



The Scottish Parliament
Pàrlamaid na h-Alba

COVID-19 Recovery Committee

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By e-mail

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Dear Jenni,

Recovery of NHS dental services inquiry

Thank you for giving evidence to the COVID-19 Recovery Committee ('the Committee') on the recovery of NHS dental services inquiry at its meeting on 29th June 2023.

As you will be aware, the purpose of the Committee's inquiry was to track progress on the aims set out in the [NHS Recovery Plan 2021-2026](#), with a focus on the following issues—

- Whether funding has improved ventilation and other equipment;
- Whether NHS dental services have recovered to pre-pandemic levels; and
- How access to services is being targeted in communities that experience health inequalities.

The Committee recognises that the pandemic significantly impacted on the provision of NHS dental services, which is why it identified the Scottish Government's plans to support the recovery of these services as a key priority for scrutiny.

The Committee is grateful to all the stakeholders who contributed to its inquiry and to the professionals in the dentistry sector who worked through an extremely challenging period to provide NHS services. I will highlight some of the key issues that were raised with the Committee in this letter, however I invite the Scottish Government to review the evidence submitted to the Committee in full.

Recovery

The Committee's inquiry considered what progress is being made in the recovery of services. The Committee found that NHS dental services have not yet recovered to pre-pandemic levels, which is the Scottish Government's stated ambition in the NHS Recovery Plan 2021-2026. In your written evidence, you explained:

"The recovery policy has been successful with sustained increases in dental activity from April 2023. We have achieved over 3.7 million patient NHS contacts for the period April 2022– March 2023."¹

In your written evidence, you also noted that:

"I understand that there is some concern we have not yet reached the levels of dental activity seen before the pandemic. I would argue that an explanatory factor is a significant change introduced from February 2022, replacing the basic examination fee with an enhanced examination."²

The Committee heard from providers that a significant backlog of patients awaiting NHS treatment persists. Sixty nine percent of the dentists who responded to the Committee's survey said they have not yet cleared the post-pandemic NHS treatment backlog and 35% respondents who answered the question about clearing the backlog noted it would take more than 2 years to do so.³ The British Dental Association (BDA), Scottish Dental Association (SDA) and Scottish Dental Practice Owners (SDPO) told the Committee that a full recovery will not be possible without reform to services.⁴

Reform

As you will be aware, the provision of dental services is a unique service model in the national health service. Dentists and professional bodies who participated in the Committee's inquiry provided a clear call for "root and branch" reform to the service model, which has not changed significantly for many decades.⁵ The Scottish Government's current model was described as an outdated "high volume", "low margin", "disease-centred model".⁶ The Committee also heard that a disease-centred model places too much focus on treatment activity for decay and disease as a measure of productivity and not enough focus on measuring and incentivising preventative healthcare.⁷

The Committee notes, from the written evidence you provided, that the Scottish Government considers that "going forward the single most important reform that

¹ Minister for Public Health and Women's Health. Written submission, 25 May 2023, p. 2.

² Minister for Public Health and Women's Health. Written submission, 25 May 2023, p. 2.

³ COVID-19 Recovery Committee. *Summary of responses*, CVDR/S6/23/13/2, p. 10.

⁴ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Cols 5-6.

⁵ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 19.

⁶ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Cols 12, 14.

⁷ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 8.

Scottish Government can facilitate, in partnership with the sector, is payment reform”.⁸

The Committee seeks clarification that the Scottish Government remains committed to implementing payment reform by 1st November 2023.

