**Agenda Item**

# NHS Highland

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| **Meeting:** | **Highland Health & Social Care Committee** |
| **Meeting date:** | **6th May 2026** |
| **Title:** | **Dental Services Update** |
| **Responsible Executive/Non-Executive:** | **Arlene Johnstone Chief Officer HHSCP** |
| **Report Author:** | **John Lyon (Director of Dentistry & Clinical Dental Director (Public Dental Service)** |

**Report Recommendation:** The Committee is asked to note the contents of this report and the ongoing actions being taken to maintain and improve access to NHS Dental Services across NHS Highland.

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Emerging Issue
-

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

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|---|---|---|---|---|---|---|---|
| Start Well | | Thrive Well | | Stay Well | | Anchor Well | |
| Grow Well | | Listen Well | | Nurture Well | | Plan Well | |
| Care Well | | Live Well | | Respond Well | | Treat Well | x |
| Journey Well | | Age Well | | End Well | | Value Well | |

| Perform well | | Progress well | | **All** Well Themes | | | |
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## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide the Committee with an update on the current position of NHS Highland Dental Services, including service delivery, patient access, workforce, estates, digital developments, capital investment and governance matters.

### 2.2 Background

Dental Services within NHS Highland continue to operate within a challenging national and local context. Ongoing workforce shortages, increased demand for emergency care, infrastructure constraints and legacy impacts from COVID-19 and estates issues continue to affect service resilience, particularly in rural areas. NHS Highland continues to experience variation in availability of NHS GDP (General Dental Practitioner) services, particularly for adult registration, with disproportionate impacts in rural communities.

Despite these pressures, services have continued to prioritise patient safety, emergency access and the restoration of routine and specialist activity where capacity allows. The Public Dental Service (PDS) continues to play a critical role in providing emergency and priority care where GDS (General Dental Services) capacity is limited, while working closely with GDP colleagues to mitigate access pressures where possible.

GDS is the preferred provider of routine NHS dental care where available.
The PDS focuses on priority groups, special care, emergency care and areas with limited GDP provision.

Where GDP capacity improves, PDS patients who do not require specialist or priority care may be supported to transition back to GDS, where appropriate and safe.

Emergency Dental Services continue to experience high demand, particularly from unregistered patients and in areas with limited General Dental Practitioner (GDP) capacity. Rural localities remain most affected by access pressures. Weekly monitoring of EDS activity continues across NHS Highland. Progress with in-hours EDS cover by GDPs for unregistered patients contacting NHS Highland Dental Helpline, is being developed and piloted. GDPs commitment to the weekend dental OOH emergency rota would be removed, in lieu of providing weekday Emergency Dental Service cover. This scheme will be localised to the immediate Inverness area only, at present.

Recent reviews through the Dental SMT indicate that, at a high-level, there has been no significant improvement in overall GDS availability across NHS Highland in recent months.
In several areas, GDP practices remain:
closed to new adult NHS registrations, or

accepting children only, often linked to existing family registration.

The most recent Public Health Scotland data available at NHSH Board level and Scottish average data (Oct to Dec 2025 ) indicates:
Registration with an NHSH dentist (GDP or PDS):
Children: 84.6%  Scotland 90.2%
Adults: 84.4%  Scotland 97.7%
Participation (attendance/contact with NHS Primary Dental Care in the previous 24 months):
Children: 81.1%  Scotland 83%
Adults: 53.8%  Scotland 57.6%

While headline registration remains relatively high, adult participation and practical access to routine care are significantly constrained in many localities. NHSH continue to map NHS dental registration and participation to geographic locations.

General Anaesthetic (GA) Services

Paediatric and Special Care GA activity has increased where additional lists have been possible.
Adult GA capacity remains constrained, contributing to prolonged waiting times in some cohorts.
GA waiting times and list management remain standing items at Dental SMT, with increased scrutiny on 52-week waits.

## 2.3 Assessment

Service Delivery and Estates

Inverness Dental Centre (IDC) has now returned to routine clinical activity following completion of legionella remediation, water sampling and commissioning of new dental chairs.
All IDC dental surgeries are operational, with undergraduate and postgraduate student clinics resumed alongside Public Dental Service (PDS) activity.
Emergency Dental Services (EDS) and Out-of-Hours services have been reinstated at IDC.
Minor snagging issues with new equipment (e.g. leaks, power interruptions) are being managed through Estates and suppliers and have not prevented service delivery.

Dental education and clinical activity at UHI House and associated facilities remain subject to ongoing Estates oversight, risk assessment and infection prevention controls.

Rollout of Vistasoft dental imaging software continues across NHS Highland PDS dental sites. User feedback is generally positive. Intermittent scanner connectivity and out-of-hours login issues have been identified and are being addressed with eHealth support.

Dental SCI Gateway referral pathways for PDS dentists and GDPs are being phased in, replacing Formstream, which is no longer supported. Training has been delivered and a Standard Operating Procedure is in development.
Minor refinements to triage categories and referral routing are ongoing.

Digital transformation remains a key enabler for service efficiency but continues to require operational and technical support during transition.

**2.3.2**
Governance, Complaints and Risk

The majority of dental complaints received relate to:

Access to NHS dental services, particularly in rural areas
Also, recent complaints received relate to Communication processes (particulary with the prolonged closure of the Inverness Dental Centre) and Paediatric dental recall arrangements.

