

**HEALTH AND SPORT COMMITTEE  
WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?  
SUBMISSION FROM THE BRITISH DENTAL ASSOCIATION SCOTLAND**

**Subtitle (Arial 12, bold, left aligned)**

- 1. Considering the Health and Sport Committee's [report](#) on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities.**

**BDA Scotland members consider it is difficult to specify what changes are needed.**

**Each local community will require different changes, some may not need any. Members suggest that it should be up to the 'local community' to decide. A method of deciding what is considered as a 'local' community is its size and therefore its needs should be developed so it is possible for each community to make their own assessment. It is unclear if 'local community' means a General Practice (GP) catchment area, an entire city such as Edinburgh, an Island such as Skye, or an entire Region such as Highland, Fife or Tayside. The scale of changes would depend on the above being better defined.**

**BDA Scotland members suggest that primary care requires additional funding, although it is an efficient service. Government has stated that they will not take funding from secondary care to fund primary care. However, BDA members believe adequate funding is required for both primary and secondary care. A lot more work is done in primary care than was previously carried out in secondary care, and members are concerned that funding has not transferred across the services proportionately. As an example, it is cited that it is very difficult to have a patient referral seen at Glasgow Dental Hospital, therefore, it leaves dental practitioners stressed, anxious and frustrated. It is important to highlight that local dental hospitals are not giving primary care the backup that has been given in the past and is now needed. Members question whether all referrers from primary care are asked by their local dental hospital for feedback on their performance, and whether patients are asked for their feedback.**

**BDA Scotland members suggest that there needs to be better accountability and transparency between the two services, and that these issues must be addressed by Scottish Government.**

**Some BDA Scotland members suggest that NHS Boards are thought to be protective of secondary care and that many senior managers come from within secondary care. BDA members suggest that this needs to change, with a better mix from primary and secondary care, and as noted above, adequate funding is required for both services.**

**BDA Scotland members urge that in future an interface is required between primary and secondary care. It is members understanding that in some instances secondary care is refusing to see patients for treatments for example, endodontic and periodontic treatments which primary care practitioners feel unable to carry out either because of funding, knowledge or clinical ability. BDA Scotland has made these issues known to Scottish Government on numerous occasions and members would highlight that this must be addressed by them, not just for dentistry but also for medicine.**

**BDA Scotland members believe that there are inefficiencies within secondary care and that these should be addressed. Members also consider that whilst many reviews are undertaken within secondary care, there are often no visible positive outcomes.**

- 2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?**

**BDA members suggest that staffing levels are currently insufficient in both primary and secondary care. This includes medically trained staff for example, general practitioners, but also those involved in technology support and the development of any project and its management. One obstacle, is a lack of trained staff participating in projects, for example, there is a decline in general practitioner numbers, thought to be because it is no longer considered an attractive career. Members suggest that the issues listed above must be addressed.**

**Cost is a substantial factor in any change, and a new system is unlikely to be cheaper to maintain, particularly if it is technology based and kept up-to-date with technological developments.**

**Whilst new technologies such as smart phones, apps and the use of email is attractive, it must not be forgotten that there are some who choose not to or are unable to access this type of technology. There are still many people who do not have an email address or a smart phone. Some people cannot use touchscreens, for example, those with impaired sight. BDA members suggest an inclusive system for all is required, and not just the young and IT literate.**

- 3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?**

**BDA Scotland members suggest that monitoring health outcomes can be quantitative or qualitative. The former would rely on proper data recorded now, and then compared with data recorded over several years. The latter is more likely to be used to assess how communities 'feel' circumstances are improving regardless of the actuality.**

**BDA members suggest it would be more useful to measure the point or age at which morbidities start to increase in a population/community than measure life expectancy. This type of monitoring would be more easily achieved if records and patient data were centrally located, however, members understand that this raises data security issues that would need to be managed.**

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