

## COMMENTS

of the General Dental Practitioners Sub-Committee of the Forth Valley Health Board on the Consultative Document entitled "Modernising NHS Dental Services in Scotland" Consultation dated 24<sup>th</sup> November, 2003 and emanating from the Scottish Executive

The Sub-Committee comments on the document as follows:-

### Para 2.1

Given the problems in Scotland, the provision of Dental Services needs a system separate and different from that provided elsewhere and must include a proper national campaign for dental health.

### Para 2.2

The ageing population means that General Dental Practitioners will require to spend more time on these ageing patients who require dental treatment.

### Para 2.3.1

The view of the Sub-Committee was that the provision of dental services by salaried General Dental Practitioners was not a cost effective alternative except in exceptional circumstances. The vast bulk of people will be treated by General Dental Practitioners providing general dental services. It is essential that a career doing this is made attractive to new graduates and there must be encouragement for older Dentists to remain in the National Health Service. It must also be made attractive for both Principals and Associates. It should not be forgotten that the item of service means of payment has delivered so far as the public is concerned an enormous volume of work.

### Para 2.3.2

As stated above, the Sub-Committee was of the view that except in exceptional circumstances where there was very clear lack of general dental services, the provision of dental services by salaried General Dental Practitioners employed by Boards/Trusts was not cost effective. It might be suitable for remote areas for instance like the Western Isles.

### Para 2.3.3

The view of the Sub-Committee is that the services provided by the Community Dental Services are really quite different from the services provided by General Dental Practitioners. They gather information and they deal with priority groups. The Sub-Committee was concerned at the perceived reduction in size of the Community Dental Service.

#### Para 2.3.4

The Sub-Committee were of the view that waiting lists were too long and the feeling was that there was a need for more specialists. There was concern that specialists were migrating south of border. It was considered that in general terms as deployed at present specialist services were poor value for money.

#### Para 2.3.5

The Sub-Committee commented that the remuneration which was available to a General Dental Practitioner who employed professionals complementary to Dentists for the work done by them meant that it would not cover the cost of employing them.

#### Para 2.3.6

In relation to expenditure, the £141,000,000 that is paid by the Government, 80% thereof is paid by the DSS in respect of exempt patients, children and pregnant women.

The Sub-Committee were also of the view that whilst SDR was designed for General Dental Practitioners, it is not an appropriate way to pay for orthodontic treatment.

#### Para 3.1.1

There was general support for the health improvement parts of the document but it was thought that fluoridation of water and the removal of drinks machines from schools would be of considerable help.

#### Para 3.1.2

The Sub-Committee did support the encouragements being provided to young Dentists who have trained in Scotland to remain. However, there should be additional incentives for older Practitioners, both Principals and Assistants, who have shown commitment to the National Health Service and there should be enhanced payments for General Dental Practitioners with registerable post-graduate qualifications.

#### Para 3.2

The Sub-Committee thinks that it was unfortunate that the Dental Hospital in Edinburgh was closed and they are anxious that there should be some realistic planning.

#### Para 3.3

Many of the pledges referred to therein are for the Politicians to decide. The Sub-Committee was generally in agreement with the aims expressed in that paragraph but they were anxious that there should be a maintenance of stability for Principals and Associates from a financial point of view because otherwise there would be a reduction in Practices in the Central Belt of Scotland which would create problems in the provision of Dental Services.

The Sub-Committee did not think that Aberdeen was an appropriate place for the opening of a Training Centre. They thought it should be somewhere in the Central Belt and they could see no reason why the Dental School in Edinburgh should not be re-opened. Aberdeen in itself is not a big population centre and is too close to Dundee.

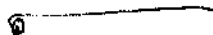
Para 4.1

The Sub-Committee were sceptical that the "treadmill effect" would disappear. The Sub-Committee thought that it would disappear only if the new system made it much more attractive for General Dental Practitioners to come into the NHS. There is an access problem to general dental services but if there is an increase in access the treadmill effect will continue.

Para 5.2

The Sub-Committee wished to see standards of dental treatment maintained in Scotland but the Executive have to realise that if they wish more quality and more people seen this means that more resources will have to be devoted to this and the provision of the services will require to be funded properly. In the event that this is ignored, many more General Dental Practitioners than in the past are in a position to abandon National Health Service Dentistry.

Signed:-



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