Response to letter from Clare Haughey, Convenor, Health, Social Care and Sport Committee, 20 November 2024

In response to the letter of 20 November 2024, from Clare Haughey, Convenor, Health, Social Care and Sport Committee (HSCS) to David McColl, Chair of Scottish Dental Practice Committee (SDPC), please find below responses to the questions presented in the correspondence.

1. 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?***

The period over the last 2 years, from December 2022 to December 2024, has seen reform to the payment system for dentists providing NHS primary dental care.

Payment reform was rolled out on 1 November 2023 and represented a significant change with a new Determination 1 of the SDR. This was not the root and branch reform that we had wanted, but via our negotiations with the Scottish Government we fought to secure the best possible outcome for dentists to ensure they can continue to provide care for NHS patients while keeping their businesses sustainable.

From October 2023 to September 2024 PHS dental activity data reports, 3,709,013 claims were paid/authorised via the new Determination 1 and 590,799 claims via the old SDR; a total of 4,299,812 claims for this period. This is the most recent data set available and the claims are reported for each month. Please refer to the methodological note at the end of this response.

The number of claims was reported in quarterly blocks before this report. For September 2022- Jun 2023, 2,909,999 claims were reported. Data for claims the quarter July, August and September 2023 do not appear to be reported.

It would therefore appear that there has been an upward trend in the provision of NHS dentistry in primary care in the last 2 years, at a national level.

However, the post 1 November 2023 Determination 1 includes a new unscheduled care code, which may impact on the number of claims reported in the data.

This code was not available in the old SDR and may contribute to additional claims since 1 November 2023.

The PHS data also reveals that only 73% of the number of claims were made in the quarter ending September 2024, when compared to the equivalent period in 2019. Dental activity has not returned to pre COVID levels.

- ***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?***

We understand that the aim of the SDAI is to support NHS dental provision in designated geographic areas where access to General Dental Services is low and there is evidence of unmet patient demand and/or high oral health needs. These grants were introduced in 1997.

A new webpage was launched in May 2024 which includes relevant information and the documents for applicants.

SDAI grant funding is available to contractors (either dentist or a dental body corporate) within designated area who intend to:

  - establish a new NHS dental practice;
  - expand an existing dental practice, with associated increase in NHS registration e.g. addition of a new surgery; or
  - purchase and maintain an existing dental practice and NHS patient registration list.

New SDAI areas can only be designated following the submission of documentary evidence by NHS Boards, supporting its view that a location has poor dental access. Eligibility is then reviewed annually by Scottish Government.

A recent parliamentary question revealed that during the pandemic years there were very few dentists or dental body corporates who received financial support through the SDAI grants.

There have been more grants awarded per year in 2023 and 2024, which perhaps suggests that dentists were waiting for the implementation of payment reform before deciding if they could make a 7-year commitment to NHS dentistry, as outlined in the grant conditions.

In order to take a view on whether the grants have been successful in facilitating the establishment or expansion of NHS dental provision, there would need to be a review of the NHS dental activity associated with the dental practices which received the grants and an assessment made of the levels of dental provision associated with those dental practices. This is not data which is readily available.

We would suggest that this could be an exercise which the Scottish Government may complete, so that an assessment of the success or otherwise of the SDAI grants can be made.

- ***Has there been any increase in registrations with the public dental service in your board area?***

The BDA does not have access to this data and so is unable to answer this question.

2. Payment reforms

- ***To what extent do the new fee levels, introduced in the 2023 payment reforms, reflect increased costs for dental services?***

The BDA via the Scottish Dental Practice Committee (SDPC) and the Scottish Government, negotiated the new fee levels, which were introduced as part of payment reform. These negotiations took part in a very challenging fiscal environment.

As part of our preparatory work, we conducted a timings study to establish an evidence base on the time and costs involved in completing various clinical treatments. This helped to establish the labour costs of these treatments. This was based on the refining of expert clinician opinion through a survey and discussion group to establish consensus on timings of each treatment. This study replicated and updated the 1999 Heathrow Timings Study. This evidence base supported our position on costings during the confidential negotiations.

