**CVDR/S6/23/14/3**

# COVID-19 Recovery Committee

# 14th Meeting, 2023 (Session 6), Thursday, 22 June

# Recovery of NHS Dental Services



# Introduction

This morning members will have the opportunity to discuss NHS dental services in Scotland with representatives of the dental profession. Members will hear from:

- Douglas Thain, Chair, Scottish Dental Association
- David McColl, Chair, Scottish Dental Practice Committee, British Dental Association
- Dr Atif Bashir BSc BDS MSc MFDS (Ed), Chair, Scottish Dental Practice Owners

As Members will be aware, this is a short, focused inquiry into NHS General Dental Services. It coincides with a high level of public and political interest in dentistry in Scotland: the status and recovery of services, reforms and access for patients.

Submissions were received from the three organisations before the Committee today. Additional evidence was received through the Committee's survey of dentists, available in summary form.

The purpose of the inquiry is to scrutinise progress made in the commitments set out in the NHS Recovery Plan 2021 – 26 which states that:

> "For NHS community dentistry our immediate focus will be on returning the sector to at least pre-Covid levels of activity as soon as is practicable. The impact of the pandemic on NHS dentistry services has been particularly hard because of the aerosol particles generated by many dental procedures and the additional risk of spreading the virus that this brings. We are working on a four nations basis on revised infection, prevention and control (IPC) guidance, with a review of the guidance due to report in September 2021. We have invested £5 million to improve the ventilation capability of dental surgeries, and £7.5 million in new dental equipment. Both of these measures will reduce that risk and therefore help us to increase capacity in our dental surgeries. Both these initiatives will increase the capacity of dental practices to see more NHS patients under the present restrictions."

The NHS Recovery Plan also includes other commitments related to future reform:

> "Over this parliament we will remove all NHS dental charges and work with our frontline dentists to deliver service reform that ensures that are sustainable long into the future. We're committed to maintaining at least the range and scope of procedures that are available through an NHS dentist, and building on our established Oral Health Improvement Plan (2018). Our first step in removing charges is to remove charges for anyone aged under 26. By improving access to primary dental care we can help reduce pressure on acute dental services in the future."

The inquiry questions, as set out in the Approach paper to the inquiry fit well with these broad themes:

- **Whether funding has improved ventilation and other equipment (response, recovery and reform)**
- **Whether NHS dentistry services have recovered to pre-pandemic levels (recovery)**
- **How access to services is being targeted in communities that experience health inequalities (recovery and reform)**
- **Is NHS dental services resilient to future pandemic threats? (reform)**

A SPICe blog was also published on Tuesday 6 June – 'NHS Dental Services in Scotland – Braced for Change', providing a background to how dental services are organised in Scotland as well as outlining some of the issues facing services post pandemic.

The blog does not cover the views of dentists, 225 of whom responded to the survey sent out by the Committee. The responses received came from dentists working in most health board areas, providing a good overview across the country. The island boards have very few independent dental practitioners offering NHS General Dental Services (GDS).

It will be helpful for members to read the summary of responses from the survey of dentists, together with the submissions from the bodies represented and the response to the Committee from the Scottish Government of 25 May.

# Theme 1 – Response and recovery of general dental services

Experience during and since the pandemic appear to have exposed and exacerbated issues facing the general dental services and practitioners. Members heard last week that these were chiefly about:

- Recruitment and retention of staff (across the professions)
- Rising costs and the need to subsidise NHS work through private work to ensure financial viability.
- An outdated funding model that incentivises items of activity over prevention

According to the Committee survey, as well as national data, dentists said they are not seeing the same number of NHS patients as they were pre pandemic. The reasons given for the slow recovery were chiefly because of staffing and dealing with a backlog in treatment. 35% of those who answered the question said that it would take more than two years to clear the backlog.

Asked to expand further, respondents said that fewer people were attending for regular check ups and that more significant problems were presented, requiring more treatment than if the patients had presented earlier.

Respondents reported longer waits (more than 18 weeks) for hospital (secondary care) treatment. There will also be patients who require extensive work, for whom prior approval will be required. Prior approval is required for treatment costing more than £430. Some individual treatments within the SDR also require prior approval. The turnaround time is 2 months for general dentistry and 3 months for orthodontics.

In written evidence the British Dental Association told the Committee that the COVID-19 pandemic hit NHS dentistry in Scotland like no other part of the health service. They note there are backlogs that will take many years to clear. They note that:

> "The low margin/high volume model the service works to, was incompatible with working through the pandemic and cannot form the basis for a meaningful or sustainable recovery".

The BDA notes:

> "dentistry has lost over half (52%) of its capacity since lockdown, when comparing examinations delivered since March 2020 with typical levels pre-COVID." Similar to issues in the health service, it is reported that paitents are presenting with higher levels of clinical need."
>
> "Over two thirds (67%) of GDPs surveyed by the BDA cite higher needs patients requiring more clinical time as a key issue on return to full capacity. The only comparable problems are those concerning recruitment and retention of dentists (61%)."

The BDA also states that:

> "Recent data from Public Health Scotland confirms a concerning lack of recovery following the pandemic with participation rates – contact with a dentist within the past two years – continuing to fall post-pandemic. In September 2022 just 50.4% of all registered patients had seen an NHS dentist within the last two years, still down on the 52.6% seen in 2021, and a considerable reduction from almost two-thirds (65.1%) in 2020. Lower levels of participation may lead to a higher dental disease burden, and a further widening of oral health inequalities given the impact of limited access to services, the temporary suspension of public health programmes, and the impact of lockdown diets. Lower participation will reduce the chance of identifying early signs of decay and oral cancers at routine check-ups, and delays in treatment will mean higher costs to the NHS and worse outcomes for patients"

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 BDA also states that the pandemic continues to impact child oral health, and that the Childsmile programme was paused during the pandemic, and only partially restarted. Members heard last week that the programme has been very successful since its inception and has developed over the 17 years. But participation during the pandemic and registration of 0 – 2 year olds now stands at only 25% post pandemic.

**Members may wish to ask:**

- **To what extent have dental practices in Scotland been able to return to pre-COVID levels of activity?**

- **Is the ambition to return dental services to pre-pandemic levels achievable or reasonable?**
- **What lessons have been learned from the response to the COVID-19 pandemic?**
- **To what extent did dental practitioners feel engaged and listened to in relation to the decision making by the Scottish Government during the COVID-19 pandemic?**
- **How has the pandemic affected the delivery of Childsmile by high street dentists?**
- **How did the pandemic affect services in more deprived areas and how has recovery in those areas differed from more affluent areas?**
- **Could dentists in deprived areas do targeted work to support children's oral health?**
- **What are high street dentists able to do to address the impact of inequality in oral health?**
- **What actions are required to reduce the inequality gap in the oral health of children, which has grown over the past years?**

# Theme 2 – Barriers to recovery

According to the Scottish Dental Practice Owners' submission states that recovery has been stalling because of:

- "Recruitment crisis - Lack of skilled professionals.
- Energy costs
- Brexit impact
- Rising Material costs
- Finite resources available for practice owners to deliver.
- Covid support should have continued until a reliable and functional model had evolved."

The BDA refers to hospital dentistry and pressures there, stating that dental general anaesthetic services should be part of restoration and recovery planning. Professor Conway touched on this last week in reference to the barriers to the recovery of Childsmile, saying that research and efforts were ongoing to properly identify and address where some of the blocks are, and that success in nursery schools has an ongoing impact on the success of the programme – for example reducing the requirement for time off school for multiple extractions done under anaesthetic.

**Members may wish to ask:**

- **Why do you think that recruitment, rising costs, Brexit and support provided during and after the pandemic have had a disproportionate effect on general dental services?**

- **Could you say something about the pressures and recovery in hospital dentistry, and waiting times for patients requiring secondary care?**

- **Have you seen an increase in the number of children who need to be referred to secondary care for extractions because of poor toothbrushing/poor diet? Has this worsened since the pandemic?**

- **How could the recovery of services be supported to return to pre-pandemic levels within the current model for general dental services?**

# Theme 3 - Response to the COVID-19 Pandemic: sustainability funding and funding for ventilation and equipment

In last week's meeting members heard how funding was distributed to dental practices by health boards for ventilation improvements, equipment and additional hours.

