

Date 2 December 2024

Clare Haughey MSP
Convener, Health, Social Care and Sport
Committee

Email: HSCS.Committee@parliament.scot

Dear Clare

Dentistry in Scotland

Thank you for your letter dated 20 November 2024 asking for our views on the status of dentistry in Scotland.

I have provided responses to your specific questions in the appendix to this letter. For context, I have provided some information here about the provision of dental services, both primary and secondary care services, within NHS Lothian. This information was also previously provided to the Covid19 Recovery Committee as evidence for their inquiry into the recovery of NHS dental services.

Within NHS Lothian there are currently 174 General Dental Practices (10 of these practices provide orthodontic services only) who are independent contractors to the NHS, and 21 salaried sites within the Public Dental Service.

The Public Dental Service (PDS) is a directly managed service, which provides urgent dental care for patients that cannot register with a General Dental Practitioner (GDP) and provides out-of-hours emergency care for all Lothian patients. The PDS also provides specialised and specialist dental care for patients from priority groups and for those unable to access care in a general practice setting, provides access to dental care for patients with special needs and/or where learning difficulties, mental health or physical disability may preclude treatment with a GDP, and promotes oral health and oral health improvement through national and local initiatives, including supporting routine surveillance of the oral health of children in NHS Lothian.



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*Lothian NHS Board is the common
name of Lothian Health Board*

The PDS forms part of the NHS Lothian Oral Health Service, which also includes the secondary care dental specialties of oral medicine, oral surgery, orthodontics, paediatric dentistry and restorative dentistry (provided under the umbrella of the 'Edinburgh Dental Institute'). The Oral and Maxillofacial Surgery service provided from St John's Hospital also delivers oral surgery services.

I hope this context and the answers to the questions are helpful. Please get in touch if you require any further information or clarification.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Jenny Long', written in a cursive style.

