



17 February 2025

Via email Correspondence.Jeremy.Miles@gov.wales

Jeremy Miles MS
Cabinet Secretary for Health and Social Services
Senedd Cymru
Cardiff Bay
Cardiff, CF99 1SN

Dear Mr Miles

The future of NHS General Dental Services

This is an open letter on behalf of the British Dental Association's Welsh General Dental Practice Committee (WGDPC) and the five local dental committees (LDCs¹) in response to your open letter to the profession on *21 January 2025* regarding the annual financial uplift of the General Dental Services (GDS) contract for this financial year. This follows my meeting with you on *30 January 2025*.

This also follows up on our open letter to you of *11 December 2024*, in concert with Community Pharmacy Wales and Optometry Wales, regarding the budget hike in National Insurance (NI) and national living wage to come into effect this April.

Where we encounter spin, half-truths or doublespeak we are calling it out. NHS dentistry in Wales is at a crossroads, and we believe this profession and the patients we treat require honesty.

Uplift negotiations

It is accurate to say that the WGDPC refused to accept the offer of the **6% uplift** on the GDS contract value for 2024-25 because it is not sufficient to meet the Doctors' and Dentists' Remuneration Body's (DDRB) recommendation on pay for general dentists. However, it is most certainly **inaccurate** to say in your letter to the profession that we were not willing to negotiate further, so this reply is to correct the record.

Government officials made it very clear that they would not be making a revised financial offer and repeatedly stated that there was a **fixed financial envelope of affordability** for contract uplifts across all sectors of primary care. Officials also made it clear the only area for negotiation that they were willing to discuss was about the reform conditions in exchange for the 6% uplift.

We were very surprised to learn subsequently of the revised offer of an **11% uplift** on the GMS contract made to the **BMA's WGPC**, announced on *31 January 2025*. As explained on the [BMA website](#); £10.6m is allocated to the GP pay uplift of 6%; and £12.7m is allocated to the contract element. The BMA makes clear that the increased uplift recognises the increased practice costs including statutory staff pay increases. It also recognises pay awards to other parts of the health workforce, including in secondary care.

While we understand some portions of the GMS uplift are non-recurring, this outcome nevertheless shows that **dentists have been treated less favourably** within the negotiation space. This is unacceptable and the dental profession has been gravely disappointed by this development. This puts a considerable strain on the high trust environment Government espouses and gives the impression that the Government considers dentistry a second-class service.

Uplift conditions

Returning to your letter and the conditions you are imposing on practices for them to qualify for the 6% uplift: It is fair to say that the letter has been received with levels of disappointment extending to anger amongst the profession. For some this could be the proverbial straw. Moreover, dentists across Wales have been **questioning the validity** of these conditions you intend to apply.

We maintain our policy position that it is **unprecedented to retroactively tie new contractual conditions to back pay**, and we consider it counterproductive. For several years now the process of annual contract variation has itself given the opportunity for frequent reforms of contract conditions as part of that annual offer. That should surely be enough progress with reform changes. Several of the 'strings' attached to the 6% incur **unfunded additional costs** to practices. Furthermore, we question their reasoning:

Repeating the **anti-microbial audit** for a second consecutive year makes little sense when the cycle is normally 3 years. As a result, Health Education Improvement Wales (HEIW) are not going to validate the audits. If audits are not completed by the cut off in June 2025 will LHBs be obliged to claw back the uplift money and not reinstate it if the audit is done late or not at all?

With the **recording of NHS numbers**, we were assured by officials last year that NHS Wales digital could access 70% of patient NHS numbers and populate patient records with them; so why are dentists now expected to record these for all patients? We have often made the case that the NHS needs to stop the duplication of effort in data collection; but, yet again more accretions of bureaucracy are in evidence.

Regarding **patient waiting lists** being handed over to the Dental Access Portal (DAP), this condition seems obsolete now that the DAP has gone live across Wales and patients seeking NHS treatment are being encouraged to sign up directly. Practices would need to seek permissions from patients under GDPR before their data could be shared with the DAP. This represents an additional administrative burden that is not financed. Furthermore, there is a risk that there would be considerable data duplication.

We urge Welsh Government to **think again about these 'strings'** and to consider the unintended consequences that may arise. We would be willing to meet with Government officials to discuss these in a non-negotiation space as part of our ongoing support of

contract reform. We would hope that significant modifications to the conditions could be agreed in a collegiate manner.