Further support was provided by the government in the form of 'multipliers', whereby dentists received a multiple in addition to the fee for activities undertaken. In the spring of 2022 this was x1.7 of normal gross fees, but was then reduced to x1.1 of normal gross fees in the autumn.

Dentists were asked about funding for ventilation and equipment that was made available in 2021 and 2022 to aid recovery of services. Last week's paper provided the information on these payments.

During the pandemic, but not immediately, (in July 2021) the Scottish Government sought to support dental services and dentistry through a range of financial support. This comprised funding to health boards, for which practices could apply, to improve ventilation in surgeries to reduce fallow periods between patients, funding for equipment, and funding for variable speed drilling equipment. There were conditions attached to the funding, such as tie-ins to continuing NHS work. This is not a unique thing, as dentists have to commit to continuing with NHS work if they receive funding, and some payments are based on the percentage of NHS work they do.

The Committee's survey reflects the findings of a survey carried out by the BDA. Of those who did apply for ventilation funding, nearly half (48% of 188 dentists)said it did not improve their capacity and 26% of 140 respondents said that it wasn't adequate.

Responses about funding for other equipment were equally mixed. (Figs 8,9 and 10 in summary). One of the reasons cited for not applying was that it was allocated per practice rather than per dentist, meaning that some dentists and not others would be

able to benefit. Again, the funding for other equipment was not deemed to have increased capacity.

> "Whilst the BDA welcomed Scottish Government's decision to extend funding for ventilation and electric speed adjusting handpieces to help cover the maintenance costs of equipment damaged due to additional cleaning because of increased COVID-19 protocols, the support in isolation is insufficient to return dentistry to pre-pandemic levels of activity. Fundamentally it could not restore a 'business as usual' service in dentistry based on a flawed system. A BDA survey in Scotland showed that over 30% of dentists chose not to apply for the funding; one of the conditions for receiving the grant was that dentists had to commit to deliver NHS dentistry for 3 years, with some respondents being unwilling to do this given the flawed NHS funding arrangements."
>
> "Ongoing infection prevention and control restrictions were recently identified by just 19% of practices as having an impact on their capacity. The incentive for immediate investment may well have receded, but there should be consideration of 'future proofing' dental practices. The sector's resilience and preparedness for the next pandemic event cannot be left to the 11th hour."

**Members might wish to ask:**

- **When services resumed in 2020, the Government responded to the request for capital funding for ventilation and equipment/repairs. Why wasn't it sufficient to return services to pre pandemic levels?**
- **Why did 30% of dentists (according to your survey, 31% of respondents to Committee survey) not apply for the funding?**
- **What impact did infection control measures have on capacity and recovery of services?**
- **What (funding/other measures) would have increased capacity and recovery for practices?**

# Theme 4- Recovery: Staffing and recruitment

Members have heard that recruitment and retention of all dental staff are hampering the recovery of services, with stretched Public Dental Services and high street dentists competing for the same diminished pool.

From the Committee survey of health boards, (see table in SPICe blog) there does not yet appear to be a significant withdrawal of dentists contracting to do NHS work, although it was clear that many were reducing their commitment either by only treating/registering children or deregistering patients.

Adelle McElrath of NHS Borders spoke about the Scottish Dental Access Initiative (SDAI), a scheme to incentivise (financially) the extension or opening of practices in

areas where GDS availability is poor. This is not a new allowance; the SDAI was introduced in 1997. The areas eligible for such support are:

• Dalmellington and Patna within NHS Ayrshire and Arran;

• Hawick, Galashiels, Kelso and Berwickshire (exc. Eyemouth) within NHS Borders;

• NHS Dumfries and Galloway;

• Auchtermuchty within NHS Fife;

• Callander within NHS Forth Valley;

• Banff, Fraserburgh, Huntly and Moray within NHS Grampian;

• Inverclyde within NHS Greater Glasgow and Clyde;

• NHS Highland;

• NHS Orkney;

• NHS Shetland;

• NHS Western Isles.

