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Date 23 March 2004
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Dear Mr Gray

Consultation on Modernising NHS Dental Services In Scotland

I was involved in the consultation in Edinburgh and also discussions in the Scottish Association of Clinical Dental Directors. In addition, I am now writing to emphasise a few key points which I believe are important. My response to the three questions which are posed on page 16 of the document is as follows:-

1. What sort of services should be provided under the NHS

Oral health should be regarded as an important part of general health. It is therefore important to define it before deciding how it may be achieved. The WHO definition of 1982 is that "Oral Health is a standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being".

The sort of services which should be provided under the NHS will therefore be the sort that can achieve the above definition for the population of Scotland.

Currently problems with lack of availability in many areas means that whilst problems of discomfort or pain are given priority, it may not be possible to fully address issues of monitoring and controlling active disease or embarrassment.

I consider that in addition to some of the incentives outlined in the document that short-term and medium-term workforce planning issues need to be addressed.

In the short-term it would seem that there are not sufficient dentists and PCD's within the UK. Perhaps central initiatives would help this situation by promoting Scotland as a good place to work.



If graduates could be attracted from elsewhere and given a list of vacancies and information about each area, this could avoid much duplication of effort and expense. Current vacancies could be filled on short-term contracts and perhaps some dentists may stay for the longer term.

In the medium term it is likely that additional dental school places will be required. Mechanisms should be explored to increase the proportion of graduates who stay in Scotland. Full use should also be made of professionals complementary to dentistry.

2. How dentist' contractual arrangements will look if they are to support the delivery of these services

The current general dental service involves a great deal of administrative input by dental staff and I believe is seen as very bureaucratic and time consuming to administer. It seems to me that the system needs to be considerably simplified if we are to encourage dentists to continue to work under the system in the future. Colleagues who have first hand recent experience of the system will no doubt have suggestions how this could be done.

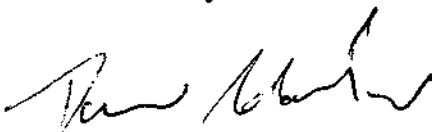
3. How patients should contribute to the service

Consideration should be given to the question as to whether it is appropriate to provide NHS services free for conditions elsewhere in the body and to charge to safeguard oral health? If it is then considered that this anomaly should be corrected, further debate would be required to define the care required to safeguard oral health. For example why is a person not required to pay for treatment to an abscess on the leg but is required to pay for treatment to an abscess in the mouth?

Once a decision is made regarding essential care to safeguard health, additional treatments could be considered to determine if these should also be free at the point of delivery, provided under the NHS with a patient contribution, or excluded from the NHS.

It may be that a mechanism could be agreed for providing essential care under the NHS for those people who otherwise receive private care.

Yours sincerely



David Clouting
Clinical Director of CDS