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Convener
Health, Social Care and Sport
Committee
The Scottish Parliament

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Your Ref: Health, Social Care Sport and
Committee
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Dear Ms Haughey MSP

Dentistry in Scotland

Thank you for the opportunity to feed into the committee. I have sought the views from colleagues within NHS Grampian and have answered the specific points below.

Have dentists increased NHS provision in the last 2 years? If not, could you describe any barriers which have prevented this from happening?

- There has been an increase in numbers of practices taking on new NHS patients with a corresponding slight increase in registration rates. Lack of access to activity data prevents an accurate assessment of levels of provision.

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

- No, although there has been some expansion in existing practices, as well as ownership of practices changing hands.

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?

- Uptake has been limited in this area and there have been no completed applications since it was reintroduced. Local practitioners have cited concerns around recruitment and retention issues leading to targets not being met being a major factor. This is compounded by SDAI/R&R allowances being so widespread rather than focused on areas with the greatest need which would appear to disadvantage rural and island areas.

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

- Not over and above what would be expected although demand for referral services is increasing.

Payment reforms

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

- The increase in fee levels introduced in November 2023 reflects increased costs for dental services much better. It is important to note that these notable increases arrived during a time of sustained and significant inflationary pressures and after over a decade of minimal fee level increases. There remains a disparity between the current fee levels and associated material costs, especially for lab related items.

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

- The new fee structure has largely steadied the ship in terms of access to NHS dental care. Where once there was fear of a mass exodus of practices from the NHS, this is no longer the case.
- Whilst there remain other barriers to access to care such as e.g., recruitment and retention issues, these cannot be primarily attributed to the fee scale currently on offer.

Staffing

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

- Yes. Limited availability of overseas registration exam with corresponding long waits for registration appears to be a significant factor, nearly 50% of new additions are overseas graduates so making the process of registration more streamlined without compromising patient safety would help. Furthermore, UK graduates are opting to work part time after completing their VT year, and as such, despite graduate numbers remaining steady, the WTE dentists in the system after completing training is reduced. This shift has been particularly marked post-pandemic.
 - Consider increasing Scottish dental school places to reduce reliance on overseas graduates, whilst they are a welcome part of the workforce it leaves us vulnerable to political events i.e. Brexit.
 - Consider alternative ways of working and delivering dental care, with specific focus on greater use of the wider dental team, including dental therapists and dental nurses with extended duties.
 - Consider proactively recruiting dentists to dental school training from areas where there is unmet need, especially in remote and rural areas. There is significant evidence that these trainees are more likely to return to and stay long term in the areas where they are from and where they have families/support networks.
- There is also difficulty in recruiting and retaining dental nurses in larger cities, where increases in minimum wage have eroded the previous pay premium dental nurses once enjoyed. This is less evident in more remote and rural areas, where job competition is less prevalent.
- PDS specifically – earnings for dental officers have fallen significantly behind those in GDS leading not only to difficulties recruiting but to experienced and skilled staff leaving to join GDS.
- Prioritise PDS contract reform – a move to speciality/specialist dentist contracts would give parity with similarly qualified medical staff and provide a salary scale which better reflects the skills and responsibilities of a PDS dentist.
- A national dental workforce strategy/plan that is developed with stakeholders would support a more tactical approach to addressing the dental workforce challenges in Scotland.
 - Lack of specialist training places/opportunities and subsequent employment opportunities especially special care dentistry. Impending crisis due to current cohort of specialist who were grand parented approaching end of career meaning fewer opportunities to train and also making it challenging to comply with guidance.

Prevention and improvement

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

- Lack of management information means it is not possible to accurately assess. Evidence may become available in future when information, coupled with the new oral health metrics being gathered from claims, becomes available.

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

- Elements of it are evident in the payment reform introduced in November 2023. The introduction of the oral health risk assessment as part of a risk-based approach model of care is drawn from the 2018 Plan. However, reform of other policy areas such as e-Dental projects (integration of Dental Software Systems with other parts of NHS Scotland IT infrastructure), re-design of Quality Improvement processes in Scotland for Primary Care Dental Services, development of a national dental governance committee to improve and rationalise dental governance arrangements in Scotland as envisaged in the Plan would further benefit dentistry in Scotland.
- Whilst enhanced domiciliary dentists are now embedded in many areas, progress would be welcomed on the Practitioners with Enhanced Skills section (Action 16) as this would reduce pressure on PDS/HDS.

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?

- A recognition of the importance of oral health and the necessity of funding the services appropriately. Whilst payment reform appears to have been welcomed and has stabilised the GDS, managed services are suffering due to financial pressures in the broader system, recent baselining of budgets has removed certainty and an element of protection so whilst the broader population may have access protected, those requiring specialist care or those vulnerable patients requiring care in PDS may have reduced access to care.
- Funding for oral health improvement programmes has not kept up with inflationary pressures over the years. Given the significant contributions of the cost-effective Childsmile programme to improving children's oral health and general wellbeing, it is important that the programme is adequately funded to allow it to continue to deliver the benefits for child oral health and reducing the dental treatment cost burden associated with poor oral health.

Yours sincerely



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