



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

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| <b>CONSULTATION:</b>       | Scotland's Oral Health Plan   |
| <b>ORIGINATING SOURCE:</b> | Scottish Government   |
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## Response ID ANON-ZYMF-S685-V

Submitted to Scotland's Oral Health Plan. A Scottish Government Consultation Exercise on the Future of Oral Health Services  
Submitted on 2016-12-04 17:30:48

### About You

What is your name?

Name:

Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow

What is your email address?

Email:

helenpatterson@nhs.net

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow

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

Publish response with name

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?

Yes

Are you responding as:

Other (please specify below)

If Dental Care Professional or Other, please specify.:

Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow

### Part A: Improving Oral Health

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

rank items - Access to NHS dental services:

rank items - Cost of NHS dental services:

rank items - Services closer to your home address:

rank items - Child dental services:

rank items - Ageing population/domiciliary dental care (i.e. dental services in the home):

rank items - Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes):

rank items - Quality of NHS dental care:

rank items - Other (please specify below):

If other, please specify.:

Comments::

A full range of treatment options should continue to be made available and fully accessible to all patients in Scotland. This also addresses the gradient in oral health inequalities. Whilst recognising the ageing population and its increasing complexity, other vulnerable groups and their additional needs must be accounted for.

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

Not Answered

**Comments::**

Focussing on prevention of oral disease and improving general health is to be welcomed, however the huge population who have already experienced dental disease and have heavily restored dentitions require maintenance. Prevention of oral disease should be seen in the wider context of other initiatives to improve general health eg improved diet, smoking cessation, reducing poverty.

**2b The Scottish Government should introduce a preventive care pathway. Agree or Disagree?**

Not Answered

**Comments::**

The definition of "good oral health" needs to be clarified. Patients in "poor oral health" surely have a greater requirement for prevention. A practitioner should be rewarded for engaging in a preventive pathway for the patient, however success depends on patient co-operation and practitioners should not be penalised for individuals' failure to engage.

**2c Which group(s) of patients should a preventive care pathway be applied to in the first instance? (Please indicate a preferred option)**

Not Answered

**If other, please specify.:**

**Comments::**

High risk adults eg cleft, head and neck cancer, special care groups should be included from the start.

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

Not Answered

**Comments::**

**3b If the Scottish Government introduced OHRA's, at what age should patients first receive an OHRA? (Please indicate a preferred option)**

Not Answered

**Comments::**

**3c How often do you think OHRA's should be repeated? (Please indicate a preferred option)**

Not Answered

**Comments::**

This would depend on the assessed risk. The patients's risk level may alter eg change in habits, development of systemic disease. There should not be a one size fits all approach.

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

Not Answered

**Comments::**

Significant education and training would be required to support this. Would funding be available and what body would provide the training? With reduced budgets and increased demands on specialists, it is unclear how this could be provided.

What system of quality assurance would be introduced? It is vital that patients can expect high quality care wherever it is delivered. With lower numbers of complex cases, would primary care practitioners see enough cases to maintain skill levels?

The commissioning of services should be independent and transparent.

**4b Which treatments should be delivered this way? (Please tick all that apply)**

**If other, please specify.:**

**Comments::**

The risk assessment of patients at home/ care home is challenging. Some domiciliary care can and should be provided by GDCPs. They then should be able to see the patient in their practice for operative care when required. This would need support with improved access, manual handling training and transport. The Scottish Ambulance Service provide a patchy service due to their management structure and continue to refuse in some areas to deliver to anything other than a hospital site.

In terms of restorative care, there will continue to be a need for specialist services to be provided within a hospital setting, but increased numbers of intermediary care could be delivered by an appropriately trained practitioner in primary care. The bulk of periodontal treatment should be provided in the primary care setting.

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

Not Answered

Comments::

## **Part B: Arrangements for General Dental Services (GDS)**

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

Not Answered

Comments::

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

Not Answered

If other, please specify:

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

Not Answered

Comments::

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

Not Answered

Comments::

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

Not Answered

Comments::

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

Not Answered

Comments::

**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?**

Not Answered

Comments::

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

Not Answered

Comments::

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

Not Answered

Comments::

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

Not Answered

Comments::

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

Not Answered



**Comments::**

This may lead to a lack of parity in availability of dental care.

**17 There should be a Director of Dentistry with oversight of all aspects of dental services and oral health improvement at Board level. Agree or Disagree?**

Not Answered

**Comments::**

Again, with different priorities in different health boards, is there a risk of a variation in service.

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

Not Answered

**Comments::**

**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?**

Not Answered

**Comments::**

Clinical Quality Monitoring is required. This should be independent of boards. The current system struggles to cover its workload.

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

Not Answered

**Comments::**

This proposal should be carefully developed to enhance the quality of clinical oral healthcare and avoid unintended consequences in the drive to achieve key indicators. These indicators should be realistic and achievable with a mechanism to adjust them when appropriate. They should reflect patient participation rather than registration.

**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?**

Not Answered

**Comments::**

This is positive and should aim to be of value to oral healthcare professionals and other staff but would require additional funding. Who would provide the training? It is increasingly difficult for specialists to provide training and education as health boards are less willing to make them available.

**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::**

The recognition of the importance of prevention and consideration of enhancing it as part of oral healthcare is to be welcomed. One priority should be access for vulnerable groups and that those who are most disadvantaged should be prioritised for risk assessment. Participation rates rather than simply registration rates should be considered to assess patient engagement.

The public health approach of Childsmile has improved the oral health of Scotland's younger people. Any plans to improve the oral health of older vulnerable populations are to be encouraged. The increasing size and complexity of the older population is universally acknowledged. The increasing numbers of those with additional and complex needs between the ages of 18 and 65 should also be acknowledged. This recognition of the increasing challenges of provision of oral healthcare needs to be matched by appropriate resource.

Patients should be encouraged to engage with primary care services where possible. However, there will remain a mixed population who require specialist, non-independent provided care, for example:

- medically compromised patients requiring specialist multidisciplinary management
- patients confined to their homes with additional needs eg PEG fed; aspiration risk; positioning difficulties
- patients unable to co-operate with examination or treatment
- patients under Adult Support and Protection orders
- patients in hospital

The requirement to undergo training in the assessment of capacity has created a barrier risking patients, some of whom could be seen in general practice, being referred on. It is important to remember that lack of capacity does not necessarily mean lack of co-operation. This legislation should be reviewed.

The SDR as it stands does not represent treatment requirements of vulnerable groups with high disease risk.

The provision of more complex treatments on more complex patients in or from the general dental practice setting will require education, training, new equipment, additional resource, careful risk assessment and new approaches to time management.

There is a reasonable expectation from those working in primary care that they will be supported by specialists in PDS and hospital practice. This service then requires protection, with national agreement with no risk of a postcode lottery.

## Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: