

Title: Dentistry in Scotland - PHS Director of Dentistry Response

Date: 2 December 2024

Authors: David Conway & Maura Edwards (Consultants in Dental Public Health)

For: HSCS Convener, Scottish Parliament

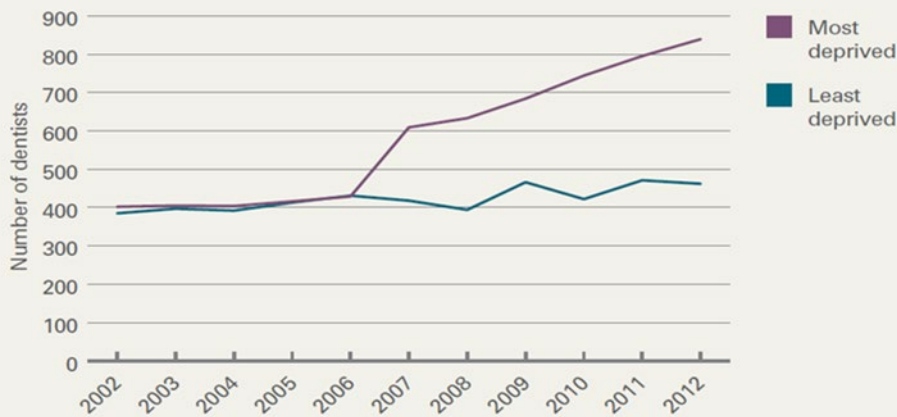
This request for views on the status of dentistry in Scotland has also been sent to all Directors of Dentistry in local NHS Boards and many of the questions are more appropriately answered at local level. However, PHS supports all Boards by providing data and other dental information, as well as a role in oral health improvement, so....

NHS provision

- Have dentists increased NHS provision in the last 2 years? If not, could you describe any barriers which have prevented this from happening?
 - PHS publish national information on NHS Dentistry activity for Scotland and by Health Board. The latest report was published in Nov 2024 with data as at end of September 2024 ([NHS dental data monitoring report - Quarter Ending September 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#))
 - In the recent report, slight increases were observed in adults and children (including 0-2 years) registered with a NHS Primary Care dentist in Scotland since the introduction of NHS Dentistry Payment Reform in Nov 2023. Of those registered, there is a slightly increased proportion of children and adults participating (attending a NHS Primary Care dentist).
- Is there evidence of new dentists setting up practices and offering NHS services? If not, why not?
 - PHS have information on “active dentists/list numbers” and their locations at Scotland level (and by Health Board) and could provide this if required.
 - PHS data are based on claims, so PHS only becomes aware of new locations once claims are submitted.
- Do you have any views on the [Scottish Dental Access Initiative](#) and whether it has been successful in facilitating the establishment or expansion of NHS dental provision?
 - Local NHS Boards administer the SDAI for their area.
 - The PHS Dental Analytical Team do analysis for local Boards on request as part of the local SDAI monitoring of numbers of new patients registered by dentist.
 - PHS has not undertaken a formal evaluation collating SDAI information at a national level.
 - An Audit Scotland report previously published showed an increase in practices in deprived areas. While this may also have been due to the Deprived Areas Allowance, this was only part of a suite of initiatives which encouraged dentists to establish practices in areas of need. Although we are not aware of any other formal evaluation, the Scottish Dental Access Initiative has played a role in establishing and expanding dental practice provision in deprived areas – see graph:

Exhibit 16

Distribution of dentists in the most and least deprived areas, 2002–12
The number of dentists in the most deprived areas increased following the introduction of the Deprived Areas Allowance in 2007.



Source: Information Services Division dental workforce statistics, 2012

- Has there been any increase in registrations with the public dental service in your board area?
 - PHS provide national information on registration rates in Primary Dental Care, which includes general dental services and the public dental service. PHS do not routinely monitor this for general dental services and the public dental service separately.

