

Jim Fairlie MSP  
Convenor  
COVID-19 Recovery Committee

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By email:  
[Covid19.Committee@parliament.scot](mailto:Covid19.Committee@parliament.scot)

Dear Jim

## Recovery of NHS dentistry services

Thank you for your letter dated 27 April 2023 to the Chief Executive regarding the Scottish Parliament's COVID-19 Recovery Committee's inquiry into the recovery of NHS dentistry services.

I have provided responses to your specific questions in the appendix to this letter. While these questions are specifically focussed on primary care dentistry, I have included some information about our secondary care dentistry services which have also been significantly challenged due to the impact of the pandemic.

For context, within NHS Lothian there are currently 173 General Dental Practices (10 of these practices provide orthodontic services only) who are independent contractors to the NHS, and 21 salaried sites within the Public Dental Service.

The Public Dental Service (PDS) is a directly managed service, which provides urgent dental care for patients that cannot register with a General Dental Practitioner (GDP) and provides out-of-hours emergency care for all Lothian patients. The PDS also provides specialised and specialist dental care for patients from priority groups and for those unable to access care in a general practice setting, provides access to dental care for patients with special needs and/or where learning difficulties, mental health or physical disability may preclude treatment with a GDP, and promotes oral health and oral health improvement through national and local initiatives, including supporting routine surveillance of the oral health of children in NHS Lothian.



Headquarters  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh EH1 3EG

Chair **John Connaghan CBE**  
Chief Executive **Calum Campbell**  
*Lothian NHS Board is the common name of Lothian Health Board*

The PDS forms part of the NHS Lothian Oral Health Service, which also includes the secondary care dental specialties of oral medicine, oral surgery, orthodontics, paediatric dentistry and restorative dentistry (provided under the umbrella of the 'Edinburgh Dental Institute'). The Oral and Maxillofacial Surgery service provided from St John's Hospital also delivers oral surgery services.

I hope this context and the answers to the questions are helpful. Please get in touch if you require any further clarification.

Yours sincerely

**Jenny Long**  
Director of Primary Care

## Appendix – NHS Lothian response

### 1. How much COVID-related funding did you receive from the Scottish Government to fund the following measures:

- Ventilation improvements
- Equipment
- Variable speed drilling equipment

NHS Lothian received a total of £1.871 million from Scottish Government in two non-recurring allocations:

- SG L5/120 Ventilation Improvement Allowance £748,568
- SG L6/289 Electric Speed Adjusting Hand pieces and modernisation/repairs £1,122,852

This was spent in line with the following Scottish Government Circulars (available at <https://www.scottishdental.org/>):

- PCA(D)(2021)3 – Ventilation allowance payment
- PCA(D)(2022)4 – Dental sustainability
- PCA(D)(2022)5 – Dental equipment repairs
- PCA(D)(2022)6 – Improvement allowance

### 2. What was the uptake (percentage or number of practices; and amount paid out) of the above funding by General Dentist Service (GDS) dentists?

The amount paid out was £1.166 million (broken down below) and we have carried forward the remaining £705k for use in the Public Dental Service in 2023/24 with the agreement of Scottish Government colleagues. This will help the PDS to alleviate the loss of winter preparedness funding and other oral health allocation reductions.

Breakdown of £1.166m spend by GDS:

- Dental Ventilation - £218k
- Dental Hand Pieces - £401k
- Dental Repairs/Modernisation - £547k

The take up from practices was:

- Dental Ventilation - 41%, 71 out of 173 Practices
- Dental Hand Pieces - 37%, 64 out of 173 Practices
- Dental modernisation/repairs - 53%, 91 out of 173 Practices

**3. How many practices in your health board area have withdrawn or reduced NHS provision for patients – for example, registering and treating only children:**

- **No. and % withdrawn completely**
- **No. and % reduced provision**

Deregistration of NHS patients is covered in a Dentist's Terms of Service which are included in the National Health Service (General Dental Services) (Scotland) Regulations 2010 as amended.

A dentist may apply to terminate a continuing care or capitation arrangement. This can be for any reason but might include:

- a breakdown in the dentist/patient relationship
- repeated failure to attend
- unpaid balances
- a patient consenting to private treatment
- bulk deregistration for a private conversion
- bulk deregistration for list cleansing

There is also provision for deregistration of individual patients where there has been an act of violence.

In practice, the deregistration forms are sent to the NHS board for authorisation, and these are then forwarded to Practitioner Services Division, NHS National Services Scotland, for processing.