The Committee was disappointed to learn from stakeholders, including the SDA and SDPO, that they feel the Scottish Government is not meaningfully engaging with them on its reform proposals. The Scottish Government explained that it is currently in negotiations with BDA Scotland on the setting of fees under the reformed model that delivers the Oral Healthcare Improvement Plan (‘OHIP’). The Scottish Government noted that in its view BDA Scotland is the representative body of the profession in Scotland, which has delegated authority to negotiate on behalf of the sector. The Scottish Government also highlighted the consultations it held with stakeholders on the OHIP in 2018, including 20-25 roadshows and a survey that received more than 500 responses.⁹

The Committee notes that the Scottish Government is in negotiations with BDA Scotland on its payment reforms, but strongly encourages the Scottish Government to engage with the SDA and SDPO, and the wider dental sector, before introducing its reforms.

The Committee also considers that the proposed payment reforms should be prioritised for scrutiny by the Health, Social Care and Sport Committee and it intends to highlight this in its legacy report.

The Committee also asked the representative bodies who gave evidence during the inquiry what their preferred service model would look like. The BDA explained its preferred model is a fully capitated model along the lines of general practice.¹⁰ Whilst other definitive models were not presented in evidence to the Committee, suggestions that were highlighted for incremental reform included reviewing and reducing the services that are provided on the NHS; and increasing incentives and targets for preventative dental healthcare programmes.¹¹

The Committee recognises that it would be challenging to transition out of recovery whilst implementing root and branch reform. Furthermore, the Committee acknowledges that the Scottish Government is operating within a limited budget in a particularly challenging economic climate. The Committee also understands that the Scottish Government appears to be committed to maintaining a blended system of payment, comprising a fee per item, capitation, allowance and direct reimbursement payment model.¹² Nonetheless, the Committee considers that COVID recovery period presents an opportunity to rethink the service model for NHS dentistry and for the Scottish Government to consult meaningfully with the sector on this issue.

⁸ Minister for Public Health and Women’s Health. Written submission, 25 May 2023, p. 2.

⁹ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 15.

¹⁰ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 8.

¹¹ COVID-19 Recovery Committee. *Official Report*, 22 June 2023.

¹² COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Cols 11-14. Minister for Public Health and Women’s Health. Written submission, 25 May 2023, pp. 14-15.

The Committee therefore recommends that the Scottish Government provide costings for – and consults on – different service model options, including those that it does not prefer, in partnership with the sector so that the opportunity is not missed to consider a full range of options for the future of service delivery.

The Scottish Government's other forthcoming policy commitment is to "make services free at the point of use for all" by the end of the parliamentary session. As you acknowledge in your written evidence, "rising inflation and existential macroeconomic effects are having a significant impact on the dental sector".¹³ The Committee heard from respondents to its survey and other sector representatives that this may make it challenging to deliver this policy in the stated timescale. When you gave evidence to the Committee, you explained:

"The Scottish National Party made a manifesto commitment to free NHS dentistry and our policy prospectus says that we want to stabilise the profession and make it sustainable. That is where we are going and it is still our commitment. We are in really difficult financial circumstances, but I hope that we can move towards a free NHS dental service, hopefully within this parliamentary session. It is important to recognise that we have been taking steps to achieve that by providing free dental treatment for people up to the age of 25— so, under 26s."¹⁴

The Committee seeks clarification on whether the Scottish Government remains committed to its manifesto commitment to "make services free at the point of use for all" by the end of Session 6. If this commitment remains, the Committee seeks clarification on when this policy will be fully implemented and how the Scottish Government intends to progress this policy beyond its current provision for people up to the age of 25.

Other significant concerns raised by stakeholders about the delivery of this policy commitment included recruitment and retention of dentists and other professional roles in the sector. Professor David Conway told the Committee that similar workforce challenges existed in the early 2000s and that these were overcome through a "concerted effort" to address oral health services, workforce planning, modelling, recruitment and increasing the number of dentists in the system.¹⁵

The Committee was surprised to learn that the ongoing recruitment issues in NHS dentistry are not being experienced in private practice. This may be attributed to a range of factors, however the Committee was particularly concerned to hear anecdotal evidence from witnesses that many dentistry students have no desire to work in the national health service at the moment.¹⁶ Witnesses told the Committee that this may be due to the 'treadmill' nature of NHS dentistry and the perceived disconnect between the dentistry being taught in universities versus the reality of what can be delivered in the current NHS model.¹⁷ The Committee understands

¹³ Minister for Public Health and Women's Health. Written submission, 25 May 2023, p. 13.

