BDA
Northern Ireland

Mr Conor Murphy MLA
Minister
Department of Finance
Clare House
303 Airport Road
Belfast
BT3 9ED

24 February 2021

By email to: budgetconsultation@finance-ni.gov.uk

Ref: Consultation on the Draft Budget for Northern Ireland 2021/22

Dear Minister,

Thank you for the opportunity to contribute to the Consultation on the Draft Budget for Northern Ireland 2021/22, on behalf of the Northern Ireland Dental Practice Committee (NIDPC) which represents General Dental Practitioners.

I want to impress upon your Department the immense impact that the pandemic has had on the practise of dentistry here, and in consequence, the extremely vulnerable financial situation practices face following major disruption to the high patient volume/low margin business model that underpins Health Service dentistry within the GDS.

It is in this stark context that we are concerned to note the Department of Health commentary that deems that the proposed allocation to DoH is deemed insufficient with particular gaps in relation to awarding pay uplifts at a time when sustainability of HS dentistry is at risk.

Background

Following the outbreak of the COVID pandemic, significant new operational restrictions were applied to General Dental Services. Restrictions currently include a surgery fallow-time of 10-30 minutes between patients after each Aerosol Generating Procedure (AGP) (such as a standard filling); additional time required for environmental cleaning measures; new enhanced Level 2 PPE requirements for dentists and nurses for carrying out AGPs; and practice social distancing measures such as limits on the number of people in practice waiting rooms.

While these restrictions are primarily aimed at ensuring practitioner and patient safety, they have also served to seriously curtail the numbers of patients that can be seen on a daily basis. In turn, this drop in the number of patients a General Dental Practitioner (GDP) can treat in a day has rendered the current activity-based GDS contract unworkable. GDPs can no longer generate enough dental activity to earn sufficient Health Service income to cover their costs and providing an income without top-up funding in the form of Financial Support Scheme revenue.

A service-wide collapse was averted in 2020/21 by the provision of nearly £15 million of additional NI Executive financial support via the GDS Financial Support Scheme, a one-off Level 1 PPE allocation, and the Patient Throughput Grant Scheme.

GDPs continue to remain dependant on ongoing Financial Support Scheme 'top-up' payments to help mitigate the severe financial impact of COVID-19 on patient throughput and consequently their ability to generate Health Service income under an activity-based business model.

The 2021/22 funding requirement

The collapse of the GDS was only averted in 2020/21 through the putting in place of financial support measures necessary to keep practices afloat. The current operational restrictions are very likely to remain in place throughout 2021/22 in their current form, which means that GDPs will continue to be severely restricted in carrying out sufficient levels of activity to operate viable practices. Further financial support will be required to maintain the sustainability of the GDS throughout 2021/22, requiring continued additional funding.

At a minimum, the GDS must be provided with similar levels of financial support in 2021/22 as in 2020/21 simply to mitigate the current severely restricted levels of Health Service dental activity. Should the Department of Health wish to facilitate an increase in dental activity, then further funding in addition to 2020/21 levels will be required to help address key barriers, not least the financially limiting factor of new, enhanced PPE costs estimated at £21 per patient - a cost which is remunerated in all other parts of the UK.

Furthermore, the baseline expenditure to fund the GDS is expected to rise in 2021/22. Department of Health expenditure on the GDS increased by barely 3% between 2013/14 and 2019/20 because rising patient charge revenue offset increased patient registrations and annual fee uplifts. However, it is expected that there will be a significant drop in patient charge revenue in future years as government COVID economic support schemes end and more patients find themselves eligible for free Health Service dental care.

2021/22 budget concerns

With the resource pressures facing Health Service dentistry expected to remain high in 2021/22, NIDPC is deeply disturbed to read the Department of Health's concerns about the size and scale of the pay pressures they will face in 2021/22, and that the £380 million COVID funding will address 'some' pressures.

We are particularly alarmed by the Department of Health's assertion that there is only sufficient funding in the proposed 2021/22 Budget to meet ongoing COVID pressures for a further three months. As we have stated above, it is highly unlikely that the operational restrictions currently applied to the GDS will be lifted within three months, and some restrictions are likely to become permanent arrangements. Additional restrictions mean additional cost that will have to be addressed.

We are also troubled by the Department of Health's concerns regarding the pay pressures they will face and the significant shortfall of some £53 million in the funding required to implement anticipated pay uplifts. The GDS has suffered from a long-series of below-inflation pay awards over much of the past decade – usually implemented over 12 months late. Compounded, this has resulted in an unsustainable real-terms erosion of GDP Health Service earnings. Dental practices are small businesses with staff wages and bills to pay, and should expect to receive their annual pay award in a timely fashion alongside their colleagues in other parts of the UK. Inflation does not wait until the Department of Finance and Department of Health can agree to implement a pay award based on what spend is left at the end of the financial year.

What happens if the necessary funding isn't made available?

If the NI Executive fails to continue to adequately support the GDS in 21/22 based on current levels, then we fear that GDPs will simply have little option but to significantly curtail Health Service dental treatment or stop offering it altogether. In a September 2020 BDA NI survey, 70% of GDPs stated that if GDS financial support was lower than offered by the FSS, they would stop offering Health Service dental treatment.

If the NI Executive wishes to retain high street Health Service dentistry in its current form, then it must provide sufficient funding to allow dental practices to remain financially sustainable. No small business can be expected to operate at a loss. In fact, it would be financially irresponsible for a practice owner to continue to offer health service dentistry if the remuneration available was insufficient to cover costs.

Should GDPs be forced to curtail their Health Service offering, then the ultimate loser in this scenario will be the patients. Due to the operational restrictions, nearly 1 million fewer patients were seen by the GDS between April and December 2020 compared to the same period in 2019. There is a significant backlog of dental care, and GDPs have genuine concerns about the oral health -including oral cancer detection -of the wider population during these constrained times. This situation will be made incomparably worse if the GDS – through lack of funding – is forced to curtail its health service offering. This will only result in more patients being unable to receive dental care, and potentially placing an extra burden on other parts of the already stretched Health & Social Care system.

In conclusion, as outlined by the evidence we have compiled in the enclosed paper – "*An unsustainable future?: The General Dental Service in 2021/22 and beyond"* – the GDS has largely survived, not unscathed, during what has been an unprecedented 12 months that has severely impacted dentistry. However, the sustainability of the GDS -which was already at risk pre-pandemic due to a decade of below-inflation pay uplifts, rising costs and cuts to the dental budget through removal of Commitment payments -remains very much in the balance as we look to navigate 2021/22.

In the short-term, the GDS needs the guarantee of continued financial support based on current levels that will enable practices to weather the COVID-related challenges during 2021/22. In the longer-term, the GDS needs a new, sustainably funded GDS contract fit for the post-COVID dental landscape which facilitates recovery, and once and for all embeds prevention and improved oral health outcomes at its core.

We would be happy to engage further with officials on the issues raised above and the enclosed paper at any time.

Yours sincerely,

Richard Graham,
Chair, BDA Northern Ireland Dental Practice Committee

Encs: BDA NI paper - An unsustainable future?: The General Dental Service in 2021/22 and beyond

An unsustainable future?: The General Dental Service in 2021/22 and beyond
February 2021

1. Introduction

For many years the Northern Ireland Dental Practice Committee (NIDPC) has warned that the financial sustainability of the General Dental Service (GDS) has been placed at risk by a long series of below inflation annual pay awards.

Unlike their salaried colleagues, General Dental Practitioners (GDPs) receive a productivity based payment in return for carrying out an Health Service Item of Service. This payment not only has to contribute to the GDP's salary, but must also cover the GDP's expenses. While GDP Health Service payments have effectively flat-lined, these expenses – staff salaries, rent, utilities, dental materials, lab bills – have continued to rise and as a result the proportion of a Health Service payment that can be allocated to salary has diminished alarmingly.

Nearly every GDP in Northern Ireland is a mixed practitioner – i.e they offer Health Service and Private dentistry. However, a GDP does not have to offer Health Service dentistry and the concern has always been that there would come a point where Health Service dentistry no longer made financial sense.

We have now reached that point.

The operational restrictions applied to the GDS following the outbreak of the COVID pandemic mean that under current contractual arrangements GDPs can no longer carry out sufficient Health Service activity to cover their costs. A service-wide collapse was only averted in 2020/21 by significant NI Executive financial support.

However, a collapse has only been postponed, not prevented. In the short-term, the current GDS financial support arrangements must continue on into 2021/22. In the longer-term, a new GDS contract which accounts for the true costs and challenges associated with post-COVID dentistry is urgently required.

The following steps are required to place the GDS on a sustainable footing:

Step 1: GDP's need early clarity that the current Financial Support Scheme arrangements will continue throughout 2021/22 at the same, or greater, level as 2020/21.

Step 2: Provide long overdue financial support to private high street dentistry.

Step 3: Provide additional, targeted, financial support to facilitate increased GDS activity to address the patient backlog. This could include a reformed PPE funding model that does not place a financial barrier on increasing activity.

