

**DENTISTS/DENTAL BODIES CORPORATE  
NATIONAL HEALTH SERVICE  
GENERAL DENTAL SERVICES**

**AMENDMENT NO. 163 TO THE STATEMENT OF DENTAL REMUNERATION**

**Overview**

1. Amendment No. 163 to the Statement of Dental Remuneration (SDR) provides for the following:
  - Determination I – minor changes to various treatment items to ensure they function as originally intended, effective from 1 April 2024;
  - Determination IV – changes to reflect that Vocational Trainees are employed by NHS Education for Scotland (NES) rather than Vocational Trainers, effective from 1 August 2022;
  - Determination XIII – update to the list of eligible areas and amend the requirement for the number of sessions to be provided, effective from 1 April 2024.
2. A copy of the full Amendment No. 163 can be viewed at:  
<https://www.scottishdental.org/>.

**Amendments to Determination I**

3. Following the implementation of a revised Determination I on 1 November 2023, as described in [PCA\(D\)\(2023\)5](#), we have become aware that a very small number of treatment items are not functioning as we intended. Therefore we have made a small number of minor changes to the provisos of some treatment items to ensure that the system functions as intended and dentists are able to claim for all appropriate treatments. The changes to the various treatment items are outlined below.

1-(b) – Review Examination

4. Whilst a 1-(b) cannot be claimed as part of an open course of treatment, we recognise that there may be some scenarios where a patient may need to attend the practice for a review of a separate issue whilst an open course of treatment is ongoing, for example the review of a suspicious lesion in between treatment appointments. We have included a proviso under item 1-(b) to confirm that this item can be claimed in these types of scenario. A review examination, in this situation, should be submitted on a separate claim form, and if further treatment is required, this will be added to the existing course of treatment.

1-(c) – Unscheduled care assessment and treatment

5. Item 1-(c) can only be claimed where there are no other treatment items that can be claimed, however, we recognise that in some instances radiographs may be required to help with diagnosis or the patient may be being seen in a domiciliary setting.

Therefore we have updated the provisos to enable radiographs and/or item 8-domiciliary visit and recalled attendance to be claimed alongside 1-(c), if required. Please note that if any codes other than 1-(d), 1-(e) or 8- are required then a 1-(c) should not be claimed.

6. We have also confirmed that 1-(c) cannot be claimed in relation to orthodontic issues in which the same dentist is also responsible for the orthodontic treatment where these issues are covered under item 32.
7. An additional proviso clarifies that a claim for 1-(c) must be submitted on a general claim form, with only radiographs and domiciliary visit and recalled attendance included on the claim if required.

#### 1-(f) – Study Models

8. The wording has been updated to clarify that study models can be used for 'orthodontic purposes' rather than 'orthodontic treatment', as study models may be required to determine if orthodontic treatment is appropriate for the patient even if treatment is not subsequently undertaken.
9. Furthermore, the wording has also been updated to make clear that study models can be claimed for the 'treatment planning for bridgework'. The previous wording referred only to 'bridgework'. Therefore, a claim can be made for a study model in instances where the bridgework is not subsequently undertaken.

#### 2-(a) – Enhanced preventive advice and treatment (including Childsmile)

10. Item 2-(a) has been amended to confirm that the item can only be claimed for children and dentate adult patients. This item cannot be claimed for edentulous adult patients.
11. We have also made clear that toothbrushing and interdental cleaning demonstration should be provided 'where appropriate'. Edentulous child patients are the exception to the proviso, in which toothbrushing and interdental cleaning demonstration would not be appropriate. All other claims under 2-(a) should include tooth brushing and interdental cleaning demonstration.

#### 3-(e) – Posterior Composite Supplement

12. We are conscious that there may be some non-aesthetic reasons why composite resin may be required to be used on posterior teeth for a range of patients, such as for tooth build up in patients with non-carious tooth surface loss. A proviso has been included to allow a posterior composite supplement to be claimed for treatment involving the occlusal surface of any posterior tooth where it is being provided for non-aesthetic reasons but does not include preventive resin restorations. This item can be claimed for all categories of patient.

#### 4-(c) – Post and/or Core Retention for crowns or bridges

13. We understand that there may be some scenarios where crown or bridge treatment is planned and a post and/or core retention has been provided and the patient fails to attend to complete the crown or bridge. Therefore, we have removed the proviso which states that item 4-(c) can only be claimed in connection with a crown placement or a conventional bridge. This allows for a 4-(c) claim to be made in instances where

a dentist has made and fitted the post or core retention but has not undertaken any element of the crown or bridge. It also allows the use of an existing well fitting crown that has decoronated and a post and/or core is required for retention.

14. An incomplete fee has also been included at 4-(c) in which a post and/or core retention has been made but has not been fitted and the patient has not attended the dentist for 2 complete calendar months. Appliances must be retained for at least 12 months after the date of payment. A balancing fee has also been included at 4-(c) should the patient resume their treatment.