Freedom of Information (FOI) activity is currently minimal.

Clinical governance issues, including ventilation, infection prevention, sedation pathways and dental debt management, remain under regular review through established governance structures. Dental Services Risk registers are regularly reviewed and updated.

## 2.4 Proposed level of Assurance

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| Substantial | | Moderate | |
| Limited | x | None | |

**Comment on the level of assurance**

Ongoing actions being taken to maintain and improve access to NHS Dental Services across NHS Highland.

# 3 Impact Analysis

### 3.1 Quality/ Patient Care

While headline dental registration rates remain relatively high, practical access to routine NHS Highland dental services continues to face significant challenges in ensuring equitable access to NHS General GDS care—particularly for adults—remains limited in many rural areas.
Work is ongoing with GDP colleagues, national partners and internal services to stabilise provision, support recruitment and mitigate the impact on emergency and public dental services.

### 3.2 Workforce

Recruitment and retention of GDPs remains challenging across NHS Highland, mirroring national trends.

Multiple GDP practices report ongoing recruitment difficulties.
A small number of practices are operating with significantly reduced dentist Whole Time Equivalents (WTE), limiting appointment availability.

NHS De-registrations from GDP practices continue to occur. NHS Highland have been informed (April 2026) that 2536 adult dental patients are being de-registered from a Caithness General Dental Practice with 3 months-notice given as required, this may result in increased numbers of unregistered patients seeking emergency dental care.

NHS Highland continues to explore national and local levers, including Scottish Dental Access Initiative (SDAI) grants, to support practice sustainability and access. Also, NHSH Director of Dentistry (DofD) is engaged with other island / rural Health Board DofDs and Scottish Government Dental Officials to explore options to maintain and develop NHS dental services in rural areas and islands.

Recruitment to PDS Dental Officer posts is ongoing, with interviews scheduled for Abban Street Dental Clinic and post live for the Helmsdale Dental Clinic.
Senior Dental Officer posts in Grantown, Dunvegan/Kyle are progressing through updated business cases (SBARs).
It has been accepted nationally that the current PDS dentist contract requires urgent changes to improve recruitment and retention of PDS dentists. Work is ongoing to scope changes to contractual arrangements.
Locum cover continues to be required in PDS clinics at, Grantown and Skye/Kyle to maintain emergency and limited routine services, with Caithness cover being also now required .
Short-term locum arrangements provide essential cover but do not offer long-term sustainability.

NHSH Oral Health Improvement Teams implement local and national programmes that support population.

A proposal is progressing to establish a dedicated PDS Service Provision Group to consider medium- and long-term solutions to persistent access and workforce challenges. NHS Highland colleagues are engaging with Scottish Government CDO's Office to scope solutions to deliver sustainable NHS dental service provision in rural areas.
The Reduced Working Week (RWW) programme is being implemented across services, with variations in application and further clarification awaited from national guidance.

### 3.3 Financial

Capital submissions have been progressed for:

Digital radiography (Vistasoft scanners)

Washer disinfectors (including contingency provision at Kyle)
Replacement of the HC27 mobile dental unit
Dental chairs and OPT machine

A significant ongoing risk relates to the shortage of dental radiography films, which presents patient safety and service delivery concerns. Transition to full PDS digital imaging remains a Service priority to mitigate this risk.

**3.4 Risk Assessment/Management**

Relevant risks identified on Dental Services Risk Register and updated regularly, including identified mitigation for risks.

**3.5 Data Protection**

No patient identifiable information required.

**3.6 Equality and Diversity, including health inequalities**

No impact assessment required.

**3.7 Other impacts**

Core dental services are operational, including at the Inverness Dental Centre and GA pathways, but overall system resilience remains fragile.
Workforce shortages, access pressures and infrastructure limitations continue to constrain recovery/maintaining dental services in both the GDS and PDS, with lack of NHS registration capacity and low participation activity being more acute in rural areas.

Priority areas include recruitment/workforce development, digital transition, emergency access sustainability and capital investment.
Governance arrangements remain robust, including GDP Governance Group with risks actively managed and escalated where appropriate. One of the NHS Highland Dental Practice Advisers (DPA) has resigned from the DPA role (April 2026), ongoing work to replace the DPA is ongoing.

**3.8 Communication, involvement, engagement and consultation**

A visit to Inverness by the new Chief Dental Officer (CDO) and Scottish Government colleagues took place in March 2026, providing an opportunity to highlight local challenges and priorities. Follow-up actions from the visit are being progressed.

The UK Government has announced significant expansion of routes to registration for overseas qualified dentists. There will be a tenfold increase in Licence in Dental Surgery (LDS) exams and an increase of a thousand plus in places for the Overseas Registration Exam (ORE).The policy will see the total number of dentists potentially joining the UK dental register through any route rising from around 2,100 to up to 4,200 per year from 2028. Although, recent proposals to change the immigration and settlement rules will inevitably make it much harder for these dentists to stay in the UK long term. There will be no automatic boost to the supply of NHS dentists, as registration alone is not

enough to be able to work in the NHS. Any new registrants will need to be listed on the NHS Scottish Health Board dental list and complete Mandatory Training requirements in Scotland

**3.9 Route to the Meeting**

This report has been previously considered by the HHSCP Dental Services Management Team.

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## 4.1 List of appendices

N/A