The information requested is not accurately available from the information that we hold. From 30 November 2020 until now, one practice has withdrawn completely from the NHS and approximately 39 dentists in 14 practices have applied to deregister patients in bulk.

We are trying to make it easier for people to know which dentists are currently accepting new NHS patients, and we seek updated information from practices on a monthly basis to inform this list. This may change at any time if the practice reaches capacity. We provide this information for patients on our website here [Dentists – NHS Lothian | Our Services](#).

#### 4. What impact, if any, has a reduction in NHS GDS provision had on the Public Dental Service?

The reduction of NHS GDS provision has caused pressures within the following areas:

- **Unscheduled care:** Patients who cannot register for routine care are more likely to present to the PDS unscheduled care service with conditions requiring urgent care, and patients who are registered with a GDP but cannot access care are more likely to present to the out-of-hours emergency dental service.

At present the demand within the out-of-hours service is at times greater than our current funded staffing capacity. In order to meet this demand, we are supporting staffing via bank sessions which has an increased cost to the service.

The table below provides the number of recorded patient consultations over the past five years for both the PDS unscheduled care service (Monday – Friday, 9am-5pm) for patients not registered with a GDP, and the out-of-hours emergency dental service for all Lothian patients. This shows a significant increase in activity from 2020 onwards. However, it should be noted that due to changes in the delivery of care implemented due to the pandemic, from 2020 onwards there were more telephone consultations which have been captured in this data, although telephone triage only (e.g. for signposting to GDP) has not been included. Patients are likely to have a second face-to-face consultation following telephone consultation and so the below numbers are not unique patient contacts with the service.

Year	No of recorded patient consultations at PDS unscheduled care and OOH service
2018	12,410
2019	13,790
2020	27,034
2021	25,666
2022	26,979

A recent audit within the PDS unscheduled care service for non-registered patients, showed that over a three-week period 651 patients made contact and 247 of these (38%) were registered with a GDP. 61 of these patients could not be successfully signposted to their own GDP for treatment and were therefore treated by the PDS unscheduled care service.

- **Oral Health Improvement (OHI):** The OHI team receive referrals from principally three sources to request support with registering with a GDP:
  - 1) General referrals from health and care professionals (e.g. paediatricians, Health Visitors, NHS24, PDS unscheduled care service, social work). In 19/20 there were 798 general OHI referrals who were all successfully registered with a GDP. In 22/23 there were 1,283 general OHI referrals, representing a 61% increase in demand. Of these 1,283 referrals the OHI team have successfully signposted 721 (56%) to a GDP, but the remaining 562 patients are still waiting for a GDP who will register them.
  - 2) Fluoride varnish childsmile consent forms (checkbox 'request for help to find a dentist'). 1,054 requests have been received between September 2022 to March 2023. 82 of these have been successfully registered with a GDP, however 972 are still outstanding and this figure is expected to rise until the end of this academic year.
  - 3) National Dental Inspection Programme (NDIP). This programme assesses the dental needs of P1 and P7 children. Three letters are issued dependent on the outcome of the assessment with Letter A indicating that the child should see a dentist as soon as possible on account of severe decay or abscess. Between August 2022 to March 2023 there have been 523 'letter A's issued. Usually the OHI team have a significant number of referrals following these letters but as yet we have not received the NDIP referrals, however this is a significant concern and in the absence of ability for these children to access a GDP then their immediate treatment needs will be provided by the PDS putting further pressure on this service.
  
- **PDS specialised and specialist dental care services:** There is also an impact on the specialist services within the PDS. Even with lower numbers of GDS registered patients, GDS referrals for specialist services are increasing and exceeding pre-pandemic levels. In 19/20 there was an average of 515 new patient referrals to the PDS each month, this reduced over the pandemic, but in 22/23 there was an average of 538 new patient referrals each month.

In summary, the demand for the PDS is increasing across both unscheduled care and new patient referrals to specialised and specialist services. This must be managed within the constraints of current funding and workforce availability. To help manage this pressure, work is ongoing to review PDS referral criteria to ensure core patient care can continue to be delivered.

**5. How many patients are registered with the PDS in your Health Board area? Has the number risen since 2020? If so by how much?**

As of 31 March 2023 there were 7,611 patients registered within the NHS Lothian PDS. The table below provides the number of patients registered over the past five years. For a number of years the service has not been registering new patients, as the service priority is to provide urgent care needs for non-registered patients, rather than provide routine registration which should be provided by the GDS.

The number of registered patients has decreased since 2020, and this downward trend is similar to that seen across Scotland until 2022.

