

About Llais

Llais is the independent statutory body that reflects the views and represents the interests of people living in Wales in their National Health Service (NHS) and social care services.

We operate locally, regionally, and nationally. We work with people and communities in all parts of Wales so that everyone's voice can be heard, and used, to drive the planning, design, development and delivery of health and social care services for everyone. We:

- reach out to hear from people within our local communities through an ongoing programme of engagement activities. We do this so that people know about and understand what we do, and to gather their views and experiences of NHS and social care services. We do this in lots of ways, face to face and digitally, including visiting places where people are receiving health and social care services
- Use what we hear to help health and social care services better understand how those of us who may need, and use services think services are meeting their needs, in the way that matters most to them. We help make sure the NHS and social care services takes action to make things better where this is needed.
- This includes working with health and social care services leaders when they are thinking about making changes to the way services are delivered, so that people and communities have their say from the start
- Provide a free, independent, and confidential complaints advocacy service to help people raise their concerns about health and social services.

Our response to this consultation reflects what we have heard directly and through others, including:

- the 40,000+ people in Wales we have spoken to in the past year. Almost every month, one of the biggest problems we heard about was how hard it is to get an appointment with an NHS dentist.
- those who have used our complaints advocacy service to raise a concern about their experience, or the experience of their cared for person, when trying to use dental services.

We shared the things we heard in our [position statement on access to dentistry in Wales](#).

We've followed the layout and topics of the consultation to make our response clear. We've used a written format because the views we share would not fit in check box answers.

Section 2: Approach to reform

In line with our previous [position statement on access to dentistry in Wales](#), we welcome the Welsh Government's aim to improve NHS dental services. These proposals reflect what we hear most often from people, that it's too difficult to get an NHS dental appointment.

But it's not just about getting through the door. People have also told us about long-standing problems with inequalities in access, how services are communicated, and how charges are explained. From what we've seen, these proposals take some welcome steps forward, especially for people without a regular NHS dentist.

There's also a risk of unintended consequences, particularly for people with an NHS dentist. Expanding access could result in the loss of continuity, relationships, and trust, which help reduce anxiety and keep people engaged with their oral health.

It's clear the proposed changes are aimed at bringing a welcome focus on prevention and access for children and enabling those that need treatment the most to access NHS dentistry. Other actions will still be needed to close the gaps across Wales between those who can more easily access care and those who can't.

If improvements are applied evenly, and not accompanied by additional, targeted actions where the inequity is greatest, things may get better overall but may still not address unfair differences in access.

The Welsh Government must collect and use the right data and information to better understand peoples' needs for dental care across Wales, how those needs are being met, and where there is inequity – so that the overall approach to dentistry enables everyone living in Wales to get the dental care they need.

The challenge now is to improve access without losing what works. To succeed, the system must be fair, inclusive, and clear, both in how care is offered and explained.

Section 3: Improving access to routine services

In terms of routine services, meaning regular, planned care that helps people stay on top of their oral health, such as check-ups, scale and polish, fillings, and preventive advice, we strongly support the following:

- People with the most serious dental problems should be seen first.
- Everyone should have a fair chance to get routine NHS dental care.
- Helping people avoid dental problems in the first place, will help improve dental health in the long run.

We also support the following, but with some concerns or conditions:

- We agree that children should come first, but other vulnerable groups should also get priority for NHS dental care.
- We understand the importance of managing missed appointments. However, we believe the priority should be on designing appointment systems that support people to attend as they are flexible, accessible, and responsive to individual needs. Any approach must have robust safeguards to avoid disadvantaging those who miss appointments for reasons outside their control, including carers, those with additional needs, or people experiencing crises. We agree that people should look after their own teeth, as long as they get the right support, advice, and information to help them do that.

We don't have a specific view on the recall timeframe for dental check-ups. However, we've heard that most people rely on their dentist to advise them when to return, rather than making that decision themselves. For any changes to recall intervals to work well, people need clear, consistent information and trust in the advice they're given. From what people have told us, after talking about access problems, many also say they feel very anxious about dental care. Seeing a familiar dentist and having ongoing care helps reduce this anxiety. However, this is from those that are accessing services, and we are more frequently hearing that people "just want to be seen".

