

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

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

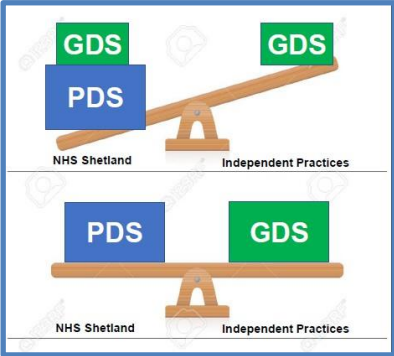
<b>Direction:</b> Oral Health	<b>Direction to:</b> NHSS	<b>Overall Budget allocated by IJB for Direction:</b> £3,336,576
<b>Reference Number:</b> 1.12	<b>Relevant Function(s):</b> Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care	<b>Review Date:</b> March 2025
<b>IJB Report(s) Reference Number:</b> CC-35-24-F		
<b>Date Direction issued/authorised by IJB:</b> 22 August 2024	<b>Date Direction takes effect:</b> 1 April 2024	<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b>  Supersedes Direction 1.12 (IJB Report Ref. CC-23-23-F)
<b>Purpose of Direction</b>		
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.		
<b>Accountability and Governance</b>		
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"> <li>- The Dental Services Clinical Governance Framework.</li> <li>- The Dental Senior Management Team</li> <li>- The Dental Quality Improvement Group</li> </ul>		

- 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
<p><b>Provision of NHS dental service for Shetland</b></p>	<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 &amp; Risks:</u></p> <ul style="list-style-type: none"> <li>• Finance - Funding restrictions reduce opportunities for progression and exploration into future development of service.</li> <li>• Workforce recruitment/retention: national shortage of dental staff, remote/rural challenges to attracting staff.</li> <li>• Continuation of operation at reduced level due to vacancies and workforce pressure.</li> </ul> <p><u>Opportunities:</u></p> <ul style="list-style-type: none"> <li>• To re-focus NHS dental provision to</li> </ul>

			ensure a sustainable service.
<p><b>Provision of a Public Dental Service (PDS)</b></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>NOTE: Primary Dental Care will be provided predominantly through independent NHS practices (also described as GDS or General Dental Service). PDS (Public Dental Service) will cover: special needs; remote and rural; public health; oral health promotion; and specialist services.</p>	<p>Restoration of PDS Service to Pre-COVID levels.</p> <p>Engage with NHS GDS practice to explore ways in which an increase in NHS dental service provision could be achieved.</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> <p>Look to appoint/recruitment of;</p> <p>2 x Orthodontic Therapists (in post)</p> <p>This involves the up-skilling of 2 members of the existing workforce to provide an on-</p>	<p>Performance Indicators:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Percentage of Shetland population registered with Independent NHS Practices.</li> <li>• Percentage of care homes who have had a dentist visit.</li> <li>• Percentage of designated non-Dentist islands having had a dental visit.</li> </ul>	<p><u>Challenges and Risks:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Figure 1: NHS Shetland; Current Situation (Top diagram) and Previous Aim (Bottom diagram)</b></p> 

island, resilient and orthodontic service

The training programme started in May 2024 and they will be fully qualified in 2 years.

**Total Patient Numbers**

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

- Finance - No supplementary funding to achieve adequate staffing, or locum requirements
- 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.

The unmet need of dental service provision

			<p>for the population of Shetland is a long-standing issue. In Shetland at present there is 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;</p> <ul style="list-style-type: none"><li>• Historically Registered Patients (GDS patients but registered in PDS)</li><li>• PDS Services (PDS Criteria Priority Groups)</li><li>• Enhanced/Secondary Care Services</li><li>• Access/Unscheduled care for Unregistered Patients</li></ul> <p>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.</p>
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			<p>Registration in either GDS or PDS in Shetland, does not equate to access.</p> <p><u>Opportunities:</u></p> <ul style="list-style-type: none"><li>• Increased training for existing workforce.</li><li>• Establish the PDS service in Shetland as a progressive and support career environment providing opportunities for all</li><li>• To consolidate, enhance and expand NHS Shetland PDS provision for long term sustainability and resilience.</li></ul>
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<p><b>Dental Public Health /Oral Health Improvement</b></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"> <li>• The percentage of newborn children in Shetland enrolled into the Childsmile Programme.</li> <li>• The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme.</li> <li>• The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum.</li> <li>• The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils.</li> <li>• Percentage of P1 Children in Shetland with no obvious decay.</li> <li>• Percentage of P7 Children in Shetland with no obvious decay.</li> <li>• Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of</li> </ul>	<ul style="list-style-type: none"> <li>• Work collaboratively with Public Health to explore possibility of undertaking a dental needs assessment for Shetland.</li> </ul>
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		<p>children aged 5-6 years in P1 attending SIC primary schools.</p> <ul style="list-style-type: none"> <li>• Decay experience of children in P7.</li> <li>• The mean dmft (decayed, missing or filled teeth per child) of children aged 10-11 years in P7 attending primary school in Shetland.</li> <li>• 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.</li> <li>• Percentage of care homes who have at least one individual who has completed foundation training with the Caring for Smiles Team.</li> <li>• Percentage of care homes with a Caring for Smiles / Oral Health Champion.</li> </ul>	
<p><b>Emergency clinical primary dental care for people registered with the PDS</b></p>		<p>Performance Indicators:</p> <ul style="list-style-type: none"> <li>• The percentage of emergency patients not</li> </ul>	

		dealt with in accordance with SDCEP timeline guidance.	
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<b>Shifting Balance of Care</b>	
This Direction links to the following Shifting Balance of Care work streams:	
<b>Project ref</b>	<b>Service/Programme</b>
PJR0017	System Workforce Planning

<p><b>Dental Public Health /Oral Health Improvement</b></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"> <li>• The percentage of newborn children in Shetland enrolled into the Childsmile Programme.</li> <li>• The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme.</li> <li>• The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum.</li> <li>• The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils.</li> <li>• Percentage of P1 Children in Shetland with no obvious decay.</li> <li>• Percentage of P7 Children in Shetland with no obvious decay.</li> <li>• Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of</li> </ul>	<ul style="list-style-type: none"> <li>• Work collaboratively with Public Health to explore possibility of undertaking a dental needs assessment for Shetland.</li> </ul>
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