Response ID ANON-ZYMF-S62P-H

Submitted to **Scotland's Oral Health Plan. A Scottish Government Consultation Exercise on the Future of Oral Health Services**
Submitted on **2016-12-06 11:34:14**

About You

What is your name?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
Action for Sick Children Scotland

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in relation to this consultation exercise?

Yes

Are you responding as:

Other (please specify below)

If Dental Care Professional or Other, please specify.:
charity with experience in delivering Special Smiles oral health project in additional support for learning schools

Part A: Improving Oral Health

1 Which of the following would you regard as the most important? (Please rank your top three, 1–3, in order of importance)

rank items - Access to NHS dental services:

rank items - Cost of NHS dental services:

rank items - Services closer to your home address:

rank items - Child dental services:
1

rank items - Ageing population/domiciliary dental care (i.e. dental services in the home):

rank items - Oral health inequalities (e.g. people in more deprived areas typically have poorer oral health outcomes):
2

rank items - Quality of NHS dental care:
3

rank items - Other (please specify below):

If other, please specify.:

Comments::
Action for Sick Children Scotland has for more than thirty years campaigned for children and young people to receive the highest standard and quality of care

when they are ill in hospital, at home or in the community. Whilst our core purpose remains that of influencing and collaborating to secure best health care outcomes for sick children and young people, our activities also reflect the developments in the planning and delivery of health care in Scotland today. We work in partnership with parents, carers, health care professionals and most importantly with children and young people themselves. Underpinning all our work is the promotion of the healthcare rights of all children and young people as described in the EACH Charter and the corresponding articles of the UNCRC. A rights based approach has strongly informed our response to the current consultation.

ASCS has a keen interest in the oral health of Scotland's children and young people which we see as a health equality issue. From 2006 until April 2016 we worked in additional support for learning schools in various Scottish local authority areas training teachers to use our special smiles dental play resources. The aim was to support children with additional support needs to become accustomed to the dental environment so that they would better comply with oral health practices and dental treatment and so that their oral health would improve. This project was extremely successful as evidenced by evaluation and feedback from teachers and parents. This Special Smiles project also won national and international awards. We started this work as we saw the inequity in oral health provision whereby mainstream schools in areas of deprivation were given access to Childsmile tooth brushing and fluoride application and could be included in the NDIP programme. ASL schools were not however able to access this support despite such children being at the highest risk of dental caries because of their disability. We were pleased earlier in 2016 when the Chief Dental Officer, as a result of ASCS's campaigning activity, instructed all Health Boards to ensure all ASL schools are included as from August 2016 in the Dental Inspection Programme, Childsmile practices and fluoride application. This is a step in the right direction. We know however that some ASN children will not tolerate toothbrushing and dental treatment and will need sustained support to enable them to comply with NDIP, toothbrushing and Fluoride application. It is a matter of great regret to our organisation therefore that Scottish Government funding was not sufficient to enable us to continue beyond April 2016. We hope that in the future we will be able to resume this important work which clearly complements the work of NHS Childsmile teams.

2a NHS dental services should increasingly focus on prevention. Agree or Disagree?

Agree

Comments::
We believe Scottish Government could do more to emphasis to the Childsmile Programme that through antenatal care, expectant mothers may need more encouragement than at present to register with a dentist and that there needs to be a better pathway to ensure the new parents/carers are supported to attend on at least two occasions before the baby's teeth erupt. The health visitor pathway should help in this respect as long as dental health support workers are available to support disadvantaged families. This may have workforce implications and initial cost, but worthwhile for better long term outcomes. ASCS would be very happy to work with Scottish Government to support children with additional needs and dentally anxious children with no learning disability to prevent future unnecessary referrals to the PDS or referrals to hospital for general anaesthetic that could have been preventable if appropriate play preparation support had been available.

2b The Scottish Government should introduce a preventive care pathway. Agree or Disagree?

Agree

Comments::
The children who have benefited from Childsmile should transition into adulthood on the preventative pathway. Some of these will be approaching 18 years in age. They should be encouraged to continue to care for their teeth and the dentist should be happy they are maintaining their good oral health. If you miss out on these young people transitioning to adulthood and being motivated their adult teeth may not be maintained in good health.

2c Which group(s) of patients should a preventive care pathway be applied to in the first instance? (Please indicate a preferred option)

For all dental patients from the start

If other, please specify.:

Comments::

3a In the future it would be beneficial to introduce an Oral Health Risk Assessment. Agree or Disagree?

Agree

Comments::

3b If the Scottish Government introduced OHRAs, at what age should patients first receive an OHRA? (Please indicate a preferred option)

Other

Comments::
Preferably age 12 as young people begin to smoke and drink during early teenage years. It would be better to educate as early as possible about the risks associated with oral cancer from smoking and drinking and the higher risk of combining both alcohol and tobacco. We would advocate no later however than 16 years as up to that age there is more scope for orthodontic treatment if it is needed.

