



MODERNISING NHS DENTAL SERVICES IN SCOTLAND

RESPONSE FROM DTA TO THE CONSULTATION DOCUMENT

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Introduction

It was very refreshing to see your forward thinking consultation document. Our comments are in accordance with your advice that further funding would be made available if required and that it could be demonstrated that commitment would be made for the provision of NHS Dental Services in Scotland.

Comments

The consultation document highlighted two key statistics on page 5.

1. Over half of 65 year olds have lost all their natural teeth.
2. Over 500 cases of oral cancer are diagnosed in Scotland annually, half of which are fatal.

This in conjunction with the statistics for children shows the importance of dental services and the fact that this will need constant attention as we move into the future. Indeed to make a significant shift in trends will require a change of focus and approach with further funding to address the ageing population and oral healthcare generally.

Therefore, our response reflects demographic changes and workforce planning related to the paper presented for modernising NHS dental services in Scotland.

With regard to the range of services which should be provided under GDS and excluded items, we would like to draw your attention to the fact that the provision of dentures and crowns are essential to maintain the health and well-being of the community.

The issue of financial support from the NHS in return for defined NHS commitment is vitally important with more and more dentists opting into private practice or only providing certain treatments on the NHS. Financial support from the NHS should not be exclusive to dentists or their practices, but must incorporate the dental laboratories and PCD Groups. Dental technicians will have to be able to work in a financially viable profession. dental technicians/laboratories and clinical dental technicians must be included not only in the planning but also in remuneration, where specified commitment to the NHS is given.

Patient Charges and Capitation Allowances have been addressed later in this document. Please be aware that two pilot schemes were recently undertaken in England as part of the *Options for Change* review. One scheme ran in the West Country and one in the Midlands. During the pilot schemes dentists were not paid per item. The net result of this was that there was very little laboratory work done during that period. This has obvious concerns as the dental technicians had no prior knowledge of the pilots. This is a good indicator of what would happen if dentists had no

financial incentive in this area. Although both pilots were only run for a short period of time, this still does ring some warning bells for capitation only schemes. Funding solely by capitation could result in the devastation of the local or national dental laboratory industry. Many laboratories are operating on such small margins that it would only take a matter of months for laboratories to close and the skilled workforce to be lost to other job opportunities. So just at the very moment in time when more investment is needed to cater for the ageing population, you could find the dental laboratories available dwindling away.

Once dental technicians leave the profession they very seldom return as they can find much higher salaries elsewhere with less stress and much shorter working hours.

The issue of Funding must take into account the massive changes that will affect dentistry in around 10 years time. Primarily due to the demographic change caused by the *Baby Boomers*.

Looking to the future

It is predicted that there will be a huge skills shortage in all aspects of dentistry especially dental technology in the future.

The demographic tidal wave created by the baby boomers of the mid to late 1940's will reach retirement age in around 10 years. This will have a double impact on dentistry with retiring skilled professionals leaving dentistry just at the time when the profession is going to come under most pressure for dentures, crowns and bridges. That tidal wave will continue as the population ages and lives longer putting even more pressure on the system. These patients will expect to be treated under the NHS in modern premises utilising the latest technology. Dental laboratories are now having to invest considerable sums of money buying specialist equipment and constantly upgrading their educational requirements.

In order to prepare for this, funding should be substantially increased for all types of laboratory work. DTA has consistently made the point that custom made dental devices are undervalued as individual products bought from dental laboratories. Current fees do not reflect appropriate rates for materials and labour costs.

Direct payments to laboratories

Many representations have been made to government and professional bodies for the direct payment to the dental laboratory. The logic of this principle has been that NHS dentists would then choose directly on quality of service for their care, rather than price of product. Various proposals for such direct dental laboratory payment might be (a) by the patients

themselves or (b) through the prescribing dentist via an *NHS Voucher*. This NHS Voucher would enable the dental laboratory to receive the total appropriate NHS dental laboratory fee allocated for the particular item. This would stop dentists hunting around for the very cheapest possible laboratory work and financially benefiting from the difference between NHS and supplying laboratory fee element. The NHS Vouchers should only be allowed to be used for dental prosthesis manufactured in the UK and restricted to those laboratories that are registered and have been independently audited by the Medicines and Healthcare Products Regulatory Agency (MHRA) or Scottish equivalent. Although we appreciate that this might be viewed as a restrictive practice under EU legislation and legal guidance should be sought.

Laboratories commitment to NHS

Many of DTA's members are self employed or employed within micro-SME's and have to therefore bare all costs of the business from NHS custom made dental devices. This commitment to NHS dental services should be recognised not only by appropriate fees for each item, but also by reimbursement of costs as far as rates, rent/mortgage and CPD fees. This has, and still is, being taken account of in negotiations for dentist remuneration. Without such commitment from the Scottish Government it is unlikely that laboratories would be financially viable to participate in future NHS dental services.

Quality Issues

These have already been addressed above with inspections every two years by the appropriate body. This will maintain and, just as importantly, monitor quality. The requirement of NHS treatment relates to provision of a dentally fit patient who is able to speak, masticate and use their teeth appropriately.

Access

The access to NHS dentistry can be improved dramatically by incorporating into the review all professions complementary to dentistry including new professionals eg. clinical dental technicians, orthodontic therapists and extending the roles of other PCDs using a skills escalator approach.

It is likely that clinical dental technicians will be in great demand as the demography changes. Your own consultation document shows currently over half of 65 year olds have lost all their teeth. As the population ages the demand for dentures will increase as well as that for crowns and bridges. We can envisage clinical dental technicians working from their own denture practices and also offering domiciliary visits to nursing/care homes. These

services could even be extended to remote areas. Dental technicians as a group have many skills which can be added to and therefore enhance the provision of services at lesser cost than the use of a dentist. All PCDs should be recognised and allowed to use the skills escalator approach to extend dental services within the NHS. As with support for private laboratories in the previous section, the commitment must work both ways. It may be necessary to kick-start the involvement of these PCD groups by offering incentives or even practice start up package.

Expansion of roles within dentistry

With the current rules regarding the *Business of Dentistry* being extended to include PCD Groups, the previous limiting factors will no longer prevent PCDs extending their roles. Our understanding is that this will be through qualification and experience in conjunction with ethical guidance using the skills escalator and building on the individual PCD's ability. This will then lead to a career path for all dental professionals. As above, this allows a second logical pathway forward.

There are now many dental technicians and clinical dental technicians with very high professional qualifications. These mirror those of dentists and in some cases the subjects studied are in far more depth than the current curriculum for dentists might allow. There is an opportunity for such individuals to take further training to become, for example, dentists.

Within a very short space of time and with little cost they could graduate as dentists. Fast track courses would allow these professionals to top up their existing qualifications. The GDC has recognised the value of the clinical dental technician and the proposed curriculum matches that of the internationally recognised route. Also Skills for Health have proposed that new qualifications for dental technicians should be built on a foundation degree or other similar level qualification that would naturally lead to a degree level by top up.

It is the view of the Dental Technicians Association that these pathways would provide an ideal way forward for the Executive to both extend the provision of services and retain highly experienced and qualified PCDs, at the same time providing a cost effective way of increasing the numbers of dentists within the system. In the recent past dental technicians were always looked on very favourably if they applied to dental school. At the same time dental technicians will have a credible career path. With the correct funding system for the dental laboratory put into place, they will be able to invest in new equipment, plus attract and retain skilled and qualified staff to meet the increase in demands for dentistry in the near future.

Finally, DTA would like to thank the Executive for having the foresight to consult with PCD groups prior to any decisions being implemented or explored.