We further urge Government to **reconsider our request to negotiate an increased uplift** – an amount in addition to the 6%. We remain ready and waiting to restart negotiations if there is an improved financial offer available. In the meantime, we are reporting this situation to the DDRB in our oral evidence.

NI hikes and national living wage increases in April

You have made it clear in the Senedd that the hike in Employers' National Insurance contributions (NIC) and the national minimum wage will affect NHS providers, but that this is a matter for the UK Government and Welsh Government's hands are tied.

As such, NHS primary care contractors may not qualify for the [NI relief](#) - that is afforded to small independent businesses - if [more than half their work is in the public sector](#). It is likely this will affect many 'mixed' practices (offering both NHS and private treatment) making it more expensive to employ staff. Indeed, many contractors may be considering how best to avoid falling foul of the rather vague rules, and how to qualify for the employment allowance. We are [helping our members](#) in this regard.

The fiscal picture for dentistry

Much has been made by Government about how there has been “significant investment” in dentistry in recent years, including the uplift award of 5% last year. The reality is that *less money was spent overall on dentistry in the last financial year than the year before*.

Government rhetoric cannot hide what official data shows clearly. The gross NHS dental spend sat at £199.872m in 2023-24, a reduction of £194k. These data and Government's own activity reports tell us that **dental investment is stalling**, and in some areas like North Wales is falling away.

Total GDS spend in 2023-24 compared with 2022-23

Spend including PCR was £199.872m in 2023-24 (£200.066m in 2022/23), a reduction of £194K; with PCR at £21.279m 2023-24 (£22.540m 2022-23).

Factoring in recent **patient charge hikes** - the largest single increase in NHS history - the stark reality is our patients are paying more for their treatment, simply so the Welsh Government can pay less. Any plans for further hikes – which penalise families on modest incomes and won't put a penny of new investment into the service – will be called out by us for what they are: **Stealth Cuts**.

We can calculate that the **impending financial conditions** for practices in 2025-26 will include; managing their business finances in the face of a **real-terms pay cut for dentists** that you imposed this year; prospects of **another long delay** in the 2025-26 contract uplift with **more reform strings**; and an **unfunded increase in employment costs** from this April - will drive more practices to relinquish their NHS contracts in the coming months or reduce their NHS activity considerably. In fact, there are early signs that 2025 will see the largest number of contracts handed back with the biggest financial value.

The activity picture for dentistry

To address the [challenge laid down to the BDA](#) by the First Minister in the Senedd on 3 December 2024: Her use of the word “**more**” in relation to 400,000 treatments is inaccurate. These are not “**more**” or “**new**” treatments. Baroness Morgan often misuses these two terms to illustrate the success of GDS reforms and we have previously endeavoured to set the record straight¹. The reality is that the total number of patients treated in a 12-month period has **remained depressed by 30%** in comparison with the peak figures in 2019. See the Appendix for a further explanation.

In the same Plenary address the First Minister used the argument about a shortage of dentists. This does not reflect reality. The [GDC reports](#) the highest ever dentist numbers in Wales, (1,741 Jan 2025; 1,709 Jan 2024; 1,685 Jan 2023; 1681 Jan 2022; 1679 Jan 2021). These figures don't distinguish between dentists providing services to the NHS and those who work entirely in the private sector. **There is no shortage of dentists in Wales.**

Furthermore, the [Government's own data release](#) says that the *number* of dentists in the NHS is relatively stable. These numbers are a *headcount* not FTEs. The overall picture is shifting and the collective time given to the NHS is waning. Numbers are likely to shift downwards soon, as in 2022-23 there were **189 dentist leavers**, or **13.2%** of the total NHS dental workforce. Furthermore, the conditions of contract reform have demonstrably put off many new associates from entering the NHS here, making Wales the nation with much poorer recruitment outcomes, as our 2024 survey amply demonstrates.

The reality is that NHS dental activity has stalled and may be about to fall off the cliff if the issues we and others^{2 3} have raised repeatedly are not addressed very soon.

We look forward to your reply.

