**Purpose of paper**

This is the latest GDC horizon scanning report. Its purpose is to give the Council and staff visibility of the external environment that the GDC is operating within, to inform decision making and to facilitate discussions about possible activity that will allow the GDC to shape and prepare for external events.

**Status**

For discussion

**Action**

Discussion

**Corporate Strategy 2016-19**

Having an improved understanding of our external environment is integral to the successful delivery of *Patients, Professionals, Partners, Performance*

An **Improved understanding of the external environment** is objective A of the *Communications and engagement strategy*

**Business Plan 2017**

As with the 4Ps, having an improved understanding of our external environment is integral to the successful delivery of the *business plan*.

**Risk register**

ST8 on strategic risk register

**Decision Trail**

On 27 January the Council signed off the Communications and engagement strategy. The plan to establish the editorial board, the internal structure responsible for horizon scanning, was discussed at the Policy and Research Board on 10 February and Executive Management Team on 21 March. The EMT approved the terms of reference for the editorial board on 23 May.

**Next stage**

This paper will be distributed to staff for information and discussion and sent to the Dental Professional Forum

**Recommendations**

There are no recommendations in this paper

**Authorship of paper and further information**

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lcunningham@gdc-uk.org  ex. 6197

**Appendices**

Appendix 1 External environment in England, Scotland, Wales and Northern Ireland
1. This is the sixth GDC horizon scanning report. The report includes a table summarising all the recent events that are of relevance to the GDC, which include events that were discussed in the previous horizon scanning report as well as the more recent updates. A new addition to this version of the horizon scanning report are the overviews of the key issues in England, Scotland, Wales and Northern Ireland.

2. This report is distributed internally as well to members of the Dental Professional Forum.
Table of events

2. This table lists the recent and future events in the external environment that are of interest to the GDC. It covers:
   a. Major political developments
   b. NHS and wider health policy developments
   c. Developments in dentistry

