

**PRINCIPAL EXECUTIVE COMMITTEE**

**6 May 2021**

**REPORT FROM BDA SCOTLAND**

This report contains a summary of developments in Scotland since the PEC meeting in February.

1. **Scottish Parliament Election**

The Scottish Government informed us that it was strictly following pre-election guidance and suspended policy discussions in the run-up to the Scottish Parliament election on 6 May. This applied to all areas, not just dentistry. We had been meeting with the CDO and Scottish Government officials fortnightly to discuss a range of issues, including: plans to measure GDS activity as a basis for the introduction of tiered financial support; ventilation guidance; PPE supplies; and the Covid vaccination programme. Where possible, we have continued to pursue issues with Scottish Government officials during the pre-election period and keep members updated on developments.

In early April we launched our [BDA Scotland Manifesto](https://www.bda.org/about-the-bda/campaigns/oralhealth/Pages/oral-health-scotland.aspx) which has an overall theme of tackling oral health inequalities. It was developed by a Scottish Council working group and BDA Scotland staff, along with input from BDA policy and external affairs colleagues, and the Chairs of our craft committees. We also issued a [press release](https://www.bda.org/news-centre/press-releases/Pages/Dentists-urge-action-on-inequality-in-Holyrood-race.aspx) which urged all candidates contesting the Scottish election to pledge to commit to tackling the inequalities in oral health set to widen considerably as a result of the pandemic. The Manifesto was promoted on our social media platforms (including a [blog by Scottish Council Chair Robert Donald](https://www.bda.org/news-centre/blog/Pages/Scotland-putting-oral-health-on-the-political-agenda.aspx)) and via an email to members. It received prominent national and local media coverage.

We have collated the various mentions of dentistry and oral health in all party manifestos in the Appendix. We issued a [press release](https://www.bda.org/news-centre/press-releases/Pages/Dentists-ready-to-work-with-next-Scottish-Government-to-rebuild-services.aspx) to respond to the SNP’s proposal to abolish all NHS dentistry charges over the course of the parliament.

We attended two online election hustings in April arranged by MDDUS and BMA. Representatives of all major political parties fielded questions at both events, including all the opposition health spokespersons at the BMA meeting. At the MDDUS hustings, Robert Donald asked a question about water fluoridation (none of the representatives knew much about their parties’ positions on the topic) and Scottish Council member Colwyn Jones asked a question about oral health inequalities – both questions received a number of “likes” from attendees.

1. **Remobilisation of NHS General Dental Services**

Availability of NHS Dentistry

In March, BDA Scotland urged the Scottish Government to clarify a comment made by the Cabinet Secretary for Health and Sport during a live television broadcast that implied NHS dentistry should be available at pre-pandemic levels: "*NHS services… should be as available now as they were before the pandemic started.*"

We confirmed that while all treatments were now available from NHS practices, the service is operating at a fraction of its former capacity to keep to strict infection control protocols to limit the spread of the virus. The Scottish Government is currently providing enough PPE to treat 10 patients per day (or five for Aerosol Generating Procedures involving high speed instruments) covering just 20-30% of pre-Covid patient numbers.

Covid support funding arrangements for NHS dentistry

BDA Scotland has continued to discuss sustainable GDS financial support with the Scottish Government on a regular basis. The introduction of activity monitoring and tiered financial support, which was due to be implemented in March, was delayed until July at the earliest due to the tighter national restrictions that were introduced in January. [[1]](#footnote-1) We have had extensive discussions about appropriate activity measures, and argued against the Scottish Government’s proposal to adopt gross Item of Service as the only measure as this would exclude a considerable range of activities that dentists and their teams carry out but which do not attract a fee. We will continue to press for other measures to be included in the monitoring of practice activity.

In our [letter of 10 March](https://www.bda.org/advice/Coronavirus/Documents/Scotland-letter-to-minister-concerns-10-mar-21.pdf), we highlighted our concerns to the new Minister for Public Health and Sport that the Covid financial support measures that were put in place in March 2020 as an emergency response to the pandemic were not intended to be a long-term solution and now need to be updated. In a subsequent [letter to the profession](https://www.bda.org/advice/Coronavirus/Documents/Scotland-nhs-dental-services-sustainability-16-march-21.pdf), the CDO outlined the Scottish Government's intermediate support funding arrangements for NHS dental services in the 2021/2022 financial year. The Scottish Government will establish a working group involving the BDA, Practitioner Services Division and NHS Boards to develop a more sustainable funding model that will allow practices to plan their finances. We will resume our discussions with the CDO / Scottish Government after the Scottish Parliament election.

