

To: Mr Philip McGuigan
Chair, Committee for Health
Room 410, Parliament Buildings,
Ballymiscaw, Stormont,
Belfast, BT4 3XX
By email: Committee.Health@niassembly.gov.uk

Re. BDA response to Written Briefing from Minister of Health on General Dental Services

22 September 2026

Dear Philip

Thank you to the committee for requesting our feedback in response to the written briefing provided by the Department in relation to General Dental Services.

This is a landmark moment for Health Service dentistry in Northern Ireland, a vital public health service which has collapsed during this mandate.

Context

- Almost half a million patients are no longer registered with a Health Service dentist since 2023;
- Only 49% of the population (44% of adults) are now registered to receive HS dentistry -just 30% of adults registered in Fermanagh & Omagh LGD;
- Dental treatments are down 37% since COVID, a further 4% on last year

The evidence clearly shows that small, ad-hoc gestures such as the ‘£8m investment initiative’ announced in March mentioned in the briefing are not going anywhere near enough to addressing the core issue, which is a payment model which bears no resemblance to the true cost to provide care at practice level. This is precisely what we in BDA warned at the time, calling then and now for dental payment reform.

Furthermore, it has been deeply patronising when the department’s response to date to what is so obviously a massive funding gap of their making has been, *‘the Department’s*

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constrained financial position has limited the scope for more fundamental reform at this stage'. Simply put, how low must it go before government acts.

The public deserve better than a Dental Access Scheme which only provides one-off temporary relief of pain for patients who cannot get registered to receive regular care. They deserve to have access to essential, routine dental care, while practitioners who deliver this care under the NHS should expect to be fairly paid. This scheme is a symptom of the failure of DoH and the wider NI Executive to act to put General Dental Services on a sustainable footing, not a scheme to be lauded by its uptake.

Moreover, the mismatch between even those small individual funding measures being announced and actually being received by struggling HS committed practices continues. Practices have yet to receive the £2m Activity Enhancement Payments announced in March; the EDC in the West is not yet open; the annual DDRB uplift of 3.75% still cannot be paid, while we still await clarity on the mechanism to allocate National Insurance mitigation payments for this year.

Delay does absolutely nothing for the viability of practices who are struggling to provide NHS dental care today, tomorrow and until this crisis is fully resolved through the provision of adequate funding. Rather, it creates an impression that the situation is being managed when in reality, the demise of HS dentistry continues.

To date when these issues have been raised, the focus from the Department has primarily been on their own constrained financial position as an excuse not to invest properly or to do things differently. It has often not been the impact which inadequate investment has at a practice level.

And the impacts are of course financial, but practices who remain NHS committed also cannot recruit or retain Associate dentists to work in such a broken system; remaining practitioners dedicated to providing NHS dental care for their patients often in more deprived communities are working in intolerable conditions, sometimes responsible for four times the number of patients than is considered normal; they cannot pay adequately to retain practice staff as staff costs go up, and often they are in the ludicrous position of self-funding care they consider essential for their patients.

The antiquated broken GDS system is also a major barrier to attracting early career dentists. These younger dentists often have large student debts to service, and they understandably want to develop their skills while being paid fairly, which is in contrast to working in the pressure cooker which HS dentistry has become.

Cost-of-Service Report

That is why we welcomed the recent publication of the Cost-of-Service Report, and the crucial work carried out by Professor Ciaran O'Neill to look at the true cost to practices to provide dental care.

This Report finds that there is a 60% funding gap between what government here is currently paying dentists to provide Health Service dentistry (at approximately £90/hr), and the £145 cost per hour figure the evidence shows is required.

It is precisely because practices have been losing money providing HS dentistry, having for years cross-subsidised with private earnings that we are now seeing an exodus of dentists forced to leave HS dentistry, and move to a private dentistry model.

While the funding gap findings in Cost of Service are not surprising, they are a damning and stark illustration of what we have known and been warning about for some time -and what multiple Assembly debates and committee briefings have said -that dentists have been grossly underpaid by this government over many years, to the point where not surprisingly, practice viability particularly for those most heavily NHS committed has been put at risk, and indeed the very future of this vital public health service as a whole is in jeopardy. If this doesn't act as a catalyst for payment reform, nothing will.

The Cost of Service report states explicitly:

- *'real incomes for dentists have declined over time and now appear to lag behind those in other UK jurisdictions, contributing to a shift away from publicly funded care'*
- *'dentistry operates in a mixed public-private market, so dentists' time has viable alternative uses'*
- *'As financial conditions have worsened, there has been a marked shift away from publicly funded dental provision towards private practice. This trend has accelerated in recent years'.*

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As this report alludes to, dentists don't strike, they leave.

And the data shows the exodus of dentists away from the Health Service is well and truly underway.

Next steps

The Cost-of-Service Report was commissioned in response to BDA calls for an independent, evidence-base to reveal the true cost to provide Health Service dentistry at a practice level, to inform a fee-rebasing exercise.

Practitioners who continue to provide Health Service dentistry know that words don't pay the bills, that will require urgent and meaningful action.

Now the Cost-of-Service Report has been published and the significant funding gap clear for all to see, a fee-rebasing exercise must take place immediately.

