Shetland Islands Health and Social Care Partnership

Agenda Item
13

Meeting(s):	Shetland NHS Board	
Report Title:	Oral Health Strategy 2023-2027	
Reference Number:	Board Paper 2023/23/33	
Author / Job Title:	Antony Visocchi, Director of Dentistry, NHS Shetland	

1.0 Decisions / Action required:

1.1 That the Board **APPROVES** the overall Oral Health Strategy (including the 3-Phase Strategy) related to improving and sustaining dental service provision for the Shetland population; set out in Appendix 1.

2.0 High Level Summary:

2.1 The purpose of this report and its appendices is to identify and address the issues facing NHS dental service provision on Shetland. Specifically, this report re-focuses NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community

3.0 Corporate Priorities and Joint Working:

3.1 None

4.0 Key Issues:

4.1 Support for *NHS Shetland 3-Phase Dental Strategy* (Appendix 1).

4.2 This will include the support for NHS Shetland Dental Services in negotiations with Scottish Government as well as a recognition and wiliness to review of the level of NHS Shetland central funding which is allocated to the Dental Service

5.0 Exempt and/or confidential information:

5.1 Confidential until approved by IJB

6.0	**Implications :** Identify any issues or aspects of the report that have implications under the following headings
6.1 Service Users, Patients and Communities:	For NHS Shetland, it is recommended that a return to the pre-2006, directly Board managed combined service, would provide sustainability and self-determination of the dental service for the Shetland population. To change the focus of delivery and funding of dental services in Shetland, from the reliance on independent contractors to a comprehensive and self-determined Health Board delivered service for the whole community. This will allow NHS Shetland to manage the progress towards the dentist:patient national average. It is the intention to hold a public engagement/consultation at the appropriate time. As *Phase 1* focuses on improving access and returning the dental service to pre-COVID levels, the full benefit of any public engagement and consultation would be realised when a significant change to the service is being planned i.e. *Phase 2* and *Phase 3.* It is also recommended that this approach is pursued regardless of any service provided in the GDS
6.2 Human Resources and Organisational Development:	**Workforce** The current position is; • Unfilled posts – significant numbers of unfilled posts (clinical, reception and management) but budget overspend is not allowing BVRs to be successfully approved. • We are depending on bank as an interim to allow service delivery • Third round of recruitment since March 2022 for dentist has just closed unsuccessfully. We are no not able to recruit to this position due to budget forecasts • Senior Dental Officer positon now available – recruitment live • Pertinent issues: sickness absence increasing, concerns about job satisfaction increasing thus retention becoming an issue **Recruitment Limitations** Currently, due to the budget pressures and the lack of secured, recurrent funding, we are only able to recruit to 12 month fixed term posts. This may be having a detrimental effect on those wishing to work for NHS Shetland due to the move being too substantial a life change for anyone to consider moving here for 12 months and due the scope of potential candidates being much reduced. The whole profession is having a workforce crisis and this is magnified in remote and rural regions. Therefore to cast the net as wide as possible, Shetland needs to be able to offer the option

	of a substantive contract in order to attract the interest of the group of dentists who would not consider a fixed term option.
6.3 Equality, Diversity and Human Rights:	N/A
6.4 Legal:	None
6.5 Finance: Impact against in year budget:	**Budget – Real Terms Reduction** At the end of FY 21-22, Shetland Dental Service's budget was at break-even point. However by the end of Q1 FY 22-23, if the service was to maintained at the same level as 2021-22, the forecast was for a 200k overspend. The main reason for this predicted deficit is non central funding for the AfC pay rise for dental staff of at a cost of £198,787. This reason aligned to past years with dental funding not being included in NHS Shetland's baseline funding increases. Therefore the dental service has had to subsume any salary increases within the existing budget rather than receiving additional central funding to offset this increase, which is the case for all other services within NHS Shetland. A tipping point has been reached where the increase pay costs cannot be subsumed in a standstill budget. Due to active savings and workforce positons remaining vacant, the dental budget is now forecast as breaking even for 2022-23. Consequently, without any additional funding, there is currently a reduction in the service (by 3.0 WTE) to 5.3 WTE (currently 4.3 WTE in post); a reduction of 36%-52%. In July 2022, NHS Shetland dental service has also lost a Dental Therapist, reducing this capacity from 2.0 WTE to 1.0 WTE. Without this matter being addressed, the budget will continually be insufficient for the needs and a real-terms reduction of the service will continue. **Budget Proposal** In order for the dental service provided by NHS Shetland to be maintained at the 2021-22 level, additional funding is being sought. The immediate additional funding has been calculated by looking at the under-funding, undertaking a WTE assessment and allowing for increased costs. It has also been requested that the outcome of this review is that **future funding is recurring, is index linked to any future salary uplifts and for the dental service to be included in future NHS Board annual funding increases**. Failure to secure this increased baseline funding as recurring, will result in our service being faced with the same deficit every 1-2 years. **Reduced Income Generation**

	Pre-COVID, we have been reliant upon this to provide part of NHS Shetland Dental Service overall funding stream. However, patient changes were abandoned during the first 12 months of COVID. When they were reinstated, so little work was possible, that very little patient charges were generated. Of the income that was and is still being generated, only small items of treatment are able to be completed (due to the pressures on the service) and therefore only small fees are being taken into the service. This has amounted to a reduction in revenue of £93,769.00 from 2021/22 and 2022/23. The continued provision of non-rotuine, emergency-only and access care within NHS Shetland PDS is effectively also limiting the ability of the service to increase income generation.
Impact against MTFP:	N/A
Other:	The level funding of the dental budget from NHS Shetland's central funding will have to be reviewed as part of this process
6.6 Assets and Property:	Phase 2 and Phase 3 will require increased clinical facilities managed in two stages; 1. Improved and increased clinical facilities within existing footprint of dental services 2. Consolidation, increased and improved facilities to be considered in the planning of any new hospital facilities to replace the Gilbert Bain Hospital
6.7 ICT and new technologies:	N/A
6.8 Environmental:	Dental Examinations have been shown to be one of the most environmentally damaging health service provision. Increase service provision across Shetland will reduce travel and unnecessary appointments
6.9 Risk Management:	Without a fundamental review and re-funding of the dental service provision in Shetland, there will inevitably be a continued reduction of the dental service to emergency access and unscheduled care only. If this were to be allowed to happen, recovery from this would be almost impossible The risks affecting the viability of NHS Shetland PDS and the patient safety concerns at the independent GDS provider have been registered with the IJB Risk Register, the OCGG and the JGG.