Step 4: Take immediate steps to improve GDS morale and address pre-COVID underlying issues by: a) immediately implementing the 2020/21 pay award; b) re-introducing Health Service commitment payments; c) urgently rebuilding Out of Hours Dental Services; and d) publicly committing to the implementation of a new GDS contract by April 2022 which supports Health Service dentistry to become financially viable in its own right - without needing subsidised by private dentistry.

2. Patients

2.1. Prior to the COVID pandemic, GDPs were deeply concerned by how the current GDS contract incentivises activity over quality, prevention focused, dental care. Under this unsustainable approach, rather than focusing solely on the oral health needs of their patients, GDPs always have to have one eye on the clock, knowing that for Health Service dental care in their practice to remain financially sustainable, they had to get patients in, treated, and out of their surgery as fast as possible.

- The profit margin on Health Service fees (set by the Department) is so small that quantity is the primary determinant whether a Health Service practice generates sufficient revenue to cover costs and pay the dentist an appropriate salary.
- As a result, Health Service-focused GDPs likened their working existence prior to March 2020 to being on a perpetual hamster wheel. It was not uncommon for GDPs to see 30 to 40 patients per day with check-ups scheduled for ten minutes or less.
- These short, time pressured, appointments prevented GDPs from taking their time on complicated procedures and left insufficient time to provide detailed oral health education – especially to children – which could help address Northern Ireland's poor child oral health.
    - In 2019-2020, 21,720 teeth were extracted from young children, with 3,820 patient cases treated during 746 GA sessions[1]. The NI child GA extraction rate is the worst in the UK.
- Furthermore a combination of new regulation, higher costs and limited time have all created barriers for GDPs in the provision of domiciliary care, despite changing societal demographics leading to an increasingly elderly and dentate population which desperately need specialised dental care.
- In our members words**:**
    - *"Impossible to meet my financial commitments without working at a pace which is unrealistic considering my age. I need time to spend with patients working on oral hygiene and prevention."*
    - *"Quality requires time and not possible when SDR only encourages speed/throughput over quality and up-to-date materials/techniques. The current SDR is not fit for purpose."*

2.2. The current, flawed, activity-based contract has been rendered unworkable by HSCB enforced COVID operational restrictions which places significant limitations on the amount of activity a GDP can undertake in a given day. These restrictions have caused GDS activity levels to drop dramatically and in turn creating a significant patient backlog. GDPs are concerned about the implications of this backlog on the population's oral health.

- Restrictions include a surgery fallow-time of 10-30 minutes after each Aerosol Generating Procedure (AGP) (such as a standard filling); additional time required for environmental cleaning measures; new enhanced Level 2 PPE requirements for dentists and nurses for carrying out AGPs; and practice social distancing measures such as limits on the number of people in practice waiting rooms.
- Added to these restrictions is the physical and mental exhaustion associated with wearing Level 2 PPE for an extended period of time which places a hard limit on the number of AGPs a GDP and accompanying nurse can carry out on a given day.
- While these restrictions are primarily aimed at ensuring practitioner and patient safety, they have also served to seriously curtail the numbers of patients that can be seen on a daily basis – see Figure 1 below.
- The impact has been stark. Between April and December 2020, the number of individual patients seen by the GDS fell from 1,346,677 to 374,585 (-72%) – a drop of nearly 1 million

[1] All GA figures relate to paediatric extractions only and do not include extractions for special care or dental phobic patients undertaken by the CDS.

patients. According to the October BDA practice survey, 94% of NI practices are operating at below 50% capacity.[2]

- With a return to pre-COVID dentistry looking unlikely in the short to medium term, GDPs have significant concerns regarding how the prolonged absence of routine dentistry will impact the population's oral health and reduce opportunities to catch oral cancer cases at an early stage.

Figure 1 – Impact of 30 minute fallow time & environment cleaning on dental activity levels