We welcome that in their accompanying press release on publication of the Report, the Department has given a more honest assessment of the underlying issues impacting on GDS than perhaps any time previously, which gives us a semblance of hope that this time real payment reform will happen.

They have acknowledged the significant funding gap that currently exists and the impact it is having on practitioners and patients; they accept the Report findings reinforce the concerns that have been raised by the profession regarding the viability of the current system; and importantly, DoH have committed to commencing an options appraisal 'to support the long-term sustainability of HS dentistry, and which will inform a future public consultation'.

They have also announced they will move forward with a programme of dental payment reform which will include a fee rebasing exercise, informed by Cost-of-Service findings.

However, fine words are welcome but they won't pay the bills or do anything in itself to make the service financially viable to deliver. This will require payment reform and rebased fees to be introduced.

We are very clear that dental payment reform by rebasing fees informed by the Cost-of-Service Report findings i.e. closing the 60% funding gap entirely -is urgently

required. However, we remain concerned at the time it may take to complete this exercise, even if this work is completed ahead of a planned public consultation before the end of this mandate. Any further delay will continue to have profound consequences for practitioners and the public alike.

While we must focus on achieving substantive payment reform, we urge everything that can be done to provide maximum bridging support to struggling HS committed practitioners and practices so they can hang on until a new, viable fee structure is implemented.

Alongside this, we recognise it will be for the NI Executive to determine the total financial envelope it ultimately chooses to prioritise and make available for General Dental Services. However, this Report makes very clear that the starting point must be to ensure dentists are fairly paid for each and every component of dental care they are being commissioned to provide at the £145/hr figure which the experts say is required to have a viable service. To dilute that figure would simply undermine the robust evidence base which underpins it.

Political leadership is required now, including urgent decisions made about how much funding dentistry will receive. If additional funding is not made available, or if the full gap to continue to service the current GDS model of care is not found, again government may be required to cut its cloth by being honest and realistic about what can be reasonably delivered at the £145/hr figure, and ending the current situation of placing the burden of any financial shortfall back on practices.

Conclusion

While practitioners of course feel a moral obligation to their patients, particularly those who they know could not afford private care, the GDS model in its current guise has exploited that goodwill, has placed an expectation that practitioners will shoulder any funding gap, and that model has lost all credibility among the profession.

Many dentists feel frustrated and angry about the way they and their patients have been utterly failed by a broken payment model which has neither modernised nor even attempted to keep up with the true costs to provide modern dental care.

Those who are still left providing NHS dentistry are finding it nigh on impossible. They cannot recruit staff, they struggle to meet payroll and they see NHS dentistry as ‘a charitable activity’. That model is simply no longer sustainable.

We urge the Department of Health, and indeed the Executive as a whole to take collective responsibility for this utterly broken system of care. Moreover, they must show commitment to fixing it as a matter of utmost priority by implementing Cost-of- Service findings.

Thankfully, the Cost-of-Service Report doesn’t just reveal the problems, it gives us the answer -£145/hourly rate to enable HS dentistry to be viable. The alternative -unmet need, increasing presentations at A&E, unscreened cancers, mounting complications resulting in widening oral health inequalities and worsening health outcomes will cost considerably more.

We welcome publication of this report, and words from the department which appear to relay more honesty about the existential crisis this service is in, and a commitment to act on the findings of this Report. But the profession as a whole needs convincing that this time it will be different; that this time DoH will get dental payment reform done regardless of the wider financial context, because not to act is simply not an option if we want to preserve some element of HS dentistry.

Maximum progress must be made in what is left of this mandate.

Now is the time for action to follow welcome words. My members who provide 99% Health Service dentistry on the Shankill or the Falls Road need to be able to meet payroll; they are entitled to be paid fairly, their skills and expertise properly recognised by this government; so too should early career dentists be able to aspire to provide HS dental care if they so wish. Everyone in this society should be able to access a level of essential dental care.

Of course, it is for government now to determine how much funding it chooses to allocate to dentistry, take responsibility for those decisions and commit that fees paid to dentists should match the true cost to provide care as revealed in the Cost-of-Service Report. Moreover, they must continue to do so by including an annual inflationary mechanism -

an Index of Dental Costs recommended by the DDRB - to prevent this situation repeating itself as cost will inevitably increase year on year.

The way forward is relatively simple: the dental payment model must be reformed with maximum urgency, whereby fees are recalibrated to be viable for practices and practitioners to deliver informed by Cost of Service.

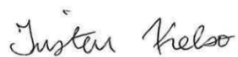
Initial conversations have been had with new Director of Primary Care, Martina Moore who attended NI Dental Practice Committee last week and outlined anticipated next steps.

But to stress, every day of delay will simply mean a continuation of the most dramatic decline in Health Service dentistry anywhere in these islands. Any veto by Finance or any other aspect of government to dental payment reform will equate to the death knell for this important service.

We need maximum effort now from DoH, the Executive and the wider Assembly to ensure we get payment reform done if we are serious about putting HS dentistry on a sustainable footing.

We remain available to speak with the Committee should this be considered helpful. In the meantime, grateful for anything this important committee can do to ensure maximum urgency and priority is given to saving this service via dental payment reform.

Yours sincerely

A handwritten signature in dark ink that reads 'Tristen Kelso'.

Tristen Kelso

BDA Northern Ireland Director

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