BDA Scotland response to the Health & Sport Committee – Technology & Innovation

The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK.

1. What do you consider have been the main successes of the existing Scottish Government’s eHealth and telecare/telehealth strategies and why?

NHS Fife has fully changed to SCI since January 2017 and it has been welcomed by general dental practitioners (GDPs). However, please refer to Q2. Once GDPs become acquainted with the system, GDPs have commented that it is relatively straightforward.

2. What do you consider have been the main failures of the existing Scottish Government’s eHealth and telecare/telehealth strategies and why?

Following on from the comment in Q1, in NHS Fife there are challenges in respect to requests by GDPs for electronic replies and correspondence. There is a reliance on full use / management of practice generic email accounts which does not happen to any significant degree and replies are still received by surface post. In addition, once vetted rejected referrals are returned on paper to the practice, often with narrative or advice, with no date or the name of the registrant responsible for the rejection/advice/narrative. BDA Scotland understands that these issues are being addressed.

Additionally, the clinical systems do not allow for email, i.e. a letter in R4 cannot be directly emailed without taking it out of system which is a major problem. BDA Scotland would highlight that it is their understanding that many practices do not look at NHS mail on a regular basis which needs to improve.

BDA Scotland has learned that e-Dental has not been implemented in NHS Tayside and NHS Highland. In respect to NHS Tayside it is unlikely that e-Dental will meet the end of year deadlines.

With regard to NHS Highland, GDPs have been advised that they should have been able to send e-referrals from 3 April 2017, however, BDA Scotland understands the programme has been shelved until further notice. Please see for information a copy of letter below issued in March 2017.

Dear General Dental Practitioner

We have been advised today that due technical difficulties in transferring the new eDental Referral system from the Test Server to the Live Server we will not now be going live on Mon 3rd April as originally planned.

Please continue sending paper referrals in to the Raigmore Dental Service as normal until further notice.
You will soon receive your eReferral system Username and Password following your submission of your GDP-AR1 Form. Please hold on to these until you have been advised of the revised go-live date.
We sincerely apologise for this delay in service – we will be in touch with a revised go-live date as soon as possible.

Kind regards

eHealth Facilitator Team

BDA Scotland has learned week commencing 3 July 2017 that there is a now a schedule in place for the GDPs in NHS Highland which the PDS will be following.

3. How well does the Scottish Government’s draft Digital Health and Social Care Strategy 2017-2022 address the future requirements of the NHS and social care sector?

No comment.

4. Do you think there are any significant omissions in the Scottish Government’s draft Digital Health and Social Care Strategy 2017-2022.

No comment.

5. What key opportunities exist for the use of technology in health and social care over the next 10 years?

No comment.

6. What actions are needed to improve the accessibility and sharing of the electronic patient record?

BDA Scotland questions whether SCI Gateway is included as e-health? If so, it is unsatisfactory in a GDP setting under the current system of delivery:

- The requirement for data input into SCI Gateway varies between NHS Boards e.g. NHS Greater Glasgow & Clyde require CHI and school data as well as GP information as mandatory fields for a referral. This is often problematic when dealing with a child in pain who is from the migrant population. This is not the case in all NHS Boards.
- BDA Scotland believes the priority is to provide the child with treatment and not spend time on bureaucratic information searching. The system would be easier to operate if the fields were not mandatory for a GDP referral. (GDPs are clinicians and not administrators). If an NHS Board requires this information, it should be carried out within the managed PDS. It is not part of the contracted GDS and if Scottish Government wish it to be the contract would have to be renegotiated.
- BDA Scotland suggests that CHI numbers are the only way to link records including dental information where a patient moves away or changes their name, it is in the profession’s interest to use them.
- Special access within the PDS is required to input CHI data which is then automatically processed by R4, recognising this, the PDS can add this to the data set once the referral is received as can acute units. However, some NHS Boards are not prepared to do this. BDA Scotland believes it is important for the dental profession to be part of the whole system and that GDPs should have access to a CHI look up system such as R4 offers.

7. What are the barriers to innovation in health and social care?

No comment.