We welcome the consideration of a Multidisciplinary Team (MDT) approach within dental services, where people may be seen by other members of the practice team. This model has the potential to increase capacity and better use skills across the dental workforce.

However, based on what we've heard, the success of this approach will depend on how well it is explained and how much confidence people

have in the different professionals involved. For example, MDT approaches have been introduced in GP services for some time, yet many people still express frustration at not being able to see their usual or 'own' doctor.

To avoid similar dissatisfaction in dental care, any changes must be supported by clear communication with people and communities about what it means for them, explaining what to expect, who they'll be seen by, and how quality and continuity of care will be maintained.

Section 4: Improving access to urgent services

Based on what we've heard, most people disagreed with 2 out of the 3 statements about access to urgent care. In particular:

- People in Wales are not aware of how to access NHS dental care
- People in Wales are not confident they will be able to get it

We hear regularly from people who struggle to access urgent NHS dental care when they need it most, often when they are in pain or facing worsening oral health. In some cases, people have told us they've resorted to managing pain themselves or using temporary over-the-counter solutions, highlighting how important timely access to urgent care is.

At the same time, people value routine dental care that helps prevent problems from developing in the first place. While urgent access may be the more immediate concern for many, we believe the public ultimately wants both: reliable access to preventive and routine care, and confidence that urgent care will be available when needed. Looking at the proposals, we support the aim to improve access to urgent care and to ensure that all NHS dental contracts include provision for urgent treatment. We also welcome the aim of urgent care to provide a definitive treatment for the issues presented.

We would like to see:

- Clear and consistent information about how to get urgent care.
- Monitoring of urgent care access by geography and demographic group.
- Safeguards to make sure people put back on the Dental Access Pathway (DAP) after urgent care aren't treated unfairly.

Section 5: Payment for NHS dental services

Through all our engagement activities, the high cost of dental care emerged as a significant barrier, particularly for private treatments and routine NHS services.

In terms of payment for NHS dental services, we support introducing a fair and transparent online system that could help people manage and spread the cost of care more easily. However, any new system must include clear alternatives for those who are digitally excluded or unable to access online services, to ensure that no one is disadvantaged or prevented from accessing the care they need.

We aren't able to agree:

- **That people in Wales understand how much they pay towards NHS treatment.** We're calling for a simpler, more transparent system that makes it easier for people to understand what they're paying for and why. Many people in Wales have told us they don't understand the current NHS dental charging system, with its different bands, and some are unsure whether they've been charged correctly. Moving from 3 bands to 14 treatment items risks adding further confusion, potentially increasing financial anxiety and reducing trust in the system. Any changes must be clearly explained and easy to check.
- **That money paid for NHS Dental treatment goes to the Health Board.** We've heard that many people in Wales believe they are paying the full cost of their NHS dental care, rather than making a contribution toward a publicly funded service. There's little public understanding of where the money goes once it's paid, including that it is passed on to the Health Board, not retained by the practice.
This lack of clarity may contribute to frustration, misunderstandings about entitlement, and reduced trust in the system, especially if people feel they are 'paying twice' through both tax and charges. Any new system offers an opportunity to build in clearer communication and greater transparency about how dental services are funded and how people's contributions support wider care.
- **It is clear to people when people are paying for a combination of NHS and private dental care.** We are hearing that people are often unsure whether they receive NHS treatment, private care, or a combination of both. This lack of clarity can cause confusion and lead to mistrust in the system, particularly where people are

charged for elements that they thought would be covered by their NHS entitlement, such as a hygienist visit or scale and polish. If the proposed changes are introduced, the new system must provide clear, accessible explanations of what is included in NHS care, what is not, and when additional costs will apply. People must understand what they are paying for, and why.

- **That people are happy to make a contribution to NHS dental treatment.** We have heard that people often accept contributing towards the cost of NHS dental care, but this acceptance does not always equate to active agreement or understanding of the policy. There appears to be limited awareness of how NHS dental charges are set or what they cover.

