

Scotland's Oral Health Plan



**A Scottish Government Consultation
Exercise on the Future of Oral Health.**

September 2016



**Healthier
Scotland**
Scottish
Government

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Ministerial Foreword



Scotland can be proud of its NHS dental services.

We have observed substantial improvements in the oral health of children, and in access to NHS dental services for patients.

There are now over 4.8 million people registered with a NHS dentist. This is reflected in the unprecedented growth in the numbers of NHS dentists, where we have seen an increase of around 30 per cent in the last eight years.

We can be especially proud of the excellent progress made in the oral health of children. This is a crucial area, as dental decay is almost always entirely preventable, and by ensuring good oral health in children, we help safeguard the oral health of the future adult population. We can happily report that the latest National Dental Inspection Programme (2015) showed that 75 per cent of children in Scotland at Primary 7 had 'no obvious decay experience', compared with 59 per cent in 2007. We have also seen similar progress amongst Primary 1 children.

Although the landscape in NHS dentistry and oral health has changed significantly for the better, it is important we continue to build on this success story. The First Minister's *Programme for Government* acknowledges the complex set of challenges around oral health inequalities, an ageing population and how we begin to shift the emphasis from restorative dentistry to a more preventive-focused approach. The spearhead of this approach has been the Childsmile Programme, which has made a significant contribution to the reduction in dental decay rates in children.



I want to ensure that the oral health of the nation continues to improve and that we take additional measures to improve the oral health of the most disadvantaged communities, and meet the challenge of an ageing population. Our NHS dental services in Scotland need to be more closely aligned to patients' needs, enabling the dental team to support the patient in improving and maintaining their oral health.

This consultation document focuses on important issues we have to address in the future. The publication of this document represents the start of our stakeholder engagement. We will be talking and listening to patients, the dental team, and other health professionals, as well as the wider NHS, in how we take dental services forward to meet the challenges of the future.

I would ask that everyone gets involved in this process and help us to shape the future of oral health care in Scotland.

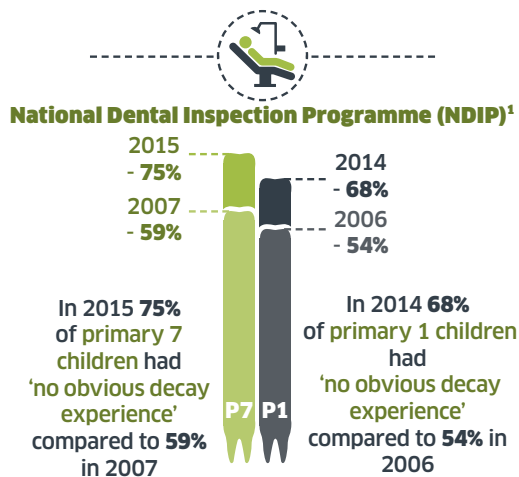
A handwritten signature in black ink that reads "Shona Robison".

Shona Robison MSP
Cabinet Secretary for Health and Sport

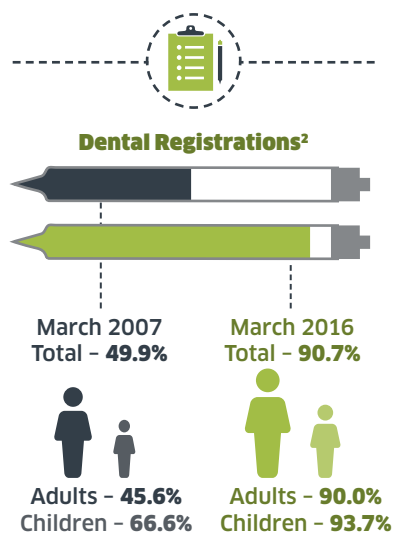
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Introduction

1.1 In presenting this document we recognise the enormous progress made over the last decade, particularly the improvement in children's oral health. The Scottish Government's Childsmile Programme has made significant progress in improving the oral health of young children. This programme is delivered by health visitors, oral health teams, staff in nurseries and schools, and dental practices. It concentrates on preventive actions such as toothbrushing and fluoride varnish application.



1.2 We have also seen substantial improvements in the numbers of dentists providing NHS dental services. Access to NHS dental services is at its highest ever level, with approximately 90 per cent of the population registered with a NHS dentist in Scotland.



¹ Information Services Division (ISD) Scotland (www.isdscotland.org/Health-Topics/Dental-Care/)

² Information Services Division (ISD) Scotland (www.isdscotland.org/Health-Topics/Dental-Care/)



- 1.3** Looking forward we have to maintain the progress that has been made but also recognise the significant challenges which remain. The recent public health review noted that there are many challenges which 'cannot be addressed solely through treatment' and rightly highlights the importance of prevention.³ In dentistry the opportunities to address these problems are clear; diseases of the mouth are almost totally preventable, we know the causes of most of them and we have shown that prevention works.
- 1.4** Prevention has to be at the forefront of any plans we have, recognising that stakeholders – individuals, carers, parents, teachers at all levels, health and social care staff and the dental team – all need to contribute to good oral health outcomes. NHS dental services have to change, not only to encourage prevention, but also to continue to deliver a high quality service in line with the vision of a sustainable health service outlined in the *National Clinical Strategy*.⁴
- 1.5** The numbers of older people supported in their own homes or resident in care homes is increasing. The health and social care agenda provides an opportunity to apply the same team effort to addressing disease found in the older generation shown to be so effective for children. Increasingly oral health care requires the involvement of a range of professionals beyond the dental team.
- 1.6** The Scottish Government considers this the ideal opportunity to provide NHS dentistry with a new overarching approach to take it forward from this point. This is about meeting new challenges so that patients and service providers have confidence there is strategic leadership and direction from the Scottish Government for the future of NHS dental provision.
- 1.7** In the first instance we need to identify some of the key oral health challenges facing Scotland and the implications for dental patients. We should acknowledge that some of the proposals, which we wish to explore as part of the consultation, are medium to longer-term in nature.

³ 2015 Review of Public Health in Scotland: Strengthening the Function and Re-focussing Action for a Healthier Scotland. Scottish Government, 2016.

⁴ A National Clinical Strategy for Scotland. Scottish Government, 2016.

