CVDR/S6/23/13/2

COVID-19 Recovery Committee

13th Meeting, 2022 (Session 6), Thursday 15 June 2023

Recovery of NHS dental services inquiry

Summary of responses

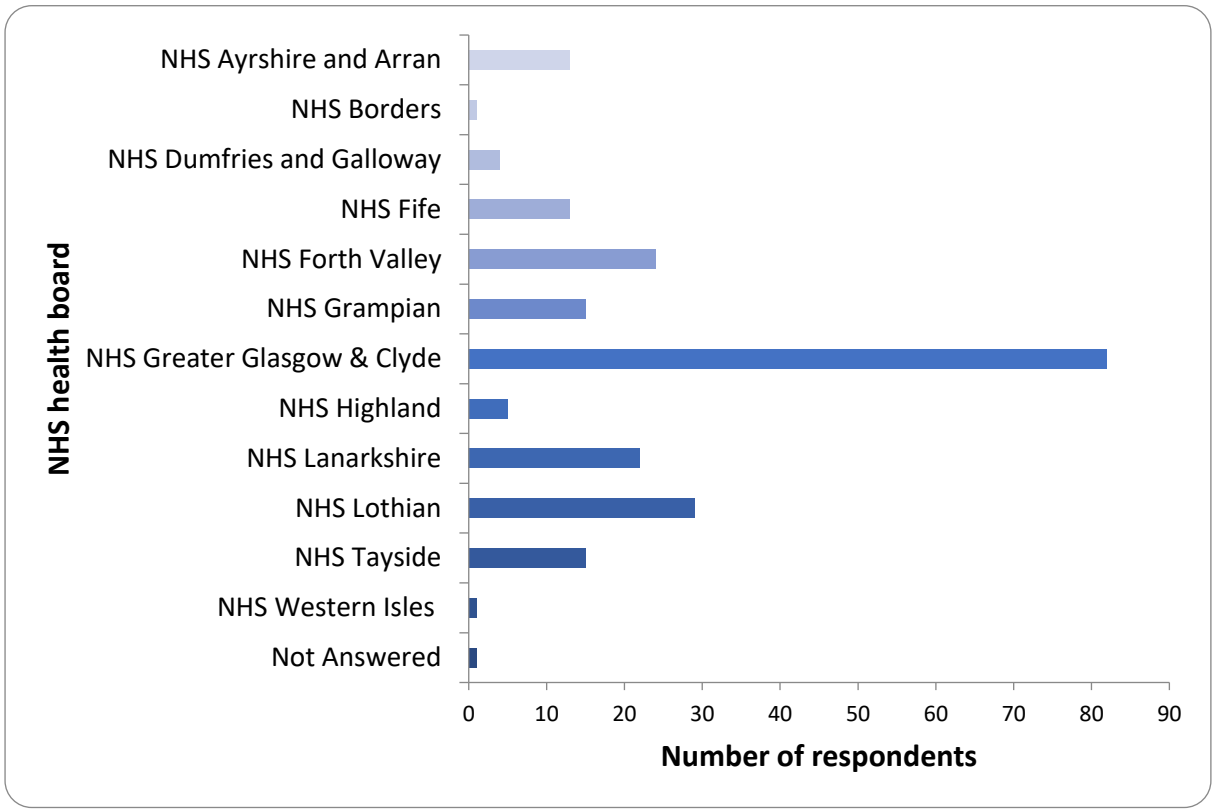
Introduction

The Committee's survey was opened on Friday, 5 May 2023 and closed on Wednesday, 31 May 2023. The survey was aimed at dentists delivering NHS General Dental Services, (but was open to any dentist working in Scotland.). The respondents were asked to provide information about their dental practice, before answering questions about their experience of applying for ventilation and other equipment funding; the impact of the pandemic; staffing and any other issues related to the recovery of NHS services. This paper provides a summary of the responses to the survey. The summary is not intended to provide a comprehensive account of all the issues raised by respondents, rather it provides an overview of the main issues and recurring themes raised.

Overview of respondents

The Committee's survey was completed by 225 respondents. Two respondents noted that they work in the Hospital Dental Service and another explained that they work in the Public Dental Service. These are salaried dentists, employed directly by NHS health boards. A non-dentist member of the public also responded to the survey and their response was removed for statistical comparison purposes and circulated in full to the Committee separately for information. Figure 1 below shows the health board areas that the respondents work in–

Figure 1: Practice location of each respondent

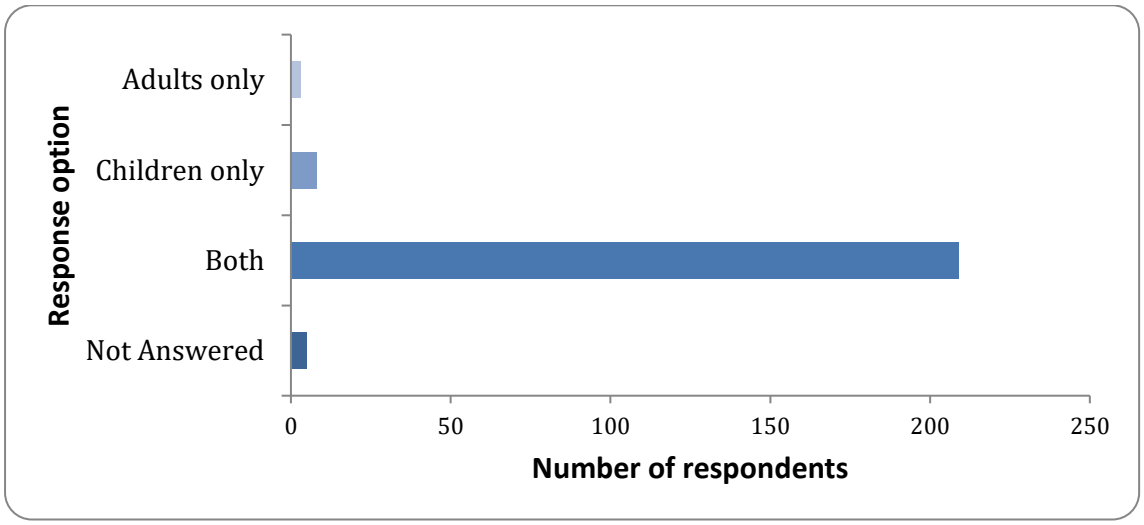


The Committee received no responses from dentists working in NHS Orkney or NHS Shetland.

Provision of NHS dental services

The respondents to the survey included 220 dentists who provide NHS services. The majority of respondents who provide NHS dental services offer those services to both adults and children (93%), as shown in Figure 2 below–

Figure 2: Respondents who provide NHS General Dental Services

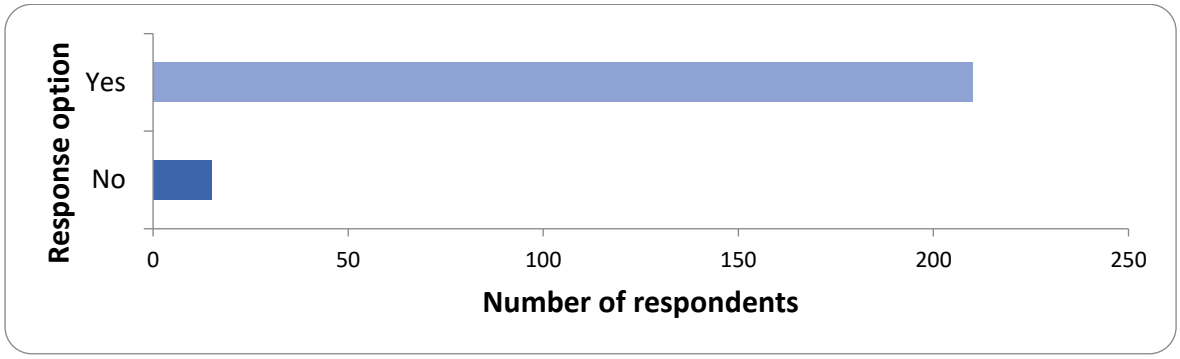


Funding for ventilation and other equipment

The survey asked respondents for information about their ventilation and other dental equipment and whether they had experience of applying for funding to improve this infrastructure in their dental practice.

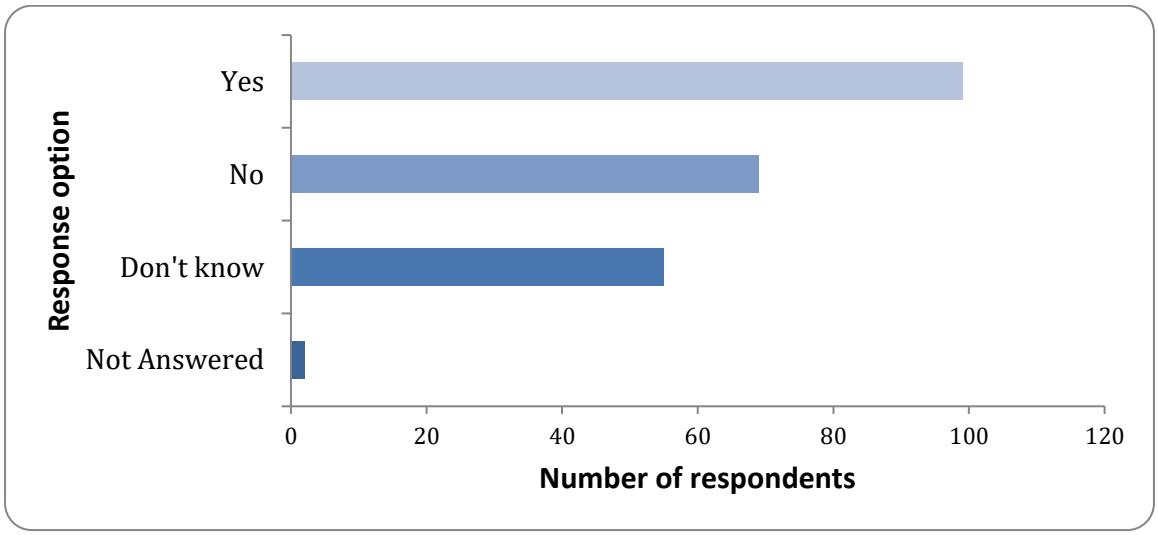
Most respondents (93%) considered that their ventilation and dental equipment is adequate to allow them to function at pre-pandemic levels (with all respondents providing an answer to this question), as shown in Figure 3 below–

Figure 3: Is your ventilation and dental equipment adequate to allow you to function at pre-pandemic levels?



