skipped: 0



Working for the NHS: Career Progression

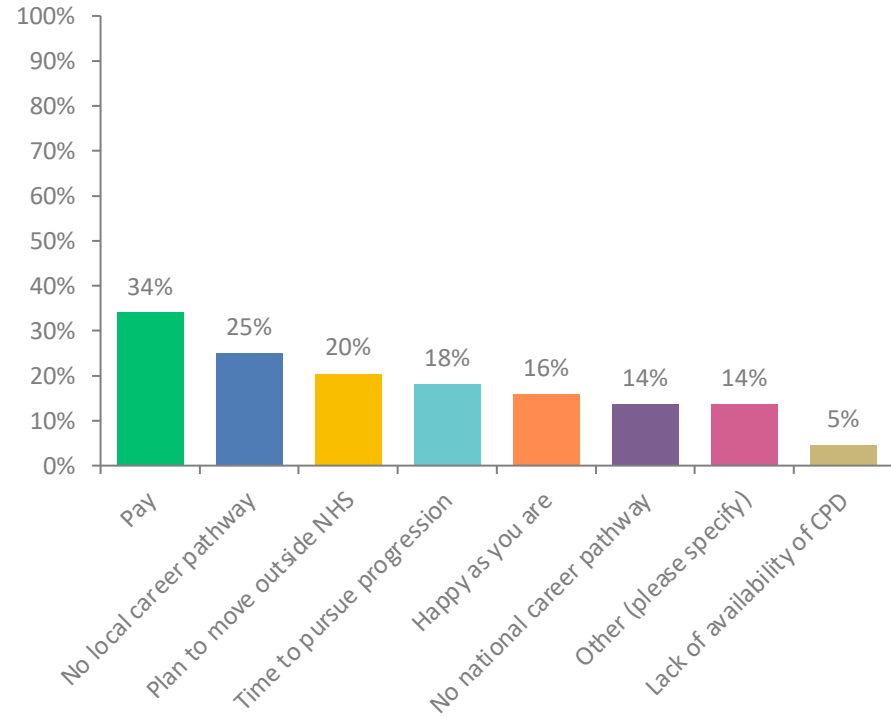
Q18: Do you see a way for your career to progress and develop?

Answered: 49 Skipped: 1



Q19: If no, is this due to:

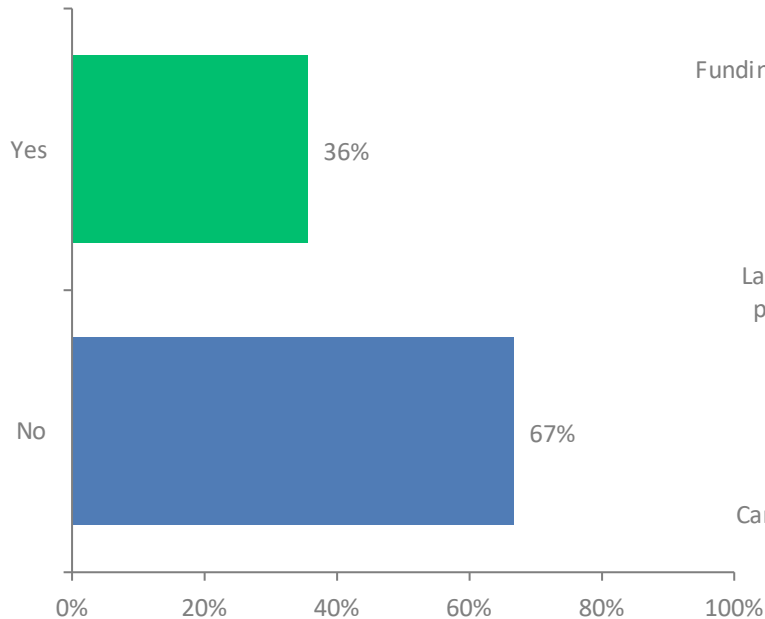
Answered: 44 Skipped: 6



Working for the NHS: Longevity

Q20: Do you anticipate working for the NHS in two years time?

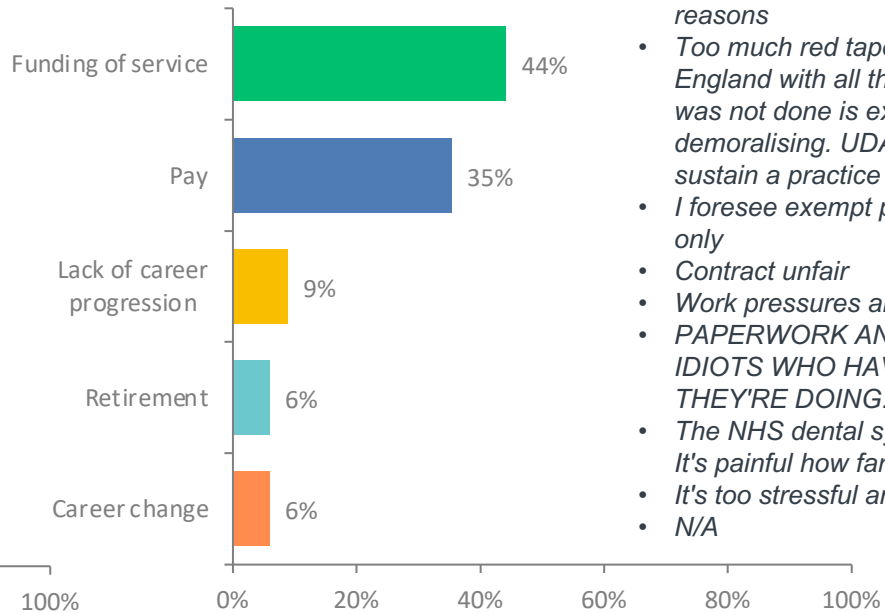
Answered: 45 Skipped: 5



- *It depends on if it gets better or worse*
- *Not if funding or contract doesn't change*
- *I don't think it will be available as it is*
- *Reducing commitment*
- *THERE'S NO MONEY AVAILABLE AND YOU WON'T RESTRICT THE AVAILABLE SERVICES. IT ONLY ENDS ONE WAY.*
- *But only in small capacity*
- *I don't work in the NHS now. Only a very small number of patients.*
- *But not as a clinical dentist - I am much happier in PT private practice (I actually don't earn any more, but I found it impossible to work at the pace necessary to meet contractual requirements whilst providing quality dentistry and a good service to my pts))*
- *Not sure*
- *Retiring*

Q21: If no, is this due to any of the following reasons?

