

Response to Modernising Dental Services- Colin Crawford

Can you provide a comprehensive dental service for any of your patients for £35 per annum? That is what the Scottish Executive currently spends on general dental services, and includes the patient contribution. This does not buy much dentistry so do not envisage you can provide a free core service unless there is some serious money put in. I would envisage one examination and a visit to the hygienist along with advice and education being provided but not even bitewings and certainly no restorations if this is to continue as the level of spending.

The guiding principles in part 4.3 and 4.4 are basically the same as any reasonable person would wish, indeed they mirror discussions we have had on many previous occasions when you have blue sky thoughts, free from any constraints. Unfortunately there are constraints of both manpower and resources. This whole document is not a consultation exercise as no proposals are put forward. It is the Scottish Executives wish list. We must ensure that proposals come from them, not us, or we will be labelled as the people who have reduced the service available. Make no mistake, if we are to provide more advice and take longer providing quality of care then less treatment will be provided and as we are not providing unnecessary treatment at present people will wait longer for treatment.

The salaried service is incredibly expensive. For someone earning £45000 it is costing the NHS 150,000 to run the surgery for a year, and I suspect the salaries of the dental directors, and their support staff, have not even been considered. In Argyll and Clyde there are 2 dental directors for 24 full time equivalents in combined community and salaried service, each with secretarial support. If General Practitioners had funding at the same level we would not need private patients to maintain our practices.

The Scottish Executive and dentists have said they want more time for educating patients. If our time were properly remunerated in the first place there would be plenty of time at examinations and with hygienists for this to take place. I do not perceive that they will pay us for time they cannot account for.

The Scottish Executive wishes surgeries to be targeted to serve deprived areas. In Argyll and Clyde 66 % of surgeries are in deprived areas and the % of population in deprived areas is 59% so we are already achieving this.

In the case of my own surgery it is sited in a deprived as well as rural and remote site. We could not meet the needs of the population so 12 years ago we did a purpose conversion. We have embraced the quality issues: pilot for denplan accreditation, one of the first with Bupa accreditation, Investors in People award 1998, BDA good practice 2001, audit and rolling audit since inception and on a personal level DGDP 1994. We dispose of matrix bands, disposable trays and reamers after 1 use. Unlike the Scottish Executive I know exactly what it costs to run. We converted our paying patients to being private patients only because the government of the day cut the fees. We would have been bankrupt in 6 months otherwise. We would embrace the NHS again but only if it would pay the current level of grant for providing 3 new surgeries- £300,000, plus doubling the fee scale or equivalent payment system. If they want us to continue treating exempt NHS as at present they must stop discriminating against us by abating grants on basis of gross. That gross is exaggerated by private fees but these already subsidise our NHS patients' treatment.

I look forward to hearing how the Scottish Executive will fill this round hole with a square peg.