2

Background

NHS Dental Services

- 2.1** The majority of General Dental Practitioners (GDPs), like family doctors, are independent contractors who provide General Dental Services (GDS) on behalf of NHS Boards. This model remains at the cornerstone of the delivery of primary care dental services and the Scottish Government expects routine NHS dental services for the general population to be provided by GDPs in a local setting that is convenient to the patient.
- 2.2** Public Dental Service (PDS) dentists are employed by NHS Boards. The primary function of this service is to provide GDS to patients with special care needs (e.g. people with a learning disability). The PDS also provides routine GDS in geographical areas where it may be impractical or difficult to access GDS through a GDP, for example in remote and rural locations.
- 2.3** The Hospital Dental Service (HDS) accepts patients on referral from medical and dental practitioners for consultant advice and treatment (if appropriate) for cases of special difficulty. They provide secondary care services and in the special case of dental hospitals, where substantial numbers of patients are treated as part of the teaching commitment, routine NHS dental services to the general public.

NHS Dental Workforce

- 2.4** There has been a substantial increase in the NHS dental workforce in Scotland in recent years. The figure for primary care dentists, i.e. those who work as independent GDPs and for the PDS, has increased by 30 per cent between September 2007 and March 2016.



⁵ Information Services Division (ISD) Scotland
(www.isdscotland.org/Health-Topics/Dental-Care/)



2.5 The number of dental vocational trainees and dental students successfully completing their undergraduate training in Scotland continues to remain strong and will help sustain improvements in the dental workforce levels.

2.6 Scotland also trains the full range of dental care professionals (DCPs), including hygienists, nurses and therapists.

Health and Social Care Partnerships

2.7 In addition to the changing landscape in NHS dentistry and the improvements in oral health, Health and Social Care Partnerships (H&SCPs) became fully operational on 1 April 2016. This has resulted in NHS, including both the GDS and PDS, and local council care services being brought together under a partnership arrangement in 31 areas in Scotland to deliver preventive, person-centred health and care services.

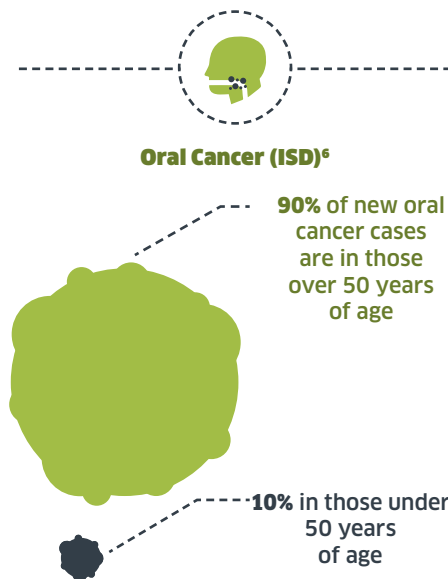
2.8 H&SCPs are now responsible for strategic planning and commissioning of services so it is therefore important that we acknowledge their future role in locality planning of NHS dental services.

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Addressing the Challenges

Identifying the Challenges

- 3.1** One of the Scottish Government's key priorities is the need to address the significant and persistent inequalities in the population and the adverse effect these have on health outcomes. The evidence from the National Dental Inspection Programme (NDIP) shows that although oral health has improved significantly across all communities, children living in the most deprived communities still have more decay experience compared with those in the least deprived.
- 3.2** There continues to be an increase in the incidence of oral cancer, while that of other cancers is decreasing. While oral cancer primarily affects those over 50 years of age it can also affect younger people.

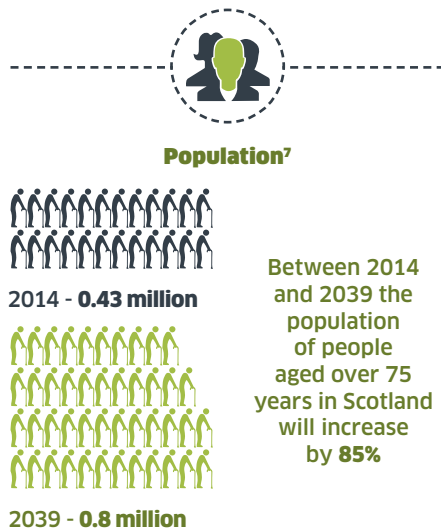


- 3.3** The current system in NHS dentistry is embedded in a restorative culture. However this does not fit with the new preventive agenda that we are already seeing with the Childsmile Programme. There is a need to further incentivise prevention rather than treatment amongst the dental team, with the resultant improvements in oral health and costs avoided of otherwise having to provide relatively expensive restorative treatments.

⁶ Information Services Division (ISD) Scotland
(www.isdscotland.org/Health-Topics/Dental-Care/)



- 3.4** The improvements that have been made in oral health in Scotland have also presented us with new challenges. The increasing ageing population combined with more adults retaining some or all of their natural teeth inevitably means there will be a significant increase in people requiring domiciliary care, either in their own home or in residential care.



Reducing Oral Health Inequalities

- 3.5** Despite the success of the Childsmile Programme, health inequalities with respect to oral health persist in Scotland. For example, 53 per cent of Primary 1 children in the most deprived areas have 'no obvious decay'; the equivalent figure for the least deprived areas is 83 per cent.⁸ This gap between least and most deprived needs to be further addressed and engagement with parents, communities and certain Third Sector organisations will be key to achieving this.
- 3.6** Similarly, the proportion of adults living in the most deprived areas who had some natural teeth was 86 per cent, compared with 95 per cent of those in the least deprived areas. In addition, nearly three times as many people from the most deprived backgrounds as those from the least deprived had no natural teeth.⁹

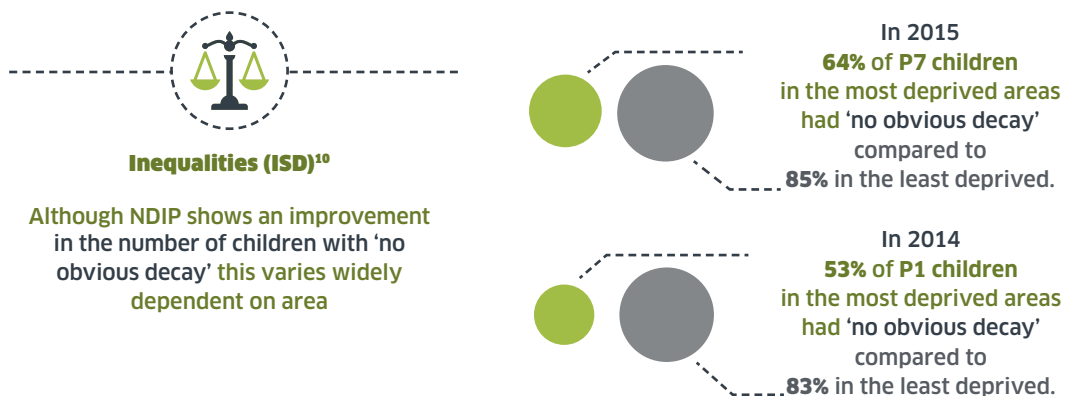
⁷ National Records Scotland (NRS)

