Health and Sport Committee: Draft Budget 2017-18

The Health and Sport Committee has recently launched a call for views on the Draft Budget 2018-19.

The Committee’s review of the budget setting process for HSCPs in 2016-17 not only sought to assess the approach taken to date but focused on identifying and recommending changes to the budget setting process for future years. As such, the Committee’s approach has been forward-looking rather than a one-off exercise at a single point in the year. The Committee is currently building on that work to reflect on the 2017-18 budget setting and, again, look forward to 2018-19. Please see the attached copy of the draft budget for 2017-18. The Health and Sport Committee is seeking answers to the following questions:

1. Do you consider that the Scottish Government’s health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

Improving oral health is a stated priority of Scottish Government, however, despite this fact, this draft budget is unclear how funds will be allocated within the General Dental Services (GDS) and if any additional investment will be identified to enable the shift from “drill and fill” dentistry to a greater focus on prevention and oral health improvement, by addressing inequalities through prevention.

The oral health of key priority groups identified by Scottish Government, namely the children, the elderly and patients at risk or suffering from cancer is ignored in the current budget which focusses on the a medical model in relation to primary care but which excludes dentistry from the additional £500 million allocated to improving and developing primary care services. Additional funding needs to be invested in better prevention for adults including the introduction of preventative pathways in a move towards a prevention incentivised remuneration system for dentistry.

BDA Scotland would suggest by reducing the availability of tobacco and alcohol in Scotland, and increasing the price, this would prevent the development of oral cancer, reduce tooth loss through periodontal disease in adults and reduce dental and facial injuries through assaults and domestic violence.

Children’s Health

In relation to children’s health, an average of 7000 children each year are admitted to hospitals in to undergo dental extractions under general anaesthetic – more funding has to be allocated to improve diet and reduce childhood caries. The BDA has already raised with Scottish Government in a recent meeting with the Cabinet Secretary, the need to direct some of the additional income derived through the imposition of the sugar tax to be invested in better oral health services for children. The economic evidence to support this is the publication of the recent report into the cost effectiveness of the Childsmile Programme which demonstrated a £5 million pound saving as a result of this investment in prevention.
BDA Scotland would suggest that in addition, all advertising aimed at children be banned which would allow parents and carers to make healthy choices for their children. BDA Scotland also suggests that by improving food labelling this would reduce the asymmetry of knowledge which exists between food producers/retailers and people buying food. These structural changes are long overdue. In the 2006 review of the Scottish Diet Action plan it stated that, “So pervasive is poor diet, that reliance on individual choice as the prime ideology in shaping food supply is no longer an adequate policy or ideology!”

Care of the Elderly
The lack of investment in providing services to maintain the dentition of older patients has been and continues to be an issue which the BDA Scotland has drawn to the attention of Scottish Government. The Government are simply not adequately funding the oral health needs of this group, especially those patients who cannot visit their dentist or who are in residential care. The lack of investment in services for the elderly in order to prevent deterioration in their oral health is a national scandal and something which disappointingly is not addressed in this draft budget.

Cancer Services
This budget shows no additional investment to be directed to reducing the incidence of oral cancers in Scotland or improving the outcomes of treatment. The disease incidence in Scotland is extremely high and increasing year on year and the treatment outcomes are poor with Scotland having the highest mortality rates after 1 year than most countries in Western Europe.

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

Five to eleven year olds and patients up to 18 years of age receive treatment under the Childsmile Programme which is included in the Statement of Dental Remuneration. Increased resource is required to target higher caries and more vulnerable groups.

The Scottish Dental Clinical Effectiveness Programme (SDCEP) guidelines state the profession should apply fluoride varnish up to 18 years of age and GPDs do not receive payment for the treatment.

