The Sizewell C Project

9.125 Comments on Responses to the ExA's Third Written Questions (ExQ3): Appendices

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APPENDIX 4A: RESPONSE TO CCG ON DENTISTRY

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1 RESPONSE TO CCG ON DENTISTRY

1.1 Introduction

1.1.1 Thank you for forwarding the letter from the Head of Primary Care Commissioning regarding a request for an NHS dental contingency fund for the non-home-based workforce and their dependants, which underpins the CCG request for a contribution of [redacted] into local dental budgets over the construction period, set out in the CCG's proposed Heads of Terms. This was received on 17-9-21.

1.1.2 SZC Co. does not agree that a dentistry contribution is needed. This is because the Project is not predicting an impact on dentistry. The lack of local NHS dentistry capacity means that the chances of non-home-based workers or their families being able to access local NHS dental services is exceptionally low, noting that many members of the existing local community are already having to pay privately or - if they cannot afford to pay privately - are not able to access dental services.

1.1.3 SZC Co. cannot provide a Deed of Obligation contribution for a service that it is not impacting and its non-home-based workforce and their families will not be able to access. Nor will it consider a "contingency" because it is not credible that sufficient new capacity will come forward even to provide for the needs of the many members of the local community waiting for an NHS dentist. Furthermore, it would not be appropriate to provide any contribution that would incentivise the CCG / local NHS dentists to take on Sizewell C non-home-based workers and families over and above members of the local community due to a Deed of Obligation payment.

1.2 Lack of Local NHS Dentistry Capacity

1.2.1 It is useful that the Head of Primary Care Commissioning explains why dental practices nationally are unable to operate at full capacity at the current time but the letter fails to respond to the point that this is a pre-existing issue - see for example Why you probably can't find a local NHS dentist - A system in crisis? - Healthwatch Suffolk. The situation is particularly bad in Suffolk as a whole and locally, with BUPA and MyDentist closing in Leiston, leaving the town with no dentist.

1.2.2 As well as Healthwatch Suffolk, this issue:

a) has been raised in local media - for example Lack of NHS dentists in Suffolk causes 'growing frustration' | East Anglian Daily Times (eadt.co.uk) Suffolk patients struggling to find new dentists | East Anglian Daily Times (eadt.co.uk);

b) has been discussed with David Barter directly by Therese Coffey MP (East Suffolk Extra Column - 11th June 2021 | Thérèse Coffey (theresecoffey.co.uk);

c) is catalogued in the GP Patient Survey Dental Statistics, where in the last 2 years, the success rate for those trying to get a dentist appointment in NHS Ipswich and East Suffolk was 73%, and 24% of respondents indicated that they prefer going private. Statistics » GP Patient Survey Dental Statistics; January to March 2021, England;

d) has been raised at the Sizewell C Issue Specific Hearings by Interested Parties;

e) is evidenced by the NHS "find a dentist" website; and

f) has been further communicated through direct engagement with local dental surgeries - SZC Co.'s research found that there is no dental practice within 20 miles of the site taking NHS patients, and only one dental practice considering placing people on a waiting list.

1.2.3 While SZC Co. does not disagree that the pandemic has exacerbated matters, the lack of local NHS dental capacity pre-dates the pandemic. The recent closure of dentists locally and the ongoing trend (nationally and locally) of dental surgeries moving towards private practice means that even if eligible for NHS care, there would be no spare NHS dental capacity for non-home-based workers or their families (dependants) to utilise. They would therefore need to either return to their permanent address and use their existing dentist or pay privately.

1.3 Potential New Local Dental Capacity

1.3.1 SZC Co. notes the Head of Primary Care Commissioning's suggestion that the CCG (via NHS England) hopes to have a dental practice contract in place in Leiston by July 2022, increasing current capacity.

1.3.2 In requesting a contribution from the Sizewell C Project, the CCG is assuming that the contract would be successfully placed and delivered but SZC Co. notes that the two recent closures of dentists in Leiston (BUPA on 31-3-20 and MyDentist on 30-4-21) were due to an inability to recruit dentists and it is not clear why the situation would now have changed - see Lack of dentists forces Leiston practice to close | East Anglian Daily Times (eadt.co.uk) Dental care practice in Leiston to shut due to lack of dentists | East Anglian Daily Times (eadt.co.uk).

1.3.3 SZC Co. also understands that the new contract would not span the duration of the construction period, operating for an initial 4 year 9 month

period with an option to extend for up to 3 years - AG20508 - Market Engagement Event for General Dental Services (7 Lots) for the East of England Region - Find a Tender (find-tender.service.gov.uk).

1.3.4 Even if provision is successfully made, this follows the closure of the previous surgeries, thereby increasing capacity in Leiston from zero and likely only partially addressing existing community need. It does not appear credible that this will clear the now significant backlog in local / Suffolk residents seeking an NHS dentist, let alone provide spare NHS dental capacity for any of the non-home-based workforce and their families (arriving from 2023 onwards when spaces will almost certainly have been filled) - and certainly not the 50% assumed by the CCG. SZC Co. notes in this regard that there is a Suffolk wide paucity of dentists but the only other new contract would be in Lowestoft over 20 miles away, with the remainder in Norfolk (link as 1.3.3 above). The Leiston spaces are therefore likely to fill immediately.

