BDA
Northern Ireland

28th July 2023

To: Caroline Lappin, Michael O'Neill and Robbie Davis:

By email:

Dear All

Thank-you for your time on Monday evening, although we remain in a vacuum not of our making collectively, I am of the view that it's vital that we continue our dialogue into the autumn, pending political developments and our meeting with the Permanent Secretary in November.

From a strategic perspective – I wanted to revisit some key points from our discussion and consider how we can take these forward.

Activity: RSS has ended, we are likely to see a further dip in activity in the context that dentistry has only managed to recover to 80% of pre-COVID activity levels- so we need to look closely at the first two months post-RSS, and the impact of its removal. This will give a clear sign of the direction of travel of practices and could be used to put a case forward for a recalibration of funding.

Registration: These are due to lapse in a planned and agreed time block. We would request have sight of registration figures on a month-by-month basis.

Budgetary constraints: Should there be a return to government, it is imperative that the new minister is provided a comprehensive early brief regarding the urgent need for dental payment reform to ensure NHS dentistry can be put on a sustainable financial footing. Owing to the deep uncertainty of the wider landscape, contingencies may need to be looked at to stem the exodus from NHS dentistry. With the majority of fees in the SDR now not covering costs, time is not on our side, we need urgent action from the Department to redress the intolerable financial position to provide HS care.

DDRB 23/24: As discussed, it would do further damage if the recommended pay uplift cannot be implemented this year. In addition, the latest DDRB Report emphasises the importance of Expenses being dealt with and not eroding the real value of a pay increase. This must be resolved as part of discussions on dental payment reform.

23/24 Underspend – DoH cannot allow a repeat of handing back considerable unspent GDS funds, at a time when the service is financially unviable to deliver, and where demand for care is high.

Steps must be taken to ensure this is retained in dentistry. In the face of an access crisis and a mass exodus it is essential to protect the (albeit notional) surplus created by lack of activity, never losing sight of the fact that lack of activity is due to lack of funding. We advised that reprofiling money via reduced cap and cons and increased IOS would have unintended consequences and may lead to practice closure with the responsibility for currently registered patients falling immediately to the department. We further advised that the reason that a proportion of lists were not showing IOS activity was the difficulty in recruiting dentists to work in NHS dentistry, again a direct result of underfunding.

If the department has specific priorities in terms of treatment types and patient cohorts, these must be rapidly identified and the underspend directed there. All the time acknowledging that almost every treatment is underfunded, and the pressing need to implement a dental payment reform process.

Scotland/Wales –At the Perm Sec meeting, Peter May had indicated that in order to make important progress on an objective basis on which to move forward with dental payment reform – DoH's preferred approach is to keep a watchful brief particularly on the process in Scotland where there will be a more streamlined SDR from 1st November as the starting point We once again repeat the offer that the BDA Timings Study can be deployed to provide an important evidence base to make the case for the level at which fees/remuneration should be recalibrated to realistic levels.
It is essential to note that Scotland have benefited from a more generous package for dentistry for quite some time, therefore although similar in current contracts, emulating their approach may not be sufficient to encourage disillusioned Northern Ireland practitioners to stay.

Of note at our meeting it was mentioned that '25% was not enough to encourage activity', having reflected on this, I would revisit the context of the 25% enhancement which was to compensate for the fact that restrictions were in place at that stage which reduced throughput and that reduced activity at that stage was related to restrictions.

We have no government, no momentum and no money, these are things we cannot control at present, however we need to keep working on the things we can control.
From a strategic perspective, it is vital that the robust evidence base in favour of expediting dental payment reform is collated by the Department, so that this can be moved forward at the earliest opportunity possible -ideally when Ministers return in the Autumn -or failing this, with Permanent Secretary sign-off as being integral to the public interest of maintaining access to Health Service dental care.

The landscape in dentistry is rapidly changing and it will not return to its former iteration, I cannot stress the urgency of steps to put in place the steps needed to restoring faith in the future of NHS dentistry.

It is for the Department and the Department alone to choose what care you wish to commission. BDA's priority -and the urgency from a GDS side at this time -is for Dental Payment reform to be implemented, so that care can be delivered sustainably. As was the case in Scotland, we stand ready to work with the Department on the appropriate level at which fees should be set, drawing on the robust evidence base from Timings Study work.

We very much urge the emphasis being to do everything possible to move dental payment reform forward in the period between now, and the next meeting with the Permanent Secretary in November. That date should be regarded as an important marker for having a new dental payment system implemented, with or without Ministers in post as being integral to preserving the service.

Kind Regards

Ciara Gallagher, Chair – NIDPC