

**EXPLANATORY MEMORANDUM TO
THE NATIONAL HEALTH SERVICE (STANDING ADVISORY COMMITTEES)
AMENDMENT ORDER 2010**

2010 No. 635

1. This Explanatory Memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.

2. Purpose of the instrument

2.1 The Order makes provision for the abolition of the Standing Dental Advisory Committee

3. Matters of special interest to the Joint Committee on Statutory Instruments

3.1 none

4. Legislative Context

4.1 The Standing Dental Advisory Committee (SDAC) is a statutory Non-Departmental Public Body (NDPB) constituted under section 250 of the National Health Service Act 2006 and section 189 of the National Health Service (Wales) Act 2006 (which replaced section 6(3) of the National Health Service Act 1977). This body was set up in 1949 as one of the nine bodies to advise Ministers on matters relating to services provided under the Act. The terms of reference of these bodies state that "It shall be the duty of a committee so constituted to advise the Secretary of State upon

- such matters relating to the services with which the committee are concerned as they may think fit, and
- any questions referred to them by the Secretary of State relating to these services.

4.2 The SDAC exercised functions in relation to both England and Wales and, as a "cross-border body" under the Government of Wales Act 2006, the Secretary of State is able to exercise powers under both the NHS Act 2006 and the NHS (Wales) Act 2006 to abolish the SDAC. Welsh Ministers have agreed this approach.

5. Territorial Extent and Application

5.1 This instrument applies to England and Wales.

6. European Convention on Human Rights

6.1 As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

7. Policy Background

- *What is being done and why*

- 7.1 The Department (DH) and the Welsh Assembly Government (WAG) conducted a consultation on the future of the SDAC from 1st November 2007 to 31st January 2008. The consultation document noted that SDAC provided a useful source of professional advice on dentistry including publication of two reports of expert groups:
- Conscious Sedation in Primary Care Dentistry (2003); and
 - A Review of the Dentally Based Specialties and Specialist Lists (2004).
- 7.2 However, an increasing number of other sources of advice have emerged and the DH and WAG now invite views and comments from patients and consumers, the NHS, business and other key stakeholders on dental and oral health policies. For example, changes in the treatment of impacted wisdom teeth and the dental recall interval were informed by advice from the National Institute for Health and Clinical Excellence (NICE), and the National Screening Committee recommended that the dental screening of school children be discontinued.
- 7.3 DH and WAG have also found that ad hoc committees offer an effective means of obtaining policy advice in areas like the
- location of additional training places for dental students
 - monitoring of implementation of the government's reforms to NHS primary care dentistry
 - terms and conditions of salaried dentists
 - development of competency frameworks for Dentists with Special Interests in conjunction with Faculty of General Dental Practice (UK) which is just one of the sources of professional dental advice which has become available after establishment of the SDAC.
- 7.4 Because they are time-limited and subject specific, ad hoc committees make fewer demands than standing committees of both expert members and the secretarial staff who service them. They are also compatible with the change in the DH and WAG's role and size, and the consequential change in their way of working, aimed at putting the frontline first and reducing inessential regulatory and policy activities.

8. Consultation outcome

- 8.1 The consultation document was sent to nineteen organisations comprising all the main stakeholders in dentistry including the British Dental Association and the Faculty of Dental Surgery of the Royal College of Surgeons. Seventeen responses were received. Nearly all the comments were in favour of retaining the SDAC on account of
- the need for Ministers to have independent advice
 - the need to retain the direct access the Chair of SDAC has to Ministers; and
 - the potential SDAC offers for raising the profile of dentistry.
- 8.2 Full consideration was given to these representations, but there is no reason to believe that Ministers have a greater need for independent advice on dentistry than other areas of health care, such as medicine and nursing, whose standing advisory committees were abolished. Whilst dentistry continues to have a key contribution to make to the NHS, it does not appear that SDAC is essential to ensure independent advice on dentistry and oral health is given directly to Ministers and to senior civil

servants. There are many existing and emerging mechanisms that can offer this advice.

9. Guidance

9.1 None is required.

10. Impact

10.1 There is no impact on business, charities, or voluntary bodies

10.2 There are savings for the public sector. Since SDAC' ceased meeting after announcement of the outcome of the consultation the Department of Health has saved some £500 per annum paid in travelling expenses and freed up the time that members would have spent attending meetings and officials would have spent proving the secretariat.

10.3 An impact assessment has not been prepared for this Order.

11. Regulating Small Business

11.1 The legislation does not apply to small business

12. Monitoring and review

12.1 The Chief Dental Officer of the Department of Health regularly reviews channels of communication with clinicians in all areas of dentistry.

13. Contact

Jerry Read at the Department of Health – tel. 0207 633 4132 or email: jerry.read@dh.gsi.gov.uk can answer any queries on the instrument.