CDO Advisory Group

Workshop 3 - Meeting Note
Thursday 24 November 2022
13:30 – 16:30

Welcome and Summary of Workshop 2

- Members were welcomed back to the group and were thanked for their contributions to date. Verbal and written comments will be taken into consideration when revising Determination I.
- Scottish Government are in contact with NES to create training packages for perio and prevention and the changes to Determination I.
- Scottish Government are in contact with SDCEP with regards to perio items.
- One member raised concerns that in terms of prevention, time bars may cause missed opportunities. It was confirmed that a temporary filling could be claimed as an 'Emergency Appointment', with the definitive filling being claimed at a later date with no time bar.
- Members were reminded that financial matters are not for discussion at these workshops.

Restorative and Surgical Treatment

Fillings

- Fillings items would be simplified to '2 surfaces or less' and '3 surfaces or more' and this was generally welcomed by members.
- However, concerns were raised that the two codes may not take account of the complexity and time consumption of some fillings. It was noted that where a fee was not as high, it would likely be balanced out elsewhere.
- There would be no restrictions on materials, and dentists will have the clinical freedom to select the most appropriate material for each patient – this was generally welcomed by members.
    - Concern was raised around patients who insist on having a white filling for aesthetic reasons – a discussion with the patient would need to take place to advise why a white filling is inappropriate.
    - One member commented that it may be difficult for some practices to opt in to the NHS system as they could struggle with the affordability of posterior composites. Financial matters would be discussed with BDA.
    - One member commented that amalgam may be difficult to source in the future and so composites may be used more often.
- It was noted that amalgams should not be used on retained deciduous teeth.
- It was suggested that the phrase 'clinically necessary' needed reworded. It would be important to have the correct wording in the revised Determination I.
- It was questioned whether prior approval is required when changing from a composite to an amalgam filling in relation to health related removal. Advice would be sought from PSD, but as long as the material was clinically appropriate there shouldn't be an issue. The usual process would apply if approval was needed due to the number of fillings.

- It was also questioned whether prior approval would be needed for pregnant women. Amalgams would not be able to be replaced on pregnant women, but given the dentist can use their clinical judgement to use any material available then composites could be selected and prior approval for this scenario would no longer be an issue.

Endodontic Treatment

- This was presented to members as two separate codes for 'Incisor/Canine/Premolar' and 'Molar'. Members felt there was a good distinction between the two codes and welcomed the simplification.
- One member queried the 'opening of root canals' and felt that this was better suited for the 'Emergency Appointment'. It was clarified that treatment under the 'Endodontic Treatment' code would be used on a symptomless tooth, but the 'Emergency Appointment' code could be claimed on an unscheduled urgent appointment.
- Several members were in favour of re-root canal treatment as a separate code as they are more complex, more time consuming and require different materials. Other members questioned whether re-root canal treatment should be part of the NHS offer at all.
- One member asked if incomplete codes could be claimed for patients who don't come back. This point was acknowledged and DCDOs agreed to take this away for future consideration.
- The issue of rarely used treatments was raised. This point was acknowledged and DCDOs agreed to take this away for future consideration within the policy aim of maintaining a significantly simplified Determination I.
- It was suggested that the provision of internal bleaching could be included.

Temporary Crown/Bridge and Stainless Steel Crown

- A natural tooth pontic could be used for a temporary bridge.
- It was questioned whether there would be a distinction between a temporary crown, as a necessary palliative, and a lab-made crown. Although there would be no distinction, it was appreciated that lab bills could be significant for 'any suitable material'.
- It was suggested that stainless steel crowns should be available for first permanent molar teeth.
- There was concern that the 12 month time bar for replacing a temporary bridge with a definitive bridge was inappropriate, and instead there should be no time bar.
- A 6 month time bar was suggested for bridges (possibly involving a temporary bridge) from extraction.

Crown Placement

- Members commented that the claiming of crowns needed to be reflected in the fees, otherwise the current materials would be used.
    - It was noted that precious materials are less destructive but very costly. It could be challenging if patients insist on a gold crown.
    - Dentists would need to use their clinical discretion to select the most appropriate material.

- It was commented that the quality of the lab work is extremely important and the fees need to be reasonable to keep the lab work in the UK. Scottish Government are exploring options with labs.
- One member queried whether the 12 month guarantee unless there is trauma would also apply to restorative care. It was confirmed that there is already a separate consideration for trauma in relation to all restorations.

Post/Core retention for crown

- Members were broadly content with this item.
- There was discussion around lab fees vs the clinical time of dentists doing it themselves and how this may balance out.
- It was noted that the second bullet point needed to be rewritten as this would prevent a post being put in a tooth with an existing root treatment.

Inlay/Onlay Placement

- Members welcomed having the flexibility on the choice of materials.
- It was commented that in the correct circumstances onlays could be more conservative, however lab fees are an issue.
- It was suggested that 'Inlay/Onlay Placement' is combined with 'Crown Placement' as a single item and other members agreed with this idea.