3. Relevant dates are listed, as are UK applicability and the activity the GDC is taking to respond to the event.

4. Only new updates are included. Please refer to previous horizon scanning reports for historical information.

<table>
<thead>
<tr>
<th>Major political issues</th>
<th>Event</th>
<th>Associated dates</th>
<th>Why this matters</th>
<th>UK</th>
<th>GDC activity</th>
</tr>
</thead>
</table>
| General Election                            | 19 April - MPs approved Theresa May’s plan for a snap election on June 8 in a Commons vote. Commons backed the poll by 522 votes to 13, formally firing the starting pistol on the election campaign. | 19 April – Theresa May announces snap general election on June 8 to ‘make a success of Brexit’ | • National political changes  
  • Delay of publication of DH’s plans to reform health professional regulation | UK                        | Watching brief                                       |
|                                             | 18 April – Theresa May announces snap general election on June 8 to ‘make a success of Brexit’ |                  |                                                                                                           |                           |                                       |
| UK exit from European Union                 | 11 April - Philip Rycroft, a civil servant, has taken up a role as Second Permanent Secretary with responsibility for managing the Department for Exiting the EU’s overall policy and legislative agenda. | 11 April – Philip Rycroft, a civil servant, has taken up a role as Second Permanent Secretary with responsibility for managing the Department for Exiting the EU’s overall policy and legislative agenda. | • Dominates government and parliamentary time, squeezing time available for health and regulatory matters  
  • UK exit from EU has (yet unknown) consequences for the ability to recruit healthcare professionals to the NHS and to regulate health professionals | UK                        | Applying to GDC constitutional group                 |
<p>|                                             | 30 March – Full Brexit letter is published                           | 30 March – Full Brexit letter is published |                                                                                                           |                           |                                       |
|                                             | 29 March – Britain officially triggered Article 50 to leave the European Union | 29 March – Britain officially triggered Article 50 to leave the European Union |                                                                                                           |                           |                                       |
|                                             | 28 Feb – Health Select Committee evidence session with Charlie Massey, chief executive and Registrar, GMC and Jackie Smith, chief executive and Registrar, NMC re Brexit and health and social care | 28 Feb – Health Select Committee evidence session with Charlie Massey, chief executive and Registrar, GMC and Jackie Smith, chief executive and Registrar, NMC re Brexit and health and social care |                                                                                                           |                           |                                       |
|                                             | 26 Feb – Speculation that freedom of movement will end with the triggering of Article 50 | 26 Feb – Speculation that freedom of movement will end with the triggering of Article 50 |                                                                                                           |                           |                                       |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>2 Feb</td>
<td>Dept for Exiting EU publishes white paper, <em>The United Kingdom’s exit from, and new partnership with, the European Union</em></td>
</tr>
<tr>
<td>24 Jan</td>
<td>Supreme Court decision: Government loses appeal, Parliament will vote on triggering Article 50</td>
</tr>
<tr>
<td>19 Jan</td>
<td>Corbyn confirms Labour MPs will be asked to support triggering Article 50</td>
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<tr>
<td>17 Jan</td>
<td>PM speech on government’s position on Brexit</td>
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<tr>
<td>20 Dec</td>
<td>Scottish government publishes their position following EU referendum result</td>
</tr>
<tr>
<td>5 Dec</td>
<td>Supreme Court hearing on how Article 50 to be triggered to start</td>
</tr>
<tr>
<td>22 Nov</td>
<td>speculation regarding Whitehall’s ability to cope with legal challenge regarding Brexit</td>
</tr>
<tr>
<td>21 Nov</td>
<td>PM commits to early resolution on UK nationals in Europe and EU nationals in UK</td>
</tr>
<tr>
<td>18 Nov</td>
<td>Scots and Welsh governments to be allowed to have a say in Supreme Court ruling on how Article 50 should be triggered</td>
</tr>
<tr>
<td>18 Nov</td>
<td>Legal challenge on whether Northern Irish government to have a say in how article 50 should be triggered</td>
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<tr>
<td>3 Nov</td>
<td>High Court ruled that parliament must vote on triggering Article 50</td>
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<tr>
<td>24 Oct</td>
<td>Lord Prior, health minister in the Lords and ex-Chair of CQC, reported as stating that leaving EU is a mistake during an after dinner speech</td>
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<tr>
<td>21 Oct</td>
<td>Jeremy Hunt reported as saying that UK exit from EU offers opportunity to reform professional regulators (reported in HSJ, link unavailable)</td>
</tr>
<tr>
<td>2 Oct</td>
<td>Prime Minister commits to triggering Article 50 by end of March</td>
</tr>
</tbody>
</table>
### NHS and wider health policy developments