#### 5-(c) – Advanced Surgical Extractions and 5-(d) – Advanced Surgical Procedures

15. It had been our intention for soft tissue surgery and other surgical procedures to be allowable under item 5-(c) when we introduced the new Determination I but as item 5-(c) is tooth specific, and results in removal of the tooth, it creates difficulties within the system to also have non-tooth specific procedures or surgical procedures where the tooth is not removed, included. In order to retain extractions of 3<sup>rd</sup> molars as a tooth specific item and also allow soft tissue surgery to be undertaken, an additional item (5-(d) – Advanced Surgical Procedures) has been included in Determination I.
16. Item 5-(d) allows for the following procedures:
  - surgical exposure of unerupted teeth for orthodontic purposes, including any necessary packing, suturing and application of orthodontic appliance components;
  - oral-antral fistula/communication closure with muco-periosteal buccal advancement flap;
  - frenectomy;
  - removal of a mucocele;
  - repair of a lateral perforation;
  - removal of odontoma;
  - apicectomy;
  - hemisection of a tooth where part is being retained and prepared;
  - biopsy and/or removal of a soft tissue lesion, including any necessary pathology and reporting;
  - removal of a cystic lesion within bone, including any necessary pathology and reporting;
  - periodontal surgery, including open flap debridement and/or resective therapy, gingivectomy, free gingival grafts and other periodontal plastic surgery.
17. Item 5-(d) includes all post-operative care and advice including arrest of haemorrhage, necessary sutures and their subsequent removal. Provisos in item 5-(d) also explain the instances in which radiographs should be available.
18. Item 5-(c) has been renamed as Advanced Surgical Extractions, and should continue to be claimed for surgical extractions of 3<sup>rd</sup> molars. Item 5-(d) should be claimed for other advanced surgical procedures, and examples of instances where this can be claimed are described in the provisos.

## Other minor amendments to Determination I

19. A minor amendment has been made to the proviso at item 1-(c), to confirm that unscheduled care assessment and treatment cannot be claimed for arrest of a haemorrhage where 5-(d) has been claimed at the same appointment.
20. Minor amendments have been made to items 3-(a) (Filling (single surface)), 3-(b) (Filling (2 surfaces)), 3-(c) (Filling (3 surfaces or more)) and 3-(e) (Posterior Composite Supplement) to clarify that these items can be claimed for patients who, at the start of a course of treatment, are under 15 years of age.
21. A minor amendment has also been made to item 4-(h) (Recementing of a Resin Retained Bridge) as it does not require to be tooth specific.

## **Amendments to Determination IV – Vocational Training Allowances**

22. As of 1 August 2022 the employment of vocational trainees was transferred to NHS Education for Scotland (NES). As part of this change trainees are now paid directly by NES, rather than trainee salaries being paid by the trainer and then reimbursed to the trainer by NES.
23. As a result, changes have been made to Determination IV to remove the reimbursement of the trainee salary to the trainer as part of the Vocational Training Allowance.
24. In addition, all references to trainees being employed by the trainer, and references to trainers employing a trainee a have been removed from Determination IV.

## **Amendments to Determination XIII - Recruitment and Retention Allowances**

25. The list of areas eligible for the Recruitment and Retention Allowance has been updated to align it with those areas that are eligible for the Scottish Dental Access Initiative (SDAI) grant. From the 1 April 2024 the eligible areas for the Recruitment and Retention Allowance will be:
  - Dalmellington and Patna within Ayrshire and Arran Health Board;
  - Borders Health Board;
  - Dumfries and Galloway Health Board;
  - Auchtermuchty, Leslie, Newburgh and Tayport within Fife Health Board;
  - Stirlingshire within Forth Valley Health Board;
  - Banff, Fraserburgh, Huntly and Moray within Grampian Health Board;
  - Inverclyde within Greater Glasgow and Clyde Health Board;
  - Highland Health Board;
  - Orkney Health Board;
  - Shetland Health Board;
  - Arbroath, Dundee, Forfar, Monifieth and Kinross within Tayside Health Board; and
  - Western Isles Health Board.
26. As part of the current eligibility conditions for the Recruitment and Retention Allowance contractors must agree to provide at least 4 sessions of general dental services per week in an eligible area. In order to facilitate more flexible working

patterns this will be changed, with effect from 1 April 2024, to a requirement to provide at least 16 sessions per month for the required period.

### **Publication of Emergency Drugs and Equipment in Primary Dental Care**

27. We would also like to take this opportunity to advise that updated guidance on emergency drugs and equipment within primary dental care settings was recently published and can be viewed online at: [Summary of Requirements - Emergency drugs and equipment in primary dental care - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/summary-of-requirements-emergency-drugs-and-equipment-in-primary-dental-care-2023-24/pages/2-1.aspx). Contractors and dental teams should familiarise themselves with this guidance.

### **Update on Quality Improvement Activity – 2022-25 Cycle**

28. As you will be aware the 2022-25 QI cycle will comprise three elements – a team based reflective report; an equality and diversity training module; and a practice-level workforce census. Access to the QI activity will be hosted through Turas and our intention is for these to be available from early April. These activities are appropriate for both GDS and PDS dental teams.
29. A further update will be provided in due course to confirm the precise date the QI activities will go live and any further information that may be required.

### **Enquiries**

30. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Primary Care Directorate  
11 March 2024