



**SCOTTISH DENTAL PRACTICE COMMITTEE
11 MAY 2022
REPORT**

The Scottish Dental Practice Committee (SDPC) held a meeting by videoconference on Wednesday 11 May 2022. The BDA provides live updates at <https://www.bda.org/coronavirus>.

1. Contractual reform / funding arrangements for NHS Dentistry

SDPC discussed the early impact of the revised SDR fees that was introduced in February, and the 1.7 multiplier which was introduced by Scottish Government (SG) as an interim funding model on 1 April. SDPC sent a list of concerns and questions to Tim McDonnell (SG Director of Primary Care) in response to his letter in March and received a response on 9 May advising there had been a recent increase in practice activity following the introduction of the multiplier but did not outline any further developments. It was noted that the SDPC Executive Sub-committee would be meeting with SG the following week to discuss the interim model and long-term contract reform.

Committee members noted that the multiplier was having a positive impact on NHS denture laboratory work and extractions as the increased fees meant practices were no longer operating at a loss. However, concerns were raised about the impact should the multiplier be reduced or removed in July. Concerns were also raised about practices' cashflow as treatment plans were taking longer. As a result, some dentists have been submitting partial claim forms to ensure that their practices receive a steady income while the multiplier is in place. It was also noted that the multiplier being reviewed on a 3-monthly basis is stagnating associates moving within the profession, thereby increasing staffing issues. SG's claim that an increase in activity has been as a result of the multiplier was discussed, and it was noted that data taken over a 3-month period is not long enough to provide an accurate reflection of practice activity. It was agreed that an increase in activity is more likely because of relaxed IPC guidance and removal of fallow time for treating patients on the non-respiratory pathway.

Although SG confirmed in their recent FAQ that they would not return to a pre-pandemic SDR, some SDPC members were aware that SG were working on a reduced version of the SDR as a long-term funding model and there were concerns that this would be presented to the Executive at their upcoming meeting. SDPC's position remained that they are strongly against a return to the SDR, and that the multiplier should be kept in place until a new model of care is agreed, or failing that, at least a year for practices to be able to business plan. It was agreed to send a reminder of SDPC's position to SG in advance of the upcoming meeting.

2. SIMD categories for new residential areas

It was previously noted that SIMD codes had not been applied to new residential areas, and as a result dentists were unable to claim appropriate Childsmile codes. BDA Scotland had investigated the issue with NHS National Services Scotland (NSS) and provided SDPC with

an update. It was noted that a team in SG were responsible for reviewing SIMD codes for all postcodes every six months but that this process had stalled during the pandemic. It had recently been reinstated and dentists should now be able to see the required codes.

To help with this issue in the future, NSS / PSD plan to propose to SG that any new postcodes that are generated between six-monthly reviews should have a proxy SIMD code applied as an interim measure.

3. PPE

The Chair reminded SDPC that PPE will continue to be supplied to dental practices at no charge until the end of March 2023, unless there is a significant change to IPC guidance. Practitioners can choose whether they would prefer to continue using an FFP3 facemask or a Type IIR facemask when treating patients on the non-respiratory pathway.

The Chair advised that NSS have ample stock of FFP3 masks and are keen for these to be used. For this reason, masks are being offered to wider NHS teams throughout primary care. To access these, staff require a risk assessment and to be face fitted. Face fitting is the responsibility of individual NHS Boards and NSS indicated that some Boards may be reluctant to face fit. The Chair asked SDPC if there had been any face-fitting access concerns in their respective areas and no issues were noted. NSS recently advised there was ample stock of all PPE items for all Boards, although there had previously been issues with gloves. BDA Scotland agreed to check with NSS regarding current stock levels of gloves and report back to SDPC.

SDPC also discussed the fit of tie-on Type IIR face masks and some members noted that the seal around the face was not as effective as it was with elasticated ear loop masks. It was agreed to ask NSS if the tie-on masks were suitable for carrying out patient examinations and AGPs.

4. IPC guidance and SOPs

It was noted that the IPC guidance and SOPs changed in April. The main changes were:

- For patients on the non-respiratory pathway, standard IPC measures apply for all procedures (including AGPs) and there is no need for fallow time.
- Physical distancing restrictions were removed for asymptomatic patients.

