

Dear Colleague

GENERAL DENTAL SERVICES

REVISED SCOTTISH DENTAL ACCESS INITIATIVE

Summary

1. This letter advises NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme which will take effect from 1 November 2015.

Background

2. NHS: PCA(D)(2007)5 / PCA(D)(2008)9 / PCA(D)(2011)3 / PCA(D)(2012)5 / PCA(D)(2013)5, and PCA(D)(2014)8 advised of revisions to the SDAI. From from 1 November 2015 further revisions are being made to the SDAI capital scheme to reflect the continued improvements in access to general dental services (GDS) in most areas.

3. From 1 November 2015 offers of financial assistance, under the SDAI to establish new or expand or purchase existing NHS dental practices will be available only in the following designated areas where access to GDS availability is poor, i.e. in order to meet unmet patient demand:

- Eyemouth within NHS Borders;
- Newton Stewart within NHS Dumfries & Galloway;
- Culloden, Isle of Skye, Rothesay, and Islay within NHS Highland;
- NHS Shetland;
- Stornoway, Benbecula, and Tarbert, Harris within NHS Western Isles.

12 October 2015

Addresses

For action
Chief Executives,
NHS Boards

For information
Chief Executive,
NHS Education for Scotland

Chief Executive,
NHS National Services Scotland

Director,
Practitioner Services

Enquiries to:

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Chief Dental Officer and Dentistry
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4. Any applications for grant under the SDAI guidance issued under cover of NHS:PCA(D)(2014)8 which are in the pipeline can continue to be processed and, where appropriate, offers of grant made. An application in the pipeline includes any application received by the NHS Board up to and including 31 October 2015. Where an enquiry about grant has been made but no formal application received by the NHS Board this will **not** be classed as an application in the pipeline and no offer of grant can be made.

5. The designated areas in respect of which capital grants under the SDAI can be made will be reviewed annually.

6. Funding to support the SDAI capital scheme grants will continue to remain centrally with the Scottish Government. Since 1 December 2012 there has been a cap on the funding which will be available for new SDAI grants of up to £1 million per financial year. NHS Boards require to contact the Scottish Government **before** any SDAI grant offer is made to confirm that there are sufficient funds available to allow the offer to be made. The Board will require to provide information on the value of grant offer to be made and when they anticipate requesting release of the first and second tranche of funding. This cap does not apply to any applications that were in the pipeline up to and including 30 November 2012 but does apply to any application in the pipeline under the guidance issued under cover of NHS: PCA(D)(2012)5 or NHS: PCA(D)(2013)5, or NHS: PCA(D)(2014)8.

7. When an offer of grant under the SDAI capital scheme is accepted by a contractor(s) a copy of the signed offer letter must be sent by the NHS Board to Neil Fergus, at the Scottish Government, Healthcare Quality & Strategy Directorate, CDO and Dentistry Division, 1 East Rear, St Andrew's House, Edinburgh, EH1 3DG or by email to NHSgeneraldentalservicesmailbox@gov.scot
Grant will be released to NHS Boards on submission of a request in writing to Neil Fergus.

8. The attached version of the SDAI capital scheme replaces all previous versions issued.

Action

9. NHS Boards are asked to:

9.1 note that with effect from 1 November 2015 grants to establish new or expand or purchase existing NHS dental practices will only be available in the re-defined designated areas.

9.2 take whatever action they consider appropriate locally to publicise the SDAI capital scheme;

9.3 contact the Scottish Government **before** any SDAI grant-offer is made to confirm that there are sufficient funds available to allow the grant-offer to be made, including applications which are in the pipeline under the guidance issued under cover of NHS: PCA(D)(2012)5 or NHS: PCA(D)(2013)5, or NHS: PCA(D)(2014)8;

9.4 send a copy of signed offers of grant, under the SDAI to Neil Fergus;

9.5 submit a request in writing to Neil Fergus, for release of grant;

9.6 ensure that where offers of grant are made, appropriate monitoring procedures are put in place;

9.7 advise Neil Fergus in writing where a contractor subsequently rejects an offer of grant, or if a grant offer is withdrawn for any reason;

9.8 ensure that a report is submitted annually to Neil Fergus confirming that appropriate monitoring procedures have been put in place and that monitoring of grant aided projects has taken place for those SDAI grants approved by the NHS Board. A template annual report is attached at Appendix C to this letter.

Yours sincerely

A handwritten signature in black ink that reads "Margie Taylor". The signature is written in a cursive, flowing style.

MARGIE TAYLOR
Chief Dental Officer

SCOTTISH DENTAL ACCESS INITIATIVE (SDAI): GENERAL DENTAL SERVICES – CAPITAL SCHEME

1. Historically, there have been some variations in the availability of general dental services (GDS) across the country, particularly in the islands and the more remote, sparsely populated areas, as a result of the uneven distribution of dentists. While access to GDS has improved in most areas of Scotland there are certain areas where patients continue to experience problems in obtaining treatment under GDS.

2. In 1997, the Scottish Dental Access Initiative (SDAI) was introduced to improve access to GDS in parts of Scotland. Since then the SDAI has been reviewed several times and changes made to both the terms and conditions and the amount of grant available.

3. From 1 November 2015, the SDAI is being further revised to reflect the improvements in access to GDS in many areas. From that date offers of financial assistance under the scheme will be available to contractors, whether dentist contractors or DBC contractors, who are willing to make a sustained commitment to the NHS and who wish to:

3.1 establish new or extend existing NHS dental practices in a designated area where the relevant NHS Board has identified particular areas where access to GDS availability is poor (unmet demand); or

3.2 purchase an existing NHS dental practice (maintain NHS provision) in a designated area;

4. A designated area is defined as:

- Eyemouth within NHS Borders;
- Newton Stewart within NHS Dumfries & Galloway;
- Culloden, Isle of Skye, Rothesay, and Islay within NHS Highland;
- NHS Shetland;
- Stornoway, Benbecula, and Tarbert, Harris within NHS Western Isles.

5. SDAI grant is not available where a contractor intends only to upgrade equipment in an existing NHS dental practice without expanding the service available, i.e. creating an additional surgery and providing extra manpower resources.

6. It should be noted that where a contractor applies for SDAI grant to purchase an existing NHS dental practice in a designated area which the current owners have received a SDAI grant for and the grant period is still running then a further SDAI grant for the purchase of the practice cannot include the previously grant-aided surgery(ies). For example, where a contractor has received a grant for expanding a current 3 surgery NHS practice to a 4 surgery practice and the contractor sells the practice to another contractor who applies for a SDAI grant towards the purchase then any grant payable for the purchase must exclude the previously grant-aided

surgery, e.g. the maximum grant which could be paid would be for 3 surgeries. The only exceptions would be where the purchasing contractor agreed to re-pay a proportion of the grant to take account of the unserved months of the existing grant period.

7. Where a contractor is seeking grant to set up a new NHS dental practice in a designated area, this must not be linked to displacement of existing GDS provision (i.e. existing patients of the dentist moving with him/her to the new practice) but result in a genuine increase in GDS provision.

8. An application made under the SDAI may be made by a single-handed dentist contractor, by dentist contractors operating in partnership or by a DBC contractor. If the application is made by dentist contractors in partnership, all the partners must apply and all must meet the eligibility criteria for award of grant. If an application is made by a DBC contractor all the directors of the DBC must apply and all must meet the eligibility criteria for award of grant. SDAI grants are not available to non-contractor DBsC or to dentist contractors working for or contracted to DBsC, whether the DBC is listed or unlisted. Dentist contractors working for or contracted to DBsC may apply for SDAI grants **but only where they are ceasing working for or contracting with the DBC and intend to set up an independent NHS dental practice of their own**. Likewise SDAI grants are not available to dentist contractors who are in sub-contractual arrangements with non-dentists in relation to, e.g. the leasing of premises/equipment and the hiring of staff – this does not prevent dentist contractors who are leasing premises or equipment in their own right from applying. Any dentist contractor who works for another person would need to cease working for that person and set up independently in order to apply for grant. Any dentist contractor applying for SDAI grant that is associated with a DBC, whether listed or unlisted, or employed by someone else must disclose this fact in the application and state his/her position within that body, including whether he/she is an employee, a sub-contractor or director.

9. Where a contractor in receipt of grant sells his/her practice within the 7 year period specified in the letter offering grant, the presumption will be that the repayment conditions will apply unless there is an incoming contractor to whom practice ownership has been transferred who accepts in writing responsibility for the remaining conditions of grant.

10. It should be noted that applications for grants to establish new or buy existing current single-surgery practices should not normally be approved given that our aim is to move to multi-surgery practices. The only exceptions to this would be where a contractor applies to set up in an area where the population is such that it could not sustain more than one contractor or the contractor intends to initially set up single-handed but the practice has the capacity to be extended once the practice is established.

11. Should a contractor apply to set up or expand a practice in a designated area on a part-time basis, e.g. a branch practice where the population is such that a full-time practice would not be sustainable NHS Boards should consider offering a pro rata grant and should tailor the conditions of grant accordingly. A pro-rata grant should not be considered where a contractor intends to provide GDS on a part-time

basis and private dental services for the remainder of the time or where the Board believes that there is insufficient demand to support a new or expanded practice.

12. Information about SDAI applications based on:

12.1 unmet demand is contained in Part 1;

12.2 maintaining NHS provision is contained in Parts 2.

13. The eligibility criteria which relates to SDAI grants is set out at Annex A. If a dentist or DBC is not on sub-part A of the first part of a NHS Board list in Scotland he/she/the DBC will be required to join such a list. If the application to join sub-part A of the first part of a dental list is unsuccessful then the offer of grant will be withdrawn. Where an applicant is subject to investigation either internal or external to the NHS Board whose list the applicant wishes to join for any form of misconduct or is subject to any type of suspension, his/her application must be held in abeyance and re-visited once the relevant body has made a decision or where an offer of grant has been made, no further action, e.g. payment, can be taken until the result of the referral/proceedings is known.

14. The information to be included in an application by a contractor under the SDAI is set out in Annex B and the information which a NHS Board should take into consideration when making a decision on an application is set out in Annex C.

15. Forms of assistance which a contractor can receive under the SDAI are set out in Annex D.

16. The conditions of grant are set out in Annex E.

17. It should be noted that there are standard criteria which relates to all applications, information which must be included in all applications, costs related to all applications which cannot be grant-aided and conditions for each different type of grant, and additional criteria, information, costs which cannot be grant-aided and conditions of grant for each different type of grant, i.e. unmet demand and maintaining provision.

18. Applicants should make clear in their application whether they are applying for a grant based on unmet demand or the purchase of an existing practice.

19. Grants can be offered where it is intended that the required 10 three and a half hour sessions of GDS each week are provided in part by a vocational trainee (VT). Where a VT is employed the conditions of grant will not be revised, e.g. the requirement to register 1,500 new patients will not be reduced, unless the grant period is extended, e.g. a reduction in the number of new patients that require to be registered to 1,000 will result in an increase in the grant period from 7 to 9 years. However, SDAI grant is not available where a dentist has received a grant under either Part II (New Vocational Training Practice) or Part III (Existing Vocational Training Practice) of Determination X (Allowance and Grants for Practice Improvements) of the Statement of Dental Remuneration for the same surgery. Grants under the SDAI and these Parts of Determination X are mutually exclusive.

20. Retrospective applications should not be considered by NHS Boards.
21. Previously issued grant letter templates should be used but updated by NHS Boards to reflect the correct SDAI guidance, i.e. PCA number.
22. The contractor(s) are required to demonstrate within 3 months of acceptance of the offer of grant that reasonable progress is being made towards the establishment, extension, or purchase of the practice. The offer of grant will automatically lapse at the end of 6 months unless the NHS Board is satisfied that there are exceptional reasons for the delay and has approved an extension to the time limit.
23. Funding for the SDAI will remain with the Scottish Government (SG) and there will be a cap of up to £1 million per financial year on the funding which will be available for new SDAI grants approved under this guidance and the guidance issued under cover of NHS: PCA(D)(2012)5, NHS: PCA(D)(2013)5, and NHS: PCA(D)(2014)8. NHS Boards will require to contact the SG **before** any SDAI grant offer is made to confirm that there are sufficient funds available to allow the offer to be made. NHS Boards should provide the SG with a copy of the signed acceptance of grant letter from the contractor, which must comply with the relevant provisions of this guidance. The SG will release the funding to the NHS Board in line with paragraph 25 and 26 below. The NHS Board must advise the SG in writing where a contractor subsequently rejects an offer of grant, or if a grant offer is withdrawn for any reason;
24. Grants will be payable on production to the NHS Board of vouched receipts applicable to required costs relative to the extension or purchase of the practice (see Annex D). Where the costs of the grant-aided project are less than the offer of grant made the contractor(s) will receive the actual cost, not the full grant offered.
25. The NHS Board should ask the SG to release eighty per cent (80%) of the grant to the Board for payment to the contractor(s) as soon as one of its officers has visited the practice to confirm that the new, extended, or purchased NHS dental practice has commenced the treatment of patients under GDS and the NHS Board in its sole opinion, is satisfied that all of the conditions, with the exception of those which relate to registration, of the grant have been met.
26. The NHS Board should ask the SG to release the remaining twenty per cent (20%) of the grant to the Board for payment to the contractor(s) when the NHS Board in its sole opinion is satisfied that the practice has (a) registered 1,500 new NHS patients (in the case of a new NHS practice), (b) registered 1,500 additional NHS patients (in the case of an extended NHS practice), or (c) maintained the currently listed number of patients or registered 1,500 NHS patients, whichever is the higher, (in the case of a purchased NHS practice), per grant-aided surgery. Where the contractor intends to maintain the currently listed number of patients on purchase of the practice, where this is at least 1,500 registered patients per grant-aided surgery, then the full grant will be payable when all the conditions of grant have been met.

27. If the grant offered is for multiple surgeries then the first eighty per cent (80%) of grant will not be payable until all the surgeries are operational, accepting patients and providing 10 sessions of GDS per week. The remaining twenty per cent (20%) of grant will not be paid until the practice has (a) registered 1,500 new NHS patients (in the case of a new NHS practice), (b) registered 1,500 additional NHS patients (in the case of an extended NHS practice), or (c) maintained the currently listed number of patients or registered 1,500 NHS patients, whichever is the higher, (in the case of a purchased NHS practice), in respect of each grant-aided surgery.

28. NHS Boards will require to provide the SG with an annual report confirming that appropriate monitoring procedures have been put in place and they have undertaken the monitoring required in respect of each grant offered.

29. This guidance replaces all previous guidance issued in relation to the Scottish Dental Access Initiative.

Note – references throughout this guidance to his or her, his/her or him/herself, include, where appropriate, the body where the contractor is a DBC.

PART 1 - APPLICATIONS BASED ON UNMET DEMAND

1. The SDAI offers financial assistance to contractors who are willing to make a sustained commitment to the NHS and who wish to establish new NHS dental practices or extend existing NHS dental practices in a designated area, where availability is poor.

2. The information to be included in an application by a contractor for a grant based on unmet demand is set out in Annex B and the information which a NHS Board should take into consideration when making a decision on an application is set out in Annex C.

Eligibility Criteria

3. The full eligibility criteria are set out at Annex A.

Forms of Assistance

4. Forms of assistance are set out in Annex D.

Conditions

5. The full conditions of grant are set out in Annex E.

6. Where an application results in an offer of grant, the conditions of grant set out in Annex E will apply from the date of acceptance and will subsist for 7 years from the date of the first payment of grant. Attaining (a) 1,500 new NHS patient registrations or (b) 1,500 additional NHS patient registrations is the trigger for the payment of the second tranche of grant.

7. Contractors targeting unmet demand will be expected to register:

7.1 for extensions, 1,500 additional NHS patients per grant-aided surgery over and above the number of NHS patients registered with contractors at the practice when the offer of grant is made (currently listed number of patients);
or

7.2 for new practices, 1,500 new NHS patients per grant-aided surgery;

on the lists of the contractors providing GDS at the practice, or their successors, within 12 months from the date of the first grant payment. A new patient does not include any patient who has, within the previous 36 months, been registered on the list of any contractor who provides or provided GDS at the practice, e.g. if a contractor moves from one practice to another and takes his/her registered patients with him/her then these would not count as new patients.

8. Where there is a decrease in any year in registrations, the NHS Board will serve notice to the contractor giving 28 days to bring the registrations back to the required number. If the contractor fails to act upon this notice or receives more than

two such notices within the grant period the NHS Board will seek repayment of the full or partial grant received.

9. In the event of the practice ceasing to provide GDS, or the conditions otherwise not being complied with in the first 12 months, the grant will be recoverable in full. Thereafter, by an amount calculated by taking the percentage of the number of whole months unserved compared with the agreed period of 84 months, or in the case of an extension to the grant conditions by that extended period, plus 20%. In such circumstances, payment must be made within 3 months of cessation, or in the case of a breach of conditions, within 3 months of the NHS Board serving notice requiring payment to be made. If a contractor fails to repay the amount due, appropriate recovery action by civil action by the NHS Board will follow.

10. Private work may be undertaken within the 10 sessions **only** where the treatment in question is unavailable under the GDS or if the patient consents, under paragraph 17 of Schedule 1 to the National Health Service (General Dental Services) (Scotland) Regulations 2010, or the equivalent provision in any successor regulations, to have some treatment provided privately in the course of GDS treatment.

Income

11. The contractor or contractors in receipt of the grant must agree that eighty percent (80%) of the practice's gross income will be derived from GDS annually.

Annual Reports

12. An officer of the relevant NHS Board must visit the practice once per year for assurance that the grant conditions are being complied with and prepare an Annual Report on his/her findings for record. Information to be included in the Annual Report is set down in Annex F. The Board must also obtain from Practitioner Services annually figures of patient registrations/referrals for each contractor at the grant-aided practice.

PART 2 APPLICATIONS IN RESPECT OF PURCHASING EXISTING PRACTICES

1. The SDAI offers financial assistance to contractors in order to maintain access to GDS in a designated area by purchasing an existing NHS dental practice. A contractor who wishes to purchase an existing NHS dental practice in a designated area may apply for a SDAI grant towards the cost. An application to purchase an existing NHS dental practice may also include plans to expand the practice to include additional surgeries by converting non-surgery space into surgery space, e.g. where a contractor intends to purchase a 2 surgery practice and extend it to a 3 surgery practice.

2. It should be noted that an SDAI grant in respect of any costs associated with the purchase of an existing dental practice should not include the purchase of goodwill. If a contractor wishes to purchase goodwill he/she will have to meet the full cost of this him/herself and cannot receive any grant-aid towards this.

3. The information to be included in an application by a contractor to purchase an existing NHS dental practice in order to maintain access is set out in Annex B and the information which a NHS Board should take into consideration when making a decision on an application is set out in Annex C.

Eligibility Criteria

4. Applications will only be considered where the purchase of an existing NHS dental practice is required in order to maintain access to GDS in a designated area. If there is sufficient access in the area and the loss of a practice would not adversely affect access then no offer of grant should be made.

5. The full eligibility criteria are set out at Annex A.

Forms of Assistance

6. Forms of assistance are set out in Annex D.

Conditions

7. The full conditions of grant are set out in Annex E.

8. Where an application results in an offer of grant, the conditions of grant set out in Annex E will apply from the date of acceptance and will subsist for 7 years from the date of the first payment of grant. Attaining 1,500 NHS patient registrations, per grant-aided surgery is the trigger for the payment of the second tranche of grant. Where the contractor intends to maintain the currently listed number of patients on purchase of the practice, where this is at least 1,500 registered patients per grant-aided surgery, then the full grant will be payable when all the conditions of grant set out in Annex E are met.

9. Where a contractor receives a grant towards the purchase of an existing NHS dental practice then the contractors within the practice will be expected to maintain the number of NHS patients registered with the contractors within the practice on purchase (currently listed number of patients) or bring the registration levels up to 1,500 NHS patients per grant-aided surgery within 12 months, whichever is the higher. These registrations can be made up of existing patients of the purchased practice who transfer to the new contractor(s) or remain registered with a contractor who provided GDS at the practice before it changed ownership, new patients or a mixture of existing and new patients. These registrations cannot, however, include any patient who has within the previous 36 months, been registered with any contractor(s) within the purchased practices who did not work at the practice prior to its purchase, e.g. any patients of the purchasing contractor who transfer with him/her to the purchased practice. Where a contractor expands a purchased practice in a designated area the practice will require to register 1,500 additional new NHS patients per additional grant-aided surgery. A new patient does not include any patient who has, within the previous 36 months, been registered on the list of any contractor who provides or provided GDS at the practice.

10. Where there is a decrease in any year in registrations, either because the contractors within the practice do not maintain the currently listed number of patients registered with the practice on purchase or having attained 1,500 patient registrations per grant-aided surgery do not maintain this number of registrations, the NHS Board will serve notice to the contractor giving 28 days to bring the registrations back to the required number. If the contractor fails to act upon this notice or receives more than two such notices within the grant period the NHS Board will seek repayment of the full or partial grant received.

11. In the event of the practice ceasing to provide GDS, or the conditions otherwise not being complied with for a minimum period of 12 months, the grant will be recoverable in full. Thereafter, by an amount calculated by taking the percentage of the number of whole months unserved compared with the agreed period of 84 months, or in the case of an extension to the grant conditions by that extended period, plus 20%. In such circumstances, payment must be made within 3 months of cessation, or in the case of a breach of conditions, within 3 months of the Board serving notice requiring payment to be made. If a contractor fails to repay the amount due, appropriate recovery action by civil action by the NHS Board will follow.

12. Private work may be undertaken within the 10 sessions **only** where the treatment in question is unavailable under the GDS or if the patient consents, under paragraph 17 of Schedule 1 to the National Health Service (General Dental Services) (Scotland) Regulations 2010, or the equivalent provision in any successor regulations, to have some treatment provided privately in the course of GDS treatment.

Income

13. The contractor or contractors in receipt of the grant must agree that 80 percent of the practice's gross income will be derived from GDS annually.

Annual Reports

14. An officer of the relevant NHS Board must visit the practice once per year for assurance that the grant conditions are being complied with and prepare an Annual Report on his/her findings for record. Information to be included in the Annual Report is set down in Annex F. The Board must also obtain from Practitioner Services annually figures of patient registrations/referrals for each contractor at the grant-aided practice.

ELIGIBILITY CRITERIA FOR ALL SDAI GRANTS

1. The SDAI is open to a contractor, whether a dentist contractor or a DBC contractor, who:

(a) is eligible or qualified to become eligible for inclusion in sub-part A of the first part of a NHS Board dental list;

(b) is proposing to practise in a designated area where a NHS Board has evidence that patients are experiencing problems in locating a contractor willing to provide GDS treatment; and

(c) is not at present providing GDS in Scotland, unless he or she is:

(i) an existing contractor wishing to extend his or her practice in a designated area beyond its customary size, or

(ii) a contractor already practicing in Scotland who wishes to purchase an existing practice in a designated area; or

(iii) a dentist wishing to establish a practice in a designated area to provide GDS who is currently a salaried dentist, a dentist working in the community dental service (CDS) or a joint CDS/GDS dentist; or

(iv) a contractor already providing GDS in Scotland who proposes to set up a new and independently owned practice in a designated area.