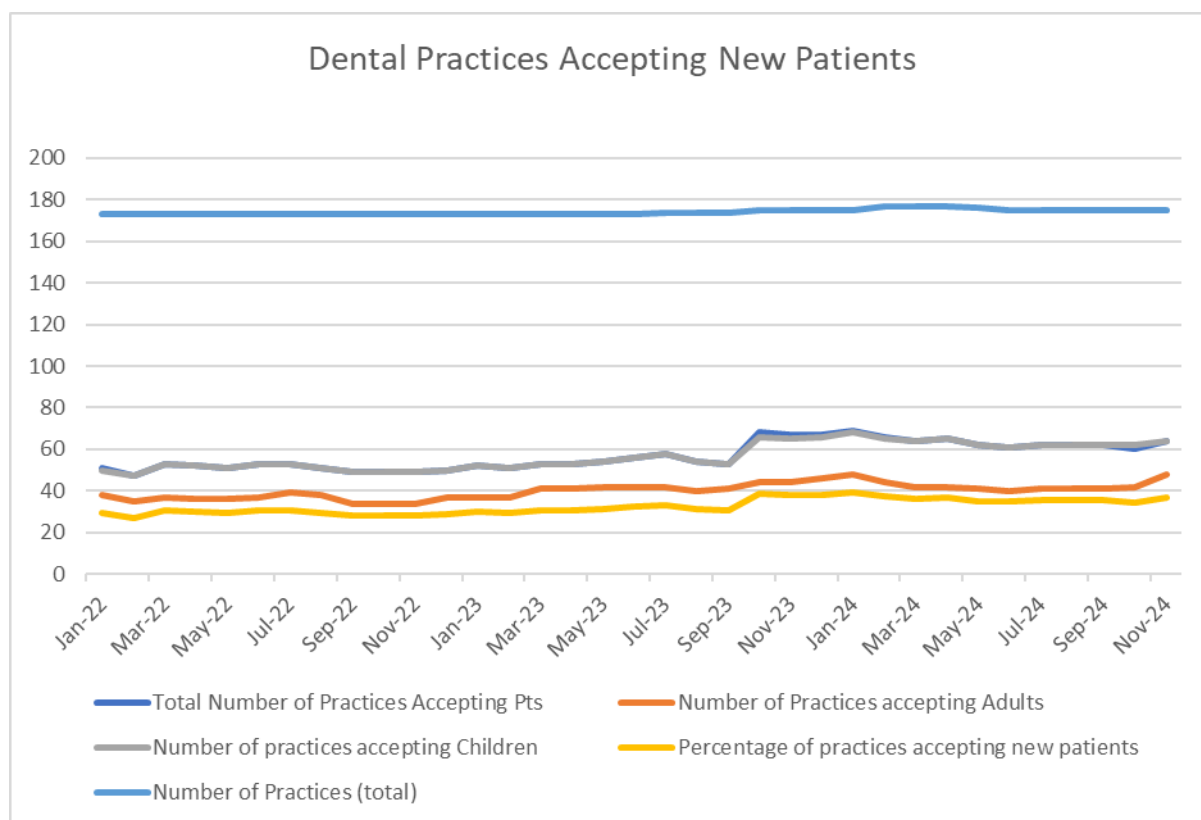
Jenny Long
Director of Primary Care

Appendix – NHS Lothian response

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?**

NHS Lothian have tracked the number of dental practices taking on new NHS patients in the last 2 years and have seen a small increase in these numbers as the chart below shows, with 36% of all practices accepting new NHS patients in November 2024 compared with 28% of all practices in November 2022.



We are trying to make it easier for people to know which dentists are currently accepting new NHS patients, and we seek updated information from practices monthly to inform this

list. This may change at any time if the practice reaches capacity. We provide this information for patients on our website here [Dentists – NHS Lothian | Our Services](#).

In terms of barriers, then largely these are related to remuneration and workforce which will be covered in response to the questions below.

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

Yes. Five new NHS dental practices have opened in Lothian over the last 12 months; four in Edinburgh and one in West Lothian.

However, there have also been four closures over the last 12 months; two practices converted to fully private care although both had a very small number of NHS patients, and two full closures in Edinburgh with the transfer of patients to a sister or neighbouring practice. There is also one further imminent closure in West Lothian with the patients to be transferred to the nearby sister practice. In this case we are aware that the closure is due to dentist recruitment challenges, and the owners have decided to consolidate their provision to one site which will allow patients full access to dental care five days per week.

In May 2024 we advertised the opportunity to set up a two or three surgery dental practice in purpose-built premises in Blackburn, West Lothian. Unfortunately, there were no applicants, and we intend to readvertise at the start of 2025. If we still cannot secure a GDP then we intend to use this site for our Public Dental Service.

We also have premises in Fauldhouse, West Lothian, that will be available from January 2025 and we intend to advertise.

Therefore, from our recent experience suitable premises to operate from is not a barrier for GDPs setting up new 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?**

NHS Lothian does not currently have any areas that are eligible for the Scottish Dental Access Initiative (SDAI). However, with the assistance of Dental Public Health colleagues we have recently undertaken a needs assessment to identify areas of any unmet dental

need in Lothian which could become designated areas for SDAI grants to improve access to General Dental Services (GDS).

The population of NHS Lothian has grown significantly over recent years, and 82% of Scotland's population growth over the next 10 years is forecast to be within the Lothians, with the greatest percentage increase in Midlothian. There are significant planned housing developments across the region and we continue to work with our Local Authority colleagues to collaboratively best plan public services.

We have identified 12 areas within Lothian where it would be useful to be able to attract dentists to provide general dental services to these populations with SDAI grants and have shared this with our Scottish Government policy colleagues. We would be happy to share our analysis of dental need with the Committee and would hope the Committee is supportive of continuing and extending the SDAI to further areas across Scotland, including Lothian.

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

No. It has been a deliberate decision within NHS Lothian for the PDS to not continue with the role of a traditional General Dental Practice providing routine care, and we have been working to deregister patients where possible, ensuring they can register with a GDP.

The PDS in NHS Lothian has focussed on its core safety net role of providing urgent care for non-registered patients, and stabilisation for more vulnerable groups such as Care Experienced Children and Young People and homeless people while they are supported to register and attend a GDP.