6.10 Policy and Delegated Authority:	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the parties to ensure services are delivered within the allocated budgets.	
6.11 Previously considered by:	Nil	

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12 September 2023

Appendices:
Appendix 1 – Oral Health Strategy 2023-2027 (Updated Draft: 11 September 2023)

Oral Health Strategy 2023-2027

Updated Draft: September 2023

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Contents

Appendix 1
Scottish Government Oral Health Improvement Programme (OHIP) 2018

Appendix 2
Summary of OHIP

Introduction

The following matters were covered in the NHS Shetland Oral Health Strategy 2016-2020;

- The Vision of Oral Health for All the People of Scotland
- Background
- Demographics
- Dental Diseases – barriers to Oral Health
- Dental Epidemiology
- Health Board Responsibilities
- The Provision of Oral Health Care in Scotland
- Current Oral Health Care Provision in Shetland
- A vision for Quality Assessment of Specialist Services in Shetland
- Planning for Special Care Dentistry in Shetland
- Shaping Oral Health Services in Shetland for the future

In 2018, the Scottish Government produced an Oral Health Improvement Plan (OHIP). Please see *Appendices 1* and *2*.

Although this was not fully implemented pre-pandemic and is not now being fully adopted, the principles are still very much being considered. The main areas of the Oral Health Improvement Plan are;

1. Oral Health Assessment
2. Share of Care Between GDS & PDS for Social Deprivation and Priority Groups
3. Clinical Pathways, Enhanced Skills and Self Screening
4. Simplification of Item of Service
5. Leadership, Standards & Regulation
6. Workforce
7. CPD
8. Support

The NHS Shetland Oral Health Strategy 2023-27 will consider the current local and national positions of dental service provision post-pandemic as well as the principles of the previous Oral Health Strategy and the OHIP

This Oral Health Strategy is presented under three headings;

1. **Where Are We Now?**
2. **Where Do We Want To Get To?**
3. **How Will We Get There?**

Chapter 1: Where Are We Now?

General Background

In Shetland at present, the is an inadequate GDS independent sector which means that the, the PDS is being overly relied upon to provide NHS care for;

- Historically Registered Patients (GDS patients but registered in PDS)
- PDS Services (PDS Criteria Priority Groups)
- Enhanced/Secondary Care Services
- Access for Unregistered Patients

The PDS undertaking far more GDS work that the service is currently resourced for. NHS patient registrations are as follows;

NHS Shetland Territory population	22,920
Registered NHS Patients across NHS Shetland territory	22,695 = 99%
NHS Registration (NHS Shetland PDS)	15,594 = 68%
NHS Registration (GDS independent practices)	7,101 = 31%

However, registration does not equate to access

To date, the approach has been to endeavour to replicate the model of dental service deliver on mainland board areas (approx. 80% GDS; 20% PDS). This has involved pursuing a larger GDS, most notably but the opening of an SDAI grant practice to address unmet need, in 2016.

NHS Shetland Public Dental Service

- Due to ongoing workforce pressures and a rapid contraction in the independent General Dental Service sector in Shetland, NHS Shetland Public Dental Service is operating at a reduced service providing only high-priority and emergency NHS care. PDS Specialist services are being maintained alongside this when and where possible.

- The situation is exacerbated by increasing need for emergency and longitudinal care as well as by increasing workforce gaps and the growing burden on the current staff resilience causing burn out and increasing absence levels.

- Since Jun 2022, NHS Shetland Dental Service is operating at a reduced service - non-routine, high-priority, emergency only care.

- PDS Specialist services are being maintained alongside this when and where possible.

- A move away from this is not likely without additional funding and the ability to recruit additional workforce (see dentist:patient ratios below)

- NHS Shetland Public Dental Service exists primarily to provide dental care for patients identified as belonging to *Priority Groups*. Therefore, our priority at the moment is to maintain the basic level of health of our current priority patients

- Communicating this position to the patients and managing expectation is a priority

A return to a comprehensive service not expected without a fundamental review of how dental service provision on Shetland is delivered and funded.

This is also required to align to the NHS Scotland 2023/24 Annual Delivery Plan and 2023/26 Medium Term Plan;

Drivers for Recovery 1	Primary & Community Care Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community
1.6 Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.	

Independent NHS Dental Contractors

The situation with the only GDS practice within NHS Shetland is precarious. As of 31 Jan 2023, the practice has 3.0 WTE dentists working. In addition, the NHS activity of these dentists is currently at 36% of pre-COVID NHS activity (Feb Pd Mar). The highest activity level since March 2020 has been 54% of baseline pre-COVID activity

These ongoing matters with regards patient access and care within the GDS on Shetland, consequently, the pressure on NHS Shetland Public Dental Service will be heightened.

Salient Points;

- Recently presented SBAR raising concerns related to the level and standard of care provided at independent NHS dental practice in Shetland
- The practice still does not have a valid practice inspection certificate
- Recommendation - continued close monitoring of the situation with input from NHS Shetland Chief Executive.
- Implications of the independent practice withdrawing from the SDAI Grant and the obligations that accompany it (August 2023)

Budget – Real Terms Reduction

At the end of FY 21-22, Shetland Dental Service's budget was at break-even point. However by the end of Q1 FY 22-23, if the service was to maintained at the same level as 2021-22, the forecast was for a 200k overspend.

The main reason for this predicted deficit is non central funding for the AfC pay rise for dental staff of at a cost of £198,787. This reason aligned to past years with dental funding not being included in NHS Shetland's baseline funding increases.

Therefore the dental service has had to subsume any salary increases within the existing budget rather than receiving additional central funding to offset this increase, which is the case for all other services within NHS Shetland. A tipping point has been reached where the increase pay costs cannot be subsumed in a standstill budget.

Due to active savings and workforce positons remaining vacant, the dental budget is now forecast as breaking even for 2022-23.

Consequently, without any additional funding, there is currently a reduction in the service (by 3.0 WTE) to 5.3 WTE (currently 4.3 WTE in post); a reduction of 36%-52%. In July 2022, NHS Shetland dental service has also lost a Dental Therapist, reducing this capacity from 2.0 WTE to 1.0 WTE.