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>29 Sept</td>
<td>International Trade Secretary makes post EU/UK free trade speech</td>
<td></td>
<td></td>
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<tr>
<td>23 Sept</td>
<td>GMC outlines possible impact of UK withdrawal from EU</td>
<td></td>
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<tr>
<td>20 Sept</td>
<td>Health Select Committee launch ‘Brexit and health and social care’ inquiry</td>
<td></td>
<td></td>
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<tr>
<td>14 Sept</td>
<td>Coalition of health and social care experts on mission of guarantee status of EU staff</td>
<td></td>
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<tr>
<td>28 March</td>
<td>Jeremy Hunt, Secretary of State for Health outlined a 1% pay increase in 2017/18 for salaried doctors and dentists.</td>
<td></td>
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<tr>
<td>27 Feb</td>
<td>Public Accounts Committee report into financial sustainability of the NHS</td>
<td></td>
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<tr>
<td>11 Jan</td>
<td>Simon Stevens gives evidence at Public Accounts Committee</td>
<td></td>
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<tr>
<td>27 Dec</td>
<td>Chief Nursing Officer says NHS spending too much money on hospitals rather than caring for people at home</td>
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<tr>
<td>6 Dec</td>
<td>Debate in House of Lords on long-term sustainability of the NHS</td>
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<tr>
<td>24 Nov</td>
<td>Autumn statement, with some criticism that the Autumn statement did not include extra funding for health and/or social care including from Lord Lansley, former health secretary</td>
<td>England, but financial pressures exist across the UK</td>
<td>Watching brief</td>
</tr>
<tr>
<td>23 Nov</td>
<td>Chancellor made statement to House of Commons</td>
<td></td>
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<tr>
<td>22 Nov</td>
<td>NAO publish report, Financial sustainability of the NHS</td>
<td></td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>England</td>
<td>Watching brief</td>
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<tr>
<td>18 Nov</td>
<td>Chris Hopson, Chief Executive of NHS Providers, states the financial settlement set out in Five Year Forward View needs to be increased, with a focus on general practice and social care</td>
<td></td>
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<tr>
<td>8 Nov</td>
<td>Kings Fund, Nuffield Trusts and The Health Foundation urge government to address social care in autumn statement</td>
<td></td>
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<tr>
<td>8 Nov</td>
<td>Philip Hammond, Chancellor, responds to letter from Health Select Committee</td>
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<tr>
<td>1 Nov</td>
<td>St George’s Foundation Trust put into special measures</td>
<td></td>
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<tr>
<td>31 Oct</td>
<td>Urgent question to Health Secretary on NHS spending</td>
<td></td>
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<tr>
<td>27 Oct</td>
<td>Audit Scotland published NHS in Scotland 2016, which should that due to increasing costs, staffing pressures and unprecedented savings targets meant that health boards are finding it difficult to balance demand for hospital care with investing in community services (Scotland)</td>
<td></td>
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<tr>
<td>26 Oct</td>
<td>Dr Sara Wollaston, chair of Health Select Committee wrote to Chancellor regarding concerns about NHS budget</td>
<td></td>
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</tr>
<tr>
<td><strong>Obesity strategy</strong></td>
<td>27 March – MPs say that supermarkets must stop discounting unhealthy foods to tackle childhood obesity</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td></td>
<td>18 Aug – DH childhood obesity strategy published</td>
<td></td>
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<tr>
<td><strong>NHS Reinstatement Bill</strong></td>
<td>12 May – Bill is scheduled for a postponed second reading</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td></td>
<td>13 July – Bill that proposes to abolish the purchaser-provider split in the NHS in England was presented in the House of Commons buy Margaret Greenwood, Labour MP for Wirral West</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HSIB</strong></td>
<td>April 2017 - The new NHS safety investigator for England, which starts work in April 2017, must become a fully independent body through primary legislation.</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td></td>
<td>April 2016 – Healthcare Safety Investigation Branch</td>
<td></td>
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</tr>
</tbody>
</table>
### Developments in dentistry

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Country</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Feb</td>
<td>NHS Digital has published statistics on dental activity for England covering April to September 2016 and patients seen data for 24 month period up to 31 December 2016</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td>10 Jan</td>
<td>NHS dental statistics published for 2015 and 2016</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td>23 Sept</td>
<td>Annual report published, shows that less than half of the adult population saw a dentist in the past two years</td>
<td>England</td>
<td>Watching brief</td>
</tr>
<tr>
<td>21 March</td>
<td>Tooth extractions on toddlers rise by a quarter in 10 years.</td>
<td>England, UK</td>
<td>Watching brief</td>
</tr>
<tr>
<td>3 Jan</td>
<td>PHE publish stats that say children eating half their daily allowance of sugar for breakfast</td>
<td>England, UK</td>
<td>Watching brief</td>
</tr>
<tr>
<td>10 May 2016</td>
<td>Tooth decay improving in under fives say PHE</td>
<td>England, UK</td>
<td>Watching brief</td>
</tr>
<tr>
<td>26 Feb 2016</td>
<td>Tooth decay on the rise among children new statistics released from HSCIC</td>
<td>England, UK</td>
<td>Watching brief</td>
</tr>
</tbody>
</table>
Annex 1 – External environment in England, Scotland, Wales and Northern Ireland

This is a new section of the horizon scanning report that seeks to improve the GDC’s understanding of the external environment in England, Wales, Scotland and Northern Ireland. As well as helping the GDC to better understand the content within which we operate, this will also inform our work to allocate our stakeholder engagement more appropriately across the devolved nations.

