

5<sup>th</sup> February 2024

To: Mr Robin Swann MLA Minister Department of Health Castle Buildings Stormont Belfast Northern Ireland BT4 3SQ

## Re. Health Minister prioritises pay talks -BDA involvement

Dear Minister

On behalf of BDA, I wish to offer our congratulations to you on your re-appointment as Health Minister.

We welcome that your immediate priority is to see pay negotiations initiated without delay, and as such you have written to the trade unions inviting them to early discussions.

To note, as the Trade Union representing over 1100 dentists in Northern Ireland who work across the range of General, Community and Hospital Dental Services, we have to date received no such invitation.

Salaried dentists who are directly employed within HSC, as well as independent contractors who provide General Dental Services must be afforded the same opportunity to enter into meaningful negotiations with realistic prospects of successfully resolving their considerable pay issues that are not only impacting acutely on the dental profession, but also on service delivery at this time.

In summary:

• General Dental Services: As per our Open letter to Peter May of 30<sup>th</sup> January cosigned by 720 GDPs -(see below), Health Service dentistry is under intolerable financial strain. We need to see immediate and meaningful investment by DoH on dental remuneration in order to make HS dentistry financially viable, to alter the continued demise of HS dentistry. This must include an immediate recalibration of fees to a level that covers the true cost to deliver services, similar to the recent Scottish example in order to stabilise the service and show intent; implementation of

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a 23/24 DDRB uplift, including a proper mechanism to address rising practice-based expenses that are directly associated with providing HS care, as stated within the DDRB Report -outlined in our letter to Peter May of 24 November -below.



Letter to Peter May 2401123 Letter to from GDPs 300124.pPeter May re GDS co

## Hospital Dental Services:

- Immediate implementation of a pay award for 23/24, and action to address the considerable pay erosion and pay disparity across all Hospital grades -Consultants, SAS and Dental trainees that is having a significant detrimental impact on recruitment and retention in Northern Ireland.
- Dental trainees (DCT & StR) are currently in formal pay dispute with DoH alongside their Junior Doctor colleagues as part of the common Junior doctor/dental trainee contract. While BMA are lead negotiators on HDS contracts, BDA seeks any mandates for industrial action for its members and aligns such activities with BMA. A BDA ballot for industrial action is due to close on 19<sup>th</sup> February. We need immediate implementation of a DDRB pay award, meaningful action to address considerable pay erosion/pay disparity, and a correction of pay points based on the competency review committed to by Peter May last August -see below.
- Consultants & SAS: without an urgent offer to meaningfully address pay erosion and a pay uplift, BDA will align ourselves with anticipated BMA actions to progress to industrial action for our dentist members of these grades in the weeks ahead.

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Joint BMA BDA	Response from
letter to Perm Sec Do	Perm Sec DCT pay A

• **Community Dental Services:** this small but important cohort treating the most vulnerable patients are awaiting a pay uplift for 23/24, plus an inflation-based uplift to their Training Allowance that is included in the CDS contract to restore its intended value.

Pay is becoming an increasingly important factor for CDS dentists, particularly as the failure by DoH to workforce plan and drive the required growth in CDS headcount is impacting heavily on staff morale and wellbeing. A current headcount of 80 DO/SDO and 5 Director/Assistant Directors is far below the growth to 117 identified in the Skills for Health Workforce Review for Dental Services 2018 in light of the growing ageing population, and not even taking into account the additional patient backlog resulting from COVID. This must be urgently addressed.

In summary, we request that BDA is afforded the same opportunity to enter into meaningful negotiations on behalf of our GDS and CDS dentists on pay, and that dental specific matters impacting on HDS dentists (highlighted above) are factored into negotiations that will take place with BMA as lead negotiator on HDS issues, with input from BDA. The approach going forward must be significantly different to

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discussions that have taken up extensive BDA time in the past, where the burden has disproportionately fallen on BDA to come forward with extensive data and proposals only to find that DoH were seemingly never serious about properly addressing the issues that are well documented in dentistry. The 'no Ministers and no money' mantra must be gone for good, and a new era of reciprocity and respect be ushered in where we see fair and meaningful solutions to pay issues.

Negotiations must also go beyond previous examples of 'fait accompli' or even 'oversights' on the part of DoH, where they haven't even found fit to share draft pay circulars with BDA in advance with respect to salaried dentists. We would ask that BDA NI Committee representatives be afforded equal opportunity to engage with you and your officials to put forward the specific issues and needs of the colleagues who they represent directly, and to shape the way forward ahead of any final decisions being taken.

Finally, we raise with you the Amalgam issue that is progressing rapidly via the European institutions, and where the possibility of direct application in Northern Ireland poses risks to dental services and to practitioners alike, including exacerbating the financial crisis within GDS further if not properly managed. In light of the restored devolved institutions and associated mechanisms such as the Stormont Brake and the Joint Committee, we ask for clarity and assurances on how you and your department will commit to avoid a phase-out of amalgam being applied directly to Northern Ireland, and the risks divergence on this issue with rest of the UK could have, as well as working to accelerated timescales without prior planning and prevention actions envisaged under the intended phase-down approach.

As per our open letter, without a clear plan from your department for HS dentistry combined with decisive action, we expect the exodus away from HS dentistry will simply exacerbate due to intolerable financial pressures and remuneration that bears no resemblance to modern realities of providing modern dental services. We ask to be afforded the same early opportunities to enter into direct negotiations on pay for our GDS and CDS colleagues, and in the context of BMA leading on negotiations with HDS colleagues. We also seek your early response to the critical issues contained in our open letter relating to the GDS of 30<sup>th</sup> January. And we ask for the live risks associated with direct phase-out of amalgam in Northern Ireland to be nullified, moving to a timetable and an approach that reflects the local situation.

We would request an early opportunity to meet with you to discuss these matters further.

Yours sincerely

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Tristen Kelso

## **Director, BDA Northern Ireland**

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