CDO(2020)14

Primary Care Directorate Dentistry and Optometry Division





14 September 2020

## Colleagues

You will recall that in our recent discussions, I advised Directors of Dentistry (DoDs) to adopt a particular approach in dealing with complaints about GDPs who may be misinforming patients about the range of NHS services available following lockdown or coercing patients into undertaking private treatment. Due to the levels of correspondence being received daily by the Scottish Government and I understand, by many of you, I am contacting you to reiterate this position. You may also be aware that the prevalence of a two tier dentistry service in Scotland was also raised at First Ministers Questions on 10 September 2020.

As a DoD you have a role in investigating and proactively countering these incidents to ensure that NHS services are sustained. I would encourage you again to adopt the type of format in the letter drafted by Jonathan Iloya (Annex A) in response to claims made by a local GDP that rebuts the misrepresentations and robustly advises against misleading patients on a number of matters, including the range and accessibility of treatments being offered under the NHS.

For the avoidance of doubt, the rules governing the delivery of NHS dental services are laid out in the General Dental Services Regulations 2010 (Paragraph 17 of schedule 1 refers) and those governing the conduct of GDPs in the General Dental Council's standards for dental practice (standards 1.6 & 1.7 refers). Regulation 15 of the 2010 Regulations sets out the process for withdrawing from the provision of NHS dental services.

Meanwhile, Scottish Government Officials in their correspondence will increasingly be directing the public to Health Boards for answers. I understand that you have already been asked to provide a generic mailbox address to support that move. Additionally, in the coming months, the Scottish Government plans a national communications exercise to inform the public about changes to Primary Care services and pathways, including changes to dentistry. This may help to mitigate some of the levels of misleading information that is currently circulating.



CDO(2020)14 Yours sincerely

Enfaire,

Tom Ferris Chief Dental Officer



I am writing to express my surprise and disappointment at the messages conveyed in your Email of 20<sup>th</sup> July "Urgent NHS Notice to Patients" which has been forwarded to me by several of your patients who have expressed concerns and dismay about the content of the email and feelings of being coerced into paying for private treatment.

Primarily we have two concerns - firstly there are some factually incorrect and misleading claims and secondly and perhaps more worryingly, it could be interpreted as an attempt to coerce your NHS patients to switch to private treatment, which is a serious matter, and not in the spirit of the relationship we would expect from our dental contractors.

Looking at two elements of the correspondence:

1. "The FM failed to inform the public that this is not for public health reasons. This is purely a financial decision as privately paid treatment is permitted. Therefore, if you are an NHS patient, we can only provide dental treatment on a private basis (see below)." The first part of this statement is a strong allegation against the First Minister which is based on your opinion and should be clearly stated as such. The inference in the second part of the statement that you can only provide private dental treatment to NHS patients on a private basis is clearly incorrect and misleading. We are currently in Phase 3 of the Remobilisation of Dental Services which allows for the provision of routine dental treatment that does not require aerosol generating procedures (AGPs) for NHS patients. Your notice also fails to point out that AGPs for urgent cases continue to be available in the Urgent Dental Care Centres. This therefore appears to be a blatant attempt to coerce NHS patients to convert to private plans.

2. **"With this in mind and being aware that this issue is not likely to change any time soon with a return to the previous system being highly unlikely and NHS dental check-ups and treatments being postponed until well into 2021/22"** This is also factually incorrect. The Chief Dental Officer in his letter of the 9<sup>th</sup> July 2020 indicated that he had commissioned an expert review of aerosol generating procedures (AGPs) and will be writing to the profession shortly on how they might be introduced safely in practice. So, there is every likelihood that these services will return in the near future, and these are referenced in Phase 4 of the dental remobilisation plan. To make such a statement therefore suggests that your practice has not read the Scottish Government correspondence regarding this, which is of particular concern, as you are required to familiarise with all relevant information related to the COVID-19 pandemic.

I think it is especially disappointing that you have chosen to attempt to influence your patients with these misleading claims and can only feel that this reflects poorly on the practice, especially when it can be clearly evidenced that these statements are only opinion, and on closer examination are unfounded.

It may be possible that you were unaware of the wording prior to communication but, given the inaccurate content and potential embarrassment to your practice's reputation should the evidence come to light around the lack of substance, I suggest that you issue an updated communication to your patients, making especially clear that NHS patients will continue to be seen at the practice without a private care plan in line with the Scottish Government's current Phase 3 of the remobilisation of NHS dental services .