3c How often do you think OHRAs should be repeated? (Please indicate a preferred option)

Other

Comments::
At age 12, 15 and 18 yrs. We believe that it is necessary to provide these more regularly during adolescence

4a Complex treatments should be delivered more frequently by a local dental practice. Agree or Disagree?

Agree

Comments::
With reference to paragraph 2.3 on page.6 ‘The Hospital Dental Service (HDS) accepts patients on referral from medical and dental practitioners for consultant advice and treatment if appropriate for cases of special difficulty’, Action for Sick Children Scotland fully agrees with appropriate referral to the HDS for children who have complex needs. It is their right to be cared for in a setting that is safe for them and we agree that the HDS is most appropriate in those circumstances. However there are many children currently attending the HDS having only tooth extractions who do not fall into the category of having severe and complex long term conditions. Early intervention and prevention is key and these children should have been attending a dentist and their families given oral health support to avoid the need for multiple tooth extractions.

4b Which treatments should be delivered this way? (Please tick all that apply)

Certain oral surgery procedures, such as more complex tooth extractions

If other, please specify.:

Comments::
Sedation and other anxiety reduction situations, minor extractions in children that are currently inappropriately referred. Our only concern is the quality of enhanced training provided for GDPs.

5 The existing system of NHS dental charges needs to be simplified. Agree or Disagree?

Agree

Comments::
A simpler system of patient charges would be welcome, however ASCS's focus is on children and young people and up to the age of 18 years dental treatment is free.

Part B: Arrangements for General Dental Services (GDS)

6 A range of ‘shared services’, currently provided by NHS Boards, should be provided by a national body. Agree or Disagree?

Neither agree nor disagree

Comments::

7 Which duties could be taken on by this national body?

Not Answered

If other, please specify:

8 A formal contract should be introduced between NHS Boards and the practice owner(s). Agree or Disagree?

Neither agree nor disagree

Comments::

9 Patients should be registered with the dental practice. Agree or Disagree?

Agree

Comments::
As soon as a pregnancy is confirmed, the mother should register with the dentist for their future baby’s care. In so doing she will know who the baby’s dentist will be and can receive early oral health improvement contact with the dental team and be comfortable attending herself. It is important for the mother also to look after her teeth during pregnance. Anxiety and oral health habits can often transfer from adult to child and if the adult doesn’t attend a dentist then the child is unlikely to be taken to the dentist in the early years. Resources need to be put into supporting early years.

10 Patients should have a responsible dentist. Agree or Disagree?

Agree

Comments::
Parents of children who have additional needs tell us that they are often frustrated that they do not see the same dentist at each visit. Continuity is essential for children such as those with autism who are often thrown into chaos by unfamiliar surroundings, people and sensory stimulation. It can help these children to cope with the dental environment if they can become familiar with the person who is to deliver their treatment/care and the surroundings

11 The provision of earnings and expenses information should be a terms of service requirement. Agree or Disagree?

Neither agree nor disagree

Comments::

12 GDC-registered practice owners or GDC-registered directors of a dental practice should be required to provide a minimum number of hours of NHS clinical care per week in each practice location. Agree or Disagree?

Agree

Comments::
ASCS believes that this should be a requirement in order to evidence commitment to caring for their patient families. In the case of Childsmile, dental practices can leave the responsibility of fluoride varnishing to school visits, with the result that children slip through the net and children with additional needs are unlikely to cooperate with a stranger coming into school especially if they have no preparation. A child who has visited the practice on a regular basis from early in life will be more likely to sit and allow treatment applications.

13 Bodies corporate must list with the NHS Board for the provision of GDS. Agree or Disagree?

Neither agree nor disagree

Comments::

14 There should be a reduced set of allowances, including a new practice allowance and GDPallowance, that reward the level of NHS commitment and quality of service provided. Agree or Disagree?

Neither agree nor disagree

Comments::

15 There should be a new qualification criteria to determine which practices are NHS 'committed'. Agree or Disagree?

Agree

Comments::

16 The control of funding for NHS dental services should be gradually devolved to H&SCPs. Agree or Disagree?

Not Answered

Comments::
We are unsure. One concern is that under such an arrangement, funding allocation for children's services might diminish if adult services are seen to have a bigger priority. This could result in inequitable child service provision across Board areas.

17 There should be a Director of Dentistry with oversight of all aspects of dental services and oral health improvement at Board level. Agree or Disagree?

Agree

Comments::
It would make sense to have one person with an overview of the whole service. Our impression based on our experience of working with clinical directors and oral health improvement staff is that structures vary across Health Boards in terms of roles and responsibilities.

18 The Scottish Government proposes to review the remit of the Scottish Dental Practice Board. In your view should the SDPB be:

Not Answered

Comments::
no comment

19 In view of the proposal to introduce a new preventive care pathway, a new 'enhanced' Clinical Quality Monitoring Service for patients would be required. Agree or Disagree?

