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Dear Clare,

Thank you for your letter dated 16 December 2024, following my attendance at the Health, Social Care and Sport Committee on 10 December 2024. I would firstly like to extend my thanks to you for allowing me the opportunity, along with the Chief Dental Officer, to provide an update to the Committee on the progress we have made with NHS dental payment reform and I trust that the discussion was helpful to members.

Your letter asked for follow-up information in relation to dental workforce planning and access to dental services for children in temporary accommodation. I have set out my responses to the questions below.

Q1. David Torrance MSP: How do you plan for the dental workforce when it is so easy for dentists and dental staff to go into the private sector?

General Dental Services (GDS), or high street NHS dentistry, are provided by independent contractors or body corporate service arrangements on behalf of the NHS, and almost all practices choose to operate under a mixed practice model whereby their dentists and staff can undertake both NHS and private dental work. The Scottish Government has no control over the decision made by dentists as to the practice model under which they choose to operate.

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Our intention in implementing dental payment reform from November 2023, therefore, is to provide an improved NHS offer which better reflects the actual costs of providing primary care dentistry and thereby encourages dentists to provide and increase their NHS provision. We are continuing to work with stakeholders across Scotland and the wider UK to set out the appropriate framework for planning for the dental workforce. The process of planning for the dental workforce is complex, as increasing the number of dental students does not necessarily result in an increased number of dentists in Scotland, albeit we see that many graduates do choose to provide some level of NHS provision following completion of studies. In addition, we are continuing to see the impact of reduced entry into the workforce in national reporting as a result of pandemic interruptions in 2020-21, although teaching has now resumed in full.

Overall dental workforce is determined by known inflows and outflows of staff within independent contractors (GDS) and NHS operated services. Outflows are driven by retirals, moves to private practice, or people leaving the profession for other reasons such as relocation out of Scotland, while inflows are primarily due to domestic dental education programmes (university tuition and vocational training) or qualified dentists relocating into Scotland.

NHS Education for Scotland (NES) takes a lead role in preparing biennial dental workforce reports which are used to inform workforce planning for NHS dental services in Scotland; that is General, Public and Hospital Dental Services. The most recent report was published on 28 October 2024 and can be accessed at <u>Dental Workforce Report 2024 | Turas Data Intelligence</u>. The report sets out past trends in dental supply (the net of inflows and outflows) and uses these to inform forecasts of supply.

The primary lever by which Scottish Government can influence the supply of dentists is through the annual communication to universities, via the Scottish Funding Council (SFC), of intake numbers for Bachelor of Dental Surgery (BDS) courses. Intake numbers are based on the information provided by NES and have particular regard to the overall workforce supply required to maintain existing registration levels, currently around 95% of the population. Information on the most recent intake targets can be found via the SFC website at <u>University Intake Targets for Dentistry 2024-25</u> - Scottish Funding Council. Overall student intakes are also used by NES to inform their vocational training programme; this is a mandatory year undertaken by graduates wishing to work in the NHS following qualification, and allows them to immediately enter the workforce under the supervision of a fully qualified dental advisor.

Dental care professionals are not subject to controlled intakes via SFC and therefore workforce planning processes are more agile. Officials maintain regular contact with NES on the availability of college and university courses for all dental education in Scotland and, in this way, are able to maintain oversight of overall supply of dental care professionals.

We are continuing to engage with stakeholders across Scotland and the wider UK to enhance access to NHS dental services through increased dental workforce capacity, including improved domestic and international pipelines to strengthen workforce inflows and ensure sustainable access to NHS dental services into the longer-term.

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Q2. Elena Whitham MSP: How can we work with the third sector and other organisations to drive good oral health for children who are perhaps being missed?

As members will know, Childsmile is our flagship prevention-based oral health programme and is mainly provided in nursery and early years school settings, with some practice and community-based elements. The programme primarily focuses on embedding good oral health care behaviours through the universal provision of toothbrushes and supervised brushing while, in our most deprived areas, it also provides fluoride varnish treatments directly to children. I do however acknowledge the member's point that, for children in temporary accommodation, access to schooling or other key services can be more challenging, and recognise the importance of social services and third sector partners in supporting these children to access the services that are available. We recently invested £1.85m in providing extra dental health support workers who liaise with carers, parents and guardians to ensure improved access for these vulnerable children.

Additionally, health boards can create their own targeted solutions to the unique challenges they have locally such as the new 'Lifelong Smiles' programme in Greater Glasgow and Clyde. This programme supports children from minority backgrounds and those from vulnerable backgrounds who may not be brought to appointments due to language barriers or logistical challenges.

We have also worked to directly support communities' oral health by funding 20 projects through our Oral Health Community Challenge Fund between 2019-2022. These projects supported Third Sector partners to work alongside families to improve oral health behaviours, ensuring that good oral health habits are learned from an early age.

The learning from this work has been brought together in the NHS Lothian pilot project, Eat Well for Oral Health (EWOH), which aims to drive oral health improvements for families living in vulnerable circumstances and affected by socio-economic and race inequalities across Edinburgh and the Lothians. In 2023/24, Edinburgh Community Food reached over 600 households via their various workshops, covering; cooking, weaning, fussy eating, and food health and safety. This three-year project is due to conclude in March 2025, and officials are now actively considering - with stakeholders - how the outputs of the project can be spread more widely across Scotland. I have a visit to the charities planned for February 2025.

I hope that the above information is informative in answering the questions raised, and I am happy to provide further information, should this be required.

Yours sincerely,

Jenni Murt

Jenni Minto MSP

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