⁸ Information Services Division (ISD) Scotland (www.isdscotland.org/Health-Topics/Dental-Care/)

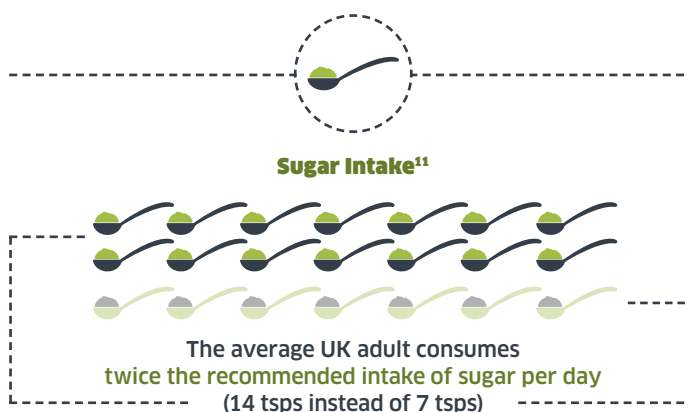
⁹ The Scottish Health Survey, 2014, Supplementary web tables. Scottish Government, 2014



3.7 At present, as part of the Childsmile Nursery Programme, three and four year olds benefit from daily supervised toothbrushing. We will extend this programme to two year old children with nursery places. In addition we will extend the fluoride varnish element of the Childsmile Nursery Programme to the 20 per cent most deprived children at a Scottish level, as measured by the national Scottish Index of Multiple Deprivation (SIMD).



3.8 For adults, we will look to take a more holistic approach to the NHS dental examination by introducing an Oral Health Risk Assessment (OHRA) to help patients improve and maintain their oral health. This would mean patients receiving dental advice more specific to their needs. For example, the benefits of smoking cessation and diet advice in relation to oral health can also contribute to the improvement of the general health of patients.



¹⁰ Information Services Division (ISD) Scotland (www.isdscotland.org/Health-Topics/Dental-Care/)

¹¹ Scientific Advisory Committee on Nutrition (SCAN) (www.gov.uk/government/groups/scientificadvisory-committee-on-nutrition)



3.9 The 2012 *National oral health improvement strategy for priority groups*¹² set a clear direction for NHS Boards regarding frail older people, people who were homeless and people with special care needs (e.g. a person with a learning disability). It is clear that there are many effective measures to prevent oral diseases if action is taken early. NHS Boards have begun to take action to support people within these priority groups. In future the intention would be to encourage NHS Boards to identify and share best practice. The Scottish Government will look at ways to facilitate this and establish a more joined-up approach across NHS Boards and localities.

Oral Cancer Pathway

3.10 There continues to be an increase in the incidence of oral cancer, while that of other cancers is decreasing. In the United Kingdom, oral cancers account for between 1 per cent and 4 per cent of all malignancies.¹³ The major risk factors in the development of oral cancer include tobacco use and the excessive consumption of alcohol, and these risks multiply when in combination.



3.11 A clear association is seen between social deprivation and incidence rates of oral cancer and this relationship is stronger in males. Whilst approximately 90 per cent of new cases of oral cancer occur in people aged over 50 years, oral cancer should not be considered a disease affecting only older people.

¹² *National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless*. Scottish Government, 2012.

¹³ Glasgow University Dental School, How Common Is Oral Cancer (<http://www.gla.ac.uk/schools/dental/oralcancer/howcommonisoralcancer/>)

¹⁴ Centre for Research on Environment Society and Health (CRESH) (www.cresh.org.uk/2015/03/18/smoking-and-healthin-scotland-key-stats/)

¹⁵ Centre for Research on Environment Society and Health (CRESH) (www.cresh.org.uk/2015/06/03/alcohol-and-healthin-scotland-key-stats/)



3.12 At the dental examination a discussion between dentist and patient about risk factors can help patients manage those behaviours which increase the risk of oral cancer. If, at the dental examination, the dentist has concerns that a patient may have signs of oral cancer we will ensure that there is a consistent approach to urgent referral to an oral cancer care pathway to streamline diagnosis and treatment.



Summary of Proposals:

- Move towards a national SIMD basis for targeting fluoride varnish in children;
- Improve our engagement with parents, communities and those Third Sector organisations that help support people with special care needs;
- Look at ways to ensure a consistent joined-up approach between NHS Boards to improve oral health and services for people with special care needs;
- Review the approaches taken by NHS Boards regarding their oral cancer pathways to streamline diagnosis and treatment.

Modernising NHS Dental Services

3.13 The current system of remuneration for independent GPs is complex, difficult to administer and manage, while equally difficult for patients and GPs to understand. The number of different types of payments, and mechanisms for making payment, mean that it is difficult to appropriately incentivise GPs to provide the care which delivers the desired oral health outcomes.



3.14 There are over 400 items of treatment that a GDP could provide, each of which has a set fee (for example, GDPs earn a fee for filling a tooth). The items of treatment which GDPs can provide under NHS arrangements and the associated payments to GDPs, and patient charges, are set down in the Statement of Dental Remuneration (SDR).

3.15 It is our aspiration to introduce a preventive care pathway with more emphasis on maintaining or improving the level of oral health. Our vision for a new preventive dental culture requires a system of payments to dentists which reflects its positive nature and aligns payments to the needs of the patient, whilst rewarding the time, effort and hard work that the dental team put in to promoting and maintaining good oral health.

3.16 Initially this new preventive care pathway will be introduced for children in good, stable oral health, building on the continuing success of the Childsmile Programme. We anticipate that the majority of children at present would qualify for this new preventive treatment pathway. The new pathway will run concurrently with item of treatment. This recognises that where a child has poor or unstable oral health then continuing to remunerate the dentist through item of treatment would be more appropriate.

3.17 As children with stable oral health transfer into the adult service (i.e. from the age of 18) they will remain on the preventive care pathway. Children with poor or unstable oral health on reaching the age of 18 will remain on item of treatment.

