

Letter by Email to:  
Convener, Health, Social Care and Sport Committee  
Clare Haughey MSP  
HSCS.Committee@parliament.scot

NHS Lanarkshire  
Kirklands  
Fallside Road  
Bothwell

**Date:** 02 December 2024  
**Our Ref:** JG/AMcL/ML  
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Dear Ms Haughey

### **Dentistry in Scotland**

Thank you for your letter dated 20 November 2024. We now return herewith the NHS Dental Provision Template as requested. Please accept our apologies for not responding within the timescale stated.

Yours sincerely



**Allison McLean**  
**Interim Board Secretary**

## 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 latest quarterly report from Public Health Scotland on 30<sup>th</sup> September 2024 shows an increase in registration and participation for both children and adults in NHS Lanarkshire.

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

No. We currently have 35% of practices registering new NHS patients.

There are only 6 predominately private practices including 1 practice owned by a Dental Body Corporate who are actively deregistering all adult NHS patients. The remaining practices are NHS or mixed NHS/private and we continue to have good local access to NHS dental care across all but 1 locality.

- **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 currently have no areas identified as having unmet need for NHS dental care

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

Patients who are eligible for registration with Public Dental Service in NHSL are those groups who cannot safely or appropriately access dental care in a General Dental Practice setting by means of medical co-morbidities, vulnerable groups and those requiring behaviour management techniques beyond which are available in General Dental Services (GDS). Therefore, our registration numbers would not be representative of a GDS access issue. We have seen an increase in the number of unregistered patients who are seeking emergency dental care during core hours and, as such, we now have provision equivalent to 1 WTE dentist who provides this care when, pre-pandemic, this need was met on an ad hoc basis by existing PDS provision.

## Payment reforms

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

The new and simplified fee structure has offset some increased running costs for general practices and helped to promote a sustainable business model, however the recent budget announcement regarding employer National Insurance Contributions and uplift in minimal wage will place additional financial stresses on practices.

The dental laboratories increased fees at the same time as the new payment reform and as a result General Dental Practitioners (GDPs) in NHSL report continuing difficulties in providing treatment involving lab work as a financially viable option.

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

Increased fees for providing sedation has resulted in an increased number of practices offering this service for NHS patients as well as accepting referrals from neighbouring GDPs. In addition, one practice is accepting NHS referrals for treatment of anxious children which they feel is now a viable option due to the new fee structure.

Sedation and paediatric referrals would normally all have been sent to our PDS so having a 'high street' option allows patients a potentially quicker route to be treated. The inclusion of a fee for unscheduled care has been welcomed by GDPs and allows patients to access emergency care in a timely manner whilst ensuring that the practice/dentist is not making a financial loss.

The Public Dental Service has noted a significantly increased burden of applying for Prior Approval for patient courses of treatment above £600. This is mostly due to the significant increase in the sedation fee as many of our patients require multiple sessions of sedation in order to complete a course of treatment. The numbers of prior approval have increased 100% between Nov 2023 and April 2024. This places an additional administrative burden on PDS staff and can delay care for the patient.

## **Staffing**

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

We are seeing a steady number of GDPs listing within NHS Lanarkshire in addition to a slightly increased number of vocational training (VT) practices however, due to retirements and reduced working hours, there are still reports of Dental Associate vacancies.

In addition, Dental Therapists remain difficult to recruit as many begin working in private practice soon after graduation. The suggested therapy vocational training (TVT) pilot scheme for Dental Therapy graduates beginning in September 2025 will hopefully go some way to addressing this issue. Listing dental therapists and offering benefits like sick pay and pensions would be welcomed.

Dental Technicians who are able to consistently deliver good quality acrylic lab work are also becoming difficult to find. There appears to be a lack of recognised courses for this workforce.

PDS has significant issues in recruiting to Dental Officer posts. We have had 3.6WTE vacancies for 18 months with multiple unsuccessful rounds of recruitment. Feedback from candidates is that the salary offered is not competitive with Determination 1 fees so it is financially more attractive for dentists to work in GDS NHS/ private

dentistry. Terms and conditions for PDS dentists have been in place for over 10 years and would benefit from review to ensure that this career option remains competitive. Development of pathways for progression, such as a postgraduate fellowship aligned to PDS work may also improve recruitment and retention.

## **Prevention and improvement**

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

There is currently no data/evidence available to show if dentists are doing more to focus on prevention in NHS Dentistry but feedback from the profession following Determination 1 is that there is now more scope to encourage a more preventative approach.

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

Within NHS Lanarkshire, the OHIP 2018 is driving reform in the following ways:

Chapter2: **Focus on prevention.** Supported by the new payment reform with payments for giving preventive advice in addition to risk based recall intervals. Reports from local GPs that this is allowing them to register and see more NHS patients.

Chapter 4: **Meeting the needs of an ageing population.** Caring for smiles is a well-recognised and respected programme within NHS Lanarkshire. This, along with our enhanced skills GPs means the aging population has a recognised pathway of care  
Chapter 5: **More services on the High Street.** Sedation services are now available more readily in GDS sites in Lanarkshire

Chapter 6: **Improving information for patients.** The streamlined payment reform and the patient centred information around this reform has made patients better informed.

- **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?**

Financial investment in workforce to enable adequate skill mix within GDS and PDS. Exemption of the proposed increase in Employers National Insurance contributions for GDS practices. The impact of these increases is that we are likely to see more upselling of private dentistry to offset the increased outgoings.