

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Oral Health	Direction to: NHS Shetland (NHSS)	Overall Budget allocated by IJB for Direction: £3,908,712
Reference Number: 1.12	Relevant Function(s): Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care	Review Date: March 2027
IJB Report(s) Reference Number: CC-10-26		
Date Direction issued/authorised by IJB: 18 March 2026	Date Direction takes effect: 01 April 2026	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes Direction 1.12 (IJB Report Ref. CC-40-25-F)
Purpose of Direction		
This direction outlines the core service provision expected from the Dental Service in NHS Shetland in order to contribute to the overall health and well-being of the Shetland population. It outlines the expected operational capability and associated performance monitoring as well as outlining future improvement work.		
Accountability and Governance		
The Dental Director is Accountable to the NHS and IJB for the provision of a safe and effective service. The provision of safe and quality dental services is ensured via: <ul style="list-style-type: none"> - The Dental Services Clinical Governance Framework. - The Dental Senior Management Team - The Dental Quality Improvement Group - Engagement with internal governance fora (eg Joint Governance Group) - Engagement with external agencies (eg Health Improvement Scotland) 		

Overarching Directions to Function(s)			
Provision of Dental Service			
Relevant Links:			
<ul style="list-style-type: none"> HSCP Joint Strategic Plan 			
Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
Provision of NHS Dental Service for Shetland	<p>Review of 3-Phase Oral Health Strategy 2023-2027 to be completed in 3 phases; to ensure a comprehensive, self-determined and sustainable Health Board delivered service for the whole community.</p> <p>Maintain/increase level of Enhanced Services on Island (oral surgery, orthodontics, special needs, restorative dentistry)</p> <p>Maintain SG Screening and Prevention Programmes and build on their successes (Childsmile, NDIP, Caring for Smiles)</p> <p>Reduce the dental health inequality gap</p>	<p>Indicators includes;</p> <p>Monitoring the levels of low caries rate in primary school children</p> <p>Reduction in wait list times</p> <p>Reduced dentist:patient ratio</p>	<p><u>Challenges & Risks;</u></p> <ul style="list-style-type: none"> Finance - Funding restrictions reduce opportunities for progression and exploration into future development of service. Workforce recruitment/retention: national shortage of dental staff, remote/rural challenges to attracting staff Continuation of operation at reduced level due to vacancies and workforce pressure. <p><u>Opportunities;</u></p> <ul style="list-style-type: none"> To re-focus NHS dental provision to ensure a sustainable service We are currently reviewing how the service is currently being delivered. We are

looking to move away from unscheduled/urgent/emergency care only and address the routine dental needs of the Shetland community.

- Progress service delivery as per NHS Shetland 3-Phase Oral Health Strategy to ensure a sustainable service for the whole community.

<p>Provision of a Public Dental Service (PDS)</p>	<p>Restoration of PDS Service to Pre-COVID levels</p>	<p>Performance Indicators:</p>	<p><u>Challenges and Risks:</u></p>
<p>The PDS then provides services to those who cannot access the General Dental Service (GDS), with the core function being the provision of oral health care services for priority groups within the community.</p>	<p>Routine core PDS oral health provision for patients with additional care needs, including special care patients, vulnerable patients and children.</p>	<ul style="list-style-type: none"> • Ratio of the WTE of primary care dentists providing NHS oral health care to the total resident population of Shetland at the end of the year. 	<ul style="list-style-type: none"> • Workforce - Unable to recruit to specialist clinical positions, this could lead to inability to carry out specialised clinical work in Shetland, such as providing treatment to these patients under general anaesthetic, leading to these patients being referred to NHS Grampian.
<p>NOTE: Primary Dental Care should be provided predominantly through independent NHS practices (also described as GDS or General Dental Service).</p> <p>PDS (Public Dental Service) should cover: special needs; remote and rural; public health; oral health promotion; specialist services; and urgent care of unregistered patients</p> <p>However, in Shetland the registration of GDS patient with the PDS is excessive (due to historical access issues).</p> <p>The PDS is currently undertaking far more GDS work than the service is currently resourced for.</p>	<p>Secondary care oral health for the whole population – for orthodontics and oral and maxillofacial surgery in particular.</p>	<ul style="list-style-type: none"> • Percentage of Shetland population registered with Independent NHS Practices. • Percentage of care homes who have had a dentist visit. • Percentage of designated non-Dentist islands having had a dental visit. 	<ul style="list-style-type: none"> • GDS service in Shetland continues to have a small provision level than required to provide the care for the numbers of patients who should be able to access care. This therefore increases referrals to PDS, reducing capacity for providing core function and causing budgetary pressures.

<p>Consequently, NHS Shetland PDS is operating at a reduced service - non-routine, high-priority, emergency only care and the ability of the PDS to provide core services is restricted.</p>			
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<p>Dental Public Health /Oral Health Improvement</p>	<p>Promotion of oral health and Prevention of negative oral outcomes for the whole Shetland population through Childsmile, the National Dental Inspection Programme, Oral Health Education and Promotion and Caring for smiles.</p> <p>Build relationships with other professionals and services to facilitate access for those who may find it more difficult, and decrease oral health inequalities – current work with Recovery Hub, and Learning Disabilities Nurse</p> <p>Increase public awareness of oral health provision and advice by appropriate messaging over a number of channels</p>	<p>Performance Indicators:</p> <ul style="list-style-type: none"> • The percentage of newborn children in Shetland enrolled into the Childsmile Programme. • The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme. • The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum. • The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils. • Percentage of P1 Children in Shetland with no obvious decay. • Percentage of P7 Children in Shetland with no obvious decay. • Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of 	
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<p>Emergency clinical primary dental care for people registered with the PDS</p>		<p>Performance Indicators:</p> <ul style="list-style-type: none"> • The percentage of emergency patients not 	<p>This measurement may not be that valuable as all patients should be seen within SDCEP guidance</p>

		dealt with in accordance with SDCEP timeline guidance.	
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