¹⁴ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Cols 6-7.

¹⁵ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 10.

¹⁶ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 7.

¹⁷ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 9.

that workforce pressures are also arising due to many dentists seeking to reduce their NHS commitment, or to reduce their working hours.¹⁸

The Scottish Government accepted that there were “challenges” with recruiting graduates into the NHS,¹⁹ although you noted that “there is still a cohort of dentists who wish to get their training in an NHS practice”.²⁰ In your evidence, you explained that the Scottish Government has been trying to make NHS dentistry more attractive for new dentists through its payment reform proposals.²¹ The Chief Dental Officer also explained that the General Dental Council has advised that there are 5,700 international dental therapists who want to come to work in the UK and the Scottish Government is in discussions with ministers representing the other UK nations about reducing barriers to recruiting internationally.²²

The Committee also heard that the demand element of reforms of this kind need to be built into delivery plans. For example, the BDA and Dr Manal Eshellli explained that any change to service delivery should be accompanied by a clear and accessible public communication strategy that explains what treatments are available on the NHS, so that people can access their right to treatment whilst expectations are also managed about other relevant issues, such as how frequently people should receive a check-up.²³ In your evidence, you acknowledged that although “we all grew up expecting six months to be the normal time to return to the dentist”, dentists can advise patients on how frequently they need to be seen for check-ups and this will depend on individual circumstances.²⁴

The Committee invites the Scottish Government to provide further information to Parliament and to consult with its stakeholders on the funding package that will accompany its policy ambition to make services free at the point of use for all, as well as its plans to address the underlying recruitment and retention issues as part of its delivery plan.

The Committee considers that this policy commitment should be prioritised for scrutiny by the Health, Social Care and Sport Committee and it intends to highlight this in its legacy report.

Health boards and reducing health inequalities

The Committee notes from your written evidence that the Scottish Government has delivered on its commitment to introduce a Director of Dentistry in each health board area as part of its OHIP. The Directors of Dentistry who gave evidence to the Committee highlighted that a positive outcome from the pandemic has been greater partnership working between health boards and the Chief Dental Officer, as well as

¹⁸ COVID-19 Recovery Committee. *Summary of responses*, CVDR/S6/23/13/2; COVID-19 Recovery Committee. *Official Report*, 22 June 2023.

¹⁹ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 13.

²⁰ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 18.

²¹ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 18.

²² COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Cols 19-21.

²³ COVID-19 Recovery Committee. *Official Report*, 22 June 2023, Col 18; COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 12.

²⁴ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 17.

between providers of the General Dental Service and Public Dental Service.²⁵ In your evidence, you also welcomed the establishment of the Directors of Dentistry.²⁶

The Committee notes however that NHS boards play a relatively limited role in the provision of NHS dental services, in comparison to other aspects of the national health service. As you will be aware, NHS boards are required to ‘make arrangements’ with dental practitioners and to publish a list of dentists who undertake ‘general dental services’ under those arrangements. Whilst health boards provide emergency dental care through the Public Dental Service if someone is not registered with a high street dentist, they are not required to provide a full dental service to their populations.

