Mr Humza Yousaf MSP  
Cabinet Secretary for Health and Social Care  
Scottish Government  
St Andrew’s House  
Regent Road  
Edinburgh  
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By email

15 October 2021

Dear Cabinet Secretary

On behalf of the Scottish Dental Practice Committee, I would like to express our strong opposition to the proposal that the General Dental Service returns to the Statement of Dental Remuneration (SDR) Item of Service (IoS) arrangements as the payment model for dental practices. I have set out the reasons for our objection below, along with suggestions for how to take the situation forward to benefit both dental teams and our patients.

**It is not appropriate to reintroduce a system that is recognised as being unfit for purpose**

Even before the pandemic, there was widespread acceptance that the SDR was not fit for purpose as a funding model for NHS dentistry. The Scottish Government recognised this, and as part of the implementation of its Oral Health Improvement Plan, had established “design groups” to develop a New Model of Care for adult dentistry, including a long-term replacement for the SDR. These have been shelved since early 2020 but the Chief Dental Officer has since reiterated that the SDR is a flawed system and that a new funding model is required.

At our meeting with you on 8 June, and in your subsequent letter to the profession on 15 June, you recognised the need for “interim financial support, offering a more sustainable support base as we move forward with the remobilisation of NHS dental services.” We have repeatedly urged the Scottish Government to develop an interim funding model but unfortunately they have not done so. We again call on the Scottish Government to bring forward workable proposals for an interim financial support model that will allow practices to plan their finances, and to engage with us in meaningful negotiations about these arrangements.

**The majority of dental practices are already doing all they can for their patients**

Over the past year we have discussed the varying levels of dental practice activity with the Scottish Government. From our latest discussion, a minority of practices are reporting low levels of activity while receiving Covid support payments. We have long argued that there may be legitimate reasons for low activity (for example, staff self-isolating) but otherwise agree with the Scottish Government’s view that it is unacceptable for practices to deliver “minimal” activity while accepting NHS funding. We have stressed to the Scottish Government that they – along with NHS Boards – should focus on these practices to resolve this issue rather than implementing a sweeping policy such as reintroducing the full SDR and ending Covid support payments in an attempt to increase the activity of these practices. This approach unfairly punishes the whole sector due to the actions of a minority of practices.
There will be no return to ‘business as usual' for dental teams

Few (if any) sectors have been as significantly affected by the pandemic as dentistry. The generation of airborne droplets during dental procedures places dentists and their teams – along with their patients and families – at particular risk of contracting Covid-19 and other respiratory infections. This has necessitated the use of enhanced PPE, including gowns and visors, which is physically exhausting to wear for long periods.

We understand that the new IPC guidance may signal a reduction in Covid restrictions, including a possible decrease in fallow time. However, dentists have made it clear that there will be no return to the pre-Covid “treadmill” as capacity will remain diminished due to a range of factors, including continued social distancing, and the frequency of cleaning settings for treating patients on the respiratory pathway. Asking dental teams to increase productivity, when many are already working as hard as they can, will push many over the edge. There are already reported shortages of dental nurses, and difficulties in recruiting new associates and locums to practices. The reported shortage of dental nurses and subsequent recruitment challenge is driving wage inflation and adding to the financial stress currently being experienced in some practice business models.

In the past 18 months, dentists have welcomed the opportunity to spend more time with their patients, and to work with safer protocols. Any move towards a “return to normal” may have negative consequences for NHS treatment, as many dentists will consider significantly reducing their NHS commitment (including deregistering NHS patients) or leaving NHS dentistry altogether.

The pandemic has had a significant negative impact on the mental health of many dentists and their teams. There are growing reports of dental staff receiving abuse from patients who are frustrated by the lack of access to care. We are concerned that signaling a return to pre-Covid arrangements will unrealistically raise patient expectations, and further increase the pressure and stress facing dental teams. The Scottish Government and NHS Boards need to make dental teams’ mental health a priority, with the focus on prevention. The pressure on dental teams, and the subsequent effect on their mental health, needs to be considered when developing interim financial support arrangements and a long-term funding model to replace the SDR.

