



**SCOTTISH DENTAL PRACTICE COMMITTEE
9 FEBRUARY 2022
REPORT**

The Scottish Dental Practice Committee (SDPC) held a meeting by videoconference on Wednesday 9 February 2022. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date. The BDA provides live updates at <https://www.bda.org/coronavirus>

1. Elections

Chair and Vice Chair

David McColl was elected unopposed as the Chair of SDPC, and Josephine Weir was elected as Vice Chair.

Executive Sub-Committee

Jeff Ellis and Clare Murphy were re-elected as members of the Executive Sub-Committee and Christina Ferry and Gillian Lennox were newly elected.

Representatives to Other Committees

Members of SDPC self-nominated as representatives to sit on other BDA committees and internal and external working groups.

2. SDPC Policy Document

The committee approved an updated draft version of the SDPC Policy Document.

3. Funding arrangements for NHS Dentistry

SDPC discussed the changes SG had made to the SDR from 1 February (higher examination fees and expansion of the Childsmile programme) and their plan to withdraw Covid financial support and implement an interim funding model from 1 April. The committee sent a summary of their questions and concerns on SG's proposals to Tim McDonnell (SG Director of Primary Care) on 1 February in response to his recent letter (21 January) and were awaiting a response.

Further information behind the methodology and rationale for setting the new examination fee was required, including modelling of the procedure to note what information dentists need to record and the length of time required. The new fee should have been applied based on clinical evidence rather than SG budget constraints. Barriers were also raised regarding the new Childsmile fees. SDPC required clarity on what the proposed "multiplier" would be and confirmation that this would be in place until a new long-term funding model is agreed. Concerns were raised about funding being removed at short notice from 1 April. Clarity was also required regarding GDPA and mitigating circumstances. It was agreed that SDPC required a response to their questions and that a meeting then needed to be arranged between the new Executive and SG to discuss the matter further.

4. Ventilation

The committee discussed the SG ventilation allowance and uptake of the grant. It was noted that there had been major differences between company quotes and that some NHS Boards were assisting practices in their areas better than others. Cost and restrictions in some practices appeared to be the biggest barriers in preventing uptake of the grant. Examples of companies providing reasonable quotes for sensible ventilation adaptations were shared.

5. PPE

BDA staff meet with Paul Cushley from National Services Scotland (NSS) on a regular basis to discuss PPE concerns raised by members. No specific issues were noted at the meeting. It was confirmed that funded PPE for NHS dental care would continue to be provided until the end of March 2023 and that SG had recently circulated a PPE consultation which closes on 22 March. It was noted that the consultation had been circulated to all Scottish committee members for comment by 4 March for BDA Scotland to summarise and submit a response.

6. IPC ARHAI guidance and SOPs

In December, ARHAI published updated infection prevention and control (IPC) guidance which recommended limited changes to the protocols for primary care dentistry. The CDO wrote to the profession to update them on the changes and issued revised SOPs for dental teams. The committee discussed the new protocols, and noted that all staff members now needed to carry out daily lateral flow testing and that some practices were experiencing delays in receiving motors for speed increasing (red band) handpieces due to high demand. It was noted that BDA Scotland had recently developed an IPC FAQ document to answer questions received from members about the new protocols and this would be available on the BDA website soon.

7. Staff shortages and recruitment concerns

The committee discussed staff shortages and recruitment concerns. It was noted that some associates were reluctant to move between practices due to concerns about Covid support payments. Some practices were also struggling to recruit and retain dental support staff, with a high turnover rate. Many support staff are leaving the profession for higher paying jobs which are less stressful. It was noted that SG were advertising overseas to help tackle the staffing crisis facing NHS dentistry.

8. Abusive patient behaviour and staff morale/mental health

The committee discussed abusive patient behaviour which was increasing and having a negative impact on staff morale. Examples of inappropriate patient behaviour was shared, and it was noted that many staff are reluctant to report instances to the police. For this reason, committee members argued that practices should have the ability to deregister abusive or violent patients without requiring a police report. It was noted that this issue had already been raised with SG and the committee were awaiting an update.

9. Practices deregistering NHS patients and/or upselling private treatment

SG have been concerned about practices deregistering NHS patients and upselling private treatment and have been receiving complaints from the public. The committee discussed the issue, and it was apparent that private treatment is on the increase, especially with younger associates who have received lower Covid support payments during the pandemic.

The committee were of the view that offering private treatment to patients is providing them with choice and is an individual practice decision. Many practices are reluctant to return to a "treadmill" SDR and NHS payment system which is not fit for purpose or suitable for patient care. The committee agreed to make SG aware that there will be a shift in the proportion of private treatment that practices are offering and that they are within their rights to do this. It was also acknowledged that there will be a small portion of outliers which SG and NHS Boards should challenge directly. It was agreed that SG needs to communicate with the

public more effectively so that they understand that the pre-pandemic payment treatment model is no longer viable.