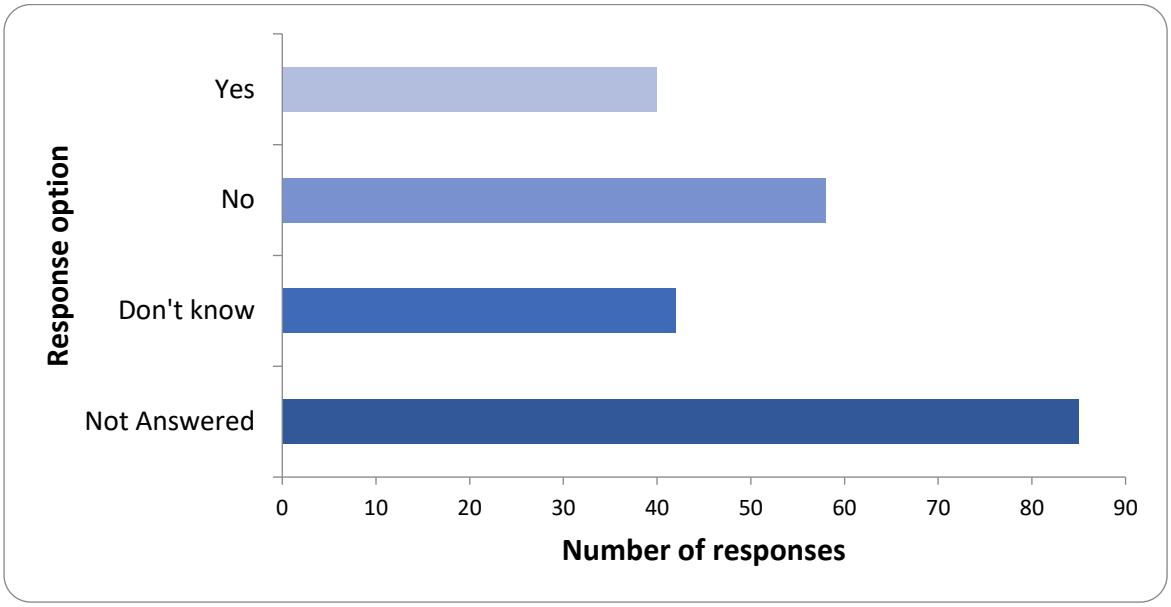
A mix of dentists who applied and did not apply for the available ventilation funding responded to the survey. This included 99 respondents whose practice did apply for funding (44%) and 69 that did not (31%), as shown in Figure 4 below. In total, there were 223 responses to this question–

Figure 4: Did you apply for the available funding (£1500) to improve ventilation in your practice?



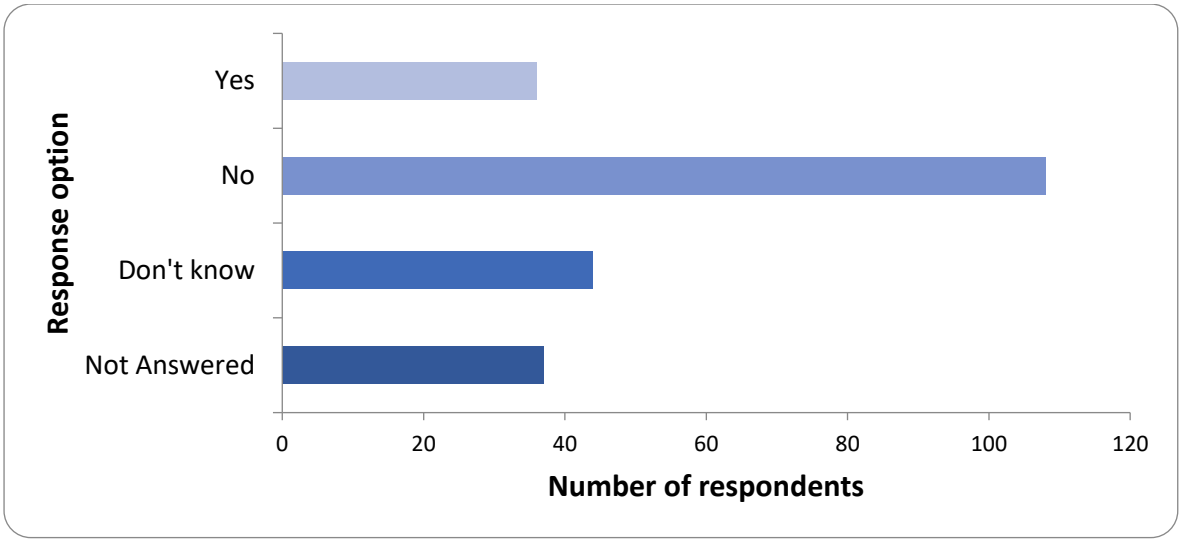
140 respondents answered the question on whether the funding was adequate, with 40 responding ‘yes’ (18%) and 58 responding ‘no’ (26%), as shown in Figure 5 below–

Figure 5: Was the funding adequate to implement the ventilation improvements you required?



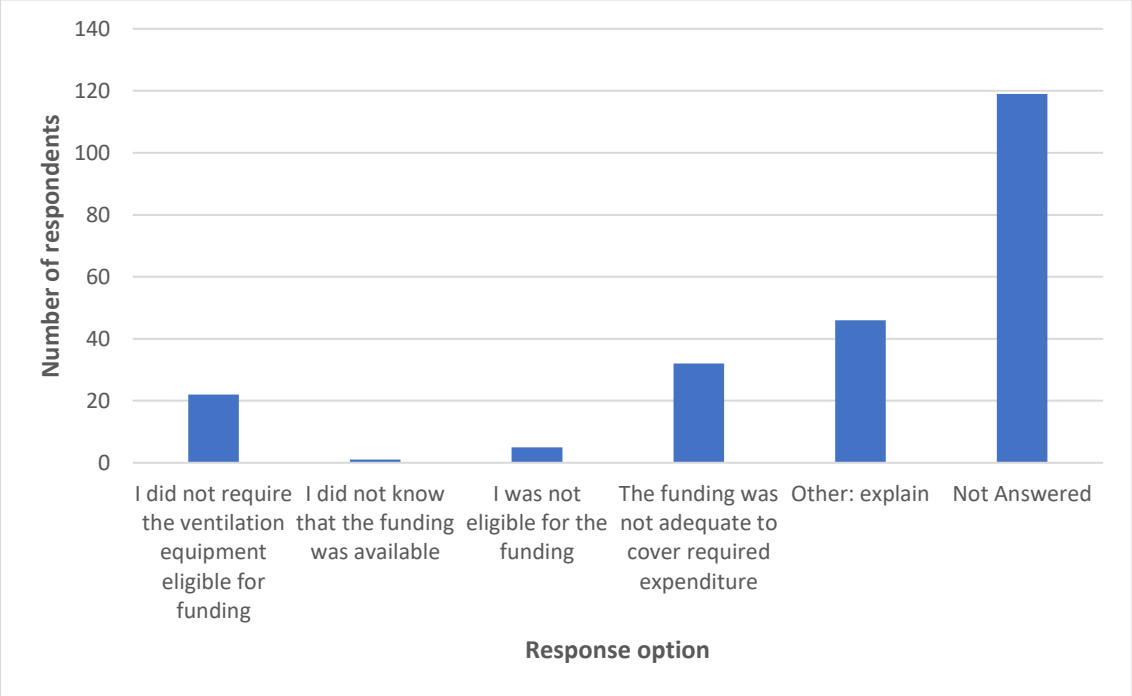
For the respondents who did apply for funding, the majority (108 respondents or 48% of responses) said that the funding did not improve their ability to increase their capacity to see NHS patients. In total, 188 respondents answered this question, as shown in Figure 6 below–

Figure 6: Has the funding enabled you to increase your capacity to see more NHS patients?



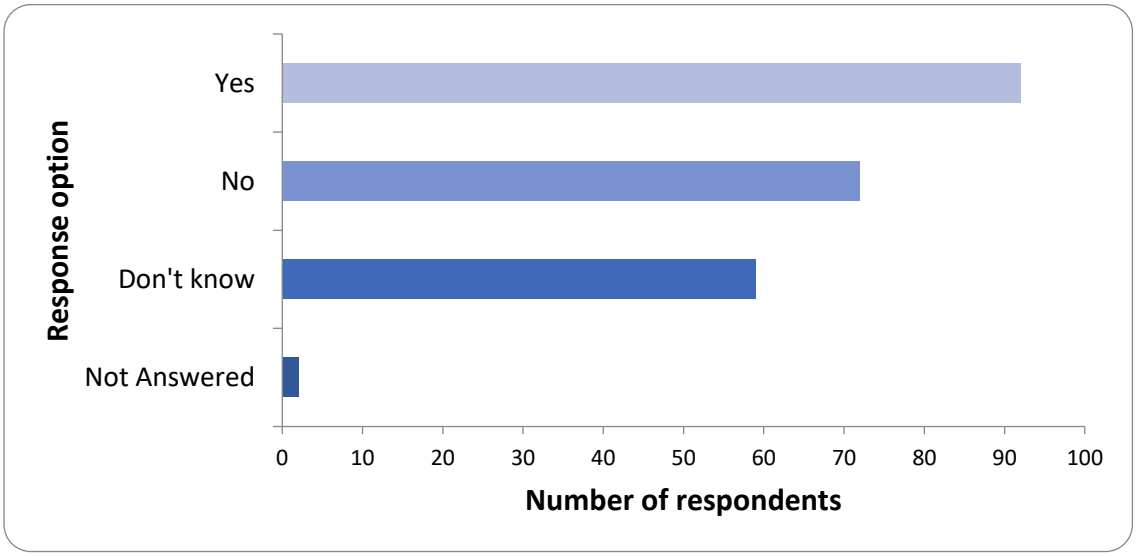
The survey also asked respondents who did not apply for funding to explain their reasons for not applying. 106 respondents answered this question, which is shown in Figure 7 below–

Figure 7: Why did you not apply for the available funding to improve ventilation?



