



NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

1. GENERAL DENTAL SERVICES (GDS)
2. SAFETY NET FUNCTION OF COMMUNITY DENTAL SERVICE (CDS)
3. SALARIED AND SALARIED PLUS BONUS DENTISTS PROVIDING GDS
4. JOINT CDS/GDS APPOINTMENTS

**Summary**

1. This letter:
  - 1.1 updates existing policy on CDS; and
  - 1.2 reminds Health Boards of the arrangements for appointing salaried dentists, salaried plus bonus dentists and joint CDS/GDS appointments.

**Action**

2. Health Boards are asked to ensure that, whenever possible, services for those experiencing difficulty in obtaining treatment in the GDS continue to be available through the CDS. This function is additional to that provided to patients who would not otherwise seek care within the GDS. Updated guidance on the functions of the CDS is included in Annex A.

3. A number of Health Boards currently use salaried dentists, salaried plus bonus dentists and/or joint appointments and other Health Boards may be thinking of doing so. Annexes B and C to this letter explain the arrangements for these appointments. Health Boards are reminded that they must seek approval from the Secretary of State before making or renewing such appointments.

14 August 1997

**Addressees**

For action:  
General Managers, Health Boards

Chief Executives, NHS Trusts

Primary Care Administrators,  
Health Boards

For information:  
General Manager,  
Common Services Agency

**Enquiries to:**

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COMMON SERVICES AGENCY	
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FILE No	
REFERRED TO	ACTION TAKEN

4. Approval for a salaried dentist, salaried plus bonus dentist or joint CDS/GDS appointment will be given where the Health Board can provide clear evidence of the need for such a post to ensure GDS provision. Annex D summarises the information which should be covered in any application for approval for a post of this kind.

5. In order to ensure that the Management Executive has an up-to-date picture of the number and distribution of salaried dentists, salaried plus bonus dentists and joint CDS/GDS appointees, all Health Boards are asked to complete the questionnaire attached at Annex E for staff in these categories of employment at 1 August 1997. Completed questionnaires should be returned to Lynne Morrison by **22 September 1997**.

6. Health Boards and NHS Trusts are asked to copy this letter to those responsible for the CDS and terms of contract of service for joint CDS/GDS appointees, salaried and salaried plus bonus dentists.

Yours sincerely



AGNES ROBSON  
Director of Primary Care

## **ROLE OF HEALTH BOARDS COMMUNITY DENTAL SERVICE**

### **Introduction**

1. The independent general dental practitioner (GDP) should remain the preferred provider of routine primary oral health care. In most parts of the country, NHS general dental services (GDS) are accessible to those who wish to make use of them. There are, however, local pockets where there are shortages of dentists offering GDS. The problem is often strongly localised. One of the functions of the Community Dental Service (CDS) is to provide a safety net service for patients who have approached their Health Board (HB) for help in finding an NHS dentist and for whom the HB is unable to find a dentist offering GDS.
2. The NHS (Primary Care) Act 1997 permits piloting of new local arrangements for the delivery of primary care dental services through local contracts between HBs and service providers. The pilots are intended to encourage local flexibility so that services can be delivered in a way which is better attuned to local needs and circumstances. Such arrangements may eventually be a local alternative to existing national arrangements for the provision of GDS.

### **Role of Health Boards (HBs)**

3. HBs have responsibility for the whole of primary care dentistry and increasingly will be able to adopt a unified approach to both the dental needs of their population and the availability of services to meet those needs. In planning primary care dental services, HBs should have regard to the local implementation of the Oral Health Strategy for Scotland, published in 1995.

### **Community Dental Service (CDS)**

4. HBs should ensure, whenever possible, that services for those experiencing difficulty in obtaining GDS treatment continue to be available through the CDS. This function is additional to that provided to patients who would not otherwise seek care within the GDS.

### **Role of the CDS**

5. In 1989, we issued guidance in Circular SHHD/DGM (1989)15 to HBs about the important roles and functions of the CDS. This guidance remains valid but is updated in the paragraph below.

6. HBs should plan local dental services and monitor the dental health of all age groups in the population as part of their dental public health responsibilities. In addition, HBs should contract with the CDS to undertake the following objectives:

- the provision of oral health promotion programmes including dental health education and the provision of dental public health programmes such as toothbrushing programmes fissure sealant programmes etc;
- the provision of facilities for a full range of treatment to patients who have experienced difficulty in obtaining treatment in the GDS, due to a scarcity of GPs willing or able to provide these services. (This is normally termed the **safety net** function);
- the provision of facilities for a full range of treatment to patients for whom there is evidence that they would not otherwise seek or be able to obtain treatment from the GDS eg patients with special needs;
- the provision of treatment which may not be generally available in the GDS, such as anaesthetics;
- oral monitoring of children in state-funded schools at least 3 times in each child's school life (this may need to be more frequent where the area has generally poor dental health) and of other client groups with particular special needs; and
- the provision of epidemiological field work principally for use by HBs in planning local dental services but also when required as part of the periodic programme of national surveys of child and adult health sponsored by the National Health Service Management Executive, in association with the Health Departments for England, Wales and Northern Ireland.