Grants are substantial, up to £100,000,depending on certain circumstances. This letter and memorandum sent out in January 2023 describes the support, as well as allowances for recruitment and retention and remote areas.

In their submission to the Committee, the BDA stress the importance of a strong recruitment and retention strategy to promote recovery and further, to create a sustainable NHS dental service:

> "Any recovery rests on colleagues being willing and ready to build a career in the service. Regrettably we know that we are very far from that place and the BDA continue to offer to work with Scottish Government to identify solutions.
>
> Our recent survey suggests an exodus is in motion. 59% of dentists say they have reduced the amount of NHS work they undertake since lockdown – by an average of over a fifth. This movement is unfortunately going unseen within official data, which counts heads in the workforce, not commitment and gives the same weight to a dentist doing a single NHS check-up a year as an NHS full timer. Over 4 in 5 (83%) now say they will reduce – or further reduce – their NHS commitments in the year ahead. Over a third (34%) say they will change career or seek early retirement."

The SDA and the SDPO also highlighted factors affecting recruitment and retention

> "This issue is intimately linked to funding according to most of our members. Essentially most new graduates and many younger (35 years and under) dentists do not wish to work in the NHS system. The longstanding nickname of

> "The Treadmill" may well explain why this type of professional life is being rejected wholesale by the future of our profession.
>
> SDA does acknowledge the impact of Brexit and other challenges on the numbers of dentists but the facts are many older dentists have either retired early or reduced their hours to cope with the increasingly unmanageable stress levels many experience or because, frankly, it isn't financially worthwhile to provide significant levels of NHS dentistry.
>
> Issues around training of dentists are also contributing to challenges; many University Dental Schools now have up to 20% foreign students in each year group. Evidence shows it is highly unlikely these students will remain in Scotland in the longer term.
>
> A significant majority of students have also been female for many years and this seems to impact on working patterns, for example due to career breaks for caring responsibilities." (SDA submission)

Dental corporates, very large companies owning and running many, sometimes tens or hundreds of practices have appeared in recent years. Members might wish to explore with the organisations represented what if any impact such businesses are having on the landscape of NHS dental services in Scotland. Clyde Munro and Real Good Dental are two such corporates. Some Clyde Munro clinics offer both NHS and private treatment, Real Good Dental only appears to offer private treatment (although their website states that during the pandemic, when practices closed, their dentists supported urgent and emergency NHS treatment).

**Members may wish to ask:**

- **Why is the profession not attracting and holding onto staff across the practice team? What is meant by 'The Treadmill' in reference to NHS dentistry?**
- **How does the model, in terms of treatments and materials permitted by the SDR, support or disincentivise dental professionals to offer NHS dentistry?**
- **What attracts dentists to work in the NHS?**
- **There are allowances for recruitment and retention, remote areas and for setting up new practices; what is the impact of this public funding on sustainability?**
- **Why, according to you, are so many reducing their NHS commitment?**
- **As independent contractors what are you able to do to make the profession more appealing?**
- **There are a number of so-called Dental Corporates operating in the UK, what impact, if any, are these having on NHS dental services?**

- **Should the government collect and publish the NHS commitment of each dentist/practice to provide a more realistic picture of GDS coverage in Scotland?**

# Theme 5 - Reform – progress and focus of reforms

Last week it was mooted that a model more like that underpinning primary care medical services – GPs could be considered. This is favoured by the SDA to improve remuneration. However they refer to it in terms of being salaried. GP partners are not salaried, the practice is provided with a 'global sum' for providing primary care services, and out of which staff costs, practice costs and overheads are paid. GP partners might employ and pay a salary to GPs. Health boards also directly run some practices, and employ GPs as salaried staff.

Key issues regarding reform from submissions:

- Conflict between NHS treatment (cheapest available) and best available treatment (SDPO cites the Montgomery Judgement 2015)
- Payments for treatment do not cover costs – eg lab costs
- Existing disease-centred approach (reward for number of treatments rather than preventing disease)
- A business being bound by costs set by the Scottish Government
- Model does not take account of how dentistry has developed – no longer drill and fill
- Lack of any progress of previous (substantive) reform work on modernising dental services dating back to 2005

The SDPO say in their power point submission that:

> "New model of care should have been delivered by working group set up in 2021 to be delivered by spring 2022. There is no sign of it but some closed door discussions have taken place with no discussion on financial aspects."