Below is a summary of the key issues in each of the nations.

England

What are the key health priorities for the national government?

The Department of Health’s stated priorities are:

i) improving out-of-hospital care
ii) creating the safest, highest quality healthcare services
iii) maintaining and improving performance against core standards while achieving financial balance
iv) improving efficiency and productivity of the health and care system
v) preventing ill health and supporting people to live healthier lives
vi) supporting research, innovation and growth
vii) enabling people and communities to make decisions about their own health and care
viii) building and developing the workforce
ix) improving services through the use of digital technology, information and transparency

Clearly not all of these stated priorities are expressed in terms of their impact on the health of people living in England, but are in some cases more about ensuring the sustainability of health services.


What are the key challenges and priorities for the national NHS?


i) Taking preventative action in relation to public health, particularly on smoking, obesity and alcohol
ii) Giving patients greater control over their own care
iii) Better integration of primary and secondary care, so as to ensure better continuity of care for patients between general practice and hospitals

The challenges are:

i) Tackling the health and wellbeing gap
ii) Tackling the care and quality gap
iii) Tackling the funding and efficiency gap

Who are the key national stakeholders and what are their top priorities?

Chief Dental Officer (Sarah Hurley) and deputies (Janet Clarke and Eric Rooney)

Local Dental Committees

Royal College of Surgeons Faculty of General Dental Practice: has plans to become the Royal College of Dentistry
NHS England: Working with GDC as part of Regulation of Dental Services Programme Board (RDSPB) to ensure that the bodies involved in regulation of dental services are working within their remit, and reducing duplication as far as possible.

CQC: Working with GDC and NHS England on RDSPB.

Healthwatch England (and local branches): Also involved in RDSPB although not full members of the board. Could be important in understanding the patient experience.

Healthcare professional regulators: considering joint work on various initiatives including development of a shared portal for access to regulators’ registers, shared or pooled FtP functions and resources, and a common code or standards development process.

Education providers

COPDEND

Professional associations for all dental professions

What are the key challenges and priorities for dental care and the dental system within the nation? How do they differ, at all, to UK issues?

Access to NHS dental care has improved significantly in recent years although there are still some groups who are less likely to access NHS services than others, resulting in health inequalities.

Reform of the dental contract in England, with a move towards a contract that incentivises preventative activity as well as treatment. This represents a significant shift in the focus from the current contract, but the contract has been some years in development and scepticism is developing within the profession as to whether the contract will ever be reformed.

Public Health England has focused particularly on the oral health of children, and in September 2016 formed the Children’s Oral Health Improvement Programme Board, with the following objectives:

- child oral health is on everyone’s agenda
- the early years and dental workforce have access to evidence based oral health improvement training
- oral health data and information is used to the best effect by all key stakeholders
- all stakeholders use the best evidence for oral health improvement
- child oral health improvement information is communicated effectively

Is there anything else that would be helpful for the GDC to be aware of?

Plans to reform the way healthcare professional regulation works in future have been significantly scaled back from the original proposal of fundamental changes via primary legislation, but remain on a back burner and would still be significant for the GDC and other regulators.

**Scotland**

What is the political makeup of the parliament and who is in government?

Scottish National Party 63  Scottish Green Party 6
Scottish Conservative Party 31  Scottish Liberal Democrats 5
Scottish Labour 23  No Party Affiliation 1

**SNP minority administration supported on some votes by Scottish Green Party.**

What are the key priorities for the national government?

