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*By email: Mike.Farrar@health-ni.gov.uk
Cc: Robbie Butler, Minister of Health
Caroline Lappin, CDO;
Martina Moore, Director of Primary Care*

Re. Dental Payment Reform

2nd October 2026

Dear Mike

We noted your comments yesterday at the Assembly Health Committee to a question posed by Diane Dodds MLA on the collapse of dentistry in Northern Ireland with some concern.

While you indicated you are worried about the position dentistry is in and appeared to acknowledge the funding gap found by Prof O'Neill's Cost of Service Report needs to be met, you stated that a 'long-term' approach would be required to address the gap, that you are 'struggling to find the additional resource required', and the difference 'will have to be managed gradually'.

The very essence of the Cost-of-Service Report is the hourly rate funding which the expert commissioned to undertake this report by your Department considers is required at this point in time for practices to be able to deliver Health Service dentistry in a way which is fair, viable and reflects other opportunities open to them. To dismiss the core requirement to fund NHS dentistry at such a level based on Health Economics evidence, at least it would seem for potentially some years into the future also ignores future inflationary pressures which will continue to push costs

up for practices to provide care which in the absence of an Index of Dental Costs are not currently mitigated by DoH, and will be the death-knell for this service.

As was stated yesterday, this is already a public service which has disappeared at the most rapid rate anywhere in these islands.

These are deeply worrying sentiments for those highly committed HS practices and practitioners who are hanging on for the sake of their patients, particularly in more economically deprived areas to hear, at a time when delivering HS dental care to their patients is costing them deeply out of their own pocket and putting inordinate pressure on themselves, their staff and their practice viability. It does nothing to instil confidence that DoH's starting point will be to provide adequate support to practices and practitioners who are struggling.

For many years, BDA has advocated tirelessly for a future for NHS dentistry here, often it seems with only denial, delay or dithering as the department's response.

Cost of Service represents the last opportunity to get this service fixed and onto a sustainable footing.

Time is of the absolute essence -for the service -and with the end of this mandate in mind, and the starting point must be what the Department does now do to put this service on a financially viable level for practices to deliver, which is the key part of the equation too often missed by your officials. A similar approach was done over a matter of short months in Scotland.

As we indicated in our recent discussions with Ministers, the starting point so far as we are concerned is the £145 hourly rate figure which must be applied to every aspect of dentistry your department chooses to continue to commission, while of course it is for DoH /the Executive to determine the overall financial envelope for dentistry and whether it needs to 'cut its cloth' according to the budget available.

The notion that practices will continue to be expected to shoulder any funding shortfall to deliver HS dental care must end now.

The funding gap emerging due to unmitigated cost increases at practice level -now at 60% -is precisely what has led to an exodus of dentists away from HS dentistry, and the access issues being compounded. That is what needs to be urgently addressed.

The Report has now been published over 3 weeks; we call for urgent action from your department to get dental payment reform done, engaging with our NI Dental Practice Committee representatives, including prioritising the fee rebasing exercise informed by Cost-of-Service findings which was outlined in the DoH Press Release.

Additional funding is clearly required urgently now that the funding shortfall is in the public domain. Again, that is for your department working with Finance colleagues to resolve. However, whatever DoH does or doesn't do next will send a clear signal out to practitioners as they wonder if there is likely to be a future for this service.

Not to act, to act in a half-hearted 'budget limited way' or to continue to delay in rebasing fees at the rate found in the department's own commissioned report will be fatal for the future of this service.

We enclose our response to the Assembly Health Committee which reminds us that words do not pay the bills, only decisive and meaningful actions to plug the funding gap will suffice. Dentistry must be a paramount consideration for your department in the context of ongoing high-level negotiations around a Budget settlement for Northern Ireland.

Finally, General Dental Services (GDS) are the epitome of a primary care service which can deliver so much by way of prevention, and so much more if properly funded which ought to be fully in line with your department's direction of travel. But those benefits are rapidly being removed for large chunks of the population, exacerbating inequalities, and could result in even more unmet need, inappropriate and more costly presentations to secondary care, and oral cancers not detected until late stage.

Moving to address the funding gap your department has been paying for NHS dentistry at the rate determined by the Cost-of-Service Report is a key necessity; and, if there is any budget shortfall, then that is squarely an issue for DoH and government here to take ownership of and to manage properly -not for independent contractors to absorb.

Now is the time to engage seriously with our dental representatives to put this vital public part of the health service back onto a sustainable footing, not least when confidence in the current GDS system -not the concept of NHS dentistry available for those who need it -is almost nil.

The ball is squarely in the department's court to act meaningfully. Our representatives stand ready to engage on next steps so long as they are focused on meaningful dental payment reform.

We await your invitation.

Yours sincerely



Tristen Kelso

BDA Northern Ireland Director

Encs. BDA response to NIA Health Committee re CoS Report 22nd September 26