The Health and Sport budget for 2018-19 should include a new allocation for primary prevention of tooth decay. This would be to introduce water fluoridation in Scotland. It is a BDA policy that Government must let communities choose whether to have their water fluoridated and BDA Scotland urges the Health and Sport Committee to work with Scottish Government and local communities on the introduction of water fluoridation as a cost effective preventive measure. This will deliver significant and sustained improvements in the oral health status of the population in Scotland. This would also reinforce the benefits of the Childsmile Programme. Both water fluoridation, fluoride toothpaste and varnish are used in Australia, New Zealand, Canada, USA, Eire, England, Singapore, etc. Over 300 million people benefit from water fluoridation globally and Scotland should do the same. Legislation on water fluoridation in Scotland is currently on the statute books in the 1985 water (Fluoridation Act) now consolidated into the 1990 water act and is still extant in Scotland. It could be easily introduced in Scotland as the legislation is already in place. BDA Scotland suggests that the Health and Sport Committee asks Scottish Government to promote this widely practiced, safe and effective preventive measure.

The most recent Health Economic Analysis of the cost of water fluoridation to prevent tooth decay was undertaken by Southcentral Strategic Health Authority in 2008 for their consultation exercise. For the population of 160,000 who would benefit from water fluoridation (About the size of Dundee or Aberdeen). The estimated capital cost of plant was £471,000. Revenue costs were estimated at £59,000 a year and an estimated 36,032 teeth over 20 years would not decay. However, there is no impact on water bills as all costs are paid by the NHS. The net additional cost of fluoridation over 20 years is £11,526 or £576.30 a year, giving a cost of 32 pence per tooth saved. If other benefits of water fluoridation are discounted through the pain, suffering,
disfigurement and embarrassment that tooth decay causes, and only give consideration to the current NHS costs of a single surface amalgam filling at £9 or a composite (white) filling £17. The cost benefit ratio of water fluoridation is 28:1 (900:32) for an amalgam filling or 53:1 (1700:32) for a composite filling. The costs benefit is even higher for any filling involving more than one tooth surface.

Dental health inequalities would also be reduced. ‘Water fluoridation: Health Monitoring’ report for England 2014, states that “The reduction in tooth decay in children of both ages in fluoridated areas appears greatest among those living in the most deprived local authorities.”

BDA Scotland suggests that funding should also be made available for gender neutral Human Papilloma Virus (HPV) vaccination of adolescents. This may reduce the number of oro-pharyngeal cancers (which are increasing in younger patients) and would raise herd immunity to the virus, thereby protecting everyone who has a contra-indication to HPV vaccination.

Additional resources need to be targeted at improving the unscheduled and planned oral care for patients over 65 years of age. This would mean greater investment in high fluoride toothpastes and varnishes, and a properly funded dentist led domiciliary service for those patients in care homes or living at home who are no longer able to visit their own dentist. In providing domiciliary services, dentists would also require input from their hygienists and dental therapists – making the best use of the skills of the wider dental team. This is a more cost effective model because it is based on prevention and anticipatory care.

3. Is sufficient information available to support scrutiny of the Scottish Government’s health and sport budget? If not, what additional information would help support budget scrutiny?

BDA Scotland does not believe the level of detail is sufficient. For instance, the differential costs of the successful Childsmile Programme to prevent tooth decay in children is unclear.

The current budget does not break down the various services within GDS therefore it is difficult to see what is spent on GDS the Public Dental Service (PDS), Hospital Dental Services or Dental Schools. There is less breakdown of budgets headings than there has been in previous years.

4. What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government’s desired outcomes?

BDA Scotland understands that the HSCP manage a substantial dental budget via the PDS which will be subject to additional cuts. With internal NHS Board annual efficiency savings and the 1% Scottish Government pay cap, there is a risk to safe patient care.

In light of dental fees not keeping up with inflation, the impact on general dental practice services and the strain on dentists to try to provide a high quality service with increasing costs is difficult to manage. Scottish Hospital Dental Services Committee has learned of a number of orthodontic vacant posts, there is no clear plan as to how these issues should be dealt with and your comments and proposals to improve on this situation in relation to the draft budget would be appreciated. BDA Scotland is of the view that we can provide a comprehensive response to this consultation and seek your help in answering the above questions.

Overall BDA Scotland believes that it is too early to provide an answer to this question. Currently there is uncertainty for staff while integration is planned. BDA Scotland has included a quote from the Griffiths Report: ‘Community Care: Agenda for Action 1988’ “...it is imperative that the discredited refuge of imploring collaboration and exhorting action be avoided”.