Without this matter being addressed, the budget will continually be insufficient for the needs and a real-terms reduction of the service will continue.

Budget Proposal

In order for the dental service provided by NHS Shetland to be maintained at the 2021-22 level, additional funding is being sought. The immediate additional funding has been calculated by looking at the under-funding, undertaking a WTE assessment and allowing for increased costs.

It has also been requested that the outcome of this review is that **future funding is recurring, is index linked to any future salary uplifts and for the dental service to be included in future NHS Board annual funding increases**. Failure to secure this increased baseline funding as recurring, will result in our service being faced with the same deficit every 1-2 years.

Reduced Income Generation

Pre-COVID, we have been reliant upon this to provide part of NHS Shetland Dental Service overall funding stream.

However, patient changes were abandoned during the first 12 months of COVID. When they were reinstated, so little work was possible, that very little patient charges were generated. Of the income that was and is still being generated, only small items of treatment are able to be completed (due to the pressures on the service) and therefore only small fees are being taken into the service.

This has amounted to a reduction in revenue of £93,769.00 from 2021/22 and 2022/23.

The continued provision of non-rotuine, emergency-only and access care within NHS Shetland PDS is effectively also limiting the ability of the service to increase income generation.

Recruitment Limitations

Currently, due to the budget pressures and the lack of secured, recurrent funding, we are only able to recruit to 12 month fixed term posts. This may be having a detrimental effect on those wishing to work for NHS Shetland due to the move being too substantial a life change for anyone to consider moving here for 12 months and due the scope of potential candidates being much reduced.

The whole profession is having a workforce crisis and this is magnified in remote and rural regions. Therefore to cast the net as wide as possible, Shetland needs to be able to offer the option of a substantive contract in order to attract the interest of the group of dentists who would not consider a fixed term option.

Registrations and Dentist:Patient Ratios

The following figures are based on dentists currently providing routine NHS care in Shetland;

Area	Dentist:Patient Ratios
GDS in Shetland	1:3,550
PDS in Shetland	1:3,042
Overall Average in Shetland	1:3,183
National Average	1:1,513

Dentist Numbers	WTE
PDS Current (in budget)	7.3
PDS Current (in post)	4.0
GDS Current	2.0
Total PDS & GDS Current (actual)	6.0
Required (to meet national average ratio)	15.1

Workforce

There has been a marked decrease in the number of dentists in both the PDS and GDS sector providing NHS care.

The current position with NHS Shetland Dental Service is;

- Unfilled posts – significant numbers of unfilled posts (clinical, reception and management) but budget overspend is not allowing BVRs to be successfully approved.
- We are depending on bank staff as an interim measure to allow service delivery
- Third round of recruitment since March 2022 for dentist has just closed unsuccessfully. We are no not able to recruit to this position due to budget forecasts
- Senior Dental Officer positon now available – recruitment live
- Pertinent issues: sickness absence increasing, concerns about job satisfaction increasing thus retention becoming an issue

The GDS practice has not operated to full capacity (4.0 WTE) since early 2019

The PDS WTE workforce in 2016 was **11.0**. In July 2022 this had decreased to **8.3**

The current PDS WTE workforce for 2022/23 (as per budget) – **5.3** dentists (1.0 WTE is currently out for recruitment)

This lack of sustainable workforce with the expiration of short term contracts has opened a wider gap in resources, resulting in increasing unmet need in Shetland.

The following figures are based on dentists currently providing routine NHS care in Shetland;

Dentist Numbers	WTE
PDS Historically	8.3
PDS Current (allowed by budget)	5.3 (currently 4.3)
GDS Current	3.0 (currently 36% pre-COVID activity)
Total PDS & GDS Current (actual)	7.3
Required (to meet national average ratio)	**15.1**
Difference (including GDS)	**6.8**
Difference (excluding GDS)	**9.8**

In order for the community of Shetland to access dental care to the same level as the national average, it can be clearly seen that there needs to be a more than doubling of current dental workforce.

These figures representing a significant increase in the inequality of patients living in a remote and rural/Island community accessing NHS dental care.

Shetland has never aligned to the national average for dentist:ratio (1:1,513, hence the SDAI grant practice opening in 2016.

Figure 1 (below) demonstrates the situation in Shetland from January 2018 to June 2022;

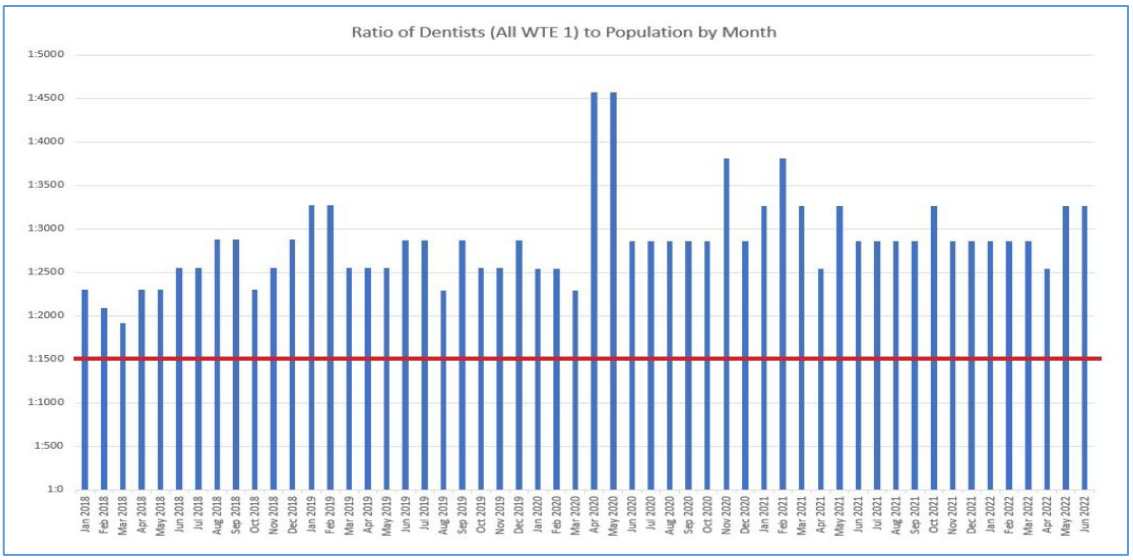

Figure 1

NDIP

The National Dental Inspection Programme (NDIP) produced favourable results despite the lack of access to dental services in the past two years.