It was not the root and branch reform that the BDA had called for, but we did secure needed improvements to the fees and some of the GDS terms and conditions.

Throughout the negotiations we fought to secure the best possible outcome for dentists to ensure they can continue to provide care for NHS patients while keeping their businesses viable. Under the old system dentists ended up delivering many NHS treatments at a financial loss, which was of course not sustainable in the long term.

The Scottish Government stated that the-
'*Fee levels set in the new Determination I are an attempt by Government to reflect the market conditions that currently prevail in the sector. The Government's stated ambition as set out in the First Minister's Policy Prospectus is to sustain and improve patient access. This can only be achieved with a new suite of fees set at a level to encourage the dental sector to increase NHS provision*.'

The amended Determination 1 and the revised fee levels, which formed part of payment reform, are an improvement on the previous SDR. However, it is important to bear in mind that the fees only make up part of the remuneration package for NHS dentists in primary care. Item of service fees, capitation payments and allowances for eligible dentists, make up the full remuneration package.

Each year the Doctors and Dentists Review Body (DDRB) makes a recommendation on the pay award for NHS primary care dentists. Our position remains, as in previous years, that the Scottish Government should apply the pay uplift to the full package of remuneration in the SDR, but they have chosen not to do this.

In addition, the Scottish Government has again ignored the DDRB recommendation to negotiate on the expenses/cost of care element of the uplift directly with the SDPC, despite our calls for these discussions to take place.

We have particular concerns about the impact of the decision not to uplift the General Dental Practice Allowance (GDPA) cap.

The static GDPA along with the associated pay uplifts over a number of years, is placing more NHS dental practices at the capped GDPA of £22,000 with inflationary costs that they are having to absorb. This has resulted in the capped GDPA falling behind inflationary rises.

GDPA is 12% of the accumulative gross practice earnings, up to a maximum of £22,000 per quarter and this has been the case for many years. In relation to the increasing cost of care, much of these are now having to be funded from a static pot of GDPA. The GDPA cap not being raised is punitive to the most committed NHS dental practices and our stance, as in previous years, is that it should be increased along with the full remuneration package in the SDR.

Recruitment and retention issues are affecting many NHS dental practices and impacting on their ability to provide NHS dental care. This is also impacting on NHS dental practices' financial sustainability, with high levels of associate dentist vacancies and associated market forces having an impact on covering the costs of care.

- ***How successful or otherwise is the new fee structure in facilitating the prioritisation of patient access? Please set out any examples within your answer.***

In July we published survey data of both BDA members and non-members, which showed that only 7% of those who answered the survey, believed that payment reform would enhance access for NHS dental patients.

Workforce challenges are being felt across the sector and not just in rural areas. This includes all dental team members and not only dentists.

We are concerned by reports that many patients are unable to access NHS care, while dentists are reporting they have vacancies in their dental practices that they can't fill. Scotland needs a 21st century service in which dentists would choose to build a career. We are ready to shift the focus from treatment to prevention.

It is fundamentally important that there is a fully funded dental workforce plan in place, so NHS dentistry in Scotland can recruit and retain the dentists and dental team member that it needs to meet the dental needs of the Scottish population.

3. Staffing

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

In October there were media reports that six Scottish Council areas now have no dental practices which were able to take on new adult NHS patients within three months; Argyll and Bute, Dumfries and Galloway, Inverclyde, Orkney, Perth and Kinross and Shetland, while just one practice in Fife said it was registering NHS patients, with a waiting list of three months.

BBC Scotland News contacted almost 900 dental practices listed on the NHS inform webpage. Of the 717 that responded, 185 offered NHS appointments to adults within 3 months, while only 26 practices offered appointments within 2 weeks.

This reflects the feedback we've had from dentists across Scotland, that workforce challenges are now being felt acutely across the dental sector and must be addressed as a matter of urgency.

In an open letter which we sent to the Minister for Public Health and Women's Health, we stated that "Scotland cannot have NHS dentistry without NHS dentists- and this service must be a place which can recruit and retain talent, where graduates have a chance to build a lifelong career".

