NHS REFORM INFORMATION REQUEST FROM SCOTTISH GOVERNMENT
NHS Dentistry in Tayside December 2024

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?*

  Registrations in Tayside (2022-2024):

  - Adults **Decrease** by 7.5%,
  - Overall **Decrease** by 6.3%,
  - Dundee practice will deregister 6600 patients from 31 January 2025 (1.5% of the Tayside population).

  Barriers to increase of provision:

  - Reduced Workforce – inability to recruit and retain dentists,
  - dentists choosing to work within the private sector (deemed more lucrative),
  - dentists reducing their working hours to improve their work life balance.

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

  In Tayside, there are no new NHS practices. The reasons for this are detailed above (barriers to increase of provision).

- *Do you have any views on the Scottish Dental Access Initiative (SDAI) and whether it has been successful in facilitating the establishment or expansion of NHS dental provision?*

  The conditions of the SDAI grant, and the period of time in which a dental practice has to meet the conditions for, are unattractive to practices given the challenges within NHS dentistry at this time. The grant stipulates the need to ensure 80% of service provision is NHS, this can be difficult to achieve for a practice and can limit providing a full scope of private dental services making the SDAI grant less attractive as it potentially hinders a dentists ability to expand and reinvest in its business, thus owners are deciding to purchase or build practices and avoid utilising the grant. This may also be less attractive to a dentist who wishes to enhance their skills and provide dental care not provided by NHS GDS practices, such as implants.

  From a health board perspective not being able to decide which areas to allocate the grant to has stifled our ability to encourage and support the opening of new practices. The

decision to allocate areas is made by Scottish Government based on information provided by the health board; however this information can be difficult to define partly due to dental practices, and therefore patient registrations, not having boundaries.
The SDAI grant was created to address registration needs in the 2000s. It is a time-consuming process from an administration perspective for the health board and has ongoing commitment from the health board to ensure that conditions of the SDAI contract continue to be met.
A more appropriate form of funding that recognises the workforce challenges, local demographics and needs of each health board may be more effective in attracting new NHS dental provision.

- *Has there been any increase in registrations with the public dental service (PDS) in your board area?*
  No, PDS has no capacity to register patients within Tayside.
  Currently PDS are trying to recruit for 1.8 WTE special care dentists and 1.0 WTE SDO. Due to these vacancies and increasing pressure arising from meeting emergency care demands from unregistered patients, there is no possibility of PDS registering patients.
  (85.3% of Tayside population are currently registered with an NHS dentist – the 4th lowest rate on mainland Scotland)

Payment reforms

- *To what extent do the new fee levels, introduced in the 2023 payment reforms, reflect increased costs for dental services?*
  Each practice has individual costs that reflect their own personal circumstances. The health board does not have insight to these costs and would direct the reader to individual practices or the BDA for an appropriate response.

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

  Given the wider systemic issues for NHS dentistry at this time, the payment reform has not improved access for patients seeking NHS provision within Tayside. The health board has also received reports from patients that they still feel their dental practice prioritises their

private patients over those who are NHS. Feedback from Dentists is that still, costs are not covered fully in some areas when providing NHS treatment.

Staffing

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

  Yes, many deregistrations in Tayside occur when a practice fails to recruit a new dentist following a dentist's departure. The aforementioned 6600 patients being deregistered in January is one such example. The task of providing emergency care for the patients of the dentist who has left then falls to the remaining dentists within the practice. The extra workload reduces their availability and ability to care for their own registered patients, having a negative impact on the dentists, both in terms of increasing their workload and impacting their health and wellbeing as cause's additional stress and ultimately results in burnout.

  Addressing the recruitment and retention challenges will take a long-term view; recruiting undergraduate dentists from Scotland will help. In recent years we have seen an increase in overseas undergraduates at Dundee Dental Hospital who predominantly return to their point of origin after graduating resulting in a loss of potential dental care provision. Ensuring a more diverse recruitment of undergraduates who may wish to provide care in various regions of Scotland could improve the likelihood of new dentists remaining in Tayside or Scotland. To facilitate this, would require collaboration between NES, the Dental Schools and Scottish Government to discuss in more detail how this can be progressed and include the stipulation that undergraduates provide NHS care for a period of time once qualified.

  Another way to increase recruitment and retention would be to promote an NHS dental umbrella for pensions, CPD, career development pathways including enhanced skills learning and leadership pathways to create an NHS that supports it's dentists throughout their career.

  There also needs to be a review of the payment PDS staff receive compared to GDS staff, due to the lower staff payments within PDS, this has a negative impact on recruitment within PDS.

  Recruiting from overseas may also help, however this creates concerns regarding governance and the safe delivery of care to the public if dentists have been trained and qualified out with Scotland.

Prevention and improvement

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

There is somewhat of a disconnect between the prevention that is provided for adults within dental surgeries and the support that is provided through established community-based health improvement programmes (children, homelessness, prisons, older adults, adults with additional support needs). Adult programmes would need further development (with appropriate support for research and development), using learning from the Childsmile programme to enhance the focus on prevention within NHS dentistry and connecting services inside and outside the dental surgery more effectively.

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

Reducing Inequalities section:

  - The establishment of Public Health Scotland (PHS) has strengthened the oral health improvement function (community-based prevention and care support) within Scotland due to the inclusion of an oral health team within the organisation. It has also improved the penetration of oral health messages and priorities into other public health workstreams within PHS. The staffing levels and resource within PHS for oral health improvement are less than pre-pandemic levels than what was contained within Health Scotland, limiting capacity and pace of activity.
  - An Oral Health Improvement Programmes Leadership Group has been established (~2021). This, in combination with the development of PHS, has led to improved cross working within the 5 established oral health improvement programmes (children, homelessness, prisons, older adults, adults with additional support needs).
  - Further direction and support to deliver on the aspirations of the 2018 plan are required. As mentioned, resource for the national oral health improvement programmes (both staff and resource budget) has reduced overall rather than increased.
  - It is not clear what benefit the community challenge fund has brought.

- *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?*
  - Continued financial support that reflects the running costs of practices.
  - Increased funding for PDS to make the sector more attractive and reflect the enhanced skills PDS dentists acquire to perform their job.
  - Recognition that many current specialists in PDS Special Care Dentistry are approaching the end of their careers and thus the expert resource both in terms of

clinical provision and training of future specialists is dwindling. There is a time imperative to train specialists to meet the identified need as per the OHIP and capitalise on our training resource. Due to the very limited number of specialists in Scotland it is incredibly challenging to recruit to these posts. Funding to support this sector would be seen to be vital to ensure continuity of service in the long-term.

- Investment in the development of evidence-based prevention for adults with a particular emphasis on development of community-based interventions for those with highest need. Future funded development work would aid with better linkage of chairside prevention and community-based to address inequalities and move away from continuing to deliver the same programme components/activities (running since ~2014 for homelessness and prisons programmes) that have not yet delivered the desired health improvement and inequality reduction. This would also enable extrapolation of learning from the flagship Childsmile programme to vulnerable adults.
- Funding for the national functions required for adult oral health improvement programmes that includes appropriate management, administrative, and clinical support e.g. funded programme managers and administrative staff for the adult programmes that currently do not have the same support as the flagship Childsmile programme. This should also include expansion of the current support within PHS which remains below pre-pandemic levels (in the preceding Health Scotland Special Board) for oral health i.e. there is a part time consultant in Dental Public Health post rather than the previous full-time post and there is a reduced budget available to support development of community-based health improvement resources.