**SALARIED DENTISTS, SALARIED PLUS BONUS DENTISTS AND JOINT  
CDS/GDS APPOINTMENTS**

**Salaried Dentists**

1. The authority for appointing salaried dentists is contained in Section 33 of the NHS (Scotland) Act 1978. Health Boards (HBs) must seek the approval of the Secretary of State for such appointments.
2. HBs have responsibility for monitoring the availability of GDS in their areas. If an HB is concerned that existing GDS provision is insufficient to meet the demand and needs of the population, no independent general dental practitioner is available or willing to fill the gap and the CDS "safety net" is temporarily unable to meet these exceptional circumstances, then the HB may ask the Secretary of State, under Section 33 of the NHS (Scotland) Act 1978, to approve the appointment of a salaried dentist.
3. Salaried dentists are required to provide the normal range of GDS under the terms of the NHS (GDS) Regulations and to use standard NHS forms for the treatment of patients. Salaried dentists have the same obligations to their registered patients as independent dentists, for example provision of treatment in an emergency and provision of suitable facilities, although it is up to the HB or Trust (where the Trust is the employer) to decide how and by whom these obligations will be met.
4. Salaried dentists are required to collect patient charges in accordance with the Regulations and to remit all charges collected to (a) the HB where the HB is the employer or (b) either to the Trust or HB, depending on the agreement reached between these 2 bodies on funding arrangements. Salaried dentists are required to use the standard NHS claim forms in connection with the treatment of patients and to submit these to the Scottish Dental Practice Board (SDPB). The SDPB schedules the claims for care and treatment provided but, because salaried dentists receive a salary, they are not entitled to receive the scheduled fees.
5. The contracted hours for which salaried dentists are employed may vary. The rates of remuneration which may be paid to salaried dentists are set out in Determination II of the Statement of Dental Remuneration (SDR), which also explains how these rates are applied for varying contracted hours. Salaried dentists' remuneration is paid from the General Dental Services funds. HBs do not have discretion to vary the rates of pay: any proposed variations must be discussed with the National Health Service Management Executive and agreed by the Secretary of State.
6. HBs are referred to paragraph 6(3)(b) of Determination II of the SDR which states that the salary scale to which a salaried dentist is appointed should not exceed the 5th point on the scale.

7. The conditions of service for salaried and salaried plus bonus dentists are set out in Annex D.

8. Section 25 of the NHS (Scotland) Act 1978 places a duty on HBs to make arrangements with dental practitioners for the provision of GDS in their areas. A salaried dentist, as defined by the 1996 (GDS) (Scotland) Regulations, is not a provider of Part I services under an NHS contract but a salaried dentist employed under the terms and conditions of the 1996 Regulations to provide Part II services. The HB cannot delegate its function (under Section 25) to make arrangements for the provision of GDS under Part II. It can, however, delegate either the purely administrative function, ie the mechanical and administrative tasks in relation to a salaried dentist, or the role of employer. To delegate either of these, the HB may enter into an NHS contract with a Trust once the Secretary of State has approved the appointment. Where it is intended to delegate the role of employer, the Secretary of State must authorise the delegation of that role.

### **Salaried Plus Bonus Dentists/"Woodside Dentists"**

1. These appointments operate under the same terms and conditions of employment as other salaried dentists but the arrangements for remuneration are different.

2. Salaried plus bonus dentists are paid a set monthly income with additional bonus payments for work carried out above a certain level. The remuneration and method of calculating the bonus payable are set out in Part III of Determination II of the SDR.

3. Salaried plus bonus arrangements are designed to encourage these dentists to ensure a high level of productivity, achieving the most effective use of GDS resources. The arrangements allow a salaried dentist to earn an income above the limits which apply to standard salaried appointments. HBs should wherever possible seek to appoint salaried dentists on "Woodside" terms.

4. The conditions of service for salaried and salaried plus bonus dentists are set out in Annex D.

### **Joint CDS/GDS Appointments**

1. The authority for making joint appointments is contained in Section 33 of the NHS (Scotland) Act 1978. HBs must seek approval from the Secretary of State for such appointments.