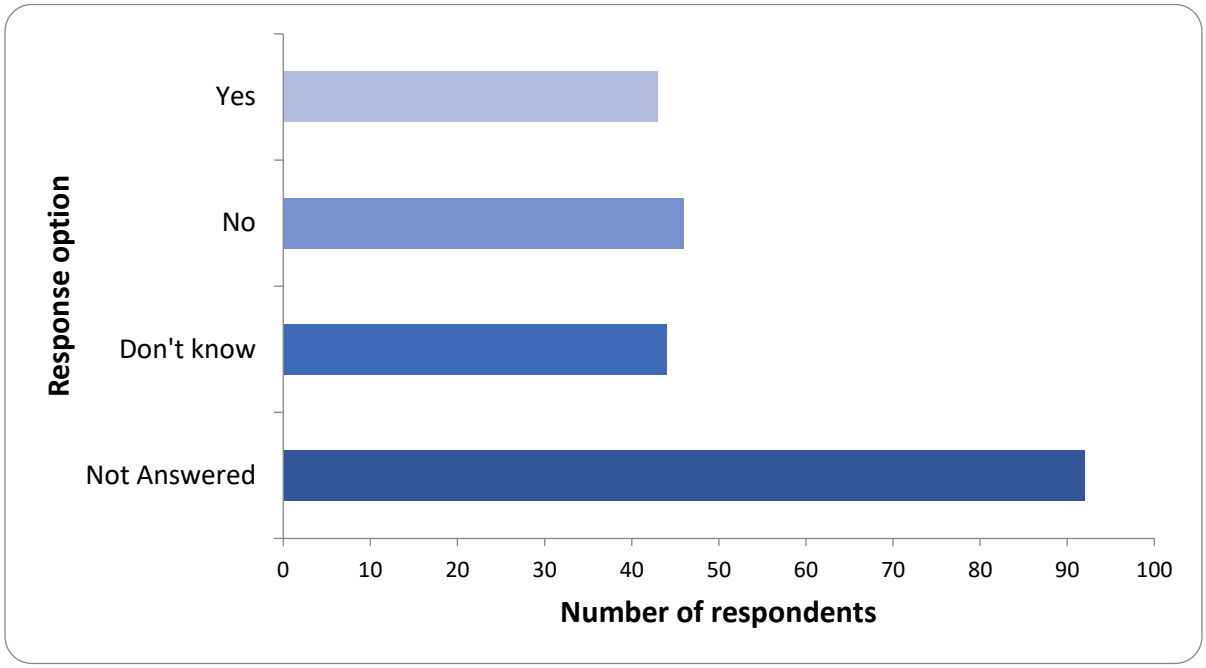
The survey also asked respondents about the funding available for other (non-ventilation) equipment. In total, 233 respondents answered this question. 92 respondents (41%) said they applied for the funding for other equipment, as shown in Figure 8 below–

Figure 8: Did you apply for the funding available for other equipment?



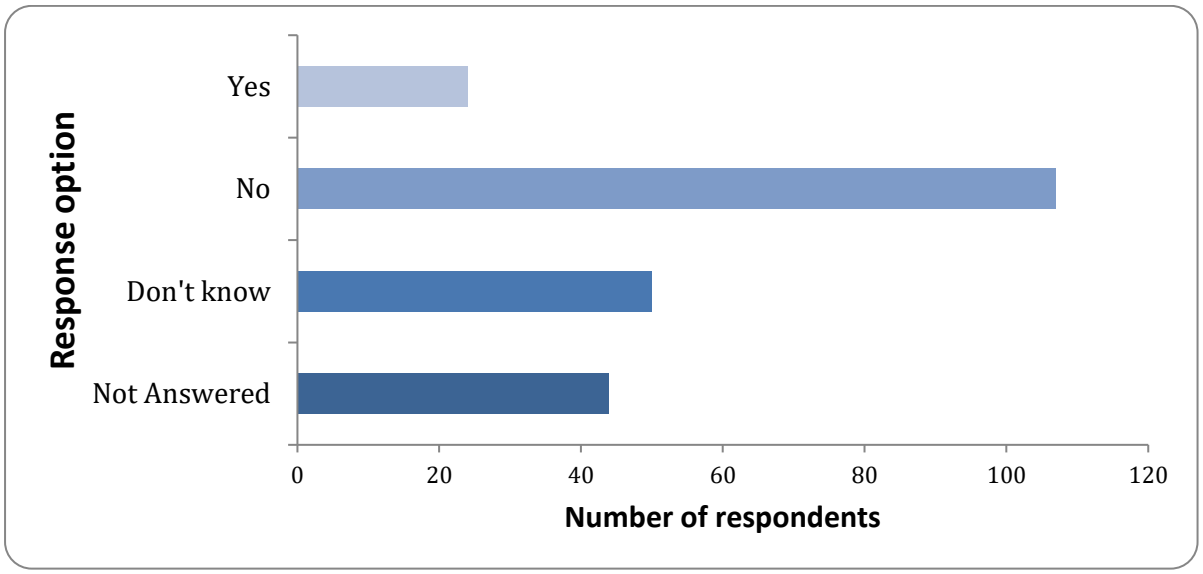
The survey asked respondents to indicate whether the funding for other equipment was adequate to implement the required improvements. There were 133 responses to this question in total, with broadly similar responses for ‘yes’ (19%), ‘no’ (20%) and ‘don’t know’ (20%), as shown in Figure 9 below–

Figure 9: Was the funding adequate to implement the improvements you required?



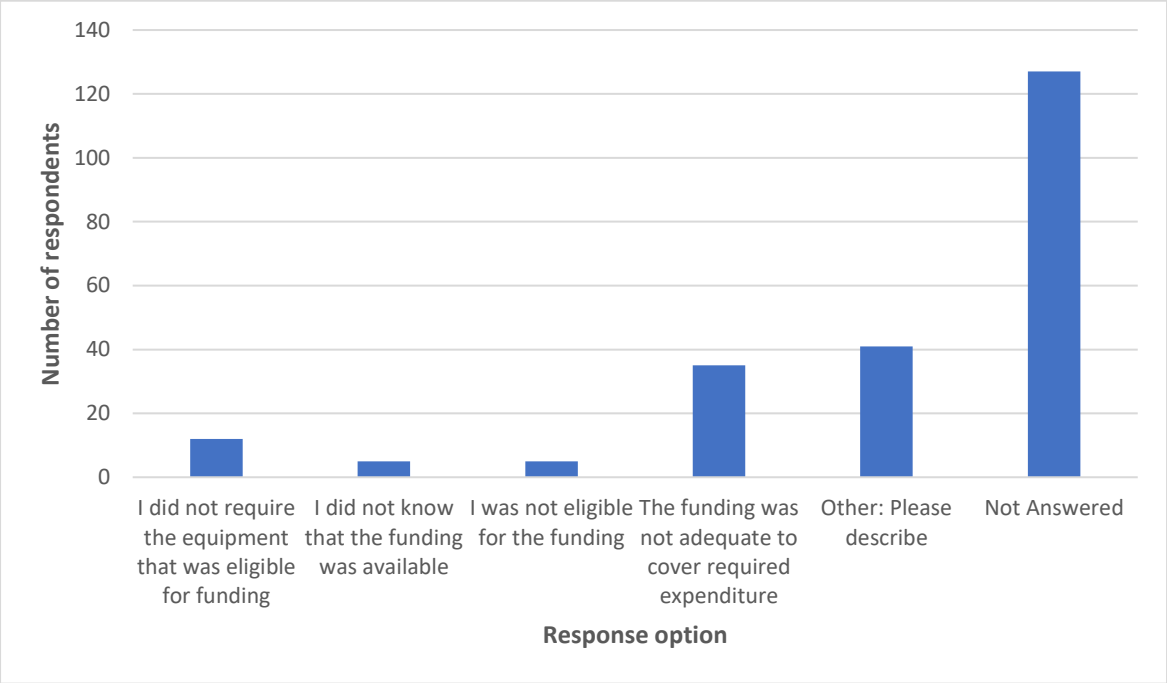
The survey also asked whether the funding for other equipment enabled respondents to increase their capacity to see more NHS patients. There were 181 responses to this question. The majority (48%) responded that it did not enable them to do so with only 11% of respondents indicating that it did, as shown in Figure 10 below–

Figure 10: Has the funding enabled you to increase your capacity to see more NHS patients?



The survey also asked those respondents who did not apply for funding to explain their reasons for not doing so. There were 98 responses to this question. The responses are shown in Figure 11 below–

Figure 11: Why did you not apply for funding for other equipment?



In the free-text responses, some respondents noted that they were able to upgrade their ventilation using the funding, as one person explained–

> "We found an excellent contractor who was able to fulfil the contract at a reasonable cost, within the funding envelope. I know that many other practices struggled to do that."

Many other respondents commented that the amount of ventilation funding was not adequate to cover the cost of upgrading equipment and could not be used retrospectively to cover ventilation that had already been installed. One respondent explained that they spent nearly £12,000 on ventilation for 7 rooms. Another respondent noted–

> "I paid for a survey which cost £800 to assess our ventilation and gathered quotes to install an up to date system with the recommended ventilation. Was quoted £50,000 to have this carried out."

