

McNICOL DENTAL SURGEONS
EXCELLENCE IN PRACTICE

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Mr Eric Gray
Primary Care Division
SEHD
St Andrew's House
1. Regent Road
Edinburgh EH 1 3DG

Dear Mr Gray

Re:Modernising NHS Dental Services in Scotland

I would be grateful if you could consider my response to the above document. This response is wholly a personal response and is not to be considered with those responses that have been made by organisations that I am involved with.

1. There is no doubt that a review is appropriate at this time, I am though wary of the SEHD in light of the debacle that occurred around 1991 when fees were clawed back. This has left a definite cautiousness within the profession.
2. I would feel that it is of the utmost importance that General Dental Practitioners (GDPs) retain their independent contractor status.
3. There is a definite manpower problem and this requires to be corrected over both the short and long term. Consideration must be given to the age of principal GDPs and the impact of the number due to reach retiral age in the next 10 years, especially in light of the current younger GDPs lack of interest in investing in dental practices.
4. In light of the introduction of registration for dental nurses and the lack of places on training course for the SVQ, there will ultimately become a shortage of these essential personnel and they will become increasingly more expensive to retain. I have reservations about the cost effectiveness of dental therapists within NHS practice. A solution to these issues would be a greater accessibility to training for dental nurses and a mechanism for direct reimbursement of salary and employment costs (NI contributions) in relation to proportion of NHS care.

5. There must be an increased awareness of the actual running costs of a NHS practice and whilst Practice Improvement Allowance, Practice Grant, reimbursement of rates are welcome more must be done to encourage investment in quality premises and infrastructure if a quality NHS is to be provided. Consideration should be given to provide for increasing costs in staff training, cross infection control, waste disposal and the burden in compliance with ever more complex and onerous Health and Safety regulations.
6. The PDS or Purchaser Provider model is unacceptable, as I do not feel that the Primary Care Organisations are capable of handling such complex mechanisms. The handling of NHS dental care would almost certainly become a lottery depending on which PCO one was dealing with. The formation of a "special" PCO for all NHS contracts would be a consideration, but would be onerous to establish and run. In addition to my comments in Item 1, I do not feel that in the long term the GDPs will be fairly dealt with as the PCO's will ultimately want more for less.
7. Putting together attractive packages that will encourage investment in dental practices will retain principals and encourage young dentists to remain and invest in the practices in which they work.
8. A monitoring body must remain and be run centrally, there is no requirement for duplicity, and the lottery that is the disciplinary mechanism would support the case for inequality within the system currently in place where PCOs operate independently. There will be a requirement to increase the level of monitoring in the initial phases.
9. There should be a centrally organised and independently operated disciplinary body.
10. The model that I would prefer would be that of a simplified SDR, easier for dentists to work, patients to understand and to monitor. I do not feel that is my place to advise or agree to a core service or removal of items that are available on the NHS as this is a political decision.
11. Patient registrations are contentious as are registration periods and payments. I would only feel able to comment on this once the proposals were made available. Practitioners should not be disadvantaged regardless of list size.
12. Patient charges should remain, with the money being paid to the GDP, although the SEHD should take ownership of patients debt if the statutory charge is not paid. There should be a mandatory FTA charge. This will allow the SEHD to become aware of an annoying problem which nationally must have a significant cost. The SEHD should enforce this with patients to increase their responsibility with their dental health. I would suggest that there is no maximum patient charge, with patients paying a percentage of their total NHS dental costs.
13. Orthodontic treatment carried out by specialists should not be provided within the same fee scale as an average GDP, this is not appropriate to the mechanism that formulated the SDR. Recent figures will show the dramatic increase in orthodontic provision, the only treatment category to increase significantly. Within the hospital environment they operate to the Index of Orthodontic Treatment Need and this should be enforced in general practice also, there must be a mechanism to allow access for all, but this would reduce the amount of minimal treatments carried out. There must be a greater onus and importance placed on

orthodontic practitioners to consider the patients general dental health pre, during and post treatment.

14. I would like to see recognition of post-graduate qualifications which are registered with the GDC. Support to practitioners with regard to examination fees, perhaps reimbursed on achievement of the qualification, and a monthly/quarterly payment in recognition of the additional costs in retaining these qualifications. This would certainly support the SEHD commitment to striving for quality in the NHS
15. Seniority Payments. These should remain, but should be introduced at an earlier stage, similar to GMPs to acknowledge and support GDPs commitment to the NHS at a time when their outgoings are at there greatest. Seniority payments should be on two levels, one to acknowledge all GDPs working within the NHS and a second payment for practitioners who are principals/stakeholders in a practice.
16. The NHS superannuation scheme should remain available to all GDPs.
17. If Purchaser/Provider model is to be adopted the burden of the increased employment costs of salaried colleagues should be recognised specifically with regard to National Insurance contributions.

I trust that my response to your document will assist your deliberations, and should you wish clarification of any points please do not hesitate to contact me. I have no objection to my response being published.

Yours sincerely



Donald B McNicol