

Dear Sir,

Colwyn Jones, Consultant in Dental Public Health, Highland NHS Board, requested that I send this document to you. It is my response to "CONSULTATION ON MODERNISING NHS DENTAL SERVICES IN SCOTLAND". I understand that he will be incorporating it in the Board's response and any ADC response. I hope you find it useful.

My career profile is as follows; I am currently an associate at a practice in Inverness. 50%NHS 50% Private, with a special interest in prosthodontics, I see all patients age 60+within the NHS and am currently the only practitioner in the area doing dentures under the NHS. I have a caseload of over 4000 patients. Three years ago I was 100%NHS, but had to change due to pressure of patients as I was the last fully NHS practitioner in the area. I am also a Practice Inspector, a member of the ADC, and adviser to the Complaints Conciliation Service. Six years ago I was a Salaried Dental Officer for Highland region, this post I held from 1994.

#### THE PROBLEM;

- Insufficient Dentists in Scotland.
- Insufficient Dentists choose to remain in Scotland after graduation.
- Too many dentists find the Private sector more financially rewarding.
- Dentists earn more in England (due to greater private role)
- Westminster's government has devised a system, which will rapidly exacerbate an already bad situation in Scotland.

#### ANALYSIS;

- We need to train lots more dentists (30%)
- We need to financially compete or improve on English earnings throughout the vast majority of the country (we do not need to compete with "west-end" rates.
- The overall dental spend needs to substantially increase. (This does not necessarily have to come from the Scottish Govt.)
- The poor must be protected.
- Best gain for each £ spent must be achieved.
- Some groups are likely to be angry no matter what decision is made.

#### SOLUTION;

- Train 30% more dentists, this could be achieved by reformulating the present "in-house" system. Currently all non-clinical as well as clinical training is carried out in Scotland's three dental teaching hospitals. This should change such that a large proportion of clinical work is done in group practices throughout Scotland by clinical trainers (similar to an extension of the VT scheme). This would enable the teaching hospitals to concentrate on early development of young students rather than the equipment intensive and staff intensive way it is currently done. It would also enable them to train 30% more students without any long lead-in, or major rebuilding program.

- Remove all non-fee paying adults from NHS provision apart from an emergency only basis . . . this to mean extraction and antibiotics ONLY; i.e. something to tide a patient in pain over until they get to see a regular private dentist.
- NHS to supervise private charges and negotiate with practitioners for charges to be clear and easily understood, either on a fee-per-item basis, hourly rate or payment scheme.
- Pregnancy and having a child less than 1 year to cease exemption, as this group often are well able to afford to pay for their treatment (contentious!)
- All patients over 65 or 70 years of age should have access to NHS treatment.
- The remaining patients (the poor, the young and the old) to have NHS treatment, but the scope to be reduced by 30% i.e. certain items to be deleted from provision;
  - a. Cobalt / chrome dentures
  - b. Bridges
  - c. Molar endodontics
  - d. Multiple crowns
  - e. Orthodontics
  - f. Periodontal surgery
- (A rider would be added allowing all of these items on an individual approval basis; to cover the occasional trauma/oncology/special needs cases).
- Remaining NHS provision to be arranged as follows (options):
  - a. Either a 50% fee increase across the board.
  - b. Areas to individually negotiate fees per 100 patients seen and treated.
  - c. Areas to negotiate provision on a sessional basis per year/3years.
  - d. DENPLAN-type assessment and negotiated fees accordingly.

#### FUNDING:

It is envisaged that NO EXTRA GOVT FUNDING OVER AND ABOVE WHAT IS ALREADY PROVIDED WILL BE REQUIRED. (Amount to keep pace with dental inflation). This is due to the following savings to be made;

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| ▪ Removal of fee-payers   | 30% |
| ▪ Removal of pregnant/+<1yr child   | 5%  |
| ▪ Reduction in Dental Practice Division   | 5%  |
| ▪ Salaried service no longer required (current staff to be reallocated on expiry of their contracts to Health board run clinics on a private /public partnership basis, and to help with clinical training of students part-time) | 15% |
| ▪ Most of community dental service to be disbanded (Special needs to remain)  | 20% |
| ▪ Current admin staff for salaried and community to be lost or reallocated to running the new local scheme  | 2%  |
| ▪ NHS treatment costs to be further reduced by central/local negotiation with dental laboratories and equipment / materials suppliers.  | 3%  |

TOTAL SAVINGS: 80%  
TOTAL COSTS 25% (50% patients at 50% increased costs).  
NET SAVINGS 55%

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NOTE: I should like to be involved with setting up the modernised NHS.