



Monday 3 August 2020

Mr Robin Swann MLA  
Minister  
Department of Health  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

Dear Minister

On behalf of general dental practitioners, we write to acknowledge and welcome the additional £3.8m you have approved for the GDS budget, as confirmed in writing by Paul Montgomery on 31 July.

These funds are an important acknowledgment of the extra costs being incurred by GDPs to provide NHS dentistry as a result of the various restrictions imposed on practices as a result of COVID.

Our position was that it was wholly unjustified to continue to apply an abatement to FSS support 'for variable costs not incurred', at the same time as dentists were being required to provide face-to-face patient care (this requirement under Phase 1b being introduced from 8 June), and carrying out AGPs with the additional costs of Level II PPE in particular under introduction of Phase 3 from 20 July. While the principle of additional costs has been acknowledged, the removal of abatement should also have applied to July FSS payments, as was the case in England.

The general dental population has been put under considerable stress from this episode, not least the lack of certainty around future funding arrangements, and indeed reference to possible reductions of support, at a time when additional funding was needed most. This has had a significant negative impact on morale. Committed healthcare professionals should never have been left in such a precarious position where they felt they had no other option but to fight for their survival, and that of NHS dentistry in Northern Ireland by having to lobby their elected representatives and the media.

After years of NHS dentistry being mistakenly regarded by officials as some form of 'cash-cow', we trust the Department is now fully cognisant that this has been far from the reality. As a result of COVID, the major disruption to dental business models means practices are reliant on appropriate government support -in the next 4 months -and into the rest of the financial year to see them through this crisis.

At our 1 July meeting, we shared with you our 'Sustainability' paper, which captures the evidence we have been collating and using to warn DoH for many years that the sustainability of NHS dentistry under the GDS has been put at risk due to rising costs, cuts -

in the form of removal of commitment payments, and inadequate/delayed fee uplifts; COVID has exacerbated that already difficult situation to a whole new level. As part of the ongoing work to stabilise NHS dentistry under the GDS, and ensuring a system that is robust into the future, we would ask the Department to take a fresh look at reinstating commitment payments.

Our profession has faced unprecedented disruption as a result of COVID; those challenges require unprecedented levels of support. We never want to be pushed into a situation again whereby the only option open to us would have been to pursue legal or industrial action. Had this extra support not been forthcoming, and we are mindful we still need to work through the detail of the remuneration model to apply for October and November, we would have had no option but to explore all avenues open to us. We would urge you to ensure officials work proactively with the profession's representatives to avoid any such brinkmanship happening as we all seek to stabilise dentistry under the GDS.

Furthermore, we thank you personally for writing to your colleague the Minister for the Economy to inquire about specific funding to support private dentistry, in direct response to our appeal to the Executive for a support package aimed at assisting all practices here. Despite this latest important gesture from DoH that will support the NHS side of dentistry, hitherto successful dental businesses with a significant reliance on private income continue to struggle. They need support from our Executive.

To date, the Economy Minister has refused to meet with BDA on these issues; a joint meeting to involve Minister of Health, Minister of the Economy and BDA to discuss mixed/private dentistry, and possible solutions would be very welcome if this can be facilitated by you.

Following receipt of Paul Montgomery's letter of 31 July, we of course expect to have an early opportunity for our NIDPC representatives to continue to engage with him and the Acting CDO to work through the mechanics, and the detail of the most appropriate remuneration model to allocate the additional funding to practitioners for October and November, and indeed beyond. While we have submitted our initial comments, as yet there is no agreed solution. We would be looking to resume these conversations as soon as practicable, and will await notification from Paul Montgomery in relation to this.

Whatever financial support scheme is devised, our position is that it must not artificially encourage activity at the risk of patient and staff safety. The Department must have confidence in dentists, as health care professionals, to look after our patients in the best way that we can. During this Covid crisis, safety must remain the most important consideration, and not 'counting widgets'. Dentists have been extremely active and proactive in providing care for their patients throughout this pandemic, albeit through innovative and unmeasured ways in the traditional SDR sense. This must be fully recognised in any future reference to 'activity'.


Also of assistance to GDPs would be an end to the damaging cycle whereby DDRB pay uplifts are applied over a year later for dentists in Northern Ireland, compared with their colleagues in other parts of the UK. We urge you to do everything in your power, in conjunction with the Minister of Finance to apply the DDRB recommendation for 2020/21 in full in the coming months. This would be an important signal, and a further help to practices in light of the unprecedented financial challenges they face.

While the earlier versions of FSS provided a lifeline to many practices, it did result in a raft of issues arising, largely derived from the lack of transparency and understanding around how payments were calculated; inadequate paper trails when additional payments were issued including in relation to some maternity payments which were issued to practice principals without the knowledge of the intended Associate recipient; corrected payments downwards for mistaken calculations made in previous months -without the necessary explanations -and crucially, the absence of an appeals process. Going forward, we need a mechanism that is as simple and fairly applied as possible, and where practitioners can better understand the payments they receive, and have a way to challenge allocations made without feeling their only recourse is via their elected representatives. It is in everybody's interests to remove what is a major source of grievance at present.

In summary, this additional funding will be met with relief by many in our profession; we urge the Department to continue to support dental practices stay afloat and protect NHS dentistry, not only over the next 4 months, but looking ahead to the end of the financial year. The plight of mixed/private dentistry still needs to be addressed by the NI Executive, and a meeting to include the Economy Minister would be an important step forward in that regard; and we urge that discussions on the funding mechanism to apply for October and November will resume as soon as practicable, with dentists being best placed to determine the outcomes these should be based on in being able to provide the appropriate care to their patients.

As independent contractors, dentists need as much stability and certainty at this challenging time as possible. We very much hope the road ahead will be smoother than the past four and a half months have been.

Yours sincerely



Tristen Kelso

Richard Graham

Northern Ireland Director

Chair, Northern Ireland Dental Practice Committee

**Cc:** Michael Donaldson, Acting Chief Dental Officer  
Paul Montgomery, Director of General Healthcare Policy

### **Point of clarification**

- It comes as news to us that Urgent Dental Care Centres are being funded from the GDS budget. UDCs are the equivalent of nightingale hospitals, being established to provide important emergency dental care to the general population during the course of the pandemic, and not for the direct benefit of dental practices. We would ask for further clarity on the additional costs being incurred by UDCs to the GDS budget, and that a more appropriate funding model is put in place.