



**SCOTTISH DENTAL PRACTICE COMMITTEE
28 SEPTEMBER 2022
REPORT**

The Scottish Dental Practice Committee (SDPC) held a meeting by videoconference on Wednesday 28 September 2022.

1. Contractual reform / funding arrangements for NHS Dentistry

SDPC discussed the revised multiplier letter received from Scottish Government (SG) on 23 September 2022. SG confirmed that dental practices will receive a temporary recovery 'bridging' payment that will commence from the October/paid November 2022 to March/paid April 2023 schedules inclusive. This payment will continue to be made on the same basis as the existing multiplier and will be set at a rate of 1.2 for the first three months, and 1.1 for the remaining three months of this six-month period (i.e., 20% supplementary payment on fees for the first three months, and a 10% supplementary payment on fees for the remaining three months of this six-month period). The 'bridging' payment will replace both the multiplier and the General Dental Practice Allowance (GDPA) legacy enhancement payment.

Committee members welcomed the temporary funding arrangement however expressed concern that should the multiplier be removed in its entirety the impact on dentistry would be incalculable. Dental practices may need to re-evaluate their practice models in order to remain financially viable as NHS dentistry is seen to be on the brink of collapse.

It was noted that SG communicated the intent of a 4.5% pay rise from 1 November 2022, the increase is seen to be a move in the right direction. The increase does not however factor escalating costs such as inflation, energy, laboratory costs and increased staff wages which have resulted in a significant erosion to dental earnings. SG have overlooked previous expense and pay uplift recommendations discussed and documented in the Doctors' and Dentists' Remuneration Board (DDRB) report. We continue to have concerns that the uplift is not usually applied to the full remuneration package and therefore the uplift is likely to be less than 4.5%. The committee are aware that the current contract model is broken and cannot remain as is, particularly with the current soaring costs. A way forward must be found to ensure practitioners are fairly remunerated to be able to continue to provide an adequate and sustainable dental care service.

The Cabinet Secretary had proposed in a previous meeting committee members consider a new model of care and table suggestions in future exchanges.

2. Additional discussion points

- a) The Chair discussed an email received from a dentist concerning Health Improvement Scotland Inspection (HIS) fees. It has been noted that fees in Scotland are considerably higher than in England. Previous letters have been addressed to HIS however, a review of the process, methodology and fee structure would be valuable.

- b) A committee member noted the longest patient waiting times in one PDS service is approximately 4 years. Around 700/800 children have already been pre assessed with another 500 children pending pre assessment in addition to adults with additional needs. The limited capacity for paediatric stations and the lack of facilities are key contributors. The current service allows one full day's access to General Anaesthesia (GA) resulting in treatment of 7 to 8 patients. If no further patients are added to the existing waiting list and access remains unchanged, it would potentially take between 3 – 4 years to see all patients.
- c) The Chair requested the committee to confirm if there were concerns regarding bariatric chairs. Committee members indicated a few cases where treatment would have to be facilitated as emergency care. In order to complete the treatment staff would need to go offsite, leaving their practices with a team for the duration of the treatment.
- d) The BDA Secretariat noted a discussion regarding Personal Protection Equipment (PPE). The outcome of the discussion is noted as follows:
- All practices are required to keep six weeks PPE stock onsite for all staff.
 - Excess stock would no longer be collected. There would be a possibility for of practices to correspond directly with one another for stock redistribution, further details are to follow.
 - Quality assurance concerns should be reported online as this will allow compromised stock replacements to occur whilst maintaining quality assurance tracking at a batch production level.
- e) The committee noted the increasing staff shortages and recruitment concerns which had been raised with SG on numerous occasions. Early retirements and practices paying competitive salaries for staff retention were major concerns.
- f) The committee noted abusive patient behaviour; an ongoing issue raised with SG on a number of occasions. Discussions with SG had taken place about how the process for deregistering abusive and violent patients could be made easier, without the need for a police report. SG had stated that any changes to this stipulation would require amendments to the General Dental Service (GDS) regulations. The committee agreed to continue to pursue the matter with SG when discussing a new model of care.
- g) The Vice Chair discussed Health and Social Care Partnership (HSCP) in relation to Primary Care Dentistry in Greater Glasgow & Clyde. A request was made by the Local Dentist Committee (LDC) for a new representative which was proving to be a challenge particularly with younger dentists.

3. Motions from Conference of Scottish Local Dental Committees 2022

The Chair of the Conference of Scottish LDCs provided SDPC with an update on the 2022 Conference which took place on 22 April. The Cabinet Secretary for Health and Social Care, the Chief Dental Officer (CDO), Deputy CDO and Chair of SDPC all spoke at the event and there was considerable interaction between the speakers and delegates.

The 19 motions which were passed at the 2022 Conference of Scottish LDCs were further debated by SDPC and voted on whether to formally adopt as SDPC policy. All 19 motions were passed as SDPC policy to be taken forward in negotiations with SG. The BDA Scotland

Secretariat agreed to update the SDPC Policy Document to reflect the changes and provide SDPC with a progress document to monitor progress against each motion.

4. DDRB

The Chair provided an update on the Doctors' and Dentists' Remuneration (DDRB) process. SG has communicated the intent of a 4.5% pay rise from 1 November 2022. After the DDRB recommendation is made, and SG accept it, the importance of liaising with SG to ensure that they apply the uplift to the full GDS remuneration package, including allowances, was noted. It was observed that the previous BDA Chief Executive now a member of the DDRB, and members are hopeful that this connection will help improve DDRB's understanding of the dental sector.

5. Scottish Council Membership and Communication Working Group

An update was given about the latest progress of the working group. BDA Scotland staff recently met with BDA Membership Sales colleagues to discuss the types of issues that members in Scotland typically contact the sales team to discuss. The meeting helped to improve mutual understanding between the two teams. BDA Scotland staff had also met with the Chief Executive of a dental corporate body to discuss issues of mutual interest, including the benefits of BDA membership.

6. Scottish Council Child Oral Health Working Group

It is noted that the newly formed group which aims to help improve child oral health by tackling lengthy waiting times for paediatric extractions under general anaesthetic and promoting the introduction of water fluoridation.

The BDA has also written to the Scottish Directors of Public Health group to welcome their recognition of the benefits of fluoridation in improving oral health, and to discuss the "building blocks" that need to be in place for water fluoridation to be introduced in local areas.

7. Scottish Orthodontic Specialist Group

The Scottish Orthodontic Specialist Group (SOSG) representative noted multiple issues facing the orthodontic sector were being pursued by SOSG with the CDO directly along with the support of the British Dental Association (BDA). The fundamental concern was that the multiplier had not been applied to payments for specialist orthodontists. The BDA and SDPC have been liaising closely with SOSG representatives in recent weeks and have requested data from Practitioner Services Division (PSD) on spending on orthodontic treatments to help support SOSG's case for financial support.

8. Consultations

All BDA consultations can be viewed at: <https://www.bda.org/bdascotland>

9. Any Other Competent Business

Appreciation was expressed to the BDA Wales National Director for supporting the BDA Scotland team while anticipating the arrival of the new BDA Scotland National Director.

10. Date of Next Meeting

Wednesday 8 February 2023 at 13:30 as a face-to-face meeting.

David McColl
Chair, SDPC
September 2022