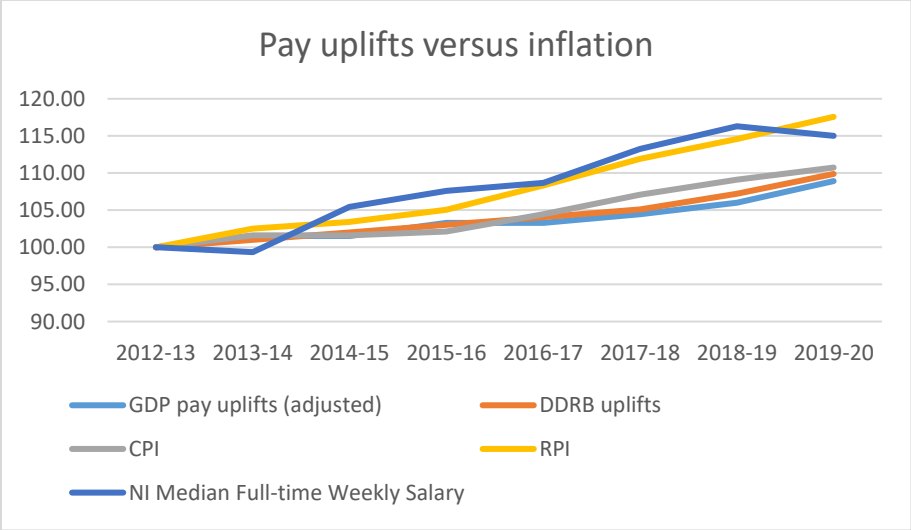
Aerosol Generating Procedure (AGP)	Appointment time (mins)	Fallow time + cleaning time (mins)	Total time required (mins)	Total possible appts per day pre-COVID	Total possible appts per day COVID
1001 - Scale & Polish	15	45	60	30	7.5
1401 - Permanent filling	20	45	65	22.5	6.9

3. Financial sustainability

3.1. GDPs have been warning for years that the GDS funding model was increasingly unsustainable due to a long series of below-inflation annual pay awards which left the majority of Health Service dental fees barely profitable, and in some cases loss-making.

- Unlike their salaried colleagues, only a proportion of the treatment payment received by GDPs via Item of Service contributes to a GDP's salary. The majority is required to cover the cost of carrying out the treatment – staff costs, building rent/mortgage, utility bills, dental materials, lab bills etc.
- Between 2012/13 & 2019/20, GDP annual pay growth has fallen significantly behind inflation and regional median salary growth due to below inflation increases – including no increase in 2015/16 – and the 12-month plus delays to pay awards.
- The impact – as demonstrated by Figure 2 below – has been stark. Accounting for delays in implementation, GDP pay growth has lagged behind the cumulative recommended DDRB pay growth *which is net of expenses.* Item of Service values increased by 8.92% during this period while cumulative DDRB recommended pay growth increased by 9.88%.

Fig 2: Pay uplifts (adjusted for delays) in comparison to inflation (2012/13-2019/20)

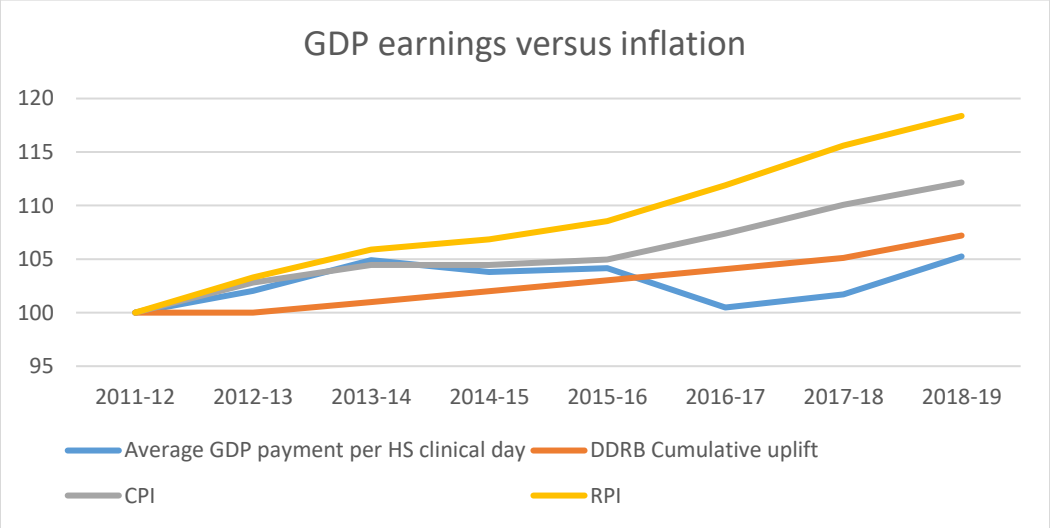


[2] The BDA UK-wide Practice Survey was carried out between 14-26th October. The survey received 148 valid responses from Northern Ireland - representing 40% of the total number of dental practices in Northern Ireland. Data shown relates only to respondents who have a Health Service commitment of over 50%.

3.2. This long series of below-inflation/delayed pay awards has resulted in an unsustainable real-terms erosion of GDP Health Service payments[3]. The General Dental Service Payment Analysis 2011/12–2018/19 Report confirms that GDPs are working harder today for less than they earned a decade ago.