Answered: 34 Skipped: 16



- *Can't tick multiple options and various reasons*
- *Too much red tape, feel like NHS England with all their stats e.g. why F was not done is exceedingly demoralising. UDA'S alone cannot sustain a practice*
- *I foresee exempt patients and kids NHS only*
- *Contract unfair*
- *Work pressures and time*
- *PAPERWORK AND DEALING WITH IDIOTS WHO HAVE NO IDEA WHAT THEY'RE DOING.*
- *The NHS dental system doesn't work. It's painful how far adrift of reality it is.*
- *It's too stressful and thankless*
- *N/A*

Population Based Oral Health: Identified Groups

Q22: Based on your experience, can you think of any other vulnerable/seldom heard groups not identified by the South West Oral Health Needs Assessment 2021?

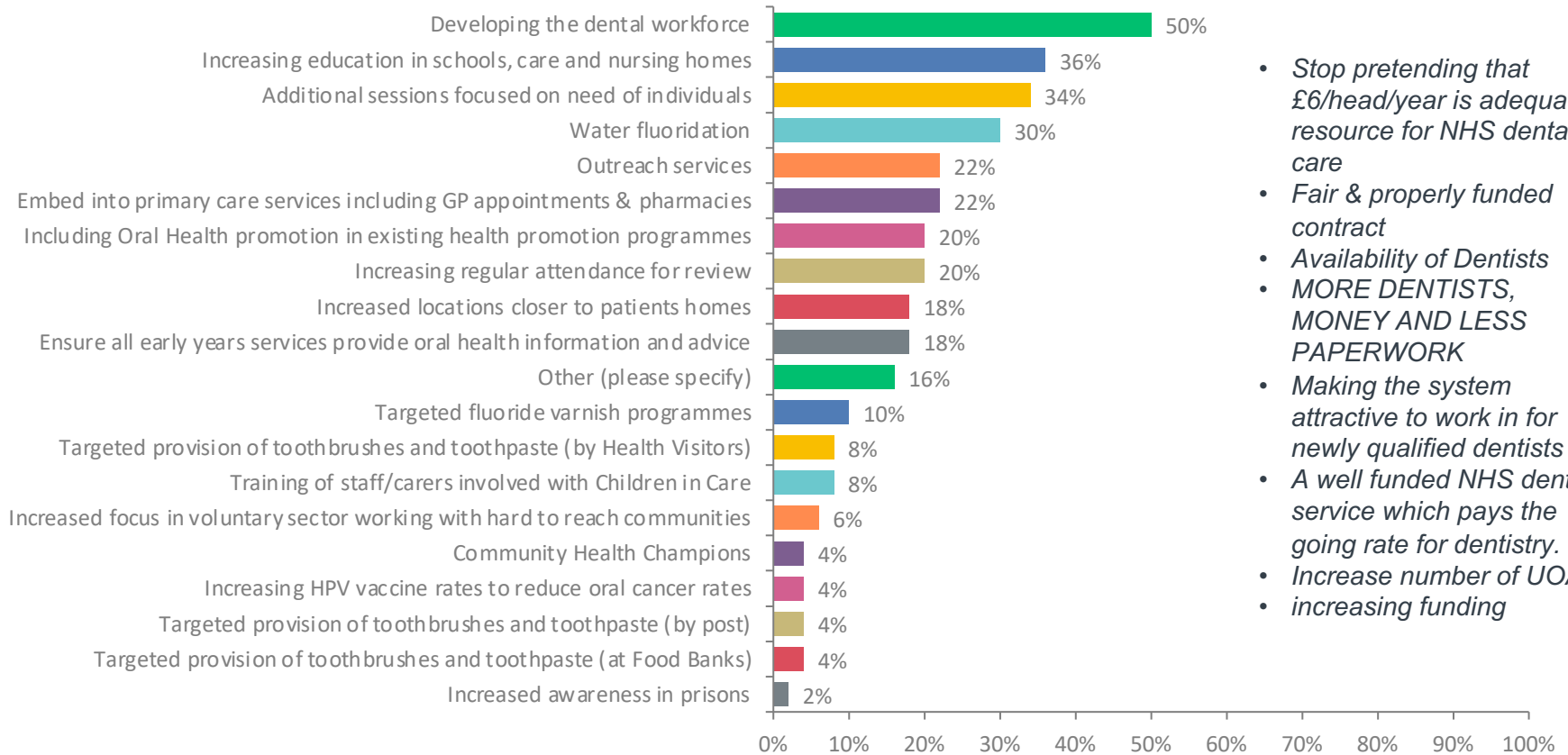
- *Travelling community*
- *Deaf community*
- *Neglected dentally patients*
- *Sex workers*
- *Those in prison*
- *Obese patients*
- *House bound patients*
- *Those from poorer/underprivileged backgrounds*
- *Bedbound and those who spend long time in the hospitals*
- *Children with SEN*
- *Some BAME groups with English not as a first language*
- *people with mobility issues*
- *NHS PATIENTS IN GENERAL, DUE TO LACK OF ACCESS WHICH IS ONLY GOING TO GET WORSE.*
- *Routine family dentistry*
- *Children who are not registered with a dentist and therefore not being referred for orthodontic treatment*
- *children that have no access to dental care*
- *Yes. 'Normal' working families, who aren't defined as vulnerable but no longer have an NHS dentist and simply cannot afford to access regular private care*
- *People who are cared for at home by carers or relatives who cannot access care home help or pcds*
- *People with a life limiting illness receiving palliative and end of life care.*
- *Elderly in their own homes*
- *All children are dependant on being brought to the surgery.*

The above are in addition to: Adults in care homes, People with Learning Disabilities, People experiencing homelessness, Looked after children, Migrant workers, refugees, asylum seekers, medically compromised individuals, those with dental anxiety and dental phobia.

Population Based Oral Health: Opportunities

Q24: What do you see as the top 3 most important opportunities to improve good Oral Health in BNSSG?

