

NHS Borders

Chair & Chief Executive's Office

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Jim Fairlie MSP
Convener
COVID-19 Recovery Committee
Via Email to:
Covid19.Committee@Parliament.Scot

Date 25.5.23
Your Ref
Our Ref RR/LS/ResponseNHSDentistry250523

Enquiries to
Extension

Dear Mr Fairlie

Recovery of NHS Dentistry Services

Thank you for your letter dated 27 April 2023 regarding the above. On behalf of NHS Borders, I can respond to your specific questions as below:

1. In line with the following Primary Care Administration (PCA) memoranda issued from Scottish Government;

- PCA(D)(2021)3 – Ventilation allowance payment
- PCA(D)(2022)4 – Dental sustainability
- PCA(D)(2022)5 – Dental equipment repairs
- PCA(D)(2022)6 – Improvement allowance

NHS Borders received the following COVID-related funding from the Scottish Government:

- Ventilation improvements – £106,308
- Variable speed drilling equipment - £159,462
- Equipment – not a separate allocation, we were to use underspend from above.

2. Within NHS Borders area, we have a total of 19 independent General Dental Services (GDS), 1 being an Orthodontic referral practice, all offering mixed NHS and private care. The uptake of the above funding locally was:

- Ventilation improvements – 8 applications from 8 practices, paying out a total of £23,207.25.
- Variable speed drilling equipment – 7 applications from 7 practices, paying out a total of £40,754.62.
- Equipment – 5 applications from 5 practices, paying out a total of £24,244.14.

This was a total of 11 different practices (some practices applied for more than one funding stream).

The remaining funding of £177,563.99 was transferred to the Public Dental Services budget and is being used to purchase replacement dental chairs.

3. Since the onset of the COVID-19 pandemic, I can advise that within the NHS Borders area:
 - 0 (0%) practices have withdrawn completely from NHS provision to patients;
 - 18 (100%) practices have reduced their delivery of NHS dental care;
 - NHS Borders GDS monthly activity levels have levelled at approximately 80% of pre-pandemic levels .

The reasons for this reduction in capacity are not uniform and do not necessarily reflect a decision to reduce commitment to NHS dentistry. 14 (78%) practices have a limited workforce and recruitment to vacant posts has had limited, or in some instances, no success.

4. The Public Dental Service (PDS) in Borders is, in line with GDS practices, experiencing significant challenge in recruiting to vacant posts. This, and the increased demand for the delivery of urgent care to those not able to access the independent sector are impacting negatively on the staff in post (burn out) and the ability of the service to deliver care to other priority groups.

We have seen a steady increase in the numbers of patients being referred for domiciliary care. The PDS is currently the main provider for delivering domiciliary dental care to those people resident in a care home or those unable to leave their own home. In Borders we have no enhanced domiciliary care GDS practitioners who actively perform domiciliary care, therefore with the population who are likely to require domiciliary dentistry increasing – the reliance on the PDS will only increase.

Additionally there has been an increase in patients being referred/accessing care for dental need as part of pre-- oncology/cardiology care etc. as they are unable to access care within a GDS setting.

The mainstay of delivery of NHS dental services for priority group patients, such as people with a disability and those who are homeless, is the PDS. NHSB PDS has a large, registered cohort of patients who would be suitable for care with NHS GDS “high street setting”. This has impacted on our ability as PDS to focus on our core remit of those patients who are unsuitable or unable to access care with GDS (even if access was available). The further reduction in GDS provision means that there is little scope for suitable NHS patients being transferred to independent dental contractors (Scottish Government’s preferred provider of NHS GDS care).

Unscheduled care – through the dental dashboard the number of unregistered patients is closely monitored. In light of the current and changing GDS situation, as a PDS we have taken significant steps to revise what data we collect and monitor, which allows use to ensure our provision of unscheduled care is adequate, current and changing for the population need. The situation in GDS may change rapidly and the PDS has to remain agile in response to a potential sudden increase in the need for unregistered unscheduled care (as evidenced in adjacent health boards.)

5. As at 31 March 2023, NHS Borders currently has 13,700 patients registered with the Public Dental Service. This figure has reduced slightly since 31 March 2020, which was 14,902 patients, with patients transferring out with PDS or are now deceased.

We have not been registering routine GDS adults and children since 2020. We still register those select patients who clearly meet a core PDS remit and are unable to attend for routine GDS care “on the high street”. This situation is continually under review and may change with developments across the board.

Experience shows that, should the PDS register all patients, whilst having neither the funding nor the workforce to deliver appropriate care, this merely disguises that access is an issue and negatively impacts on efforts to successfully develop a successful independent sector.

6. Whilst primary care dentistry delivered by practitioners in independent GDS represents the largest volume of dental care provided in Borders, this does not occur in isolation. The preventative programmes, especially the hugely successful Childsmile project, and other services (PDS, secondary and tertiary care) all work in partnership with colleagues in independent GDS. We rely heavily on consultant led services in NHS Lothian for those who are in need of the most complex care (Restorative Dentistry and Oral Medicine).

The following are in regards to additional funds only. NHS Borders received funding to support the work of the Childsmile team as follows:

For 2022/2023 and 2023/2024, the Scottish Government allocated funding to support the expansion of the Childsmile Community and Practice Programme to reach out to vulnerable families and address inequalities on oral health and access to dental support.

- £32,100 was allocated for the recruitment of 1 WTE Dental Health Support Worker.
- £5,300 allocated to support increased distribution of oral health packs, via childminders, and wider routes to vulnerable families - ongoing programme to widen points of access to oral health packs.

All of the above were, of course, welcomed and gladly received. Our feedback would be in two regards. Firstly, the one-off nature of the allocation, which could be argued as running contrary to national long-term oral health improvement projects. Secondly, in times of such challenge to recruitment, vacancies supported by non-recurring funding have not proved attractive.

With Best Wishes

Yours sincerely

Ralph Roberts
Chief Executive

