

REFORM - PDS LIAISON GROUP

MEETING NOTE
THURSDAY 17 NOVEMBER 2022
15:00 - 17:00

1. Welcome and Introductions

The Chair welcomed the group.

Scottish Government and PDS members provided brief introductions of themselves.

2. Purpose of Reform

The CDO explained that from OHIP discussions of 2018, it was clear the sector would like a less bureaucratic day-to-day working life and improve the way dentists work in primary care, to:

- Allow dentists clinical freedom.
- Be more pragmatic and preventative in focus.

It was confirmed that the Public Dental Service will also operate within the new Determination 1.

Members were reminded of the group discussion etiquette and that they may speak freely. Comments made will not be attributed.

3. Survey Results & Background

A brief overview was given regarding the recently closed survey. The determination 1 survey received over 500 comments across sector. The aim was to curate a reduced number of codes with aim of 30, or close, and allow the dental workforce to provide comments on the proposed changes.

4. Summary of CDO Advisory Group Meetings 1 & 2

An overview was given on the establishment of the CDO Advisory Group. The group consists of 20 members from GDS backgrounds.

It was noted that within those discussions, the new determination 1 would align with SDCEP guidelines.

5. Discussion

Discussion was opened to members.

Agreements

- One purpose of the change is/could/should be to put the patient at the centre of their care. To 'secure and maintain dental fitness' becomes defined as being more appropriate to the individual. Within the PDS, treatment in the patient's best interest often does not align with the treatment choice for routine adults. There is a concern that the SDR may hold PDS cohort to a standard

that is beyond their patients' tolerance/need. However, it was noted this relates to the Regulations and not necessarily the SDR.

- Current difference in routine and occasional offers is an inequality and this is an opportunity to address this. Clarity between what is GDS access/primary care and what is PDS service are blurred. There are packages for patients that fit well in PDS and others that don't. Retention of the PDS/non-GDS facility is in the favour of those that don't fit the mainstream GDS. If the wording of the revised SDR is not overly prescriptive, then this may not need to be retained.
- It was highlighted that there is a significant training need in the new system and what it is trying to achieve.
- It was recognised that robust and consistent complexity reporting is a priority.

Concerns/Queries

- With things such as standard of oral health, it was asked how can that be meaningfully interpreted when some patients in the PDS cannot maintain their own oral health. We should not exclude this patient group in the new narrative of Determination 1. Nor should it inadvertently become a referral criteria as 'not suitable for treatment in the GDS', thus increasing demand on PDS.
- It was asked how the code changes sit with enhanced skills domiciliary care.
- The CDO advised Determination 1 orthodontics will remain unchanged.
- Members were informed that the concept of registration will remain.
- It was highlighted that there may be ethical dilemmas regarding no/limited capacity.
- The preventive / periodontal section is highly dependent on skill-mix and it was agreed that the existing regulations currently don't effectively facilitate that.
- A proposal to include the use of silver diamine for treatment purposes is welcome.
- A plea to fix prior approval for managed services where there is no financial gain to be had.

Other Observations

- Access patients: the current SDR is being used to enable the PDS to have a controlled way to deliver stabilisation courses of care, thus allocating resource appropriately.
- The Special Care remit is broad and includes those who might not be able to be in GDS but can be treated with low complexity interventions not necessarily to 'achieve dental fitness', especially in those with terminal disease.
- It was considered that for the last 10 years, the SDR has been used to address care in a way that it wasn't designed to do.
- Members welcomed flexibility in the new system to make it applicable to core groups (1FM exams e.g.)
- Available treatment alternatives based on clinical judgement and patient centred care would be welcomed, recognising that case notes need to fully record alternatives and decisions.
- It was acknowledged that the full range of PDS services need to be included.
 - Ongoing care for those with increased need
 - Single episodes of complex care
 - Access issues

- In hours emergency care for those otherwise unable to access dental services
- NDIP
- Prisons
- Outreach
- Hosting of preventative programmes
- Hosting of out-of-hours
- Shared care working with hospital services

Prison Service

- Prison framework has explicit reference to determination 1 - regarding length of sentence and type. Consideration should be given to the impact of removing occasional codes on offer to the patient cohort on shorter term sentences or/and remand. It was highlighted that the differentiation between sentence length and treatment exists and should be borne in mind when altering offer of care within the determination.
- Code changes need to reflect possible change to workload of prison dentists - risk of inequality. However, feedback was positive to have fewer items described.
- Prevention: health literacy of inmates is a barrier to enabling self-care (also a general issue)
- National agreement on the offer of care to prisoners is recognised as being helpful, given that inmates move from facility to facility across Health Board boundaries.

Outreach

- Recording this as activity in the PDS is desirable, but complex and potentially a duplication of recording.
- Could be seen as a useful stepping stone to an undergraduate working in the GDS.

5. Concluding Remarks and Next Meeting Date

The discussion was rounded to a close and the next date for the group was noted to be 1 December 2022.

The Chair and CDO thanked members for their participation and the meeting ended.

In Attendance

Scottish Government

Tom Ferris

Nicole Alterado

Zahid Imran (Chair)

Sheila McDermott

Alex Bowerman

Francesca Capaldi

PDS

Mike Brown

Susan Baines

Martin McCormack

Geraldeen Irving

Dawn Adams

Lesley Yeaman

Tara Dunseith

Jay Wragg

CDO & Dentistry Division

Scottish Government

November 2022