



**SCOTTISH DENTAL PRACTICE COMMITTEE
15 SEPTEMBER 2021
REPORT**

The Scottish Dental Practice Committee (SDPC) held a meeting by videoconference on Wednesday 15 September 2021, to discuss the latest Covid-19 developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date. The BDA provides live updates at <https://www.bda.org/coronavirus>

1. Covid-19 Pandemic

SG Ventilation Grant

Details of the Scottish Government (SG) Ventilation Allowance Grant was communicated in a PCA to the profession on 6 July. Maximum funding was set at £1,500 per surgery – this figure was based on responses to an SG survey. The amount of funding practices may receive is dependent on NHS commitment percentage. A caveat for funding stipulated that GDPs must continue to provide NHS treatment until 2024.

Committee members discussed the specific challenges within their own practices regarding ventilation. The cost for adaptations varied significantly depending on a number of factors, such as practice layout and whether or not the practice was located within an NHS Board site. Quotes were discussed, all of which exceeded the maximum grant of £1,500 per surgery. The committee agreed the SG figure was too low as the rationale for this was based on what practices had already spend on ventilation during the pandemic, which would have been minimal to make surgeries functional, and therefore was not a true reflection of the amount practices will now need to spend. The Chair reported that NHS GG&C had quoted £30K for improved ventilation in his practice. It was noted that some mixed practices may be deterred from applying for the grant as the amount of financial support they would receive would not be enough of an incentive compared with the administration involved. It was agreed to raise these issues with SG at the next meeting.

PPE

SG had previously approved the continued delivery of free PPE to practices until the end of March 2022. A decision on whether this supply will be extended beyond March is due to be made in December. The committee agreed that the set-up and delivery of PPE is generally working well and NSS are receptive to feedback and resolving any issues raised. An issue regarding storage of some items was discussed, particularly visors which are delivered in large quantities. This issue would be raised with NSS. The committee reported no issues regarding the availability of dental hoods.

IPC Guidance

In his latest letter to the profession in August, the Cabinet Secretary for Health and Social Care advised that the Government was in urgent four-nation discussions on IPC measures and that the profession should expect further guidance at the end of September. SG have

advised that they are in a “holding pattern” until this is released, and the outcome of the review may influence future financial support. The review is being undertaken by Public Health England which concerned the committee as the guidance is not dentistry-specific and may be unnecessarily rigorous. The BDA wrote to all four Chief Dental Officers to stress the importance of dentistry being considered specifically as part of the review. The committee agreed to keep this matter under review with SG once new guidance becomes available.

Self-isolation for dental teams

In July, SG updated its policy framework for the implementation of isolation exceptions for health and social care staff, however dentistry was not specifically mentioned within this. The committee had struggled to get clarity from SG about whether dentistry was included. The uncertainty about being identified as a “close contact” caused particular confusion. SG recently confirmed that dental practices should be treated the same as the rest of the public, and members of the dental team do not need to isolate if they have been identified as a close contact, as long as they have had two doses of the vaccine and return a negative PCR test. The committee agreed that the speed and number of times the guidance has changed recently has caused confusion and SG’s lack of clarity demonstrated a disconnect and lack of understanding regarding primary care issues. Members agreed that practices required a simple online algorithm that provides clear and consistent advice.

Impact of the pandemic on dentists’ mental health

The committee discussed a study carried out earlier in the year which aimed to understand how the pandemic has affected dentists’ mental health. It was noted the reason for a low response rate may be that practitioners with poor mental health were unlikely to take part in surveys. A number of current stresses within the profession were discussed, such as staffing issues and the impact of the pandemic on practice finances and cash flow. It was agreed that online mental health resources are beneficial, however more needs to be done by SG to help the profession through this difficult time with prevention as the priority. The committee agreed to raise this topic again with SG at the next meeting.

Abusive patients and public messaging

With practices continuing to operate at reduced capacity, many practice staff – particularly reception staff and practice managers – have experienced an increase in unpleasant and abusive behaviour from patients. This has been exacerbated by SG’s introduction of free NHS treatment for 18-25 years olds. SG have released some patient messaging, advising that practices are not operating as “business as usual” and encouraging the public to be patient, but these were only released on SG’s Twitter and Scottishdental.org and both sites are unlikely to be monitored by the public. Similar issues were discussed in relation to the GP sector and the committee agreed that SG need to produce an effective public messaging campaign for the whole primary health care sector. This issue would be raised with SG at the next meeting.

Practices deregistering NHS patients and/or upselling private treatment

SG recently raised concerns about practices deregistering NHS patients and/or upselling private treatments. It was noted that while some practices have been activity outliers – receiving 85% Covid support for minimal NHS output when they have the capacity to increase this – most practices are doing the right thing and working hard. Some practices are considering increasing their element of private work and deregistering patients to allow them to remain financially viable, rather than through choice. Practices are unable to business plan due to the lack of a financial roadmap from SG. It was also noted that currently there is no incentive or capacity for practices to take on new NHS patients. It was agreed that the proportion of NHS/private treatment a practice chooses to undertake is ultimately a business decision which is likely to increase until SG can provide practice owners with certainty and a financial plan to secure the future of NHS dentistry.

Recruitment concerns for practices due to dental nurse shortage

There has been an increase in anecdotal evidence from the profession of dental nurses leaving practices during the pandemic for less stressful jobs with better pay. The committee shared experiences from within their own practices and it was agreed that this issue appears to be widespread. There has been an increase in practices advertising for dental nurses and many practices who have conducted interviews have noted that there is a low number of candidates applying and those that do are mostly trainees – who require time and investment – or individuals who are not suitably qualified. It was agreed that evidence from the profession would be collated and submitted to SG to address this concern.

The NHS Recovery Plan

The SG's NHS Recovery Plan, published in August, was discussed. The committee discussed concerns regarding the wording of the Primary and Community Care section as it states SG's "immediate focus will be on returning the [dental] sector to at least pre-Covid levels of activity as soon as is practicable". This wording suggests GDS returning to a "treadmill" model of care based on an outdated item of service model and SDR. It was noted that this way of working is no longer fit for purpose.

2. Funding Arrangements for NHS Dentistry

SG's plan for short-term, medium-term, and long-term funding support

SG confirmed they are in a "holding pattern" until updated IPC guidance is released at the end of September. This issue will continue to be raised with SG once revised guidance is available.

Practice activity levels

In June, SG suspended its plan to introduce activity targets to ensure practices qualified for continued financial support. This was because the majority of practices were already sitting at approximately 45-50% activity. SG recently advised that activity levels had dropped to 40% over the last three months, however the committee noted a number of legitimate reasons for this, such as staff taking annual leave over the summer and an increase in Covid outbreaks resulting in more staff having to self-isolate. Concerns regarding VT activity and treating children not being included within practice activity reports were noted and it was agreed these matters would be raised again with SG.

Paying new associates and attracting locum cover

Following concerns from committee members, a number of examples from practice owners about the problems they were facing regarding paying new associates and attracting locums were submitted to SG. SG responded to the concerns, stating they were reluctant to introduce ad-hoc amendments to the current funding support model while the sector was under the Covid emergency payment system and that they would keep the situation under review. The committee expressed their disappointment at SG's response as these concerns had been raised on multiple occasions. The committee discussed specific instances such as:

- An incoming dentist to a practice (such a locum) being unaware what payment they will receive prior to starting work
- An incoming dentist receiving a much lower Covid support payment than the outgoing dentist, leaving the practice financially worse off. For this reason, practices may have no option but to inadvertently discriminate against dentists with less experience.

PSD issues

A number of issues were raised regarding PSD's processing of practice claims and the added stress this is causing practices. It was noted that the PSD paperwork is particularly complex, especially regarding dentists leaving or joining a practice. Responses from PSD to practices can be very slow, with many practices waiting months for replies. Concerns regarding governance were also noted, with evidence of inconsistencies in PSD's

interpretation and application of PCA's. Most information seems to come from one experienced staff member, leading to concern about PSD staffing and experience levels among their team. It was agreed that these issues would be raised with SG at the next meeting.

