



Impact report: Changes to accessing NHS dentistry in Birmingham and Solihull

May 2023





Introduction

In July 2022 Healthwatch Birmingham and Healthwatch Solihull published a report '[How easy is it to access NHS dentistry in Birmingham and Solihull?](#)' detailing the experiences of those that have tried to use, or used, dental services in Birmingham and Solihull. The report explored the barriers to access, what worked well, and what needs to change. People told us they want the following improvements:

- More NHS dentists and NHS dental care.
- Reduction in dental costs.
- A change in the ratio of private vs NHS care provided by dentists and greater promotion of NHS over private services.
- Better information about access and NHS dental capacity.
- More NHS appointments made available.
- Dental services that meet people's individual needs.
- Improved access for people with disabilities.
- Focus on prevention of dental conditions.
- Signposting people to other NHS dentists.
- Improved access to urgent and emergency dental care.
- Improved waiting times and continuity of care.
- Improved process for the removal of people from a dental practice's list of NHS patients for non-attendance.
- Better regulation of dentistry.

NHS England (Midlands) has informed us of changes made since the publication of our report. As a result, when accessing dental services Birmingham and Solihull residents should experience:

- Increased access following:
 - Agreement by seven practices to provide 386 additional sessions at weekends.
 - Encouragement to dental schools and colleges to recruit to the Midlands region.

- Improved focus on prevention following:
 - Funding to local authorities to ensure the provision of information and support around good oral health.
 - Introduction of an Oral Health network which brings together providers, commissioners, local authority and community trusts to share planning, learning and to ensure consistency of approach.
 - Funding for distribution of toothbrushing packs to food banks and other venues, including training resources for oral health promotion.
- Improved information and signposting following:
 - The development of materials for local authorities, health partners and patient groups to help signpost people to information about access and dental care at [NHS England – Midlands » Dental Care in the Midlands](#).
- Improved leadership following:
 - The appointment of a Regional Chief Dentist and chairs for Local Dental Networks, who will drive forward transformation and development of dentistry to the mutual benefit of patients and dentists.
- Improved access for vulnerable groups following:
 - Financial support to voluntary mobile dental service for homeless people.
 - Commissioning of additional services for vulnerable groups including homeless people, with details of specific practices shared with charities to advise them on what is available and how to access services.
 - Funding to provide the full range of NHS dental services to refugees and migrant people. 24 providers are taking part to support easier access across the Midlands.
- Improved access to urgent care following:
 - More providers (10 providers) offering additional urgent access within 24 hours following referral from NHS111.
- Improved support for orthodontic services following:
 - Commissioners ensuring continued access to orthodontic care for those with open courses of treatment.
 - Funding case starts for children expected to start their treatment during 2022/23. The new practice will be located in an area of high need to encourage referrals and attendance from children in more deprived circumstances.
 - More patient and public engagement around the new practice which is due to open in the new financial year.
 - Investment in a waiting list initiative for people waiting the longest for orthodontic treatment. Seven practices in Birmingham and Solihull have successfully applied to provide additional activity in the next year, which will result in 310 children being treated who have waited for several years to start treatment.
- Improved access for people in the highest areas of need following:
 - A Health Equity Audit (HEA) which identifies how fairly services or other resources are distributed in relation to the health needs of different groups and areas.
 - A temporary allocation of additional activity to areas of high need, which will be made permanent after the HEA outcomes are fully reported.