1.3.5 SZC Co. considers that a contingency, as part of the planning contribution, in the event that the Leiston capacity does come forward would not be appropriate. Providing a payment for non-home-based workers or their families to access NHS dentistry services could act as an incentive for the CCG / local dentists to prioritise the dental needs of the non-home-based workforce and their families over the existing population. This would exacerbate current circumstance and create tension between Sizewell C, its host community and health care providers alike.

1.3.6 SZC Co. considers it completely unacceptable for any new NHS dentist to reserve NHS spaces needed by the local population for Sizewell C's non-home-based workforce and families. But if places are not held, it is extremely unlikely that SZC Co.'s non-home-based workers and their families would be able to access NHS dental services so a contribution is not justified.

1.4 CCG Calculation Methodology

1.4.1 Even if there was local capacity, SZC Co. considers that the methodology applied by the CCG to underpin the request is incorrect and fails the planning contribution test i.e. necessary to make the development acceptable in planning terms.

1.4.2 A planning contribution is required where a significant impact has been identified, and may be applied to mitigate said impact. However, no impact has been identified on NHS dental capacity by any party. Instead the CCG has presented the dental policy aspiration for a typical population and then applied this to the non-home-based workforce and dependants, albeit

removing orthodontic work. SZC Co. considers that the way this has been calculated is flawed.

1.4.3 The CCG appears to be confusing a temporary non-home-based workforce (that will largely return home between shift rotations) with a permanent sitting population (more akin to a residential development) that would require typical dental services at a typical rate until the local NHS budget catches up. This is incorrect.

1.4.4 The majority of the non-home-based workers would retain their own dentist at their permanent home address. They would not seek non-essential routine dental care in Suffolk but would return home and visit their dentist during their rest periods.

1.4.5 The only likely dental provision that the majority of the non-home-based workforce would seek in Suffolk would be emergency dental work. However, they would not be eligible for NHS care if not registered with a local NHS dentist so would either have to pay privately in order to be seen in Suffolk or take sick leave and return to their home dentist. Either way, there would be no impact on local NHS dental capacity or cost.

1.4.6 With regard to families, the CCG fails to consider net additionality, in that non-home-based workers dependants could only move into existing housing, largely replacing people (who have moved elsewhere) already captured in local NHS budgets. The NHS budget therefore, does not materially change, and is then allocated to dental surgeries, specifically by the number of NHS dentist patients they are willing to accept, and remunerated accordingly. If there is any spare NHS dental capacity, then dependents eligible for NHS dental work are already covered in the NHS budget, and the funding allocated to the dentist through the Units of Dental Activity (UDA), meaning no impact. If there is no NHS dental capacity, then there is no option but to pay privately; again resulting in no impact to NHS dentist provision or cost. On this basis, there is no NHS dentist capacity or cost impact from dependents, and a contribution on this basis is not necessary in planning terms.

1.4.7 To ensure the ES was conservative, some net additionally i.e. temporary increase in population, has been assumed, as set out in the Residual Healthcare Forecast note previously circulated (by email 26-8-21). However, the CCG assumes dependants are, and will forevermore be excluded from NHS dental budget allocation, requesting a planning contribution to fund their dental care for the entire construction period. In short, the CCG is working on the basis that the NHS budget they pay into, and would typically be allocated for if they are accepted as an NHS dental patient, never catches up. This is not correct.

1.4.8 On the above basis, what the CCG has requested is not to address a significant or even an identified impact on local NHS dentist capacity from the Sizewell C Project but is a funding request for an incorrectly assumed permanent population increase that would forevermore fall outside of NHS budgeting. This is incorrect, and not necessary to make the development acceptable in planning terms.

1.5 Evidence of Impact

1.5.1 No evidence has been provided that would indicate the NHS dental planning contribution requested is fair or reasonable: the CCG has not presented evidence of an impact on dentistry directly related to the development and no credible indication as to the type or rate of NHS dental care directly attributable to the non-home-based workforce or dependants has been identified, when taking into account sections 1.2-1.4 above.

1.5.2 In addition, the CCG has not presented any evidence (even anecdotal) to suggest an NHS dental impact at Hinkley point C or any other NSIP, nor has the CCG identified any project where NHS dental care planning contributions have been requested locally or nationally (including residential developments that would accrue a permanent sitting population).

1.5.3 No such contribution was requested by the CCG from any of the other NSIP projects locally, and to the best of SZC Co.'s knowledge, a dentistry contribution has not been requested on any local residential developments that would accrue a new sitting population. It is not clear why the CCG considers that the Sizewell C Project should be treated differently.

1.5.4 Instead the CCG has presented the non-home-based workers and dependants as a permanent sitting population that would fall outside of NHS budget allocation, and inferred this as an impact on NHS dental care, albeit excluding orthodontic work. The requested contribution is thereby unsupported, unjustified and cannot be termed mitigation.

1.5.5 At best, the CCG has presented a budget that would ideally provide NHS dentistry services for a sitting population, yet currently this is not being delivered locally for the existing population.