

Tuesday, 10 May 2022

Ms Caroline Lappin
Chief Dental Officer
Department of Health
Castle Buildings
Stormont
Belfast
BT4 3SQ

Re. New Contract negotiations

Dear Caroline

We respond to you following receipt of DoH Contract Reform discussion paper dated 27th April and corresponding invitation to attend a proposed Contract Reform group meeting on 10th May.

At its meeting on 29th April, NIDPC agreed to participate in the Contract Reform process, and therefore our sub-group representatives will be attending the 10th May meeting.

It is clear that the current GDS contractual arrangements are not working for practitioners, and have not been for some time. There is an imperative to expedite work on a new GDS contract. We support the premise in the paper on the need for a new contract, *'to ensure that GDS are sustainable and delivers for patients and the profession'*.

While we are agreeing to proceed with new contract discussions, and without wishing to pre-empt those discussions, there are a number of pressing issues impacting the profession which require urgent attention at this time:

1. Rising costs: the costs associated with delivering HS dentistry in 2022 due to dental/wider inflationary pressures -e.g. materials, lab fees, and recruitment and retention of staff to work in a HS dentistry setting -are soaring at a rapid pace. As we have previously stated, there is currently no mechanism in place to adequately offset these rising expenses and the detrimental impact they are having on independent contractors, a situation which is compounded further by delays in DDRB uplifts being implemented in NI.

We are extremely concerned about the current and future impact such continued full exposure to high rates of inflation will have on independent contractors, particularly if the contract reform process is likely to take time to materialise. There is an onus on DoH to find a way to address these rising costs under *rebuilding* of GDS, until the *reform* process around a new contract can be put in place.

2. Crisis of Confidence: we know from BDA research evidence that there is a very real crisis of confidence among GPDs regarding the future financial outlook of HS dentistry, as well as low morale. Practitioners are being forced back onto the NHS treadmill, while also

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being bound by the additional conditions attached to RSS, while Out of Hours provision has still not yet been reinstated.

The Department must consciously begin to address the systemic factors behind the collapse in morale and crisis of confidence, and commit to transform General Dental Services into an attractive and aspirational option for dental practitioners.

3. Timescales: the DoH paper does not make clear what timescales we will be working towards for design, consultation and ultimate implementation of a new GDS contract. Furthermore, we would urge a note of caution against our pace being necessarily aligned with pace of progress -or lack of- in the other UK regions. Time is very much against us due to how unworkable current GDS arrangements have become.

4. Budget: We accept the wider budgetary uncertainties at this time. However, it would be ill advised to go too far down the path of contract reform without having a clear sense of what Budget is to be made available to fund the GDS. A service must be deliverable for the pot of money government wishes to invest.

5. Financial realities: The quoted 60/20/20 % split referred to in the paper bears little resemblance to the reality experienced by the vast majority of Associate practitioners, who are much more reliant on -and therefore exposed to -inadequate IoS fees. The profession is already experiencing significant difficulties recruiting Associates because of how financially unattractive Health Service dentistry has become.

6. Potential Equality considerations: No practitioner or group of practitioners should be directly or indirectly disadvantaged because of their characteristics, ahead of realising contract reform. Achieving equality appears to be increasingly challenging in the context of a 32 year-old contract that was designed with a very different workforce in mind to what we have today.

We have growing concerns about the current system's seeming inability -in design and implementation -to treat the modern workforce equally. This was brought to the fore with the manner in which early FSS criteria disadvantaged those who had been off on maternity leave during the reference period; current examples include where maternity entitlements are not being calculated or paid in a timely manner; and where significant allowances, including Practice Allowance is calculated using a rigid formula which cannot accommodate the increased part-time working/majority female workforce that we have today. We need a system now that first and foremost is lawful, that gives practitioners confidence that they will be treated fairly and equitably, and that is sufficiently flexible to suit the requirements of the modern dental workforce. Undertaking Equality Screening of GDS arrangements may have a role to play at this time.

7. Conditions applied: We reiterate our deep unease at the manner in which some conditions have been imposed on independent practitioners -via FSS, RGS and RSS -aimed

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at binding them into maintaining Health Service commitments under a sense of duress, at a time of immense pressure.

That two years later, conditions are now being applied to RSS in relation to unregistered patients is a concern. We also point to the perception created among the profession of how these conditions have been applied: Revenue Grant Scheme, and the condition to retain patient registrations to within 5% for the next two years -without GDPs having any idea what the financial conditions pertaining to GDS will look like over that two-year period is a case in point.

While it is of course right and proper to ensure public funds are properly spent and accounted for, it is also important that due process is applied in how any potential enforcement actions relating to conditions are applied, and full transparency provided to the profession. We would ask for your assurances around this.

Ultimately, if practitioners are being compelled to retain HS commitment, there is a failure in the system. Any future approach must be based on reforming GDS to make HS dentistry financially sustainable -and sufficiently attractive -for GDPs *to voluntarily want to choose* to remain committed.

8. Co-design: BDA is committed to playing its part in co-designing a new contractual framework that delivers for all parties. NIDPC, and in particular the committee's New Contract sub-group will have a key role to perform in presenting the views of the GDP population into the contract reform process, in discharging BDA's Trade Union function.

We would ask you to give due regard to the issues raised in our letter at this time, and to respond accordingly.

We trust meaningful discussions will follow on the significant reforms required in GDS at this time.

Yours sincerely

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Northern Ireland Director

Cc: Robbie Davis
Michael O'Neill
James Murphy
Michael Donaldson