For example, the Committee was concerned to learn from Professor David Conway that registration levels for 0 to 2-year-olds have dropped to 25% since the pandemic.²⁷ The Committee was also concerned to learn that the ChildSmile programme is not universally accessible across all nurseries in Scotland and that some nurseries are expressing “hesitancy” to implement it in the COVID recovery period.²⁸ Furthermore, Professor Conway, representing Public Health Scotland, informed the Committee that progress on implementing ChildSmile appears to have stalled in the recovery period, noting:

“When we look at the oral health outcomes, the worrying statistic is that the improvement we have seen for 15 years has stalled. We collected the data differently, but the improvement has not continued on that trajectory that we were observing before the pandemic.”²⁹

The Committee was surprised to learn that NHS boards have no role in ensuring children can access preventative healthcare programmes, such as the ChildSmile programme. The Committee also noted that the preventative healthcare programmes for adults are still in relative infancy, but play an important role in reaching vulnerable people, such as care home residents.³⁰ The Committee was also concerned to learn from the responses to its survey that the recovery of dental services is lagging behind in areas that experience higher levels of deprivation and that there is currently no equivalent of the child inspection programme to assess the oral health of the adult population.³¹ Whilst national agencies such as Public Health Scotland play an important strategic role in shaping policy ambitions, the Committee heard that the Public Dental Service could play an important role in further developing and delivering preventative oral healthcare programmes.³²

When you gave evidence to the Committee, you expressed your concern at the registration levels for 0 to 2-year-olds and acknowledged that the Scottish Government should address the post-pandemic decline in participation levels for

²⁵ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Cols 29-32.

²⁶ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Cols 21-22.

²⁷ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 6.

²⁸ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 8.

²⁹ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 7.

³⁰ COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 8.

³¹ COVID-19 Recovery Committee. *Summary of responses*, CVDR/S6/23/13/2, p. 13; COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 14.

³² COVID-19 Recovery Committee. *Official Report*, 15 June 2023, Col 8.

the ChildSmile programme.³³ The Chief Dental Officer also explained that the Scottish Government is trying to build “key indicators” into the reformed payment system, so that relevant data on oral health can be collected on an anonymised basis and used to inform the clinician of the oral health of their case list. The Chief Dental Officer also explained that once implemented these reforms would enable the data to be aggregated up to the practice level, board level and national level to build a better picture of the oral health of the adult population.³⁴

The Committee draws this evidence on the current state of preventative oral healthcare programmes to your attention as something which should be prioritised in the COVID recovery period.

The Committee also invites the Scottish Government to consider whether NHS boards should be given a greater role in service delivery, including whether they should have an underlying duty to provide services. The Committee considers that this and any other options that may assist in increasing access to – and the impact of – preventative oral healthcare policies should be actively explored by the Scottish Government.

Response to the pandemic and future preparedness

The Committee also considered what impact the funding made available by the Scottish Government for ventilation and other equipment has had on recovery and the resilience of services to future pandemics. The Committee asked health boards for information on the distribution of this funding, which is available on its website.

The Committee was concerned to learn from its survey that a majority of respondents answered ‘no’ when asked whether Scotland has adequate provision of (a) health protection measures (68%), (b) equipment (64%) and (c) infrastructure (85%), in place to make dentistry services resilient to future pandemics.³⁵ The other main issues impacting the resilience of services that were identified by respondents included staffing and funding.

In your opening statement, you explained that the Scottish Government is working on a range of mitigations and is focused on delivering these in island and rural areas. This includes working closely with affected boards on different models of care to build greater resilience in the future.³⁶

The Committee draws this evidence from its survey to your attention and invites the Scottish Government to consider and provide further information on how it will address pandemic preparedness and the resilience of services as part of its NHS recovery and reform agenda.

³³ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 8.

³⁴ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 14.

³⁵ COVID-19 Recovery Committee. *Summary of responses*, CVDR/S6/23/13/2, pp. 13-15.

³⁶ COVID-19 Recovery Committee. *Official Report*, 29 June 2023, Col 4.

As you will be aware, following a decision of the Parliament, the Covid-19 Recovery Committee will be wound-up on 14th July 2023.

I would therefore be grateful if you could send your response to the issues raised in this letter to the Health, Social Care and Sport Committee, which is copied into this correspondence.

Yours sincerely,

Jim Fairlie MSP
Convener
COVID-19 Recovery Committee

cc.
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