Answered: 50 Skipped: 0

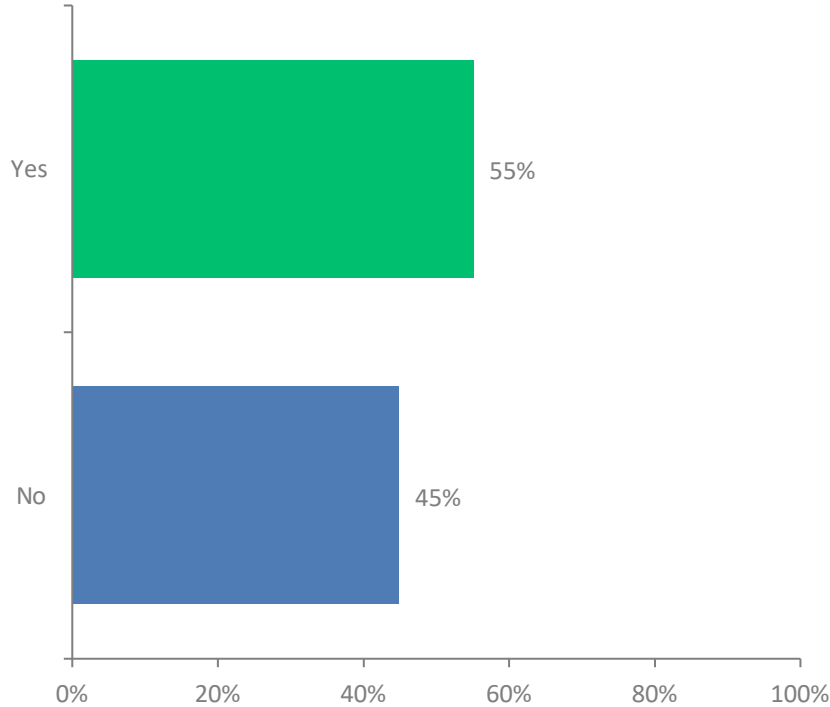


- *Stop pretending that £6/head/year is adequate resource for NHS dental care*
- *Fair & properly funded contract*
- *Availability of Dentists*
- **MORE DENTISTS, MONEY AND LESS PAPERWORK**
- *Making the system attractive to work in for newly qualified dentists*
- *A well funded NHS dental service which pays the going rate for dentistry.*
- *Increase number of UOAs*
- *increasing funding*

Population Based Oral Health: Opportunities

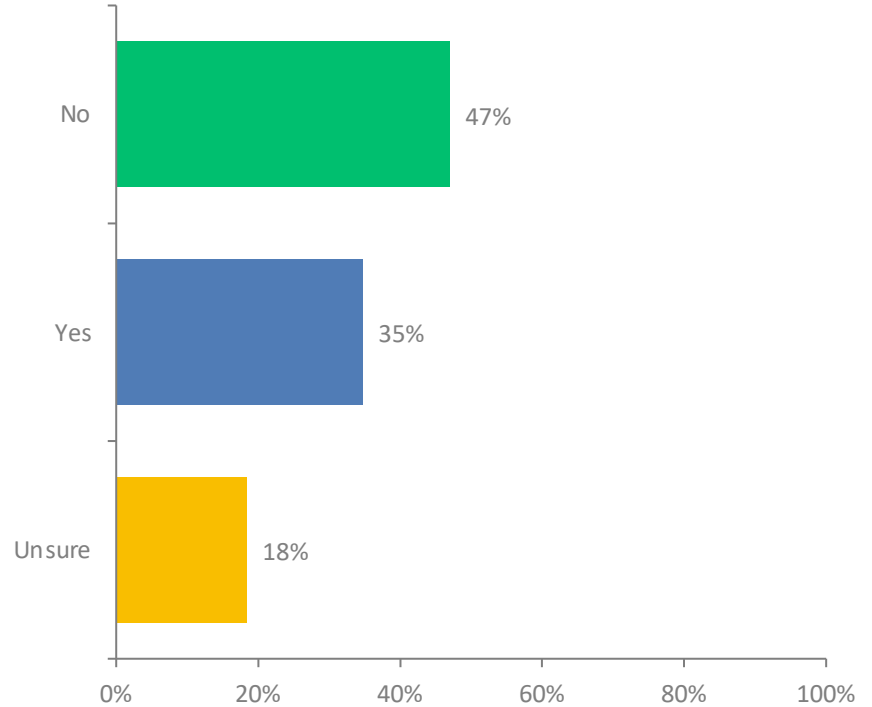
Q31: Do you have an interest in working with vulnerable/seldom heard people?

Answered: 49 Skipped: 1



Q32: Do you feel there are opportunities to increase support for vulnerable/seldom heard people?

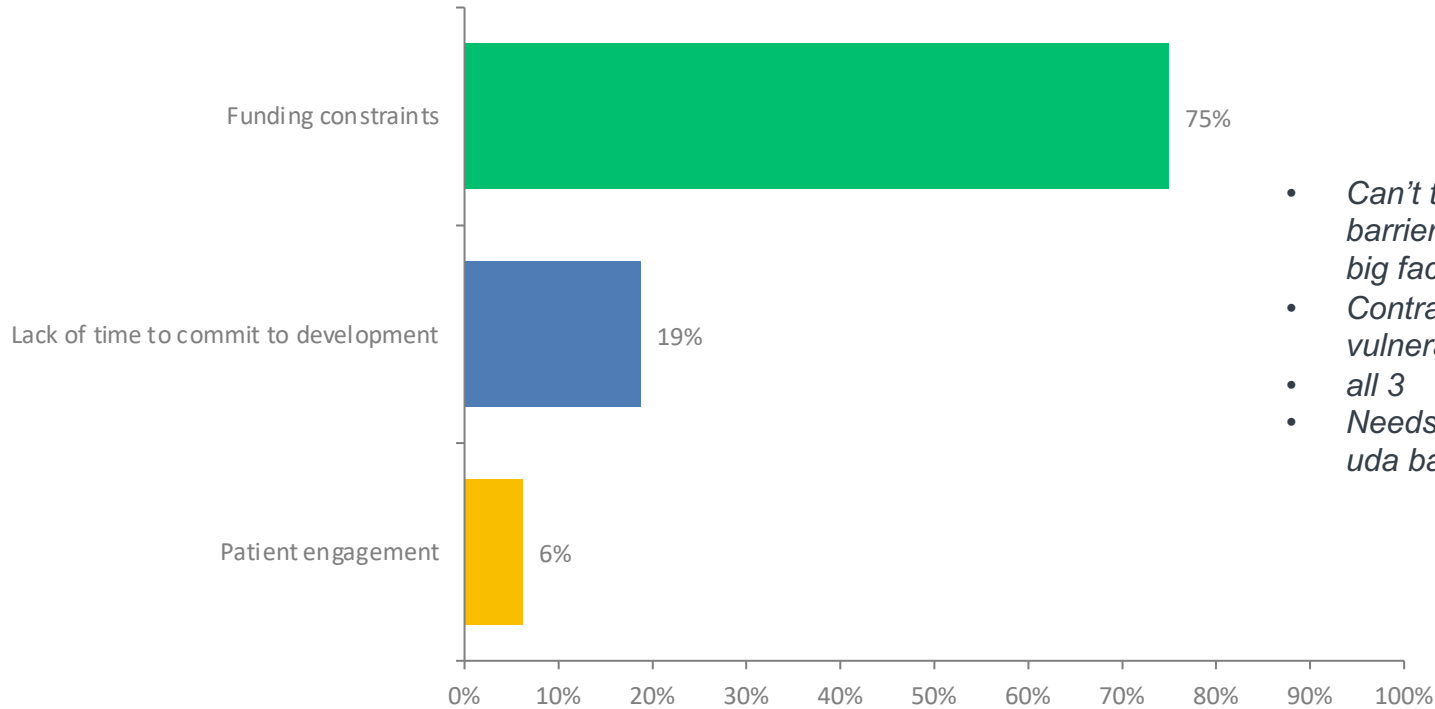
Answered: 49 Skipped: 1



Population Based Oral Health: Opportunities

Q33: What do you feel is the main barrier to providing innovative services for vulnerable/seldom heard people?