10. Staff self-isolation and return to work guidance

In January, SG issued updated self-isolation guidance for health and social care staff and SDPC discussed how the changes were affecting practices. Many practices were struggling to run efficiently as staff members were having to self-isolate at short notice. As a result, patient appointments needed to be cancelled which was having a negative impact on practice activity levels and increasing abusive patient behaviour. These issues were also adding extra stress onto practice owners who were having to rearrange practice logistics at short notice and remaining practice staff who were taking on additional duties. Various examples were shared, and it was agreed to collate these as evidence for SG. It was also agreed that SG – including the First Minister – need to reiterate to the public that the healthcare sector has not returned to a normal level of service and is still working under restrictions.

11. GP234 returns

SDPC discussed the issues regarding GP234 returns, a process which had recently been reinstated. It was noted that SG planned to ask for a declaration from individual associates but that this had not happened and a whole practice declaration was what was required for the time being. SDPC shared examples of how some practices had decreased their percentage of NHS gross earnings, compared with private income, due to practice administration issues (such as maternity leave, retiring dentists, change of associates) or practices increasing their range of private treatments at the request of patients (for example Invisalign orthodontics). It was noted that there had been a shift in the kinds of treatments patients had been requesting, with an increased focus on private work.

It was agreed that these changes could have a negative impact on NHS allowances for practices in 2023 and that SG needed to be made aware of the range of extenuating circumstances practices were facing. There were concerns that the GP234 information would be used to apply an abatement, therefore it was agreed to ask SG what purpose the information was being collected for.

12. Fissure sealant time cap

The committee discussed the two-year time restriction for placing fissure sealants on children. It was agreed that this time cap – along with others – should be revised due to the pandemic and resulting appointment backlogs. SDPC had raised the issue of age restrictions and time caps placed on treatments for children within the SDR with SG in September 2021. Fluoride varnish application for 2–5-year-olds was raised along with fissure sealant application within two years. SG recently extended the age bracket for fluoride varnish application (changes to the SDR from 1 February) but did not include fissure sealants. When challenged, SG said that fissure sealants could be reviewed as part of contractual reform for a New Model of Care. SDPC raised further examples of time restrictions within the SDR – such as resin restorations for under 15-year-olds - and it was agreed to discuss this with SG again.

13. Labs accepting NHS work

The committee discussed labs accepting NHS work and it was noted that this was getting worse. Many labs were having to increase their prices for NHS work or were having to prioritise private work due to a lack of financial support from SG during the pandemic. SDPC had raised this issue with SG in September 2021, including a paper collating evidence from the lab associations, but SG's position at the time was that labs were outwith their remit to offer support. Instead, labs were advised to explore other government support grants that were available for independent businesses. It was agreed that this issue needed to be raised with SG again as it was getting worse and having a negative impact on practices' ability to

deliver NHS care. Many practices were now having to be selective with the number of NHS dentures that they offered in order to remain financially stable.

14. DDRB

The Chair provided an update on the DDRB process. The BDA had submitted their UK-wide evidence to DDRB, but SG had not yet. The oral evidence session would take place in March.

15. Scottish Council Membership and Communication Working Group

An update was given about the latest progress of the working group. Discussions were ongoing about how the BDA can engage more with corporates, students, VDPs and early career dentists in order to boost membership numbers.

16. Scottish Orthodontic Specialist Group – Standing Agenda item

There were no issues reported by SOSG for discussion. It was noted that waiting list times in Aberdeen were lengthy for orthodontic treatment.

17. Matters for reporting to and from SDPC and the BDA Principal Executive Committee

An update was given on the latest PEC meeting which took place on 3 February. PEC recently reviewed the BDA Conflicts of Interest Policy, and the updated version would be available soon. It was noted that the BDA website project was under way as well as improving public areas within the BDA London headquarters.

18. AOCB

SDAI Grant

A query was raised about whether corporate practices providing NHS care could access the SDAI grant and it was agreed to ask SG about this. It was also reported that some Highland areas (such as the Isle of Skye) were not included within the geographical zones eligible for the grant. It was also agreed to raise this with SG.

Recruitment and Retention Allowance

A discussion took place about the recent changes to the Recruitment and Retention Allowance and several concerns were raised. The Isle of Skye was not included in the geographical areas eligible for the grant. Questions were raised about access for existing dentists and the eligibility for dental Assistants and VTE's. It was also noted that practices in Orkney were experiencing issues recruiting dentists with specialist interests and it was suggested that SG could reinstate the Remote and Rural Fellowship to assist with this. It was agreed to collate all issues for discussion with SG.

19. Date of Next Meeting

Wednesday 11 May 2022 at 13:30. TBC if face-to-face or by videoconference.

David McColl
Chair, SDPC
February 2022