The "other equipment" funding could be used for IT infrastructure, electric speed adjusting hand pieces and the replacement or repair of dental equipment, such as dental chairs, lights or x-ray units for example.[1] A respondent noted that the funding was allocated per practice, rather than per practitioner, so they purchased the equipment independently to ensure there was enough for each practitioner in the practice. Other respondents noted that the equipment is no longer required now that the restrictions have been lifted, as one explained–

[1] See Statement of Dental Remuneration, Amendment No. 157, pp. 105-115.

> "Red band handpieces whilst good actually take more time so for NHS treatment they are basically useless to replace high speeds. NHS treatment requires speed, red bands don't allow for this!!"

Other respondents stated that the equipment they required was not included in this funding package, including plastic screens for zoning waiting rooms and personal protective equipment (PPE),[2] as well as routine equipment, such as X-ray machines and computers. What is not clear is whether PPE was distributed according to the proportion of NHS general dental services being delivered by the practice, as is done with other grants and payments.

The tie-in requirement dissuaded some respondents from applying for the available funding due to the uncertainty over future NHS reforms or personal factors, such as their proximity to retirement. One respondent explained, for example–

> "There were caveats with this funding regarding how long I would have to remain in NHS dentistry and as I am within 5 years of retiring I felt this was not an incentive to apply (despite the fact that I have been committed to providing NHS dental care for my patients for over 30 years)."

Another respondent echoed these comments, noting–

> "Very small amount of funding to try to buy a huge length of NHS commitment in a very uncertain environment. You have changed the funding model so often that we could not tie ourselves into full commitment to the NHS as we had no certainty what we were committing to and there is still no certainty as you have supplied no funding figures to the new proposals."

Other respondents noted that the funding was really designed to lessen the impact of fallow periods, which are no longer in place. One respondent commented that "It's not so much the cost of the ventilation equipment, but the introduction of fallow periods that hugely inflated the cost of providing dentistry." Another respondent commented that the equipment that was eligible for funding has not been embedded in the provision of treatments in the recovery period and beyond, stating–

> "Funding helped me deliver more dental care when there was fallow time requirements following AGP [aerosol generating procedures] in patients in respiratory tract pathway. However no longer relevant for most patients."

Impact of the pandemic

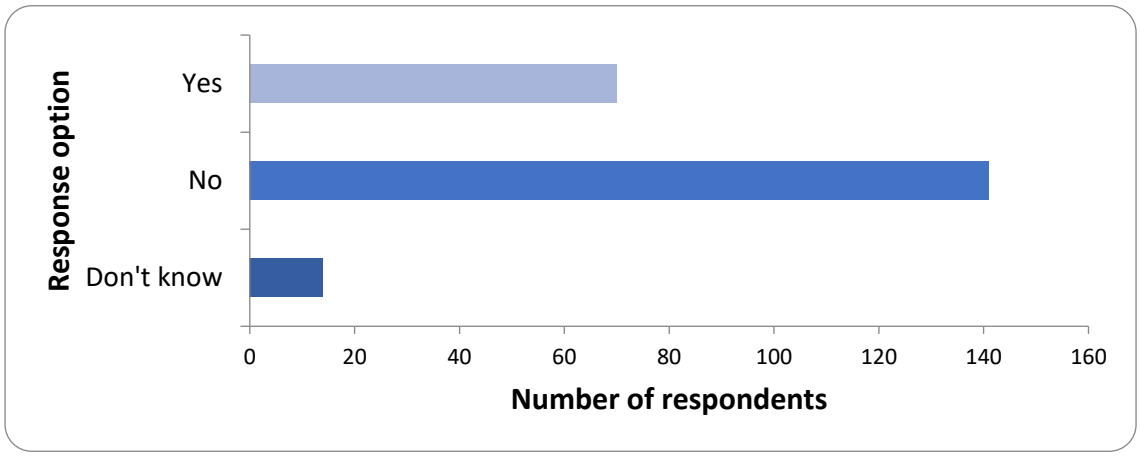
The survey asked respondents for information on clearing the backlog in NHS patients, as well as other potential impacts of the pandemic on the presentation and management of disease.

The survey asked respondents whether they are seeing the same number of NHS patients as they were pre-pandemic. This question was answered by all

[2] National Services Scotland, Decision For Future Funding For Primary Care PPE Provision, 19 January 2021.

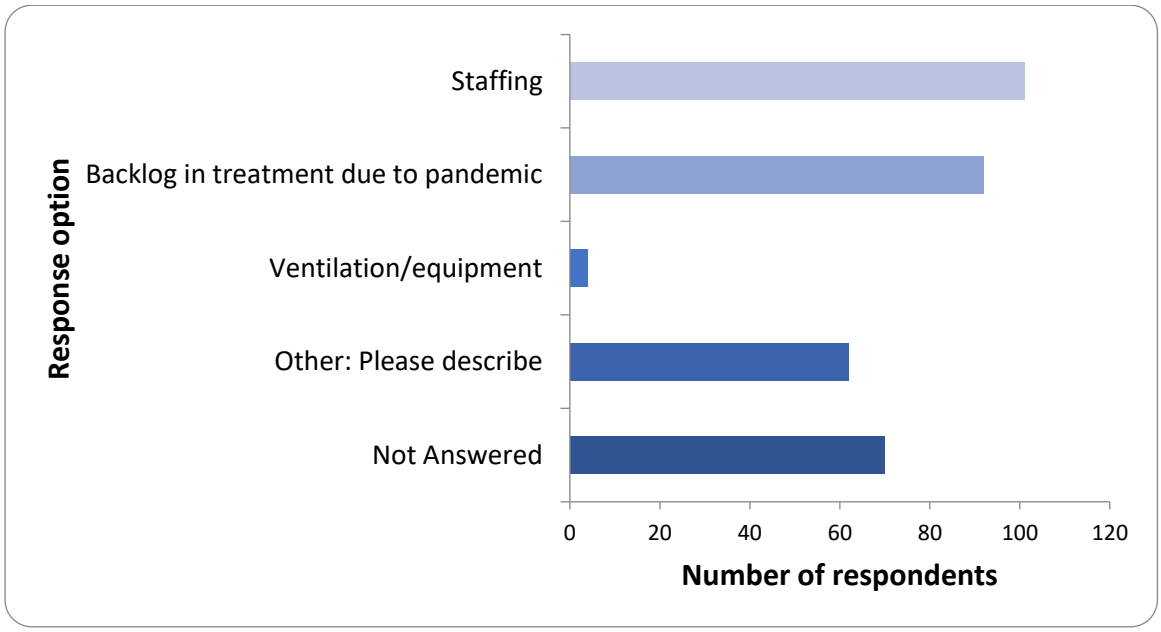
respondents, a majority of whom (63%) indicated that they are not seeing the same number of NHS patients as they were pre-pandemic, which is shown in Figure 12 below–

Figure 12: Are you seeing the same number of NHS patients as you were pre-pandemic?



The survey asked those respondents to explain the main issues affecting their ability to provide NHS services at pre-pandemic levels. This question was answered by 155 respondents, who reported staffing (45%) and the backlog in treatment due to the pandemic (41%) as being the main issues, as shown in Figure 13 below–

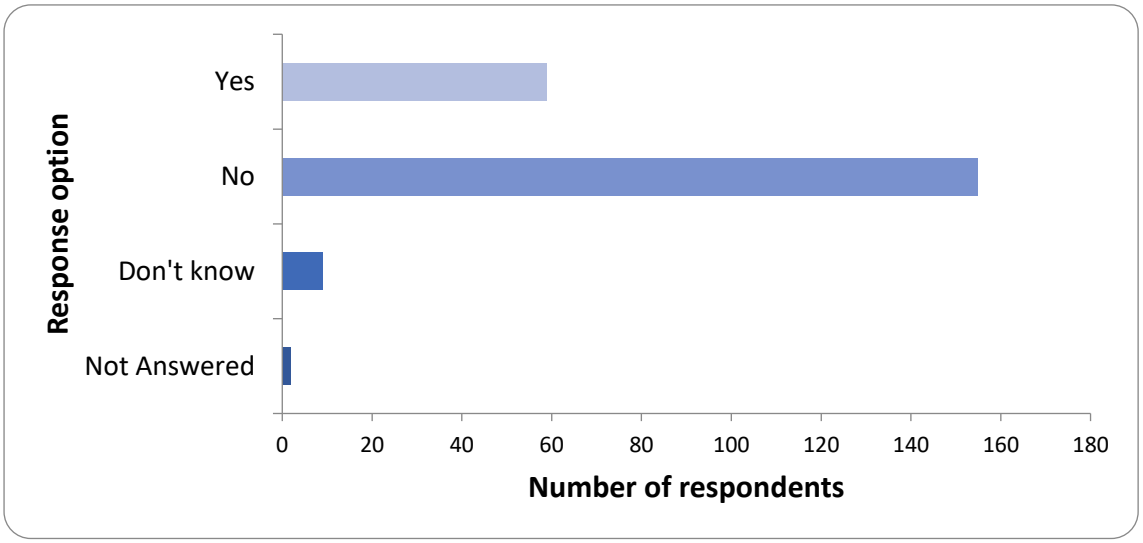
Figure 13: What are the main issues affecting your ability to provide NHS dental services at pre-pandemic service levels?