Answered: 48 Skipped: 2

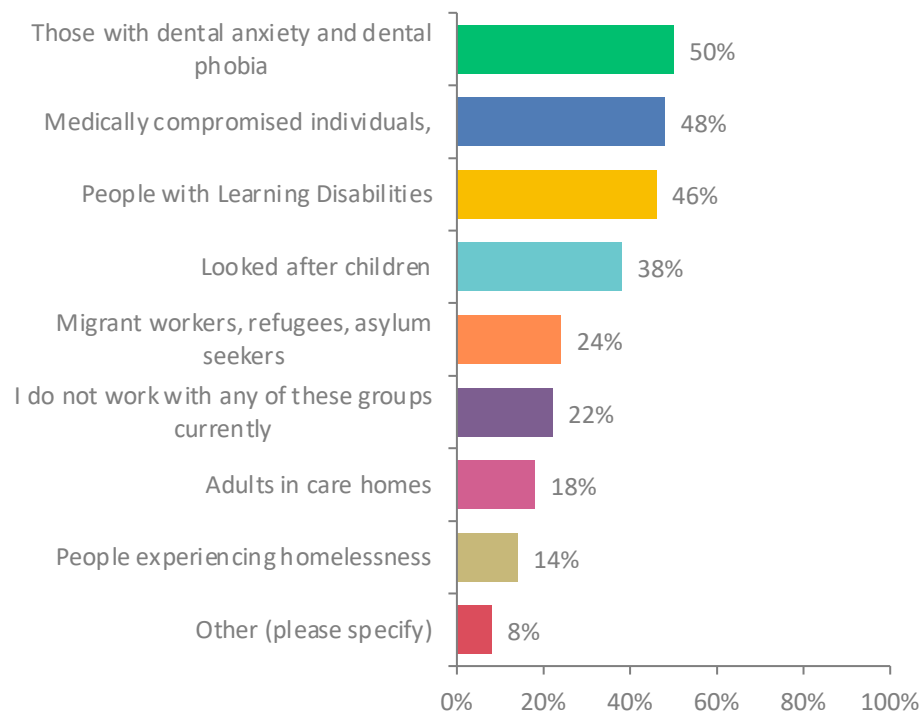


- *Can't tick multiple -all are barriers. Lack of access is a big factor of access are very*
- *Contract is anti-vulnerable/seldom heard*
- *all 3*
- *Needs to be salary based not uda based.*

Population Based Oral Health: Opportunities

Q34: Which vulnerable/seldom heard groups do you currently work with?

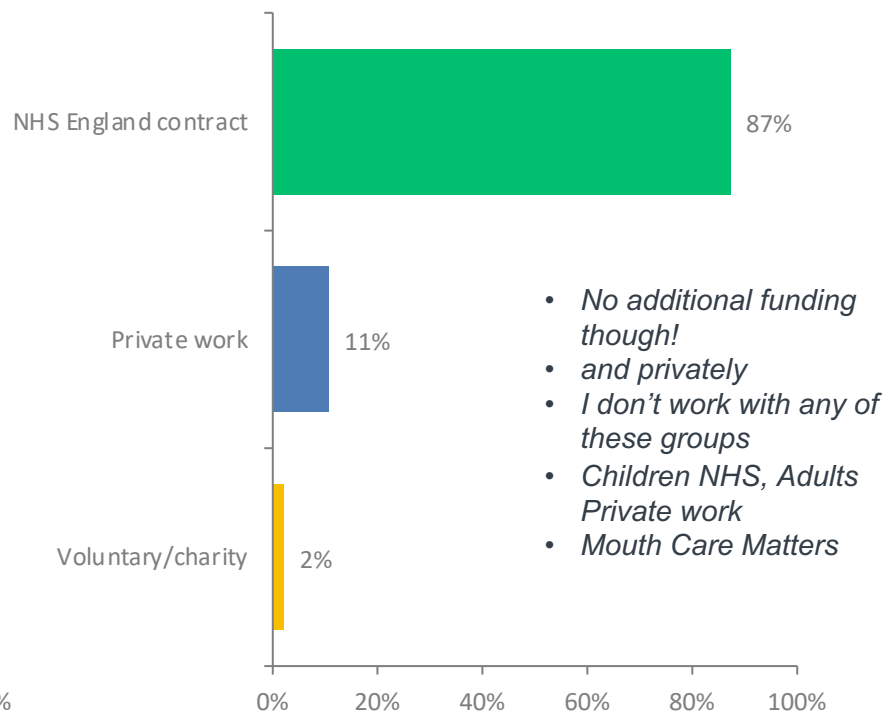
Answered: 50 Skipped: 0



- *Work in general practice so we see the less extreme of these vulnerable patients*
- *Autistic children and adults*
- *OOH*
- *Since giving up NHS dentistry, I volunteer for DentaId. Very sad that a charity has to provide services that should really be part of our NHS.*

Q35: Is this under/ as part of:

Answered: 47 Skipped: 3

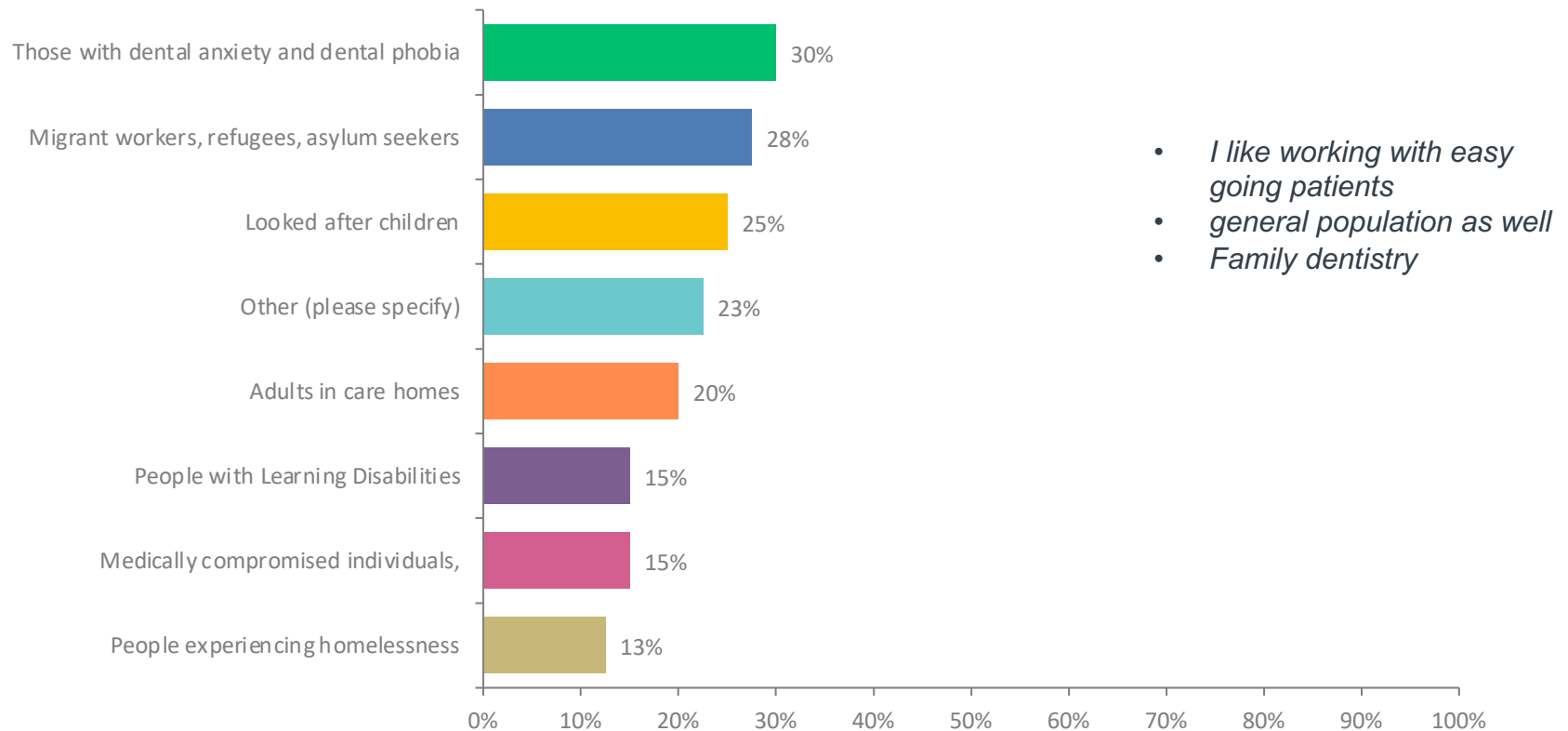


- *No additional funding though!*
- *and privately*
- *I don't work with any of these groups*
- *Children NHS, Adults Private work*
- *Mouth Care Matters*

Population Based Oral Health: Opportunities

Q36: Which groups of the population would you like to work with (but do not currently)?

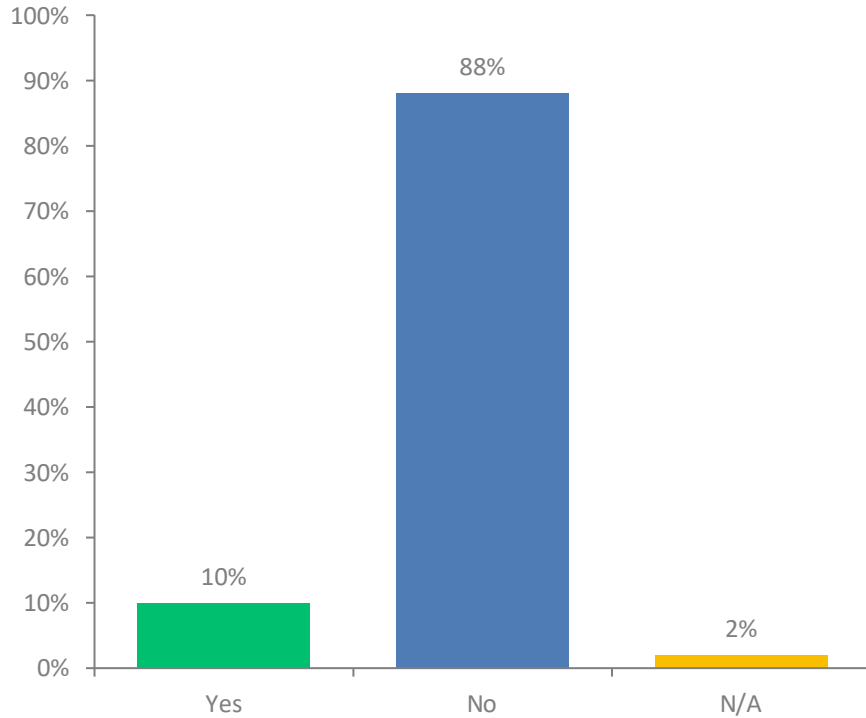
Answered: 40 Skipped: 10



Integration & Collaboration

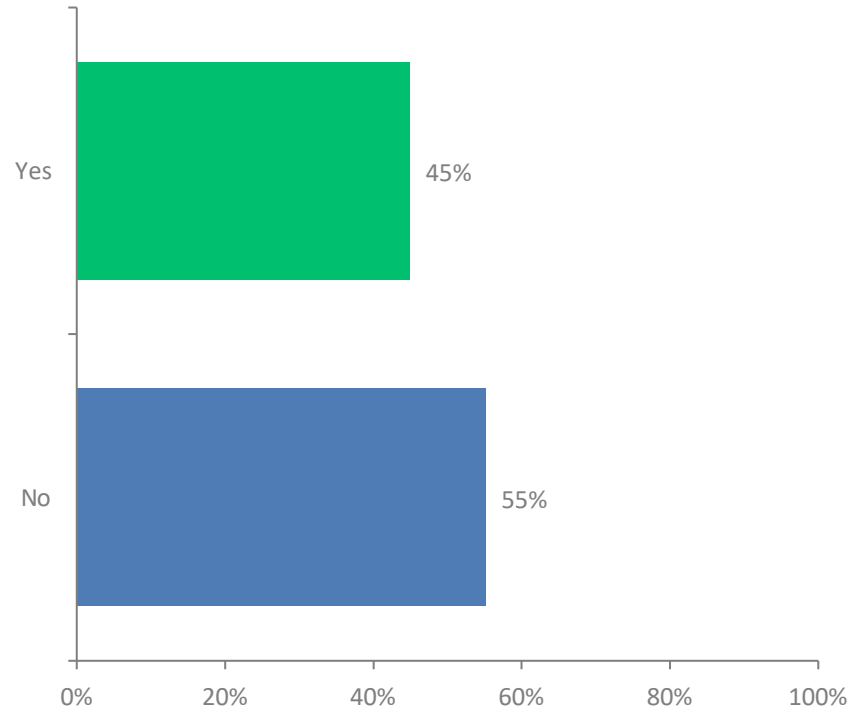
Q37: Are your services co-located with a GP practice/Healthy Living Centres?

Answered: 50 Skipped: 0



Q38: Are you aware of primary care networks in your area?

