

## Greater Glasgow Primary Care NHS Trust

Maryhill/Woodside LHCC  
 Oral Health Action Team  
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 Our Ref CMG

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Dear Sir/Madam

Re: Comments on Paper: "Modernising NHS Dental Services in Scotland"

Woodside/Maryhill LHCC is an area with 7 out of 8 zones in deprec 5, 6 or 7. The population is 62,750 of which 2,540 are under 5 years old.

At the moment the Oral Health Action Team (OHAT) have an active programme involving Health Visitors, Oral Health Promoter, Community Health Project's, Public Health Practitioner, GDP's and support staff, CDS and Community Dietician etc, and are addressing the key messages such as tooth brushing, diet, registration and fluoride.

The area depends on NHS dentistry with little uptake of private dentistry. We would like to see a modern NHS with a preventative basis. The treadmill approach does not sit well with this, although many dentists try hard. We should not rely on their social consciences. The system should recognise the time that proper care of children takes, and reward this. We do not need to replace the system with a salaried role as this already exists; it has just been run down over the years.

The GDS runs very economically on its treadmill; any changes will be more expensive, but a simplification of fees and quicker response to changes would be welcome with separate funding issues, e.g. staff and premises.

The CDS needs to expand and to change to suit the new challenges. We are told that there is a manpower shortage. Could it be that dentists and PCD are dropping out as work does not fit well with family life? We need more flexible working practices both for the staff and the patients, with longer hours of clinics working and staff starting and finishing at different times, flexi days for appointments etc.

Separation of the public health and family roles of CDS officers would clarify priorities.

Many children for a variety of reasons are not suitable for care within the GDS; these need to be seen in the CDS but weaned back to the GDS so that at 16 they do not have to go to an alien place. Some can be seen in the GDS from birth.

Manpower is an important issue with the area of under 5's as with all others: they are a particularly time consuming group. Manpower need not be dental or within the dental surgery - Oral Health Action Team's have proved this. Dedicated preventive advice personnel could be part of the antenatal clinics, early year assessment, diabetic clinics etc. At the moment volunteers are trained. This could be expanded nationwide.

The OHAT welcome the support which is a beginning, but we would like to see the preventive messages going to more children through to the secondary education stage.

IT is vital as separate branches of the dentistry, i.e. GDS, CDS and GDH cannot communicate quickly and effectively at the moment, without even connecting at all to the wider NHS. IT would also assist communication with people in remote areas, cutting the barriers of isolation. This needs funding.

We are glad that the Scottish Executive is considering the overhaul of dental services. There are many problems, especially relating to children's dentistry, but many people have worked hard and invested heavily to support the system over the years and any changes must recognise this. Commitments to these dentists must not be reneged upon or confidence will again be lost.

Yours sincerely



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**Oral Health Promoter**

**Helen Rutter**  
**Lead GDP for OHAT**

**On behalf of Maryhill/Woodside LHCC, Oral Health Action Team**