

Health, Social Care and Sport Committee

Date: 29 November 2024

Your Ref:

Our Ref: JL/CL

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Dentistry in Scotland

Thank you for your email of 20 November and the letter from the Convener of the Scottish Parliament's Health, Social Care and Sport Committee in relation to its scrutiny of Dentistry in Scotland. Please can I respond as follows.

NHS Dental Provision

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

Some dentists have reduced NHS provision over the last two years, very few have increased NHS provision. Very few Dental Practices are accepting new NHS patients, some Practices maintain a waiting list to register new NHS patients. NHS Highland regularly updates NHS Dental Services availability on the NHS Highland public internet site.

Lack of increase in NHS provision can be attributed to several barriers:

- Recruitment/retention challenges: Persistent shortages in the dental workforce, particularly in rural areas impacts NHS dental provision.
- Regulatory Barriers: Scottish Government/NES for example mandatory training requirements for dentists, requirements to gain Vocational Training equivalence for non-UK trained dentists / dentists with no recent NHS experience, UK Government visa criteria, and Health Board dental listing requirements. Also, limited opportunities for registration with UK General Dental Council and delays in accessing places on the GDC ORE (Overseas Registration Examination).
- New Dentist graduates: Decreasing appeal of NHS dentistry among young dentists have exacerbated the issue of NHS provision.
- Dental Practice closures: Recruitment/retention issues and financial sustainability of Practices have resulted in the closure of practices, particularly in rural areas. Dental Bodies Corporate (DBC) Dental Practices closures, have increased in number in the NHS Highland area over recent years, resulting in decreased NHS dental provision as patient de-registrations increase. Although, some DBC Dental Practices have been acquired, by Independent General Dental Practitioners.
- Tourism/Visitors/seasonal workers places an additional pressure on dental services in Highland. This is year-round but particularly acute in the summer months.

Is there evidence of new dentists setting up practices and offering NHS services?

No significant net increase has been observed. Many practices are transitioning to private care, offering better work-life balance and financial sustainability for dentists/dental staff. While some new NHS-committed Practices have been established, they often face significant recruitment challenges. Simply adding more dental chairs without addressing workforce shortages does not resolve the underlying issue. In the period 2022 to 2024 two new Dental Practices were set up in the NHS Highland area, by Dentists who already had practices in the area. Both practices received SDAI grant assistance to set up NHS Dental Practices.

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?

Scottish Dental Access Initiative grant assistance has been available in all NHS Highland areas since pre-pandemic time however, limited expressions of interest have been received for several years.

In the NHS Highland area, Dental Practices have utilised the SDAI to establish or expand NHS dental provision post COVID. However, these efforts are hindered by the same recruitment issues outlined above. Without addressing workforce challenges, the SDAI's impact will remain limited. As SDAI grant assistance is available widely across Scotland now, this may have a detrimental impact on rural areas. Since 2017 a total of 9 SDAI grants have been awarded to NHS Highland Dentists. Seven of these grants assisted with the setting up of new practices and two assisted with the costs of extending existing practices.

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

Registrations within the NHS Highland PDS remained static between 2023 and March 2024. Since March 2024 there has been a 1% increase in registrations. Vacancies and recruitment challenges in the Public Dental Service (PDS) are ongoing. The PDS, despite challenges, continue to provide emergency dental service and dental care to priority group patients. The PDS does not currently have capacity to offer dental registration for unregistered dental patients in all areas.

Payment Reforms

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

While fee levels have increased, they do not fully account for rising overheads. In particular, increases in National Insurance contributions and unprecedented utility costs mean that the real financial impact for Practices remains challenging. That's more pronounced in remote areas with limited energy alternatives fuels

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

Concerns remain around the increased costs to patients (during a cost of living crisis) and the overall cost of the reform resulting in limited money remaining to adequately fund the PDS, particularly in areas where it has to provide additional services to address the NHS dental access issue. The current structure is only partially successful. Issues such as:

- **Prior Approval Restrictions:** The process remains a bottleneck, with approvals required even for routine treatments such as extractions. Removing restrictions, as done elsewhere in the UK, could improve access.
- **Claim Rejections:** High rates of dental claim rejections remain a significant barrier. Addressing this would encourage more robust patient care delivery.

Staffing

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

Yes, these challenges persist.

- The recruitment of dentists and dental therapists in both the independent sector and PDS remains the significant issue within dentistry in the NHS Highland area. Currently NHS Highland is aware of four dental Practices in urban NHS Highland areas having vacancies for Dentists, which they have tried to recruit for over 12 months. In rural locations two Dental Practices have vacancies for Dentists, which they have tried to recruit for over 12 months. In the PDS, dentist posts are repeatedly advertised, often resulting in no suitable applicants applying. Although pay has increased over time for PDS dentists, allowances have not increased for many years and pay remains far short of earning potential in the independent sector. Terms and conditions of employment for Scottish PDS dentists require urgent review.
- The removal of the NES Remote & Rural Fellowship programme, which was used to upskill dentists, has had an adverse impact in the Highland area. This supported development opportunity was used to good effect, in the past, to provide dental treatment closer to home, safely and at reduced cost. Being able to offer this opportunity was an important aspect of recruiting and retaining dentists in rural areas.
- Consideration of other factors which impact the recruitment and retention of dental staff in the Highland area include: affordable housing availability, cost of travel, access to training or referral services, work opportunities for spouses/partners.

These challenges could be addressed by :

- **Provisional GDC (General Dental Council) Registration:** Introducing a system help integrate overseas dentists into the NHS workforce.
- **Flexible career Pathways:** Creating a two-year supervised training pathway for overseas dentists could address both skills gaps and workforce shortages.

Prevention and Improvement

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

Yes, there is some evidence, particularly with recent improvements in the fee structure. However, additional systemic efforts, such as water fluoridation, should be considered to achieve more significant preventive outcomes. There were undoubtedly some changes which encourage a more preventative approach but the system very much remains “fee per item” with treatment in response to the damage already done.

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

While the Plan has provided a roadmap for improvement, its full impact is yet to be realized. Greater emphasis on implementation and support for preventive measures would be beneficial. Prevention is not just cost-effective but also better for the environment which might be a further lever in the future to drive environmental positive change. The Oral Health Improvement Plan, 2018, is still referenced but whether it is still “driving” progress is less clear. The Covid-19 Pandemic drew the focus away the Plan.

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?

The upcoming budget offers an opportunity to support NHS dentistry by:

- Funding appropriately trained professionals to treat the population. With an aging population dental treatment has been increasing in complexity, Dental posts should offer more incentives offer to sustain dental services in rural areas, including development opportunities. We need continued funded preventative community based programmes.
- Relieving Financial Pressures: Measures such as National Insurance relief for dentists and subsidies for utility bills would ease financial burdens.
- Golden Hellos or recruitment allowances for rural practices shall be available to overseas dentist same as UK trained dentists.

I trust the above is helpful, but please let me know if you have any questions.

Yours sincerely

John Lyon

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