2. In addition, to be eligible under the scheme, a dentist contractor must:

(a) have provided general dental services in Scotland or Northern Ireland, or primary dental services in England or Wales, for at least 2 out of the 5 years immediately preceding the date of the application; and

must not have:

(b) been successful under the 5-year premature retirement from the GDS scheme;

(c) been disqualified, conditionally disqualified, removed, suspended, contingently removed or suspended from a dental list in Scotland, or any equivalent list (e.g. a dental list, a supplementary list, a primary dental services performers list, a personal dental services performers list), or refused admission to or conditionally granted admission to such a list or is or, to

his/her knowledge will be, the subject of proceedings which may result in one of these actions;

(d) been the subject in the 5 years immediately preceding the date of the application of successful disciplinary proceedings by an NHS Discipline Committee;

(e) been the subject of an adverse finding by the General Dental Council or other professional regulatory or licensing body or the NHS Tribunal or equivalent body;

(f) been the subject to any investigation into professional conduct by any licensing, regulatory or other body anywhere in the world where the outcome was adverse;

(g) been where the outcome was adverse the subject of any investigation by the Common Services Agency or any other body in relation to fraud;

(h) been the subject of a successful action for damages or assault by any former patient;

(i) been convicted of murder or a fraud-related offence or an offence of a sexual nature by a court in the British Isles;

(j) been subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order);

(k) had any limitations imposed by any government organisation which restrict the applicant's ability to work in any specified capacity in Scotland.

3. In addition, to be eligible under the scheme, a DBC contractor must:

(a) have provided general dental services in Scotland, either directly or prior 2 July 2010 via a dentist who was listed to provide general dental services in Scotland, or Northern Ireland, or primary dental services in England or Wales, for at least 2 out of the 5 years immediately preceding the date of the application; and

must not have:

(b) been disqualified, conditionally disqualified, removed, suspended, contingently removed or suspended from a dental list in Scotland, or any equivalent list (e.g. a dental list, a supplementary list, a primary dental services performers list, a personal dental services performers list), or refused admission to or conditionally granted admission to such a list or is or, to his/her knowledge will be, the subject of proceedings which may result in one of these actions;

- (c) been the subject in the 5 years immediately preceding the date of the application of successful disciplinary proceedings by an NHS Discipline Committee;
- (d) been the subject of an adverse finding by the General Dental Council or other professional regulatory or licensing body or the NHS Tribunal or equivalent body;
- (e) been the subject to any investigation into professional conduct by any licensing, regulatory or other body anywhere in the world where the outcome was adverse;
- (f) been the subject of a successful action for damages or assault by any former patient;
- (g) been convicted of murder or a fraud-related offence or an offence of a sexual nature by a court in the British Isles;
- (h) been where the outcome was adverse the subject of any investigation by the Common Services Agency or any other body in relation to fraud;
- (i) been subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order);
- (j) had any limitations imposed by any government organisation which restrict the applicant's ability to work in any specified capacity in Scotland.

4. NHS Boards will also have discretion to refuse grant based on the information/details to be provided by the contractor which are set out at Annex B. This will include but not be limited to information on criminal convictions other than those listed above and information about adverse finding by professional, licensing or other bodies.

5. The conditions of eligibility for grant at 2(b) to (i) or 3(b) to (g), as appropriate, apply throughout the application period and while the conditions of grant apply. If any event specified in paragraphs 2(b) to (i) or 3(b) to (g), as appropriate, occurs during this period, the full or partial grant will be repayable. A contractor must therefore advise the Board if any action or proceedings which might result in an outcome specified in paragraphs 2(b) to (i) or 3(b) to (g), as appropriate, is taken against him/her after the initial application stage. If such action or proceedings is taken:

5.1 before an offer of grant is made then the decision of the application will be suspended pending outcome of the action or proceedings;

5.2 after the offer has been made but before any grant is paid then payment of grant will be withheld pending outcome of the action;

5.3 after any grant has been paid then the grant may be recoverable in full or part depending on the outcome of the action.

If a Board suspends an application pending the outcome of action or proceedings they must advise all dental lead officers of other NHS Boards in case the contractor tries to receive SDAI grant in another area.

6. It is up to contractors to satisfy themselves of the potential viability of practising in any area.

7. A contractor should advise the NHS Board of any change in circumstances.

DETAILS TO BE INCLUDED IN AN APPLICATION BY A CONTRACTOR UNDER THE SCOTTISH DENTAL ACCESS INITIATIVE

1. Contractors should include the following information and statement in all applications under the SDAI. The application must be the original document, not a photocopy. The application and statement and declarations must be signed, again only original signatures are acceptable, by all contractors, and in the case of a DBC contractor all directors, making the application:

- (a) Applicant's name/DBC name.
- (b) Where the contractor is a dentist, a short CV, which must include the contractor's age, qualifications, GDC number and date of registration, and a history of their career to date, stating the names and addresses of places of employment with dates.
- (c) Area, and where known, address in which the contractor proposes to practise, purchase an existing NHS dental practice or, in the case of an extension, the current NHS dental practice address.
- (d) Whether the proposed NHS dental practice is/will be owned by the contractor(s) making the application or leased.
- (e) Estimate of the possible increase in patients registered for GDS. Where the current number of registered patients, in respect of an application for the purchase of an existing NHS dental practice is 1,500 or more per grant-aided surgery indicate if the intention is to maintain this number. Where the current number of registered patients is less than 1,500 per-grant aided surgery confirm that this number will be brought up to 1,500.
- (f) Full details of the entire costs involved in setting up, expanding or purchasing the NHS dental practice for which grant is sought with professional estimates where relevant, e.g. the cost of purchasing the premises, where appropriate, estimates for building and joinery work, architect fees, planning permission fees, purchase of equipment, painting and decorating costs.
- (g) Where the NHS dental practice will be new or there is an extension to an NHS dental practice, detailed plans of the site location of the practice and any works which are proposed to be carried out to it.
- (h) Whether any other type of public funding has been applied for or offered, including grants for practice improvements for new or existing vocational training practices (Parts II and III of Determination X (Allowance and Grants for Practice Improvements)).
- (i) Whether an SDAI grant has been applied for or approved in any other NHS Board area and if so which area.
- (j) Address of any current dental practice(s) owned by the applicant, or where he/she currently works.
- (k) The names of all contractors providing general dental services at the practice together with the names of any dentists who assist with the provision of general dental services at the practice

(l) The number of (a) adults and (b) child NHS patients currently registered with the contractors in the practice(s) at (i) and with whom they are registered.

