

DENTAL DIVISION EXECUTIVE

MODERNISING NHS DENTAL SERVICES in Scotland**Response to Consultation**

The Dental Division Executive (DDE) is the Management Group for all Dental Services in NHS Lothian. The professional input comes from General Dental Practice (GDP), Salaried Primary Care Dental Service (SPCDS) which includes both Community Dental Service and Dental Specialists, Edinburgh Dental Institute (EDI) including both specialist service and postgraduate teaching, and Professions Complementary to Dentistry (PCD). Management is represented by Dental Public Health, Lothian Primary and Community Division, and West Lothian Division, with administrative support from Edinburgh Dental Institute. The administrative lead from Primary Care (GDP) Services has recently joined the group but is currently on part-time secondment to support the national review of Modernising NHS Dental Services.

The DDE suggests the following themes are important, these are reviewed in turn and the DDE believes each needs to be addressed in the development of a framework for Modernising Dental Services in NHS Scotland.

1. Improving Access - Comprehensive range of services
2. Professional Engagement in Change process
3. Workforce development
4. Integrated Working – skill mix
5. Premises – capital planning
6. Patient charges

The DDE believes the NHS Lothian practice of bringing the management of all aspects of dental practice to one group is helpful. This ensures that operational support remains local to the professional groups. The major advantage being that investment decisions are transparent and ensure there is good understanding of developments in one area and impact on others.

The DDE is also leading the development of a Clinical Effectiveness framework for dental practice in Lothian. This will ensure best use of specialist services and also provide guidance and support for practitioners in primary care settings. The DDE would wish to highlight the significant development of specialist practice within the SPCDS and emphasise that the collaboration between the EDI and SPCDS in terms of treatment, training and research is planned to increase. There are a number of planned workforce developments and achievement will extend this collaboration into GDP practice.

1. Access

The key purpose to Modernising Dental Services must be to improve patient access to dental care. An integral part this must include delivery of a comprehensive oral health service including education and prevention of oral and dental disease, routine and specialist treatment of disease and the provision of emergency care.

Of particular importance is the urgent need to address the public health priorities including the fluoridation of public water supplies, and the introduction of a ban on smoking in public places.

The DDE notes recent work on key patient / consumer characteristics which must be recognised in any redesign of the service. It is an unfortunate reality that families state they will not travel for dental care, and this unwillingness to travel is most apparent in deprived communities. Secondly, there is a very strong sense that the public feels that dental care should be free on demand within the NHS, despite consistent Government policy to charge for services.

This unwillingness to pay, despite an ability to do so, causes a significant proportion of individuals to demand unplanned and urgent care because of dental pain. We return to suggestions about fees later but feel there must be consistent application of charges across all aspects of dental practice to avoid the perverse incentive of seeking referral to specialist practice.

The DDE is particularly anxious to protect access to dental care for specific sub-groups of the population with particular reference to children, those in deprived communities. There should also be specific responses to ensure access to dental care for people with significant health problems including immunocompromised, learning disability, on warfarin, etc. Further development of existing programmes of dental prevention would be important as part of prevention rather than treatment. The DDE accepts that the current service provision might be redesigned and access offered in other ways.

2. Professional Engagement

The DDE are pleased to note that the consultation on Modernising NHS Dental Services has demonstrated the importance of engaging with the relevant dental professionals. The dental workforce must now be seen as a broad ranging group including the General Dental Practitioner, the Community Dentist, the Salaried Dentist, the Dental Consultant, the Dental Specialist and, most importantly, the Professions Complementary to Dentistry. All of the above require good administration and reception support and critically require clinical support through provision of adequate numbers of Dental Nurses.

Underpinning this focus on workforce is a need to ensure opportunities for integrated working, particularly ensuring the opportunities for PCDs to play into service delivery. Secondly, there is an urgent need to develop training capacity within the NHS and the DDE would highlight that many of the initiatives that have been taken forward in Lothian have been dependent on non-recurring monies and investment from within existing dental services. It would be important to develop a system of co-funding from the wider NHS in recognition that oral health is a key priority.

3. Workforce

The status of dentistry, and particularly NHS Dentistry, could be significantly altered if there is sensitive and consistent restatement of the importance of the dental workforce.

Linked to this must be the opportunity of developing the range of Specialists in primary and community settings which, at present, adequately cover Orthodontic care but could extend to Surgical Dentistry, Restorative care, Sedation and Children's work.

The DDE strongly supports the further development of the role of PCDs and a particular concern that this requires a two pronged approach. This will include raising wider professional awareness and a separate, but parallel, track to improve public recognition and understanding of the extended role of the PCD.

4. Integrated working

There are regulatory, professional and cultural barriers that continue to hold back integrated working. One example is the mandatory review of oral health of school children in Primary 1 and Primary 7 undertaken by the SPCDS. At present the regulations require this to be undertaken by a Dentist yet this is a workload that could easily be shared with PCDs.

