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Dental Services

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Health, Social Care and Sport Committee
The Scottish Parliament
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Date 02 December 2024
Your Ref
Our Ref AV/jeb

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Dear Ms Haughey

Dentistry in Scotland

On behalf of NHS Shetland, please find my response to your letter dated 20 November 2024 seeking view on the status of dental services in Scotland and how the community of Shetland is affected.

NHS Provision

- Current Situation

Unlike mainland Health Boards, the majority of patients registered with the Public Dental Service in Shetland do not meet the criteria of the service. These patients should be able to be seen within the General Dental Service (GDS).

Consequently, the PDS is being asked to provide services for patient numbers far in excess of capacity and the finite resources.

The current situation in Shetland is imbalanced due to an inadequate GDS independent sector. To compound the barriers to the Shetland population accessing NHS dental care, the GDS practice is currently operating at significantly lower levels of NHS care than pre-pandemic.

This means the NHS Shetland PDS is being overly relied upon to provide NHS care under safety-net provision criteria of the service (unregistered, emergency care). Therefore, this has created an access problem for the priority groups, for which the PDS primarily exists for.

NHS Shetland Public Dental Service is still only able to provide an emergency/unscheduled/non-routine service for the majority of patients.

Additionally, identified priority groups remain a focus for the PDS to allocate finite resources to those most in need. Currently, NHS dental service provision across Shetland is;

1. Not fully accessible
2. Not sustainable
3. Not equitable

As of November 2024, the only on-Island GDS practice indicated that they will de-register 2,000 NHS patients in February 2025 with a possibility of the remaining 4,000 NHS patients

being de-registered in June 2025. This will only serve to tip the balance further towards the already inadequately resourced PDS.

- SDAI Feasibility

Due to the level of expenditure required, the increased costs related to Shetland and the static level of funding (since 2010), a recent feasibility paper recommended that any application by an independent contractor to access an SDAI grant should be welcomed and supported by NHS Shetland.

However, it is clear from the financial commitments, the risks involved and the ability to access the same level of grant support in mainland Health Boards, the pursuit of an SDAI practice to address the access, equity and sustainability challenges of NHS dental service provision on Shetland should not be considered a primary strategy.

It has been recognised within the Health Board that any capital projects in Shetland result in significantly higher expenditure that those undertaken on mainland Scotland. This results in the capped level of SDAI funding having less relative value in Shetland, and therefore being less effective or attractive.

- Rising Inequalities

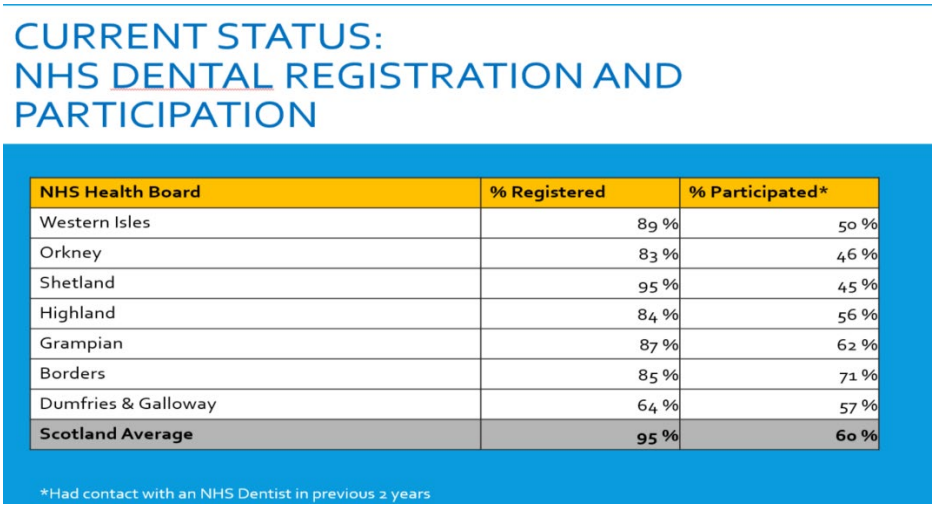
Currently, the dental health inequality gap, specifically in relation to access, is growing. NHS dental registrations do not equate to access.

Fuel Poverty and the Cost of Living Crisis that society is now experiencing only adds 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.

As detailed in the *3-Phase Oral Health Strategy 23-27,* currently, the dentist:patient ratio in Shetland is more than twice the national average. This ratio is now widening.

In combination with the reduced dentist:patient ratio in Shetland compared to mainland Health Boards, the population of Shetland continues to suffer from a reduction in access, availability and government spend per-head of population, than any mainland Health Board.