Maternity/paternity and adoptive leave issues

Issues regarding dentists going on maternity and trying to secure cover were discussed – particularly regarding dentists receiving their full maternity allowance or leaving a portion of this within the business. SG's position on the maternity allowance is that practices should consider holding onto a portion of this to help with costs incurred in securing staff cover. The committee agreed that pregnant dentists should receive the entire maternity allowance as it is the expected agreement between any practice owner and associate – although in doing this, practices are often in financial detriment if the replacement dentist is in receipt of less Covid financial support than the outgoing dentist. It was agreed this issue would be raised again with SG as practices are still expected to treat the same number of NHS patients.

SG's 100-day commitment for free NHS dentistry for 18–25-year-olds

Free NHS dentistry for 18–25-year-olds came into effect on Tuesday 24 August with notification of the change being circulated to NHS Boards on Friday 20 August. By the time this information was disseminated to practices they had less than 24 hours' notice to prepare. A letter from the SDPC Chair was sent to the Cabinet Secretary to express concerns about the short notice of the announcement, lack of public messaging and to query their statement that the new policy would allow practices to make savings on administration costs. A response to the letter is outstanding and will be raised at the next SG meeting.

SG's 'Red Band' Handpiece Allowance Grant

A discussion took place about the recent SG grant allowing practices to purchase electric motors and speed increasing handpieces. The total funding announced by SG was £7.5 million and the allowance has been capped at a maximum of £2,500 per surgery, depending on practices' NHS commitment percentage and the agreement that they will continue to provide NHS treatment until 2024. The handpieces need to operate at less than 60,000 rpm to be classed as non-aerosol generating which would make treatment appointments – such as fillings – much longer. It was agreed the funding of £2,500 per surgery was insufficient as most quotes were higher than this. The funding is a short-term solution from SG to reduce fallow time and the requirement for AGP appointments, but the committee agreed that it is not an alternative to the implementation of mechanical ventilation. It was agreed to ask the BDA Health and Science Committee for their views on the efficacy of red band handpieces and discuss further with SG.

3. NHS Dental Labs

After receiving concerns about some local NHS dental labs closing or turning private, and the impact this is having on GDS's ability to deliver NHS care, comments from members were collated and submitted to SG. The committee are awaiting a response from SG, and it was agreed this matter would be discussed at the next SG meeting.

4. SDPO and Scottish Dental Association

A discussion took place regarding recent activity of SDPO and SDA and it was noted that SDA are actively recruiting members. The upcoming BDA elections were discussed, and the committee noted they are open to engaging with any member of the profession who communicates constructively about dental politics through the correct channels.

5. DDRB

A discussion took place about the recent SG announcement which confirmed a 3% pay uplift for GDPs. SG advised further details of the arrangements would be communicated in due

course. The committee are still awaiting an update and it was agreed to raise this at the next SG meeting.

6. Scottish Council Membership and Communication Working Group

An update was given about the latest progress of the working group. Membership figures in Scotland were discussed in comparison to the rest of the UK, in addition to the work undertaken by group members with students and corporate practices. The next meeting is due to take place on 30 September.

7. Pensions

A discussion took place about the recent letter sent from the BDA to the Central Legal Office (CLO) about how the Prescription and Limitation (Scotland) Act 1973 and 1984 had been applied to the recovery of funds from GMPs and GDPs. In their response, the CLO advised that its solicitors are not required to justify their advice to third parties. It was agreed this response was useful information to have on file for future reference.

8. Scottish Orthodontic Specialist Group (SOSG)

A written summary of SOSG concerns was circulated prior to the meeting as the representative was unable to attend. A discussion took place regarding the report, and it was noted that orthodontists and GDPs are currently experiencing similar issues, in particular added pressure due to increased administration demands on practices.

9. Matters for reporting to / from SDPC and the BDA Principal Executive Committee

An update was given on the latest PEC meeting which took place on 8 September. It was noted that the BDA website would be updated as well as improving public areas within the BDA London headquarters. The updated SDPC Constitution was approved at the PEC meeting, introducing new voting seats for an Early Career Dentist and an Associate Dentist.

10. Items for Information

It was noted that SG had appointed three new Deputy Chief Dental Officers and were planning an online webinar in Autumn to update the profession on dental policy developments. NES had appointed two GDS Leadership Fellow posts.

11. Date of next meeting

Wednesday 9 February 2022 at 13:30 by videoconference.

David McColl
Chair, SDPC
September 2021