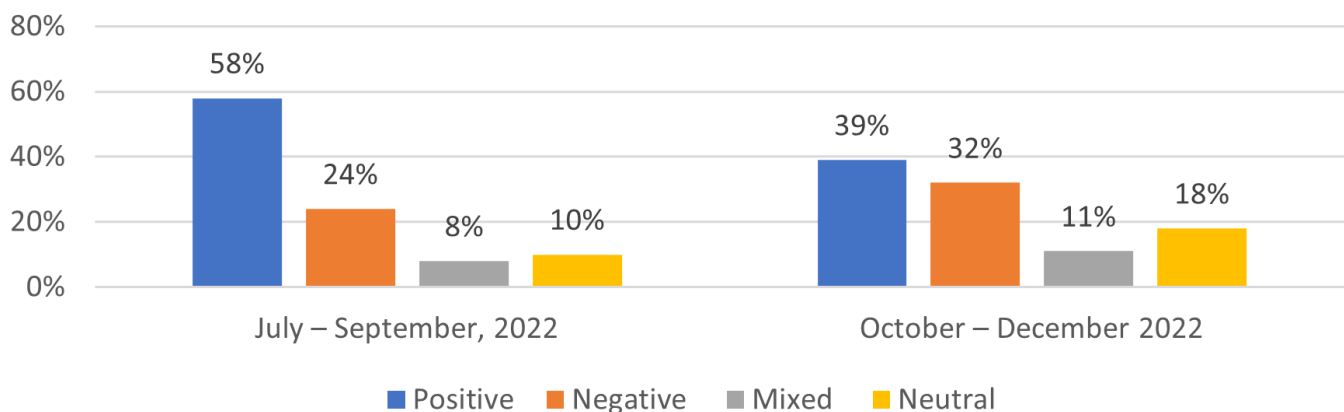
At the national level, there have been enhancements to the dental contract. These enhancements will ensure that patients who have poor oral health have access to care and treatment, and that high performing dentists are supported to take on more patients. This should enable more people to be cared for and free up NHS dentists to focus on high needs patients. Changes include:

- Introduction of additional UDAs (Units of Dental Activity) per course of treatment to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
- Improved monitoring of, and adherence to, personalised recall intervals and a move away from the traditional six month check up in the absence of need or risk.
- Establishing a new minimum UDA value from October 2022.
- Addressing misunderstandings around use of skill mix in NHS dental care, removing some of the administrative barriers preventing dental care professionals, such as therapists and hygienists, from operating within their full scope of practice.
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable.
- Improving information for patients by requiring more regular updating of practice information (e.g. [Dentists near Birmingham - NHS \(www.nhs.uk\)](https://www.nhs.uk)).

Healthwatch Birmingham and Healthwatch Solihull welcome the details of changes being made locally and nationally. However, the feedback we have continued to hear about dentistry since the publication of our report in July 2022, shows that these changes have not, or are yet to have the desired impact on NHS dentistry across Birmingham and Solihull. People have continued to tell us about problems accessing dental services including urgent dental care, lack of availability of NHS dentistry, waiting times, people feeling pressured to pay for private dental care, and poor information about dentists taking on NHS patients.

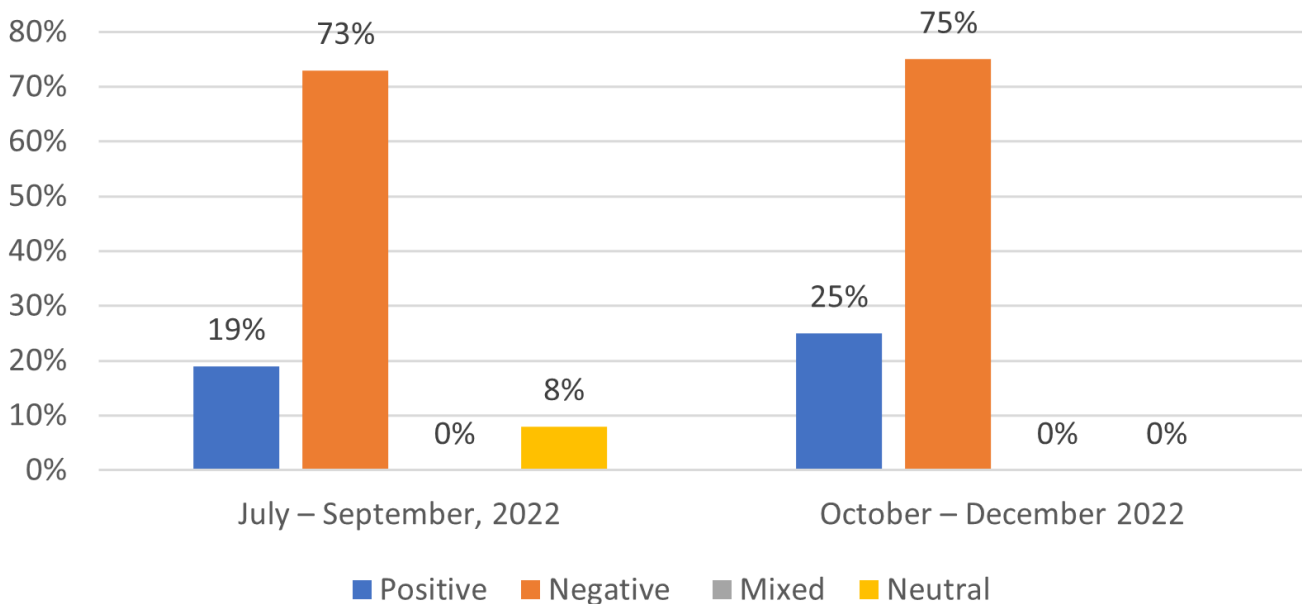
Our most recent feedback shows that there has been a significant decrease in positive feedback received by Healthwatch Birmingham. Between July and September 2022, 58% shared positive feedback compared to 39% between October and December 2022. There is now only a slight difference in the percentage of those sharing negative (32%) and those sharing positive (39%) feedback of dentistry across Birmingham. The percentage of people contacting Healthwatch Birmingham’s Information and Signposting service with concerns about dentistry has stayed steady, increasing by 1% between July and December, 2022. On average, 23% of the total calls received by Healthwatch Birmingham have concerned access and difficulties finding a dentist taking on NHS patients.