In Shetland, 95.2% of Primary 1 children were inspected. In Shetland, all Primary 7 pupils were also examined which was over and above the NDIP requirements.

Decay free children of Primary 1 age groups in Shetland dropped from 84.0% to 83.6%.

There was a concern that the decay incidence would have increased significantly. This appears to be the national picture. However, the figures for NHS Shetland area were maintained at a good level

However, there may be a delayed impact and the full picture will not be known until the NDIP 2023 is completed

The key findings from the 2022 report are:

	NHS Shetland	National
Primary 1 children inspected in 2022, were estimated to have no obvious decay experience.	83.6%	73.1%
Primary 1 children displayed no obvious decay experience (from 2020 NDIP Report).	84.0%	73.5%
The proportion of children estimated to have severe decay or abscess (6.6% in 2020)	0.9%	9.7%
Inequalities Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1) compared with in the least deprived areas (SIMD 5).	SIMD 1 – N/A SIMD 2 – 75.0% SIMD 3 – 82.3% SIMD 4 – 85.5% SIMD 5 – N/A	SIMD 1 – 58.4% SIMD 2 – 67.5% SIMD 3 – 75.9% SIMD 4 – 81.4% SIMD 5 - 85.8%

Increasing Inequality Gap

Currently, the dental health inequality gap, specifically in relation to access, is growing. NHS registrations do not equate to access

The Fuel Poverty and Cost of Living Crisis that society is now experiencing, will only add to the already existing 40%-60% increase in the cost of living for those in an island community. We therefore must be mindful that the health inequality gap will widen more rapidly and disproportionately for those in remote and rural settings.

Consequently, action must be taken to address the existing problem as well as provide mitigation to avoid substantial exacerbation for the Shetland community.

Risk

The risk is that NHS Shetland Public Dental Service will continue to shrink. This is due to being unable to recruit in order to return the service to 2021-22 levels. The inability to recruit is stifling any attempt to improve and grow the service, affecting morale of those in post and is leading to increased absences as a result. The net effect of the budget pressures is resulting in a shrinkage of services in real terms. This situation

will not change until the budget issue is resolved to bring dental in line with other departments.

Recruiting dentists to Shetland is a big enough challenge in itself, but not being able to replace a student dental nurse or a receptionist (who mainly come from an Island workforce) is a restriction that I feel is much more surmountable with an increase funding. We need to have the infrastructure of the service replenished, supported and resilient so that recruitment to dentist posts are worthwhile.

These problems are being faced by all those involved with dental recruitment nationally, is as it has never been before. I acknowledge that the challenges then faced by Shetland to recruit is even more that faced by mainland boards. However, without securing the funding to recruit and to retain dentists at this point, the long term sustainability of the service is in doubt.

The risks affecting the viability of NHS Shetland PDS and the patient safety concerns at the independent GDS provider have been registered with the IJB Risk Register, the OCGG and the JGG.

Chapter 2: Where Do We Want To Get To?

Mission Statement:
To re-focus NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community

Desired Outcomes

1. A reform of the delivery of dental services nationally has been undertaken and will be implemented on 01 November 2023. The effect of this is uncertain and adaptation and review of the approach of dental service provision by both NHS Shetland Public Dental Service and independent contractor General Dental Services will be required.

2. Increase Dental Service Provision for Shetland Community

3. Maintain level of Enhanced Services on Island (oral surgery, orthodontics, special needs, restorative dentistry)

4. Maintain SG Screening and Prevention Programmes and build on their successes (Childsmile, NDIP, Caring for Smiles, Smiles for Life)

5. Increase level of Enhanced Services on Island

6. Maintain and increase on-island visiting specialist services

7. Increased Dental Care Professionals (DCPs) delivery of routine care

8. Increase upskilling of existing workforce

9. Improve training facilities and opportunities for new graduates Core Training and Dental Vocational Training, DCPs and undergraduate students Outreach Clinic)

10. Consolidation of Lerwick based NHS Shetland PDS to one location in order to effectively deliver the desired outcomes

11. Improve access to Dental Health Advice by establishing a Virtual Dental Helpline, with a view to this being a comprehensive patient access service, akin to *Ask My GP.*

12. Establish a post-graduate training programme that would be accessed by dentists of NHS Shetland PDS. This would not be a set amount and would only involve moneys being released by SG as and when the training fund is applied for by a member of NHS Shetland dental team.

13. Continue six-monthly All Service Workshops (started September 2022) in oder to consult and collaborate to produce an agreed *Shared Vision Six-Month Service Improvement Plan*.

14. Establish an ‘in-the-community’, mobile dental health education and prevention facility

15. Re-establishment of outer island dental screening visits

16. Developing an overarching *NHS Shetland Dental Health & Prevention Programme*

i. Integration with Social work
ii. CJS
iii. Feely Report recommendations – two way referral between dental and social care
iv. Sound School Project
v. Centre for Substance Abuse
vi. Working with Pharmacies (methadone programme)
vii. Health Visitors for the first (six month) visit

How Will We Get There?

A proposal to Scottish Government has been delivered to change to focus of delivery and funding of dental services in Shetland, from the reliance on independent contractors to a comprehensive and self-determined Health Board delivered service for the whole community.

The Amended Approach

The Community Dental Service (CDS) and Salaried General Dental Service (SGDS) were predecessors of the organisation of the Public Dental Service, introduced in 2006.

The CDS had two key roles;

- The provision of dental care for those individuals unable to obtain care through the general dental services (GDS); normally the most vulnerable members of our community
- dental public health - dental inspections and epidemiology of school children delivery of oral health promotion and clinical preventive programmes to groups with poor oral health

The SGDS had the same role as GDS independent contractors in that they saw the same patient groups for routine care. SGDS was introduced in order to fill a gap an independent contractor provision (normally in remote and rural areas).

SGDS dentists were remunerated on a salary basis and managed by the NHS board alongside CDS

It has been clearly demonstrated that the PDS/GDS model found in larger, mainland Health Board areas (80:20 patient registration split) does not work in remote and rural areas, especially Island communities, where the GDS is not established and robust. Without an established GDS, Shetland is at a significant disadvantage of being at the behest of the limited independent contractors, their business decisions and their fortunes.

