

Dental
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Date: 29/03/04

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Dear Dr Wilson

MODERNISING NHS DENTAL SERVICES IN SCOTLAND: CONSULTATION

I have attached the paper which was presented at today's meeting of the Board of NHS Orkney .

The paper received the approval of the Board as their response to the above consultation with the proviso that I emphasised the incentives for retention of salaried dentists in our island situation. We are now solely reliant on salaried dentists for our NHS dental provision and only need to lose one of our current workforce to be in crisis yet again.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Moya Anne Nelson'. The signature is fluid and cursive, with the first name 'Moya' being the most prominent.

Moya Anne Nelson BDS MSc

Caring for the people of Orkney

Headquarters:
Garden House, New Scapa Road, Kirkwall, Orkney KW15 1BQ

Chair: Jenny Dewar

Orkney NHS Board is the common name of Orkney Health Board

29 March 2004

Agenda Item Number

Subject Heading: Modernising NHS Dental Services in Scotland

Purpose of Report: For approval: Response from NHS Orkney to the Consultation on Modernising NHS Dental Services in Scotland

Introduction: Modernising NHS Dental Services in Scotland is a consultation document inviting responses from a wide range of bodies and individuals. Deadline for responses is Friday 2 April 2004. It was brought to the January 2004 Board meeting and the Chief Administrative Dental Officer was charged to formulate a response on behalf of the Board.

Background:

NHS Orkney Dental Services are now based on a salaried dental service with a complementary private dental service being provided independently.

NHS Orkney dental services cover Primary and Secondary care services as well as catering for patients with special needs.

Historically our dental health is poor with only 47% of 5 year olds being free of dental decay (2010 National target 60% free of decay). In 1993 Adult Dental Health Survey over 70% of over 65 year olds had lost all their teeth. This had dropped to 46% with no teeth in the Lifestyle Survey of 2001. Although we have more adults retaining their teeth they have more complex treatment needs and need more time in the dental surgery.

We have to "ensure that future services evolve in a way which continues to protect stability and investment whilst building a culture of quality within the NHS"

NHS Orkney need to look to flexibility of premises and workforce to ensure that generalism is encouraged as well as the specialist services being provided.

1. Extent and nature of NHS Dental Services

Due to our remoteness it is imperative that the residents of Orkney have equity with the rest of Scotland. This means that NHS Orkney should have the ability to provide all the treatment necessary to procure and maintain oral health.

- Emphasis should be on preventive treatment from birth and this should be the focus of any funding
- Preventive treatment should include one to one counselling for parents, carers and patients as well as oral hygiene instruction/scaling, fissure sealant and fluoride programmes
- All treatments, which have an evidence base, should be included in NHS treatment and the items available on the NHS list should be reviewed, as new evidence becomes available.
- Review of any new contract should have a period of notice for both parties of not less than 3 months
- Any review should have performance indicators for providers which reward preventive activity.

2. Delivery of NHS Dental Services

- All capital and grant funding should be by practice and should be available to NHS Island Boards to use in Salaried Practices
- Payment to the practice should take into account the increasing use and cost of disposables and infection control measures and the increasing demands of legislation (Disability Discrimination Act)
- Grants and support for infrastructure should be specifically related to a level of commitment to provide NHS dental services
- **Incentives should be extended to salaried practitioners in areas where there is little or no independent NHS dental provision. These incentives should reward length of stay in remote area and commitment to Continuing Professional Development. Retention of current staff is a priority to avoid continuing recruitment problems.**
- Practices (salaried or independent) should be rewarded for commitment to specialised patient groups. A generalist may choose to provide the service on a family basis, other providers may wish to provide orthodontics, oral surgery, endodontics or special needs services. This could be linked to a career structure both in the independent sector and the salaried sector.
- Flexibility should be the key to the new format for NHS dental services. Each Health Board/ PCT should commission services to suit the needs of their population including dental public health and epidemiology to assess those needs. They should then also have the flexibility to adapt to any change in the needs and renegotiate with the providers. This is especially important as new guidelines come out (e.g. NICE : Frequency of Dental Recalls)
- Registration should be for "life" along the same lines as the General Medical Practitioners.
- Alternative suggestions include a capitation, base payment to the practice with added funding for additional services such as prevention or specialist services. This base fee would need to be calculated on an average amount of treatment need per patient as set historically. Additional top ups may be needed for patients with exceptional treatment needs. This again would need reviewed, as patient needs increased or decreased. Also if the provider reduced hours they would need to notify the Health Board and receive pro rata payments.

3. Patient Charges

- Ideally there should be no charge to the patient and an alternative suggestion has been a "sugar" or "confectionery" tax
- In the real world, a simple scale of fees which works in units of £5 (for example) for a small filling to £20 for a large filling etc with higher costs for items that include laboratory fees would be easier for the patient and provider to understand.
- Examination and preventive counselling should have lesser fees for the patients but higher fees for the providers.
- Alternatively patients could be issued with an annual voucher for dental treatment which included all preventive advice and a maximum amount for treatment per annum. If the cost of the treatment exceeds this amount the patient would be liable for full costs. This would need careful monitoring for fraud.
- A fixed charge in relation to time in the practice did not find favour with dentists or the public.
- Exempt patients would still receive free treatment

Recommendation

That NHS Orkney approve the above as their response to the consultation paper and it is submitted to the Scottish Executive Health Department in time for 2 April deadline