

Response ID ANON-ZYMF-S6Z6-Y

Submitted to **Scotland's Oral Health Plan. A Scottish Government Consultation Exercise on the Future of Oral Health Services**
Submitted on **2016-12-08 14:09:36**

About You

What is your name?

Name:

Eileen Cawley

What is your email address?

Email:

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Scottish Pensioners' Forum

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response only (anonymous)

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in relation to this consultation exercise?

Yes

Are you responding as:

Other (please specify below)

If Dental Care Professional or Other, please specify.:

Older People's Organisation

Part A: Improving Oral Health

1 Which of the following would you regard as the most important? (Please rank your top three, 1–3, in order of importance)

rank items - Access to NHS dental services:

1

rank items - Cost of NHS dental services:

2

rank items - Services closer to your home address:

rank items - Child dental services:

rank items - Ageing population/domiciliary dental care (i.e. dental services in the home):

3

rank items - Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes):

rank items - Quality of NHS dental care:

rank items - Other (please specify below):

If other, please specify.:

Comments::

2a NHS dental services should increasingly focus on prevention. Agree or Disagree?

Agree

Comments::

2b The Scottish Government should introduce a preventive care pathway. Agree or Disagree?

Agree

Comments::

2c Which group(s) of patients should a preventive care pathway be applied to in the first instance? (Please indicate a preferred option)

For all dental patients from the start

If other, please specify.:

Comments::

3a In the future it would be beneficial to introduce an Oral Health Risk Assessment. Agree or Disagree?

Neither agree nor disagree

Comments::

3b If the Scottish Government introduced OHRAs, at what age should patients first receive an OHRA? (Please indicate a preferred option)

Other

Comments::

3c How often do you think OHRAs should be repeated? (Please indicate a preferred option)

Other

Comments::

4a Complex treatments should be delivered more frequently by a local dental practice. Agree or Disagree?

Disagree

Comments::

4b Which treatments should be delivered this way? (Please tick all that apply)

Orthodontic treatment

If other, please specify.:

Comments::

5 The existing system of NHS dental charges needs to be simplified. Agree or Disagree?

Agree

Comments::

Part B: Arrangements for General Dental Services (GDS)

6 A range of 'shared services', currently provided by NHS Boards, should be provided by a national body. Agree or Disagree?

Agree

Comments::

7 Which duties could be taken on by this national body?

Hosting NHS Board dental lists

If other, please specify:

8 A formal contract should be introduced between NHS Boards and the practice owner(s). Agree or Disagree?

Neither agree nor disagree

Comments::

9 Patients should be registered with the dental practice. Agree or Disagree?

Agree

Comments::

10 Patients should have a responsible dentist. Agree or Disagree?

Agree

Comments::

11 The provision of earnings and expenses information should be a terms of service requirement. Agree or Disagree?

Neither agree nor disagree

Comments::

12 GDC-registered practice owners or GDC-registered directors of a dental practice should be required to provide a minimum number of hours of NHS clinical care per week in each practice location. Agree or Disagree?

Neither agree nor disagree

Comments::

13 Bodies corporate must list with the NHS Board for the provision of GDS. Agree or Disagree?

Neither agree nor disagree

Comments::

14 There should be a reduced set of allowances, including a new practice allowance and GDPallowance, that reward the level of NHS commitment and quality of service provided. Agree or Disagree?

Neither agree nor disagree

Comments::

15 There should be a new qualification criteria to determine which practices are NHS 'committed'. Agree or Disagree?

Neither agree nor disagree

Comments::

16 The control of funding for NHS dental services should be gradually devolved to H&SCPs. Agree or Disagree?

Neither agree nor disagree

Comments::

17 There should be a Director of Dentistry with oversight of all aspects of dental services and oral health improvement at Board level. Agree or Disagree?

Neither agree nor disagree

Comments::

18 The Scottish Government proposes to review the remit of the Scottish Dental Practice Board. In your view should the SDPB be:

Retain the existing remit

Comments::

19 In view of the proposal to introduce a new preventive care pathway, a new 'enhanced' Clinical Quality Monitoring Service for patients would be required. Agree or Disagree?

Agree

Comments::

20 The Scottish Government proposes developing, and rolling out across Scotland, a national database of key indicators of quality. Agree or Disagree?

Agree

Comments::

21 The Scottish Government proposes the development of a process that will make protected learning time available for dentists and practice staff. Agree or Disagree?

Agree

Comments::

Part C: General Comments

22 Thank you for taking the time to complete this questionnaire on the future of oral health services in Scotland. If you would like to provide any further thoughts or comments, please do so in the box below.

Comments::

ORAL HEALTH

- The holistic approach to oral health is laudable;
- Patients should be prepared to take greater responsibility for the demands their lifestyle choices may make on public health service provision, but the same applies to those commercial organisations whose products foster unhealthy choices;
- Additional formal responsibilities for dentists without additional resourcing is perhaps not achievable in many situations;
- Dentists are contractors, paid a minimal retention fee for patients on their NHS lists, but not private patients; the workload expected to be covered by this fee has tended to increase;
- Dentists are expected to cover their overheads (premises, staff, equipment, materials, etc.) from the fees paid by patients and the NHS in relation to treatment given; premises costs vary according to area;
- The time available for individual NHS patient treatment is restricted, which tends to result in the maximisation of patient throughput;
- Missed appointments may be balanced by increased treatment fitted into remaining appointment slots; on the downside this may result in increased referral to dental emergency treatment centres;
- Some dentists have opted to restrict their NHS work in favour of private treatment because of the financial and other pressures linked to NHS contracts;
- Since 2007 there has been a decline in the percentage of registered patients being seen / making appointments within a two year period; this decline is especially pronounced in deprived areas; older people may be similarly affected; are statistics also gathered on an age-related basis?

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: