

10/009

3, Queens Crescent
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17.02.04

Tom Mc Cabe
Deputy Health Minister for Scotland
St Andrews House
Regent Road
Edinburgh EH1 3DG

Dear Mr McCabe

Modernising NHS Dental Services in Scotland

I am a Dental therapist with almost twenty-five years experience of Community and Hospital dental services in Scotland. I agree that a change to the current system is long over due. FEB '04 10:05

My specific comments are personal and relate to development of opportunity for Dental Therapists.

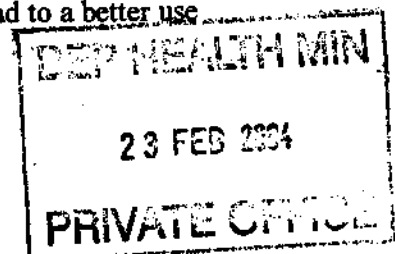
There is little doubt that therapists given the opportunity could deliver the bulk of the preventive and routine treatment services in Scotland. It is important therefore to give some thought to supporting and recognizing the value of these services in the modernisation process.

Dentists in General practices with no experience of therapists are often of the opinion that they can provide these services themselves, so question why should they employ some one else to do it.

If newly qualified therapists are not to be marginalised some effort to create a clear career structure supported by Ministers would be invaluable early in this process.

Almost all of the Therapists who were trained between the 60's and 80's have left the profession in Scotland. This was due mainly to a lack of foresight in developing their services. While some effort has been made to encourage these people back to practice, there is still an element of suspicion that things are no different now.

Currently therapists are not all working in areas of most need and some effort to assist Health Boards in making their available posts more attractive may lead to a better use of the current resource.



To simply hope that General Practitioners will find the salaries for new therapists or old returnees to work may end in a repeat of the same mistakes and therapists in five or ten years could again find that there are no job opportunities.

A solution may be to look at the benefits of salaried practice nurses in Medical practice.

The creation of similar salaried posts for therapists linked to General Dental practices in areas of deprivation may be a way forward. Their remit could be to provide the prescribed preventive and routine restorative treatments for the priority groups that have been identified.

This could be audited at subsequent check -ups by the practitioners who would then have some evidence to base their decision to renegotiate the therapy contracts .

This would give the therapist and the dentist the security of a resource that met both their needs.

Forth Valley funded a Primary Care initiative similar to this employing Community Dental Service Hygienists in General Practice more than five years ago.

The issues surrounding funding prevented any roll out. However retrospective audit showed a high level of satisfaction and quality of service provided.

The specific objective of this was to take Preventive services to the areas of greatest need. Such an example of flexibility may allow a better appreciation of therapy services in General Practice and afford an opportunity of growth and future development.

Financially therapists have also been disadvantaged in the past with no opportunity to progress through scale barriers set for them by Dentists and "Golden Hellos" encouraging staff into rural areas have only been available to Dentists.

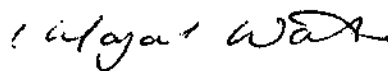
An opportunity to demonstrate competence and an element of reward for that could be built into salaried posts where the provision of e.g. fissure sealants quality could be easily measured.

This would encourage quality services adding value to the therapist .It would also change the previous tendency to offer all the incentives to Dentists.

The willingness to modernise the service is encouraging. I hope this effort will allow all members of the dental team to play an equal part.

Yours sincerely,

Margaret Watt



Cc Ray Watkins CDO