Yours sincerely



Dr Russell Gidney

Chair, BDA Welsh General Dental Practice Committee (WGDPC)

Signed below are the five Local Dental Committee Chairs:

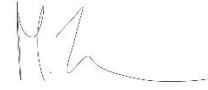
¹ [Wales: If NHS dentistry is on life support, can a new contract revive it?](#)

² [Evaluation of the NHS General Dental Services Contract Reform Programme in Wales - Bangor University](#)

³ [Our position on access to dentistry in Wales | Llais](#)



Dr Jeremy Williams
North Wales LDC Chair



Dr Imtiaz Khan
Morgannwg LDC Chair



Dr Jonathan J Carter
Gwent LDC Chairman



Dr Tom Bysouth
Powys LDC Secretary



Dr Ruwa Kadenhe
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CC Baroness Eluned Morgan, MS, First Minister
CC Mabon ap Gwynfor, MS, Plaid Cymru shadow health secretary
CC James Evans, MS, Welsh Conservative shadow health secretary
CC Jane Dodds, MS, Leader Welsh Liberal Democrats
CC Mark Griffiths, Chair Community Pharmacy Wales
CC Owain Mealing, Chair Optometry Wales
CC Dr Gareth Oelmann, Chair WGPC BMA Wales
CC Alex Slade, Director Primary Care, Mental Health, and Early Years
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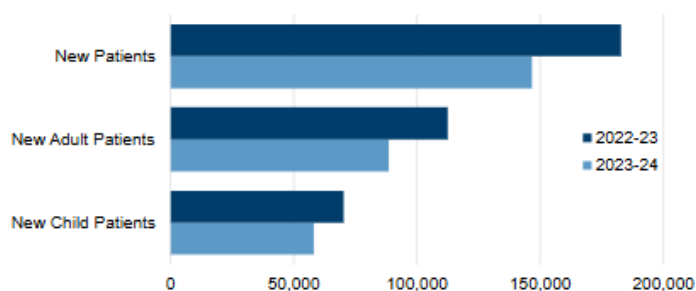
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Appendix

Dental activity data – dispelling the myth

The 400,000 “more” or “new” treatments frequently [referenced by the First Minister](#) were accumulative over more than *two years* – i.e. fewer than 200,000 per annum. However, they are not more or new treatments. They are created from appointments that previously would be used for regular, stable patients, who are instead seen less frequently (up to two years in recall interval). This frees up chair time which is offered to those patients who had *not accessed the treating practice* within the previous four years – termed new patients (NPs).⁴

Figure 9: Number of new adult and children patients treated, 2022-23 to 2023-24 [Note 1]



Description of Figure 9: Bar chart showing the number of new patients treated decreased between 2022-23 and 2023-24. The majority of new patients treated in both years were adults.

Source: FP17W, NHS Business Services Authority

However, these NPs may or may not be new to NHS dentistry, because they may have been seen within the last four years in *another* practice. Patients are free to change practices, and many do so in search of care. It would be possible for NHSBSA and Welsh Government to test this assertion should they choose to do so.

Official dental activity data⁵ shows over several years a **persistent reduction in numbers of patients seen** within a 12-month period. In the period to *30 June 2024*, a total of **1,008,571** patients were treated. This breaks down to **723,448** adults (**28.4%** of the **adult** population) and **285,123** children (**46%** of the **child** population).

These figures compare starkly with the height of NHS GDS activity reported for the 12-month period ending *31 March 2019* when **1,428,359** patients were treated in total. This breaks down to **1,062,709** adults (**43.2%** of the adult population) and **365,650** children (**58.9%** of the child population).

These latest data show a sustained **30% drop of numbers of patients in a 12-month period**. It is particularly concerning that numbers of children seen have reduced from the peak in 2019, of nearly 60% of the child population, to below half (46%) today. This effect on access for children was something **the BDA warned the Health and Social Committee** about in our [oral evidence in 2018](#) and in our [written evidence in 2022](#).

⁴ [NHS dental services: April 2023 to March 2024 \[HTML\] | GOV.WALES](#)

⁵ [NHS patients treated in a 12-month period \(adults and children\) by local health board](#)

Local Dental Committees (LDCs) are a representative cross section of Dentists who volunteer to serve the interests of their local Dental Communities in their respective Health Board areas. The committees are made up of NHS Dental Performers and Providers with representatives from all aspects of Dental Services (General Practice, Community, Hospital, Orthodontics). LDCs represent all NHS practices and performers. A large part of the role of the LDC is in interactions with the Health Boards; enabling them to provide the best NHS services they can. The LDCs convey the opinions and concerns of Dental Communities to the Health Boards and to Public Health Wales. LDCs have a good working relationship with, but are independent of, BDA Cymru Wales. LDC activities are funded from the statutory levy collected from all NHS dentists, ensuring that we remain independent and able to challenge other organisations without bias or conflicting interests.