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Chief Executives

1 November 2021

Winter Preparedness Funding for the Public Dental Service

Dear Colleagues,

My purpose in writing is to detail the requirements attached to a separate funding allocation for the Public Dental Service (PDS) as part of the Winter Preparedness Funding.

The Cabinet Secretary on 22 October wrote to all high-street NHS dental teams describing the Government's route map to recover NHS dental services. The letter detailed additional monies to address the backlog in routine dental care as a consequence of the pandemic, including enhanced appointments for all patient groups, including children.

A number of challenges have emerged from the pandemic; notably for many patients access to routine care is currently suppressed. While we anticipate that the recovery of the sector will see increasing access to routine dental care for NHS patients, the problem may be more acute in certain Board areas. We want to ensure people have equitable access to an NHS dentist in order to address the backlog of care and provide the routine oral health care and wellbeing support that they need.

Funding is therefore being made available to the PDS to support the recovery of NHS dental services. A total of £4.7m will be allocated to NHS Boards, through the NRAC formula, for this current financial year (pro-rated). Funding will also be available for 2022/23. Boards are required to use the funding within the PDS to improve access to NHS dental care services in their locality. Particular attention should be given to patients who are unable to register with a NHS dentist, and access to domiciliary care services.

The funding should be used to support immediate mitigations and delivery actions, using existing models of service delivery to augment capacity quickly. Boards should focus on the following:

- Emergency and urgent dental care;
- Patients who are not able to register with a NHS dentist;
- Routine dental care, including examinations, and restorative care that may be provided under Occasional Treatment codes of the Statement of Dental Remuneration.



In the case of domiciliary care Boards operate a different mix of the PDS, General Dental Practitioners (GDPs) including those with 'enhanced skills', other oral health care professional and Caring for Smiles. In order to provide adequate and geographically uniform services, Boards must now ensure a nominated clinical dentist provider for each and every care home in their locality, who will be the gatekeeper to assure delivery of oral health care. Boards' delivery models must cover the following essential services (interim solutions will be required pending longer term planning):

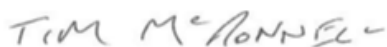
- Emergency and urgent dental care;
- Routine examination of all care home residents/screening for oral cancer;
- Managing asymptomatic backlog of chronic disease;
- Treating periodontal disease and caries;
- Restoration of function – i.e. dentures (treatment of disease being a clinical prerequisite to fitting of dentures);
- Restoration of aesthetics;
- Oral Hygiene support, self-care and prevention advice must remain ongoing;
- Palliative-type care, including poly-pharmacy, dry mouth, dental neglect must remain an ongoing.

Chief Execs are asked to review access to NHS dental services in their areas, identifying gaps in provision, priorities and risks, and provide a summary report to the Chief Dental Officer by 30 November 2021.

As part of conditions attached to this funding, officials in Dentistry and Optometry Division will be working closely with PSD Leads on suitable monitoring indicators to ensure we see a significant and sustained improvement in access to NHS dental care in your respective areas.

I trust this is a helpful letter in setting the appropriate context for this funding.

Kind regards,



Tim McDonnell
Director, Primary Care