Addressing maternity pay shortfall

Following our discussions with the Scottish Government about concerns from pregnant dentists that they were being financially disadvantaged by the Covid support funding model, the Government agreed to [review its system for calculating maternity payments](https://www.bda.org/news-centre/press-releases/Pages/Dentists-Scottish-Government-to-address-maternity-pay-shortfall.aspx). These shortfalls arose because the “test period” for calculating maternity payments is increasingly based on the Covid support payments (85% of pre-pandemic gross Item of Service). This means that such dentists are receiving lower payments than would normally be the case. The new payment system will also apply to paternity and adoptive leave, and long-term sick leave.

Ventilation of NHS dental practices

On 31 March, Scottish NHS dental practices received a letter from the CDO encouraging them to take part in a [ventilation survey](https://www.bda.org/advice/Coronavirus/Documents/scotland-ventilation-survey-31-mar-2021.pdf) to help the Scottish Government inform policy and accurately assess practices’ ventilation needs. The short survey addressed practice size, readiness to upgrade and investments in ventilation equipment made to date. The deadline for submissions was 23 April. The survey was a welcome first step which followed our calls on the Scottish Government to issue much-needed guidance to the profession on ventilation requirements.

PPE

NHS National Services Scotland (NSS) has committed to supplying a specified amount of free PPE to practices carrying out NHS treatments until the end of June. We are in regular contact with NSS and expect a decision after the Scottish Parliamentary election on whether PPE supplies will be extended beyond June.

In collaboration with NSS, we developed a PPE [Q&A document](https://www.bda.org/advice/Coronavirus/Documents/Scotland-update-on-ppe-2021.pdf) to simplify the information on PPE provision and to answer some of the most common questions about PPE supplies in Scotland. We will update the online Q&A document as the PPE situation evolves, and inform members of any changes.

NSS confirmed that the validation of 3M 1863 FFP3 masks would expire on 31 March 2021 and asked all NHS boards to ensure that any unused stock was disposed of safely via domestic waste prior to the deadline.

NSS also confirmed that the PPE allocation for Vocational Dental Practitioners undertaking non-aerosol generating procedures would increase from five to eight patients per day from 1 April 2021. This increase followed conversations with training practices which have more than one VDP working within the practice to allow these VDPs gain more clinical experience.

500 Covid payment for GDPs

Further to the Scottish Government’s guidance to GDPs explaining [how to receive the £500 one-off payment](https://www.bda.org/advice/Coronavirus/Documents/Scotland-guidance-on-£500-payments-for-GDPs-02-21.pdf) for helping Scotland cope with the pandemic, we sought clarity around abatement and whether there are considerations for mixed NHS/private practices. We were advised that as long as practices provide a degree of NHS treatment, the ratio of NHS/private work does not affect payment eligibility. All NHS dentists and dental teams are eligible for the payment, including administrative staff, practice managers and cleaners, as long as they are employed by the practice. Only employees are eligible to receive the £68 National Insurance contribution; this is not available for those who are self-employed.

The guidance advised that the payment would be pro-rated for practitioners who worked less than full-time. GDPs were regarded as full-time where they worked 40 hours per week and salaried dentists 37.5 hours per week. We questioned this difference with the Scottish Government at the time and were advised that all dentists, irrespective of sector, would be entitled to receive the full £500 payment if they worked a minimum of 37.5 hours per week. However, GDPs later informed us that in practice their payments were being abated when declaring 37.5 hours rather than 40 hours. We raised the matter with the Scottish Government and received confirmation that GDPs declaring 37.5 hours will be treated as full-time equivalent. Any affected payments already made will be adjusted by PSD. We welcomed this clarity from the Scottish Government.

1. **Raising the concerns of PDS and HDS**

We published a [blog](https://www.bda.org/news-centre/blog/Pages/Scotland-Putting-PDS-in-the-spotlight.aspx) in February by Graham Smith, Chair of the Scottish Public Dental Service Committee, to highlight the colossal backlog of unmet dental care need and future capacity concerns of the Public Dental Service (PDS). It included the results from a recent BDA survey that highlighted a number of concerns relating to the morale of PDS dentists in Scotland:

* Over a third of PDS dentists in Scotland (35%) would not recommend a career as a community dentist
* 70% said their morale was lower than a year ago
* 57% of PDS dentists reported that their morale was either low or very low – the highest percentage for low morale in the UK
* Overall job satisfaction (65%) was the highest among UK countries, but PDS dentists in Scotland reported the largest reduction in job satisfaction in 2020
* While PDS dentists reported the highest job security in the UK (78%), only 41% (the lowest in the UK) said that their pay was fair
* Motivation appeared to be particularly low among PDS dentists in Scotland, with colleagues having the lowest levels in the UK for various measures including never or rarely being enthusiastic about their job (16%).