Feedback heard by Healthwatch Birmingham: July to December, 2022



On the other hand, feedback received by Healthwatch Solihull (HWS) shows that there has not been any real change in the percentage of those sharing negative feedback about dentistry. Healthwatch Solihull received 2% more negative feedback between October and December, 2022 (75%) compared to feedback received between July and September 2022 (73%).

Feedback heard by Healthwatch Solihull: July to December, 2022



When we met with Birmingham Local Dental Committee (LDC) and Solihull LDC, they argued more changes are needed for there to be a significant impact on access. They have subsequently noted that the changes made locally and nationally have had little effect, and access in some cases has deteriorated further. They state that additional improvements should include:

- Quickening the pace of reform to the dental contract from NHSE.
- Recognising the impact the cost of living is having on patients’ access and dentists, who are reluctant to take on NHS patients.
- Improving funding to dentistry, as dentists are having to increase private dental service provision to enable viability.

The LDCs made similar recommendations in a recent (January, 2023) submission to the Health and Social Care Committee’s Inquiry on NHS dentistry, such as:

- Introducing a new contract enabling dental practices to operate more like GPs.
- Changing the contract to avoid rewarding dentists for only seeing healthy people.
- Taking action to address inequalities through local oral needs assessments, allowing Integrated Care Boards (ICBs) to make more decisions about local provision and addressing the issue of dental charges.
- Improving the funding to dentistry as it receives a lower budget in cash terms than in 2010.

On April 1st 2023, responsibility for commissioning NHS dental services was delegated to ICBs. This is intended to improve service design and delivery at a local level. Healthwatch Birmingham and Healthwatch Solihull will share our findings and details of actions already undertaken by NHSE with Birmingham and Solihull ICB (NHS BSOL) in order to ensure the patient voice is central to any planned changes to local NHS dentistry provision.

Next steps

Healthwatch Birmingham and Healthwatch Solihull will continue to listen to the experiences of people trying to access NHS dental services to ensure positive progress in dental access in Birmingham and Solihull. The feedback we hear about dental services will be shared with commissioners and providers of dental services across Birmingham and Solihull in order to inform their decision making.

How to share your experiences

For Healthwatch Birmingham:

- Visit the online [Feedback Centre](#)
- Call (freephone) 0800 652 5278
- Email info@healthwatchbirmingham.co.uk

For Healthwatch Solihull:

- Visiting the online [Feedback Centre](#)
- Call 0800 196 3912
- Email enquiries@healthwatchsolihull.org.uk

Healthwatch Birmingham and Healthwatch Solihull will continue to monitor the actions NHSE has implemented to ensure they meets people's needs. We will also work with NHS BSOL on plans to engage with patients and the public around the commissioning of a new orthodontic service.

In addition, we will support Birmingham LDC and Solihull LDC to improve communication with patients, addressing incorrect information or lack of clarity around which dental practices are providing NHS dental care.

Healthwatch Birmingham and Healthwatch Solihull will request updates from NHS BSOL regarding progress on all actions, which will be reported on our websites.

Healthwatch Birmingham and Healthwatch Solihull would like to thank NHSE Midlands commissioning staff, Birmingham LDC and Solihull LDC, and members of the public who have shared their feedback and therefore enabled us to influence change on their behalf.