- Between 2011/12 and 2018/19, average annual Health Service payments to Principals fell from £137,962 to £124,623 (-10%). Associate average annual Health Service payments increased slightly from £81,877 to £84,565 (+3%).[4] According to the Bank of England Inflation Calculator, this equates to a significant real terms reduction of 24% and 16% respectively.
- Both Principals and Associates recorded significant drops in average payments between 2013/14 and 2017/18 of -15% and -5% due to the phased withdrawal of Commitment payments and the decision not to award a pay uplift in 2015/16.
- Between 2011/12 and 2018/19, the average number of Health Service clinical days for Principals fell from 189 to 169 (-10%). The number of clinical days worked by Associates fell from 167 to 155 (-7%). Note – the measurement 'clinical days' does not take into account days spent on Health Service-related administration (which GDPs are not remunerated for).
- Between 2011/12 and 2018/19, average payments per Health Service clinical day worked by all GDS dentists increased slightly from £575 to £606 (+5%). In comparison, during the same period, the cumulative DDRB recommended uplift was 9.9%, the cumulative CPI increase was 13.8%, and the cumulative RPI increase was 21.5% – see Figure 3 below.
- According to the Bank of England Inflation Calculator, a miserly 5% increase over 9 years equates to a significant 11.4 % real-terms decline in average GDS Health Service earnings per day – see Figure 4 below.

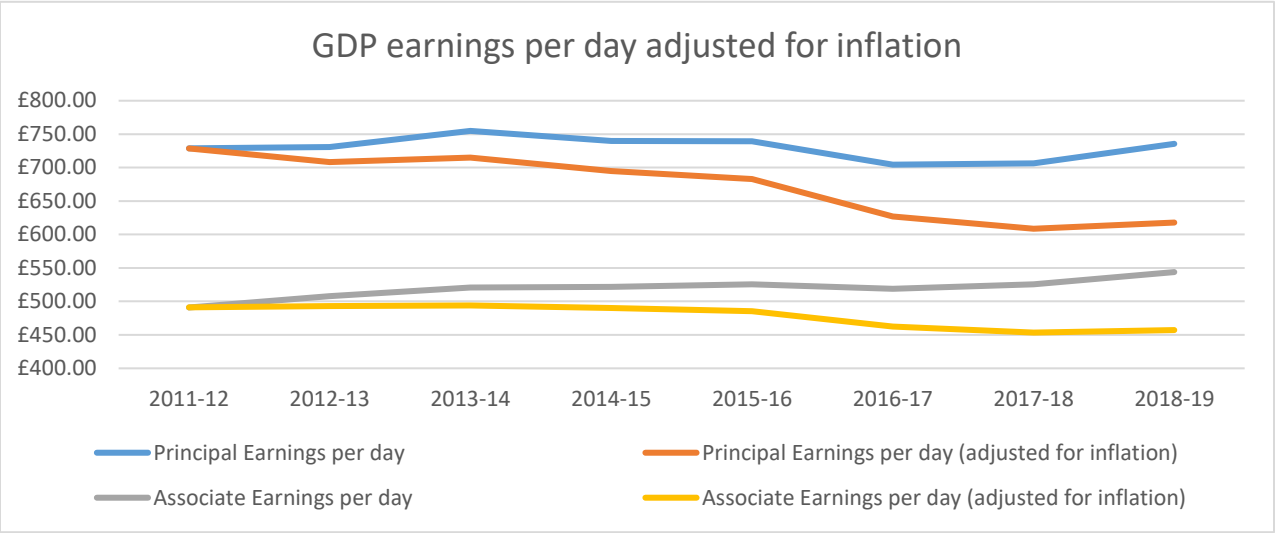
Fig 3: GDP earnings per Health Service clinical day worked compared to inflation (2011/12 – 2018/19)



[3] Note: Health Service payments refers only to *revenue* received for Health Service treatment, and takes no account of expenses associated with undertaking that work. It should not be mistaken for profit or taxable income

[4] GDS Payment Analysis: 2011/12 - 2018/19, BSO, February 2021

Fig 4: GDP earnings per Health Service clinical day worked adjusted for inflation (2011/12 – 2018/19)



3.3. An activity-based GDS contract is untenable while GDPs are obliged to operate under the HSCB enforced COVID operational restrictions. Thankfully, the Department of Health prevented an outright GDS financial collapse in 2020/21 by contributing significant additional financial resources via the Financial Support Scheme (FSS).

