

Scottish Borders Health and Social Care Partnership Integration Joint Board

Wednesday 15 November 2023

Dental Access update

Report by Adelle McElrath, Interim Director of Dentistry NHS Borders



Scottish Borders
Health and Social Care
PARTNERSHIP

1. PURPOSE AND SUMMARY

- 1.1. **To appraise the Integration Joint Board of access to NHS Dental Care within a General Dental Service setting**
- 1.2. The recovery of both Public Dental Service (PDS) and NHS General Dental Service (GDS) within NHS Borders continues to remain challenging with access to NHS Primary Dental Care remaining precarious.
- 1.3. There are 18 Independently owned General Dental Service practices within the Health Board area and 1 fully committed Orthodontic practice; of these only 1 General Dental Service practice has a waiting list to register a new NHS patient of 9-12 months. Significantly over 98% of NHS Primary Care Dentistry within NHS Borders is delivered by Independent NHS General Dental Service.
- 1.4. Successful designation of the entire NHS Borders area as the Scottish Dental Access Initiative (SDAI) has seen two new NHS committed General Dental Practices open within the last year, only one has a waiting list to register new NHS patients stating a waiting time of two years.
- 1.5. General Dental Services are experiencing an existential crisis at a national level - compounded by a work force crisis, changing demographics to workforce patterns, inflation, and business running costs within a rigid NHS fee structure.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board is asked to:**
 - a) Note the ongoing concerns regarding access to NHS dental care across all areas of the Scottish Borders – and keep under close review for a further update in three months to consider the implementation of the new dental payment reform;
 - b) Note that this risk is being managed closely both operationally and strategically, and;
 - c) Note that a strategic plan for oral health and dental services is being developed based on the recommendations of our local Oral Health Needs Assessment

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

| Alignment to our strategic objectives | | | | | |
|---------------------------------------|------------------|---|--------------------------|---|-----------------------------------|
| Rising to the workforce challenge | Improving access | Focusing on early intervention and prevention | Supporting unpaid carers | Improving our effectiveness and thinking differently to meet need with less | Reducing poverty and inequalities |
| x | x | x | x | x | x |

| Alignment to our ways of working | | | | | |
|---|---|--|---------------------|---------------------|--|
| People at the heart of everything we do | Good agile teamwork and ways of working – Team Borders approach | Delivering quality, sustainable, seamless services | Dignity and respect | Care and compassion | Inclusive co-productive and fair with openness, honesty and responsibility |
| x | x | x | x | x | x |

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. Recent feedback from local General Dental Service practices indicates that they are struggling to fully recover or undertake business planning going forward. The past year has seen a general increase of up to 40% staffing costs, 300% increase material costs, 300% (and rising monthly) laboratory costs, increasing patient expectation compounded by current costs of living crisis.

5.2. Most NHS Borders General Dental Service practices have had no option but to re-evaluate and augment income streams with an increasing private component to continue to satisfy basic supply and demand model integral to all viable business models.

5.3. The uptick in private dental care compounds the current lack of access and patient choice of care within the area. It is becoming apparent that this is an increasingly challenging issue.

6. ASSESSMENT

6.1. 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 Public Dental Service. The NHS Public Dental Service has a large, registered cohort of patients who would be suitable for care with the NHS General Dental Service's "high street setting". This has impacted on our ability as the Public Dental Service to focus on our core remit of those patients who are unsuitable or unable to access care with General Dental Services (even if access was available).

- 6.2. The further reduction in General Dental Service provision means that there is little scope for suitable NHS patients being transferred to independent dental contractors (Scottish Government's preferred provider of NHS General Dental Service care).
- 6.3. The Public Dental Service in Borders remains agile in response increasingly providing more and more access to unscheduled and emergency care. In line with General Dental Service practices, the Public Dental Service is experiencing significant challenges 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, and the ability of the service to deliver care to other priority groups.
- 6.4. There has been a steady increase in the numbers of patients being referred for domiciliary dental care. The Public Dental Service 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 the Borders, we have no enhanced domiciliary care General Dental Service practitioners who actively perform domiciliary care, therefore with the population who are likely to require domiciliary dentistry increasing – the reliance on the Public Dental Service will only increase.
- 6.5. Additionally there has been an increase in patients being referred/accessing care for dental need as part of pre-oncology/cardiology care as they are unable to access care within a General Dental Service setting.
- 6.6. Successful designation of the entire NHS Borders area as the Scottish Dental Access Initiative (SDAI) has seen two new NHS committed General Dental Practices open within the last year, only one has a waiting list to register new NHS patients stating a waiting time of two years.
- 6.7. In light of the very recently showcased national payment reform intended for implementation on 1st November 2023, generally feedback is encouraging, but still some concerns remain.

