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

Re. Restoration of General Dental Services

Dear Minister

We welcome that we now have a roadmap in place for the restoration of General Dental Services, as communicated to all GDPs on 2nd June. We are also supportive of the approach taken to devise Operational Guidance to help ensure practices are prepared for an increase in face-to-face care and have been happy to play an active role in this work.

However, there are a number of important issues that general dental practitioners still do not yet have clarity on, and they relate directly to next steps in the roadmap, and efficacy of returning dental provision at practice.

PPE
Firstly, PPE. As you will be aware, supply chains have been severely disrupted in consequence of the COVID-19 pandemic. This has resulted in considerable difficulties sourcing adequate supplies of PPE with rationing commonly being applied by dental supply houses, and a huge exponential increase in cost.

At the outset of this crisis, many dental practices admirably responded by offering supplies of PPE to local nursing homes and community pharmacies; they now find themselves with the prospect of paying many fold increases to re-stock supplies, and having to source higher grade PPE in light of the COVID risk.

As the phased return of dental services here sees more and more patients receiving face-to-face treatment in practices, PPE will be a significant issue.

In Scotland, the CDO’s letter of 20th May acknowledges that the supply of appropriate PPE is an essential pre-requisite to support the phased remobilisation of NHS dental services. There, they are working with National Services Scotland to ensure that dental teams have an adequate supply of appropriate PPE during each phase of the remobilisation plan. We understand that PPE for NHS
practices will be centrally administered by the National Distribution Centre, which will supply NHS Boards for onward distribution to dentists, free of charge.

In Northern Ireland, we await much needed assurances on PPE from your Department, equivalent to what has already been given to colleagues elsewhere. While the CDO’s letter states that: ‘the department is closely monitoring the availability of PPE and considering a range of options’, unlike in Scotland, no guarantee has yet been given in relation to access to central supply to ensure stable and adequate supplies of PPE for dental practices, and to offset the exponential cost increase. Just as GMPs here have already been granted central supply of PPE going forward, this issue requires urgent attention for GDPs.

GDS Financial Support Scheme
We are grateful to the Department that it recognises it is firmly in the public interest to ensure practices remain financially viable in order to retain GDS services following the COVID pandemic period.

However, there is a lot of uncertainty and nervousness among practitioners at this time. Firstly, the initial FSS phase was outlined to run for 3 months -April to June 2020. Furthermore, the implications of applying social distancing and enhanced cross-infection and control measures, as outlined in the Operational Guidance being issued to GDPs this week means the pre-COVID dental business model of high patient throughput -because of the low margin Health Service fees in place -is broken, and unlikely to return any time soon. In addition, the subsidisation of Health Service dentistry by private dentistry to sustain practice income is also gone.

With the increased requirement of seeing patients face to face, there will be a corresponding increase in practice expenses incurred. We would ask that the department reduces the 20% abatement that was applied to FSS top-up payments in recognition of the stepping up of variable costs.

In Wales, the CDO has provided general dental practitioners with financial certainty for the July to end September period. An enhanced funding model from 80% to 90% of the annual contract value has been put in place in recognition of increased costs incurred by practices. Practitioners in Northern Ireland also require that same level of assurance that essential DoH financial supports will continue to be in place over the coming months, so long as a return to routine dentistry in the same pre-COVID volume remains impossible, and whereby the old remuneration model would be unworkable. We would expect your officials to open up conversations around this at the appropriate time.
Private Practice
Those practices which are more private oriented face very uncertain futures as they continue to be denied access to the main government support measures aimed at offsetting lost revenue, while their business activity has been decimated. Many have been denied access to the SEISS scheme because of the arbitrary £50k threshold, and unable to secure help from NI Executive schemes as they are deemed to be still trading. Those same practices continue to await a determination on whether the restrictions in place for GDS dentistry also apply to the provision of private dentistry. Without some movement, the viability of many of these practices and access to the Health Service dentistry which the majority provide alongside private care will be in jeopardy.

Indicative timescales and criteria
We appreciate that the NI Executive’s approach to its five-stage recovery plan has not been to set out timescales in advance. Nonetheless, because dental practices are businesses that need to be able to plan ahead, provision of even indicative timescales for moving to Phase 2 and 3 of the dental recovery plan, and setting out clearly the factors that will be applied in determining moving to each phase would greatly assist the profession. The more certainty that can be given now, the better.

Public messaging
We would encourage the Department of Health to put in place robust public facing communications packages that will be issued to the mainstream press/media in advance of moving to each phase of recovery. This will help avoid confusion among the public about the level of dental care that is available, and in turn will reduce the high volume of calls practices and practitioners have to deal with.

Considerable effort has gone into ensuring practitioners will be suitably prepared to provide face-to-face care; we really need to see the other half of the equation that sits with your department, relating to access to PPE, and ongoing financial support. For practitioners, these go hand-in-hand, and are vital as we seek to manage our way out of this process, avoiding any unnecessary shocks along the way.

I look forward to hearing from you.

Richard Graham
Chair, NI Dental Practice Committee