



The Scottish Parliament
Pàrlamaid na h-Alba

Health, Social Care and Sport Committee

Douglas Thain

Chair of the Scottish Dental Association

20 November 2024

Dear Mr Thain

Dentistry in Scotland

I am writing to you to seek your views on the status of dentistry in Scotland.

Earlier this session, the Covid19 Recovery Committee undertook an inquiry into the [Recovery of NHS dental services](#). Following that scrutiny, the Minister for Public Health and Women's Health [wrote to the Health, Social Care and Sport Committee](#) on 18 October 2023 providing an update on the questions posed by the Covid19 Recovery Committee's inquiry, and an update on the progress of the Scottish Government's NHS dental payment reform.

On 24 October 2023, the Health, Social Care and Sport Committee undertook scrutiny of the [National Health Service \(General Dental Services\) \(Miscellaneous Amendment\) \(Scotland\) Regulations 2023](#). The Committee took evidence from the Minister on the instrument and the Scottish Government's plans to implement payment reform of dentistry services in Scotland on [1 November 2023](#). The Minister [told the Committee](#) that "the changes will support the introduction of the most significant reform to NHS dentistry in a number of years, and it is our intention that the reform will help to sustain and improve patient access to NHS dental services for the long term."

The Health, Social Care and Sport Committee has invited the Minister for Public Health and Women's Health to speak to the Committee about dentistry in Scotland at its meeting on 10 December.

To aid the Committee's scrutiny, we are writing to seek your views on dentistry in Scotland, and in particular:

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?

Contact: Health, Social Care and Sport Committee, The Scottish Parliament, Edinburgh, EH99 1SP.

Email HSCS.Committee@parliament.scot. We welcome calls through Relay UK and in BSL through Contact Scotland BSL.

- Is there evidence of new dentists setting up practices and offering NHS services? If not, why not?
- 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?
- Has there been any increase in registrations with the public dental service in your board area?

Payment reforms

- To what extent do the new fee levels, introduced in the 2023 payment reforms, reflect increased costs for dental services?
- How successful or otherwise is the new fee structure in facilitating the prioritisation of patient access? Please set out any examples within your answer.

Staffing

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

Prevention and improvement

- Is there evidence to suggest dentists are doing more to focus on prevention in NHS dentistry?
- To what extent is the [Oral Health Improvement Plan, 2018](#), still driving reforms in dentistry?
- 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 Committee would be grateful if you could please provide your views in Word format by no later than **midday on Monday 2 December 2024**.

I look forward to hearing from you.

Yours sincerely,



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

Response from Scottish Dental Association

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 data from Practitioner Services (Dental) would suggest they have not and certainly there have been several reports of practices actually closing completely

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

We believe there are some practices currently trying to use grant funding/ their own resources to set up and offer NHS services. While that is encouraging it does not seem to be enough increase in capacity to offset the reduced capacity caused by practices offering less NHS or simply closing outright

- 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?

The SDAI was first launched around 20 years ago and significant elements of it (for example the principle metrics being number of patients registered and the “amount” of NHS dentistry being measured as percentage of gross fees, not time spent) haven’t been re-written to reflect the current reality. This reality being most practices struggling to maintain any NHS service at all.

Given the restrictive and increasingly unrealistic aspects of the SDAI is unsurprising at the small numbers using this grant. It also does nothing to address the structural problems in regulation, training, recruitment, and retention which are now blighting general dental practice.

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

Our members are in every board are in Scotland and we are not aware of any PDS in any board being able to see any more patients. Indeed multiple recent press reports suggest issues from Shetland to Dumfries in our PDS due to many of the same issues affecting general dental practice

Payment reforms

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

They do not reflect increased costs in any meaningful or directly related way. The most glaring example of this is the forthcoming Employers’ National Insurance rise; if funding was linked to what is effectively a statutory and

unavoidable cost then an automatic mechanism would be in place to increase what we receive. Instead, as you are no doubt aware, this change will put even more strain on extremely thin margins.

The fundamental issue is the Government still uses what is effectively a fee scale control system to fund NHS dentistry, of its nature it takes no account of any input cost relative to delivering the service – whether that is increased financing costs, staff costs, energy costs and so on.

Given the NHS controls our fees but not our costs it is inevitable that funding problems will arise. A rational approach would be to accept that a “cottage industry” type funding model is not fit for purpose (as every single dental group has repeatedly said, for years) and that some sort of GMS type funding is going to be needed to secure NHS dentistry

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

Limited to not at all. For example, as part of the “reform” process initiated during Covid dentists were paid for Child exams and xrays for the first time. While obviously welcome those child who are not routinely brought are not helped by dentists now being paid for this service. Actually what it has done is give additional funding to largely private practices who’s only NHS work is seeing children.

Funding needs to be targeted to those most disadvantaged/ practices who carried out the most NHS treatments. But the reforms actually changed the definition of a “committed” practice such that virtually all practices (including those doing very little NHS work) now receive the additional funding for being “committed”

The extra funding has not been targeted at those with the highest need

Staffing

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

Yes, multiple and too many to detail but the highlights would be younger graduates not wanting to work in the NHS sector, changing expectations of work/ life balance, reluctance to carry out what are deemed to be riskier treatments.

The recent issues of unfilled Vocational Training posts speaks to all of these issues: recent graduates simply want to get their degree and go where they feel they will develop the best, typically that is not in the NHS and probably not in Scotland; they want to work less than previous cohorts because they recognise how challenging and stressful the working environment is so they need to balance that; and they simply won’t attempt treatments with a higher

likelihood of complaint given the frankly toxic reputation the General Dental Council has of dealing with a patient grievance.

Prevention and improvement

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

None we are aware of

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

This document is really from a different era and needs a total revision. Since there have been no meaningful reforms and there appears to be no meaningful reforms clearly the OHIP isn't driving anything.

- 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?

Realistically and in honesty most dentists have given up on hoping for anything in relation to the NHS. It's obvious the claims of Scottish Government during the pandemic have not and will not be realised and we are all making provisions for a future with less dentists, less NHS funding, and less patient access.

We respectfully submit that this is a tragic and entirely avoidable situation to be in and implore the committee to call the Government to account on their abysmal performance and record in this area.

Thank you