

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: £3,783,722
Reference Number: 1.12	Relevant Function(s): Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care	Review Date: March 2026
IJB Report(s) Reference Number: CC-40-25		
Date Direction issued/authorised by IJB: 04 September 2025	Date Direction takes effect: 01 April 2025	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-35-24-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			
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 three 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><u>Workforce Updates</u> Additional Dental Officer Appointed - April 2025</p>	<p>Indicators include:</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>Phase 1 of 3-Phase Oral Health Strategy 2023-2027 on track to be completed by Q3 2025/26</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

Senior Dental Officer – recruitment live. Closing date 31 Aug 2025

Dental Officer – recruitment live. Closing date 07 Sept 2025

NHS Shetland has been accepted to the new graduate Vocational Dental Practitioner Scheme. Recruitment in May 2025 for September 2025 start

Return of 2 x existing Dental Officers in 2025 from career breaks

Increase in dental locum engagement. Short term (12 month) increased funding secured from SG to provide additional locum cover to provide contingency cover and to assist with increased work following a recent de-registration of a number of patients from a practice. However this will only help to provide non-routine, emergency care to the population in general.

Six month fixed term Dental Officer recruitment from Feb 2026 – appointed.

the Shetland community.

- This will help us progress our service delivery as per *NHS Shetland 3-Phase Oral Health Strategy* i.e. to re-focus NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community. Albeit without the necessary workforce as yet.
- The employment of another Dental Therapist will increase access, further utilise skill-mix and align NHS Shetland with the National Dental Workforce discussions and *NHS Shetland 3-Phase Oral Health Strategy*.
- NHS Shetland Director of Dentistry is involved in the national SLWG set-up for re-working of the Dental Recruitment and Retention allowances with the primary aim of increasing the incentives to work in remote and rural areas

To continue to explore ways to strengthen the dental team by looking at opportunities to support dental professionals who reside or are considering relocation to Shetland. Whilst the main focus is on the recruitment of Dentists, this will also look at the potential to incorporate other related roles, such as Dental Therapists, to enable better service sustainability and to support service needs. To facilitate this, there will be a look at the possibilities with the Scottish Government for a portion of existing locum funding that could be used to support initial employment costs for such roles. Any longer term funding arrangements will be subject to Board consideration, with a proposal paper to follow.

<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> <p>Secondary care oral health for the whole population – for orthodontics and oral and maxillofacial surgery in particular. We re-introduced the visiting Restorative Dentistry Service in May 2024</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. • 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"> • There was de-registration of 2,000 patients in Feb 2025 by the independent GDS practice. As with any withdrawal of service provision, there are inherent risks and challenges. In Dental, any withdrawal of NHS service provision is particularly challenging for the PDS service.
<p>NOTE: Primary Dental Care should be provided predominantly through independent NHS practices (also described as GDS or General Dental Service).</p>	<p>2 x Orthodontic Therapist students (in post) This involves the up-skilling of two members of the existing workforce to provide an on-Island opportunity to up-skill as well as develop an island-specific and resilient orthodontic service.</p>		<ul style="list-style-type: none"> • Collaborative working with independent GDS practices so that we can understand, identify and support with any potential issues that could impact on service provision, and to ensure services can be maintained, is a priority; this way we can ensure the health of the Shetland population.
<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>The training programme started in May 2024 and they will be fully qualified in two years.</p>		<ul style="list-style-type: none"> • It should be acknowledged that this has highlighted the precarious position the Shetland community are in. Reliance on a sole independent practice in Shetland continues and therefore, due to the inherent risk of an independent contractor model in Shetland, the NHS Shetland 3-Phase Oral Health Strategy details the need to adopt an island-
<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>Short term (12 month) increased funding secured from SG to provide additional</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.

locum cover to mitigate NHS de-registrations at independent practice. However this will only help to provide non-routine, emergency care to the population in general.

See Figure 1 below: NHS Shetland; Current Situation and Previous Strategy pre-2023

Opportunity to employ an additional dental therapist (see above)

Total Patient Numbers	
Population registered as Patients across NHS Shetland territory	99%
NHS Registration (NHS Shetland PDS)	68%
NHS Registration (GDS independent practices)	31%

specific solution which reduces the reliance on contractors and advocates to “re-focus NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community.”

- 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.
- GDS service in Shetland continues to have a smaller 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.
- The unmet need of dental service provision for the population of Shetland is a long-standing issue. In Shetland at present there is

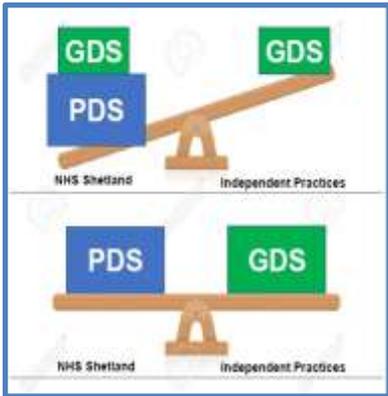


Figure 1: NHS Shetland; Current Situation (Top diagram) and Previous Strategy pre-2023 (Bottom diagram)

an inadequate GDS (General Dental Services) independent sector to serve those in the population who could access the GDS.

Hence, NHS Shetland 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/Unscheduled care for Unregistered Patients

As the PDS is currently undertaking far more GDS work than the service is currently resourced for.

Consequently, NHS Shetland PDS is operating at a reduced service - non-routine, high-priority, emergency only care.

Registration in either GDS or PDS in Shetland, does not equate to access.

Opportunities

- Increased training for existing workforce.
- Establish the PDS service in Shetland as a progressive and support career environment providing opportunities for all.
- To consolidate, enhance and expand NHS Shetland PDS provision for long term sustainability and resilience (*NHS Shetland 3-Phase Oral Health Strategy*).
- Work collaboratively with Public Health to explore possibility of undertaking a dental needs assessment for Shetland.

<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>Successful Oral Cancer Awareness ‘drop-in’ clinics in November 2023 and April 2024 (Lerwick). Another planned for November 2024 (Brae) and it is the intention to continue these twice yearly on an ongoing basis</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>children aged 5-6 years in P1 attending SIC primary schools.</p> <ul style="list-style-type: none"> • Decay experience of children in P7. • The mean dmft (decayed, missing or filled teeth per child) of children aged 10-11 years in P7 attending primary school in Shetland. • Those children deemed to be at higher risk as assessed by being on the PDS Dental Risk Register are recalled in accordance with current SDCEP Guidance. • Percentage of care homes who have at least one individual who has completed foundation training with the Caring for Smiles Team. • Percentage of care homes with a Caring for Smiles / Oral Health Champion. 	
<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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Shifting Balance of Care

This Direction links to the following Shifting Balance of Care work streams:

Project ref	Service/Programme
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PJR0017	System Workforce Planning
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