

25<sup>th</sup> January 2023

By email:

Michael O'Neill  
Head of General Dental & Ophthalmic Services  
Department of Health  
Room C3.27  
Castle Buildings  
Belfast BT4 3SQ

Dear Michael

**Re: Expenses uplift**

Thank you for attending the NIDPC on Friday 20<sup>th</sup> January, and answering our questions candidly and in detail. As agreed we will provide you with a summary of our meeting notes for the section you attended once these have been compiled.

Following discussion at the meeting on Friday, we feel the expenses issue merits further exploration and explanation. We have continued to have serious concerns about the deviation from the previous approach and the application of a blanket 4.5% uplift for both pay and expenses with affordability and parity with other nations being cited as the reasons for this.

**Parity with other nations:** We did not adopt a similar approach to Scotland with our item of service multiplier, NI consistently lagged behind and was awarded less of an uplift throughout last year. Currently in England an overall 4.75% uplift has been arrived at due to applying a higher rate to Expenses. Aligning ourselves with other nations only seems to happen when it can push down the fees allocated for NHS IOS treatment.

**Affordability:** Not covering soaring expenses on the basis of “affordability” from the Department’s perspective simply pushes the burden onto already over-stretched practice finances.

This deviation from the traditional formula is unprecedented and unfair.

On behalf of NIDPC, I ask that the Department provide:

- a) the methodology/criteria applied by the Department of Health to calculate annual fluctuations in relation to practitioner costs to deliver NHS dentistry in Northern Ireland (that is, the expenses component of the DDRB uplift for 22/23)?
- b) the out-workings of the above criteria in terms of the estimated percentage change in costs to deliver Health Service dentistry in the GDS from the previous year.

c) the rationale for applying a 4.5% uplift to expenses (as well as to the pay element).


As was stated by the Review body in its 50<sup>th</sup> Report, a process must exist whereby national governments at the very least quantify fluctuations in costs that are being experienced on an annual basis by independent dental contractors, as part of the pay uplift process. At the heart of practice viability and GDS sustainability is having a process that includes an objective and transparent approach to the cost to deliver care, to inform the expenses element and apply a suitable inflation linked expenses formula.

Recent decisions suggest that the Department of Health doesn't have any objective or robust mechanism by which they are committed to determining baseline costs and percentage fluctuations in these cost to deliver NHS dentistry in Northern Ireland – ie expenses. If such a mechanism, or formula, does exist I would request that this be shared with NIDPC.

Since 2008/09, the DDRB process has not been fit for purpose as costs to provide care have accelerated more rapidly than any annual uplift that has been applied. A recalibration of NHS fees to bring them into line with the actual costs our practitioners are being left to carry, is long overdue. If this is not urgently done, there will be no more dentists willing to carry out health service dentistry and no practices to do it in.

We hope that as a committee, we can work with the Department to source solutions and come up with options to address this disparity between fees and costs and, in particular the application of any potential underspend, as we progress towards our best shared interests and outcomes for maintaining and improving the oral health of the population.

Yours sincerely



Ciara Gallagher  
NIDPC Chair

Cc:

Peter May, Permanent Secretary  
Caroline Lappin, Chief Dental Officer  
Michael Donaldson, SPPG



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