Payment reforms

- To what extent do the new fee levels, introduced in the 2023 payment reforms, reflect increased costs for dental services?
 - PHS have published financial information “payment to independent GDS dentists” in their recent report – see Table 12 (<https://publichealthscotland.scot/publications/nhs-dental-data-monitoring-report/nhs-dental-data-monitoring-report-quarter-ending-september-2024/>)
 - However, this may not fully address the question being asked about dental practice running costs.
- How successful or otherwise is the new fee structure in facilitating the prioritisation of patient access? Please set out any examples within your answer.
 - As noted above, PHS published data show that the two measures of access to NHS Primary care dental services (registration and participation) have slightly increased since the introduction of the 2023 payment reform.

Staffing

- Are there ongoing challenges with the recruitment and retention of dental professionals in Scotland? If so, how might these be addressed?

- PHS does not publish dental workforce information, however PHS provide NHS Education for Scotland (NES) with data from MIDAS (Management Information Dental Accounting System) which is used in their workforce reports.

Prevention and improvement

- Is there evidence to suggest dentists are doing more to focus on prevention in NHS dentistry?
 - The inclusion of a preventive item of service (i.e. giving dentists a payment for prevention) is welcome. However, patient charges do apply, which can be a barrier, e.g. for smoking cessation if needed.
 - While it is not possible to monitor activity in prevention prior to Nov 23, overall, there was an initial increase in activity after payment reform.
 - There is not much detail about actual activity provided under new Item 2a “Enhanced preventive advice and treatment (including Childsmile)”. PHS would welcome the opportunity to provide more granularity on this item if additional information was added as part of the ongoing development of the new Determination 1. This would give extra detail on various preventive approaches being provided by dentists.
 - PHS has a key role to play to support prevention of oral disease within the wider public health system. As the oral diseases have common risk factors with other non-communicable diseases, working with partners in topic areas such as diet and tobacco could reap wider gains.
 - PHS is also supportive of investment in prevention and welcome reform that helps to define preventive spend.
 - The Childsmile programme is a good example of “spend to save” and has shown the benefits of investing in a preventive toothbrushing programme to improve the oral health of children and reduce treatment costs. With additional investment, this model could be expanded to cover other vulnerable groups such as adults with additional care needs. Appropriate evaluation should also be built into any developments.
- To what extent is the [Oral Health Improvement Plan, 2018](#), still driving reforms in dentistry?
 - Action 9: The Scottish Government will establish a single working group to provide a strategic oversight to all national oral health improvement programmes and ensure we maximise our oral health improvement effort
 - PHS has a role in supporting the national oral health improvement programmes, which are mentioned in the Oral Health Improvement Plan.
 - PHS takes part in the recently established SG Oral Health Improvement Leadership Group
 - PHS has established an internal “All Oral Health Improvement Programmes” meeting to help the programmes work more effectively together
 - Action 1: The Scottish Government will ensure dentistry is featured in future strategies on alcohol, smoking and diet.
 - PHS would welcome a role in any discussion on this.
 - Action 2: The Scottish Government will ensure the new population health improvement body to be established by 2019, recognises dentistry and improving oral health as a priority.
 - PHS has a small oral and dental health team who are raising the profile of oral health within the organisation.

- Actions 11-14: “Meeting the Needs of an Ageing Population”
 - PHS oral and dental health team would be keen to support this further as part of prevention across the life course.
- What are your hopes and expectations of what the Scottish budget 2025-26 may deliver in relation to dentistry when it is published on 4 December 2024?
 - PHS oral and dental health team are well placed to help in the monitoring of activity under the new contract, and with extra resource could deliver additional insightful information.
 - Additional funding would also allow PHS to have a more significant role in coordinating the oral health improvement programmes. At present, the resource for programme support is, for historic reasons, spread over a number of local Boards. This situation is fragmented and presents local challenges over sustainability of funding, so centralising this function at PHS would allow a single point of focus for the management and support of the oral health improvement programmes.