For NHS Shetland, it is recommended that a return to the pre-2006, directly Board managed combined service, would provide sustainability and self-determination of the dental service for the Shetland population. It is also recommended that this approach is pursued regardless of any service provided in the GDS.

The details of this recommendation are in the **NHS Shetland 3-Phase Dental Strategy** as detailed below.

Expansion of GDS

A further solution to the access issues in Shetland is to have a robust GDS.

However, the sustainability of this is a concern. The recruitment and retention challenges that the current GDS provider has encountered since opening in 2016 have only been amplified by the current workforce crisis that is facing the professional

nationally. This has been exacerbated by the lack of affordable accommodation and Brexit.

Further, the opportunity to develop the GDS by attracting independent contractors to invest in an additional/new practice in Shetland, is significantly compromised. The NHS GDS across Scotland is experiencing an existential crisis which is affecting the attraction of new businesses to open in Shetland.

Consequently, individuals who are able and willing to take as risk and set up a new NHS GDS services in Shetland, are reduced in number until the future is more certain. Further, it should be acknowledged that any increase in the GDS on Shetland will still be faced with the same recruitment and retention challenges that have always been met here.

Therefore, whilst any development of the GDS would be welcomed and NHS Shetland would be keen to work with any independent contractor who wanted to establish additional NHS GDS services, this should not be considered as part of any long term solution to provide sustainable dental service provision for the whole community.

Proposed 3-Phase Dental Strategy - Approach & Summary

Phase 1 **Immediate**	Return to Pre-COVID level of service from NHS Shetland PDS.
	Additional **3.3 WTE** dentists in NHS Shetland PDS
	Increase in Budget - **£ 306,751**
Phase 2 **1-3 Years**	Establish the foundations of a comprehensive, self-determined and sustainable Health Board delivered service for the whole community
	Additional **6.8 WTE** dentists in NHS Shetland PDS
	Increase in Budget - **£ 1,006,400**
Phase 3 **3 Years +**	To **consolidate, enhance** and **expand** NHS Shetland PDS provision for long term sustainability and resilience
	Plan to integrate the services provided in Lerwick to complement the three other NHS Shetland dental sites, to fit with Oral Health Strategy 2023-2027 and to integrate the service into the planning and development of the new hospital facilities being planned at present
	Additional **3.0 WTE** dentists in NHS Shetland PDS
	Increase in Budget - **£ 444,000**

3 Phase Dental Strategy - Staged Funding Increase

- Total additional funding requirement – **£1,757,151** (over 0-3+ years)
- 'Drawdown' of additional funding as and when required
- Funding that is then drawn down is then added to the baseline recurring funding
- Indirect funding through NES for On-Island Training
- Indirect funding through NES for Student Outreach

Additional One-Off Funding Sources

- Recovery of SDAI Grant Money
- Re-basing exercise to re-direct the unspent GDS money (currently at 36% of pre-COVID activity) in Shetland to the PDS Budget

3 Phase Dental Strategy – Details

Phase 1
Immediate

Objectives

- Restoration of PDS Service to Pre-COVID levels - 8.3 WTE Dentists
- Review and support change in focus of overall dental service delivery on Shetland for the long term i.e. Board Delivered Service being the fundamental/predominate route of delivery
- Maintain Level of Enhanced Services on Island (oral surgery, orthodontics, special needs, restorative dentistry)
- Maintain SG Screening and Prevention Programmes and build on their successes (Childsmile, NDIP, Caring for Smiles)
- Increase Level of Enhanced Services on Island

Requirements

- Additional 3.3 WTE dentists in NHS Shetland PDS
- Increase in Budget - £ 306,751
  (immediate adjustment of baseline, recurring and index linked)

Establishment of an NHS Shetland Dental Training Budget

- To provide PDS Dental Officer posts in Shetland a USP (level the playing field with mainland posts)
- To encourage dentists to stay by supporting career progression (professionally and financially)
- Possible Direct arrangement with Education Establishment and SG
- Only paid as and when required ("draw-down" arrangement)
- Maximum agreed training budget yearly
- £25,000-£30,000 per annum per trainee (training, travel and accommodation)
- Partially provided as 'indirect' funding through NES (course fees)
- Separate from the main funding agreement
- Applied for by NHS Shetland employee and approved in line with service needs
- "Return of service" arrangements to be applied

Phase 2
1-3 Years

Objectives

- Increase Level of Enhanced Services on Island
- Increased Dental Care Professionals (DCPs) delivery of routine care (e.g. Orthodontic Therapist training on Island)
- Establishing a Clinical Dental Technician service (cost reduction and increased revenue source)
- Increase upskilling of existing workforce
- Visiting specialist services; maintain, expand, facilitate on Island enhanced practitioner training
- Improve training facilities (new graduates, DCPs and undergraduate students) to allow an element of the service to be a training base (to partially address recruitment and retention)

Additional Initiatives

- Establish permanent undergraduate outreach (this will require indirect funding via NES)
- Rolling 3/12 Locum positions – offering 'sabbaticals' to others
- 2023 Woodside Model
- Vocational Dental Practitioners – Applied for Aug 2023
- Core Trainees
- Rotational Posts with Other HBs
- Joint SDO posts with NHS Shetland & NHS Orkney
- NHS Shetland Dental Bursaries – initial discussions with local firms undertaken

Requirements

- Additional 6.8 WTE dentists in NHS Shetland PDS
- Increase in Budget - £ 1,006,400
  (As 'drawn-down', to be added to baseline, recurring and index linked)

Phase 3
3 Years and Beyond

Objectives

- To consolidate, enhance and expand NHS Shetland PDS provision for long term sustainability and resilience
- Visiting specialist services; maintain, expand, facilitate on Island enhanced practitioner training
- Improve training facilities (new graduates, DCPs and undergraduate students) to allow an element of the service to be a training base
- Consolidation of Lerwick based NHS Shetland PDS to one location in order to effectively deliver the desired outcomes
- To fit with Oral Health Strategy 2023-2027 and to integrate the service into the planning and development of the new hospital facilities being planned at present

Consolidated Lerwick Requirements (New Gilbert Bain Hospital)