2. The application must contain the following statements and declarations as to whether or not the contractor, including all the directors where the contractor is a DBC;

(a) has been the subject of an adverse finding by:

(i) an NHS Discipline Committee in the 5 years immediately preceding the date of the application; or

(ii) the General Dental Council;

or proceedings by one of these bodies are currently underway or, to the best of his/her knowledge, will be initiated against him/her or legal action by former patients for damages have been successfully pursued against the dentist;

(b) has been convicted of a criminal offence in the British Islands or has been convicted elsewhere of an offence which would constitute a criminal offence if committed in the British Islands;

(c) is currently the subject of any proceedings anywhere in the world which might lead to a conviction specified in sub-paragraph (b);

(d) has in summary proceedings in respect of an offence, been the subject of an order discharging the applicant absolutely (without proceeding to conviction);

(e) has accepted and agreed to pay a fixed penalty under section 302 of the Criminal Procedure (Scotland) Act 1995 or a penalty under section 115A of the Social Security Administration Act 1992;

(f) has accepted a compensation offer under section 302A of the Criminal Procedure (Scotland) Act 1995;

(g) has accepted a combined fixed penalty and compensation offer under section 302B of the Criminal Procedure (Scotland) Act 1995;

(h) has accepted a work order under section 303ZA of the Criminal Procedure (Scotland) Act 1995;

(i) has accepted a police caution in the British Islands;

(j) has been bound over following a criminal conviction in the British Islands;

(k) has been subject to any investigation into the applicant's or such director's professional conduct by any licensing, regulatory or other body anywhere in the world where the outcome was adverse;

(l) is currently subject to any investigation into the applicant's or such director's professional conduct by any licensing, regulatory or other body anywhere in the world;

(m) is the subject of any investigation, proceedings or referral by another NHS Board or equivalent body or the Tribunal which might result in the applicant, or where the applicant is a DBC, any director of the applicant being disqualified, conditionally disqualified, refused entry, granted entry subject to conditions, removed, contingently removed or suspended from a list or equivalent list (e.g. a personal dental services performers list, a primary dental services performers list, a dental supplementary list, a dental list);

(n) is, or has been, where the outcome was adverse, the subject of any investigation into the applicant's or such director's professional conduct in respect of any previous or current employment;

(o) is, or has in the preceding 6 months been, or was at the time of the event that gave rise to conviction, proceedings, investigation or referral, a director of a body corporate, or a member of a partnership (including a limited liability partnership) which –

(i) has been convicted of a criminal offence in the British Islands;

(ii) has been convicted elsewhere of an offence which would constitute a criminal offence in the British Islands;

(iii) is currently subject of any proceedings anywhere in the world which might lead to such a conviction;

(iv) has been subject to any investigation into its provision of professional services by any licensing, regulatory or other body anywhere in the world; or

(v) is, to the applicant's knowledge, or has been, where the outcome was adverse, the subject of any investigation by the Common Services Agency or any other body in relation to fraud;

(p) has had sequestration of the application's or such director's estate awarded or been adjudged bankrupt;

(q) has been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986;

(r) has made a composition or arrangement with, or granted a trust deed for, the applicant's or such director's creditors;

- (s) If a body corporate:
 - (i) has had an administrator, administrative receiver or receiver appointed in respect of it;
 - (ii) has had an administrative order made in respect of it under Schedule B1 to the Insolvency Act 1986; or
 - (iii) has been wound up under Part IV of the Insolvency Act 1986;
- (t) is subject to a disqualification order under the Company Directors Disqualifications Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order); and

3. The application must also contain a declaration by the contactor that the information provided in support of the application is correct and complete and the applicant understands that, if it is not, action may be taken against him or her.

4. The application must also contain the following undertakings:

(a) to produce to the NHS Board annually within 3 months of the end of the practice's financial year, an accountant's certificate verifying that 80 percent or more of the practice's gross income is derived from GDS annually;

(b) to repay any grant recoverable in the event of the practice ceasing or the conditions of grant not otherwise being complied with.

5. The application must also contain consent by the contractor(s) for the NHS Board to a request being made by the Board to NHS National Services Scotland, any employer or former employer of the applicant, licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse, into the applicant and, for the purposes of this sub-paragraph, "employer" includes any partnership of which the applicant is or was a member.

6. Any application from a contractor moving from an existing NHS dental practice which he or she owns or part owns must also include information on the profit from the sale of the practice premises. The profit is the difference between the original purchase price of the premises and the sale price minus any outstanding mortgage on the premises. Proof of the original purchase price, sale price, when available, and any outstanding mortgage must be provided to the NHS Board. The profit from the sale will be taken into account in setting the level of any grant to be awarded. Where the contractor has no immediate plans to sell the practice an indicative purchase price must be agreed between the contactor and the NHS Board.

7. An application in respect of purchasing an existing NHS dental practice in a designated area must also include the address of the premises to be purchased, the name of the contractor(s) who own(s) the practice, the proposed purchase price (see Note) and details of what the purchase price includes, e.g. equipment. Grant should not normally be payable for equipment which is 5 years old or more but grant may be payable for the costs of replacing such equipment.

Note The NHS Board will arrange for the premises which it is proposed will be purchased to be valued by the district valuer. The Board will also arrange valuation of any other items included in the purchase price, e.g. equipment. Any offer of grant must be based on the actual purchase price or the NHS Board's valuation, whichever is the lower.

INFORMATION WHICH NHS BOARDS SHOULD TAKE INTO CONSIDERATION WHEN MAKING A DECISION ON AN APPLICATION

1. NHS Boards should take the following information into consideration when making a decision on an application:

- an estimate of the target population (see Note 1) for the proposed new, expanded or purchased practice using a minimum of 2 distances, e.g. a 3 mile and 15 mile radius (see Note 2);
- an estimate of the local population already registered with a contractor, including in the case of purchasing an existing NHS dental practice those registered with that practice;
- an estimate of the ratio of dentists to population within the relevant radii, e.g. 3 and 15 miles (to support an additional full-time GDP, the estimated ratio should be in the order of 1 NHS dentist per 3,000 population although applicants would not be excluded with smaller ratios if the NHS Board identified obvious need.);

(3 and 15 miles radii are proposed examples. NHS Boards should choose the radii as are appropriate to the application. Radii should not be selected in such a way that they bias the case)

- *whether the NHS Board is aware of any patients complaints about the applicant (see Note 3);
- *whether the applicant is due to go before or is the subject of proceedings by a primary care body elsewhere in the UK, an NHS Discipline Committee or the NHS Tribunal or equivalent body or before the GDC or any professional regulatory or licensing body anywhere in the world for disciplinary proceedings or, as far as they are aware, has been the subject of successful proceedings by any of these bodies (see Note 3) where the outcome was adverse;
- *whether the applicant is the subject of current proceedings or has been convicted criminally by a court anywhere in the world;
- whether the practice premises to be extended or purchased, i.e. new or existing, is/will be owned by the contractor(s) making the application or leased. If leased, applications should only be considered where the lease is for at least 7 years from the date the extended or purchased premises become operational;
- any other background the NHS Board considers relevant, e.g. public transport access;

- the estimated cost of establishing a new NHS practice or extending or purchasing an existing NHS practice and in the case where a contractor is selling his/her current practice, e.g. where a partnership is breaking up, the estimated profit from the sale of the practice. Proof of the original purchase price of the practice premises, the sale price and profit from the sale of the practice must also be provided by the contractor when available. Where the contractor plans to sell the practice at a later date an indicative purchase price must be agreed between the contractor and the NHS Board;
- NHS Boards should also take into consideration the DRO reports for the previous 5 years of all of the contractors applying for an SDAI grant, or in the case of a DBC of the dentists who will be working for or in other arrangements with the DBC, in the case of a new practice, or of all of the dentists providing GDS or assisting with the provision of GDS at the practice, in the case of an extension. DRO markings can be obtained from the Scottish Dental Reference Service at Practitioner Services, Clifton House, Clifton Place, Glasgow, G3 7LN or by phone on 0141 300 1901. If any of the dentists concerned practised in England or Wales at any time in the 5 year period then the Dental Reference Service reports can be obtained from Customer Relations, NHS Dental Practice Board for England and Wales, Compton Place Road, Eastbourne, East Sussex, BN20 8AD (telephone number: 01323 433307 fax number: 01323 433517) or the equivalent body for Northern Ireland. A description of DRO and DRS grades is attached at Annex C.1.

EXPLANATION OF DENTAL REFERENCE OFFICER GRADES

Post-treatment Grades

1. Completely satisfactory – no further action required.
 2. Satisfactory – minor issues or where the case can not be fully assessed – lack of supporting information. No further action required.
 3. Unsatisfactory – some items may require replacement, or treatment is partially incomplete/inappropriate.
 4. Completely unsatisfactory – the treatment is wholly unsatisfactory, incomplete and/or inappropriate.
- R. Consultant's Report.

