CDO Advisory Group
Workshop 4
15 December 2022

1. Welcome and Summary from Workshop 3

Members were welcomed and thanked for their ongoing participation and contributions.

A brief summary of Workshop 3 was made, noting that the views of group members, including written comments have been taken in to consideration.

The objective for Workshop 4 was provided:

- Review full Determination.
- Consider treatments items available in “Splints” and “Domiciliary” sections of revised Determination 1.

2. Discussion Opened to Group

An overview of the relevant changes to Item 3 were given to the group.

- Introduced potential proviso whereby the re-root treatment fee would not be claimable within 11 calendar months of original dentist’s service (in line with other treatments). Therefore, the additional item fee would not be appropriate.
- Stainless steel crowns have been suggested for any molar tooth in certain circumstances.
- Veneers introduced as separate item and can be subject to the normal periodontal assessment and normal assessment of tooth for appropriateness.

Discussion was then opened up to the group. The following comments were made:

Stainless Steel Crowns

- A concern was raised about the wording of the orthodontic stainless steel change. Requiring a recommendation from an orthodontist as part of orthodontic treatment may delay the time of which the treatment can be provided, specifically for children.
- Removing “as part of orthodontic treatment”, and change of “recommended by orthodontist” to “suggested by..”.

Re-root Treatment

- It was asked what the definitions were between “original” and “same” dentist. Clarification was given that this would be the same once the draft is finalised and would reflect current application of ‘same dentist’.

Other/General

- Possible main issue going forward – how the changes will be communicated to dentists.
- There were also concerns raised regarding the effect of a revised Determination 1 may have on the mixed practice model.

- It was positively acknowledged there is a broad range of treatments options available however it was highlighted that it will still rely on funding available.
- A member asked if dentures would be covered as an emergency treatment. For example, if someone returned after the initial 3 month period with a sharp edge from wearing their teeth down – requiring polish than full restore. This could be covered within the 1C code.
- It was asked if there would be any intention to discuss prior approval. GL noted a lot of the prior approval would remain the same. Discussions will be had with PSD colleagues.

Posterior Composites

- There was worry regarding posterior composites going from all amalgam on back teeth to mostly composite. Composites take a considerable extra time and with clinicians still working on backlog, the change could have a major negative affect on NHS provision. This may work as a gradual change but a rapid transition is not favourable. The material is also far more expensive and the cost to complete a composite is significantly more than an amalgam.

Internal Bleaching

- "Cannot be claimed with the crown or bridge on same tooth within the same course of treatment" – may need to add a time-bar for this. Internal bleaching is not permanent and ruling it out entirely may create a problem.

- It was asked if internal/external methods could be reflected in proviso as this is more commonly used and may enable claim lab fee for single tooth tray. Additionally, the effectiveness of internal/external is more effective than internal only. It was noted however that consideration will need to be given to the significant lab bill cost between the two (external/internal and internal only).

- Fluoride trays and soft appliances could potentially be a route for considering external single tooth bleaching trays on NHS – it was speculated if this could be added in, potentially with prior approval.

Third Molar Extraction

- A member agreed on third molars being differentiated and separated from other extractions.

Any Other Minor Oral Procedure

- Including all MOS procedures under same umbrella may be a bit difficult especially with different fees. It was commented that only 23 Apicectomies have been carries out in the past year in Scotland and they tend not to be a surgical speciality now. It was discussed whether this treatment should be included in the SDR at all.

Hard Splints

There was a discussion as to whether hard splints should be included in the SDR or not as very few labs are now making them. Many found it was difficult to find any lab that made them. Patients tended not to wear them and were not compliant. It was

noted that Consultants in dental hospital were still expecting the GDS to make them even though they were difficult to produce. Some members were still making them and thought they should still be included.
ZI stated that there are a variety of hard splints that can be provided however the issues lies within the patients need to be monitored regularly and assessed for improvement. A general dentists can provide the hard splint.

- It was asked if there would be a possible additional of item for "Repairing acid etch splint" or if it would be covered in urgent appointment.
  GL clarified this would be the latter.
- Discussion also took place regarding the possibility of adding periodontal splints under the acid etch retained split section.

Domiciliary Care and Recalled Attendance

- Distance may not be the best measure.
- Setting up a domiciliary care visit and also the difficulties of treating each individual patient might suggest the need for another IOS to be claimed to recognise a patient has been treated in a dom care setting.
  A member also highlighted that for recalled attendance to practice – a lot of time is taken to set a practice up before a patient arrives and again to close it down. Nurses also have to paid for in recalled attendance.
  It was noted that domiciliary care has been claimed more frequently due to PDS struggling to attend a patient visit. It is important to take this into factor. Members were advised that these things will be discussed with the BDA regarding deciding on an appropriate fee.
- Correlating SIMD codes within the caps/cons was also mentioned as the provision for children would not be included in the revised Det 1. In this regard, meeting the needs of elderly patients and an ageing population is challenging. There may be potential that this could be reflected in the caps/cons.

4. AOB/Further Comments

A member highlighted that generally the Det 1 changes may benefit it being broken down into more sections e.g. Section 3 does not read well with the number of different items.

In regards to the Perio section, there was a concern on how it would fit practically with patients. More information on this would be helpful. It was noted that SG is in talks with NES to help with education for Dentists.

Examination section, within the group, has been understood as a form of oral health assessment and planning phase. However as it is written, it reads as a standard exam.

Additionally it was reflected that the Determination 1 document must be agreed with the SDPC to allow it to work. The money introduced by Scottish Government for examination fees has not been reflected on/included in writing.

A member highlighted the new extended exams in which they are required to do BPE and charting for all patients. A new exam that is specific on what is required, clinicians may then end up spending a considerable time doing things they would normally not do.

It was raised by a member experiencing a number of children failing general aesthetic and therapist appointments, and following them up; would this be reflected in the continuing care in capitation. A considerable time, including lunchtimes, evening and cancelling surgery times are given to follow up these cases.

Members have also intimated concerns on the risks an overly comprehensive Determination 1 may create. As the majority of practices in Scotland are of a mixed-model, there is possibility of a new Det 1 to negatively impact access to basic NHS dental care due as mixed model practice transition into a primarily private model to stay financially viable.

During the workshop, members were asked to indicate the length of time each treatment item would take. This task was followed up via email as a written exercise.

5. Close

Members were thanked for their involvement provided over the 4 workshops. Communication will be maintained with the group by email in first instance. Further meetings may occur as the group have been very successful and fruitful in discussion.

Should members wish not to continue participation, it was asked if they were to email this choice to the SG team.

CDO & Dentistry Division
Scottish Government
December 2022

In Attendance

DCDO Chairs

Gavin McLellan	Gillian Leslie	
Fiona McFadzean	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)	Gillian Forsyth (Observer)

Secretariat:

Susan Osbaldstone	Ewan Stuart	Nicole Alterado