

Letter by Email to:

Mr Jim Fairlie MSP
 Convener
 COVID-19 Recovery Committee

covid19.committee@parliament.scot

NHS Lanarkshire
 Kirklands
 Fallside Road
 Bothwell

Date: 26th May 2023
Our Ref: JG/AMcL
Direct Line:
Email:

Dear Mr Fairlie

RE: Recovery of NHS dentistry services

Thank you for your enquiry. Please find below the response from NHS Lanarkshire.

1. How much COVID-related funding did you receive from the Scottish Government to fund the following measures:

- Ventilation improvements
- Variable speed drilling equipment
- Equipment

Measure	Received
Ventilation	£616,264
Variable speed drilling equipment	£919,881
Dental equipment repairs	No additional funding – this was the underspend of the above funding streams

2. What was the uptake (percentage or number of practices; and amount paid out) of the above funding by General Dentist Service (GDS) dentists?

	Percentage of practices	Amount paid out
Ventilation	58%	£229,171.98
Variable speed drilling equipment	46%	£340,945.54
Dental equipment repairs	45%	£368,976.58

3. How many practices in your health board area have withdrawn or reduced NHS provision for patients – for example, registering and treating only children:

- **No. and % withdrawn completely**
- **No. and % reduced provision**

Reply:

- Since the onset of the COVID-19 pandemic, no independent GDS practices have withdrawn from the delivery of NHS dental care.
- Since the onset of the COVID-19 pandemic, 3 independent GDS practices have reduced their delivery of NHS dental to cover child only provision.

4. What impact, if any, has a reduction in NHS GDS provision had on the Public Dental Service (PDS)?

- Where registered patients are unable to access their GDP due to staffing/ capacity issues, PDS in Lanarkshire has acted as a safety net to provide treatment for acute needs.
- Prior to the covid-19 pandemic, unregistered demand was low and was accommodated within the PDS clinics. Demand is now such that 1.0 WTE dentist, nurse and administration team member is required to manage capacity. This includes call-handling, registration checks, booking of patients and then subsequent attendance and treatment.
- Once acute dental needs are met, signposting to routine care is complicated by the non- availability of a 'live' list of practices who are currently registering new patients.
- Out-of-hours services are increasingly reporting that patients feel the need to attend as they are unable to secure timely urgent appointments during in-hours periods with their own practices. This may, in part, explain some of the increased demand on OOH services.
- Due to a reduction in access to routine care, the complexity of dental conditions is higher thus, particularly in the paediatric population, an increased level of invasive treatment is required which requires additional skills such as sedation or general anaesthesia.
- There is a higher overall referral rate to PDS for out-patient care for paediatric patients as well as others who could feasibly have a management plan in GDS but this cannot be offered due to the demand on GDS practitioners.
- IV sedation referrals have particularly increased in Lanarkshire as there are very few GDS practices who offer this treatment. Of those who do, there are no primary care referral pathways for referral at present so all IV sedation is provided in PDS. In order to meet demand, existing PDS staff have undergone sedation training to supplement the current service provision but this has been at the expense of their routine out-patient PDS activity.
- Within NHS Lanarkshire, there are circa 2,000 displaced people currently being housed. This is either on a short-term or longer term basis. As these people arrive in Lanarkshire, they are unregistered for dental care and are able to access emergency and acute care via PDS at this time. There is a higher burden on time in seeing these patients due to the language barriers and need for translation services. In addition, expectations of NHS dentistry can make treatment more challenging. For these reasons, as well as the reduced capacity in GDS, these patients struggle to access GDS care and, indeed, registration.

5. How many patients are registered with the PDS in your Health Board area? Has the number risen since 2020? If so by how much?

Year	31/03/19	31/03/20	31/03/21	31/03/22	31/03/23
No. of patients registered with PDS NHS Lanarkshire (snapshot data)	5201	5340	5331	5521	5586

6. What other funding do you receive to support dentistry in your Health Board area (for example, funding related to PDS, Childsmile and any initiatives to improve recovery of services and access to dentistry for your population)?

In addition to our annual allocations, Childsmile funding is received annually and was supplemented in 2022-23 by additional funding for 6 dental health support workers to help target vulnerable groups. This funding is non-recurring so posts are fixed term for 2 years in the first instance.

Winter preparedness funding was received for the period Oct '21- March '22.

The aim of this funding was to improve access to emergency and occasional care as well as increase access to domiciliary care. This funding was non-recurring and, due to the limitations of what spend could be applied, Lanarkshire employed 2.0 WTE dentists and 2.0 WTE dental nurses on a substantive basis knowing that retirement slippage would support the longer-term funding beyond WPF.

Whilst any additional funding is very welcome, the limitations on how this was to be spent made utilisation of funds challenging, especially if the dental posts were to be fixed term as national workforce issues mean that these posts are not attracting candidates. Indeed, even a 1.0WTE substantive post was unfilled at recent recruitment within NHS Lanarkshire.

I trust this information is of assistance.

Kind regards.

Yours sincerely

**Jann Gardner
Chief Executive**