- 8-10 Dental Surgeries (including IHS facility)
- 1-2 Oral Hygiene Education Rooms
- 1 x 2-chair Open-Plan Clinic (with divider) for OMFS out-patients, GA/sedation assessments, student outreach clinics/supervision
- Triage Area
- Local Decontamination Unit
- Instrument Storage
- Integral Extra-Oral Radiography Area
- 'Soft' Room for SN
- Dental Lab
- Patient Waiting Room
- Separate Waiting Area for Special Needs
- Small meeting room for staff, patients and parents /guardians
- Reception Area
- Toilets
- Staff
- Facilities
- **Office Space (total of 12 users)**
  (Capital Funding from NHS Shetland)

Requirements

- Additional 3.0 WTE dentists in NHS Shetland PDS
- Increase in Budget - £ 444,000
  (As 'drawn-down', to be added to baseline, recurring and index linked)

Updated Position – September 2023

Recruitment Update/Progress (July 2023)

As a result of ongoing discussions with the team of the Chief Dental Officer at Scottish Government, NHS Shetland have had had assurance that non-recurrent funding of up to £150,000 will be met from the Scottish Government's General Dental Services budget in 2023/24 to support pressures arising within the Board's Public Dental Service (PDS).

As discussed, this funding will be provided to meet the costs associated with the fixed-term (12 month) appointment of a Dental Officer and additional support staff to ensure continued capacity within the Board's PDS clinic.

Whilst this is not secured as recurrent funding, this allows the service to progress whilst the 3-Phase Strategy (see is fully agreed and implemented.

Currently, NHS Shetland is in the process of recruitment to;

- Dental Officer (substantive)
- Dental Officer (up to 12 months fixed term)
- Senior Dental Officer (substantive)

Undergraduate Student Outreach Progress

On Monday 07 August 2023, NHS Shetland Dental Service welcomed students from the University of Dundee Dental School.

As part of the undergraduate training, all dental students must undertake care at outreach centres in order to increase their experience and provide treatment in a different setting than the dental school.

From 07-25 August 2023, two different students, for each of the three weeks, attended both Montfield and Brae dental clinics to treat patients under the supervision of one of our dentists.

Following this successful pilot, we are now looking to submit a formal proposal to the Scottish Government to have this made a permanently funded service in Shetland from September 2024.

This would enable NHS Shetland Dental Service to welcome students from Dundee Dental School to Shetland for 32 weeks of the year.

Orthodontic Service

Further to a fundamental review of this service in 2022, led by Professor Grant McIntyre, we are implementing changes and progressing through the patients list well.

This review of this service has led to the need to shift the primary focus to complete treatment for those patients currently wearing a brace. This way, all patients (current and future) will only wear a brace as long as necessary.

A treatment waiting list has been established and patients aware from the start that they will have to wait. However, this has resulted in all patients (new and existing) are now being able to be seen in a timely manner and have their treatment completed in an appropriate time frame.

Demonstration of the improvement in the service;

	May 2021 - May 2022	**Sept 2022 – Sept 2023**
Number of patients whose treatment was completed (de-bonded)	20	76
Number of patients who were in active treatment	233	100-109

We are also working closely with NES to set up an in-house/distance learning Orthodontic Therapist training on Shetland. Training is due to start in April 2024, will increase provide long term stability for the service and increase patient access considerably.

Appendix 1

Scottish Government Oral Health Improvement Programme (2018)

Oral-Health-Improvement-plan-.pdf

Appendix 2

Summary of OHIP

1. Oral Health Assessment
   Action Points 4, 5, 6

2. Share of Care Between GDS & PDS for Social Deprivation and Priority Groups
   Action Points 8, 9, 10, 11, 12, 13, 14, 37

3. Clinical Pathways, Enhanced Skills and Self Screening
   Action Points 15, 16, 17, 18

4. Simplification of Item of Service
   Action Points 19, 36

5. Leadership, Standards & Regulation
   Action Points 20, 21, 22, 23

6. Workforce
   Action Points 27, 28, 29, 30

7. CPD
   Action Points 32, 33

8. Support
   Action Points 34, 35

OHIP Action Points

Action 1: The Scottish Government will ensure oral health is featured in future strategies on alcohol, smoking and diet.

Action 2: The Scottish Government will ensure the new population health improvement body to be established by 2019, recognises dentistry and improving oral health as a priority.

We intend to change payments to dentists to encourage better compliance with preventive care treatments such as toothbrushing instruction, fluoride varnish application and fissure sealants. The system of capitation payments will be supported by monitoring, meaning that the dentist needs to record the completion of these treatments for future payments to be authorised.

Action 3: The Scottish Government will change payments to dentists and introduce a system of monitoring to ensure that all dental practices provide preventive treatment for children.

Action 4: The Scottish Government will introduce an Oral Health Risk Assessment.

Basic Check-Ups
At present, patients can receive a basic check-up every six months. However, six-monthly appointments with the dentist for all patients regardless of their state of oral health are not supported by the clinical evidence.

This is reflected in the National institute for Health and Care Excellence (NiCE) guidelines 'Dental checks: intervals between oral health reviews' which states that "Recall intervals for patients who have repeatedly demonstrated that they can maintain oral health and who are not considered to be at risk of or from oral disease may be extended over time up to an interval of 24 months.

Under the new system of preventive care, patients will be seen according to their OHRA. This may mean that many people will no longer have to attend every six months if they have good oral health and a healthy lifestyle. Patients in poorer oral health with higher risk factors are likely to be seen more frequently.

Action 5: The Scottish Government will introduce a clinically-proven programme of periodontal care for patients with periodontal disease and those with high risk of developing it.

Action 6: The Scottish Government will explore the potential for introducing general health checks for adult patients whilst attending for routine dental checks

Action 7: The Scottish Government will introduce a new three-year Community Challenge Fund for Oral Health improvement. We will host an event with our partners to help develop the key components of the fund.

We intend to introduce a Community Challenge Fund to allow organisations to bid for funding to work in deprived communities and support people to change their oral health behaviours.

This fund will initially be a three-year test of change programme and represents our first step in a significant journey to reduce oral health inequality. We will invite a range of partners, including third sector organisations, to help formulate the approach and agree appropriate outcomes.

Action 8: The Scottish Government will ensure that payments for practice- based allowances reflect the social deprivation status of the patients in the practice.

Action 9: The Scottish Government will establish a single working group to provide a strategic oversight to all national oral health improvement programmes and ensure we maximise our oral health improvement effort.