Monitoring needs to reflect the full range of dental practice activities

Over the past year, SDPC representatives have had protracted discussions with the Scottish Government about what measures should be used to monitor practice activity. (We note that the Scottish Government does not monitor the activity of either the Public Dental Service or Hospital Dental Service, though recognise the different contractual arrangements). The Scottish Government is using one measure – gross IoS, based on a pre-pandemic model of treatment – to monitor practice activity but we have long argued that practices are now engaged in a wide range of activities (many of which do not attract a fee) therefore using gross IoS alone gives an inaccurate picture of GDS activity. For example, practices spend considerable time triaging (including the use of translators in some cases, which adds to the time), providing Covid screening at the time of making the appointment and on the day prior to the appointment, updating medical histories to include current drug therapy, and referral to hospital and the Public Dental Service via a complicated and onerous IT system. None of this generates a fee and thus no recorded activity. We are extremely disappointed that the CDO and his team have not been proactive in measuring such activity since practices resumed face-to-face consultations and treatment in June 2020.

The Scottish Government recently signaled its intention to introduce minimum activity levels for practices to deliver in return for continued Covid support funding. However, if these payments are to end, we would welcome clarification of the purpose of the activity thresholds and how these will be enforced.
Communication and negotiation with the profession needs to improve

In July 2020, we wrote to the CDO and the then Minister for Public Health, Sport and Wellbeing to formally express our dissatisfaction over the lack of engagement and negotiation with the SDPC over recent developments regarding the phased return to dentistry. The lack of meaningful Scottish Government engagement and negotiation with the profession has been a major concern throughout the pandemic with various instances of us being handed a “done deal” with little or no opportunity to comment on draft proposals.

In your letter to the profession on 15 June, you stated that the Scottish Government “will be discussing these (interim funding) arrangements with BDA Scotland during the summer.” In August, the Scottish Government indicated that a revised (interim) funding model would involve a combination of IoS and allowances, and proposals would be discussed with SDPC once revised IPC guidance was available. However, at a meeting with SDPC representatives on 6 October (the first such meeting since 3 June), it appeared that the decision to go back to the SDR (albeit a revised version) had already been made without consultation or negotiation. The lack of opportunity to comment on draft proposals – or being asked to comment at very short notice on previous proposals – has undermined SDPC’s confidence in the Scottish Government. We again call on the Scottish Government to communicate, engage and negotiate with SDPC in a meaningful way to help deliver policy for a viable and sustainable NHS General Dental Service.

In summary, a return to the high patient volume / low margin IoS model that was unfit for purpose before the pandemic will be met with consternation by many practices and may significantly impact patient access to NHS dentistry. We urge the Scottish Government to reconsider its position and to bring forward alternative proposals for an interim funding model that reflects the entire process required to deliver oral health care in practice, and which we can discuss in a meaningful way.

Applying the DDRB pay uplift to dentists’ full remuneration package

Another issue which potentially undermines the sustainability of NHS dentistry is the repeated refusal of the Scottish Government to apply the Doctors’ and Dentists’ Review Body’s (DDRB’s) recommended pay uplift to independent dental contractors’ full remuneration package. Despite repeated calls from the BDA, the Scottish Government does not apply the uplift to all allowances (for example, the Vocational Trainer’s allowance has remained unchanged for at least five years). This means the overall award often falls short of the pay review body’s recommendations. The 3% uplift will do little to correct a decade of real-terms pay cuts for dentists, and not all of this increase will actually reach dentists, who rely on their earnings to invest in their practices. We again call on the Scottish Government to apply the uplift to all allowances, and at the very least to the General Dental Practice Allowance cap to prevent the most committed NHS practices being adversely affected.

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
CC. Professor Jason Leitch, National Clinical Director