3.18 Initially all existing adults will remain on item of treatment, as this recognises that a proportion of the adult population will require treatment on a regular basis. Over time it is expected that adult patients with stable oral health would move from item of treatment to a preventive treatment pathway. This would be a gradual change and informed by the new preventive pathway for younger adults.

3.19 We will also review the items of treatment within the SDR to ensure they are up to date and fit for purpose.



Oral Health Risk Assessments (OHRA)

- 3.20** Our intention would be to introduce an Oral Health Risk Assessment (OHRA) for all patients at 18 years of age as part of oral health care planning. An OHRA involves a full dental examination and includes a discussion between the dentist and patient about associated risk factors such as smoking, alcohol intake and medication. This patient-centred approach encourages the involvement of patients in managing their own oral health.
- 3.21** Introducing OHRAs at this age reintroduces oral health surveillance at a key age. This would provide young people at a transitional stage in their lives with tailored oral health information that will assist them in caring for their oral health more effectively.
- 3.22** We anticipate that OHRAs would be repeated at regular intervals to ensure that this group of people were receiving the most appropriate treatment for their oral health and to ensure they are on the correct pathway.

Patient Charges

- 3.23** At present children under 18 years of age are entitled to free NHS dental treatment, while all adult patients receive free NHS dental examinations.
- 3.24** Following a dental examination, unless an adult patient is entitled to free NHS dental treatment or qualifies for help towards the cost, they are currently required to pay 80 per cent of their NHS dental treatment cost up to a maximum of £384 per course of treatment, with the Scottish Government meeting the remaining costs.



3.25 At present the charging system is extremely complex; the amount an adult patient is required to pay towards the cost of their NHS dental treatment depends on the extent and nature of the treatment they receive.

3.26 We propose that when adult patients on the preventive care pathway receive treatment, they will pay a simplified system of charges.

3.27 This could be the first step in simplifying the system of patient charges towards the cost of NHS dental care and treatment.



Summary of Proposals:

- All children with stable oral health would transfer into the new preventive care pathway.
- All adults (and children with poor and unstable oral health) would remain on item of treatment.
- The existing SDR will be reviewed to ensure it is up to date and fit for purpose.
- An OHRA would be introduced, in the first instance at 18 years of age and would be free of charge.
- As children transfer into the adult service (at 18 years of age) they would remain on the new preventive care pathway, unless the OHRA determines that they should revert to item of treatment.
- If, after completing the OHRA, it is decided that an adult patient, who is required to pay a contribution to their NHS dental treatment, will remain on item of treatment they will continue to pay a percentage of the cost of their NHS dental treatment, up to a set maximum per course of treatment.
- If an adult patient's OHRA determines that they qualify for the new system of preventive dental care, we propose a simplified system of charges payable when treatment is provided.



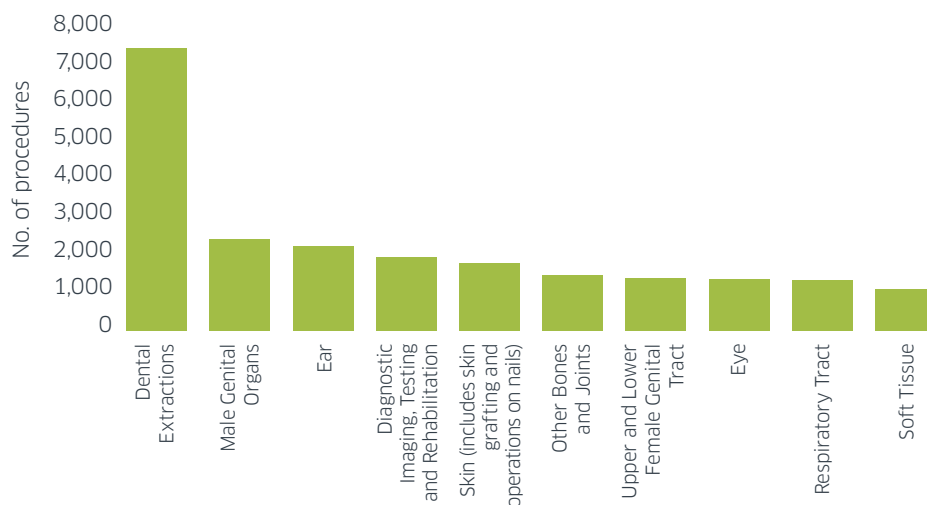
Enhanced Service Model

3.28 A full range of NHS dental treatments are able to be delivered by GPs. However, some treatments such as oral surgery and treatment under intravenous sedation, are increasingly being referred inappropriately to the PDS and HDS, which inevitably has a detrimental impact on these services. These procedures could alternatively be delivered by GPs with enhanced skills or specialists working in 'enhanced service' practices.

This will:

- allow patients to receive more complex treatments closer to home without the need to attend a hospital;
- shift the balance of care from secondary to primary care dental services.

Top Ten Reasons for Admitting a Child to Hospital for Day Cases (2013-14)¹⁶



¹⁶ Source: ISD



3.29 Given H&SCPs' role in strategic planning and commissioning of health and care services, we anticipate that H&SCPs will be able to commission enhanced services within a National Framework, including:

- domiciliary care (complex cases);
- oral surgery (complex extractions);
- restorative services (complex treatment);
- treatment under intravenous sedation;
- orthodontics.

Domiciliary Care for Dependent Older People in Care Settings

3.30 At present the majority of oral health care for dependent older people in a care home setting is provided by the PDS. Our proposal is to ensure that these services are delivered where possible by GDP-led teams. This could be by introducing an enhanced service model for the provision of domiciliary care in a care home setting. There should be recognition that practices delivering an enhanced service to treat care home patients may need specific experience and equipment. The same approach could be used for highly dependent people cared for at home.

Emerging Technologies and Treatments

3.31 We will continue to review the clinical and economic evidence for new technologies and treatments to determine whether they can be delivered within the NHS through an enhanced service model.

Finance

3.32 At present the budget for GDS is held centrally by the Scottish Government. There are a number of areas where we envisage greater control by NHS Boards and H&SCPs in the delivery of local NHS dental services, for example, the proposals around enhanced service delivery. Given that H&SCPs are now fully operational it would seem sensible to begin to consider options for them to take on greater responsibility for the financial planning and management for GDS.