Whilst dental registrations are high in Shetland, registration does not equate to access. Shetland has the lowest participation rate in Scotland and has a significantly lower participation rate compared to the national average for Scotland;



NHS Health Board	% Registered	% Participated*
Western Isles	89 %	50 %
Orkney	83 %	46 %
Shetland	95 %	45 %
Highland	84 %	56 %
Grampian	87 %	62 %
Borders	85 %	71 %
Dumfries & Galloway	64 %	57 %
Scotland Average	**95 %**	**60 %**

These figures combine to represent a significant increase in the inequality of patients living in a remote and rural/island community accessing NHS dental care. Consequently, action must be taken to address the existing problem as well as provide mitigation to avoid substantial exacerbation for the Shetland community.

Payment Reforms

Due to the low activity of GDS and the current GDS/PDS imbalance, it therefore should be recognised that the Determination 1 SDR reforms that commenced 01 November 2023, has had no effect on the ability for the community of Shetland to access NHS dental care.

The NHS activity of the dentists at the only independent practice offering NHS dental care (General Dental Services) for the period April 2022 – March 2023 was 46.2% of pre-COVID NHS activity (2019-20). The highest activity level since March 2020 has been 54% of baseline pre-COVID activity.

Consequently, the increased cost to Scottish Government of the Determination 1 reforms have not been realised or effective in Shetland. Therefore, the community of Shetland have not benefitted from this increase in dental reform and increase in funding (due to the current model of delivery).

Prior to the changes to Determination 1 in November 2023, the need to address the imbalance was recognised in the NHS Shetland's *3-Phase Oral Health Strategy 23-27.* This proposes to *"re-focus NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community*".

Staffing

Recruitment and retention of dental professionals has always been a challenge in remote and rural areas. In the current climate of workforce challenges across the profession in general, Shetland has been excessively affected.

Additional, flexible and innovative approaches to the workforce shortages need to be adopted, such as;

- Increase use of locum/short term contracts
- "*Fly-in, Fly-out*" arrangements to reduce need to relocate
- Upskilling of existing/local workforce
- Establishment of permanent dental undergraduate outreach clinic in Shetland
- Involvement in early career training pathways; Vocational Dental Training, Core Training
- Re-establishment of the NES Remote & Rural Fellowship and introduction of other post-graduate programmes for career progression when workforce is recruited
- Establishment of bursaries for local school students to be supported to enter dental care professional careers (financially and professionally) with a return of service agreed

In addition, positive discrimination needs to be considered for all remote, rural and island communities in order to attract dentists.

As many of the historical incentives of providing have been diluted by the extension of their availability across Scotland (including the populous 'Central Belt' region), there is now a need to increase Remote and Rural Allowances, increase Recruitment and Retention Allowances and increase SDAI grant values for remote, rural and island areas.

Prevention and Improvement

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

Whilst NHS Shetland has maintained impressive NDIP results to 2024, there is real concern that the lack of access will result in higher caries rates in children and a delayed effect on the NDIP results.

It is not clear if the *Oral Health Improvement Plan 2018* is still extant and part of the Scottish Government's plans to progress Dental Services in Scotland. If it is, clarity would be welcome on how this should be delivered/phased to align with national policy and actioned locally.

Budget

Due to the balance of NHS Dental Service provision on Shetland, the main source of funding for NHS dental services comes via the PDS allocation from Scottish Government.

This funding is not baselined, which has resulted in the current level of funding being the same as 2015. No uplifts have been received since 2015 for pay (*Agenda for Change* staff or dentists) or to cover the inflationary rise of operational costs.

Moreover, no additional funding has been provided to NHS Shetland for the annual increases to the specific expenses incurred in Shetland i.e. the *Distant Island Allowance* and *Dental Remote Areas Allowance* that staff are entitled to.

Hence the dental service has had to subsume all these increases in costs from within the existing budget rather than receiving additional central funding to offset this increase. Other services within NHS Shetland receive an increase to their allocation to allow for salary increases specifically. A tipping point has been reached where the increase pay costs cannot be subsumed in a standstill budget.

Consequently, in order to remain within the allocated budget, NHS Shetland Public Dental Service is currently working at almost 50% less capacity than the pre-COVID figures. With over 70% of the Shetland population registered, this 'real-time' reduction has only exacerbated an already prevalent access problem.

Representation have been made to Scottish Government to fundamentally review the delivery of NHS dental services in Shetland which has been fully outlined in NHS Shetland's *3-Phase Oral Health Strategy 2023-27.*

As explained above, the population of Shetland has not been able to access the increased funding of the GDS (Det. 1) and therefore an amended, Island-specific model should be adopted.

The risk, therefore, is that without an amended approach, NHS dental service provision for the population of Shetland by the current delivery model, is neither equitable nor sustainable.

Yours sincerely,

Antony M. Visocchi
Director of Dentistry, NHS Shetland