As part of the Quality Improvement Activity 2022-25 cycle there was a requirement to complete a Practice-Level Workforce Census.

The purpose of the workforce census was to enable Scottish Government to better understand the current dental workforce. They said the results would then be used to inform workforce planning going forward.

The census had to be completed by 12th June 2024.

As far as we are aware, the results of this census are yet to be published and we would like this to be made available as a matter of urgency.

It is fundamentally important that there is a fully funded workforce plan in place so NHS dentistry in Scotland can recruit and retain the dentists and dental team members it needs.

We are determined to monitor the progress of payment reform and no options should be off the table for future reform.

4. Prevention and improvement

- ***Is there evidence to suggest dentists are doing more to focus on prevention in NHS dentistry?***

Our survey data of dentists from July showed that only 22% of those who completed the survey believed that the new system (payment reform) enables a move to a more preventative model of dentistry.

SDPC has long called for the SDR to facilitate the full use of skill mix. This includes the ability for other members of the dental team to deliver preventive messages and support patients, but this must be remunerated appropriately.

We do not think it is currently possible to determine whether dentists are doing more to focus on prevention in NHS dentistry, since the implementation of payment reform, as the data captured in relation to this is different before and after 1 November 2023. However, it may be possible to review the emerging evidence base in the future. But it should be noted that preventive messages are often delivered but are not explicitly claimed for.

- ***To what extent is the Oral Health Improvement Plan, 2018, still driving reforms in dentistry?***

Our understanding is the Scottish Government based payment reform and the reduction in the number of fee codes on one of the commitments made in the Oral Health Improvement Plan (OHIP)-

'Action 19: The Scottish Government will streamline items of service payments to GDPs'

There are 41 commitments listed in the OHIP. It would appear that this document is still driving reforms in dentistry. Some of the commitments have been realised whereas others are yet to be actioned.

Two thirds of the dentists who competed our survey on payment reform said the new system represents an improvement on the previous model.

However, 9 in 10 said this could not be the final destination for NHS dentistry.

The Scottish Government should consider reviewing the status of the commitments in the OHIP and publishing an update on next steps.

This would provide the dental sector with a clear view of the Scottish Government's intentions in relation to implementation of the outstanding commitments made in the OHIP.

- ***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?***

We have recently united with other primary care providers from across the NHS in Scotland to explain that failure to protect us from the employers National Insurance (NI) contributions hike would have real consequences for the communities we serve.

In an open letter to Shona Robison, Cabinet Secretary for Finance and Local Government, we stood shoulder to shoulder alongside the British Medical

Association Scotland, Community Pharmacy Scotland, and Optometry Scotland, to spell out the facts.

NHS primary care providers largely operate as small businesses – and deserve the same exemptions from the hike that have been offered to secondary care.

Inaction here could mean independent contractors closing services, returning contracts, and patients struggling to access needed care.

The Cabinet Secretary for Health and Social Care stated the Scottish Government had estimated the net cost of the increase to independent contractors providing NHS services at around £40m. This funding gap must be covered. Failure to do so would inevitably have an impact on patient care.

December 2024

Methodological note-

The Public Health Scotland (PHS), reporting of dental activity, particularly the NHS Dental Data Monitoring report which is published quarterly, provides an evidence base which helps to inform the responses to the questions posed by HSCS committee.

However, it is important to note that this data includes the transitional period from the previous payment system for the dentists providing NHS Primary Dental care, to the system post 1 November 2023, when NHS dental payment reform was implemented.

This report primarily focuses on activity (treatments) following the introduction of the NHS dental payment reform; therefore, only Determination I codes (from 1 November 2023) are fully reported.

Therefore, during the transition period when courses of treatment were still being completed, which commenced before the 1 November 2023, the dental activity for these courses of treatment is not captured in the PHS NHS Dental Data Monitoring report. During the transitional period we believe this report will not present a full picture of the dental activity, as treatment on the old Statement of Dental Remuneration (SDR) has been excluded from the reporting.

However, the number of examinations claimed using old SDR codes have also been published to demonstrate the continued level of activity being claimed under the old payment arrangements but this will not include other types of treatment which were delivered on the old SDR.