Summary of Proposals:

- Introduce an enhanced service model for the provision of domiciliary care in a care home setting, and for highly dependent people in their own homes.
 - Undertake in partnership with NHS Boards and H&SCPs the development work to pilot additional enhanced services within GDS in oral surgery, restorative services, intravenous sedation and orthodontic care.
 - Consider options for how H&SCPs can take on greater responsibility for the financial planning and management for GDS.
-

Arrangements for GDS

Administrative Arrangements

- 4.1 GDS is currently delivered by GDPs on behalf of fourteen territorial NHS Boards, or directly through the PDS. Support in the delivery of GDS is provided by 'special health boards' such as NHS National Services Scotland and NHS Education for Scotland.
- 4.2 Currently NHS Boards can make arrangements with independent contractors, either dentists or Dental Bodies Corporate (DBsC), to provide GDS. Other dentists who are employed by a contractor can provide GDS on their behalf, and are called assistants. NHS Boards hold lists of both contractors and assistants.
- 4.3 This consultation presents an opportunity to explore shared services within the administration of GDS. Certain tasks could be centralised to increase the support available to NHS Boards in carrying out their day to day administrative functions. This could include hosting local NHS Board dental lists, and supporting NHS Boards with other functions such as practice inspections, NHS Discipline and Tribunal cases and General Dental Council referrals.

Contractual Arrangements for Dental Contractors

- 4.4 The present arrangements for the provision of GDS are governed by the NHS (General Dental Services) (Scotland) Regulations 2010 (the terms of service for contractors and assistants are laid down in Schedule 1 of these Regulations). There is no formal written contract between NHS Boards and GDPs or DBsC.
- 4.5 The Scottish Government believes that these arrangements need to be modernised to more fully reflect a contract between the NHS Board and the practice, while retaining arrangements with each individual GDP. Our proposal is that the NHS Board would have a formal contract with the practice owner(s).
- 4.6 We believe that a formal contract between NHS Boards and the practice owner(s) would help ensure that the arrangements and obligations for each party are clear.



Locality Planning of Dental Services

- 4.7** Under arrangements for GDS, NHS Boards have few powers to plan their local service provision. While NHS Boards have direct responsibility for PDS, they have limited control over the numbers of independent contractors providing GDS in their Board area. In recent years the increase in the numbers of GDPs willing to provide GDS has meant NHS Boards have had to consider the appropriate balance of provision between PDS and independent contractors.
- 4.8** The new role of H&SCPs for strategic planning and commissioning of services, which includes both the GDS and PDS, presents an ideal opportunity to consider their involvement in NHS dental services. In the medium to longer-term we envisage an increasing role for H&SCPs in locality planning for NHS dental services in their respective areas.

Earnings and Expenses Information

- 4.9** In recent years, the independent pay review body on Doctors' and Dentists' Remuneration (DDRB), has expressed serious misgivings with the robustness of data available on earnings and expenses of independent contractors providing GDS in Scotland.
- 4.10** The Scottish Government commissioned an independent financial consultant to gather this information from a representative sample of dental practices in 2015/16. Unfortunately the exercise was met with limited success, and is being rerun for 2016/17. Our proposal is that the supply of this information would be a terms of service requirement.

Patient Registration

- 4.11** At present patients are registered with individual dentists or DBsC. The Scottish Government would like to explore further the benefits of a patient being registered with a practice, while having a responsible GDP within the practice. This would offer patients the security of continuous registration with the NHS dental practice in the event of their responsible GDP leaving. It would also offer the continued benefit of an on-going relationship with a dentist who has the responsibility to support the improvement or maintenance of their oral health.



Future Provision

- 4.12** At present there is no explicit requirement on GDC-registered practice owners, or GDC-registered directors of a dental practice, which provides GDS, to work clinically from that particular practice. A dentist, for example can own a practice without actually working in that practice.
- 4.13** There needs to be a much stronger link between practice ownership and the delivery of day to day patient care, and appropriate action needs to be taken to ensure the continuation of that relationship for GDS in Scotland. The Scottish Government believes this is the correct opportunity to consult on a requirement for GDC-registered practice owners or directors to provide a minimum number of hours of NHS clinical care per week in each practice.
- 4.14** We also wish to consult on the requirement that bodies corporate must list with the NHS Board for the provision of GDS. This would ensure the NHS Board has a point of contact for taking forward issues relevant to that particular practice.

Allowances

- 4.15** In addition to item of treatment fees, there are 13 allowances which may be payable to independent contractors. These are payable to either an individual GDP, such as continuing professional development allowances, or to the practice, such as reimbursement of rent and rates. The current system of allowances is complex and administratively burdensome, with different eligibility criteria.
- 4.16** It is the Scottish Government's view that we need to work towards a reduced number of allowances, including a new practice allowance and a new allowance payable to GDPs, that reward the level of NHS commitment and quality of service provided. We also want to explore what the criteria should be to qualify as a NHS 'committed' practice.



Summary of Proposals:

- Explore whether there should be a national body responsible for shared administrative duties such as hosting local NHS Board lists. This national body could also take on other duties, including practice inspections, NHS Discipline and Tribunal cases and General Dental Council referrals.
- Consider introducing a formal contract between the NHS Board and the practice owner(s).
- Consider whether patients should be registered with the dental practice and have a responsible dentist.
- Work closely with H&SCPs to encourage better local planning of NHS dental services within their respective areas.
- Consider making the provision of earnings and expenses information a terms of service requirement.
- Consider whether GDC-registered practice owners, or GDC-registered directors of a dental practice, providing GDS should be required to provide a minimum number of hours of NHS clinical care per week in each practice location.
- Consider whether to have a requirement that bodies corporate must list with the NHS Board for the provision of GDS.
- Work towards a reduced number of allowances, including a new practice allowance and GDP allowance, that reward the level of NHS commitment and quality of service provided.
- Explore what the criteria should be to qualify as a NHS 'committed' practice.

Professional Leadership, Quality Improvement and Scrutiny

5

5.1 Territorial NHS Boards have systems in place to provide assurance that service provision is safe and effective; for example, the listing process, practice inspections and disciplinary procedures. NHS National Services Scotland, through Practitioner and Counter Fraud Services (PCFS) and the Scottish Dental Practice Board (SDPB), fulfils a governance role to ensure that patients receive high quality treatment, that is clinically necessary, to maintain and secure their oral health.

5.2 However, the existing governance structures vary across NHS Boards. We propose an appropriate system of governance for independent GDPs comparable to that for employed dentists and takes due cognisance of the principles of quality - namely safe, effective and patient-centred care. We will seek to build on the well-established elements of governance currently in existence and bring them together into a coherent and transparent structure.