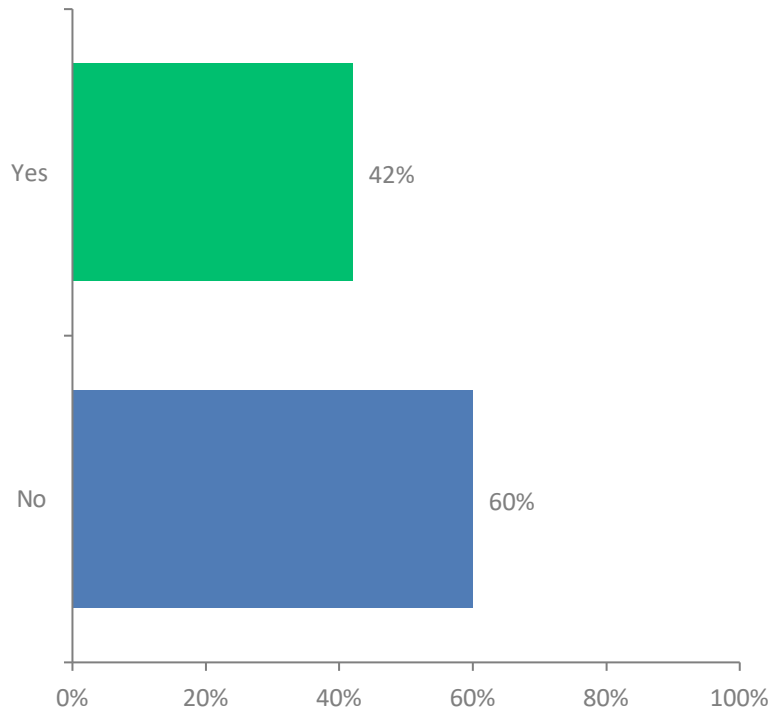
Answered: 49 Skipped: 1



Integration & Collaboration: Opportunities

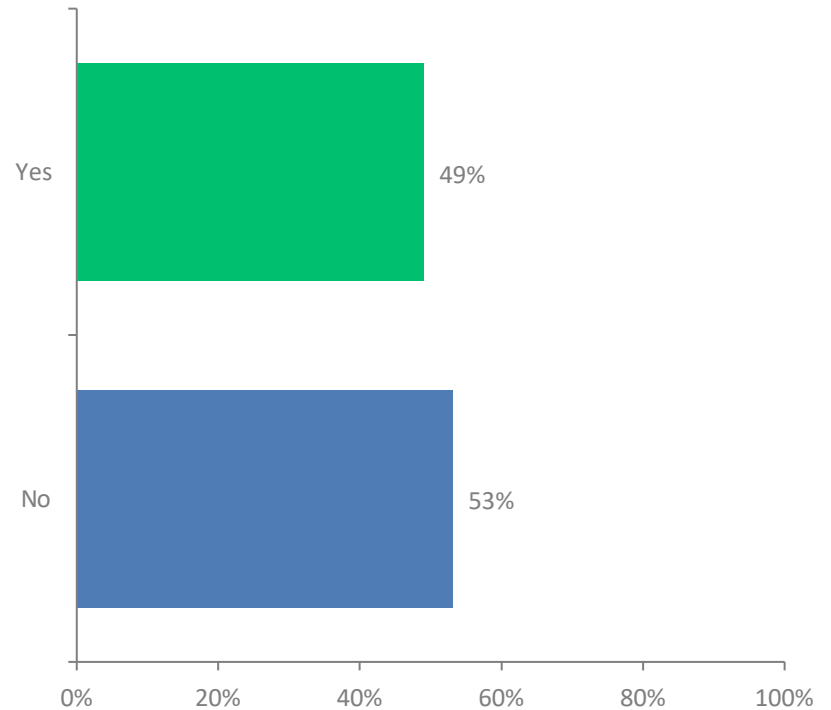
Q39: Do you understand the role of primary care networks?

Answered: 50 Skipped: 0



Q40: Do you feel there are opportunities to work with other NHS services to improve the health of the population?

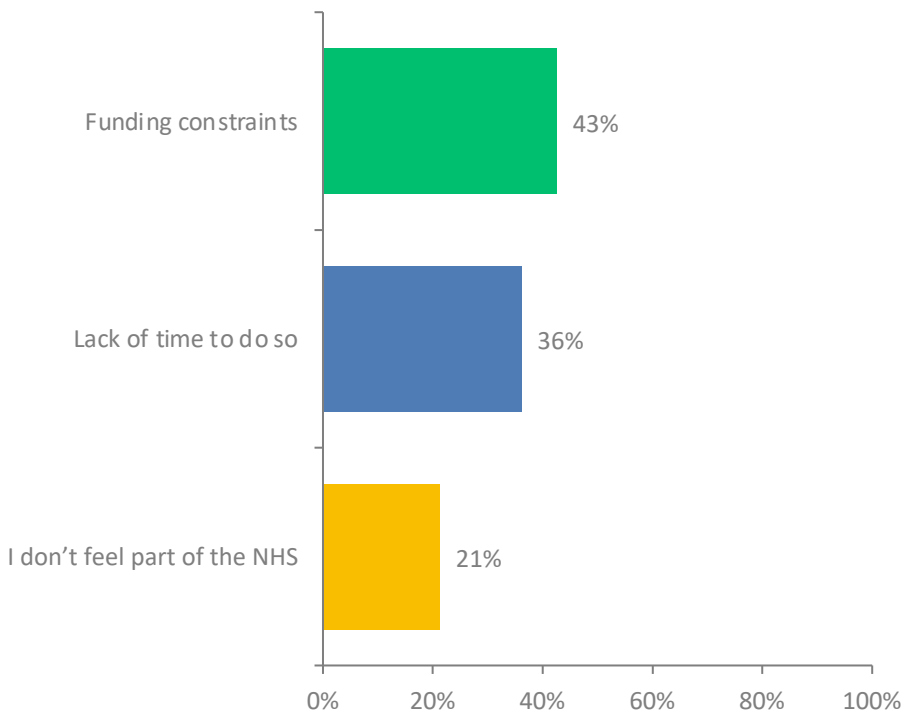
Answered: 49 Skipped: 1



Integration & Collaboration: Opportunities

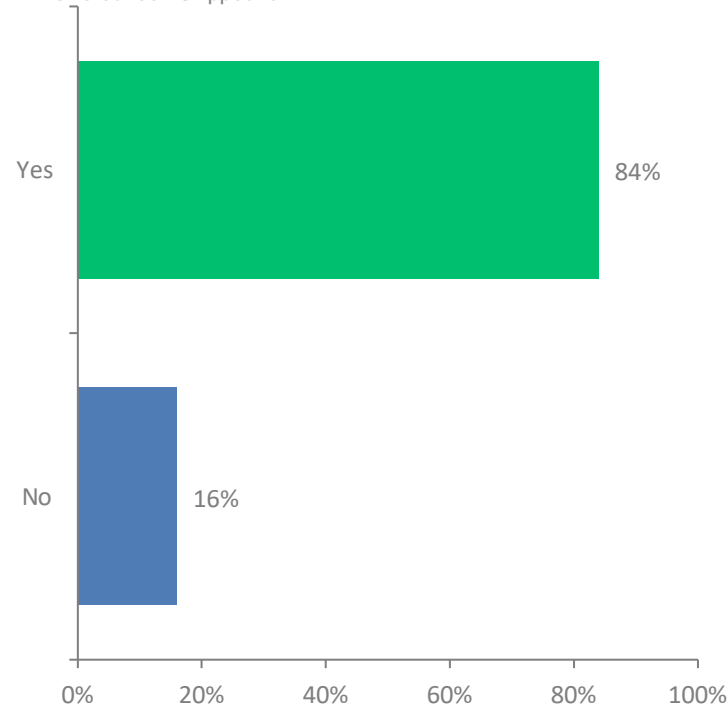
Q41: What do you feel are the main barriers for working with other NHS services?