The Programme for Government focuses on the themes of an education system providing opportunities for all, an economy with more jobs and fair work, public services fit for the future, empowering people and communities through strengthened local democracy and safeguarding Scotland’s place in the world.
A Plan For Scotland: The Scottish Government’s Programme For Scotland 2016-17

Anecdotally, the GDC is aware that the programme is seen by some commentators as unambitious and in reality, matters are dominated by Brexit and the consequences for Scotland. Many commentators are suggesting that a second referendum is almost inevitable but timing and process are yet undecided.

What are the key health priorities for the national government?

Our NHS Scotland outlined the following on its website:

- The greatest challenge remains improving the health of the poorest sections of our society. There is a 10-year gap in life expectancy between people living in the most and least deprived areas of Scotland. Narrowing this gap is one of the health service’s key priorities.
- The early identification of children at risk and the provision of appropriate and sustained support can make a real difference to their future health and life prospects.
- Research is providing new insights into the factors that influence health. This offers Scotland a real opportunity to develop new approaches to health development and improvement to help us shake off our reputation as “the sick man of Europe”.
- See http://www.gov.scot/Topics/Health/Healthy-Living for more information

What are the key challenges and priorities for the national NHS?

The delivery plan sets out a programme which aims to enhance health and social care services. The plan sets out a series of priority actions aimed to have the greatest impact on delivery.

- The plan focuses on better care, better health and better value.
- These actions are driven by four programmes of activity:
  - Health and social care integration
  - The National Clinical Strategy
  - Public health improvement
  - NHS Board Reform

- These changes aim to bring about long term sustainability and improvement in health and wellbeing.

- Who are the key national stakeholders?
  - Scottish Govt
  - Cabinet Secretary for Health and Sport
  - CDO team
  - Regulatory Unit
  - Healthcare Improvement Scotland
  - NHSScotland through Boards
  - NHS national Services
  - Clinical Director (registrant)
  - Person-Centred and Quality Team

- Scottish Parliament
  - Health and Sport Committee including Clerk and Chair
  - Opposition Spokespeople

- Peer regulators
  - GMC
  - GpHC
  - Scottish Regulatory Forum
  - And PSA
• Patient organisations / Public Voice
  o Patient Advice and Support Service (PASS)
  o NHS Complaints Personnel Assn Scotland (NCPAS)
  o Scottish Health Council
  o Health and Social Care Alliance Scotland (The Alliance)
  o Patient Opinion
  o Scottish Independent Advocacy Alliance
  o Scottish Public Services Ombudsman

• Education
  o Royal Colleges Edinburgh and Glasgow
  o Dental Schools
  o Other courses and providers
  o NES

• Profession
  o BDA Scotland
  o LDCs
  o Defence Associations (all 3)

What are the key challenges and priorities for dental care and the dental system within the nation? How do they differ, at all, to UK issues?

• Oral Health – consultation responses awaited
  ▪  https://consult.scotland.gov.uk/dentistry-division/oral-health-plan/

• Workforce planning

• NHS Dentistry in Scotland still operates under the traditional system where patients are registered under a capitation or continuing care arrangement, with the dentist being paid a fee per item of service. In addition, a variety of allowances are payable subject to eligibility criteria.

• The Childsmile programme for improving oral health has four components involving the distribution of resources, supervised toothbrushing in nursery and primary schools and a practice element. The Childsmile Practice Programme is designed to improve the oral health of children from birth by working closely with dental practices. The programme aims to provide a continuous care service as early as possible in the child's life that includes (a) oral health advice (b) annual dental check-ups and treatment and (c) twice-yearly fluoride varnish applications from two years of age

• Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. As the number of older people rises and their complexity of care increases there will be an associated rise in demand on the service and a change in the nature of care required.

• The Scottish Oral Health Improvement Homelessness Programme (Smile4lifeHomeless) reported in 2011. A needs assessment survey of 853 people experiencing homelessness in Scotland identified exceptional oral health needs among this population. Oral health was poor: 98% of those surveyed had experienced dental decay. Over 50% of the sample had had at least one tooth extracted. Sixty-eight percent of the sample stated that they only accessed dental care when experiencing pain or in an emergency. Over 20% of this population experienced severe dental anxiety.