The mainstay of delivery of NHS dental services for priority group patients, such as people with a disability and those who are homeless, is the PDS. This service will continue to remain at the forefront in the delivery of future dental care to priority groups. The largest group of primary care dentists, however, work in General Dental Services (GDS) as independent contractors in a ‘high-street’ setting. Wherever possible, people in our priority groups should receive their dental care in practices close to where they live, for example within a ‘shared care’ arrangement with the PDS providing more complex treatments.

Action 10: The Scottish Government will ensure the PDS actively pursue shared care arrangements with local ‘high-street’ dental practices

Action 11: The Scottish Government will introduce arrangements to enable accredited GDPs to provide care in care homes. These practitioners will also work with care home staff and the PDS to ensure the maintenance of good oral health and hygiene

Action 12: We will work with organisations such as the Care inspectorate to ascertain how we can continue to raise the profile of oral health care in care home settings.

Action 13: Once we have sufficient numbers of accredited GDPs in place, the Scottish Government will introduce new domiciliary arrangements for people who are cared for in their own home.

Action 14: The Scottish Government will work with Chief Officers within HSCPs to establish how we can work together to improve the oral health of people who are cared for in domiciliary settings

Action 15: The Scottish Government will work with NHS Boards to ensure that adequate secondary care data is available on which to establish primary- secondary care pathways

Action 16: The Scottish Government will introduce a system of accreditation that recognises GDPs with enhanced skills enabling them to provide services that would otherwise have to be provided in HDS.

Action 17: The Scottish Government will ensure that the clinical pathway across Scotland is safe, consistent, clear, and effective

Action 18: The Scottish Government will develop the standard of NHS oral health information on self-care, treatments available, costs and services to be made available to the public by dental practices and dentists.

Some initial scoping work has allowed us to identify eight categories of dentistry which are provided under the GDS. These are:

- Oral Health Risk Assessment (including prevention)
- Periodontics
- Minor oral surgery (e.g. wisdom teeth removal)
- Fillings
- Dentures
- Orthodontics
- Endodontics (e.g. root canal treatment)
- Crowns and bridges

Typically most dentists use around 100 items of service.

Action 19: The Scottish Government will streamline items of service payments to GDPs.
The intention would be to introduce this change progressively to ensure that practices are not destabilised by the rate of change
Action 20: The Scottish Government will work with NHS Boards to introduce a Director of Dentistry in each Board area

Professional Leadership and Strategic Oversight at Board Level
NHS Boards have an important function in providing assurance to the public that the care they receive as a NHS patient is safe, person-centred and effective. These functions include:

- considering applications to join the dental list to provide or assist with the provision of GDS;
- undertaking dental practice inspections to ensure a high quality service;
- ensuring dentists and bodies corporate comply with their NHS terms of service;
- working with PSD on payment verification to ensure treatment claims and payments are appropriate; and,
- referring dentists and DBCs for NHS Discipline or Tribunal procedures where appropriate.
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We believe that NHS Boards would benefit from a single professional source of advice and accountability. This would be in the same vein as the directors of medicine, nursing and pharmacy. There are a range of models of professional dental leadership across Boards with Consultants in Dental Public Health (CDPH), Chief Administrative Dental

Officers (CADO), clinical leads for the PDS and Dental Practice Advisers (DPA) each having an overview of particular elements of oral health activity.

It is our view that a professional Director of Dentistry within each NHS board would ensure a more co-ordinated approach to local assurance and a strategic approach to primary and secondary care service planning and oral health improvement across each of the Board functions. The NHS Board would be expected to designate an existing senior dental member of staff to be the Director of Dentistry.
This person would provide a point of contact for national policy delivery in association with other organisations such as NHS National Services Scotland (NSS), Healthcare improvement Scotland (HiS) and NHS Education for Scotland (NES) to ensure that national policy is being delivered at a local level.

Applicants Listing to Deliver NHS General Dental Services

In general the listing arrangement is a suitable mechanism for ensuring that GDPs meet certain standards to provide GDS. However the consultation exercise has identified a number of weaknesses with the current process.

NHS Boards have concerns that their role is sometimes too passive, and that they do not have sufficient powers to refuse applications, only to defer in certain circumstances. While it is important that these processes are designed to ensure the NHS Board is able to establish the competency of the applicant and for the applicant to be confident the process is fair and reasonable, we feel that the balance of the process currently favours the applicant.

In future we will bring forward amendment regulations to provide NHS Boards with the powers to refuse applications where they are not satisfied that the applicant would be able to provide a safe and competent service. We will work with the service on the precise grounds for refusal of an application.
We also looked at ways that information on listing could be shared between NHS Boards to avoid duplication of effort. In the first instance, as part of the initial consultation exercise we considered moving to a national listing arrangement but concluded it was important that local arrangements continued particularly as NHS Boards are best suited to react to difficulties in access to dental services for the public.

While the national approach was viewed as impractical and could jeopardise local assurance, there was support for a single database that could be shared between NHS Boards. This would reduce the administrative workload of listing and make it easier for GDPs to list in new areas.

We also take the view that NHS Boards do not have sufficient intelligence on who is providing GDS in their areas. This is mainly to do with bodies corporate, in particular those bodies corporate that are not listed. In many circumstances it is important for the NHS Board to be able to contact the owner of the practice. The present listing arrangements for bodies corporate do not allow this to happen.

Action 21: The Scottish Government will:

- introduce regulations to provide NHS Boards with more powers to refuse
- potential applicants;
- introduce arrangements for a single database of information for NHS Boards; and,
- explore options in order to gather relevant information on bodies corporate
- Safe Delivery of NHS General Dental Services
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NHS Boards have obligations to ensure safe provision of GDS in their areas. In 2015 NHS Boards were provided with additional powers to make an unannounced inspection of a practice where there were concerns about patient safety. However, there remain certain critical circumstances where the NHS Board requires additional powers to ensure the practice is unable to provide GDS until the NHS Board is satisfied the circumstances that led to the cessation have been put right. For example, at present a Board cannot stop the provision of GDS in a practice with insufficient decontamination provision.

Action 22: The Scottish Government will explore the possibilities for providing NHS Boards with more powers to prevent GDS being provided from practices where there is danger to patients.