7. SCOTTISH BORDERS PLAN FOR ORAL HEALTH AND DENTAL SERVICES

- 7.1. Alongside successful Scottish Dental Access Initiatives we are also developing the Scottish Borders Strategic Plan for Oral Health and Dental Services, as directed by the IJB in 2022. There are 10 identified priorities of this plan:
 - 1. Raising the profile of Oral Health
 - 2. Maintaining and improving Oral Health
 - 3. Maintain access
 - 4. Encouraging recruitment and retention
 - 5. Meeting the needs of our ageing patients
 - 6. Meeting the needs of our Dental priority groups
 - 7. Developing the role of the Public Dental Service
 - 8. Developing the Public Dental Service workforce
 - 9. Developing patient pathways to dental services
 - 10. Networking and engagement with dental teams and all stakeholders inc public
- 6.2 The above priorities have been organised within 4 themes - to address and minimise oral health inequalities:
 - 1. Maximise oral health
 - 2. Access to services and recruitment and retention
 - 3. Patient pathways
 - 4. Partnership working - importance of shared care

8. IMPACTS

Community Health and Wellbeing Outcomes

8.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

| N | Outcome description | Increase / Decrease / No impact |
|---|---|---------------------------------|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer. | Increase |
| 2 | People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. | Increase |
| 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected. | Increase |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | Increase |
| 5 | Health and social care services contribute to reducing health inequalities. | Increase |
| 6 | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. | Increase |
| 7 | People who use health and social care services are safe from harm. | Increase |
| 8 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | Increase |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services. | Increase |

Financial impacts

8.2. The destabilisation of independently run General Dental Services would have a negative financial impact on the Public Dental Service. If these independent services face destabilisation, it may result in a surge of patients seeking dental care from the Public Dental Service. These extra patients would put a strain on the service's capacity, lead to delays, and would increase overall costs for staffing and infrastructure. As a result, the financial burden on the Public Dental Service would rise, potentially leading to budget constraints and reduced capacity to deliver quality dental care to all patients.

Equality, Human Rights and Fairer Scotland Duty

8.3. A subgroup has been established to take forward the completion of Stage 1 "Proportionality and relevance" of the Equality & Human Rights Impact Assessment.

Legislative considerations

8.4. None.

Climate Change and Sustainability

8.5. None.

Risk and Mitigations

- 8.6. The main risk relates to the potential destabilisation of independently run General Dental Services and the associated impact on Public Dental Service provision, which would impact adversely on patient outcomes. This is recognised and is being proactively managed by the NHS Dental Service and through the Scottish Dental Access Initiative, the developing Scottish Borders Plan for Oral Health and Dental Services, and national payment reform.
- 8.7. The following strategic risks take cognisance of this risk:
- IJB Strategic Risk 009 – Improving access to services
 - IJB Strategic Risk 010 – Rising to the workforce challenge
 - NHS Borders Strategic Risk – Primary Care Sustainability

9. CONSULTATION

Communities consulted

- 9.1. This will be undertaken following completion of Stage 1 of the Equality & Human Right Impact Assessment associated to the development of the Scottish Borders Plan for Oral Health and Dental Services.

Integration Joint Board Officers consulted

- 9.2. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted as part of the overall Oral Health Needs Assessment, and all comments received have been incorporated into the final report.
- 9.3. In addition, consultation has occurred with our statutory operational partners at the:
- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer, Scottish Borders Health & Social Care Partnership

Author(s)

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Background Papers:

Scottish Borders Health and Social Care Integration Joint Board June 2022: Health Board Development of the Oral Health Plan. Item 5d:

<https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6244&Ver=4>

Previous Minute Reference:

Scottish Borders Health and Social Care Integration Joint Board June 2022 Minutes: Health Board Development of the Oral Health Plan. Item 5d:

<https://scottishborders.moderngov.co.uk/documents/s67158/Minutes%20IJB%2015.06.22.pdf>

For more information on this report, contact us at Adelle McElrath, Interim Director of Dentistry, NHS Borders, adelle.mcelrath@nhs.scot