Primary Care Directorate Dentistry, Optometry and Audiology Division



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David McColl
Chair. Scottish Dental Practice Committee

By email d.mccoll@btinternet.com

27 June 2022

Dear David,

Thank-you for your letter of 15 June regarding the value of the multiplier and the associated review point at the end of June.

The Government has previously communicated in full to NHS dental contractors the precise mechanics and the factors that will be considered as part of the decision-making review process for the multiplier. PCA(D)(2022)(3) states quite clearly that "the value of the 'multiplier' will be determined by Scottish Government after considering:

- Infection, prevention and control (IPC) measures in place;
- Levels of dental activity;
- Budgetary requirements."

With the review of the multiplier value, including the requirement to retain the multiplier, carried out "at three monthly intervals based on the factors described above in that period." The 'multiplier' is a temporary expedient and must be "set on the basis of the continued uncertainty around IPC restrictions on the sector, the need to ensure a reasonable transition for NHS dental contractors moving off emergency support payments, and what is affordable to the Scottish Government." In setting the multiplier value for the second quarter of 2022/23 at 1.3 (an additional 0.3 on item of service fee claims) we have considered carefully the available evidence as described, and as intimated in the Cabinet Secretary's letter to the wider profession, the need to maintain the considerable progress that has been made over the first quarter of these new arrangements.

PCA(D)(2022)(3) also made reference to reform and in particular a recognition that the prepandemic Statement of Dental Remuneration would not be acceptable to the sector. You will see that we intend to start a national conversation, as intimated to you in our meeting last month and set out in the Cabinet Secretary's letter to the whole sector, designed to be an inclusive and open process with an initial survey on treatments for inclusion in a future NHS model. In the first instance it feels correct to begin this process by revisiting a key concern expressed by the sector from the consultation phase of the Oral Health Improvement Plan and





amplified during the pandemic, the day-to-day challenges associated with the current suite of fee codes. Going forward the intention is to ensure opportunities are available for all of the sector to comment on further iterations as we move forward with our reform and change programme. The intention is to build a national consensus and we can only do that through periodical engagement with the whole sector.

I would therefore hope that you are able to engage collegiately with this process and look forward to working with you and the new Committee.

Yours sincerely,

Tom Ferris,

Chief Dental Officer