2. The purpose of the joint CDS/GDS appointment is to provide GDS in areas, such as rural areas, where the service is not readily available, but there is insufficient need to sustain a salaried or independent dentist. Such appointments may also be suitable in areas of urban deprivation where there is poor oral health, there are no independent GDPs able or willing to provide GDS and the community aspect of the appointment may be considered important in linking in with other local community health initiatives.

3. A joint appointment dentist is employed as a member of the CDS but is permitted to provide GDS for a proportion of his/her time. A responsibility allowance, in addition to normal salary, is payable to a community dentist carrying out joint CDS/GDS services. This is a flat rate allowance paid in recognition of the additional responsibilities undertaken by the dentist. The rate of this allowance is determined centrally and notified to HBs.

4. When providing GDS, joint appointment community dentists must operate fully within the terms of the GDS (Scotland) Regulations and are subject to the NHS discipline procedures relevant to FHS practitioners. Normal GDS payment claim forms ie GP17 forms, require to be completed for every patient treated under the **GDS** and these should be submitted to the SDPB in the same way as forms used by independent practitioners. The SDPB issues a Health Board list number for this purpose. Patient charges are collected by the dentist (remission cases follow the same procedures laid down for GDPs) and should accrue to the CDS provider.

5. As CDS/GDS joint postholders are paid a salary by their CDS employer, they are not entitled to receive the scheduled fees for the care and treatment provided. The SDPB schedules the payments to the dentist's list number in the usual way and it is for the HB to make the necessary arrangements to have the net value of these payments (ie excluding patient contributions) transferred from the GDS vote to the CDS provider to offset the cost of the CDS.

6. Work undertaken as part of the CDS must **NOT** be entered on a payment claim form and submitted to the SDPB for scheduling.

**CONDITIONS OF SERVICE FOR SALARIED AND SALARIED PLUS BONUS  
DENTISTS**

**1. General**

- 1.1 The NHS (GDS) (Scotland) Regulations 1996 apply to salaried and salaried plus bonus dentists as they do to other GDPs. The terms of service are contained in Parts I to IV and VI of Schedule 1 to those Regulations as well as Determination II of the Statement of Dental Remuneration.
- 1.2 A dentist providing GDS at a health centre or other premises on a salaried or salaried plus bonus basis will be responsible to the appropriate HB and employed either by the HB or by a Trust, with the authorisation of the Secretary of State.

**2. Dental List**

The dentist must apply for the inclusion of his/her name on the dental list of the HB and remain on the list during his/her employment as a dentist by that HB or by the relevant Trust.

**3. Accommodation, Equipment and Assistance**

The HB or Trust will provide accommodation, furniture (fixed and moveable), laboratory support, equipment, materials and dental surgery and clerical assistance.

**4. Hours of Duty**

Hours of duty will be by mutual agreement between the dentists and the HB or Trust but, for full time dentists, will not be less than 37 hours a week, excluding meal times.

**5. Annual Leave**

Annual leave is at the rate of 6 weeks per annum in addition to the normal public holidays of the locality to be granted. The leave year will be fixed by the HB or Trust. Consideration will be given by the HB or Trust to any reasonable request for additional leave to attend appropriate postgraduate refresher courses.

6. A HB or Trust shall ensure that any salaried dentist it employs shall have the same sick leave entitlement as community dental staff, on similar terms as are set out in the "National Health Service Terms and Conditions of Service for Administrative Dental Officers and Community Clinical Dental Officers of Regional and District Health Authorities (Health Boards in Scotland)" which was published in September 1987.



## **7. Forms**

The dentist will be required to use the appropriate NHS forms in connection with the treatment of patients.

## **8. Appeals**

The dentist may appeal to the Secretary of State against a decision of the Scottish Dental Practice Board (under regulation 34A of the 1996 Regulations).

## **9. Collection of Patient Charges**

The dentist will be required to collect patients' charges in accordance with the Regulations for remittance to (a) the HB where the HB is the employer or (b) either to the Trust or HB, depending on the agreement reached between these 2 bodies on funding arrangements.

## **10. Anaesthetics**

The dentist will be responsible for obtaining the services of an anaesthetist when necessary. The HB or Trust will pay for the services of an anaesthetist an amount which will not exceed the fee prescribed in Determination I of the Statement of Dental Remuneration as being payable to a dentist employing an anaesthetist. Where the anaesthetist is a Trust employee, payments for anaesthetic services should be made to the Trust.

## **11. Domiciliary Visits**

If required to visit and treat a patient at any place other than the premises where the dentist is normally employed, the dentist shall be paid a mileage allowance for the use of his car at the currently Whitely rate.