Some people have expressed uncertainty about how dental payments align with the broader NHS principle of care being free at the point of delivery. While we haven't specifically explored this issue in depth through our engagement, it's clear there is room for better public understanding of the rationale behind NHS dental charges and where the money goes.

We're not against changing how people are charged for NHS dental care, but any system must help, not hinder, people to get the care they need, when they need it.

For example, if someone is offered a root canal but can't afford it, they may feel forced to choose extraction instead. We've heard similar worries from people just above the benefits threshold, who don't qualify for free care but still can't afford treatment. This could also affect people's treatment decisions to stay within a cheaper band or care package.

We're also concerned that the way charges are shown in the consultation documents could be misleading. The current patient charges are listed on page 10 of the regulatory impact assessment. On page 11, there is a revised fee scale, but it's not clearly marked as an example or alternative. Presenting them side by side in a clear comparison table would help avoid confusion.

We welcome continued exemptions and a cap on charges, especially when people face extra costs for appliances. We ask the Welsh Government to:

1. Make sure that changes do not unfairly affect people just above the exemption threshold.
2. Widely promote clear, accessible information about exemptions and charges and have this information available in practices.
3. Monitor the impact of pricing changes on access and treatment options taken, particularly for those in deprived communities.

Section 6: Technical contract specific considerations

We recognise that this section is aimed primarily at dental professionals. While we do not represent the profession, we support proposals that help improve access to NHS dental services and keep more care within Primary Care.

We support:

- Expanding the range of routine care available in NHS General Dental Service practices.
- Fairer pay that makes NHS contracts more attractive and helps retain the workforce.
- Reducing the risk of clawback and providing greater stability for practices delivering NHS care.

We welcome further details on how these changes will support patient access and continuity of care.

Section 7: Understanding impacts

Connections between practices

People have told us they're worried about losing continuity of care if they move to another practice. Patient records aren't easily shared across practices so new dentists won't routinely have access to past treatment information or test results, unless people make a request that their records are shared with the new dentist.

This could undermine people's confidence in the quality and safety of their care. We think it's important that people understand what information about their care may need to be shared with a new dentist, and what arrangements will be in place to make sure any necessary record sharing is done easily and safely.

Welsh language

We support the commitment to making sure that the Welsh language is treated the same as English. The following should be put in place to make sure people can use and receive services in the Welsh language:

- All information and digital systems should be available in Welsh and English as standard.
- Services should be offered in both languages from the start, wherever possible.
- The Dental Access Portal should, in line with the active offer, ask whether someone wishes to receive their dental care in Welsh and include a clear process to support this.

To ensure that using the Welsh language doesn't disadvantage anyone, care should be taken to avoid moving people to a practice without Welsh-speaking staff through the Dental Access Portal. Consideration should also be given to whether choosing to receive a service in the Welsh language might affect the process being developed and the planned increase in capacity for those in need of care and treatment.

Protected characteristics

We welcome the Equality Impact Assessment's recognition that people with protected characteristics, particularly those living in deprived areas, face greater barriers to accessing NHS dental care. The proposed changes can potentially reduce these inequalities, but this must be carefully monitored and managed.

Based on what people have told us, we want to see:

- Clear, regular checks on how the changes affect different groups of people, including those with protected characteristics and those living in poverty.
- Targeted support for people at greatest risk of being excluded, such as disabled people, ethnic minority communities, and anyone unable to use digital services easily.

These reforms mustn't unintentionally widen existing gaps in access to care. Ongoing public involvement, data transparency, and a strong focus on inclusion must be at the heart of implementation.