About Healthwatch Birmingham and Healthwatch Solihull

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, nursing and care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham and Healthwatch Solihull on our websites:

www.healthwatchbirmingham.co.uk

www.healthwatchsolihull.org.uk



Appendix 1: NHSE response

Thank you for your request for an update from NHS England, West Midlands in respect of the Health Watch report on access to dental services in Birmingham and Solihull. In response, I thought it would be helpful to update you on actions we have taken as well as providing some access information. I will use my letter of April 2022 and give feedback based on comments made in that letter. As I gave background previously, I will not repeat that here in full.

As background, I will say, however, that dental services remain in a post pandemic recovery and restoration phase. In addition, NHS England will delegate commissioning of community pharmacy, optometric and primary and secondary dental care services to Integrated Care Boards and Systems from 01 April 2023. Responsibility will transfer and I am pleased to advise you that the current "PODs" team will TUPE into a host ICB and continue to work to support the six west systems with their new responsibilities. There are continuing difficulties in dental access including but not limited to the following reasons: ad hoc covid breakouts in practices, continuing staff recruitment issues particularly dentists and in some areas nurses; though rural areas are most affected, dentists who increased their private workload have not returned to NHS work, cost of living increases may be deterring people from seeking the treatment they may need, some practices have returned to old ways of working by instituting recall and check-up appointments which block appointments for new and or urgent patients. As a general guide practices across the region are working at around 80% of pre pandemic levels though each practice varies.

In addition, two of our orthodontic providers have elected to terminate their contracts. Their decisions relate to their retirement plans. In order to ensure continued access to orthodontic care, commissioners have ensured all those with open courses of treatment will have them completed. In addition, NHSE has also funded case starts for children who had expected to start their treatment during the 2022/23 period and who were on the retiring contractors' waiting lists. A patient and public engagement piece is being organised and we will be commencing a process to commission a new orthodontic practice via formal procurement process. The practice will be located in an area of high need to encourage local referrals and attendance from children in more deprived circumstances who may struggle to travel to more distant practices. Commissioners continue to challenge the myth of registration with stakeholders, complainants and dental practices.

Importantly there is good news.

National enhancements to the dental contract

Dental contracts are on the whole based on the Dental Contract Regulations and commissioners cannot unilaterally change them, except for by agreement for items such as practice site relocation, opening hours etc. Nationally some enhancements were made as the first step in wider reaching long term reform of the NHS dental system. These changes are intended to give patients who have poor oral health access to the care and treatment they need; support high-performing dentists to take on more patients and make best use of the wider clinical NHS dental team, so that more people can be cared for, freeing up NHS dentists to focus on high needs patients. The following amendments were planned to be introduced during the 2022/23 financial year:

- Introduction of additional UDAs per course of treatment to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
- Improve monitoring of and adherence to personalised recall intervals and moving away from the traditional six month check up in the absence of need or risk.
- Establish a new minimum UDA value from October 2022.

- Address misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals, such as therapists and hygienists, from operating within their full scope of practice.
- Take steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable.
- Improve information for patients by requiring more regular updating of practice information.

Local actions to improve access, information and oral health

1. Weekend Access Scheme

This scheme is currently running and following expressions of interest process 7 BSol practices are offering weekend dental care services sessions to patients. The 7 practices have agreed to provide 386 additional sessions at weekends up to 31st March 2023.

2. Oral health improvement funding

We have given funding to local authorities throughout the Midlands to ensure they can provide local people with information and support around good oral health. Our Consultant in Dental Public Health now also runs an OH network which brings together providers, commissioners, local authority and community trusts colleagues to ensure shared planning and shared learning and consistency of approach. The funding includes the distribution of toothbrushing packs to food banks and other venues as well as training resources for oral health promotion.

3. Better information signposting

Local authorities, health partners and patient groups have been given a range of materials to help signpost where people can access information about dental care. Materials can be found at <https://www.england.nhs.uk/midlands/information-for-professionals/dental-care-in-the-midlands/>

4. Appointment of clinical leads

We have appointed a Regional Chief Dentist as well as chairs for Local Dental Networks in every Integrated Health Care system in the Midlands to help drive forward transformation and development to the mutual benefit of patients and dentists.

5. Recruitment of more dentists

We are working with dental schools and colleges to encourage recruitment to the Midlands region.