Pre-treatment Grades

- A. DRO agrees with the treatment proposed.
- B. DRO agrees with the treatment proposed in principal – suggests minor changes.
- C. DRO disagrees with the treatment proposals, giving an alternative treatment plan.
- D. Completely unsatisfactory – the treatment proposed is wholly unsatisfactory or inappropriate.

Of itself Grade C does not indicate that the practitioner is at fault – there is a clinical disagreement as to the best treatment plan for the patient.

Administrative Codes

1. and A. in the DRO's opinion the treatment and/or the treatment proposed are satisfactory.
2. DRO:
 - a) confirms that the treatment carried out was satisfactory at completion and something minor is amiss at the time of examination; or
 - (b) believes the treatment was satisfactory at completion but requires further information to be sure.

B. DRO believes the treatment proposals are broadly satisfactory but is asking the practitioner to consider a minor change to the treatment proposals or a minor addendum.

3. or C. DRO has concerns related to the clinical care provided or proposed and is requesting that Practitioner Services carry out further investigations related to the findings.

4. or D. DRO has concerns related to the clinical care provided or proposed that are of such concern that, after receiving further information from the practitioner, the matter should be discussed with the NHS Board so that Practitioner Services and the NHS Board jointly can decide on the nature of the investigation that should subsequently be carried out in order to give surety regarding the practitioner's clinical abilities and to define what should then happen if anything further should occur.

Non Clinical Code (i)

i.(m). possible misclaim.

i.(c) possible clerical error.

i.(r) possible regulatory error.

Possible Prior Approval Violation

P. DRO considers that prior approval regulations may not have been observed

EXPLANATION OF DENTAL REFERENCE SERVICE GRADES

Coding is a system of letter symbols to indicate the broad category into which the findings of the examination fall and to determine the pathways the estimate will follow. The coding system contains administrative and clinical elements.

K Everything is fine and no report.

L No report is issued

(T) Oral health has been secured and maintained.

(E) The DRO agrees with the proposed treatment.

The "L" code automatically produces a computer generated letter with either of the above phrases.

M

(T) Oral health has not been secured and maintained for this patient but the reasons for this opinion are not of major significance OR observations have been made regarding items requiring monitoring.

(E) The DRO does not agree entirely with all the proposed treatment but the reasons for this opinion are not of major significance.

R

(T) Oral health has not been secured and maintained for this patient and the reasons for this opinion are considered to be of major significance.

(E) The DRO disagrees with either a significant or major part of the proposed treatment.

S

(T) Oral health has not been secured and maintained for this patient and the reasons for this opinion are considered to be of fundamental importance.

(E) The DRO disagrees fundamentally with the proposed treatment.

H

EITHER:

An error has been made in the completion of the estimate, i.e. treatment does not correspond with that claimed; OR

The DRO is unable to express an opinion in view of the fact that essential evidence has either been destroyed or cannot be made available.

FORMS OF ASSISTANCE FOR ALL SDAI GRANTS

1. Financial Assistance will be offered in the form of a grant as follows:
 - (a) a grant of up to £50,000 towards the costs of extending an existing NHS dental practice in a designated area. Where it is intended that a practice be extended by 2 or more surgeries at the same time then the offer of grant will be £50,000 for each of the first 2 surgeries and £25,000 per additional surgery over and above the first 2; or
 - (b) a grant of up to £100,000, depending on the scale of the GDS access problem towards the costs of establishing a new NHS dental practice, including purchasing and equipping the premises, in a designated area. Where it is intended that the new practice has more than 1 surgery then the offer of grant can be increased by an additional £25,000 per additional surgery over and above the first; or
 - (c) a grant of up to £100,000 towards the costs of purchasing an existing NHS dental practice in a designated area. Where the practice being purchased has more than 1 existing surgery then the offer of grant can be increased by an additional £25,000 per additional existing surgery over and above the first.
2. Where a contractor wishes to:
 - 2.1 relocate to larger premises in a designated area in order to expand his or her practice to include more surgeries then an extension grant will be payable. £50,000 can be offered for each of the first 2 surgeries over and above the number of surgeries in the current practice and £25,000 per additional surgery over and above the first additional 2 surgeries; or
 - 2.2 purchase an existing NHS dental practice in a designated area and wishes to expand the practice at the same time then an extension grant will be payable in addition to the purchase grant. £50,000 can be payable for each of the first 2 surgeries over and above the number of surgeries in the existing practice and £25,000 per additional surgery over and above the first additional 2 surgeries.
- 3 Where a contractor wishes to establish a new NHS dental practice, or purchase an existing NHS dental practice the practice is required to have a dedicated decontamination room or rooms. The costs associated with establishing the dedicated decontamination room(s) must be met from the £100,000 grant towards establishing or purchasing a practice.

4. Where the practice premises to be purchased, i.e. new or existing, will be leased by the contractor(s) making the application then the lease costs cannot be included in the grant payment to be made.

5. Grant will be payable on production to the NHS Board of vouchered receipts applicable to required costs relative to the purchase, or extension of the practice, e.g. purchase of the building, building and joinery work, architect fees, planning permission fees, purchase of equipment, painting and decorating costs, connection of telephones and computers. Running costs such as interest on loans, rent, renewable items, e.g. materials, are not covered by the grant. Neither are costs associated with purchases which are not required for the establishment and running of a dental practice, such as staff uniforms and non-essential furnishing of the reception and staff rooms, e.g. fish tanks, pictures, televisions, seasonal decorations, microwaves, fridges. Where a contractor chooses to lease equipment or buy it on hire purchase these costs cannot be included in the grant.

6. It should be noted that any costs associated with the purchase of an existing NHS dental practice must not include the purchase of goodwill, sundries and material, e.g. normal running costs. If a contractor wishes to purchase goodwill they will have to meet the cost of this themselves and cannot receive any grant-aid towards this. The purchase of dental equipment in use in the existing practice purchased can be included in the cost but only if the equipment is less than 5 years old.

7. It should be noted that the costs associated with a) the purchase of a new NHS dental practice where a contractor is moving from an existing practice which he or she owns or part owns will be reduced by the profit from the sale of the contractor's existing practice premises before setting the level of grant to be awarded. The profit is the difference between the original purchase price of the premises and the sale price minus any outstanding mortgage on the premises. Proof of the original purchase price, the sale price, when available, and any outstanding mortgage must also be provided by the dentist when available. Where the contractor plans to sell the practice at a later date an indicative purchase price must be agreed between the contractor and the NHS Board;

8. It should be noted that the level of grant for the purchase of an existing NHS dental practice will be based on the actual purchase price or the NHS Board's valuation, whichever is the lower.

9. Offers of grant will not be made in respect of new practices already opened, practices already purchased and opened or extensions already completed.

10. Financial assistance offered from other public sector sources, including local enterprise companies, will be taken into account in deciding the amount of grant which may be offered to practices.

Note The maximum grant which can be offered can only be varied where a contractor applies to set up or expand a practice in a designated area on a part-time basis, e.g. a branch practice where due to the low population density a full-time practice would not be sustainable. In such cases the Board can consider offering a pro rata grant with tailored conditions. Boards can not vary the amount offered on the basis that they do not believe that there is sufficient demand for a new/expanded practice in a particular area, e.g. offer £50,000 instead of £100,000 for a new single surgery practice.

CONDITIONS OF GRANT

1. Where an application results in an offer of grant the following conditions will apply from the date of acceptance and will subsist for 7 years from the date of the first payment of grant, unless otherwise stated. The onus for meeting the grant conditions is on the contractor or contractors receiving the grant (i.e. those who own the practice) but they can be assisted by other members of the oral health team in meeting the conditions.