Professional Leadership at NHS Boards

5.3 There are currently a number of people with responsibility for NHS dentistry at NHS Board level; in most NHS Boards there is not an identifiable individual who leads on all aspects of NHS dental service provision in the Board area. We envisage a Director of Dentistry in each NHS Board who will have strategic oversight of all aspects of NHS dental services and oral health improvement in their area. This individual would be a registered dentist.

The Scottish Dental Practice Board

5.4 The Scottish Dental Practice Board (SDPB) is a statutory body under the National Health Service (Scotland) Act 1978 accountable to Scottish Ministers, with a range of functions around payments to dentists. The landscape in NHS dentistry has changed substantially and it seems appropriate to use this consultation process to revisit the functions of this body.



5.5 We will revisit the existing remit of the SDPB to determine whether it:

- could be tasked with a revised remit, for example, having a Scotland-wide quality improvement function for GDS;
- would be better placed within another host organisation dependent on its final remit;
- should be abolished and the functions subsumed elsewhere;
- should retain its existing remit.

Clinical Quality Monitoring

5.6 Currently dental clinical quality is monitored in the following ways:

- prior approval of dental treatment plans from dentists operating within GDS in Scotland where either the cost of a treatment plan exceeds the prior approval limit (currently £390) or where a specific treatment requires approval. The Dental Adviser Service answers questions posed by dentists, and considers treatment plans submitted for prior approval;
- monitoring of treatment provided by dentists operating within the GDS in Scotland. The Scottish Dental Reference Service monitors the standard and quality of NHS treatment, pre- and post-treatment.

5.7 The Scottish Government envisages a new Clinical Quality Monitoring Service that will monitor the new preventive care pathway for those patients who require to maintain their good oral health status. This service will also continue to meet its existing responsibilities for patients.



Quality Improvement Activities

5.8 A pilot commenced on 1 April 2015 and is gathering information on a range of quality indicators, both at practice and GDP level. The purpose of the pilot is to determine whether we can identify at an early stage those practices or GDPs that are experiencing difficulties, enabling the NHS Board to offer support. Some of the indicators that are currently being piloted include:

- practice inspection;
- antimicrobial prescribing pattern;
- Childsmile fluoride varnish applications;
- clinical quality.

Protected Learning Time

5.9 The principle of taking time out from clinical practice to allow practice staff to address their own learning and professional development needs is widely accepted in general medical practice as being of benefit. This Protected Learning Time (PLT) allows medical practices in a locality or within a H&SCP to close for an afternoon to allow for Continuing Professional Development (CPD) learning activities. Topics can be a mix of clinical and non-clinical areas and there are three main types of meetings:

- H&SCP-wide meetings in large conference/workshop settings;
- a number of practices in the same locality joining together for meetings;
- individual practice-based meetings.

5.10 We believe that PLT could be of benefit to dental practices and teams, to assist them in undertaking quality improvement initiatives.

e-Dental Programme

5.11 The Scottish Government currently chairs the e-Dental Programme Board to determine and prioritise the way forward for eDentistry. Our strategic vision for e-dentistry focuses on eliminating paper based claims by expanding the use of electronic data and communication.



Summary of Proposals:

- Introduce a Director of Dentistry in each NHS Board who will have oversight of all aspects of NHS dental services and oral health improvement within their area.
 - Review the role of SDPB.
 - Explore options for a new enhanced Clinical Quality Monitoring Service for patients, particularly those patients who follow a preventive care pathway.
 - Further develop the concept of a national database of key quality indicators to be rolled-out across Scotland.
 - Develop a process which will make protected time available at practice, locality or H&SCP level.
-

A Changing Workforce – Future Priorities

- 6.1** As the demographic of the Scottish population changes and the dental health of the population continues to improve, the dental workforce will need to adapt. This is an opportune moment to review the primary and secondary care workforce requirements and the training available, to determine whether we have the correct skill mix to ensure we are training people to the appropriate level for the range of roles we need within the dental team.
- 6.2** Our proposals described earlier around H&SCPs commissioning enhanced services means that we will need to determine the training requirements of potential 'enhanced skill' GDPs in order to deliver such intermediate level dental care.
- 6.3** Under previous GDC rules DCPs could only carry out certain treatments under prescription from a dentist, meaning that the patient had to initially be seen by a dentist before being treated by any other member of the dental team. The GDC has removed the barriers to direct access to some DCPs, which means that these DCPs can now carry out most treatments, within their scope of practice, without the patient having to first be seen by a dentist. We are currently exploring options for listing DCPs to allow patients to directly access treatment under GDS from them without the requirement to first be seen by a dentist.



Summary of Proposals:

- Dentistry to participate fully in the work to take forward Scottish Ministers' commitment to introduce national and regional workforce planning, with a focus on the full dental team.
- Review our training requirements to ensure we train staff who can meet the care and treatment needs of the Scottish population.
- Ensure training is focused on the setting in which the clinicians will be required to work.
- Ensure that we develop a workforce able to function effectively within the NHS dental system of the future.
- Work with UK partners to determine how best to ensure a steady and timely flow of secondary care consultants and academic clinical staff from the smaller specialties.

Glossary

Allowances

A range of payments made to eligible General Dental Practitioners and dental practices, These include maternity, paternity and adoptive leave payments to General Dental Practitioners and reimbursement of non-domestic rates and rent to practices.

Childsmile

A national programme which combines targeted and universal approaches to tackling children's oral health improvement in Scotland through the programme's four components (Core, Nursery, School and Practice).

Clinical Quality Monitoring

Collective term for systems which ensure patients receive appropriate high quality NHS dental care in Scotland.

Dental Bodies Corporate (DBsC)

A body corporate carrying on the business of dentistry where the majority of the directors are registered dentists, registered dental care professionals, or a combination of both.

Dental Care Professionals (DCP)

A collective term for dental nurses, dental hygienists, dental therapists, orthodontic therapists, dental technicians and clinical dental technicians.

Dental Examination

A routine inspection of the teeth and surrounding soft tissues of the oral cavity.

Dental Vocational Trainees (DVT)

New or recent graduates from UK dental schools who must satisfactorily complete a one year programme of Vocational Training in order to be eligible to provide General Dental Services in Scotland.

Dentist

A collective term for General Dental Service and Public Dental Service dentists. Depending on the context, this can also include Hospital Dental Service dentists.

Doctors' and Dentists' Review Body (DDRB)

Independent pay review body that makes recommendations to Scottish Ministers on doctors' and dentists' pay.