6. Voluntary Service Sponsorship

The Local Dental Network has been working with colleagues in the Langer Seva charity and has provided financial support to the voluntary mobile dental service for homeless people. In addition, we have facilitated a meeting between the volunteer dentist and a dental lead from the community trust which also offers a dental session to homeless people on a weekly basis. There are a few specific treatments that cannot be easily carried out on a mobile unit and by working together homeless people can access the care that they need in the most suitable location.

7. Targeted Resources/Homelessness

Members of our BSol Local Dental Network including commissioners have been attending regular meetings with Health Now which is a charity supporting homeless people. They have met with homeless peers as well as employees, advocates and other volunteers. We have commissioned additional services for vulnerable groups, including homeless people and shared the specific practice details with charities to advise homeless people of what is

available and how to access services. We are looking forwards to working more with local authority and third sector colleagues to ensure vulnerable people have easier access to dental services.

8. Targeted Resources/Migrants and Refugees

Commissioners have secured funding in year to provide the full range of NHS dental services to refugee and migrant people. We built on last year's experience of providing urgent dental care to those in contingency hotels and have expanded the scheme to encompass people in this cohort regardless of where they live. At the end of January we will be starting up our community of interest group for dentists taking part in the scheme to gain learning, provide training and develop improvements for future schemes to ensure easier access for these people. Between The Black Country and BSol, a total of £100,000 has been invested in this scheme including homeless people. Following an expression of interest process we now have 24 providers taking part across the West Midlands.

9. Targeted Resources/In Hours Urgent Care

In recognition of the continuing difficulties in access to urgent care especially for those who are not or choose not attend a dentist regularly, we have secured 10 providers across BSol and The Black Country who are offering additional urgent access within 24 hours of referral from NHS111.

10. Orthodontic Services

Following the contract termination of two providers and, in order to ensure continued access to orthodontic care, commissioners have ensured that all those with open courses of treatment will have them completed. NHSE has also funded case starts for children who had expected to start their treatment during 2022/23 period. The new practice will be located in an area of high need to encourage referrals and attendance from children in more deprived circumstances who may struggle to travel to more distant practices. In advance of this, a patient and public engagement piece is being organised and we will be commencing a process to procure a new practice in the new financial year. NHSE has also invested in a waiting list initiative for the longest orthodontic waiters. 7 practices in BSol have successfully applied to provide additional activity in the next year which will result in 310 children being treated who have waited for several years to start treatment. A number of providers have also applied and we are in addition considering further applications this week.

11. Oral Surgery

Accreditation panels for those seeking to provide NHS oral surgery services have been scheduled for February 2023. Commissioners have also worked with Birmingham Dental Hospital to sub-contract some of their endodontic (root filling) patients to GDPs with a special interest. By the end of November this had resulted in 138 LS endodontic cases and 80 L3 patients being seen by GDPs or specialists in primary care, and have been removed from the waiting list.

12. Health Equity Audit / Rebased Activity

Whilst not a full Oral Health Needs Assessment, Health Equity Audits (HEA) are used to identify and address inequalities, focusing on how fairly resources are distributed in relation to the health needs of different groups. HEA enables a systematic review of inequities in ill-health or in access to effective services. HEA identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas. The overall aim is not to distribute resources equally but rather, relative to health need. The HEA determines whether the distribution of health outcomes, healthcare or the determinants of health are inequitable or unrelated to need and action is then taken to remedy and monitor progress. Our Consultant in Dental Public Health is currently working through a Health Equity Audit for BSol and based on early indications we have allocated on a temporary basis activity freed up to areas of high need. Once the HEA outcomes are available commissioners will be in a position to disperse this

activity on a permanent basis and ensure it is delivered in the highest need areas.

13. Access Data

Below are charts for Birmingham and Solihull Local authority areas, showing access levels split by adult and child. Whilst the percentages appear to be below population levels seen on an England basis, a definite increase in activity is reported. Please note that this data relates to June 2022 and is updated twice per year. At the time of writing more recent data was not available but we will share this once it is. It should also be remembered that the former West Birmingham CCG area practices recently re-joined Birmingham from The Black Country system and this will have impacted on the data.