- Between April and December of FY 2020/21, the Department of Health contributed £49 million to GDS Items of Service earnings – a 32% increase on the funding provided during the same period in FY 2019/20.[5]
- This additional funding helped to address the shortfall in GDS income caused by the enforced reduction in dental Items of Service activity. If left unsupported, the GDS would only have earned £16.3 million of Items of Service between April and December of FY 2020/21 compared to £56.8 million in the same period in 2019/20. [6]
- However, despite this welcome support, overall Health Service Item of Service earnings in the GDS fell significantly. Between April and December of FY 2019/20, the GDS earned a total of £56.8 million items of Service – from both DoH contributions and patient charges. In the same period in FY 2020/21, the GDS earned £53.4 million – a 6% decrease.[7]
- In addition, while the Department of Health supported high street dentistry, the same cannot be said for Private dentistry – despite being affected by the same operational restrictions as the Health Service, but received no bespoke support package and was excluded from various supports.
- As the majority of dental practices in Northern Ireland are mixed private/Health Service practices, this lack of support for private dentistry in turn threatens the financial sustainability of Health Service dentistry.
- In our members words**:**
    - *"Take my 60% Health Service, 40% private, dental practice as an example. With activity levels at circa 25%, my practice private revenue has fallen from 40% to 10%. DoH has covered the 60% - but dental practice revenue has still fallen by 30% as overall practice salaries/expenses have remained at 100%."*

[5] Derived from unpublished statistics - BSO Internal Management Information obtained upon request
[6] Derived from unpublished statistics - BSO Internal Management Information obtained upon request
[7] BDA calculation derived from unpublished statistics - BSO Internal Management Information obtained upon request

3.4. In theory, lower activity levels should have resulted in reduced expenses due to the corresponding reduction in materials/lab bill costs. In reality, practice owners are reporting that practice costs have risen significantly over the last year due to significant increases in the cost of dental materials.

- Practice owners report that costs have increased during the last year due to the need to replace materials that went out-of-date over the lockdown, prepare the practice for reopening, Level 1 & 2 PPE costs, and the cost of implementing social distancing/infection control measures (screens, increased ventilation etc.), while patient throughput has been considerably reduced.
- In addition, practice owners have noted a recent spike in the cost of key materials like plastic gloves in recent months due to supply chain shortages and the well documented issues with GB>NI supply lines following the UK's withdrawal from the EU.
- The GDS payment structure and overall budget must be re-examined in light of these significant additional costs. DoH, HSCB, BSO & the BDA have recently finalised a joint report – GDS Payment Analysis: 2011/12-2018/19 – which examines GDS payments. A further piece of research is urgently required to examine GDS expenses, and the true cost of delivering Health Service dentistry ahead of any new GDS Contract.
- In our members words**:**
    - *"The running costs for the business were always tight being a mainly NHS practice. However, with reduced income, and with the vastly increased costs in general for the business, including PPE and of course clinical waste collection, this has pushed the viability of my business to the limit. The levels of stress for the past 9 months has been extreme. It has had a profound effect on morale, working life, and inevitably on family life."*
    - *"The cost to place a suture is £5 - £10 depending on the suture but the price of a haemostatic sponge is £2.40 per sponge. Our principal is concerned about remuneration being £16.19 for an extraction and that this was not going to cover practice costs."*
    - *"Our current monthly order cost is running at about 80-90% of monthly cost pre-covid yet our activity levels are dramatically reduced. We are seeing fewer patients but the cost to treat them is pretty much the same as pre-pandemic, we are using fewer materials such as amalgam but the smaller amounts we are ordering cost more & we are going through PPE like never before. The cost of gloves is extortionate at the minute."*
    - *"For AGP treatments the requirement to minimise aerosol contamination means that we have to anticipate any equipment/materials needed for the procedure and have these out to hand - yet they are often not used but disposed of. This inevitably means a considerable amount of material & single use item wastage which adds to the not insignificant extra costs incurred."*

3.5. The outright financial collapse of the GDS has only been postponed, not prevented. Unless 2020/21 levels of funding are maintained throughout 2021/22, Health Service high street dentistry in Northern Ireland will significantly decline.

- The majority of Practice Owners do not want to stop offering Health Service dental care, but as small business owners they may be forced to do so as their practice must operate in a financially sustainable manner.
- In September 2020, 70% of GDPs stated that if GDS financial support was lower than offered by the FSS, they would stop offering Health Service dental treatment.[8]

[8] The BDA NI Activity Survey was caried out between Thursday 27th August and Wednesday 02nd September 2020. The survey received 424 valid individual responses – representing 37% of the total number of GDPs in Northern Ireland.

