

Mr Peter May
Permanent Secretary
Department of Health

24 November 2023

SENT BY EMAIL

Re. DoH approach to Expenses/practice operating costs

Dear Peter

Thank you for the opportunity afforded to BDA representatives to meet with you last Thursday, and the forthright but respectful exchange on the considerable pressures impacting heavily across the entire dental workforce -CDS, HDS and GDS.

Also, for receiving our latest assessment on how the situation facing Health Service dentistry in Northern Ireland, and particularly for GDPs who are most Health Service committed has worsened considerably since we met in June. In summary,

- Practitioners have seen the removal of the 10% RSS enhancement to fees from June;
- They have witnessed the Department's failure to mitigate increased costs being incurred to deliver HS care with no pay uplift yet awarded for 23/24, plus a failure to take forward associated work on expenses/'operating costs', contrary to what was specifically laid out in the 51st DDRB Report;
- Fundamentally, the wider NI budget and political impediment is preventing DoH to move forward with substantive dental payment/GDS contract reform, and an associated recalibration of fees necessary to put Health Service dentistry on a sustainable footing.

We outlined to you that on top of GDS activity having already reduced by around a third on pre-COVID levels, according to latest BDA survey findings an additional 41% of practice owners would like to leave NHS dentistry as soon as possible, as well as 38% of Associates who would like to leave NHS dentistry as soon as possible; 59% intend to increase the % of their private work.

In short, there is an obvious and urgent recruitment and retention problem within the GDS that is directly associated with inadequate fees and a failing contract model.

For GDPs most exposed to said failed Health Service remuneration, they see no correlation between the costs they incur on a daily basis to provide modern dental care, and the fixed, wholly inadequate and, when viewed against the requirements of practice, frankly insulting fees which the Health Service sets, which have no objective or evidence-base.

Similar to the standstill budget allocations which have created such pressures on the DoH budget, inadequate uplifts year on year to dental fees which haven't met inflationary pressures, and which over the past 12 years have resulted in massive pay erosion for independent practitioners, culminating in the financially unsustainable situation we currently face to deliver care in the GDS.

As you will know, on Wednesday the Chancellor announced a rise in the National Living Wage by approximately 10%, from £10.42 to £11.44, with effect from April 24. On top of the many pressures already faced, practitioners most exposed to the Health Service are rightly asking what actions DoH

will take to mitigate the corresponding pressure from mandatory increased staff costs at practice level that will result from this?

As we said clearly at our meeting, it is our clear assessment that Health Service dentistry has run out of road. We have seen what has been necessary in Scotland to stabilise the service. Their system which is similar to ours has been recently reformed with a corresponding uplift to fees estimated in the region of 30%.

It is irrational for the Department to continue to do nothing to address dental fees which are often loss-making, and which belong to a previous century. Ultimately, without major investment into GDS the current trajectory of decline and exodus of practitioners away from HS dentistry, being pushed out of being able to deliver care to their patients under the NHS, will simply accelerate, and patient access will be impacted further.

On the key issue of DoH taking ownership of the real costs to provide care, and to mitigate increased costs -my members would respectfully request a direct answer from you on where the additional money will come from to pay a 10% increase in wage bills after April, on top of more than a decade of unmitigated costs that have yet to be addressed by the Department?

Referencing directly from the [DDRDB 51st Report](#):

47. As with recent years, we make our recommendations this year net of expenses...However, **we would wish to stress, for the avoidance of doubt, that our pay recommendation is not a recommendation on an expenses uplift, nor should it be taken as such. Instead, we expect that expenses uplifts for GMPs and dentists should be sufficient for the full value of our recommendations to be reflected in earnings for contractor and salaried GMPs at typical general practices, and for earnings for NHS/HSC work done by providing performer and associate dentists at typical dental practices. The rationales provided by the governments for the dental expenses uplifts applied for 2022-23 suggested that none of them had made an effort to determine an expenses uplift that would achieve this.**

In July, the independent pay review body, DDRB clearly stated the pressing necessity for governments to put in place a separate Expenses process that can ascertain increases in practice operating costs to deliver Health Service care, in order that any uplift applied is sufficient for the full value of DDRB pay recommendations to be reflected, and not overtaken by unmitigated costs incurred.

In light of yet another significant mandatory cost burden on the horizon for practices, can the Department urgently outline what process it will put in place to achieve the clear objective outlined by DDRB in ascertaining and mitigating practice expenses?

This issue goes to the heart of whether the Department is able to shore up a dental service in Northern Ireland that is financially sustainable.

We would respectfully request an urgent reply, due to the time-sensitive nature of these matters.

Yours sincerely,

Tristen Kelso



National Director