The BDA state:

> "Recovery planning for dentistry in the short, medium and long term, must be a priority for the Scottish Government. Any recovery rests on reform and the delivery of that reform will be critical"
>
> There have been recent developments in relation to reform of the SDR. The CDO engaged with the dental teams during 2022 to start a process of reforming the SDR Determination 1, which is a list of dental treatment items and associated payments. A survey was sent to the sector and over 80% of

respondents stated that they would prefer to work via a reduced Determination I. A CDO advisory group was established, and workshops took place to determine the new list of items within the Determination 1. The BDA was not involved in this process."

"The reform process has recently moved forward, with the following joint statement being published on 10 May 2023. Payment reform discussions are currently confidential.
*"BDA Scotland/ SDPC representatives and Scottish Government held a meeting on Wednesday 10 May 2023 to initiate a formal discussion about setting fees for the revised Determination I payment system reform. The discussions build on the previous development work on the scope of the revised Determination I through the Chief Dental Officer's Advisory Group. The discussions are being held in a confidential manner at present, however, it is the intention that there will be an announcement to the profession in early summer. There are a range of matters that the discussions will be focusing on, and it is anticipated that there will be significant dialogue in the coming weeks*."

The BDA also issues a prediction and warning should reform not happen:

"The unsustainable business models NHS dentists are operating to appears to be driving more and more colleagues towards the private sector. It goes without saying that any further deterioration in the sustainability of NHS services will be felt most in Scotland's most deprived communities."

The SDA's interpretation of intended reforms is:

"Given Scottish Government's stated plan is essentially to slim down the current fee scale (the Statement of Dental Remuneration, SDR) and increase the fees somewhat it is hard to see any real reform ever taking place.

Dentists have decided in many cases to vote with their feet and reduced or even cease their NHS provision because they have lost hope and faith in this process."

"They have also lost hope and faith in Scottish Government's willingness to actually accept things have to change if they are to improve. Our members are overwhelmingly supportive in principle of the NHS and entered dentistry to provide care to as many people as possible. They were happy to do this when it was financially viable, despite the fact it has always been possible to earn more money privately."

The SDPO state that:

"At the heart of SDR is a disease centred approach - practitioners rewarded for actual number of treatments carried out and not for preventing disease.
It is absolutely necessary for preventative care if Oral Health of Scotland needs to improve.

**Members may wish to ask:**

- **What involvement have you had in the discussions about reform? Have these been both before and since the pandemic?**
- **To what extent is reform based on learning from the pandemic about resilience and sustainability of the sector?**
- **How radical do you believe the reforms should be/will be?**
- **To what extent is the work/reforms now about delivering a free NHS service to all?**

# Theme 6 – Reform – Scottish Government response to the Committee's request for information

The Minister for Public Health and Women's Health, Jenni Minto, responded to the letter from the Committee to Michael Matheson MSP, Cabinet Secretary for Health and Social care. This letter asked for some detailed information on the following:

1. How much of the Scottish Government's funding for ventilation and equipment was distributed to dentists in grant payments in each health board?

2. What engagement has the Scottish Government had with the sector to seek feedback on the ventilation and equipment funding it made available?

3. What impact have multipliers and sustainability payments had on the recovery of services?

4. What evaluation has the Scottish Government undertaken of the funding it made available to dentists to improve ventilation and equipment (including the eligibility criteria, uptake distribution and implementation); and evaluation of the impact of sustainability payments and multipliers?

5. What metrics is the Scottish Government using to monitor and measure access to dentistry services in the recovery period? What do these figures show?

6. Has the Scottish Government realised its ambition to return NHS dentistry services to pre-pandemic levels? If not, when does it anticipate this ambition will be realised?

7. What action is the Scottish Government taking to target the recovery of services in communities where participation levels are lowest?

8. What are the barriers to realising the recovery of NHS dentistry services and how is the Scottish Government addressing these?

