



Mr Humza Yousaf MSP
Cabinet Secretary for Health and Social Care
Scottish Government
St Andrew's House
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By email

13 July 2022

Dear Humza

I am writing on behalf of the Scottish Dental Practice Committee to express our dismay at your letter of 28 June and the announcement that the Item of Service multiplier would be reduced from 1.7 to 1.3 from July. This decision was made without any consultation with the profession, despite the BDA previously calling for regular discussions with the Government about the latest activity data and any proposed change to the multiplier. Giving dentists and their teams less than three full working days' notice about this change is unacceptable, and shows a lack of respect for the profession and little understanding of the current situation within dentistry.

We reiterate our assertion that the 3-monthly multiplier review means that practices are unable to plan appropriately. Staff shortages due to increasing Covid transmission rates continue to limit practice activity levels, and some labs have stopped all NHS work while others have considerably increased their prices. Colleagues are also reporting continued abuse from patients towards dental teams and that morale among the profession is at an all-time low. Any prospect of a return to the pre-Covid "treadmill" will only exacerbate the current stress and anxiety, and drive dentists towards private practice, reducing access to NHS dentistry for patients.

As we have stated a number of times, this reduction in the multiplier will compel dental practices to deliver some NHS treatments at a loss; for example:

- Dentists would ordinarily receive £20.20 for a denture repair (without impression) but with the 1.7 multiplier this increased to £34.34. Following recent increases in lab costs, the current lab bill for a denture is £27 – higher than the amount the dentist will receive under the revised 1.3 multiplier (£26.26)
- As we have stated previously, fees for extractions are unsustainably low. A child requiring two 30-minute appointments for orthodontic extractions would generate £42.90 income for the practice. An associate on 50% would leave the practice with £21.45 for an hour's work. Dental nurses are typically paid round £10.50 to £12 per hour which leaves about £10 per hour to cover all other overheads including materials, utility bills and other staff costs.

Under the GDS Regulations, practices are required to offer all treatments in the SDR but has the Government explored whether it is lawful to expect contractors to deliver services that incur a financial loss to their businesses? Such an expectation is not only irrational, but it might also lead to an exodus of dentists from the NHS, which would result in a reduction in access for

patients and serve to increase health inequalities. Scotland has already lost 5% of its NHS dentists since Covid struck and setting the multiplier at an unsustainable level is likely to hasten this flight from the NHS. No other business would be asked to operate at a loss for the service they provide – as is the case where the fee provided by the Government under the SDR may cover the lab fee but provides no remuneration to the practitioner – so why are dentists expected to do so?

The BDA is currently collating research findings on general dental practice expenses across all four UK nations which we will forward to you as further evidence of loss-making treatments and financial pressures facing practices.

Regarding orthodontics, it is now clear that orthodontic provision has been separated from dental provision, both in SDR fees and in the Cabinet Secretary's most recent letter which advises orthodontic provision will be discussed at a later stage in the contractual reform process. We would like confirmation that these discussions about orthodontic provision will directly involve the Scottish Orthodontic Specialists Group (alongside the BDA) whose members provide the overwhelming majority of orthodontic care.

Moving on to long-term contract reform, could you please clarify whether the minimum 70% NHS contractor and practice commitment to contribute to the discussions is based on time commitment or gross income?

Providing 20 NHS crowns provides similar income as placing and restoring one implant, or doing one session of facial aesthetic treatments. The Scottish Government should be aware that many younger dentists are being pushed to carry out such treatments – where the payment they receive will reflect the work undertaken – to supplement poor NHS fees.

SDPC members are concerned that many heavily committed NHS dentists (>80% by time commitment) will be unable to take part in discussions as they will be too busy delivering additional activity to compensate for the reduced multiplier. Also, disqualifying any practice or dentist with less than 70% NHS commitment from participating in these important discussions will exclude many experienced practitioners. The Scottish Government needs to consider a wide range of views when discussing contractual reform or risk an accelerated exodus from the NHS to more private treatment.

I look forward to hearing from you soon.

Yours sincerely



David McColl
Chair, Scottish Dental Practice Committee

CC. Mr Tom Ferris, Chief Dental Officer

CC. Ms Maree Todd MSP, Minister for Public Health, Women's Health and Sport

CC. Mr Tim McDonnell, Director, Primary Care, Scottish Government