Is there anything else that would be helpful for the GDC to be aware of?

• Implications of UK leaving the EU
• GDC has excellent working relationships across Scotland
• Understand the nature of Scotland – many stakeholders "wear more than one hat"

Wales

What is the political makeup of the parliament and who is in government?

Carwyn Jones is the first minister of Wales and leads a minority Labour administration. This follows a significant fall in Labour’s share of the votes in last year’s National Assembly elections. Plaid Cymru is now the Welsh Assembly’s second largest party and UKIP won its first seats in the Assembly.

Key ministers, relevant to the GDC’s work:

• Vaughan Gething - Cabinet Secretary for Health, Well-being and Sport
• Rebecca Evans - Minister for Social Services and Public Health

What are the key priorities for the national government?

• driving improvement in the economy and public services
• equipping services to manage an ageing population
• climate change
• new technologies
• the future outside the EU.

Initiatives

• Business Accelerator Scheme to encourage investment, innovation and job creation
• Creation of a minimum of 100,000 high quality all age apprenticeships
• Making progress towards goal of reducing greenhouse emissions by at least 80% by 2050
• Investing an additional £100 million to drive up school standards
• Establishing a National Infrastructure Commission to provide increased certainty and sustainability for investment in the future.

What are the key health priorities for the national government?

• Introduction of a New Treatment Fund to give people in Wales fast access to new and innovative treatments and work to end the postcode lottery for drugs and treatments not routinely available on the NHS.
• Improvement of access to GP surgeries, making it easier to get an appointment.
• Investment in community pharmacies to take pressure off GP surgeries
• Establishing a Parliamentary Review into the long-term future of Health and Social Care in Wales.
• Investment in a new generation of integrated health and social services centres
• Acting to attract and train more GPs, nurses and other health professionals across Wales
• Introduction of a new public health bill

What are the key challenges and priorities for the national NHS?

• There have been widespread concerns in recent years about the failure of the Welsh NHS to meet certain targets, particularly the proportion of patients waiting “unacceptable” lengths of time to start treatment.
• Public Health has also been a regular talking point in recent months, with the latest Welsh Health Survey finding that a quarter of the adult population are now classed as obese.

Challenges

• Meeting the rising demand for care, particularly from people with complex needs or long-term conditions, is a major challenge. Redesigning the healthcare system to reflect the needs of people now – and so that it remains sustainable in the future. This includes shifting more care closer to people’s homes, while maintaining hospital care.
• The workforce challenge: Planning for a sustainable and resilient workforce
• Recognising the financial pressures on all parts of the system and getting value for money
• Integrating health care
• Investing in prevention and early intervention to support and maintain people's well-being and prevent ill health for as long as possible.

Who are the key national stakeholders?
In addition to the UK wide health regulators, the GMC has an office in Wales and has said they would be happy to work with GDC on Welsh issues and in reaching stakeholders.

Key stakeholders:
• Health Inspectorate Wales
• Health Education Wales (new body)
• Social Care Wales (new body)
• Community Health Councils (watch dog of NHS services in Wales)
• Wales Deanery
• Public Health Wales
• BDA Wales
• GMC Wales

What are the key challenges and priorities for dental care and the dental system within the nation? How do they differ, at all, to UK issues?
Austerity measures are having an impact on spending on health. The BDA has said a below inflation pay uplift for dentists in Wales is putting NHS dentistry in Wales at greater risk.

Priorities

The plan provides an overview of the action needed to improve delivery of oral health services and the quality of these services. It examines a wide range of issues relating to oral health, including:
• the inequalities in oral disease and who is particularly at risk;
• the need for individuals to take personal responsibility for their oral health;
• ways to improve the effectiveness and efficiency of services; and
• ways to improve the quality of dental services to promote access and health outcomes, in addition to providing excellent treatment.

Annual Reports will be published to reflect on what has been achieved and will identify priorities for the next 12 months.