Bridges

- Bridges were presented to members as two separate codes: 'Conventional Bridge (per unit)' and 'Resin Retained Bridge (per unit)'.
- It was queried whether prior approval is required for molar teeth. Discussions would take place with PSD.
- The '6 months after extraction' was questioned and it was suggested that, given the tissue will heal after 3 months, the time bar could be reduced.
    - It is important that, although patients want to be treated quickly, treatment should be appropriate and advice could be sought from clinical advisors.
- One member asked if it would be the same fee whether there are 6 unit bridges or just 2. PSD would assess the treatment plan. Bridges are presented in Determination I per unit.
- The topic of veneers was brought up in discussions as this hasn't been included in the draft Determination I. Although the survey results indicated that veneers were not appropriate in a revised SDR and it has gained a reputation of people wanting them for aesthetic reasons, it was noted that veneers can be beneficial in some cases. Other members agreed that veneers should be included in the NHS offer.
    - However, concern was raised about the cost of lab fees for veneers.
    - It was suggested that a veneer code could be included with inlays, onlays and crowns.

Extraction

- Extractions have been simplified into two codes: 'Extraction' for simple extractions and 'Surgical Extractions' for extractions of high complexity.
- It was confirmed that the fee could be claimed per tooth.

- It was commented that third molars are more complex than other extractions and take much longer as risks need to be discussed with the patient.
    - There was concern that, although third molar extractions are better placed in primary care, dentists would send those patients to secondary care if this was not remunerated appropriately - this would have a negative impact on the workload of secondary care.
    - For the reasons above, it was suggested that there should be a separate code for lower third molars.
- It was suggested that sectioning roots could be claimed under 'Surgical Extractions'. This point was acknowledged and DCDOs agreed to take this away for future consideration.
- The importance of having a primary care clinic with enhanced practitioners for complex cases was noted, as it would otherwise be extremely difficult to see all patients.

Sedation

- A 'Sedation Assessment' code has been proposed alongside a 'Sedation' code. This is due to the length of time that a sedation assessment can take. There are also instances when a patient is unable to be sedated/chooses not to be sedated.
- It was agreed within the group that it was sensible to have an additional code for a 'Sedation Assessment'.
- It was noted that a sedation assessment is very different to other treatment items – medical assessments, such as blood pressure readings and BMI calculations, are required.
- It was confirmed that a fee could be claimed per visit (e.g. claim once for a 'Sedation Assessment', then claim for the number of times sedated via the 'Sedation' code).
- One member asked if there would be consideration of patients with anxiety and it was suggested that this could be taken account of in a 'Review Appointment'. Dentists should use their clinical judgment as it is difficult to list every possible instance in the 'Review Appointment' section.

Dentures

- Dentures have been simplified into three separate items: 'Acrylic Dentures (partial)', 'Acrylic Dentures (full)' and 'Cobalt Chrome Denture'.
- It was queried whether the claim would be on the number of teeth as the lab fee would increase with more teeth. This would be discussed with PSD.
- It was confirmed that relines would fall under 'Maintenance and Repair'.
- It was suggested that any adjustments may need to be amended to 'within 3 months' rather than the proposed 6 months.
- One member felt it was unfair for a dentist to pay for one free repair of a denture. Scottish Government are in contact with labs to find a solution that is fair for all.
- Members welcomed the inclusion of 'Cobalt Chrome Dentures' as they are supplied when appropriate, but concern was raised in terms of lab fees and the fee for 'Cobalt Chrome Dentures' would need to take account of this.
- It was suggested that some patients may benefit from high impact acrylic dentures, but it was felt there wouldn't be a differentiation.

- The inclusion of adding teeth to a denture would be looked into.

AOB and Sum Up

- Due to time constraints, 'Splints' and 'Domiciliary' would be discussed at an additional workshop on 15 December 2022. The additional workshop is an opportunity to review the changes that have been made and agree on a finalised version of a revised Determination I.
- Members were thanked for their participation.

Dentistry and Optometry Division
24 November 2022

In Attendance

DCDO Chairs

Gavin McLellan	Gillian Leslie	
Elliott Sizer	Cameron McLarty	Andrew Mee
Terri Hamilton	Gordon Morson	Mark Bradley
Lorraine Arnot	Agnieszka Nohawica	Maritza Smith
Kirsty Dickson	Stephen Duggan	Jade Smart
Ewan MacKessack-Leitch	Geoff Glass	Fiona Andrews
Gerard Boyle (Observer)	Zahid Imran (Observer)	Francesca Capaldi (Observer)
Gillian Forsyth (Observer)		

Secretariat:

Susan Osbaldstone	Ewan Stuart	Jillian Aitken
Nicole Alterado		