

## Equality Impact Assessment

### Section 1: About the proposal

<b>Title of Proposal</b>
Reduction to Public Dental Service Community Budget
Redesign/reduction of Management capacity of A&B Public Dental Service

<b>Intended outcome of proposal</b>
Reduction of Senior Dental Officer post from 1.0WTE to 0.6 WTE

<b>Description of proposal</b>
<p>One of the Senior Dental Officer (SDO) posts within the Argyll &amp; Bute Public Dental Service (A&amp;B PDS) has a distinctive role, in that it forms part of the five-strong Dental Management Team (DMT).</p> <p>NHS Highland has a Clinical Dental Director (CDD) based in Inverness, and this individual is Head of Service for the North Highland PDS. Since A&amp;B PDS is a separate, distinct service from North Highland PDS, and small compared with some in Scotland, the Head of Service in A&amp;B has been set at Assistant Clinical Dental Director (ACDD) grade, although in practice performs many of the functions of a CDD.</p> <p>The SDO post in question fulfils part of the role which would be carried out by an ACDD in a Service which also has a CDD. The SDO currently has a 0.6/0.4 WTE split between clinical and non-clinical functions respectively.</p> <p>The current proposal is that the SDO is reduced from 1.0 WTE to 0.6 WTE, and carries out only clinical duties.</p>

<b>HSCP Strategic Priorities to which the proposal contributes</b>

<b>Lead officer details</b>	
Name of lead officer	Donald Macfarlane
Job title	Assistant Clinical Dental Director
Department	A&B Public Dental Service
<b>Appropriate officer details</b>	
Name of appropriate officer	Donald Macfarlane
Job title	Assistant Clinical Dental Director
Department	A&B Public Dental Service

Sign-off of EIA	
Date of sign-off	

<b>Who will deliver the proposal?</b>
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Dental Management Team

## Section 2: Evidence used in the course of carrying out EIA

### Consultation / engagement

Dental Management Team. Discussed proposal with NHS Highland Clinical Dental Director.  
No wider consultation as yet

### Data

### Other information

In discussion with NHS Highland Clinical Dental Director, concerns raised that this proposal will leave A&B PDS with a shortfall in clinical support and management required to provide an adequate level of service.

### Gaps in evidence

## Section 3: Impact of proposal

### Impact on service users:

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age	X			
Disability	X			
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
<b>Fairer Scotland Duty:</b>		X		
Mainland rural population				X
Island populations				X
Low income				X
Low wealth				X
Material deprivation				X
Area deprivation				X
Socio-economic background				X
Communities of place				
Communities of interest				

### If you have identified any negative impacts on service users, give more detail here:

In comparison with other potential savings options, the direct negative impact on service users would be lower

The main impact would relate to the fact that one element of the SDO role is to support and mentor less experienced clinicians. This would be carried out during the postholder's non-clinical sessions. One type of mentoring would be for those clinicians learning to use Inhalational Sedation as part of patient anxiety management, particularly with children. If this mentoring is not available, it will significantly reduce the capacity of the Service to provide

sedation, and could result in a greater number of children being referred for dental extractions under General Anaesthetic, which carries inherently greater risks than Inhalational Sedation.

To mitigate this risk, there is the possibility that collaboration with either North Highland PDS, or neighbouring Health Boards' Public Dental Services, may allow elements of training in, for example, inhalational sedation, as this has been done in the past. However, recent experience has shown that other PDS services are already stretched, and may not have the capacity to offer help.

In addition, if the mentoring function described above were to be carried out within the 0.6 WTE role, this would reduce the clinical sessions of the SDO, thereby reducing the capacity of the Service to see vulnerable groups of patient.

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**

It may not be possible to identify impacts on patients who fall within FSD, until some time after the redesigned SDO post had been recruited to (were this Proposal to be agreed)

**How has 'due regard' been given to any negative impacts that have been identified?**

**Impact on service deliverers (including employees, volunteers etc.):**

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age		x		
Disability		x		
Ethnicity		x		
Sex			x	
Gender reassignment		x		
Marriage and Civil Partnership		x		
Pregnancy and Maternity		x		
Religion		x		
Sexual Orientation		x		
<b>Fairer Scotland Duty:</b>				
Mainland rural population		x		
Island populations		x		
Low income		x		
Low wealth		x		
Material deprivation		x		
Area deprivation		x		
Socio-economic background		x		
Communities of place		x		
Communities of interest		x		

**If you have identified any negative impacts on service deliverers, give more detail here:**

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**

**How has 'due regard' been given to any negative impacts that have been identified?**

#### Section 4: Interdependencies

<b>Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?</b>	The knock on effects are detailed above
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<b>Details of knock-on effects identified</b>
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#### Section 5: Monitoring and review

<b>Monitoring and review</b>
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