The CDO responded to our [letter in March](https://www.bda.org/advice/Coronavirus/Documents/scotland-concerns-pds-hda-29-march-2021.pdf) in which we expressed concerns about the PDS and Hospital Dental Service (HDS) in Scotland. In his [reply](https://www.bda.org/advice/Coronavirus/Documents/scotland-cdo-response-concerns-public-hospital-dental-services-08-apr-2021.pdf), the CDO stated that was keen for the whole dental profession to remobilise as quickly as possible, and that clinical teams were able to provide the necessary care to all. We will pick up these issues with the CDO and Scottish Government after the Scottish Parliament election when restrictions on government discussions are lifted.

1. **Deferred dental school graduations / Vocational Training**

In February, we sent an [open letter](https://www.bda.org/news-centre/press-releases/Documents/Scotland-letter-to-jeane-freeman-and-john-swinney-020221.pdf) to the Cabinet Secretary for Health and Sport, and Deputy First Minister and Cabinet Secretary for Education and Skills, calling for necessary action to prevent the next generation of dentists being saddled with unmanageable debt if dental students had to extend their studies. Following the announcement that all three dental schools would defer graduation until December (Aberdeen) or by a year (Glasgow and Dundee), the Scottish Government [responded](https://www.bda.org/advice/Coronavirus/Documents/Scotland-letter-from-john-swinney-to-chair-sdpc-15-feb-21.pdf) to our call to support dental undergraduates by providing a bursary of up to £6,750. We [welcomed](https://www.bda.org/news-centre/press-releases/safety-net-delivered-for-dental-students-as-2021-graduation-deferred) the leadership shown by the Government, including subsequent confirmation that the bursary would be available to students from the rest of the UK and to international students.

In February, NHS Education for Scotland informed Vocational Trainees and Trainers that training would be extended till the end of July 2022, and that trainees’ salaries would be continued to support additional training.

1. **Lateral Flow Testing extended to dental teams**

In February the Scottish Government [extended twice-weekly Lateral Flow Device (LFD) testing](https://www.bda.org/advice/Coronavirus/Documents/Scotland-dl2020-32-guidance-on-expansion-of-hcw-testing-15-feb-21.pdf) to all patient-facing healthcare workers, including dentists and their teams. We had been pressing the government to introduce this for dental teams since last summer. The guidance was accompanied by a [Standard Operating Procedure](https://www.bda.org/advice/Coronavirus/Documents/Scotland-COVID19-hcw-testing-updated-interim-sop-lateral-flow-testing-of-asymptomatic-patient-facing-nhs-staff-15-feb-21.pdf) and a [Frequently Asked Questions](https://www.bda.org/advice/Coronavirus/Documents/Scotland-faq-guide-%20to-testing-healthcare-workers-15-feb-21.pdf) document. Participation in the testing programme is voluntary.

1. **Concerns about the widening gap in attendance rates**

Following the release of latest data in February, we expressed concerns about the [collapse in patients attending an NHS dentist and the widening gap in attendance rates](https://www.bda.org/news-centre/press-releases/Pages/Scotland-dental-crisis-New-data-shows-all-parties-need-to-act-as-inequalities-widen.aspx) between the most and least deprived areas. While registration rates remained high and broadly stable (due to lifetime registration) the number of children seen between May and December 2020 was around a quarter of the 2018-19 average due to the pandemic. Between September and November 2020, the number of adults seen was around a third of the 2018-19 average, before falling to 28% of the 2018-19 average in December 2020. People in more deprived communities traditionally have lower attendance rates; in 2020 children and adults from the most deprived areas were less likely to have seen their dentist within the last two years than those from the least deprived areas (73.5% compared to 85.7% of children and 55.9% compared to 67.1% of adults). These inequalities in attendance between the most and least deprived areas have grown since 2019, particularly in children.