There are still examples of Dentists who do not value the developing role of PCDs and this must be tackled with a professional awareness campaign to go along with a process to educate the public of the role of new dental health practitioners including PCDs.

At the core of this is the reality that there must be adequate rewards for promoting integrated working. GDPs have accepted the role of the Dental Hygienist as there is opportunity to cover costs and allow some profit, whereas at present the fee structure for NHS care does not encourage joint working with extended role PCDs. This must be addressed as a priority.

There have been opportunities where a salaried dentist could have made an impact on the oral health of a community by providing sessions in GDP premises. Current regulations have inhibited this collaboration and the DDE believes that the legislation should be amended to allow greater co-operation

5. Physical Capacity / Capital Planning

One of the major concerns identified by the DDE is the urgent need to expand the capacity of dental facilities if the new framework from Modernising Dental Services is to be implemented.

In Lothian, particularly within the City of Edinburgh, many GDP surgeries are contained within converted residential property. Beyond the issue of cost development is often constrained by planning restriction and substantially limits the number of professionals working on any one site. The problem is not limited to GDPs and there are substantial capacity restrictions within all of the specialist services in Lothian. The EDI is currently seeking expansion in the Lauriston Building, the main base for the PSCDS at Duncan Street Clinic is inadequate, and the DDE can offer a number of other examples where capital investment is required. The current issues relate to existing accommodation pressures and the intention to expand the workforce will increase these.

The DDE identify a number of opportunities that should be reviewed.

- a) Consideration should be given to the "buy out" of existing GDP premises with a view to ensuring that upgrading and redevelopment then became an NHS responsibility.
- b) Recognising that the cost of (a) would be prohibitive, it would be sensible to plan capacity into any Primary Care development to allow co-location of dentistry. This would require to be planned carefully to ensure that additional capacity was effectively integrated into local service delivery so as not to lead to disruption of existing GDP Services.
- c) The capacity of Specialist Units, such as the EDI and Duncan Street, are severely constrained as highlighted above and require to be included in wider NHS capital planning development initiatives.
- d) In respect of the provision of Specialist Services in a community / primary care setting, it is often difficult to ensure that all Specialists have access to adequate facilities. It would therefore be sensible to find some way of securing access to Dental Surgeries provided by a GDP on a rental basis. This would have the added advantage of Specialists providing direct input to General Dental Practice. Again this would need to be carefully planned to ensure that there is no unintended disruption of existing services.

The DDE discussed the conceptual benefit of having larger units providing Dental Services but feel that the issues of maintaining local access and the reality of the 'invisible geographical barrier' for patients travelling would make these commercially unattractive. Perhaps this does need to be challenged but would require a national campaign and would absolutely need to be linked to local service delivery so as not to destabilise an already fragile clinical infrastructure.

The group has identified a real opportunity to revitalise NHS Dentistry in Lothian in that we believe there is, at present, an over-capacity of standard Adult Dental Services in non-NHS Practices. The commercial groups who are interested in 'buying out' Dental Practices are looking for premises that will allow the benefit achieved from co-location of staff. At an individual level the reality of up to £250,000 plus of capital being locked into premises makes the concept of owning a Practice a daunting prospect for a young Dentist.

6. Charging

The DDE considered the current focus on payment by item of service, and the ongoing inconsistency in charging, is a major disincentive to NHS Dentistry. There is little opportunity for professional satisfaction when NHS Dentistry is seen as a treadmill. One of the major factors which has caused a drift away from the NHS is a wish for individuals to take control over service demand and to be able to, with confidence, provide a quality service.

The regulations which apply to patients attending Community Dentistry also show inconsistency with most care being free, however exemptions apply in respect of bridge work and crowns. The DDE recommend there should be one system of charging for all of NHS Dentistry.

The DDE is keen to encourage exploration of a 'grant and aids system' with patients being able to submit a voucher for a particular treatment to the Dental Service of their choice. This might be to a standard NHS practice at virtually no additional cost to the patient through to the potential of using the voucher as part payment towards the highest quality private provision with the focus being on access to the necessary treatment rather than cosmetics.

7. Summary

In summary the Dental Division Executive:

- Commends the joint planning which takes place in Lothian.
- Believes the key to successful modernisation will be the development of all aspects of the Dental Service in an integrated way with a focus on patient access, a committed and enthusiastic workforce working in an integrated manner within adequate premises.
- Recommends urgent review to achieve a simplified funding structure for dental care and investment in appropriate premises development, and support staff employment. This would best be focussed on dental practices and clinical teams rather than the individual practitioner.
- Recommends the development of Patient Pathways to encourage appropriate care in a primary care setting, supported by Specialist Dentistry working within a managed clinical network, resulting in a fewer number of patients requiring Specialist care

The Dental Division Executive and NHS Lothian would value the opportunity of sharing current mechanisms, of discussing prioritising and delivering services with the national steering group if this would be helpful.

Dr Mike Winter

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Chair-Dental Division Executive.