## **12. Fee-Earning Basis**

The dentist may apply to the HB or Trust to convert to independent fee-earning status but, before permission is granted, the HB and the Secretary of State would have to be satisfied about the financial and other arrangements for the use by the dentist of the premises, staff and equipment.

## **13. Auxiliary Staff**

HBs shall employ auxiliary staff on the same pay and conditions of service as are set out in the Professional and Technical Staffs B and General Whitely Council Handbooks.

## **14. Appointment of Staff**

The salaried GDP should be on the panel when appointments of dental auxiliary staff working for the dentist are being made, terminated or renewed.

**15. Extra Sessions**

Arrangements for the employment of auxiliary staff when the dentist works additional sessions should be achieved by staggering the hours of work of the staff concerned, or as otherwise may be arranged.

**16. Superannuation**

For the purposes of the NHS (Superannuation) Regulations, a dentist who is remunerated solely by way of salary by HBs or Trusts for GDS will not be treated as a practitioner.

**17. Changes in Terms and Conditions**

No change should be made in these terms and conditions unless the Secretary of State so determines.

**18. Removal Expenses**

The dentist shall be subject to the provisions of Section 26 of the Whitley Councils for the Health Services (Great Britain) - General Council Conditions of Service.

**INFORMATION TO BE COVERED IN APPLICATION FOR APPROVAL TO  
APPOINT A SALARIED DENTIST/SALARIED PLUS BONUS DENTIST OR JOINT  
APPOINTMENT CDS/GDS DENTIST**

1. The exact geographical area of unmet demand/need.
2. An account of the dental health of the population in the area to be served.
3. Details of the location of NHS practices in the area.
4. Details of the CDS (in whole-time equivalence) available in the area, including details of any increase or decrease in these services in the last 3 years.
5. Action already taken to try to meet identified demand/need.
6. The reasons why it is now thought necessary to employ a salaried dentist/salaried plus bonus dentist/joint appointment and why the use of the CDS would not be as effective as employing a dentist of the type proposed in providing dental services where GDS provision is insufficient.
7. Number and type of appointments proposed.
8. How closely the proposed locations of appointees match actual demand/need.
9. Duration of appointment(s).
10. Proposals for monitoring and evaluating the continuing demand/need to employ the salaried dentist/salaried plus bonus/joint appointment.
11. Type of contract proposed (hours, salaried dentist with/without bonus etc).
12. If short-term appointments proposed, how continuing care/capitation obligations to patients can be guaranteed.
13. Premises: availability, type, tenure arrangements, location, any adaptations required.
14. Estimated annual revenue costs of the appointment.
15. Any longer-term proposals the HB has (i) to encourage an appropriate increase in GDS availability for the area in question or (ii) to increase CDS in the area.

**PROVISION OF GENERAL DENTAL SERVICES BY SALARIED DENTISTS,  
SALARIED PLUS BONUS DENTISTS AND JOINT CDS/GDS APPOINTMENTS**

**NAME OF HEALTH BOARD:** \_\_\_\_\_

**PLEASE RETURN BY:** 22 September 1997

**PLEASE PROVIDE ALL INFORMATION AS AT - 1 AUGUST 1997**

***PART I - SALARIED DENTISTS***

1. Do you or Trusts in your area employ any salaried dentists? YES NO  
If the answer is "NO" please go to Part II
  
2. How many are employed?  
(Please state number opposite and provide details below)

Name(s)	List Number	Date Started Employment or Date Post Initially Approved by Secretary of State	Employed Full-Time/Part-Time or on a Sessional Basis (Whole Time Equivalent)	Name(s) of Centre(s) where Practises

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

***PART II - SALARIED PLUS BONUS DENTISTS***

1. Do you or Trusts in your area employ any salaried plus bonus dentists? YES NO  
If the answer is "NO" please go to Part III
  
2. How many are employed?  
(Please state number opposite and provide details below)

Name(s)	List Number	Date Started Employment or Date Post Initially Approved by Secretary of State	Name(s) of Centre(s) where Practises

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

**PART III - JOINT CDS/GDS APPOINTMENTS**

1. Do you have any joint CDS/GDS appointments in your area? YES      NO

2. How many?  
(Please state number opposite and provide details below)

Name(s)	List Number	Date Started Employment or Date Post Initially Approved by Secretary of State	CDS Provider (Trust/Unit)	Name(s) of Centre(s) where undertakes GDS	Time Spend on CDS (wte) and GDS (wte)

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

**NIL RETURNS ARE ALSO REQUIRED**

**HEALTH BOARD CONTACT:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**NOTE: SIMILAR CIRCULARS WILL BE FORWARDED FOR UPDATING PURPOSES**