2. The contractor will require to:
 - (a) provide service of a good professional standard within the practice. Dental Reference Service reports and patient complaints will be taken into consideration in assessing whether this has been achieved.

 - (b) provide (i) a minimum (in the case of a new practice, or a purchased practice) or an additional minimum (in the case of an extended practice) of 10 three and a half hour sessions of GDS per week per grant-aided surgery and (ii) a minimum of 450 sessions or additional sessions per year per grant-aided surgery must be provided. In the event that the required 450 GDS sessions per grant-aided surgery annually cannot be provided within the first year of commencement due to circumstances outwith the contractor's control e.g. because of a slow build-up of registrations or where a vocational trainee has been employed, or for any other reason acceptable to the NHS Board in its sole discretion, the requirement to provide 450 GDS sessions per grant-aided surgery annually will be suspended until such time as 1,500 new or additional patient registrations per grant-aided surgery have been achieved and the 7 years grant period shall apply from that date.

 - (c) provide the full range of GDS (except for specialist services where referral may be appropriate) to all categories of NHS patients:

 - (d) maintain professional indemnity insurance at all times which should cover the entire dental team;

 - (e) equip and maintain the grant aided surgery(ies) to a standard acceptable to the NHS Board and in accordance with guidelines on cross-infection control and Health and Safety:

 - (f) produce to the NHS Board annually within 3 months of the end of the practice's financial year, an accountant's certificate verifying that 80 percent or more of the practices gross income is derived from GDS annually;

 - (g) ensure that the equipment purchased with the grant monies for the practice is used for GDS work for which the payment is made and allow the NHS Board reasonable access for inspection of the equipment and any relevant documentation;

- (h) ensure that the practice complies with the requirements of the Disability Discrimination Act 1995 at all times;
- (i) advise the NHS Board in writing immediately the contractor(s) becomes aware that:
- (i) the practice is to be sold, closed or abandoned;
 - (ii) there is to be any change, either in the structure of the practice or to the identity of the partners, or in the case of a DBC its directors, in the practice from time to time; or
 - (iii) proceedings are initiated or about to be initiated by a NHS Board or equivalent body against the grant-aided contractor(s) or any of the dentists providing or assisting with the provision of GDS at the practice;
 - (iv) any person referred to in paragraph (iii) is referral to an NHS Disciplinary Committee, the NHS Tribunal or equivalent body, a professional regulatory, licensing or other body or a dental care professional is referred to a professional regulatory body, licensing or other body;
 - (v) any action is initiated by or about to be initiated by an NHS Board or equivalent body in relation to any person referred to in paragraph (iii) which may result in conditional or substantive refusal of entry to, contingent or substantive removal, disqualification or suspension from a list held by that organisation;
 - (vi) there is, or is anticipated to be, any other material change to the practice circumstances, including a change to the circumstances of the grantee(s).
- (j) undertake that no dental services other than GDS shall be provided within the 10 three and a half hour sessions of GDS each week, apart from where the relevant treatment is not available as part of the GDS or the patient consents to the treatment being provided privately in terms of paragraph 17 of Schedule 1 to the NHS (General Dental Services) (Scotland) Regulations 2010.
- (k) undertake to immediately advise the NHS Board in writing if the contractor(s) establish one or more DBC, which includes limited companies or limited liability partnerships, with a view to providing GDS at the grant-aided practice and to ensure that the directors of such DBC give a written undertaking to the Board that the DBC shall, in addition to the personal undertaking of the contractors assume responsibility for the performance and conditions of grant.

3. Where the offer of grant is in respect of the establishment of a new NHS dental practice in a designated area the contractor(s) receiving the offer of grant will also require to:

- undertake to provide the service by a dentist contractor or assistant dentist (as defined in the National Health Service (General Dental Services) (Scotland) Regulations 2010), including a vocational trainee, or dental care professional under the direct supervision of a dentist;
- register or cause to be registered within 12 months from the date of first payment of the grant, 1,500 new NHS patients per grant-aided surgery on the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons. A new patient does not include any patient who has been registered on the list of any of these contractors within the previous 36 months.
- undertake for the period of the grant to maintain the registration of a minimum of 1,500 NHS patients per grant-aided surgery on the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons.

4. Where the offer of grant is in respect of the purchase in a designated area the contractor(s) receiving the grant will also require to:

- undertake to provide the service by a dentist contractor or assistant dentist (as defined in the National Health Service (General Dental Services) (Scotland) Regulations 2010), including a vocational trainee, or dental care professional under the direct supervision of a dentist;
- maintain the number of NHS patients registered with the contractors at the practice (currently listed number of patients) on purchase or where the number of NHS patients registered with the contractors at the practice was less than 1,500, bring within 12 months from the date of first payment of the grant the registration levels up to 1,500 NHS patients per grant-aided surgery on the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons. A patient includes any existing patients who were on the lists of the contractors within the practice when it was bought or a new patient. A new patient does not include any patient who has, within the previous 36 months, been registered with any contractor(s) within the practice who did not work at the practice before it was purchased. Where a practice is expanded on purchase the contractor(s) receiving the grant will need to register or cause to be registered within 12 months from the date of first payment of the grant, 1,500 additional NHS patients per grant-aided surgery on the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons;
- undertake for the period of grant to maintain the currently listed number of patients or 1,500 patients per grant-aided surgery, whichever is the higher, on

the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons.

5. Where the offer of grant is in respect of the purchase, or establishment of a new NHS dental practice the contractor(s) receiving the offer of grant will need to establish and equip a dedicated decontamination room or rooms to be used as a central point in the grant-aided practice for practice based cleaning and decontamination of instruments.

6. Where the offer of grant is in respect of the extension of an existing NHS dental practice in a designated area the contractor(s) receiving the grant for extension will also require to:

- build an extra surgery or surgeries or convert existing accommodation into an extra surgery or surgeries;
- employ one or more additional dentist contractor or assistant dentists (as defined in the National Health Service (General Dental Services) (Scotland) Regulations 2010), including a vocational trainee, or dental care professionals under the direct supervision of a dentist to meet the grant conditions (1,500 additional registrations/450 additional sessions annually per grant-aided surgery). ;
- if there are part-time (defined as working less than 450 GDS sessions per year) dentists or dental care professionals currently working in the practice, extend, with the approval of the NHS Board, the working hours of those individuals in order to meet the grant conditions provided the hours of individuals are not extended beyond 450 sessions annually. ;
- register or cause to be registered, within 12 months from the date of the first payment an additional 1,500 NHS patients (over and above the currently listed number of patients) per grant-aided surgery. The number of patients registered by the contractor or contractors providing GDS in the practice on the date when the grant was awarded will be indicated in the offer letter (currently listed number of patients). The 1,500 patients per grant-aided surgery who are to be registered as a condition of grant will be additional to that number and will be “new” i.e. will not have been registered with any of these contractors or their predecessors within the previous 36 months of the date of the first payment. The grantee(s) is given 12 months during which to register an extra 1,500 patients per grant-aided surgery;
- undertake for the period of grant to maintain the registration of a minimum of the currently listed number of patients and the said additional 1,500 new patients per grant-aided surgery on the lists applicable to the contractors providing GDS at the practice in respect of which the grant is paid or any successor to those persons.

7. The contractor(s) are required to demonstrate within 3 months of acceptance of the offer of grant being made that reasonable progress is being made towards the establishment, extension, or purchase of the practice. The offer of grant will

automatically lapse at the end of 6 months unless the NHS Board is satisfied that there are exceptional reasons for the delay and has approved an extension to the time limit. If the contractor(s) cannot demonstrate satisfactory progress within the appropriate time limits, the offer of grant may be withdrawn or lapse. The NHS Board will not accept liability in any claim for loss, damage or abortive expenses that the contractor(s) or a third party may have incurred if an offer is withdrawn or lapses.

8. The grant must be repaid after the occurrence of any of the following events:
 - (a) the grantee(s) or any dentist contractor or assistant dentist ceases to provide GDS from the practice;
 - (b) there is any change in the membership of the partnership providing GDS in the practice, unless the Board consents in writing to partnership as re-constituted accepting responsibility for complying with the terms of the offer and the Conditions of Grant for the remaining period of their validity, and the partners in the partnership as re-constituted undertake in writing to do so;
 - (c) the grantee(s):
 - (i) is disqualified (on a conditional or substantive basis) by the NHS Tribunal (or other body with appropriate authority);
 - (ii) otherwise ceases to be on the dental list of any NHS Board in Scotland;
 - (iii) at any time during the grant period establishes one or more DBC, which includes a limited company or limited liability partnership, with a view to providing GDS at the grant-aided practice and such DBC fails to give the NHS Board a written undertaking that it shall, in addition to the personal undertaking of the grantee(s), assume responsibility for the performance of the conditions of grant.
 - (d) the grantee(s) otherwise fails to comply with any of the terms of the offer, or these Conditions after the NHS Board has required the grantee(s) to remedy the breach by sending a written notice to that effect to the grantee(s).
9. In the event of the practice ceasing or the conditions otherwise not being complied with in the first 12 months (with the exception of where an extension has been agreed by the NHS Board in relation to the requirement to register 1,500 new or additional patients), the grant will be recoverable in full. Thereafter, by an amount calculated by taking the percentage of the number of whole months unserved compared with the agreed period of 84 months, plus 20%. If a contractor fails to repay the amount due, appropriate recovery action by civil action by the NHS Board will follow. Any recovery of grant must be repaid to the NHS Board within 3 months.
10. NHS Boards may wish to attach any other conditions to the offer of grant and these will also be included in the offer letter.

11. Where there is a breach in the conditions of grant, the NHS Board will serve notice, within 4 weeks of the breach coming to their attention, to the contractor(s) giving 28 days to rectify the breach. If the contractor(s) fail to act upon this notice or receive more than two such notices within the grant period the NHS Board will seek repayment of the full or partial grant received.

12. The 7 year period may be extended at the contractor's request and subject to the NHS Board's agreement where for any reason, the dentist providing or assisting with the provision of GDS leaves and needs to be replaced and the practice experiences problems in recruiting a successor despite making reasonable attempts to recruit. The period when the post remains vacant and therefore the conditions of grant not fully complied with, will be added on to the original 7 year timescale and the period of conditions extended to include the period of non-compliance unless the NHS Board are of the view that the contractor should be obliged to re-pay the grant in full or part. If a practice changes ownership, the contractor(s) who signed the original agreement will be liable to fulfil the grant conditions unless there is an incoming contractor to whom practice ownership has been transferred who accepts in writing responsibility for the remaining conditions of grant.

Note Dental care professional means a dental therapist or a dental hygienist registered by the General Dental Council.

POINTS TO BE COVERED IN ANNUAL REPORTS

1. Reports must be prepared annually on the progress of these grant-aided projects. These reports are for the NHS Board's information to allow them to determine whether the conditions of grant continue to be met. Where they are not the grant should be recoverable in full or part.

Unmet Demand

2. The report in respect of grants based on unmet demand should include:

(a) Any problems/obstacles encountered by the applicant in developing the project.

(b) A description of the stage now reached.

(c) Numbers of new adult/child patients currently registered for GDS with the contractors in the practice. NHS Boards must make a formal request to Information Services Division for an SDAI Monitoring Template Report (sample attached at Annex F.1) (see Note).

(d). Confirmation that;

(i) the contractor(s) providing GDS from the grant aided surgery is treating all categories of NHS patients.

(ii) that 10 additional sessions of GDS per grant-aided surgery are being provided

(iii) the NHS Board has not received any patient complaints regarding treatment by the grant-aided contractor or, if any complaints have been made, details of their nature.

(iv) the NHS Board has not referred or is not considering referring the grant-aided contractor under NHS disciplinary arrangements.

(v). an accountant's certificate verifying the % of the practice's gross income derived from GDS annually has been received by the NHS Board in respect of the grant-aided practice and what % this constitutes (a) at the start of the project, where this is an extension to an existing practice, and (b) at the end of the following financial year. An accountant's certificate must be submitted to the NHS Board for each of the 7 years the grant-aided contractor has agreed to commit to the NHS.

Maintaining Provision

3. The report in respect of grants based on the purchase of an existing dental practice should include:

- (a) Any problems/obstacles encountered by the applicant in developing the project.
- (b) A description of the stage now reached.
- (c) Numbers of adult/child patients currently registered under NHS arrangements by the contractors in the practice, split by existing and new patients. NHS Boards must make a formal request to Information Services Division for a SDAI Monitoring Template Report (sample attached at Annex A) (see Note).
- (d). Confirmation that;
 - (i) the contractor(s) providing GDS from the grant aided surgery is treating all categories of NHS patients.
 - (ii) the NHS Board has not received any patient complaints regarding treatment by the grant-aided contractor or, if any complaints have been made, details of their nature.
 - (iii) the NHS Board has not referred or is not considering referring the grant-aided contractor under NHS disciplinary arrangements.
 - (iv) an accountant's certificate verifying the % of the practice's gross income derived from GDS annually have been received by the NHS Board in respect of the grant-aided practice and what % this constitutes (a) at the start of the project, where this is an extension to an existing practice, and (b) at the end of the following financial year. An accountant's certificate must be submitted to the NHS Board for each of the 7 years the grant-aided contractor has agreed to commit to the NHS.

Note For a first time request for a "new" practice, the NHS Board should quote the full practice address and, ideally, provide all list numbers for contractors working at the practice concerned (a contractor can have more than one list number at the same practice). However, the practice address and at least one list number for a contractor practising at the address is acceptable.

A “start date” is also needed for the calculation. Ideally, this should be quoted again when an update is requested for a SDAI Monitoring Template Report. If a date is not quoted, the start date used for the previous report will be used again. The start date the NHS Board provides is very important; other list numbers at the practice can be determined, but the start date cannot be, and the NHS Board should ensure that the start date that they provide is the correct one.

It should be noted that an SDAI Monitoring Template Report may take up to 20 working days to provide from receipt of request.

The request should be sent from an nhs.net account to: NSS.isd-dental-info@nhs.net Requests should be marked FAO Laura Marchbank.

**SDAI monitoring template report for practice
since xx Month Year as at xx Month Year 2008**

List Number	Practitioner	Registration Type	Number of New Patients to the practice	Previously registered within same practice	Actual Number of Patients Registered
12345	A Dentist	Capitation	0	0	0
12345		Con Care	0	0	0
		Total	0	0	0
12345	A Dentist	Capitation	0	0	0
12345		Con Care	0	0	0
		Total	0	0	0
12345	A Dentist	Capitation	0	0	0
12345		Con Care	0	0	0
		Total	0	0	0
12345	A Dentist	Capitation	0	0	0
12345		Con Care	0	0	0
		Total	0	0	0
12345	A Dentist	Capitation	0	0	0
12345		Con Care	0	0	0
		Total	0	0	0
	Total for practice	Capitation	0	0	0
	Total for practice	Con Care	0	0	0
	Total for practice	Total	0	0	0

Number of New Patients to the practice = Number of new patients + Previously registered with another practice in same NHS board + Lapsed with another practice in same NHS board after start date.

Number of New Patients to the practice may include patients previously registered at another practice with practitioners listed, unless bulk transfers which are ignored.

Previously registered within same practice = new patient to the list number but NOT a new patient to practice; therefore patients can be counted more than once if rolled-on to other list number(s) within practice.

Prepared by ISD Healthcare Information Group - Dental Team, Month 2008 - Ref No IR2008-00000.

Source: Practitioner Services dental patient registration database (MIDAS).