SDPC reported no issues in relation to changes to the guidance.

5. Staff shortages and recruitment, including locum cover

SDPC discussed the ongoing issue of staff shortages and recruitment concerns which had been raised with SG on several occasions. The problem was increasing with a higher number of adverts for vacancies online. Adverts were noted for associates and practice support staff, in particular freelance dental nurses. It was noted that SG were looking into possibly advertising overseas to help with the crisis, but no further details had been provided. It was also noted that GPs had been receiving £1,800 per week to help cover locum costs. The BDA had contacted SG to ask if they were considering similar funding for GDPs and were awaiting a response. The BDA/SG business meeting scheduled for that week had been cancelled due to staff absences within SG. The BDA were in the process of rearranging the meeting and would ask SG for an update on these two issues.

6. Scottish Orthodontic Specialist Group – Standing Agenda item

Colin Chambers, a representative from SOSG, introduced himself to the group. He provided insight on an orthodontic maternity issue and it was agreed that further investigation into this matter was required. Colin outlined several issues facing the orthodontic sector which SOSG were pursuing with the CDO directly along with the support of the BDA. The main issue was

that the multiplier had not been applied to payments for specialist orthodontists. It was noted that SOSG were keen to represent themselves in the future rather than through SDPC. SDPC were supportive of this view and encouraged SOSG to engage directly with SG.

7. Abusive patient behaviour and staff morale/mental health

The committee discussed abusive patient behaviour; an ongoing issue raised with SG on several occasions. Discussions with SG had taken place about how the process for deregistering abusive and violent patients could be made easier, without the need for a police report. SG had stated that any changes to this stipulation would require amendments to the GDS regulations. The committee agreed to continue to pursue the matter with SG when discussing a new model of care.

BDA Scotland had discussed the issue with other primary care contractor groups – BMA, Optometry Scotland and Community Pharmacy Scotland – to ask what their approach was and to gauge appetite for a joint approach to help combat the issue. Their feedback was varied, with some organisations having more focus on issue than others, but there seemed little appetite to develop a joint approach. It was suggested that introducing video cameras into dental practices could help to provide evidence against abusive patient behaviour to present to SG.

8. Patient registrations

The committee discussed patient registrations, particularly the time period practices receive full capitation and continuing care payments. It was noted that a patient's registration date is from the start date of their treatment plan, rather than the end. With treatment plans taking much longer to complete due to patient backlogs, an issue seems to be emerging where patients are starting to fall into the category of reduced capitation and continuing care payments during open courses of treatment. It was agreed to check with PSD if these sorts of cases are being identified and payments being backdated to address the issue. If not, the committee agreed to raise the issue with SG.

9. SCI Gateway referral system

A concern was raised regarding changes Microsoft are planning to make to Internet Explorer in June and the impact this may have on practices' ability to access SCI Gateway. It was noted that there is an issue with the software which supports SCI Gateway, which NSS are working to address, but that this should not impact users' ability to access and use the platform from June. NSS are working on an automated fix to solve this issue, but this still needs to be tested. The fix will be at a high level and should not require input from practices. BDA Scotland will keep SDPC updated on the progress of this software fix.

10. SDPC cross-representation on other committees

An update was provided about vacant SDPC and Scottish representation on various GDPC Sub-committees and members were encouraged to contact BDA Secretariat if they were interested in any of the vacancies. It was noted that there were currently vacancies for two Scottish constituency seats on GDPC – one seat for the Lanarkshire, Ayrshire and Arran, Dumfries and Galloway constituency and one seat for the Highland, Western Isles, Shetland and Orkney constituency. BDA Secretariat had contacted all relevant Scottish LDCs to advise them about the vacancies and there is interest from two potential representatives.

