



Ms Maree Todd MSP
Minister for Public Health, Women's Health and Sport
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

By email

3 June 2021

Dear Ms Todd,

On behalf of the British Dental Association we are writing to congratulate you on your recent appointment as Minister for Public Health, Women's Health and Sport. The BDA is the trade union and professional association for dentists and dental students in the UK. Our representatives had open and constructive meetings with your predecessors, and BDA staff and committee members meet regularly with the Chief Dental Officer and Scottish Government representatives. We look forward to continuing this relationship with you and your officials.

We would like to take this opportunity to highlight several issues, most of which we have previously raised with Ministers and included in our [recent election manifesto](#), and which have been exacerbated by the pandemic.

Ensuring sufficient capacity to address the backlog of unmet dental care need

Following the closure of dental practices for face-to-face patient care in March 2020, General Dental Service (GDS) dentists and their teams continued to triage all patients, and to offer advice, analgesia and antibiotics and refer urgent cases to Urgent Dental Care Centres (UDCCs). GDS practitioners also worked in the UDCCs, NHS24 and Community Assessment Centres. From reopening for face-to-face patient care in June 2020, dentists have had considerable logistical constraints placed on their teams, but they have risen to the challenge with the implementation of many Standard Operating Procedures to keep patients and staff safe.

The Public Dental Service in Scotland (PDS) did an excellent job setting up the UDCCs at short notice across the country to deal with the Covid-19 outbreak. However, continued operation of the UDCCs has come at a cost as the backlog of unmet dental care need for the service's "core" patients – including care home residents, children with additional needs and adults with disability – has continued to grow. Similarly, while Hospital Dental Services in most areas are increasing activity levels and slowly returning to pre-Covid provision, there are concerns about limited capacity at some sites due to the age and design of buildings, the availability of theatre space, and staff shortages. This has increased waiting times for hospital treatment in various areas with some services still treating emergency and urgent referrals only.

Due to the pandemic constraints, as with all healthcare services there has been a dramatic reduction in NHS dentistry since the start of the crisis. Between April and November 2020, the number of courses of treatment delivered by the GDS and PDS was 83% lower than during the same period in 2019. This has inevitably caused a colossal backlog of unmet dental care need.

While activity levels have increased in recent months, they remain considerably lower than before the pandemic – the latest figures we have, from November 2020, show that courses of treatment were only 30% of the November 2019 level. Although activity levels have risen slightly since then, dentists are still only working at a fraction of pre-Covid capacity due to current restrictions.

The Scottish Government must continue to do all it can to tackle this backlog of unmet dental care need across all branches of dentistry. The BDA has already made the case to the Scottish Government to follow the example of the Welsh and Northern Irish governments and provide capital funding for improved ventilation in dental surgeries to reduce “fallow time” between treatments and thereby increase patient numbers. The Scottish Government needs to scope the scale of ventilation requirements and cost a solution for the GDS.

Focus on prevention to help tackle oral health inequalities

The public health crisis caused by the pandemic, along with the pressure on healthcare services, means that investment in prevention is now essential. We therefore reiterate our call to the Scottish Government to support the introduction of local water fluoridation as a cost-effective, evidence-based preventive measure where practical and clinically appropriate. Data published by Public Health England (PHE) show a 52% reduction in dental caries for 5-year-olds in deprived areas. Return on investment analysis by PHE also shows that in areas of high dental need for every £1 invested, it could save over £12 after 5 years and £22 over 10 years. Water fluoridation implementation is a matter for local NHS Boards, but we urge the Scottish Government to provide a clear lead on this issue, along with investment to help facilitate its introduction where applicable.

While we welcome the continued long-term improvement in child oral health, the latest data show that primary school children from the most deprived communities experience more than four times the level of tooth decay compared to children in the least deprived areas. These stark and persistent inequalities will widen as a result of the pandemic. The Childsmile programme should be reintroduced as soon as possible and further target the areas with the poorest outcomes to maximise the impact on inequalities. We also need flexibility to deliver the programme at local level, for example at group level or face to face by video.

