

## Response from Jennifer Rodgers, Director of Dentistry, NHS Forth Valley

### 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?**

There are two measures of access to dental services- registration and participation. Registration refers to a patient being included on a dentists' list. This affords them access to urgent, unscheduled dental care (within 24 hours). Participation is contact for a dental examination (check up) and dental treatment. Due to the lifelong nature of dental registration, dental participation is a more accurate marker of access to, and use of, dental services.

While the adult and child registrations have remained fairly constant over time, the participation rates have fallen from nearly 70% in 2019 to 55% in June 2024. Participation rates fall in lower SIMD categories

There are a number of reasons that overall and individual NHS provision by dentists has stalled or not increased- some work is being carried out in NES to try to ascertain the aspirations of people leaving VT – there are also different reasons as to why experienced dentists changing their approach. There has been an overall reduction in workload since 2020 and have some practices continuing to work in the NHS but not accepting new registrations. Out of 46 practices in NHS Forth Valley, 10 are accepting new NHS registrations. Those patients registered seem to be waiting longer for appointments and this could impact patients by having dental disease being picked up at a later stage. There is also the continued pull to private dentistry.

The introduction of Determination 1 was expected to stabilize the sector- this may well have happened. There is no formal evaluation being carried out. In NHS Forth Valley, there have been a small number of dentists de-registering NHS patients and converting to private dentistry- there have also been a small number of new dentists buying into the area and opening NHS lists. We are responding to both of these events on an individual list basis and remain vigilant to the issue.

- **Is there evidence of new dentists setting up practices and offering NHS services? If not, why not?**

There is evidence, nationally, of new NHS Dental Practices opening since the Scottish Government payment reform implementation of 1<sup>st</sup> November 2023. These are in different Health Boards across Scotland. NHS Forth Valley has had two new NHS practices being bought or expanded in the last 12 months.

- **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?**

There has been some use of the Scottish Dental Access Initiative scheme across Forth Valley, in the designated areas, described in the CEL. This is specifically to increase dental access in areas struggling with NHS access. This has always been a successful scheme and can make a difference to the sessions and registrations offered by the SDAI dentists. The contracted period of 7 years ensures on-going commitment to the NHS.

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

No. The PDS do not have any capacity to register additional patients for GDS care. They do, however, offer continue to offer unscheduled care for unregistered patients and this remains a service above what was offered pre-pandemic. The referral numbers have increased in recent years, likely a reflection on the pressures in GDS.

The pressure on the PDS to support unscheduled care and other GDS activity is demoralising to PDS staff and directly widens inequalities as parts of the PDS service is put under increasing pressure.

### **Payment reforms**

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

The cost of dental treatment has increased since the introduction of Determination 1 in November 2023- this has had a financial impact on patients seeking care.

### **Staffing**

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

The NES Dental Workforce Report of 2024 reported that the number of dentists that were registered with the GDC has stabilised over the past few years after a period of increasing numbers of registrants. The number of GDS-PDS dentists decreased between September 2020 and September 2022. This was due to a large decrease in the number of dentists entering the workforce in 2020 and large increase in the number of dentists leaving the workforce. Between September 2022 and September 2023 the number of GDS-PDS dentists was steady.

There is a perceived or actual lack of GDCs in Scotland. For dentists wishing to move to Scotland, listing procedures can be complex and time consuming. There is limited possibility of mentoring and assistants can be poorly supported. There are a number of issues nationally with Dental Body Corporates- this has been communicated to CDO.

Recruitment must be addressed from school leaver/ university level to mentoring the vocational trainees for a career in NHS dentistry. Retention has to look at the numbers retiring in their early 50s thus cutting their career short by 10-15 years.

### **Prevention and improvement**

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

The SDR has a prevention code available for dentists for the first time. Proper analysis to gain any evidence of which preventive advice or treatment is difficult as the code includes all different aspects of prevention.

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

The Scottish Government Oral Health Improvement Plan does appear to be driving reform at National level, but that would sit with the CDO.

- **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?**

In these difficult financial times, every service is struggling for maintaining budgets and continued investment. For long term improvement in health, and to meaningfully address the continued and persistent oral health inequalities, the investment must be “upstream” at national, prevention level with appropriate funding for the Oral Health Improvement Programmes.

Jennifer Rodgers