1. **Scottish Conference of LDCs**

The Scottish Conference of LDCs was held by videoconference on Friday 23 April. Around 80 delegates attended the event. The Minister and CDO had initially agreed to give a presentation at the conference but withdrew due to pre-election restrictions on government activities. The CDO has agreed to attend a separate event to discuss policy issues on 27 May.

There were three plenary speakers at the conference:

* SDPC Chair David McColl summarised the work of the committee during the pandemic, including regular negotiations with the Scottish Government on a range of issues, and gave an update on the DDRB process and pensions matters
* Helen Kaney, Dental Protection, gave an update on professional indemnity
* Derek Manson, NIDPC, outlined the opt-out system for LDC mandate holders in Northern Ireland.

Delegates debated 23 motions on a range of issues, including: communication from the Scottish Government; a set term for future CDOs; dentists’ involvement in selecting the CDO; funding for NHS dentistry; activity measurement in dental practices; and a time limit for patient registration. Most motions were passed, and these will be discussed by SDPC at its meeting in May to establish whether they will formally adopted as SDPC policy.

1. **Mental health resources for dentists and their teams**

BDA Scotland collaborated with the Scottish Government to produce a summary of [mental health and wellbeing resources for dentists](https://www.bda.org/about-the-bda/campaigns/stress/Documents/Scotland-mental-health-wellbeing-resources-march-21.pdf). The compilation highlights a wide range of guidance and support resources available for dentists and their teams. It includes a range of resources including the NHS Occupational Health Advice and Guidance Services which BDA Scotland secured in 2018 to support dentists and their teams following a campaign by the Scottish Dental Practice Committee.

1. **BDA Scotland Oral Cancer Awareness Campaign**

We recently updated the BDA Scotland [oral cancer awareness campaign webpage](https://www.bda.org/about-the-bda/campaigns/oralcancer/Pages/oral-cancer-scotland.aspx), including our oral cavity and oropharyngeal cancer Factsheet, and ‘How to access Oral and Maxillofacial Surgery Services’ in each NHS Board. Data from the Oral Health Foundation showed that [mouth cancer referrals in Scotland fell by 30% since the onset of Covid](https://www.dentistryscotland.co.uk/2020/12/01/mouth-cancer-referrals-scotland-drop-30-covid/). Public Health Scotland has advised us that oral cancer incidence data for 2020 will not be available till April 2022.

1. **BDA Scottish Council Membership and Communications Working Group**

At the Scottish Council meeting in March, it was agreed to set up a Working Group to improve our communication with the profession and to boost membership numbers in Scotland.

The first meeting of the group was held on 13 April at which the group agreed the Terms of Reference and objectives, and discussed membership trend data, the current BDA membership offer, future recruitment and retention strategies, and marketing and communication to members including the use of social media. The group is pursuing a number of actions and will meet again on 18 May.

1. **BDA Scotland Committee Constitutions**

As part of the Triennial Elections process, BDA Scotland has been reviewing its committee constitutions. A meeting is being arranged with committee secretaries to discuss issues including representation.

1. **Call for action on obesity**

On 4 March – World Obesity Day – we echoed the call of the Scottish Obesity Alliance (SOA) for the Scottish Government to take [strong and urgent action](https://scottishobesityalliance.org/media/1579/soa-manifesto.pdf) to reduce obesity and health inequalities in Scotland. As members of the SOA Executive, we attended a webinar to review the impact of Covid on achieving healthy weight, and subsequently met with other Executive members (including Obesity Action Scotland, Diabetes UK and Cancer Research UK) to discuss a range of issues affecting obesity, including a healthy diet.

**Forthcoming meetings**

12 May Scottish Dental Practice Committee meeting

18 May Scottish Council Membership and Communications Working Group

24 May Meeting with Paul Cushley, Director of Dentistry, NHS National Services Scotland

27 May LDC event with the CDO

3 June SDPC Executive meeting

SDPC Executive meeting with the CDO / Scottish Government

9 June NHS Education for Scotland Doctors and Dentists in Training Dental Subgroup meeting (latest on moving to NES as single employer)

22 June Scottish Public Dental Service Committee meeting

29 June Scottish Obesity Alliance meeting

**BDA Scotland**

**April 2021**

**Appendix**

**Dentistry and oral health references in Scottish party election manifestos**

1. **SNP:**

[https://issuu.com/hinksbrandwise/docs/04\_15\_snp\_manifesto\_2021\_\_\_a4\_document?mode=window](https://protect-eu.mimecast.com/s/9oIMC2k5nup86l9H17PJx?domain=emea01.safelinks.protection.outlook.com)

NHS Dentistry

There is still one area of NHS services that can lead to a charge for care – NHS dentistry.