Agree

Comments::
Within the GDP service Childsmile should be a priority not viewed by dentists as a drain on resources or an expensive chore. It is not the case that all GDPs are practising Childsmile. It is inconsistent and many dental staff tell us that they are not freed up from other duties to carry out their Childsmile role within practice. A more robust monitor process would allow scrutiny of Childsmile activity more closely.

20 The Scottish Government proposes developing, and rolling out across Scotland, a nationaldatabase of key indicators of quality. Agree or Disagree?

Agree

Comments::
This would provide a benchmark and clear and specific areas of good practice against which dental teams can compare their performance. Quality indicators when used effectively inspire and motivate staff to engage in improvements to their work practice, for example a range of quality indicators related to Delivery of Childsmile. Action for Sick Children Scotland would be happy to contribute to the design of such a monitoring system.

21 The Scottish Government proposes the development of a process that will make protected learning time available for dentists and practice staff. Agree or Disagree?

Agree

Comments::
We welcome the inclusion in page 25 para 5.10 of the consultation of the statement 'We believe that protected learning time could be of benefit to dental practices and teams, to assist them in in undertaking quality improvement initiatives'.
And in the Summary of proposals pg.27 'Review our training requirements to ensure we train staff who can meet the care and treatment needs of the Scottish population'.
Action for Sick Children Scotland is currently working in partnership with NHS Education Scotland to deliver 'a rights-based approach to healthcare' training for dental staff working with children. Most of the paediatric dental team, clinical and non-clinical in NHS Lothian's Public Dental Service used their protective CPD time to come to an ASCS half day session in May/June 2016. We were very pleased to offer this training and we have been commissioned to deliver six training sessions in various parts of Scotland during this financial year. We have found that to date it is PDS personnel who are taking up this CPD opportunity for training, which needs to be promoted to the GDP service. We would welcome discussions on developing a way forward to work in partnership with Scottish Government to achieve this worthwhile goal.

We support the suggestion to 'develop a process which will make protected time available at practice, locality and H&SCP level
We believe that Scottish Government needs to develop or inform the development of a special care policy that will take into account, firstly, the UNCRC children's rights and begin to change the culture in the NHS GDP service where there is a reluctance to free up time and staff, to engage with children and young people and their parents/carers and provide a staged intervention. In the long term this will save NHS spending as only the most appropriate special care would need to be provided by the PDS. Providing protected time to dentists and their staff to develop their knowledge and skills would go some way to moving towards this transformational change.

Part C: General Comments

22 Thank you for taking the time to complete this questionnaire on the future of oral health services in Scotland. If you would like to provide any further thoughts or comments, please do so in the box below.

Comments::
As is clear from our consultation response, ASCS's focus is on children and young people. We feel if would have been helpful to have specifically referred to children with special needs in para 3.9 page 11.

We commend the greater emphasis on prevention rather than repair; w e also welcomed the general drive towards improving governance and quality of service at health board level.

In pay 18 - summary of proposals, we feel that a proposal should have been included which referred to children and young people with complex needs such as autism who can be adversely affected by a health facility environment.

Para 4.8: It would have been useful to allude to emergency or unscheduled dental services that do not need attendance at hospital.

Page 22: Summary of Proposals. It would be helpful to include reference to the fact that relevant 3rd sector organisations that provide evidence based complementary services to local GDS, PDS and HDS teams should be known to the H & SCPs and included in a national/regional register.

Patient Registration: para 4.11: it would have been helpful to include a description of what provision is available for temporary residents and visitors.

With reference to para 3.15 page13 'It is our aspiration to introduce a preventive care pathway with more emphasis on maintaining or improving the level of oral health. Our vision for a new preventive dental culture requires a system of payments to dentists which reflects its positive nature and aligns payments to the needs of the patient, whilst rewarding the time effort and hard work that the dental team put in to promoting and maintaining good oral health….where a child has poor or unstable oral health then continuing to remunerate the dentist would be more appropriate.'
Action for Sick Children Scotland agrees with this proposal. However, we suggest that instead of only introducing payment for treatment, additional ways could be developed to incentivise dental teams who are truly child centred.
For example funding could be made available so that Action for Sick Children Scotland's Special Smiles Dental Play™ Resources could be provided to any NHS GDP willing to incorporate play preparation into their work practice.
This would reward good practice in Childsmile activity and could assist GDPs to take forward work on parental engagement as an Enhanced Service pg.29 defined as 'Services that may be delivered in a primary care setting by certain General Dental Practitioners who specialise in these treatments'.
Play preparation could be considered as an alternative to sedation as a behaviour management enhanced service. If such creative thinking were employed we believe that it would help to improve oral health outcomes for Scotland's most disadvantaged children. Action for Sick Children Scotland would be happy to discuss further.

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:
Neither satisfied nor dissatisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:
Slightly satisfied

Please enter comments here.: