



NORTHERN IRELAND ASSEMBLY ELECTIONS 2022

REBUILDING AND REFORMING DENTISTRY



A plan to provide firm foundations for Health Service dentistry, and deliver better oral health for all.

campaigns@bda.org

INTRODUCTION

The COVID-19 pandemic has had a devastating impact on dentistry across Northern Ireland. While emergency funding from DoH and HSCB has been vital in averting an immediate collapse, patient access has been hit hard while practices face unprecedented backlogs. A service that was struggling to be financially viable pre-pandemic has seen its business model irreparably damaged.

The net result is Health Service dentistry faces a deeply uncertain future. Without radical action, the deepest oral health inequalities in the UK are set to widen.



We need to **rebuild** and **reform** dentistry in NI.

A NEW SERVICE REQUIRES:

1 FIRM FOUNDATIONS:

Put the necessary resources in place to underpin the recovery, and parallel development of a new General Dental Services Contract

2 A SUSTAINABLE WORKFORCE:

Develop a dental Workforce Strategy that's fit for the future, so Northern Ireland has the dentists it needs

3 ACTION ON INEQUALITIES:

Invest to save with an ambitious Oral Health Strategy to deliver better oral health for all.

Firm foundations:

It is unclear whether Health Service dentistry can survive this pandemic. Practices are now struggling to remain financially viable while working to a decades-old system focused heavily on treatment, not on prevention. The necessary resources must be put in place to underpin the recovery, and parallel development of a new General Dental Services Contract.

Problem

- Dentistry operates to a low margin/high volume model of care that no longer adds up. The fees provided for care have fallen by as much as **a quarter in cash** terms in the last decade.
- The increasing cost of delivering Health Service dentistry has resulted in dentists being **40% worse off** than in 2008/09. That downward trajectory in earnings is simply not sustainable. Meanwhile, the cost to independent contractors of delivering dental services has soared.
- Perversely, the more committed dentists are to the HS, the less they earn. These combined pressures are pushing half of all dentists in NI towards private work.
- Combined, these factors have created a **crisis of confidence** among GPs in Health Service dentistry. If not meaningfully addressed, they undermine its future sustainability.

Solution

- **Interim funding** Practices require financial certainty as COVID moves from pandemic to endemic. Short-medium term financial support is essential to help practices mitigate the impact of the pandemic and maintain the viability of HS practices in the face of lower patient volumes and additional costs.
- **New GDS contract** A new and sustainable model of delivering dentistry to the population is required. Safeguarding access, delivering quality care and prevention will require long-term investment, based on a fresh assessment of population need and the true cost of delivering General Dental Services.



A sustainable workforce

Morale among dentists has collapsed since lockdown, with many parts of the service now facing chronic recruitment and retention problems. Recent studies point to the profound impact the pandemic has had on the mental health and wellbeing of dentists. We need a wide-ranging Workforce Strategy that's fit for the future, so Northern Ireland has the dentists it needs, and who feel valued and fairly remunerated within the Health Service.

Problem

- **Over two thirds of dental practices reported at least one unfilled dentist vacancy last year.** Each vacancy translates into 1000s of patients unable to access care. 40% of practices say reluctance to work in Health Service dentistry is the key difficulty to recruiting.
- **Nearly 9 in 10 principal dentists working on the high street report low morale**—compared with 60% in England. 84% cited the lack of financial certainty as a primary cause of stress
- **Community Dental Services face a looming workforce crisis.** CDS colleagues serve the most vulnerable and disadvantaged members of our society—and a high percentage of this staff cohort is approaching retirement age, at a time of unprecedented waiting lists.

- **NI faces a chronic shortage of dental nurses.** Nearly 80% of practices now report they had experienced difficulties recruiting vital members of the dental team.
- **Hospital dentistry is losing its brightest and best.** Lack of pay parity with GB colleagues has resulted in vacant posts, impacting on service delivery and the need to fill rotas with locums. The absence of Clinical Excellence Awards and pensions allowance mitigations compounds the difficulties of recruiting to Northern Ireland.
- **Brexit has created new challenges,** closing the door to the EU. In the face of all these challenges a record numbers of applicants are being turned away to study dentistry at QUB.

Solution

- **A joined-up dental Workforce Strategy:** Build on the long-awaited Skills for Health Dental Workforce Review to create a wide-ranging plan to ensure Northern Ireland has the dentists it needs, and to rebuild morale within the profession.
- **Restoration of commitment payments:** In 2016 a scheme that recognised and rewarded commitment to HS dentistry was phased out. Restoring the scheme would send an important signal, help halt an exodus of dentists out of the Health Service and cost in the region of £4m.
- **Dental places:** BDA values the crucial role the School of Dentistry at QUB plays in training our future dentists. NI must follow the lead of other UK nations and work with the Dental School to explore investing in increased dental school places to keep pace with demand.

Action on inequalities

Northern Ireland is at the bottom of the UK league table for oral disease, and COVID means inequality is set to widen. The burden falls on our most deprived communities. An updated Oral Health Strategy can apply tried and tested policies to improve outcomes and save money.

Problem

- **NI residents are twice as likely to have filled teeth as counterparts in England**, and children are **three times as likely to have multiple teeth extracted under General Anaesthetic**.
- **Children in our most deprived communities are least likely to be even registered with a dentist**. Nearly 80% of children are registered in our most affluent communities, falling to 63% in our most deprived. The gap in attendance between the most and least deprived communities widened during the pandemic.
- Health Service dental fees are so low that they generate a loss to practitioners providing certain treatments. This disincentive has **a disproportionate impact on patients who cannot afford to pay privately**.

- Each year, more than 21,000 teeth are extracted under General Anaesthetic (GA) in NI involving between 4000 and 5000 children. Given each procedure can cost upwards of £3000, **a preventable disease is costing NI millions each year**.

- **Oral cancers claim more lives than car accidents**. Early detection during dental check-ups is key, yet 60% of cases present as advanced (Stages III and IV) disease.

Solution

- **Develop a 21st century Oral Health Strategy** informed by the latest data and insights from successful policies that work, at home and abroad, and guided by the work of our Oral Health Options Groups.
- **Double down on prevention with children**. Welsh and Scottish programmes have been adopted worldwide, with activities such as supervised tooth-brushing more than paying for themselves through reduced treatment need.
- **Invest the proceeds of the Sugar Levy**: not a single penny of the windfall from the Soft Drinks Industry Levy has been ringfenced for improving children's health in Northern Ireland, despite millions of extra revenue coming to Stormont.
- **Commit to a feasibility study on fluoridation**. We welcomed the recent joint statement by all four UK CMOs on the benefits of water fluoridation in reducing tooth decay as part of a package of measures to improve dental health. Fluoridation has been found to save over £20 for every £1 spent.

■ **Take a preventive approach to oral cancer.** Ensure early detection by acting on Cancer Strategy’s recommendations, with high visibility campaigns targeting those most at risk. Implement a catch-up programme to redress the impact of the pandemic on roll-out of HPV vaccination of year 9 and 10 males and females.

■ **Make Health Service dentistry financially viable.** We need a new GDS contract that meets the oral needs of the public, and which is also financially viable in its own right for practitioners who want to remain committed to providing NHS care.

Opportunities

While the challenges facing dentistry are great, so too are the opportunities to reap the rewards real reform would deliver.

We want to continue to work with DoH, and with all Political Parties to develop a new collaborative approach to oral health that delivers for the public and practitioners alike. This is a plan that puts Health Service dentistry on a sustainable footing, ensures Northern Ireland has the dental workforce it needs, securing better oral health outcomes for all.

As the past years have shown, BDA will continue to play a leading role to see dentistry rebuilt, and reformed. **Please join with us to make *Rebuilding and Reforming Dentistry - and Oral Health - your priority in the next Assembly mandate***

Contact details

For more information about this manifesto and the wider work of BDA Northern Ireland, please contact: campaigns@bda.org



