

19/02/04

Shetland NHS Board

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Mr Eric Gray
Primary Care Division
Scottish Executive Health Department
St Andrew's House
Regent Road
EDINBURGH EH1 3DG

Dear Mr Gray

MODERNISING NHS DENTAL SERVICES IN SCOTLAND

The Board is pleased to note the Scottish Executive's proposal to redesign NHS dental services in Scotland and has given NHS Shetland an opportunity to respond as part of its wide consultation process. Improving dental health is a primary objective of the Board and it is keen to promote models of care that will achieve that objective.

NHS Shetland is a remote and rural Board, with many of the problems associated with that description. There have been difficulties recruiting and maintaining NHS dental services in the past, but with the Board's support for local redesign of the salaried dental service plus an enhanced capital investment in dental premises, recruitment and retention has been more successful in recent times. With this in mind, the Board supports the principle of redesigning NHS dental services nationally in order to ensure continuing provision of an NHS dental service and the potential to make NHS dentistry an attractive career option for dentists and professionals complementary to dentistry (PCDs).

It has been noted that there is an increasing trend towards the provision of private dental care both nationally and locally. However, in remote areas patient demand is overwhelmingly in favour of NHS care.

Shetland has seen a gradual trend of improving dental health in recent years, although the level of dental disease is still high in comparison to some area of the UK. Therefore, NHS Shetland would support the development of models of care that have a preventive ethos at their centre. In addition models should:

- 1) Ensure high quality and safe NHS dental treatment;
- 2) Have sufficient flexibility of service design to ensure local sustainability;
- 3) Be sufficiently attractive to aid recruitment and retention of high quality staff in remote and rural areas;
- 4) Focus on long-term improvement in oral health with patients attaining incremental stages of dental fitness with long term outcomes of improving dental health;
- 5) Have a greater recognition of the dental team's role in improving public health; and

- 6) Encourage integration of the primary dental care team into the wider context of the primary care team in order to ensure safe, preventive integrated clinical care pathways.

The Board also noted that one model of service delivery may not address all variations in need across Scotland and flexibility of service design is essential if both remote and urban problems are to be solved. In addition, there should be sufficient flexibility for emerging models to be allowed to evolve with changing need. The Board is concerned that the current GDS model utilises a system and scale of fees that neither provides sufficient flexibility, nor adequately promotes preventive care clinical pathways coupled with high quality clinical outcomes.

Although access to NHS dental services in Shetland could still be improved, there have been significant advances in the population's ability to access continuing dental care in recent times. These improvements have been achieved through a major investment in the salaried dental services. NHS Shetland would support further investment in the salaried dental service, as it perceives that it is most unlikely for future generations of independent contractors to find the current system of payments sufficiently financially attractive in remote and rural areas.

Contracting for specific services with quality specifications laid down by the Board could be considered as an alternative in order to ensure that dentists remain in Shetland, have greater commercial freedom but work towards the same strategic aims and objectives of the Board. The Board would support such arrangements if adequate support were given to overcome the capital costs incurred by practitioners and the financial constraints of employing auxiliary staff (PCDs) involved in preventive dental care.

The Board stressed its belief in the importance of ensuring that NHS dental services are available to everyone and to a level that supports improved dental health. Although it recognises that it may be more appropriate that more esoteric types of treatment (e.g. cosmetic dentistry) are provided under a private arrangement, the Board felt quite strongly that it was unacceptable for private treatment to be the only option for patients.

In summary, the Board would support a model of care that will enable it to continue with its strategic objectives. These include the development of a family-based service with a preventive ethos alongside a duty to protect those priority groups most at risk. A public dental service in a remote and rural setting is ideally placed for those two objectives to be entirely complementary.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sandra Laurensen'.

Sandra Laurensen (Miss)
CHIEF EXECUTIVE