- In October 2020, 82% of NI Practice Owners stated that they would be able to maintain the financial sustainability of their practice for less than 12 months - 49% less than six months.[9]
- In our members words**:**
    - *"If the support does not continue and we are back to being paid for item of service only and current restrictions on social distancing/fallow time remain, I would have no alternative than to leave the Health Service."*
    - *"If the FSS funding is stopped from April onwards I will have to reconsider my position. Financially I will not be able to make ends meet assuming all restrictions remain in place and I may have to close the practice."*
    - *"If the payment for the treatment doesn't cover the cost to provide the treatment then I doubt any dentist will be able to retain a business with majority health service component. I don't want to leave but I can't allow my business to be ran into the ground either."*
    - *"83% private, but considering de-registering remaining patients and under 18's due to onerous administration and necessity to provide on-call service for which I currently receive zero pay."*

3.6. However, the 2020/21 GDS funding levels only maintain the current levels of low activity, and as a result the patient backlog will continue to grow. Assuming HSCB COVID restrictions become a permanent fixture, additional funding will be required to overcome the barriers to GDPs reaching their maximum capacity.

- The exhausting nature of wearing level 2 PPE places a limit on the amount of activity a GDP can physically undertake. However, GDPs are being prevented from reaching their maximum capacity under the new operational restrictions due to several barriers including additional enhanced PPE costs per patient seen, inadequate ventilation in dental practices to achieve lowest available fallow-times, and social distancing measures.
- In September 2020, 72% of GDPs cited PPE costs as a key inhibitor to increasing activity.[10] In October 2020, 85% of NI practice owners reported that PPE costs were an obstacle to increasing activity levels at their practice.[11]
- Northern Ireland is the only region in the UK where GDPs are expected to source and pay for their own PPE. Scottish, Welsh and English GDPs have been able to avail of a free supply of PPE from their respective governments. In Northern Ireland, the Department of Health took the approach of removing the 20% abatement from the FSS to compensate GDPs for the increased Level 2 PPE costs. However, as PPE costs remain stubbornly high, this means there is a hard financial limit on how many AGPs a NI GDP can afford to carry out and remain financially sustainable.
- According to HSCB engagement with dental suppliers, the cost of PPE per AGP (for both GDP & Nurse) is circa £21. The average Health Service payment per GDP in September 2020 – including item of Service, Financial Support Scheme and Registration Fee payments – was £7783.[12] According to DoH, 20% of that figure - £1557 - should cover PPE costs. At £21 per AGP, this allows the average GDP to carry out a maximum of 74 AGPs per month.
- However, it's important to note that the £1557 PPE budget above must also cover the cost of the Level 1 PPE requirements, the environmental cleaning PPE requirements, the materials/lab

[9] The BDA UK-wide Practice Survey was carried out between 14-26th October 2020. The survey received 148 valid responses from Northern Ireland - representing 40% of the total number of dental practices in Northern Ireland. Data shown relates only to respondents who have a Health Service commitment of over 50%.

[10] The BDA NI Activity Survey was caried out between Thursday 27th August and Wednesday 02nd September. The survey received 424 valid individual responses – representing 37% of the total number of GDPs in Northern Ireland.

[11] See 7

[12] Derived from unpublished statistics - BSO Internal Management Information obtained upon request. To obtain an accurate figure the following cohorts were removed – Orthodontists, GDPs who do not receive an FSS payment, any GDP that did not qualify for the removal of the 20% abatement.

bills associated with carrying out the treatment, and the increased clinical waste costs associated with the increased use of PPE across the whole dental team.

- According to the October 2020 BDA Practice Survey, 78% of practices reported that introducing mitigation measures to reduce fallow time (e.g. ventilation changes) was a barrier to increasing activity levels but 70% of Practice Owners reported they did not have ready access to funds to invest in new equipment (like ventilation) to increase capacity.[13]
- The revised NI Operational Dental Guidance suggests that the fallow time associated with an Aerosol Generating Procedure (AGP) could be reduced to as little as ten minutes if a treatment room features more than 10 air changes per hour (ACH). However, not every treatment room in every dental practice will have this level of ACH. Some treatment rooms may not even feature natural or mechanical ventilation, which now bar them from being used for AGPs no matter the fallow time period.
- In addition, for those practices without the necessary ACH levels to achieve the lowest fallow times, the potential cost of upgrading their premises is beyond reach -typically £3000 to £5000 per surgery. This level of investment is out of the question for Health Service focused practices with a fixed income stream and no means to increase income levels to cover the cost of installation.
- The Department of Health has recently announced a £1.5 million Revenue Grant Scheme to financially support dental practice to install new ventilation equipment. While this investment is very welcome, it will not be suffice to address the full ventilation need. Further funding to support continued investment in new ventilation in 2021/22 will be required.
- In our members words**:**
    - *"To allow all 3 dentists to work equally and allow fallow time we all have had to shorten our working week which further reduces our ability to increase patient numbers. No consideration has been taken for the physical effects of level 2 PPE on a dentist over full days of work. PPE makes accessibility for routine work more difficult, accompanied with physical and mental exhaustion."*

