

**EAST KILBRIDE LHCC  
RESPONSE TO THE CONSULTATION DOCUMENT  
MODERNISING NHS DENTAL SERVICES IN  
SCOTLAND (2003)**

**MARCH 2004**

**Welcome to the Discussion on  
Local Dental Services  
and the Way forward in the NHS**

**Tuesday 30<sup>th</sup> March 2004 7.00 pm – 8.15 pm  
Murray Owen Centre, Liddell Grove  
East Kilbride G75 1AA**

East Kilbride LHCC have been asked to comment on the consultation document "Modernising NHS Dental Services in Scotland (2003) concerning the sustainable delivery of NHS dental services in the community. East Kilbride LHCC organised an information evening inviting GPs, GDPs, Community dentists, health visitors, school nurses, members of the public, lead pharmacist, and lead clinicians in dentistry to the evening. In response to the invitation, twenty four attended.

**The format of the evening:**

**Speakers**

- 1. Mr Jim Loudon, East Kilbride LHCC General Manager  
Topic - Community Health Partnerships**
- 2. Mr Kieran Watters, Dental Adviser to the Trust  
Topic - "Modernising NHS Dental Services in Scotland".**

**Please note: During the discussions, comments, questions and answers were generated by and answered by the floor anonymously.**

## **Introductions by Sheila Dorrens.**

### **1. Speaker Mr Jim Loudon**

- i) Development of Community Health Partnership's (CHP's) about changing health not just through the eyes of the GP, aim to co-operate and work together leading to CHP.
- ii) Establish a substantive partnership with local authority services e.g. housing, social work, education and regeneration.

### **2. Speaker Kieran Watters**

#### **Presentation Title - "Modernising NHS Dental Services in Scotland"**

##### Why?

- access problems,
- changing demographics,
- dissatisfaction within the profession with current framework,
- changing nature of dental profession,
- GDS contract does not promote dental health
- private dentistry – regulations and standards.
- Principles to inform the consultations
- Patients
- Access to good quality dentistry when required
  - i) for treatment and advice,
  - ii) in an emergency
  - iii) referral to a specialist care.
- Free from worry about changes.
- Effective complaints system.

##### Principles to inform the consultation.

###### Professionals

- Job satisfaction
  - (i) career progression
  - (ii) reasonable reward for high quality services.
- Support and provide
  - (i) high quality prevention and treatment services
  - (ii) relevant information
  - (iii) well trained staff
- Good quality, fit for purpose premises

### What changes?

- Emphasise on quality as well as quantity
- Focus on longer term improvement of oral health
- Equitable access and service provision
- Evidence based services and standards
- Integration (i) team working within practices  
(ii) link with other health professionals

### Department of Health Options for Change

- Local commissioning and funding
- Prevention and oral health assessment for patients
- Clinical pathways to treatment

### Service Provision

- Responsibility for access (i) ensuring patients can obtain NHS treatment  
(ii) premises  
(iii) remote and rural

### Salaried Services

- CDS (Community Dental Service)
- Dental public health role

### Where do dental services fit into CHPs?

#### Health Improvement (Lanarkshire)

- Existing dental health initiatives
  - Health Visitors Programme
  - Nursery tooth brushing
  - Caries risk assessment/prevention 6-7 yr olds
- Links with other health professionals – diabetes, stroke, palliative care, learning disabilities, care for older people

#### Quality Assurance

- Clinical governance agenda
- Monitoring performance
- Professionals in dentistry who need support
- Training

### **End of Presentation**

## Question and Answer Session with Audience

### Comment

"Dentists mainly in private sector – need to link up with NHS dental health, but dental practices are pulling away from NHS causing scandalously long queues for NHS treatment."

A. In Lanarkshire – very few practices predominantly private, but admitted could get worse.

A. Agreed with above but said dentist made lifestyle choices – NHS needs to see more patients to pay – dentists choosing.

Q. Is there no statutory obligation to provide dentistry by Scottish Executive?

A. This is a problem

Comment: "Government has a privatisation agenda – what do we expect"

Q. About CHPs and Joint mental health national networks raised.

A. Left to 15 local areas – changing demographics – no set guidelines or forums to engage in. Scottish Executive wants every LHCC Board to submit a plan. Each CHP must have at least 50,000 of a population.

Q. Why do Doctors and Dentists operate in a different fashion? You go to Doctor when you are ill, you go to Dentist when ill – yet you are scored off if you don't go!

A. Dentists have too many patients. Most seen/least needed to be seen problem. 6 months recall is historical – some need to be seen 3 monthly some need 18 monthly to maintain oral health. System is not flexible.

Comment: - some principles could apply to Doctor, he doesn't send out recalls, but that is dealing with disease.

Comment Patients go to Dentist for pain relief/treatment. Public educated to inform patients when things go wrong.

Comment: - Doctor and Dentist for check-ups – over 75 yrs get an annual check-up. The earlier the intervention, the better the prognosis. Not after Dentists – no resources to deal with prevention on fixing disease – but no funding for preventative care. No great difference between Dentists and Doctors.

Q. Why can't Doctors and Dentists have similar contracts?

A. Doctors have a team - Health Visitor, District Nurse, Practice Nurse etc a Dentist doesn't have this - poor support and no infrastructure.

Comment: - tried before e.g. payments to look after children - didn't work - had to go back to payment for individual service.

Private and NHS medicine co-exist - some patients demanding to be offered/informed of private treatment.

May lose teeth through chronic problems not acute, not emergency although still need specialist care.

Q. Are there statistics on the number of children registered with Dentists?

A. 26% 0-2 yr olds. Approximately 52% of older children, so yes an obvious gap - more deprived the less likely to be registered - true for adults too and to be at risk of oral cancer.

Comment: - NHS patient went to Dentist - needed treatment and got treatment within 48 hours, others have to wait for weeks. Pleased with their NHS service.

Comment

Member of audience read out paragraph 6.3 - one patient every 6 months

A. Scottish Executive defining NHS agreement may involve a minimum of NHS patients on GDS list - could be 2.

Q. Is there a payment for having an NHS patient?

Comment

? 49 pence

Q. Document out for consultation - is Scottish Executive going to resource health promotion?

Answered from the floor

A. "Yes but I am an optimist. Dentists had a contract imposed on them and poorly implemented but hope health promotion will be improved".

Q. A lot of things need to be done to set up CHP's - development plans etc. Where do you start?

A. Take guidance from Scottish Executive ask public what they want e.g. Dentist now or in 6 months through contract - what about Pharmacists,

Doctors etc but must start soon – demographic time bomb e.g. 245 elderly beds but no resources.

Q. How many Community Health Partnerships?

A. Willingness by all health professionals could help the community in what they want. Then it could be hard for Scottish Executive to refuse/change.

Q. Public involvement? – Primary Care Advisory Group scrutinise reports – could the sharing of information be beneficial?

A. Certainly.

Q. Primary Care Advisory Group has input through many documents to see what users felt about services. Group do ask for feedback to comments. This is important at a local level.

A. Hope your influence and input is taken seriously.

Comment: Clinical Governance agenda does affect change.

“Yes it’s a big part of my job – but it needs to be resourced e.g. staff training etc. dental professional a bit isolated – each has their own business”.

Comment from a member of the audience, they reassured the group about consultation in Lanarkshire. Targeting some gaps e.g. elderly, very young and disabled.

The evening was called to a close and all present were thanked.

Jim Loudon,	East Kilbride LHCC General Manager
Sheila Dorrens	East Kilbride LHCC Public Health Practitioner
Claire Pritchard	East Kilbride LHCC Projects Officer

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