A backlog in treatment was highlighted as one of the main reasons behind some respondents not operating at pre-pandemic levels of activity. The survey asked respondents whether this backlog had been cleared. There were 223 responses to

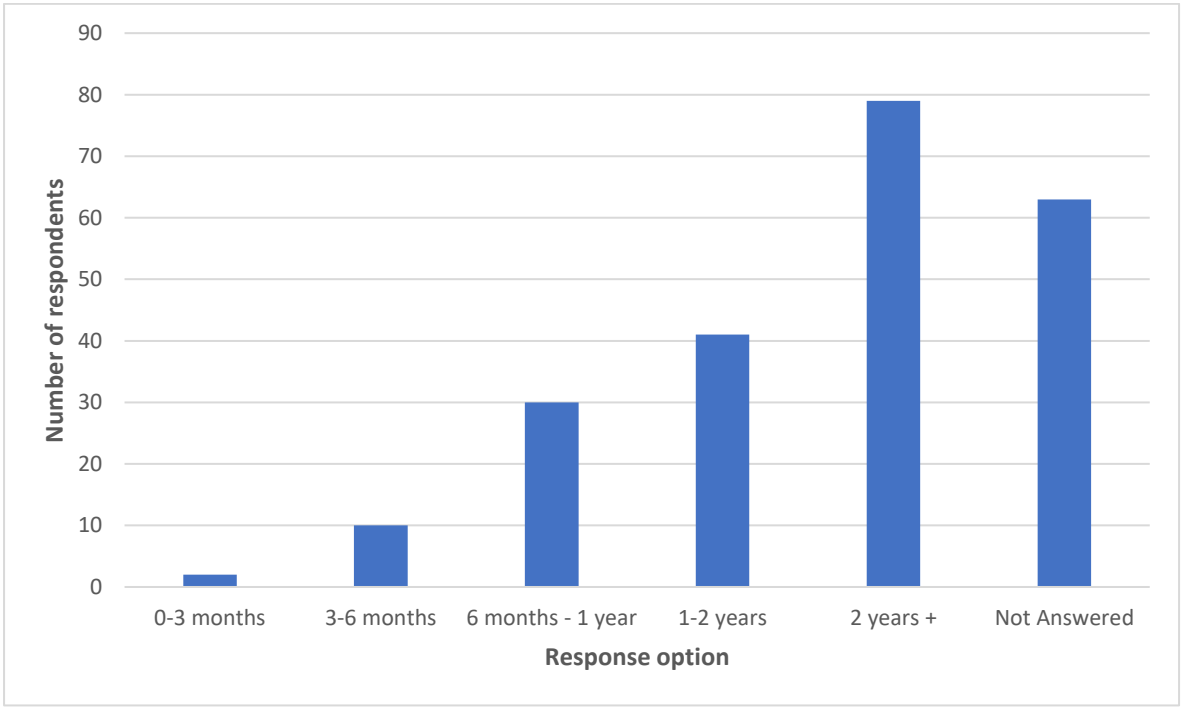
this question. The majority (69%) indicated that they had not cleared the backlog, as shown in Figure 14 below–

Figure 14: Have you cleared the backlog of demand for NHS treatments that arose due to the pandemic?



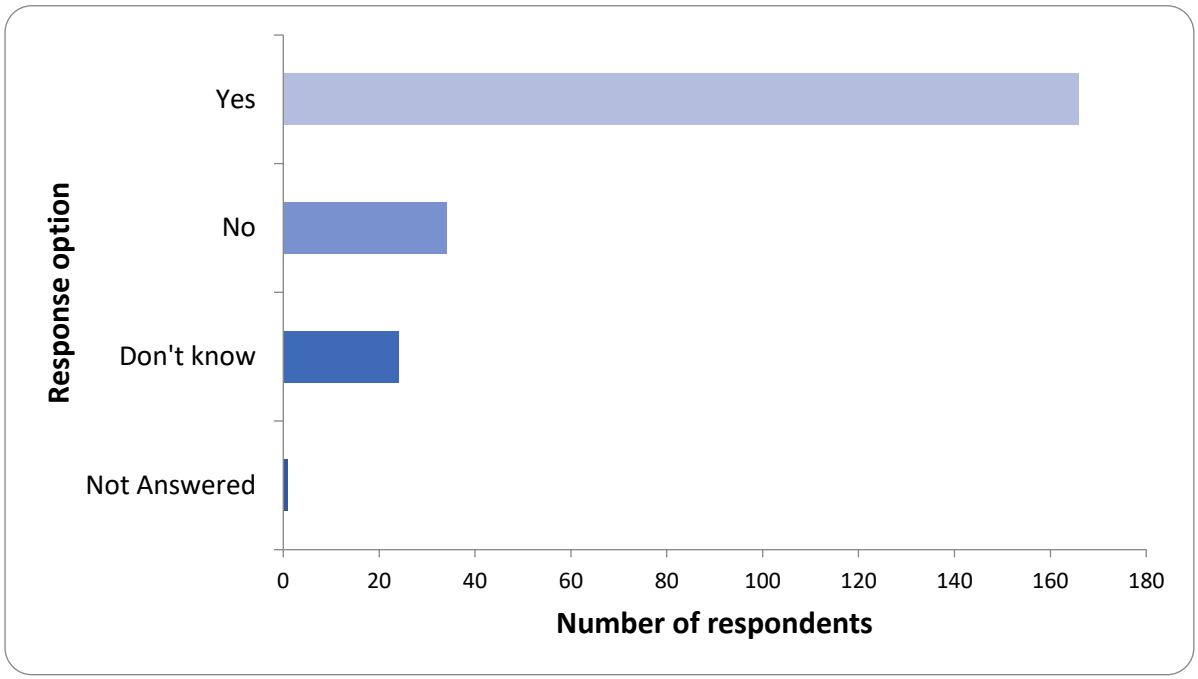
The responses indicated that it may take more than a year to clear the remaining backlog, with 35% of the respondents noting it would take more than two years, as shown in Figure 15 below. This question was answered by 162 respondents.

Figure 15: How long will it take you to clear any backlog?



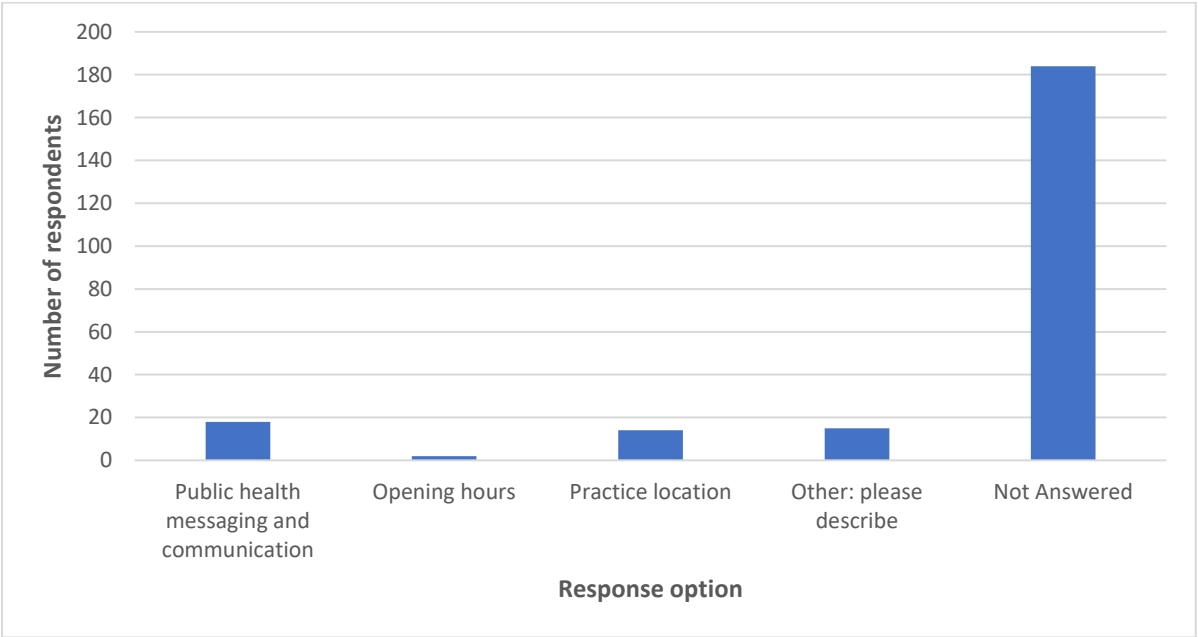
The survey also asked respondents whether they are confident they see a full cross-section of their local population. There were 224 responses to this question. Most respondents answered yes to this question (74%), as shown in Figure 16 below–

Figure 16: Are you confident that you see the full cross-section of your local population (i.e., from all SIMD levels of deprivation)?



Those respondents who reported that they were not seeing the full cross-section of their local population were asked to explain what the reasons might be, as shown in Figure 17 below–

Figure 17: What do you think the barriers are (to seeing the full cross-section of your local population (i.e., from all SIMD levels of deprivation)?



In the free-text responses, respondents reported a reduction in patients attending routine check-ups, which means they are seeing patients with more significant issues that could have been more easily managed if they were found at an earlier stage. Accordingly, respondents reported that increased treatment times, extensive treatment plans and disease warranting many appointments extending over a prolonged period as lasting impacts of the pandemic.

Some responses also highlighted a change in population health and habits from the pandemic leading to patients presenting with advanced dental health issues. This trend was reportedly manifesting in changes in diet and personal lifestyle and routine leading to increased disease, as well as increased vaping in young adults causing periodontal damage / burns necessitating access to care.

Respondents also reported an increase in anxiety in patients attending for treatment, as well as increased aggression and an expectation that requests for treatment will be treated on an emergency basis. Many respondents also noted that many patients are struggling to obtain treatment on the NHS due to dentists moving to private practice and an increasing number of patients are seeking private treatment as a result.

The survey also invited respondents to comment on whether they were seeing an increase in later stage oral cancers since the resumption of dental services. There were 224 responses to this question. A majority of respondents answered ‘no’ to this question (61%), as shown in Figure 18 below. Respondents were also asked how quickly secondary care referrals are seen in their health board area in their experience. There were 221 responses to this question. A majority of respondents noted that these referrals were taking more than 18 weeks (60%), as shown in Figure 19 below.

Figure 18: Have you seen an increase in later stage oral cancers since the resumption of dental services?