Vulnerable groups:

- **People with learning disabilities and/or neurodevelopmental conditions:** The new system could see care being disrupted, as people may be set to different practices after their treatment ends or after their first check-up after the changes are made. This might be unsettling or harmful for neurodiverse people who need familiar environments and dentists they trust. There also isn't much detail on how the system will support people with learning difficulties or behavioural needs. This needs to be made clear e.g. info materials being available in Easy Read and proactively offered.
- **People with considerable communication needs, including BSL users:** Although the consultation mentions materials in other formats 'on request', this doesn't guarantee an active offer to support people's communication needs and may lead to increased anxiety when trying to access dental care.
- **People who require a bariatric provision:** We know that there are a limited number of practices that can offer a full bariatric service and not all practices can offer the lesser service. We are not sure if this has been considered in the planning and are concerned that it could increase the risk of ongoing or more barriers to care if people are moved to practices that can't meet their needs.
- **Patients in rural settings and where there is limited choice of NHS dental practices:** It is not clear how any choice of a preferred location or travel range will be applied. As we have detailed elsewhere in our response, this may lead to increased travel costs and times that may make it harder to access care.
- **Older people:** We know that there will be older people who will have healthy mouths and may be placed on the Dental Access Portal. We believe there is a risk that in not seeing these people for 18-24 months as their conditions could change quickly and may then need increased urgent access.
- **People with mobility issues:** We also know from our research in dentistry that the accessibility of practice buildings is a major concern for older, disabled or bariatric people. There is a risk that people could be sent to a practice that can't support their mobility needs.
- **People experiencing homelessness:** We are hearing from more people experiencing homelessness that they are being unfairly treated after missing appointments, though for reasons they can't control. These people are at high risk of being unable to access

digital tools and face travel difficulties, as well as not having the support network to help them overcome these barriers.

We believe that there isn't enough detail, at this time, on the reasonable adjustments or inclusive planning that will be needed for these vulnerable and higher-need groups. We would suggest that organisations representing these groups, and mostly those made up of people who use services, are included in any future planning.

Other impacts:

We also have the following concerns:

- **Digital exclusion:** Any online payment system and Dental Access Portal must not disadvantage those who can't easily access digital services.
- **Fairer access across all of Wales:** Rural and poorer communities must not be left out. Their access should be checked and supported as needed.
- **Public engagement:** It's important to keep talking to people who use dental services to understand how the changes are working and keep making things better.
- **Financial barriers:** Families may face extra costs if they're sent to different dental practices. Right now, families can often get appointments on the same day, but this may not be possible if they're split up, especially in cities and urban areas. This could mean more travel costs or parents needing extra time off work if children and adults have appointments on different days.

We especially want to see a clear and consistent way to track patient access based on location and affordability. This will help make sure access and payment policies can quickly respond if any unfair gaps appear.

These groups, and others experiencing health inequalities, must be actively involved in the design, testing, and delivery of future services. Inclusive design will only succeed if it's shaped by people who use the services, particularly those at higher risk of being excluded.

Additional considerations

Clearer public communication

We've seen public confusion online, including inaccurate posts that may have influenced people's understanding. This could have been reduced

by using real-world examples of how the changes would affect different people.

We strongly encourage Welsh Government to publish clear, practical case studies showing how the proposed system would work, including how people would access care, what their charges would be, and what ongoing treatment looks like.

Dental Access Portal

We are concerned that the consultation didn't ask how people will be supported if they have to wait a long time for a call-back (over 18 months).

We agree that the new Dental Access Portal (DAP) could have benefits, like making the system more transparent and helping to understand demand better, which could reduce unfair differences in access to NHS dental care.

But we also have some concerns:

- Patients could lose their regular dentist, which might be upsetting and affect trust.
- People who see a dentist near their work could lose that option if they're only given a dentist based on their home address.
- The system might not work well for people who don't use digital tools or have complex social needs.

We suggest that the Dental Access Portal should be rolled out with:

- Clear and simple information for the public.
- Flexibility for people with particular needs or preferences.
- Regular checks to see how it affects patient experience and care.

Conclusion

We support the overall direction of these proposed changes to NHS dental services in Wales and welcome the opportunity to share what we've heard from people across the country.

For these reforms to succeed, they must be clear, inclusive, and shaped by those who use them. We are committed to continuing our work with others to ensure the voice of people and communities remains central to the future of NHS dentistry in Wales.