Answered: 47 Skipped: 3



Q42: Would you welcome the chance to network with GP practices and other NHS services?

Answered: 50 Skipped: 0

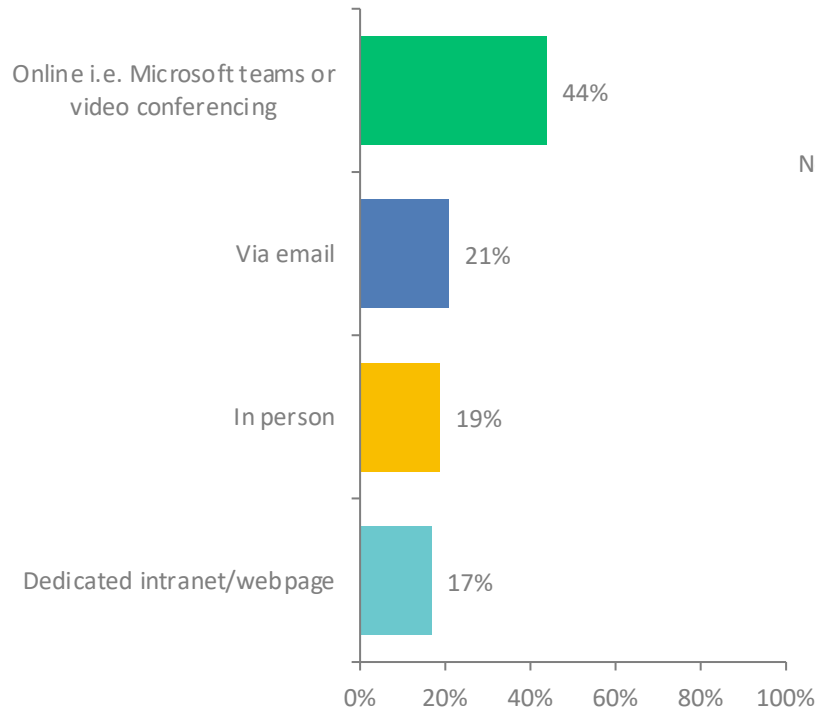


- *We all could work better together but whenever we get together to try to agree, it all comes down to funding, and each speciality focuses on their own funding issues rather than how a bigger system would work.*
- *I am very lucky to alongside colleagues from outside of dentistry in my NHS role. As a practicing dentist, this isn't something that is part of our culture*
- *Medical practitioners do not think dental issues are important and they say they don't have time to integrate basics on oral health in general health into their practices or health visitor etc. Other sectors do not understand the funding of dentistry and how much it costs to run a surgery, the materials etc and think everything is the dentists fault when dentists are seeing so many patients a say it is difficult to squeeze any more in or to work to an appropriate standard*
- *And time constraints*

Integration & Collaboration: Opportunities

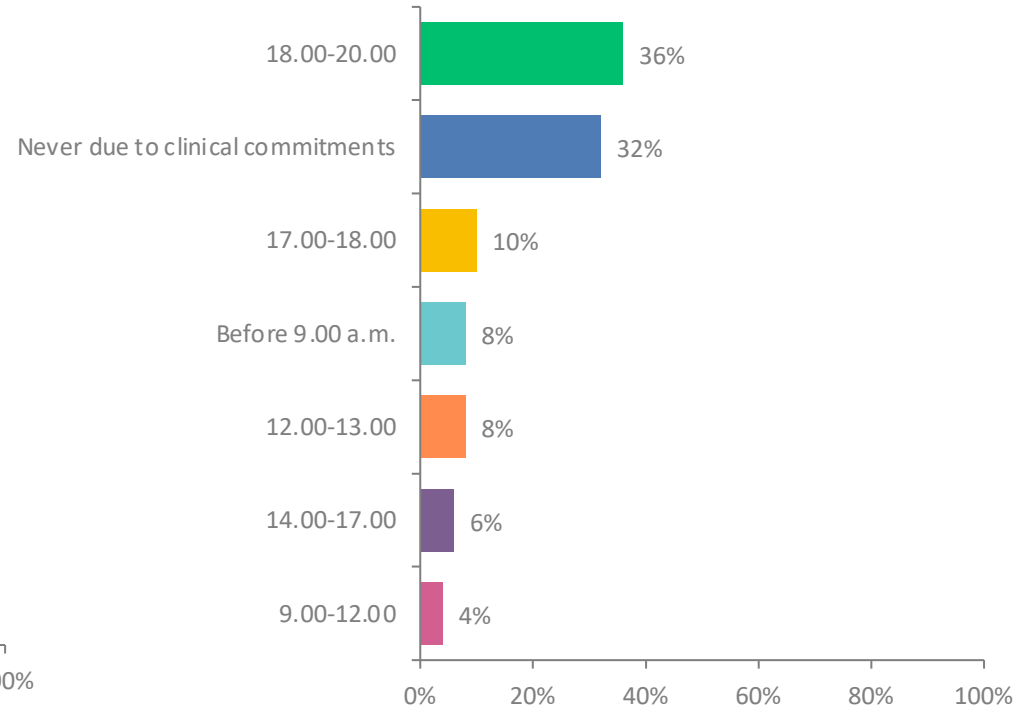
Q43: Given time constraints, how would you like to network?

Answered: 48 Skipped: 2



Q44: Generally, when is the best time for you to network?