Payment reforms

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

The 2023 payment reforms have been welcomed. However, we are aware that costs to deliver the GDS have increased, for example dental labs have increased their charges,

and so the new fee levels are not necessarily directly benefitting practitioners i.e. individual earnings may remain the same due to increased costs.

The recent UK budget changes in relation to increases to National Insurance Employer Contributions and minimum/living wage uplifts will also result in significant additional cost pressures to GDPs.

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

It is difficult to comment on whether dentists have increased NHS provision without detailed management information before and after contract reform from NHS National Services Scotland. However, the number of practices in NHS Lothian deregistering NHS patients in large quantities seems to have slowed which would indicate the payment reforms have had some success.

We have noticed that referrals of children for treatment under sedation or General Anaesthetic into the PDS and Hospital Dental Service (secondary care) remain high, suggesting that despite significant increase in sedation fees and certain fee per item treatments (e.g. silver crowns) GDPs still appear unwilling to manage high levels of paediatric treatment needs even when patients are registered.

Staffing

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

There remains a national workforce shortage for key roles including dental nurses and dentists. Fixed-term appointments funded by non-recurring funding have not proven attractive within the board managed PDS and secondary care dental services.

In the GDS, while there are dentists being recruited from overseas, this comes with additional challenges including recognising qualifications, processing time of applications to join the performers list, and supporting dentists new to the NHS in Scotland.

NHS Lothian's Public Dental Service has struggled to recruit and retain at Dental Officer and Specialist level. New graduates do not seem to want to work in the PDS, and this is possibly also the case for the GDS.

While national workforce planning is the remit of our Scottish Government and NES colleagues, our observations are that undergraduate dental school places within Scotland can be taken up by overseas fee-paying students who often return home to work. High quality graduates can also be lost to specialist training which is now shorter and attracted by better remuneration and status of Specialist practice/ Hospital Consultant career than PDS/GDS. A review of the PDS Terms and Conditions is well overdue, and we would suggest that does take place to make the PDS more attractive at Dental Officer and Specialist level. Another solution may be to make a period of working in the PDS essential for recruitment to specialist and Consultant dental training pathways.

However, there are also significant shortages of hospital dental consultants, particularly in the Oral Medicine and Restorative Dentistry specialties, so ongoing review of training pipeline and recruitment/retention across all three areas of dentistry (GDS, PDS and HDS) is required.

We are aware of the ongoing work of the Dental Services Reference Group in this space, sponsored by the NHS Boards Chief Executives Group, and would be supportive of their recommendations to support recruitment and retention.

Prevention and improvement

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

This is very difficult to evidence due to changes in coding. We would suggest our colleagues in Public Health Scotland would have greater information to share here.

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

It should be recognised that significant improvements in oral health have been made in recent years through concerted efforts from teams across GDS, PDS and HDS. The 2023 National Dental Inspection Programme (NDIP) showed that 82% of P7 children in Scotland had no obvious decay experience compared to 53% in 2005, which was when Childsmile was implemented.

However, health inequalities persist, and there are clear challenges for patients accessing both primary and secondary dental services; as an example our NHS Lothian Oral Health Improvement team receive referrals from a number of health and care professionals (e.g. paediatricians, Health Visitors, NHS24, PDS unscheduled care service, social work) to request support for children to register with a GDP. In 19/20 there were 798 referrals, in 22/23 there were 1,283 referrals and in 23/24 there were 2,020 referrals. Our team has worked hard to support these children to be registered with GDPs who are taking on NHS patients but without this dedicated effort, and without further reform, the oral health improvements may not be sustained.

Due to the number of changes that have taken place since the Oral Health Improvement Plan was published in 2018 (not least the Covid pandemic which had a significant impact on dentistry), we would suggest it would be an ideal time to take stock of progress against the 41 actions, many of which have been delivered, and as part of the wider NHS reform backdrop develop a renewed and refreshed Oral Health Improvement 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?**

We would hope that the Scottish budget 25/26 can support primary care independent contractors, including GDPs, with the additional NI employer costs to ensure that does not become a barrier to providing NHS dental care.