4. The Dental Workforce

4.1. GDP morale in Northern Ireland has been consistently the worst in the UK for some time. The COVID pandemic has led to a collapse of morale among dentists working in the GDS

- According to NHS Digital, the percentage of *Principals* that stated they had 'very high' or 'high' morale was 12.8% in 2019/20 – the lowest in the UK. The percentage of *Associates* that stated they had 'very high' or 'high' morale was 15.9% in 2019/20 – again the lowest in the UK.[14]
- In the same survey, 70.4% of NI Principals reported that they often felt about leaving General Dentistry – a 19% increase since 2015/16 – while 65.2% of Associates reported that they often felt the same - a 28% increase since 2015/16.
- There is clear evidence that morale has dropped even lower in recent months:
    - Our September NI Activity Survey reported that only 3% of respondents rated their morale as 'high' or 'very high'. In contrast, 88% of respondents rated their morale as 'low', including 63% who reported their morale as 'very low'.[15]

[13] The BDA UK-wide Practice Survey was carried out between 14-26th October. The survey received 148 valid responses from Northern Ireland - representing 40% of the total number of dental practices in Northern Ireland. Data shown relates only to respondents who have a Health Service commitment of over 50%.

[14] Dental Working Hours Motivation and Morale Survey 2018/19 & 2019/20, NHS Digital, August 2020

[15] The BDA NI Activity Survey was caried out between Thursday 27th August and Wednesday 02nd September. The survey received 424 valid individual responses – representing 37% of the total number of GDPs in Northern Ireland.

- In December 2020, NI GDPs were asked if they were considering leaving Health Service Dentistry within the next 12 months. 15% of Principals and 14% of Associates said yes. 36% of Principals and 38% of Associates said they were considering it.[16]
- Analysis of recent Associate vacancies demonstrate a 263% increase between January 2020 and January 2021.[17]

- In our members words**:**
  - *"I have been a lifelong NHS dentist. The stresses of working in the current environment with grave uncertainty about long-term practice viability is very stressful. The worry about staff health is a huge daily stress."*
  - *"Very disillusioned at present and feel abandoned by health service in general but yet expected to work away under very difficult conditions with ppe etc. Pay cut costs rising across the board. Staff morale low. On call now at weekends too, no break from it. It was stressful before this, not one aspect really looks optimistic moving forward. Less pay, more stress in all aspects of practice definitely doing something else seems a more attractive prospect."*
  - *"I have left work on more than one occasion in tears. I have found the pressure we are under - demands from patients, limited surgery time and lack of understanding from the general public on what we can offer at present extremely difficult. I am considering leaving dentistry completely. I look at my partner and my family circle - their jobs, the stress they are under - nothing comparable."*

4.2. Under General Dental Council rules, Dentists cannot treat patients alone, and thus declining morale amongst Dental Nurses threatens the sustainability of the GDS. The Service falls apart without Dental Nurses, but cash-strapped dental practices have limited scope to raise staff salaries in such challenging financial circumstance.

- Members are concerned that a major staff crisis is looming due to the new physical and mental demands associated with wearing Level 2 PPE for both dentists and nurses. Many GDPs are doubtful their nurses will accept these tougher working conditions for long.
- It is important to remember that dental staff pay uplifts are linked to GDP pay uplifts and so have been affected by the same pay award delays and below inflation uplifts. National minimum wage increased from £6.70 to £7.83 between 2015 – 2018, a 17% increase. However, during the same period Practice Owner earnings per day decreased by 6%.[18][19]
- The most recent HSCB survey reported that 33% of practitioners had an unfilled nursing position.[20] Analysis of recent dental nurse vacancies demonstrate a 467% increase between January 2020 and January 2021.[21]

BDA Northern Ireland
February, 2021

NorthernIrelandOffice@bda.org

[16] The BDA NI GDS December Survey was carried out between Wednesday 16th - Wednesday 23rd December with 247 respondents.
[17] Analysis of vacancies advertised via Martin Curran's dental vacancy mailing list
[18] Dental Earnings and Expenses Estimates, NHS Digital, August 2020
[19] Dental Working Hours Motivation and Morale Survey 2018/19 & 2019/20, NHS Digital, August 2020
[20] Health & Social Care Board survey, October 2017
[21] Analysis of vacancies advertised via Martin Curran's dental vacancy mailing list