Patients Seen in Local Authorities

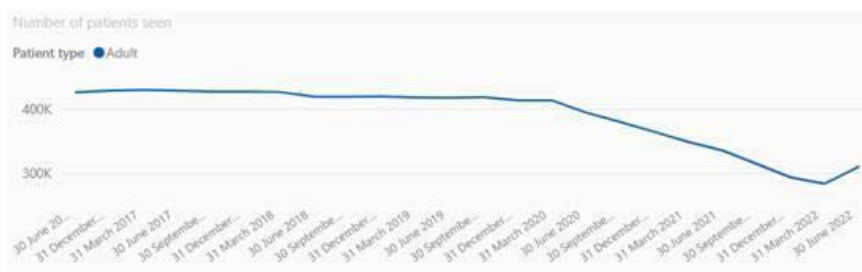
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.



Patient type: Adult Child
 Quarter end date: 30 June 2022
 LA name: Birmingham City Council

Data are mapped to LAs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.

Adults refers to the number who received NHS dental care in the 24 months preceding the quarters end date.
Child relates to the preceding 12 months.



Percentage of population seen in LAs for selected patient type and date



Patients Seen in Local Authorities

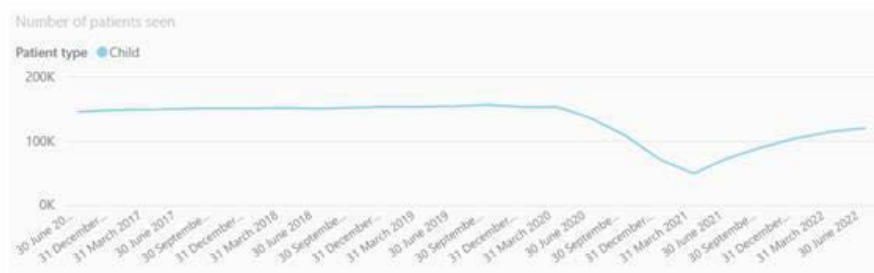
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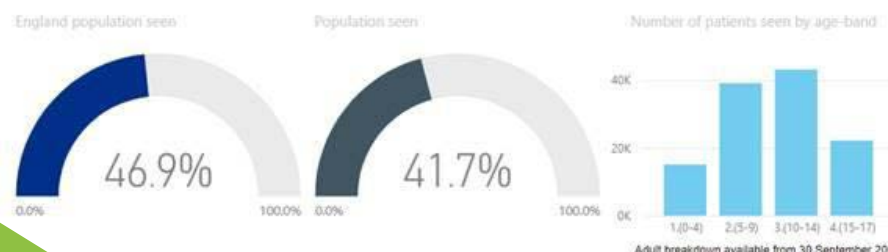
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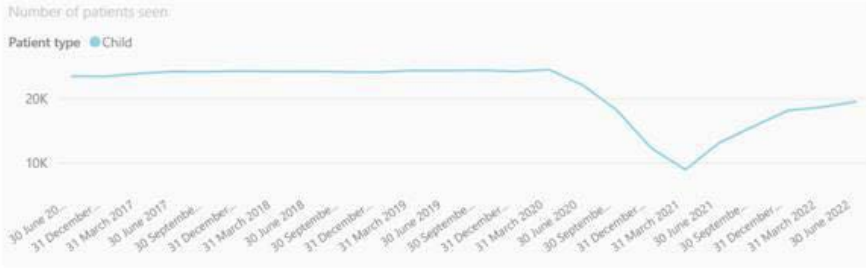
Adult
 Child

Quarter end date:

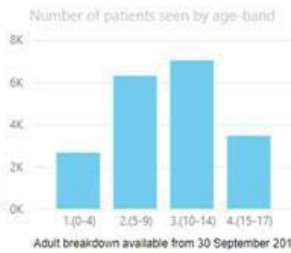
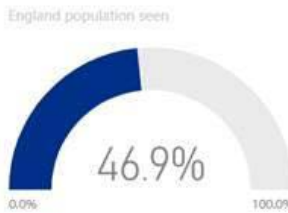
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Child relates to the preceding 12 months.



Percentage of population seen in LAs for selected patient type and date



Appendix 2: Birmingham LDC response

The LDC looks forward to the impact report, to learn how patient feedback has contributed positively to improving access to NHS dental care, though we fear the situation is no better, indeed it is worse.

