
Dental Services

Jim Fairlie MSP
Convener
COVID-19 Recovery Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Date 26 May 2023
Your Ref
Our Ref AV/jeb
Enquiries to June Burns
Extension
Direct Line
E-mail

Dear Mr Fairlie

Recovery of NHS dentistry services

Thank you for your enquiry. Please find below the responses from NHS Shetland

1. How much COVID-related funding did you receive from the Scottish Government to fund the following measures:

- Ventilation improvements
- Equipment
- Variable speed drilling equipment

Reply:

In line with the following Primary Care Administration (PCA) memoranda issued from Scottish Government:

PCA(D)(2021)3 – Ventilation allowance payment
PCA(D)(2022)4 – Dental sustainability
PCA(D)(2022)5 – Dental equipment repairs
PCA(D)(2022)6 – Improvement allowance

(All available here: <https://www.scottishdental.org/>), NHS Shetland distributed funds to local independent General Dental Service (GDS) practices as follows:

Measure	Received
Ventilation	Zero
Sustainability	Zero
Dental equipment repairs	Zero
Improvement allowance	Zero

2. What was the uptake (percentage or number of practices; and amount paid out) of the above funding by General Dentist Service (GDS) dentists?

Reply:

Shetland has one independent NHS GDS practice, offering mixed NHS and private care. NHS Shetland received no application for funding as detailed above from that practice;

	Number of practices	Amount paid out
Ventilation	1	Zero
Sustainability	1	Zero
Improvement	1	Zero

3. How many practices in your health board area have withdrawn or reduced NHS provision for patients – for example, registering and treating only children:

- **No. and % withdrawn completely**
- **No. and % reduced provision**

Reply:

- Since the onset of the COVID-19 pandemic, the sole NHS independent GDS practices have not withdrawn from the delivery of NHS dental care.
- Since the onset of the COVID-19 pandemic, the sole NHS GDS independent practice (n = 1, 100%) independent GDS practices has reduced their delivery of NHS dental care.
- The reasons for this reduction in capacity are no clear. Whilst it has been affected by a reduction in workforce, it would appear that this has been due to a conscious decision to reduce commitment to NHS dentistry.
- Once the GDS dentist workforce returned to and then exceeded pre-COVID numbers, there was no corresponding increase in NHS activity to compare to the Pre-COVID baseline; average NHS activity for 2022-23 was 46% of pre-COVID baseline

4. What impact, if any, has a reduction in NHS GDS provision had on the Public Dental Service?

Reply:

The Public Dental Service (PDS) in Shetland is, unable to recruit despite having a reduced service in real-terms (see below re *Budget – Reduction in Real Terms*).

This, and the increased demand for the delivery of urgent care to those not able to access the independent sector are impacting negatively on the staff in post (burn out) and the ability of the service to deliver care to other priority groups.

Data from Public Health Scotland (PHS) shows that an increased proportion of claims sent to Practitioner Services are for occasional treatment (a proxy for emergency care)

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

Independent General Dental Service (GDS) Provision

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. The average NHS GDS activity for 2022-23 was 46% of pre-COVID baseline

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.

Workforce

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

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;

<u>Dentist Numbers</u>	<u>WTE</u>
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

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 positions remaining vacant, the dental budget is now forecast as breaking even for 2022-23.

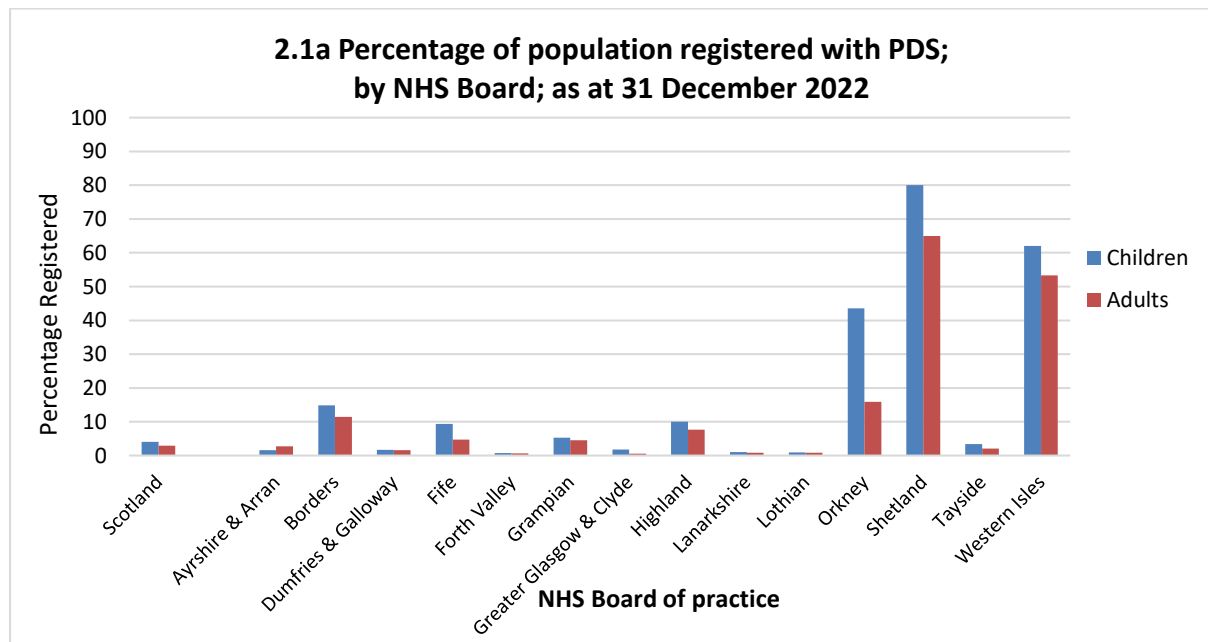
Consequently, without any additional funding, there is currently a reduction in the service (by 3.0 WTE) to 5.3 WTE (currently 4.3 WTE in post); a reduction of 36%-52%. In July 2022, NHS Shetland dental service has also lost a Dental Therapist, reducing this capacity from 2.0 WTE to 1.0 WTE.

