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**Re. Proposed revisions to Health and Social Care Framework Document**

Dear Richard

Thank you for the opportunity to provide our initial comments on the proposed revisions to the Framework Document outlined in the Memorandum shared with your letter of 9 June. We have identified two significant concerns.

**2.4 Creation of a new temporary Management Board**

The BDA supports the principles underpinning the creation of a new temporary Management Board, namely, to ensure that decision making is agile and streamlined to facilitate the recovery of HSC services as quickly as possible.

However, we are extremely concerned that the Chief Dental Officer (CDO) is not included in the proposed membership of the Management Board. This omission has significant negative implications for the recovery of dental services and consequently the oral health of the population in Northern Ireland over the coming years.

*Rebuilding oral health services*

Oral health has a significant impact on a person's general health and quality of life, and we have grave concerns about the impact of the recent substantial reduction of dental services. Normally General Dental Services treat circa 50,000 patients a week. In recent weeks this has shrunk to 2,000. Our members are very concerned that the reduced treatment rate, together with the expected continued restrictions on dental care, will create significant additional pressures in the coming months and years.

The impact is likely to be felt most by children. Children's extended absence from school – and the absence of healthy school diet – will have led to a general decline in child oral health. 59,877 children (0-10yo) received fillings from General Dental Practitioners in 2018/19. Our fear is that without access to prompt dental care, a far larger number of children will have to be admitted to hospital for extractions under general anaesthetic – adding to the already overwhelming pressure being placed on HSC resources. Northern Ireland already extracts pro rata three times more children's teeth under general anaesthetic than England.



We are also extremely concerned about the oral health of the elderly – especially those in care homes. More and more elderly people are keeping their natural teeth to a later age. However, these teeth need to be properly managed to avoid poor oral health needlessly impacting the overall health and well-being of our elderly. With recent restrictions, this management has been put on hold, and again we are concerned about the build-up of unmet pressures that will have to be addressed.

Finally, oral cancer is often first identified by a dental practitioner during a routine check-up. We are very concerned that the current, necessary, restrictions on dental care will lead to a reduction in red flag oral cancer referrals across the region.

Northern Ireland faces significant oral health challenges. The inclusion of the CDO on the proposed Management Board would ensure decision makers take these challenges into account as they prioritise the rebuilding of healthcare services.

#### *The importance of dentistry*

The scope and scale of dental activity provided by General Dental Services, Community Dental Services and Hospital Dental Services is extensive.

With regards to Community Dental Services, in 2017/18, HSCT employed dentists treated 77,463 patients, carried out 777 General Anaesthetic operations, and extracted 23,035 teeth - on patients with an average age of 6.

In 2019/20, General Dental Services filled 942,428 teeth in 388,898 patients – 20.6% of the total population - extracted 165,716 teeth from 104,756 patients – 5.6% of the total population – crowned 37,284 teeth in 28,302 patients, carried out 27,585 orthodontic treatments and conducted 790,989 x-rays. 1,213,057 patients are registered to GDS dentists and the total cost of delivering the service stands at £125 million.

We believe the scale and complexity of the activity carried out by dentists in Northern Ireland merits the inclusion of the CDO in the proposed Management Board.

#### *Unintended consequences, opportunities lost*

The unwarranted relegation of dentistry from top-level decision making in recent years has made the dental profession very vulnerable to unintended consequences. Policy decisions are often presented as a fait accompli, with zero opportunity for the profession to provide input, often resulting in damaging consequences for dentists.

For example, due to a past legislative oversight, dental practices in Northern Ireland are classified as Independent Hospitals. This means they are subject to annual inspections by the Regulation and Quality Improvement Authority – a far more frequent inspection schedule than anywhere else in the UK. This has created a significant, unnecessary, additional administrative burden, which could easily have been avoided if the profession had a voice in decision-making.

The profession fears of similar unintended consequences if the proposed Management Board, as it must, makes quick, far-reaching, decisions without an advocate for dentistry being present.



Without a voice for dentistry on the Management Board, decision makers also risk being unaware of how dentists could contribute to the rebuilding of the Health Service. Throughout this pandemic, the dental profession has demonstrated its multi-faceted skill set by volunteering to support other sectors of HSC. For example, 76 dental volunteers provided support and infection prevention training to staff in care homes, while dental trainees have been supporting community pharmacies.

Opportunities to innovatively take advantage of the skills within the dental profession could be lost if there is no voice on the Management Board with an in-depth understanding of NI dentistry.

#### *The impact on morale*

The dental profession has been concerned for many years by the relegation of the CDO from the Department's top management team. The profession believes this has resulted in dentistry becoming detached from key policy decisions and underrepresented in existing HSC governance arrangements.

This in turn has contributed to the widespread perception amongst dental practitioners that the Department of Health does not value dentistry. This perception is a major reason why only 14% of Northern Ireland dental practitioners rate their morale as high, or very high – the worst in the UK.

The profession will be quick to draw comparisons with the inclusion of the Chief Pharmaceutical Officer on the Management Board, but not the Chief Dental Officer, and conclude that this is further evidence that the Department does not place any significant or strategic value on dentistry.

The inclusion of the CDO on the Management Board would send a clear signal to the profession that they are valued, and that the pressures they face will be adequately considered, when the board prioritises their service planning, delivery and deployment of resources.

### **2.38 HSCB, PHA, HSC Trusts and BSO should prioritise their service planning, delivery and deployment of resources to stabilise and restore delivery as quickly as possible with the right balance between COVID-19 and non-COVID-19 activity**

We have concerns at the lack of transparency that has accompanied the HSC Commissioning process in recent years, particularly during the suspension of the political institutions.

The last Commissioning Plan Direction to have received Ministerial approval dates back to 2016/17; draft Commissioning Plans exist for 2018, 2019 and 2020, which as we understand it were not consulted on widely; and now, a proposal to 'roll forward' the Commissioning Plan Direction, Commissioning Plan and associated Service and Budget Agreements for the 2019/20 year into 2020/21 and 2021/22.

We urge full disclosure and engagement with the public, as well as with staff and independent contractor representatives who deliver services, to ensure a Commissioning process that is both accountable, and has community buy-in.



In conclusion, the BDA supports the strategic approach behind the proposed revision to the Framework Document. However, the Department must learn from past mistakes, commit to providing greater transparency, and ensure that the Chief Dental Officer has a seat on the proposed new Management Board.

As the dental profession struggles to deal with the unprecedented challenges resulting from COVID-19 there must be a voice on the Management Board that both fully understands the pressures facing dentistry, and recognises how dentistry can contribute towards the rebuilding of the Health Service.

We hope you will consider the arguments above. We would be happy to discuss these issues with you in more detail.

Yours sincerely

A handwritten signature in black ink that reads 'Caroline Lappin'. The signature is written in a cursive, slightly slanted style.

Caroline Lappin  
Chair, Northern Ireland Council