Domiciliary Care

NHS dental care that is provided in the person's home or a care home setting.

e-Dental Programme

Set of IT-related initiatives with the objective of ensuring transition from paper-based to electronic processes in the provision of General Dental Services.

Earnings and expenses

The earnings and expenses of independent contractors who provide General Dental Services.

Enhanced Service

Services that may be delivered in a primary care setting by certain General Dental Practitioners who specialise in these treatments.

General Dental Council (GDC)

Regulatory body for dental professionals in the UK.

General Dental Practitioner (GDP)

Independent dentist who provides General Dental Services on behalf of NHS Boards.

General Dental Services (GDS)

Legal terminology for NHS dental services in Scotland provided by General Dental Practitioners, Dental Bodies Corporate and Public Dental Service dentists on behalf of NHS Boards.

Health and Social Care Partnerships (H&SCPs)

Constituted under the Public Bodies (Joint Working) (Scotland) Act 2014, primary function relates to the strategic planning and commissioning of health and social care services provided by Local Authorities and NHS Boards.

Hospital Dental Service (HDS)

Secondary care NHS dental services for treatment of patients on referral from medical and dental practitioners.

Items of treatment

Collective term for the wide range of treatments that dentists can provide to patients under General Dental Services. Examples range from simple examination and fillings to complex dental care such as orthodontic treatment.

National Dental Inspection Programme (NDIP)

Annual inspection programme in Scotland that reports on the oral health of Primary 1 and Primary 7 children in alternate years.

NHS committed practice

A practice that meets certain criteria in terms of numbers of patients and General Dental Services activity. For example, for a non-specialised practice to be "NHS committed", General Dental Services must be provided to all categories of patient, with an average of at least 500 registered patients per dentist (100 of whom should be fee-paying adults), and average gross earnings per dentist of £50,000 or more in a given period of 12 months.

National Health Service (General Dental Services) (Scotland) Regulations 2010

Regulations that govern the arrangements for the provision of General Dental Services in Scotland.

Oral Health Risk Assessment (OHRA)

A comprehensive assessment of the oral health of the patient with a particular emphasis on a preventive, long-term approach that is risk-based and meets the specific needs of individual patients. The Oral Health Risk Assessment also aims to encourage the involvement of patients in managing their own oral health

Patient Charges

Unless entitled to free NHS dental treatment or help towards the cost, an adult patient is required to pay a percentage of their NHS dental treatment cost up to a set maximum per course of treatment. The Scottish Government meets the remaining costs. Children under 18 years of age receive free NHS dental treatment.

Practitioner and Counter Fraud Service (PCFS)

Division of National Services Scotland (NSS) responsible for payments to General Dental Practitioners, maintaining an up-to-date patient registration database, medical and clinical governance regarding dental services.

Public Dental Service (PDS)

Dentists who are directly employed by the NHS Board, their primary function is the provision of NHS dental treatment to people with special care needs.

Quality Improvement Activities

Particular activities with the objective of improving the quality of dental care provided to the patient.

Registration

Patients register with a General Dental Practitioner, Dental Body Corporate or Public Dental Service dentist in order to receive the full range of treatment available under General Dental Services.

Scottish Dental Practice Board (SDPB)

Statutory Body responsible for the authorisation of item of service fees to General Dental Practitioners and practices providing General Dental Services in Scotland.

Scottish Index of Multiple Deprivation (SIMD)

Official Scottish Government measurement of relative deprivation in Scotland.

Statement of Dental Remuneration (SDR)

Statement that includes all items of treatment that can be provided under General Dental Services, and allowances payable to General Dental Practitioners and dental practices providing General Dental Services in Scotland.

System of remuneration

Method of payment for General Dental Practitioners.

Third Sector Organisations

A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Responding to this Consultation

We are inviting responses to this consultation by 8 December 2016.

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You can view and respond to this consultation online at www.gov.scot/oralhealthplan. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 8 December 2016.

If you are unable to respond online, please complete the Respondent Information Form (see "Handling your Response" below) to:

Chief Dental Officer and Dentistry Division
St Andrews House
Regent Road
Edinburgh
EH1 3DG

Handling your response

If you respond using Citizen Space (www.gov.scot/oralhealthplan), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to be published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form attached included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.scotland.gov.uk>. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the Chief Dental Officer at oralhealthplan@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.scotland.gov.uk>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (<https://www.ideas.gov.scot>)

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

QUESTIONNAIRE
SCOTLAND'S ORAL HEALTH PLAN
A Scottish Government Consultation Exercise
On the Future of Oral Health
September 2016

SECTION 1: RESPONDENT INFORMATION FORM

Are you responding as an individual or an organisation? (Required)

- Individual
- Organisation

Full name or organisation name? (Required)

What is your email address? (Required)

Entering your email address allows you to return to edit your consultation at any time until you submit it. You will also receive an acknowledgement email when you complete the consultation.

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference: (Required)

- Publish response with name
- Publish response only (anonymous)
- Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in relation to this consultation exercise? (Required)

- Yes
- No

Are you responding as:

- A member of the public
- Dentist (please specify below)
- Practice owner
- Associate
- Assistant
- Hospital Dental Service
- Public Dental Service
- Dental Care Professional (please specify)
- Other (please specify)

SECTION 2: QUESTIONNAIRE**Guidance for Completing the Questionnaire**

The consultation document has been written to ensure that as many people as possible may participate in this exercise. Inevitably there are some issues that are more complex and technical in nature, which may only be of relevance to healthcare professionals.

We have therefore divided the questionnaire as follows:

PART A: A short section of questions for everyone about the overall direction of travel on how we continue to improve the oral health of the people of Scotland.

PART B: A longer section of more detailed questions, mainly of relevance to healthcare professionals on the future direction, organisation and management of specific NHS dental services.

PART C: An opportunity to offer comments that are particular to the respondent's interests or experience of NHS dental services in Scotland.

We greatly value the views of everyone and encourage you to complete as many of the questions as possible. However, non-healthcare professionals may be more interested in parts A and C of the questionnaire.

Should you be unable to complete any of the questions please leave your answer blank and continue to the next question.



PART A: IMPROVING ORAL HEALTH

The purpose of this initial question is to help us identify the issues that are important to you, or your organisation. This will allow the Scottish Government to shape and focus a future Dental Action Plan.

1. Which of the following would you regard as the most important? (Please rank your top three, 1-3, in order of importance)

- Access to NHS dental services
- Cost of NHS dental services
- Services closer to your home address
- Child dental services
- Ageing population/domiciliary dental care (i.e. dental services in the home)
- Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes)
- Quality of NHS dental care
- Other, please specify

Comments:

Preamble

The following questions relate to issues of strategic importance to the future direction of NHS dental services in Scotland, and should be read in conjunction with chapter 3 of the consultation document.