We have made great strides in improving dentistry access, but if re-elected we will now improve access further by abolishing all NHS dentistry charges over the course of the parliament. We will start the roll out with care experienced people aged between 18 and 26.

In removing NHS dental charges we will engage with the British Dental Association, and others, to learn from the experience of the pandemic to help shape a reformed funding arrangement for NHS dentists so that they are supported for the future.

[Subsequent actions]:

* The SNP’s proposal received further coverage in [The Scotsman](https://www.scotsman.com/health/snp-manifesto-party-pledges-to-abolish-nhs-dentistry-charges-and-freeze-income-tax-3201870):

On the abolition of dental charges, First Minister Nicola Sturgeon said the move was expected to cost an initial £75m, but added:

*“We estimate it will rise to £100m because we expect and hope that demand for dental treatment will increase, because right now there will be people not accessing dental treatment because of prohibitive nature of the costs. The choice of what treatment to receive – or indeed whether to receive any treatment at all – can depend on how much someone is willing or able to pay. That is harmful for patients who don’t access the treatment they need. But it also puts pressure on other parts of the NHS. In the year before the pandemic struck, almost 4,000 people attended A&E for dental health reasons. Many of these attendances – and a great deal of pain besides – would have been prevented with an earlier visit to the dentist. That pressure is likely to grow as we tackle the backlog of care caused by Covid.”*

Ms Sturgeon admitted there had been no discussion yet with the British Dental Association in Scotland about supporting the abolition of dental charges, but that negotiations would begin to see "*if they are of this mind, and I think they will be”*.

* Scottish Labour leader Anas Sarwar expressed concerns about the SNP’s policy announcement:

<https://www.heraldscotland.com/news/19243503.labour-warns-snp-counter-productive-risk-nhs-dentistry-plans/>

1. **Scottish Labour:**

<https://scottishlabour.org.uk/wp-content/uploads/2021/04/Scottish-Labours-National-Recovery-Plan.pdf>

NHS dental services also need a comprehensive overhaul. Scottish Labour supports greater integration with the NHS with options other than the small business model, including strengthening NHS community dentistry to improve access in deprived areas. The world-leading Childsmile programme was designed by Scottish Labour so we want to see it restarted and expanded to maximise the impact on inequalities.

1. **Scottish Conservatives:**

<https://www.scottishconservatives.com/policy/manifestos/> *(Includes various mentions of health inequalities, healthier diets, action on smoking and prioritising primary care, but only one explicit mention of dentists).*

Immediate action to support staff retention is required. We would work to agree a new multi-year pay deal for Agenda for Change staff as well as doctors and dentists. We would invest an additional £40 million in staff wellbeing this year, including rest facilities and mental health services, and fully establish a Scottish Workforce Specialist Service to provide ongoing mental health support to NHS and social care staff.

1. **Scottish Greens:**

<https://greens.scot/ourfuture>

The Scottish Greens will ensure equal access to dental service.

We will:

* Work with the profession to ensure the funding and workforce are available to address the backlog of cases that have been generated by the pandemic.
* Preserve the Public Dental Service, which provides oral care to groups with complex needs, such as homeless people, care home residents and disabled children.

1. **Scottish Liberal Democrats:**

<https://www.scotlibdems.org.uk/read_2021_manifesto>

*(Manifesto contains general commitments to “promote preventative health to take the pressure off the NHS” – but no specific mentions of dentistry or oral health).*

1. **ALBA**:

<https://www.albaparty.org/health_and_care>

The provision of NHS dentistry was a real success of the first two terms of the SNP government. However the reality is during the pandemic, people were driven back to private provision. The key issue in NHS provision is availability of NHS provision, and until that is tackled, making it free at the point of need in the future is welcome but will not practically solve the current and immediate lack of available NHS facilities.

Everyone knows that the best approach to health is prevention – and yet there seems always to be a reason not quite to get round to prioritising it. And so still it is health inequality that drives so much of the cost to the NHS and Scotland as a whole, with the economic cost of people facing adverse childhood experiences being £4 billion or more.

1. Deliver at least 20% of pre-Covid activity to receive 85% of gross Item of Service; deliver between 10% and 20% to receive 80% IoS; deliver less than 10% to receive 40% IoS. [↑](#footnote-ref-1)