Monitoring of Clinical Quality

The Dental Adviser (DA) function provides pre-treatment reviews and approval for complex or high cost treatment plans, including orthodontics. The Dental Reference Officer (DRO) service monitors the quality of NHS dental treatment by inspecting a random sample of patients. At present the service is not well attended by patients. During the consultation exercise GDPs had many views about how the service could be improved, including whether patients could be seen in the practice rather than elsewhere. With over four million courses of treatment being provided annually and the move to a more preventive based approach there is a requirement for a more effective clinical quality monitoring service. Currently, both the DA and DRO service are hosted within Practitioner Services Division (PSD). However it would seem appropriate to separate the payments function from clinical quality monitoring. The DA service with its payment verification function should remain within PSD and the DRO service with its clinical quality monitoring remit should transfer to be under the direction of the Director of Dentistry within NHS NSS.

Action 23: The Scottish Government will work with NHS NSS to reconfigure the DRO and DA service to ensure a more effective and responsive service in the future.

Scottish Dental Practice Board (SDPB)

The consultation highlighted a significant degree of misunderstanding amongst respondents of the role of PSD and the SDPB. PSD makes payments to GDPs on behalf of NHS Boards but also make certain payments or estimated payments on behalf of the SDPB. We believe that the governance of this process should be entirely under the remit of NSS.

Action 24 : The Scottish Government will consider how the functions of the SDPB can be subsumed within NHS NSS.

Assurance that Service Providers are Safe and Effective

The consultation highlighted the concerns that some GDPs have with the disciplinary process, in particular that some NHS Boards are using the General Dental Council (GDC) as the only recourse for disciplinary issues. in many cases this is unnecessary, it is not satisfactory from the point of view of the GDC and can cause unnecessary distress for the GDP.

Against this backdrop the Chief Dental Officer (CDO) has chaired a working group on ensuring that satisfactory arrangements are in place that are proportionate to the problem under consideration. As well as publishing a pathway for supporting practitioners for NHS Boards to work to, the intention of the Scottish Government is to ensure that NHS Discipline and Tribunal procedures are in place so that NHS Boards have a satisfactory recourse without unnecessary referral to the GDC.

Action 25: The Scottish Government will:

- publish a pathway to support dental practitioners locally; and,
- when necessary, ensure that NHS Boards use local disciplinary procedures and NHS Tribunals where appropriate

Action 26: The Scottish Government will work towards a single database of quality improvement information for NHS Boards with appropriate access for dental teams and the public.

Based on the HiS report the intention is to develop a new framework in dentistry that will drive improvement at practice, NHS Board and national level. The framework should provide guidance on what 'good' quality care might look like, what form of evidence might be available to provide assurance of this and what support dental teams may need to deliver any improvement in quality.

Action 27: The Scottish Government will:

- commission the development of a National Framework for Quality Assurance and improvement across NHS dental services, using the HiS report as a starting point; and,
- work with HiS and NES on ensuring an overarching approach to quality improvement education and activity for NHS dental teams.
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Action 28: The Scottish Government will establish a Dental Workforce Planning Forum chaired by the CDO to provide regular workforce planning across the dental team

Action 29: The Scottish Government will develop programmes for promoting working in remote and rural areas

Action 30: The Scottish Government will establish an EU dentist's network which will provide the opportunity for dentists from the EU to engage with the CDO on issues which are a consequence of Brexit.

Action 31: The Scottish Government will commission a short-life working group to look at models of OoH NHS dental care and the patient's OoH care journey. This group will report to the CDO with recommendations on how OoH care should be taken forward in the future.

General Dental Practitioner Fellowship Programme

It is important that dental teams feel competent to deliver care. In the future continuing professional development should be available across Scotland for all members of the team.

Additionally we see all GDPs taking on a clearer leadership role within the team to ensure that the dental team can deliver a wider, more complex range of NHS dental care for their patients. it is important that GDPs are able to undertake more strategic leadership roles for the profession with NHS Boards and will require on-going training and skills to allow this to happen. We see this programme as underpinning our proposals around providing more services in the high street.

Action 32: The Scottish Government will commission NES to develop a General Dental Practitioner Fellowship Programme to enhance clinical skills, develop quality improvement skills and support remote and rural working.

Action 33: The Scottish Government will work in partnership with NHS Boards and NES to ensure protected learning time for practice staff.

Action 34: The Scottish Government will introduce an occupational health service for GDPs, members of the dental team and other practice staff.

Action 35: The Scottish Government will work with the Scottish Funding Council and the universities to widen and improve access to dental education in Scotland Payments to General

Dental Practitioners/Dental Practices

The strength of the existing payments regime for GDS is that there is a mixed economy of item of service, capitation and continuing care payments, and individual and practice allowances. We will continue to retain a mix of payments going forward, but the balance of payments will change accordingly.

In summary there will be:

- a new system of capitation payments to support preventive care and treatment in children and young adults, supported by monitoring;
- a new system of enhanced continuing care payments to support the introduction of Oral Health Risk Assessments for adult patients;
- a simplified set of item of service payments for restorative care and treatment;
- changes to the General Dental Practice Allowance to incentivise general dental practices with patients from more deprived communities;
- changes to the reimbursement of rental costs to ensure that payments are based on an appropriate size of practice and taking into consideration its location;
- a new NHS commitment criteria; and
- a single quality-based practice allowance which reflects the unique circumstances faced in both remote and rural areas and deprived communities.

Payment Verification (PV)

Practitioner Services make all payments under the Statement of Dental Remuneration (SDR), on behalf of all NHS Boards. We need to encourage a stronger partnership model between NHS Boards and NSS to ensure that payment verification is carried out thoroughly.

Action 36: The Scottish Government will work with NHS Boards and NSS to ensure that any PV issues are dealt with Enhanced Services/The Health and Social Care Partnerships (HSCPs)

Action 37: The Scottish Government will actively consider how we can increase the engagement and participation of the dental profession in HSCPs through our programme of stakeholder engagement.

Patient Charges

As we take forward actions to simplify the number of treatments dentists can provide under GDS this will result in the charges for patients becoming more straightforward.

Conclusion and Next Steps

Action 38: The Scottish Government will establish a number of short-life working groups to take forward the actions set out within this plan.

Action 39: The CDO will produce a bi-annual newsletter to provide an update on progress toward implementation.

Action 40: The Scottish Government will run a number of roadshow events to discuss the implementation arrangements for the OHiP.

Action 41: The Scottish Government will work with the Scottish Health Council to develop a Patient Forum.