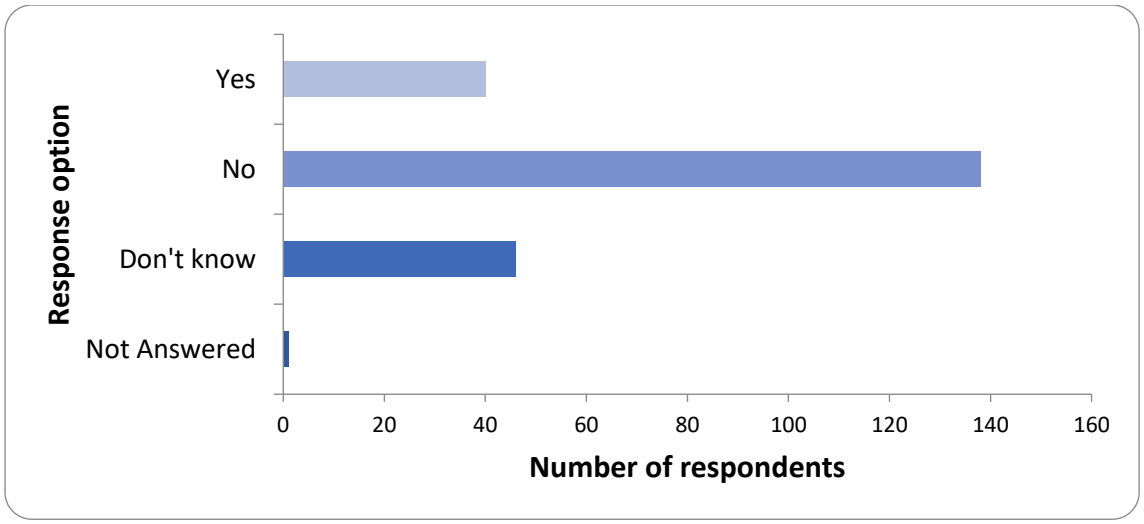
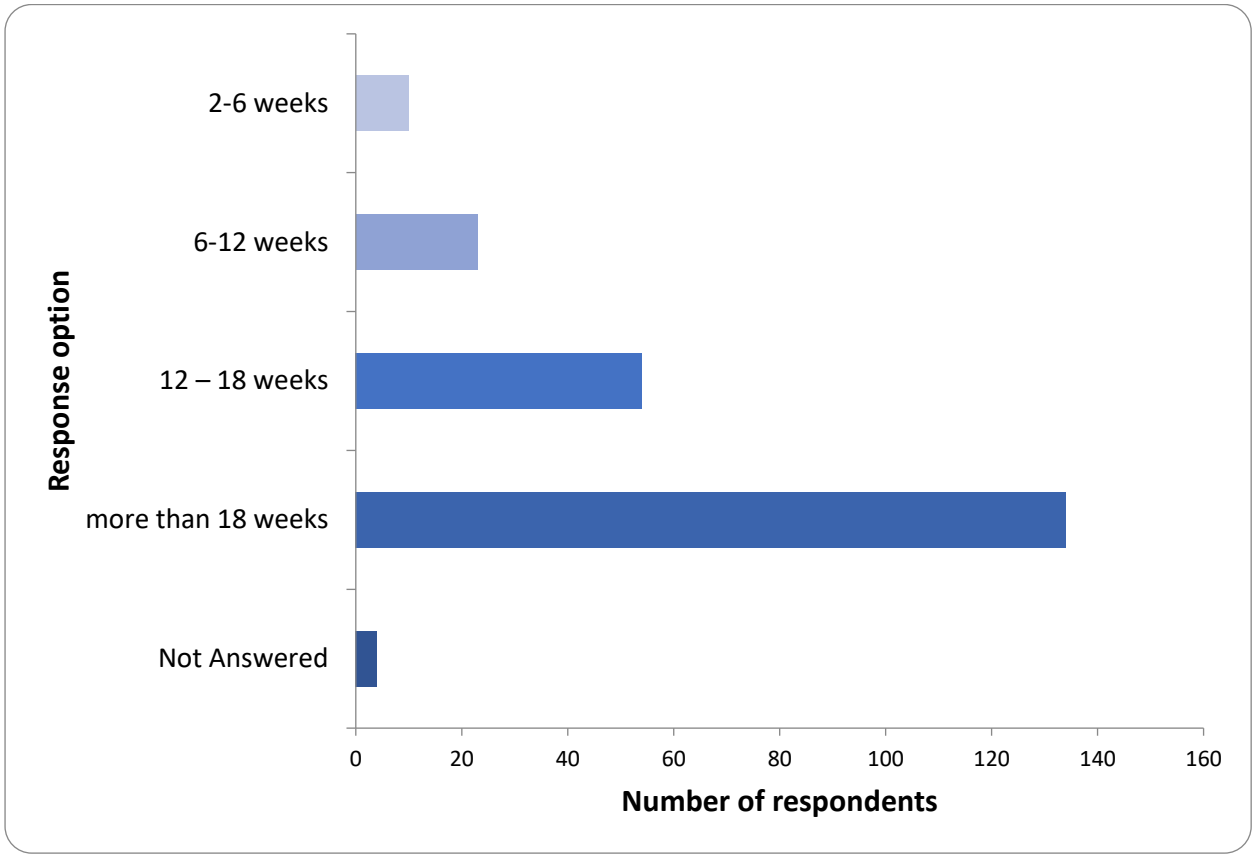


Figure 19: In your experience, how quickly are secondary care referrals seen in your health board area?



In the free-text responses, some respondents highlighted concerns that the recovery of services is lagging behind in more deprived areas. One respondent noted, for example–

> "Deprived areas are bogged down with treatment at minimal extra fee whereas better off areas have less treatment so more time for exams therefore are getting paid more. Practices in deprived areas are missing out but work in areas where the need is greater."

Another respondent noted that–

> "Very little prevention has reached the most needy, so trying to get any attendance from this group is very difficult and lots of non attendance resulting in waste of clinical time/missed opportunities for early intervention."

The survey also asked respondents for views on NHS dentistry's resilience to future pandemics in relation to health protection measures; equipment; and infrastructure. There were 222 responses to the first two parts of this question (health protection measures and equipment) and 223 responses on infrastructure. A majority of respondents answered 'no' when asked whether Scotland has adequate provision of (a) health protection measures (68%), (b) equipment (64%) and (c) infrastructure (85%), in place to make dentistry services resilient to future pandemics, as shown in Figures 20A-20C below–