9. What is the status and progress on Oral Health Improvement Plan pre and post pandemic (i.e., Jan 2018 – April 2023)?

The government states that over an additional £150 million in financial and PPE support was provided to independent contractor practices. Their aim was to 'preserve and protect' NHS dentistry.

They claim that their policy has been successful, in terms of patient contacts. They do acknowledge that activity levels have not reached pre pandemic levels, but argue that this is partly due to the introduction of an enhanced examination since February 2022.

> "One of the key concerns that emerged from the Oral Health Improvement Plan (OHIP) Consultation Exercise in 2018 from NHS dental teams was the high volume of patient turnover, we took the considered policy view that this was not sustainable in the medium- to longer-term. Ministers have been cognisant of this professional feedback, and as a preliminary step before the relaxation of IPC controls, introduced an enhanced examination to allow dentists to spend more time with each patient, but crucially this impacted on near-term volume in dental surgeries."

They also see the most important reform is payment reform, in partnership with the sector.

> "We have set out a programme of payment reform and consulted widely with the sector, building on the OHIP from 2018, to co-design a modernised system of payment that empowers dentists and support teams to provide sustainable clinical care. This new system is more transparent for patients and provides a financial package that ensures future sectoral buy-in and the long-term viability of NHS dentistry."

In the detailed response, there is more detail on payment reform:

> The modernised system will see significant changes to how we pay for NHS dental services. The Scottish Government takes the view that the present blended system of payment, comprising fee per item, capitation, allowance and direct reimbursement payment should remain. However, the intention is to reduce the number of fee per item payments substantially, renewing and updating the system to reflect modern dental techniques and allow NHS dental teams far greater degrees of clinical discretion. The intention is to shift the payment system from a high bureaucracy/low trust model to one of high trust/low bureaucracy. We believe that by doing so payment reform will provide longer-term sustainability to the sector, encouraging dentists to provide NHS care. The underlying approach has been to build on the OHIP to deliver a new payment system that delivers preventive care and supports patient understanding of the NHS dental treatment offer."

The Minister ends, acknowledging that there is 'much work to do' to 'sustain and improve equitable national access by 2026'.

In their submission the SDPO: "thank SG for supporting the profession through the pandemic" and that they "understand the financial pressures and (we are) not demanding extra money."
They add, with reference to the manifesto commitments about free dental services:

> Patient expectations have increased by repeated SG promises of free delivery. Under 26s getting free treatment has not been costed and dentists were not consulted.
>
> Independent contractors are frustrated and have started deregistration and moved towards independent dental plans as they see no future in NHS dentistry.

On the level of co-design and consultation with the sector, the SDPO do not feel included, and believe that it is not at the level the Scottish Government suggests:

> "We understand Scottish Government only carries out negotiations with British Dental Association in past. BDA have affirmed on many occasions no negotiations have taken place and Scottish Government just makes up its mind rules are made up with no scope for debate.
> Format of consultation and negotiation has to be revamped to ensure a fair process in place.

**Members may wish to ask:**

- **What impact has the enhanced examination, in place since February 2022, had on the recovery of services? Is this why activity hasn't recovered to pre-pandemic levels?**
- **How has the 'modernised system of payment' been co-designed with the sector?**
- **Are you clear about the payment reform the government intends to implement?**
- **Does policy change and reform need to apply across the UK to maintain stable services in all jurisdictions?**
- **What should the government prioritise to 'sustain improved equitable national access by 2026'?**
- **The government states that £150 million additional funding has supported the sector, including the £17.5 million allocated to ventilation, equipment and additional hours/repairs. Were pre-pandemic levels of income protected, and were you also able to access the furlough scheme?**
- **What meetings between independent contractors and senior health are had? If this doesn't happen, would such meetings help to address local issues and foster greater collaboration?**
- **Do you believe that the workforce planning, particularly the numbers allocated for dental undergraduate training places, match the requirements for NHS dentistry. For example, do they take account of changing demographics and working patterns?**

- **How are graduates incentivised to work in the NHS?**

**Anne Jepson, Senior Researcher, Health and Social Care, SPICe Research**

**19 June 2023**