There is a greater drop in the number of registered patients with NHS Lothian’s PDS over 22/23 and this is likely to reflect the outputs of a data cleansing exercise undertaken over this time, rather than a much steeper real decrease.

**Number of patients registered with the NHS Public Dental Service**

NHS Board	Snapshot Date				
	31st Mar 2019	31st Mar 2020	31st Mar 2021	31st Mar 2022	31st Mar 2023
Scotland	181,874	172,958	168,618	167,742	168,836
Lothian	8,963	8,829	8,548	8,321	7,611

Source: Public Health Scotland, MIDAS. Data extracted in May 2023.

**6. What other funding do you receive to support dentistry in your Health Board area (for example, funding related to PDS, Childsmile and any initiatives to improve recovery of services and access to dentistry for your population)?**

In addition to the GDS funding (non-cash limited) to support primary care dentistry in NHS Lothian, funding is allocated to the Oral Health Service (comprising PDS, secondary care dental services (Edinburgh Dental Institute) and oral health improvement).

The 22/23 budgets are shown below for the entire Oral Health Service which totals £20million and spend is in balance with allocations/budgets.

		<b>22/23 Budget (£000's)</b>
SALARIED GENERAL DENTAL SERVICE		5,758
COMMUNITY DENTAL SERVICE (including Winter Preparedness funding)		5,831
COMMUNITY DENTAL - OOH		51
DENTAL ACTION PLAN (Childsmile)		1,911
PRISON DENTISTRY SERVICE		271
<b>PUBLIC DENTAL SERVICE TOTAL</b>		<b>13,823</b>
<b>SECONDARY CARE DENTAL SERVICES TOTAL (EDINBURGH DENTAL INSTITUTE)</b>		<b>6,467</b>
<b>ORAL HEALTH SERVICE TOTAL</b>		<b>20,289</b>

The funding allocated to the PDS is broadly received through three allocations:

- 1) GDS allocation (non-recurrent) to deliver care for registered patients, continuing care patients, paediatrics and special care patients, to deliver unscheduled care in and out-of-hours, and provide the prison dentistry service
- 2) Community dental service funding received as part of the main recurring NHS Lothian allocation to deliver specialist and specialised care
- 3) Dental action plan (Childsmile) allocation which supports preventative national oral health improvement programmes within NHS Lothian working across primary and secondary care dental colleagues. In 22/23 this was made up of a recurrent and non-recurrent component.



There are four separate strands of Childsmile:

- “Smile4Life” which includes working with homeless, hostels and third sector charities
- “Mouth Matters” where two prisons are supported
- “Open Wide” which supports carers and signposts adults with additional dental care needs
- “Caring for Smiles” where 109 Care Homes are supported with signposting to general dental practice

A small amount of funding was also received in 22/23 of £25k to support the roll-out of the “Eat Well for Oral Health” bespoke Scottish Government pilot project in Edinburgh linking food and nutrition, oral health and ethnic groups.

In November 2021, the Scottish Government Director of Primary Care indicated that a separate funding allocation for the PDS as part of the Winter Preparedness Funding would be available in 21/22 and 22/23. This funding was to support the recovery of NHS dental services with particular focus on services for patients unable to register with an NHS dentist and for access to domiciliary care services. However, unfortunately the funding allocation was less than expected and was not provided on a recurring basis. Therefore the challenges facing the PDS as described in response to question 4 continue, and staff we were able to recruit with the Winter Preparedness Funding have had to be reallocated to ensure we can continue to deliver within our current funding envelope. As outlined in the response to question 2, we do have some in year flexibility for 23/24 as we have carried forward £705k from the slippage in the Covid ventilation and equipment funding, but we need to ensure we can deliver core services and financial balance for 24/25.

Our secondary care dental services are also crucial in providing dentistry for our population. These are funded from NHS Lothian acute baseline allocations. The secondary care dental services face similar challenges to all NHS scheduled care services with services focusing capacity on urgent referrals and the longest waiting patients. There are workforce and bed constraints across our acute services and therefore access to theatre sessions is impacted. However, there is an ongoing focus on maximising productivity across theatre sessions within these constraints.

While the additional funding allocations are welcomed, there is a national workforce shortage for key roles including dental nurses and dentists. Fixed-term appointments funded by non-recurring funding have not proven attractive. Also while the rationale for the Winter Preparedness funding recognised the clinical need to recruit more staff to support unscheduled care, domiciliary care, and non-registered patients, the confusion around the amount of funding available is detrimental to staff morale and leaves insufficient funds available on a recurrent basis to ensure delivery of appropriate and timely clinical care for our population.