

D'SOUZA & FALCONER

Eric Gray
Primary Care Division
SEHD
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

18th February 2004

Dear Mr Gray,

I write in response to the consultation document "Modernising NHS Dental Services". I am a principal partner in a predominantly NHS dental practice on the south side of Glasgow – the only NHS dental practice in the immediate vicinity – the remainder being solely private.

Your aim with the reforms should be to encourage practitioners like myself to remain within the NHS and our views should be heard and acted upon.

We have realistic expectations of the reforms, aware that no more resources are available but that fairer allocation has to be established.

Several ideas have come to the fore.

- (1) Treatment items available on the NHS should be limited to those necessary for relief of pain and routine restorative procedures such as fillings, extractions, and simple anterior endodontics
- (2) Crowns distal to first premolars should not be available NHS
- (3) Chrome dentures should not be available NHS
- (4) Bridgework should not be available NHS
- (5) Veneers should not be available NHS
- (6) Molar root treatments should not be available NHS or should carry a fee at least twice what it is currently
- (7) Expectant mothers and nursing mothers should not be exempt
- (8) Children should remain exempt to 18
- (9) The patient charge for examination should remain
- (10) There should no longer be a MAXIMUM patient charge
- (11) The budget for orthodontic treatment should be taken out of the dental budget as this is an area of increasing demand which does not marry with the need to cut costs and increase availability of routine NHS dental care

Taking all these measures on board, this will free up funds allocated to NHS dentistry and enable adequate remuneration for the items which are available.

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In our opinion, the fees currently set for NHS treatment items are derisory.

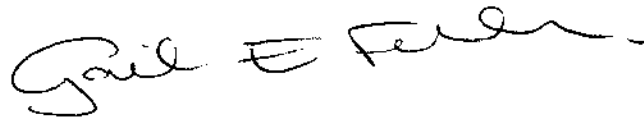
Our desire is to produce quality dentistry for all our patients with time available to carry out these procedures.

We wish to continue to provide NHS care, but are finding it increasingly difficult to do so.

With the current climate of change in NHS dental care, we hope this is an opportunity to be adequately remunerated for the excellent standard of care which we extend to our patients.

If the reforms do not improve the current situation, we are afraid that we will have no option but to follow our colleagues down the private route.

Yours sincerely,



Gail E Falconer BDS

D'SOUZA & FALCONER

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Eric Gray
Primary Care Division
SEHD
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

26th February 2004

Dear Mr Gray,

It is with some dismay that I write again in response to the consultation document "Modernising NHS Dental Services" after attending the recent meeting in the Beardmore Hotel, Clydebank nr Glasgow.

I am a principal partner in a predominantly NHS dental practice on the south side of Glasgow – the only NHS dental practice in the immediate vicinity – the remainder being solely private.

Your aim with the reforms should be to encourage practitioners like myself to remain within the NHS and our views should be heard and acted upon.

My previous correspondence has been allocated the ref no 1/025 – please read and realise that the meeting that was held at the Beardmore, which was supposed to collate views from the profession, left me with the impression that my views, and those of a majority of my colleagues of a similar age (36), were not being listened to, but were being brushed aside with talk of salaries and the like.

This is not the way forward to keep dentists like myself within the NHS framework and this must be realised before it is too late. Practitioners like us are relatively early in their career with practice overheads at a high while lending is so recent for practice purchase. If remuneration was set as a well funded core NHS provision, we would be able to provide good quality NHS care to the majority of our patients and continue to provide the much need NHS dentistry.

Our view with the measures mentioned at the recent meeting, to have no or little item of service, etc, is that, long term, it would reduce access to NHS dentistry with a massive increase in waiting lists and access problems where none exist at present. What will follow is almost total eradication of NHS dentistry as we know it where patients are forced to pay privately to get the treatment they need when they want it.

I hope that these views will be taken on board and acted upon sooner rather than later so that NHS dentistry can remain. It has to be said that our thoughts so far are that the government do not want to keep an NHS dental service, but it would be political suicide for this to actually be stated.

Yours sincerely,



Gail E Falconer BDS