Birmingham LDC submitted its response and thanks Healthwatch in enabling addition of the complete submission in your July 2022 report. We hope this helped Healthwatch Birmingham & Solihull, and perhaps more importantly, gave patients across the city an opportunity to better appreciate the problems the profession is facing, and that the contextual information within the appendix 3 helped to inform patients of how NHS dentistry operates on the high street.

Regrettably, the situation has little improved, indeed it would be correct to state that access has deteriorated further.

More colleagues are becoming increasingly frustrated by the slow pace of reform of the dental contract from NHSE, the cost of living crisis has detrimentally compounded matters for patients and practice owners. This has meant more colleagues are refusing to see new patients on the NHS. More colleagues are having to increase their private service provision to enable successful viability of their practices.

The minor changes implemented by NHSE to the dental contract in November 2022 will do little to improve the immediate situation.

The LDC continues to maintain continued dialogue with the ICB and current NHSE commissioners, though we have limited success. In our submission to Healthwatch, we also offered to work further with Healthwatch, though no additional input has been sought from the patient representative group.

I have responded to each of your questions from 20th January 2023 below.

1. How has the LDC worked with commissioners to identify difficulties getting a dentist taking on NHS dental patients and offering NHS dental care including emergency and urgent care?

We invite commissioners to our LDC meetings and, perhaps because they are short staffed, do not attend. We do also ask for email correspondence to update the LDC in the event that they are unable to attend in person, but we never get these either. Infact, emails from the LDC are ignored.

2. How have you shared up to date information about NHS dentists taking on new NHS patients with patients?

This is not the role of the LDC, we are a statutory body representing the local dentists.

3. How have you work with Healthwatch to see how we can improve communication with patients about incorrect information or lack of clarity around which dental practices are providing NHS dental care?

We have openly offered to work with Healthwatch though apart from your email of 20.01.2023, there has been no offer to meet up again since our last meeting, which was months before your initial report was published.

4. How have you worked to improve communication and clarity around people who are exempt?

This is not the role of the LDC, our front-of-house teams help patients with which benefits entitle them to free treatment, but sadly, many patients are often unfamiliar with which precise benefit they are in receipt of.

From the government website:

Who is entitled to free NHS dental treatment in England? clarifies any outstanding concerns.

You do not have to pay for NHS dental services if you're:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges)
- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits

Low income benefits

You're entitled to free NHS dental treatment if you or your spouse (including civil partner) receive:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- Universal Credit (in certain circumstances)

Certificates to help with health costs

You can receive free NHS dental treatment if you're entitled to or named on:

- a valid NHS tax credit exemption certificate
- a valid HC2 certificate – which is available for people on a low income
- a valid maternity exemption certificate

People named on an NHS certificate for partial help with health costs (HC3) may also get help.

People on a low income can include some students and pensioners.

You'll be asked to show your dentist written proof that you do not have to pay for all or part of your NHS treatment.

You'll also be asked to sign a form to confirm that you do not have to pay.

You will see this a potential minefield for vulnerable patients e.g. Pension Credit does not enable free dental treatment whilst Pension Credit Guarantee Credit does. Universal Credit is another example where patients and staff have little idea of the exemption status. Often, the reception staff are accused by patients for making this so complicated, when it has nothing to do with the dental team.

5. How have the LDC worked with and supported any initiatives NHS England and commissioners propose to try to increase the availability of NHS dentistry across Birmingham and Solihull?

Sadly, the LDC has had no communication from NHSE or the commissioners about any such initiatives. For example, colleagues received an email from the Area Team on Friday 3rd Feb 2023 to explain that some funding (7, 511 UDAs) has been made available in

deprived districts of Ladywood and Hodge Hill. This is welcomed by the LDC, but it would be good to have this information shared beforehand. In fact, I cannot recall the last time commissioners liaised with the LDC about any planning of care across the city. As I have explained in previous emails, we appreciate the local commissioner team is stretched massively, but more communication is needed. We have tried to establish continued dialogue by inviting commissioners to our meetings, but these invites regrettably are not even acknowledged.

6. How have you shared the information about how and where to access treatment in different situations (i.e. urgent/emergency care) with dental practices? How have these dental practices shared this information with patients?

Again, this is not the role of an LDC, this lies with NHSE and their communications teams.

7. How have you shared the information about how to clarify confusion around registration with dental practices? How have these dental practices shared this information with patients or changed their practice on the use of this terminology?