Figure 20A: health protection measures

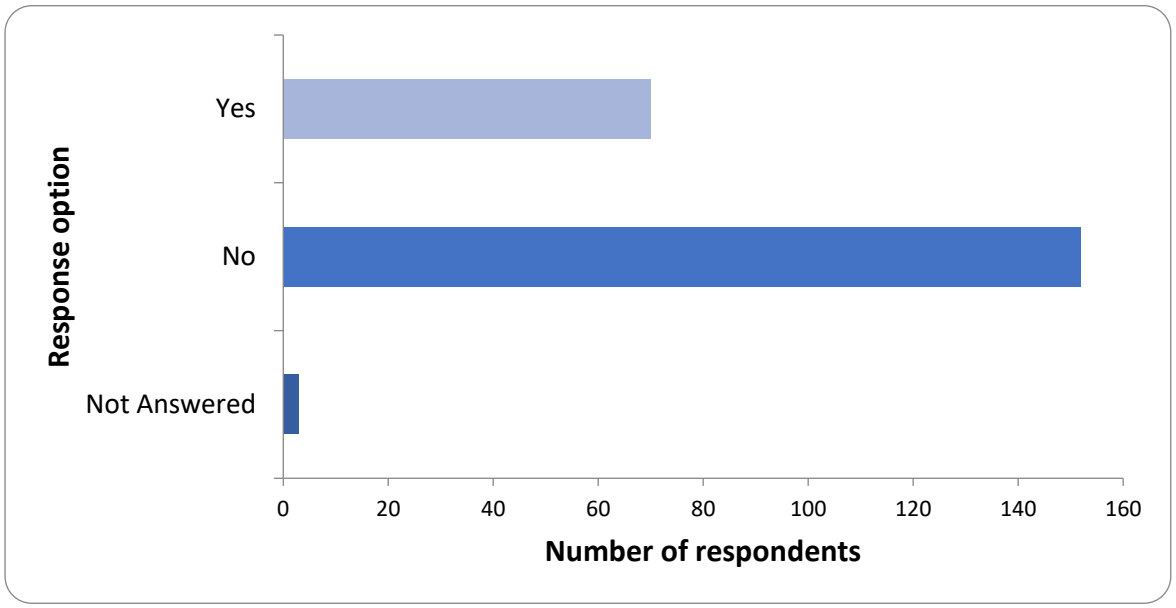


Figure 20B: equipment

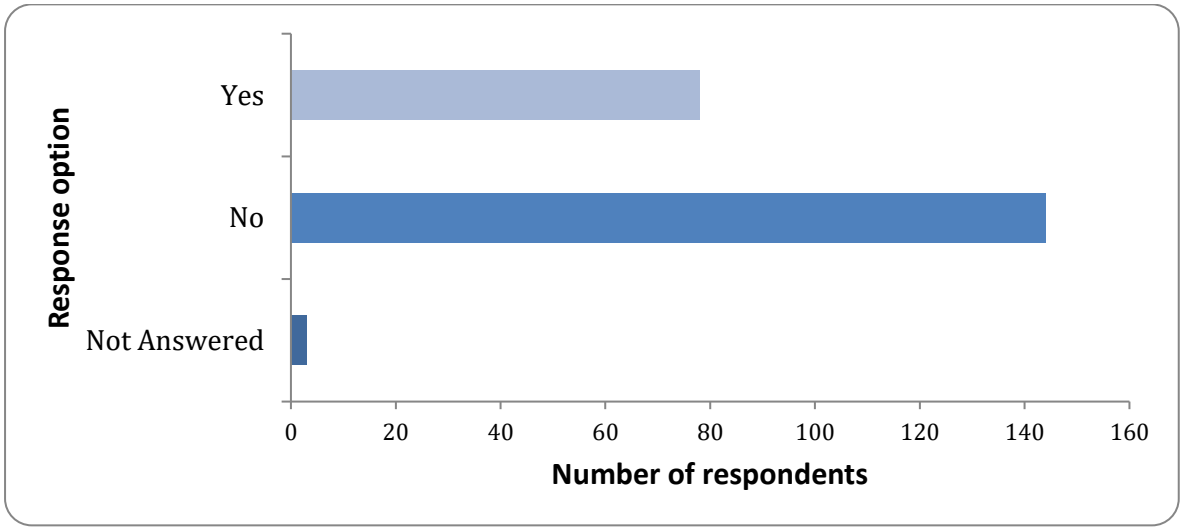
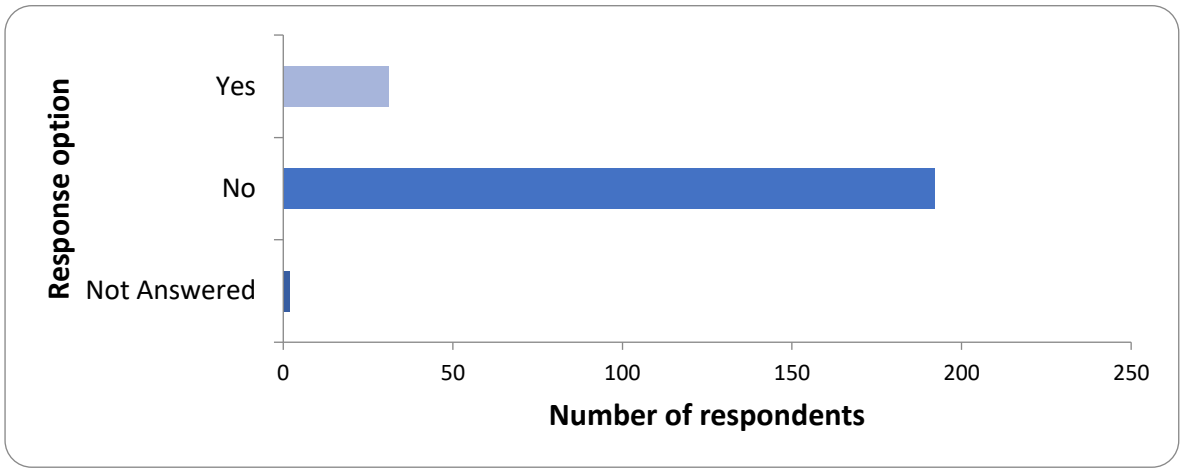


Figure 20C: infrastructure



In the free-text responses, staffing and funding were the main 'other' issues reported as a concern by respondents commenting on the resilience of NHS services to future pandemics. One respondent stated, for example–

> "It does not have adequate provision in place to provide dentistry in normal times never mind during a pandemic."

Another respondent commented on the impact of funding to building resilience in NHS dental services going forward, stating–

> "Either government states budget and BDA can advise on what can be done, or Government states what they want, and BDA can advise on what budget is needed. Grants for new equipment, etc is not going to be a solution. This has been the approach for the last decade, etc and it has not worked. New approach needed."

Staffing

The survey invited respondents to comment on how staffing was impacting on recovery, including whether they had any experience of dentists or other staff leaving the practice during the pandemic and not returning, or dentists taking early retirement or reducing their hours since the pandemic.

There were mixed responses to dentists leaving the practice since the pandemic with 49% saying 'yes' and 45% saying 'no', as shown in Figure 21. All respondents answered this question with a clear majority (66%) noting, however, that other staff have left their practice since the pandemic, as shown in Figure 22.

Figure 21: Have any dentists left the practice because of the pandemic and not returned?

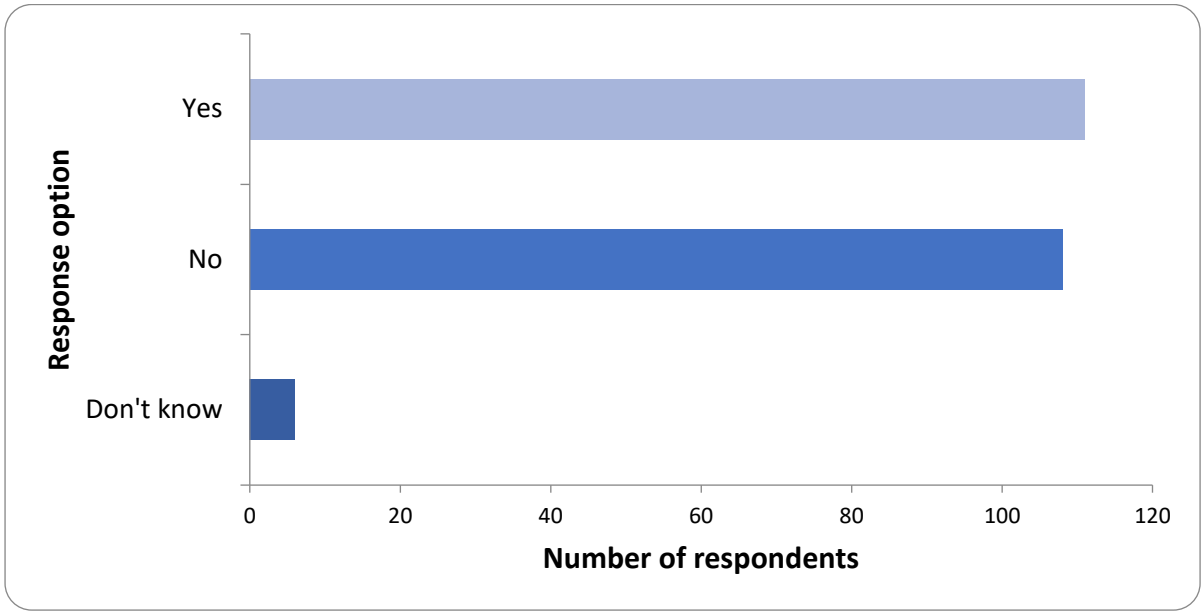
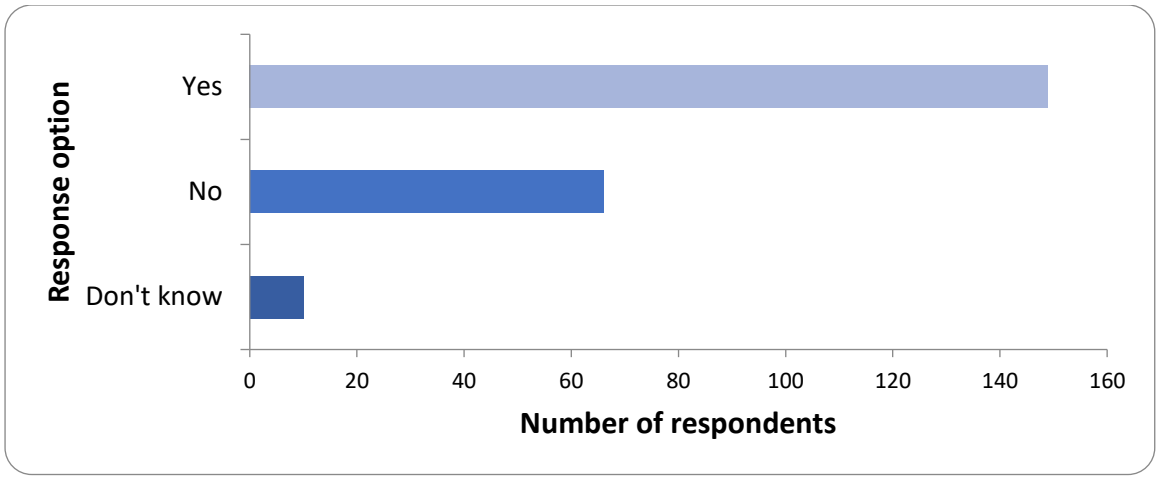
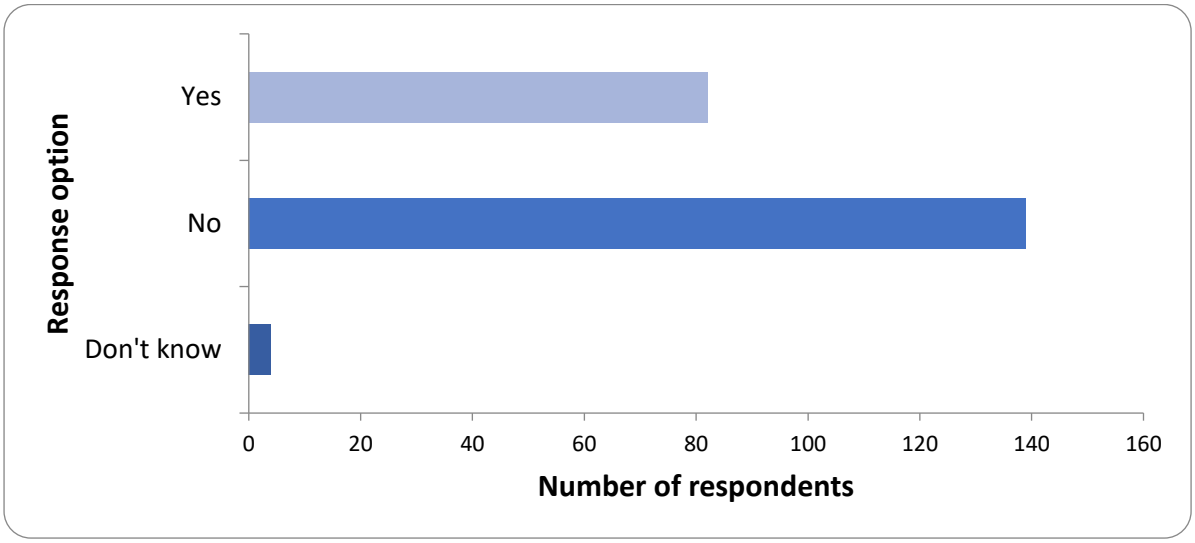


Figure 22: Have any other staff left the practice because of the pandemic and not returned?