Long-term sustainability of NHS dentistry

The Covid financial support payments from the Scottish Government have been most welcome, but the time has come to urgently review these as we move forward to a new model of care. The current financial arrangements were developed as a short-term solution almost a year ago in response to an emergency situation. Dentists are now reporting a growing number of difficulties with the payment system which could not have been foreseen at the start of the pandemic, such as financial support for pregnant dentists and bringing new associates into practice.

There is widespread acceptance that there will be no return to pre-Covid dentistry once the pandemic subsides. The crisis has highlighted the importance of ensuring the viability of NHS dentistry and the need for a new funding model that reflects modern dentistry and makes dentistry an attractive profession to pursue. The Scottish Budget 2021-22 provides £431 million for general dental services, a rise of just £2.4 million (0.6%) from 2020-21 which represents a real-terms cut. The budget also includes patient charges (pre-Covid level was around £75 million a year) which need to reach GDS practices in 2021-22 to maintain their viability. The Scottish Government needs to ensure NHS dentistry is sufficiently funded to remain sustainable and accessible to all those who need it, regardless of income.

In the longer term, we have already signaled our willingness to work with the Scottish Government on its plan to abolish patient charges over the course of this parliament. This includes securing additional funding to replace patient charge revenue (which could rise to £100 million a year due to an increase in demand for treatment). The Scottish Government also needs to manage patients’

expectations at least for the foreseeable future as dentists are only able to see a limited number of patients each day.

Any progress in addressing Scotland's dentistry needs and tackling oral health inequalities will depend on having a stable workforce. The decision to extend the education and training of young dentists, along with the potential impact of Brexit on the supply of overseas dentists, have raised concerns about future workforce capacity. Developing a strategic approach to dental workforce planning must be a priority for the Scottish Government.

The current crisis has shown how essential the PDS is, not just in an emergency, but also in its usual role of treating the most disadvantaged in our society. However, in a recent BDA survey, less than two thirds of PDS dentists said they planned to continue practising as a community dentist in the next 5 years. This was the lowest in the UK. Almost one third also intend to retire during this time. These figures raise significant concerns about the future capacity of the PDS, and its ability to treat vulnerable patients.

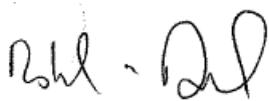
Improving access for vulnerable groups

We are calling for a concerted effort to get low-income patients to attend their dentist. While registration with an NHS dentist in Scotland remains high and stable, the overall attendance rate collapsed to between a quarter and a third of the pre-pandemic average, and the difference in attendance rates between our most and least deprived areas continues to grow.

For many years we have expressed deep concerns about lengthy waiting times for paediatric extractions under general anaesthetic, and the pain and distress this causes for children and their families. Prior to the onset of the pandemic, some Boards had waiting times of 6 months and the Covid crisis will undoubtedly have made this terrible situation worse. We estimate that around 2,500 children are on these waiting lists, and it could be many months (possibly years) before backlogs are cleared. We therefore urge the Scottish Government to work with NHS Boards to reduce these waiting times. We also recommend that the Scottish Government establishes a working group to finally address this long-standing issue by drawing on lessons learned and best practice across Scotland. We would welcome the opportunity to contribute to this group.

We very much hope to work closely and constructively with you in the coming months and years to improve oral health and access to NHS dentistry in Scotland, and hope to meet with you soon. We look forward to hearing from you about the important issues outlined above.

Yours sincerely



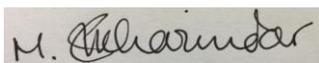
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Chair, Scottish Council



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Manar Elkhazindar
Lead, Scottish Hospital Dentists
Reference Group

CC. Mr Tom Ferris, Chief Dental Officer