Dental practices struggle to explain to patients that nobody is 'registered' with an NHS practice. To avoid escalation of frustration at the reception desk, teams often let patients feel they are registered with the practice, and there is nothing wrong with this: patients should be able to feel they belong to a particular practice where they and their families are comfortable. The government only funds 50% of the population to have access to an NHS dental service. Again, this patient education needs to come from higher above, it is not the role of an LDC.

8. How has LDC worked with the Managed Clinical Network and have you supported any initiatives regarding lack of awareness of dental surgeries that offer services to people with a disability and complex needs. Including the lack of access to staff with the skills and knowledge to treat people with a disability, complex needs, and dental phobia?

The LDC sends representatives to various managed clinical network meetings and we are grateful to the Local Dental Network Chair for his unstinting efforts. Our members offer what support we can in meeting the needs identified in your question.

Appendix 3: Solihull LDC response

Since your first report was published little seems to have changed, with practices still reporting great difficulty in recruiting staff to work in NHS dental care and those still providing NHS services looking to reduce their commitment to ensure the continuing viability of their practices. There were recent small changes to the dental contract, but more changes need to be introduced to make NHS Dentistry a more attractive place to work. Clearly this is beyond the remit of the LDC and sits with the Department of Health and NHS England to bring about these changes.

The first report was shared with local dentists who are aware of the existing difficulties highlighted by your report.

Turning to the questions that have been posed -

1. How has the LDC worked with commissioners to identify difficulties getting a dentist taking on NHS dental patients and offering NHS dental care including emergency and urgent care?

Solihull LDC has not worked with the commissioners in this respect, however both commissioners and local dentists are aware of these difficulties. There are other forums, such as the managed clinical networks, where these discussions have been held.

2. How have you shared up to date information about NHS dentists taking on new NHS patients with patients?

This has not been undertaken as it does not fall within the remit of the Local Dental Committee.

3. How have you work with Healthwatch to see how we can improve communication with patients about incorrect information or lack of clarity around which dental practices are providing NHS dental care?

Solihull LDC offered to work with Healthwatch when responding to the initial report but have had no contact since apart from recent emails requesting an update and the answers to these questions.

4. How have you worked to improve communication and clarity around people who are exempt?

This does not fall within the remit of the LDC. Dental practices rely on communications and information from NHS England and the NHSBSA to help inform patients.

5. How have the LDC worked with and supported any initiatives NHS England and commissioners propose to try to increase the availability of NHS dentistry across Birmingham and Solihull?

The LDC supports and welcomes initiatives to increase the availability of NHS Dentistry across Solihull. It is understood that recurrent funding for more NHS activity has recently been made available in the Borough, however the LDC did not work with the commissioners in this regard.

6. How have you shared the information about how and where to access treatment in different situations (i.e. urgent/emergency care) with dental practices? How have these dental practices shared this information with patients?

This does not fall within the remit of Solihull LDC.

7. How have you shared the information about how to clarify confusion around registration with dental practices? How have these dental practices shared this information with patients or changed their practice on the use of this terminology?

Local dental practices are aware of the issue around registration and patient understanding. The NHS dental contract does not recognise 'registration' of patients with a dental practice, although the term is used amongst both patients and dental teams. Patients may be 'registered' with an NHS practice, in that their details are on the practice computer and they are regular attenders, however there is no contractual registration.

The NHS website is also confusing as it mentions that there is '...no need to register with a dentist...' (in fact it is not possible to register under the NHS dental contract even if patients would like to.) The website then goes on to say '...Once you find a dental surgery, you may have to fill in a registration form at your first visit...' These 2 sentences seem at odds with each other.

The term registration is used and interpreted in several different ways. Prior to 2005 there was patient registration, but this was removed when the current dental contract was introduced.

The whole situation is very confusing and dental practices do try to explain to patients as best as they can.

Patients may be registered with a practice as a private patient paying fee per item or under a monthly capitation scheme as these are separate arrangements to the NHS contract.

8. How has LDC worked with the Managed Clinical Network and have you supported any initiatives regarding lack of awareness of dental surgeries that offer services to people with a disability and complex needs. Including the lack of access to staff with the skills and knowledge to treat people with a disability, complex needs, and dental phobia?

Local dentists and members of the LDC attend the managed clinical networks and support the important work that they do.

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