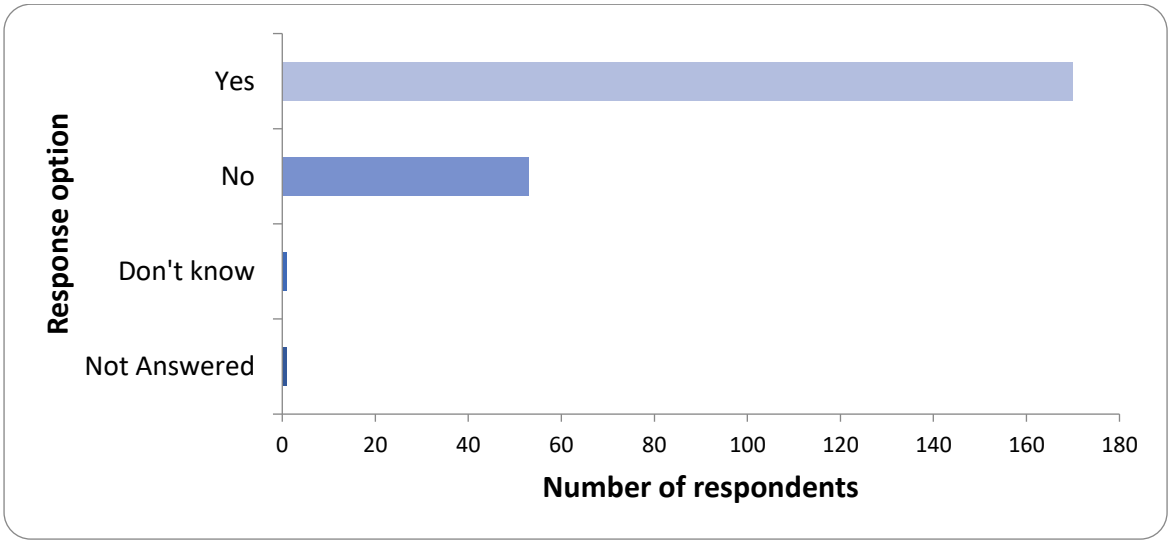
A majority of respondents (62%) noted that they had not experienced dental staff retiring early from their practice since the pandemic, as shown in Figure 23. All respondents answered this question–

Figure 23: Have any dental staff retired from the practice early following the pandemic?



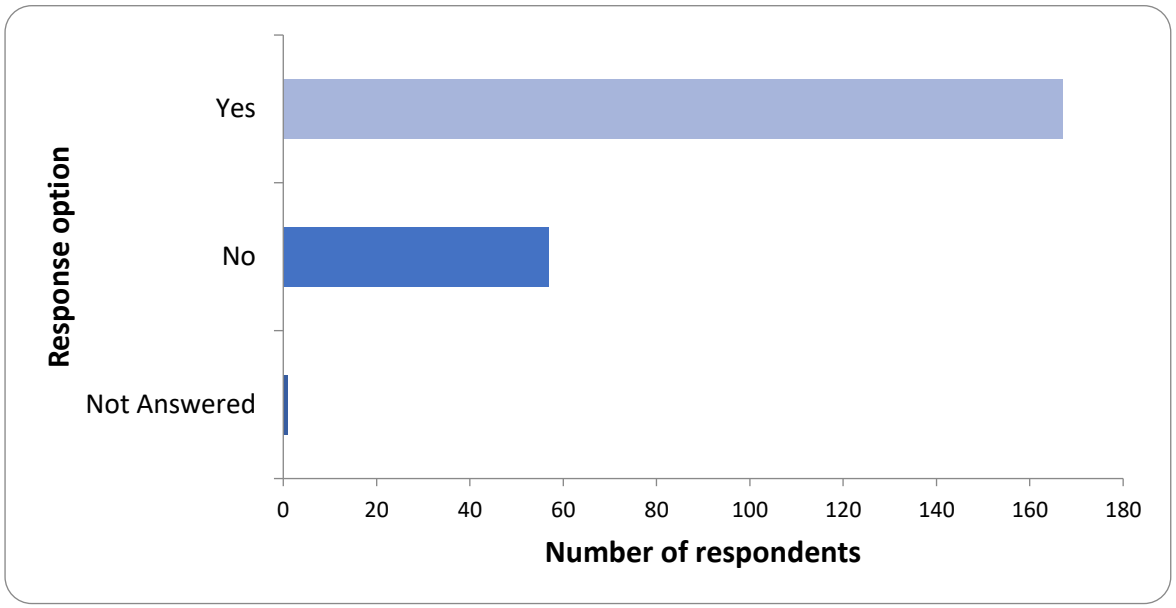
There was however a clear majority of practices (76%) that had experienced staff reducing their hours since the pandemic, as shown in Figure 24. There were 224 responses to this question–

Figure 24: Have any dental staff in the practice reduced their hours following the pandemic?



Many respondents also reported issues with recruitment, as shown in Figure 25 below. This issue was commonly attributed to a lack of qualified staff being able to take up a position. For example, one respondent noted that they had “been advertising for >1yr now. In the last 6 months I’ve had one candidate apply”.

Figure 25: Have you had any issues filling posts for dentists?



Practices in rural and remote areas highlighted challenges with attracting newly qualified dentists. Many respondents also reported difficulties in competing with private practices that can offer attractive incentives, such as 'golden hellos' and better salaries. One respondent noted, for example–

> "There aren't any dentists to take positions. When someone goes on Facebook to say they are looking for a job they get 20-30 replies. Some owners are offering 10k of their own money to someone willing to sign up for a year. This is not sustainable."

Another respondent commented on the pressure of wage deflation and rising costs–

> "I have had a 40% pay cut since 2008. The cost of electricity alone for the practice has doubled in the last month."

For the non-dentist roles in a practice, many respondents highlighted the challenge of competing with other less stressful jobs available in retail. One respondent noted, for example–

> "Nobody wants to work as a dental nurse when they can have a job in Tesco with less responsibility for more money. We can't afford to pay our staff properly on the current NHS prices. It's got to change. Team morale is at an all time low. I wouldn't let any of my children apply to dental school just now. It's not a good career to have."

Some respondents explained why they are not able to offer more competitive salaries and conditions, highlighting the significant financial pressure that many NHS practices are under. For example, one respondent noted–

> "Dental nurses are not paid enough, and as a result don't feel valued enough. We as a practice would dearly love to increase their wages further (this is

despite a significant rise recently). Unfortunately, there is a severe shortfall in our business. The higher energy costs (increased ten fold), huge hikes in material costs and a very worrying issue whereby we cannot complete denture/lab work and make it cost effective for NHS work. Even the standard (cheapest) lab charges are greater that what we receive from the NHS. We are working at a loss in this regard. It's so serious that for the first time in our practice's 40 year history we are considering stopping NHS work unless the remuneration for denture/lab work is not SIGNIFICANTLY uplifted to reflect the outlay cost."

Other issues

The survey invited respondents to highlight any other comments related to the NHS' recovery from the pandemic.

A common theme was the view that that significant reform is required to make NHS dentistry viable going forward. One respondent noted, for example–

> "I personally provide NHS dentistry as I see it as a basic human right. It is subsidised by my private patients. My book is full to bursting. I can't see enough patients. Radically simplify the SDR, open some hubs and modernise the fee structure."

Some respondents noted that greater emphasis should be placed on preventative dental healthcare, with one person explaining–

> "Prevention would be much more cost effective than providing free dental treatment for all - in more deprived areas, I suspect people will see little reason to lessen their chance of requiring dental treatment if their only consideration is time taken for treatment rather than costs. This will further increase the burden on already burned out dental professionals."

Another respondent noted that pre-pandemic levels of service provision is an inadequate ambition for recovery–

> "You talk about recovery of dental services based on a comparison between pre pandemic NHS gross and current NHS gross. The bottom line is that there is little appetite to return to the pre-pandemic treadmill of NHS drill and fill dentistry which rewards those that churn out a high volume of dentistry which can be of variable quality. This flies in the face of modern preventative dentistry which should be adopted."

Respondents also noted that the ongoing uncertainty over future reform is creating challenges for dentists to run their practice as a business, as one person explained–

> "The great uncertainty regarding the future funding model means that the business cannot plan for the future and invest as we have NO IDEA WHAT IS HAPPENING. I am at my wit's end trying to keep the practice running while taking care of the dental needs of almost 5.5 thousand patients ALL WHILE

> EMPLOYING STAFF. The lack of interest from the government is disgraceful."

Many respondents highlighted concerns about the viability of providing NHS services due to rising inflation. A common example used to highlight the financial pressures NHS dentists are facing was the cost of a denture. Respondents reported that the NHS provides dentists with £21 to cover the cost of a denture, whereas laboratories typically charge £27 to provide one. This was highlighted by one respondent, who noted that the current government policy[3] to provide free NHS dental treatment to people under 26 years of age is not feasible in light of these cost pressures–

> "For some items of service the lab fee alone is now more than the fee paid for it. Meanwhile they have plans to make nhs dental care free for all ages. If they cannot afford to pay 20% of an appropriate remuneration then how are they suddenly going to find the money to pay 100%?"

These views were echoed by another respondent who explained–

> "I feel very sad at what is happening in NHS dentistry. My wife and I qualified 25 years ago and have worked within the NHS dental services since. This is the first time that we genuinely wonder whether we can continue. We are currently paying more for a set of dentures to be made than we bring in from making them - that just is not sustainable, and yet we cannot turn away elderly or vulnerable patients. It's a horrible situation."

Other respondents commented on the impact of corporate entities buying up dental practices. In their view, this trend gives the Scottish Government less leverage to negotiate with providers of NHS services under the General Dental Service. It was also noted that this trend is putting increasing pressure on NHS services, with one respondent stating–

> "Uncertainty of the future of NHS dentistry is pushing a lot of colleagues into the Private sector which seems to be thriving at the moment but at the expense of the populace."

There was also some criticism of the lack of support and communication from the Chief Dental Officer ('CDO') and the Scottish Government. One respondent noted for example–

> "No contact from CDO and lack of support. Much higher levels of mental health in all dental professionals is not surprising when the expectations of patients are so high and we have no support from the NHS or government."

Committee clerks
June 2023

[3] Scottish Government. 24 August 2021. Removal of NHS dental charges for all young people.