11. Conference of Scottish Local Dental Committees 2022

The Chair of the Conference of Scottish LDCs provided SDPC with an update on the 2022 Conference which took place on 22 April. The Cabinet Secretary for Health and Social Care, the CDO, Deputy CDO and Chair of SDPC all spoke at the event and there was considerable interaction between the speakers and delegates. There was helpful support

from sponsors and PSD, and £2,600 was raised for the conference charity – The Canmore Trust. The Conference Chair thanked BDA Scotland for their help in organising the event. Other BDA representatives and the Chairs from other UK Dental Practice Committees who attended the event were also thanked for their support.

12. Motions from Conference of Scottish LDCs 2022

The 19 motions which were passed at the 2022 Conference of Scottish LDCs were further debated by SDPC and voted on whether to formally adopt as SDPC policy. All 19 motions were passed as SDPC policy to be taken forward in negotiations with SG. The BDA Scotland Secretariat agreed to update the SDPC Policy Document to reflect the changes and provide SDPC with a progress document to monitor progress against each motion.

13. DDRB

The Chair provided an update on the DDRB process. The UK-wide oral evidence session had taken place in April and the BDA were awaiting DDRB's recommendation on what the GDS uplift would be. After the DDRB recommendation is made, and SG accept it, the importance of liaising with SG to ensure that they apply the uplift to the full GDS remuneration package, including allowances, was noted. It was noted that the previous BDA Chief Executive now sat on DDRB, and it was hoped that this link will help improve DDRB's understanding of the dental sector.

14. Scottish Council Membership and Communication Working Group

An update was given about the latest progress of the working group. BDA Scotland staff recently met with BDA Membership Sales colleagues to discuss the types of issues that members in Scotland typically contact the sales team to discuss. The meeting helped to improve mutual understanding between the two teams. BDA Scotland staff had also met with the Chief Executive of Clyde Munro to discuss issues of mutual interest, including the benefits of BDA membership.

15. Scottish Council Child Oral Health Working Group

An update was given on the newly formed group which aims to help improve child oral health by tackling lengthy waiting times for paediatric extractions under general anaesthetic and promote the introduction of water fluoridation. Terms of Reference and membership for the group are being established and the first meeting is scheduled for 8 June.

16. Communication among BDA Scotland committees

Communication between BDA Scotland committees was discussed, in particular what level of involvement Scottish Council members should have in SDPC discussions and negotiations. As SDPC is a negotiating body in its own right, it was agreed that Scottish Council should not be privy to the day-to-day detail of SDPC business but should be kept abreast of decisions after they have been made.

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

An update was given on the latest PEC meeting which took place on 5 May. PEC discussed the BDA strategy to be implemented over the next three years which includes reviewing the BDA's membership offering. The BDA's new website project was still ongoing and other various updates were provided at the meeting, such as reports from the devolved nations. It was noted that the BDA's AGM will take place on 25 May and that the next PEC meeting is on 6 July. It was agreed that communication among BDA Scotland committees should be reported to the PEC.

18. AOCB

NES Dental Bursary Scheme

A discussion took place about letters a number of dentists had received requesting proof of their accounts in relation to the Dental Undergraduate Bursary Contract given to students around 2014. The letters, giving three weeks' notice, asked that recipients of the bursary show signed proof by an accountant that they have undertaken 80% NHS work over the past five years. Some dentists were concerned about having to repay the bursary should their NHS earnings have dropped from this threshold. It was agreed to ask SG for a copy of their policy that outlines what happens if a dentist's commitment has dropped from the 80% threshold and the portion of the bursary they would have to repay.

Time cap for fissure sealants

The ongoing issue of the time cap placed on fissure sealants was raised. The Chair advised that this issue had been raised with SG on several occasions, along with the age/time caps on other treatments for children in the SDR. SG have said that fissure sealants will be reviewed as part of contractual reform discussions for a new model of care and SDPC agreed to raise the issue again with SG.

Maternity and long-term sickness pay

A discussion took place about the recent PCA and change to the SDR that was made for calculating personal commitment payments and the impact this may have on maternity and long-term sickness pay. The 'relevant earnings period' for calculating commitment payments has been reduced from 12 months to 3 months to reflect practitioners' most current earnings. It was agreed to raise this issue with SG.

19. Date of Next Meeting

Wednesday 14 September 2022 at 13:30 as a face-to-face meeting.

David McColl
Chair, SDPC
May 2022