

**In response to the Scottish Parliamentary Health, Social Care and Sport Committee's request for information – Dentistry in Scotland**

National Services Scotland (NSS) acting as a special Board do not themselves provide any direct dental patient care, however Practitioner Services Division (PSD) as part of NSS, make payments on behalf of each the territorial Boards to dental practitioners for the NHS dental treatment delivered to patients across Scotland. In this capacity we do have information which speaks to some of the questions that the Committees posed.

We have limited our reply to those questions NSS can make a meaningful contribution.

**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?

Yes. We can demonstrate that the payment reform has made a positive impact on the provision of NHS care delivery.

The gross payment figures available from PSD for the quarter leading up to the payment reform in 2023 to dental practitioners for completed NHS dental care was £51,656,705. (Some of this figure would be attributable to the multiplier which had been applied to payments to encourage activity in the post pandemic period and thus may be slightly inflated in comparison with the post reform figures).

The first quarter of payments post reform was £67,911,796 an increase of £16,255,091 on the previous quarter or an increase in activity by 31%. (The figure for the first quarter after payment reform would also be depressed in that this would represent only payment for simple courses of treatment as those requiring prior approval or of a more complex nature would not have been completed or paid in this quarter. Payments on the old payment arrangements would also be included in the figures too.)

The most recent quarters gross payment which is a more realistic representation as to how the reform has impacted activity was £73,054,886, which represents an increase of £21,398,161 on the pre-reform baseline figure. This is equivalent to an increase of 41% on the pre-reform activity.

So NHS dental activity as measured by the cost of completed, delivered NHS dental care has increased by 41% on the activity prior to the payment reform.



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

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

The table below outlines across Scotland the number of all dentists (contractors) joining, and leaving and the net effect on the number of NHS dental contractors across Scotland in the years from 2015 until 2024 (please note 2024 is part year to 27/11/2024 and includes any advance notification of resignation)

Data item	Calendar year									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Dentists joining a list for first time	232	226	228	221	215	143	70	154	215	223
Dentists leaving all lists	189	201	161	178	175	133	197	159	167	137
Net move (positive is growth)	43	25	67	43	40	10	-127	-5	48	86

The figures presented are for GDS contractors only, not Public Dental Service staff employed directly by Boards.

Whilst this is not the number of new dentists setting up dental practices this figure better represents the increasing dental workforce where the figures also capture not just new dental practices but also those individuals' filling vacancies in the existing dental practices.

- To what extent is the [Oral Health Improvement Plan, 2018](#), still driving reforms in dentistry?

The Scottish Governments payment reform plans as outlined in the Oral Health Improvements Plan 2018 (OHIP) was to move dental payments towards a more capitation-based model for practitioners, more in line with the model being used in primary care medical practices payments. However, the payment reform delivered has been influenced heavily by learning and experience derived from the provision of the Financial Support Package provided by Scottish Government to the dental practitioners and the associated reduction in clinical activity that was noted during the pandemic.

The reform delivered last year did not reflect the direction of travel outlined in OHIP and brought dental contractor payment back towards an item of service model. So we have already witnessed evolution and variation from the 2018 plan.

Figures supplied by the Dental Team at PSD  
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