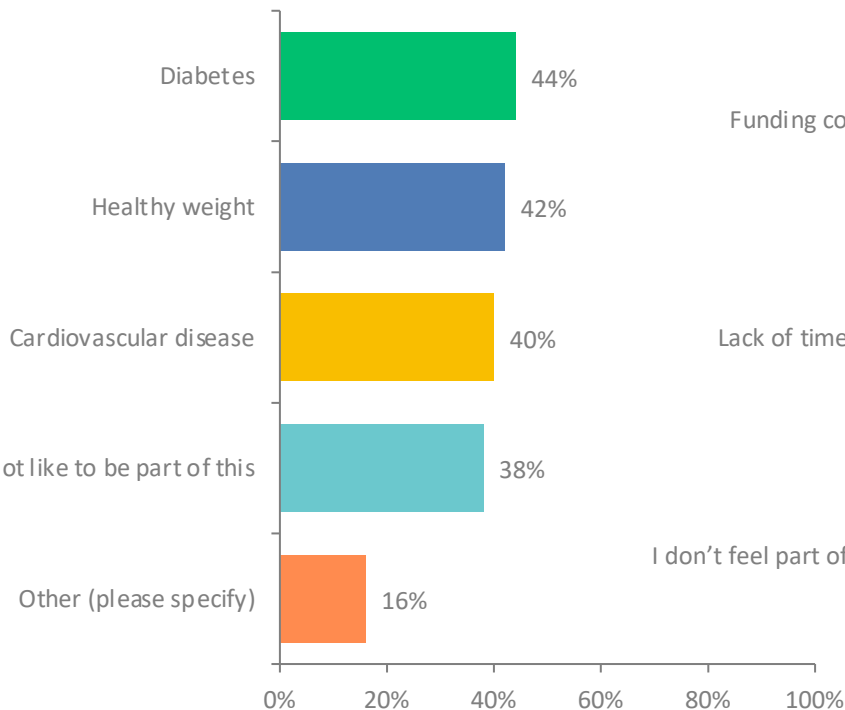
Answered: 50 Skipped: 0



Integration & Collaboration: Opportunities

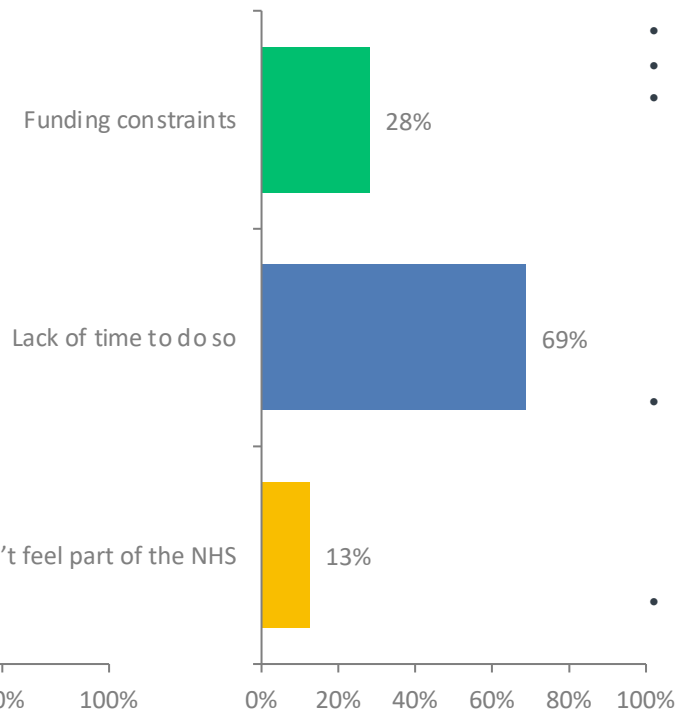
Q45: Would you like to be part of integrated pathways of care for other conditions including:

Answered: 50 Skipped: 0



Q46: If no, please state why:

Answered: 32 Skipped: 18



- *head and neck cancer*
- *I would be prepared to negotiate a contract for providing Specialist Dental Services in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics*
- *Smoking Cessation*
- *Geriatric patients*
- *think as part of a preventative service we could easily provide screening for diabetes and early signs of cardiovascular disease at routine check up. We often see patients when they are well, rather than a GP who sees them when they are ill.*
- *I worry that focusing on targeted groups is ignoring the wider issue. A well funded dental contract would mitigate the need for this approach*
- *This should happen anyway, when I contact GPs that often don't understand enough about the relationship between these conditions and dentistry so they cant help.*

Please provide any further comments which you feel are helpful to consider for the development of a Dental strategy in BNSSG:

- *More funding for higher UDAs rates and also better funding for Foundation Dentist Training Practices to ensure more Dentists for the future.*
- *Maintain the services that already you have just increase the funding for existing services to able them deliver good quality care*
- *Fund dental services properly. Lack of access is a human rights issue and patients are suffering. Make this a priority as other physical health concerns and fund it properly*
- *All dental surgeons wishing to provide NHS services should be paid salaries*
- *Target high risk areas where their is high neglect. Give us better UDA rates for more complex work Treatment for Dentures on the NHS we are struggling because NHS lab fees have increased Denture repairs and additions we make -£38 NHS practices are struggling especially those on minimum UDA rate Have more flexible commissioning for high risk areas Workforce is extremely stressed and overworked Stop unnecessary admin like WTE forms Start supplying NHS consumables that was a big help Clawback stress is killing practices and increases massive stress load Stabilization programmes need to be extended Provide funding for application of F for school children Oral health promotion Dental Teams would like to encourage other aspects of prevention but then UDA clawbacks would occur. So UDA commitments should be less if other aspects can be achieved.*
- *It is silly for GDP to expect to work for free, nhs does not pay under the uda system not for referrals, not for extra time spent with challenging patients, there is zero incentive for GDP under uda system to work with challenging patients*
- *I consider NHS Dentistry to be unsavable. Too many practitioners have given up on it & won't ever go back*
- *Without contract change there will be no NHS Dentistry soon I'm afraid*
- *NEW REFERRAL FORMS ARE AWFUL, THEY TAKE FAR LONGER TO FILL IN AND CONTAIN A HUGE AMOUNT OF DUPLICATED OR USELESS INFORMATION. THOSE IN CHARGE OF COMMISIONING HAVE NO IDEA HOW DENTISTRY WORKS. NHS IS DYING AND NO-ONE CARES.*
- *An effective system cannot work without engaged dentists. The current system and Practices providing NHS treatment as far as I can tell from speaking to colleagues, many are handing back their contracts. Jumping forward to the next generation of Practice owners, it is difficult to see who will want an NHS contract unless they can see professional and financial benefits of integrating into their business model. All dentists are clinicians, but not all are Practice owners/business minded. The system must allow for this otherwise there will not be anyone wanting the NHS system in their businesses. Family dentistry must not be forgotten.*
- *Retaining staff huge problem. Dentists not wanting to do difficult work for low remuneration. Unrealistic NHS system. The NHS needs to be a salaried basic service leaving private dentistry to do the rest.*
- *Funding to orthodontics*
- *consider increasing funding*
- *There needs to be change to funding, proper remuneration so practices can keep afloat while providing the standard of care that achievable and offered to all, not just the NHS basics that are deemed enough. Or nhs treatment should be free for all for oral health care checks and prevention sessions on a regular basis. Patients should get a diagnosis and (most) pay for all treatment after that, as they will have the information to prevent disease. There needs to be a patient education and responsibility change*
- *Awareness of a Mouth Care Matters team in the South West that are already working towards some of these things. However, funding is uncertain but they are a vital resource and ease pressure on other overwhelmed dental systems.*