Is there anything else that would be helpful for the GDC to be aware of?

• Data on the number of patients receiving NHS dental treatment and the numbers of NHS dentists

Patients treated in the 24 months before 31 March 2016

1.7 million patients (54.9 per cent of the population) were seen in the 24 month period ending March 2016. 52.3 per cent of adults were treated as well as 65.1 per cent of children, both percentages increasing slightly from the previous 24 months ending March 2015

Workforce between 1 April 2015 and 31 March 2016

A total of 1,470 dentists who had NHS activity were recorded between 1 April 2015 and 31 March 2016. There were 4.7 dentists per 10,000 population, which was the same as the previous year.

• Dental Contract

The intention set out in the National Oral Health Plan annual report of 2014/15 is to develop a new dental contract which focuses on tailored patient care based on prevention and on risk assessment. The aim is to develop a system that works for patients and dentists alike. Central to this will be the options for maximising the skills of the whole dental team, taking account of the Direct Access arrangements.

In 2013/14, the Welsh Government piloted direct access services run by Dental Care Professionals (DCPs) in the Community Dental Service. The pilots were completed successfully and the plan was to

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1 Dentistry in Wales, Joseph Champion 2016
roll out the scheme to all CDS services across Wales. The GDC is investigating progress on this, as the CDS provides a comprehensive domiciliary service in Wales.

- The Welsh government has made changes to private dentistry regulations, mainly to address anomalies in the earlier regulations. The new regulation now ensures that the HIW can register private practices. The regulation also sets out a fee structure for inspections. Other aspects - the regulations aim to align requirements for Disclosure and Barring Service (DBS) checks in private dental practices with those required by the NHS. It would also require DBS checks for other members of the dental team such as dental nurses, dental hygienists and dental therapists.

**Northern Ireland**

What is the political makeup of the parliament and who is in government?

Following the collapse of the Northern Ireland power sharing agreement in early 2017 and a snap election in March, talks on the re-establishment of the government are currently on hold until after the June general election.

What are the key priorities for the national government?

See above

What are the key health priorities for the national government?

When the most recent government in Northern Ireland was in place, the Health Minister was Michelle O’Neill (Sinn Fein)


The 4 main priorities are:

i) Focusing on prevention and education – enabling people to taken control of and manage their own health

ii) Ensuring high quality care

iii) Empowering staff

iv) Building sustainable health services

What are the key challenges and priorities for the national NHS?

The Health and Social Care Board, which commissions healthcare services in Northern Ireland sets out annual priorities at both the national and local levels in its commissioning plans. The commissioning plan for 2017-18 has not yet been published. Priorities from the 2016-17 plan included:

- Improving health and reducing health inequalities
- Improving the quality and experience of healthcare by providing services closer to home and improving the patient “journey”.
- Ensuring efficiency and value for money

Who are the key national stakeholders and what are their top priorities?

Chief Dental Officer (Simon Reid)

Regulation and Quality Improvement Authority: systems regulator

Health and Social Care Board (commissioner of healthcare services, with direct responsibility for community healthcare, including dentistry).

Pharmaceutical Society of Northern Ireland (regulator)
What are the key challenges and priorities for dental care and the dental system within the nation? How do the differ, at all, to UK issues?

The Happy Smiles programme was launched in October 2016. The programme aims to improve oral health for nursery age children http://www.hscboard.hscni.net/our-work/integrated-care/dental-services/happy-smiles/

The 2016-17 commissioning plan from the HSCB sets out, at p.70, some of the specific issues relating to dentistry in Northern Ireland.
http://www.hscboard.hscni.net/download/PUBLICATIONS/COMMISSIONING%20PLANS/Commissioning-Plan-2016-17.pdf

Is there anything else that would be helpful for the GDC to be aware of?

The size of Northern Ireland brings challenges in respect of workforce, particularly in light of the current negotiations on Britain’s exit from the EU and the potential workforce implications of that, alongside the question of recognition of qualifications within the EU.