A Prevention-Based Approach to Oral Health Care

This consultation document places greater emphasis on preventive treatments that maintain good oral health care, and preventing interventions such as fillings, and other forms of restorative dental treatment.

The Scottish Government has in place a programme of work (the Childsmile Programme) that seeks to maintain good oral health in children through tooth-brushing instruction and fluoride varnish application.

The proposals contained in this consultation document build on the success of the Childsmile Programme by introducing a preventive care pathway for children in good oral health, with the intention of extending this in the future to adults.

2(a) NHS dental services should increasingly focus on prevention. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

A preventive care pathway means that if you are in good oral health, then your treatment will reflect the need to maintain and improve your level of oral health. Payments to dentists will increasingly reward the dentist for maintaining and improving the health of their patients.

(b) The Scottish Government should introduce a preventive care pathway. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

(c) Which group(s) of patients should a preventive care pathway be applied to in the first instance? (Please indicate a preferred option)

- Only for children
- Start with children and then extend to adults gradually
- Children and some adults
- For all dental patients from the start
- Other

Comments:

Oral Health Risk Assessment

At present people attend their NHS dentist for a check-up, normally every six months.

This consultation document contains proposals to introduce an Oral Health Risk Assessment (OHRA), beginning with young adults at 18 years of age. An OHRA enables the dentist to have a discussion with patients about issues that are pertinent to their oral health such as smoking, alcohol intake and medication. The intention of the OHRA is for the patient to have much more direct involvement in the management of their own oral health.

3(a). In the future it would be beneficial to introduce an Oral Health Risk Assessment. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

(b) If the Scottish Government introduced OHRAs, at what age should patients first receive an OHRA? (Please indicate a preferred option)

- 18 years of age
 21 years of age
 25 years of age
 Other

Comments:

(c) How often do you think OHRAs should be repeated? (Please indicate a preferred option)

- Every 5 years
 Every 10 years
 Other

Comments:

Enhanced Dental Services

At present you may be referred to hospital for certain complex treatments, particularly if you are a resident of a care home, or for complex extractions and treatments under intravenous sedation.

The consultation document contains proposals for a range of treatment to be provided by a local dental practice in your area as an enhanced service. This may mean that instead of being referred to hospital, you would be referred to another practice that specialises in the treatment you require.

4(a). Complex treatments should be delivered more frequently by a local dental practice. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

(b). Which dental treatments should be delivered this way? (Please tick all that apply)

- Domiciliary care (care in your own home, or care home)
- Certain oral surgery procedures, such as more complex tooth extractions
- More advanced dental restorations such as complex root canal treatment
- Treatment under sedation
- Orthodontic treatment
- Other (please specify)

Comments:

Patient Charges

At present children under 18 years of age are entitled to free NHS dental treatment, while all adult patients receive free NHS dental examinations.

Following a dental examination, unless an adult patient is entitled to free NHS dental treatment or qualifies for help towards the cost, they are required to pay 80 per cent of their NHS dental treatment cost up to a set maximum of £384 per course of treatment, with the Scottish Government meeting the remaining costs.

At present the charging system is extremely complex; the amount an adult patient is required to pay towards the cost of their NHS dental treatment depends on the extent and nature of the treatment they receive. This can vary significantly.

The proposal contained in this consultation document is that when adults on the preventive care pathway receive treatment, they will pay a simplified system of charges.

This could be the first step in a simpler system of patient charges towards the cost of NHS dental care and treatment.

5. The existing system of NHS dental charges needs to be simplified. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

PART B: ARRANGEMENTS FOR GENERAL DENTAL SERVICES (GDS)

The following questions relate to the specific proposals around the arrangements for GDS and should be read in conjunction with chapter 4 of the consultation document.

Administrative Arrangements

6. A range of 'shared services', currently provided by NHS Boards, should be provided by a national body. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

7. Which duties could be taken on by this national body?

- Hosting NHS Board dental lists
- Practice Inspections
- NHS Discipline and Tribunals
- General Dental Council referrals
- Other (please specify)

Contractual Arrangements for Dental Contractors

8. A formal contract should be introduced between NHS Boards and the practice owner(s). Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Patient Registration

9. Patients should be registered with the dental practice. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

10. Patients should have a responsible dentist. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Earnings and Expenses Information

11. The provision of earnings and expenses information should be a terms of service requirement. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Future Provision

12. GDC-registered practice owners or GDC-registered directors of a dental practice should be required to provide a minimum number of hours of NHS clinical care per week in each practice location. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

13. Bodies corporate must list with the NHS Board for the provision of GDS. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Allowances

14. There should be a reduced set of allowances, including a new practice allowance and GDP allowance, that reward the level of NHS commitment and quality of service provided. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

15. There should be a new qualification criteria to determine which practices are NHS 'committed'. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Finance

16. The control of funding for NHS dental services should be gradually devolved to H&SCPs. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Professional Leadership, Quality Improvement and Scrutiny

The following questions relate to the specific proposals around professional leadership, quality improvement and scrutiny in GDS and should be read in conjunction with chapter 5 of the consultation document.

Professional Leadership at NHS Boards

17. There should be a Director of Dentistry in each NHS Board who will have strategic oversight of all aspects of NHS dental services and oral health improvement in their area. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Scottish Dental Practice Board

18. The Scottish Government proposes to review the remit of the Scottish Dental Practice Board. In your view should the SDPB be:

- Tasked with a revised remit
- Placed within a different host organisation
- Abolished and its functions subsumed elsewhere
- Retain the existing remit
- Other

Comments:

Clinical Quality Monitoring

19. In view of the proposal to introduce a new preventive care pathway, a new 'enhanced' Clinical Quality Monitoring Service for patients would be required. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Quality Improvement Activities

20. The Scottish Government proposes developing, and rolling out across Scotland, a national database of key indicators of quality. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

Protected Learning Time

21. The Scottish Government proposes the development of a process that will make protected learning time available for dentists and practice staff. Agree or Disagree?

- Agree
- Disagree
- Neither agree nor disagree

Comments:

PART C: GENERAL COMMENTS

22. Thank you for taking the time to complete this questionnaire on the future of oral health services in Scotland. If you would like to provide any further thoughts or comments, please do so in the box below.

Comments:









Scottish Government
Riaghaltas na h-Alba
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