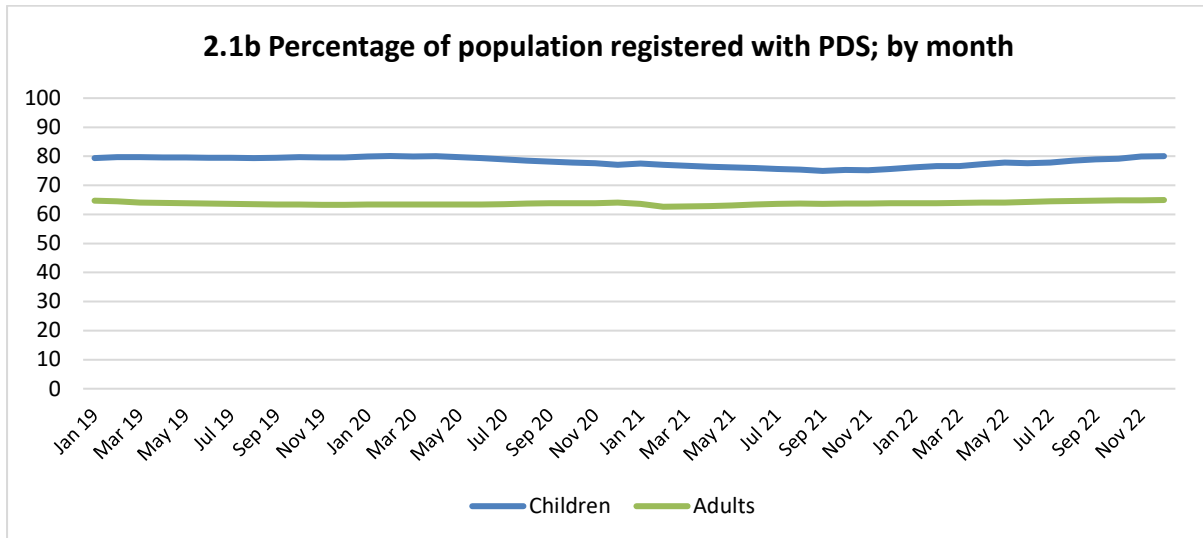
Without this matter being addressed, the budget will continually be insufficient for the needs and a real-terms reduction of the service will continue.

5. How many patients are registered with the PDS in your Health Board area? Has the number risen since 2020? If so by how much?

Reply:

Data from Public Health Scotland (PHS) indicates that the numbers registered with the PDS in Shetland are showing no discernible change.





The PDS in Shetland is under direct instruction from the Director of Dentistry to register only those that would fit a non-access PDS remit.

Historically, the PDS registered all patients. The opening of a new NHS SDAI supported practice in 2016/17 has not impacted the service delivery on Shetland as hoped.

Concurrently, the PDS is not funded or structured in a way that is able to cope with the registrations and the patient demographic that the service is being asked to care for. These registration figures merely disguises the fact that that access is an issue. On Shetland, we have a PDS that is primarily propping up a failing GDS independent sector, whilst having neither the funding nor the workforce to deliver appropriate care, this.

Recently, a new island model has been proposed to CDO/SG in order to re-focus NHS dental provision for Shetland to a comprehensive, self-determined and sustainable Health Board delivered service for the whole community

Amended Approach

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.

Proposed 3-Phase 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

6. What other funding do you receive to support dentistry in your Health Board area (for example, funding related to PDS, Childsmile and any initiatives to improve recovery of services and access to dentistry for your population)?

Reply:

The following are in regard to additional funds only. NHS Shetland received funding to support the work of the Childsmile team and for Winter Preparedness funding

However, as this funding was allocated on the basis of NRAC, insufficient amounts were received to make any meaning and long term difference. No new posts could be funded as, for example, the increased funding did not reached the threshold of an additional salary. Consequently, this funding could not be used as intended

Furthermore, due to the baseline budget issues (see reply to 5.), any increased funding received by NHS Shetland was required to off-set the overspend and did not get the opportunity to be used as intended

All of the above were, of course, welcome and gladly received. Our feedback/concerns are three-fold;

1. the one-off nature of the allocation, contrary to national long-term oral health improvement projects.
2. in times of such challenge to recruitment, vacancies supported by non-recurring funding have not proved attractive.
3. to allocate funding solely on the basis of NRAC does not allow a critical level of funding to be reached in areas of small population sizes. Therefore, the funding allocated was ineffectual for the intended purpose

Yours sincerely,

Antony M. Visocchi
Director of Dentistry, NHS Shetland