

**From the Permanent Secretary  
and HSC Chief Executive**



Paula Bradshaw MLA

[paula.bradshaw@mla.niassembly.gov.uk](mailto:paula.bradshaw@mla.niassembly.gov.uk)

Castle Buildings  
Upper Newtownards Road  
BELFAST, BT4 3SQ

Tel: 02890520559

Fax: 02890520573

Email: [peter.may@health-ni.gov.uk](mailto:peter.may@health-ni.gov.uk)

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Dear Paula

Thank you for your letter of 2 February 2022 regarding your concerns about issues affecting General Dental Services.

Firstly, let me acknowledge the challenges facing dental practices at the current time, with increased patient demand alongside workforce and cost pressures. Despite the unprecedented level of support provided by the Department in recent years, there are very clearly still issues affecting the sector and patients that need to be addressed.

I would like to reassure you that dental evidence has not been disregarded with regard to treatment fees for dentists and that a 4.5% increase for 22/23 has been agreed and is being implemented as soon as possible. However, I also acknowledge that increasing dental fees by 4.5% is lower than the industry had hoped for and expected. I therefore appreciate that this decision will have been received with concern.

You will appreciate, however, that the pressures facing the Department's budget are also considerable and without precedent, leading to difficult financial decisions having to be made to align funding with key priorities. There will be a significant overspend in 2022/23, leading to consequences in the coming years, and it is clear that there will not be funding for all we want or need to do.

Despite this, I am pleased that additional financial support has been provided to dentists by way of the extended General Dental Service (GDS) Rebuilding Support Scheme until the end of this financial year. In addition, prior to leaving post, Minister Swann announced a 25% enhancement to fees for the provision of dentures. This intended to offset significant increases in costs associated with this vital service and represents a further recurring investment of £1.2m per year in GDS.



It is important to note that treatment fees do not include a range of additional allowances and payments made to dentists and dental practices including Capitation and Continuing Care payments, Practice Allowance, Seniority payments, Maternity benefits, Sickness payments, Continual Professional Development Allowance, Rates Reimbursement and Pension benefits. Capitation and Continuing Care payments, for instance, are paid regardless of treatment being provided to patients and is a core income for practices.

I certainly accept that reform of GDS is necessary; indeed, this was the primary focus of the Department prior to the pandemic, which unfortunately halted efforts. In the wake of this disruption, the focus of the Department has been to rebuild General Dental Services so that the immediate oral health needs of the public are met. In parallel, the Dental Contract Reform Group, established in December 2021, started to explore options to ensure that Health Service dentistry is sustainable and delivers for both patients and the profession. I would accept that we need to make more progress on this front, with resources being redirected in more recent months to ensuring that immediate pressures in GDS are addressed. Undertaking a Cost of Service Review (with regard to a possible recalibration of treatment fees) will be an important part of any new approach, with the focus in the coming months, in the absence of a Minister, being on engagement with stakeholders.

Noting the continued GDS underspend due to lower activity rates in practice, you may also wish to note that officials are also considering options to utilise a proportion of this to fund priority areas within the GDS in 2023/24. Further engagement with the BDA has taken place.

The current Northern Ireland Oral Health Strategy (OHS) was published in 2007 and, despite its age, the main oral health problems described in the document and the approaches to prevention advocated by it remain valid today. However, the decision taken to focus the resources available on improving the oral health of the most vulnerable groups, namely children and older people, will prove valuable in addressing overall oral health needs of our population. I am pleased to report the Department published the dental survey of five-year-old children that was completed in 2019. Overall, 68.41% of five-year-old children in NI who participated in this survey had no experience of obvious dental decay. This is a marked improvement in early childhood decay.

Decay levels among 5-year-old children can be a useful measure of the success of early interventions aimed at improving both the oral health and general health of the younger population.

In addition, officials in the Department are working to ensure that oral health is given due consideration in wider healthcare strategy and policy. An example of this is the inclusion of oral health in the Enhancing Clinical Care Framework (ECCF) for residents in care homes.

The Department of Health has established a strategic regional Project Steering Group to examine the workforce required to deliver dental services within Northern Ireland. The Group's aim is to inform the commissioning of education and training numbers of dentists and support informed decision making on future workforce requirements, workforce development and care pathways.

Skills for Health have carried out extensive research and gathered input across the range of key stakeholders. However, this work was halted due to the COVID-19 pandemic and is now somewhat out of date. The Project Steering Group is now considering next steps, informed by that work and giving due consideration of the current key issues facing the

dental workforce. A number of stakeholder workshops are planned for the coming months, and this will be key to developing our workforce for the future.

I recognise that the uncertain climate referred to in this letter is also creating very difficult circumstances for practices. I want to assure you that the Department of Health is committed to continuing to work with the dental sector in making changes that improve services for patients in a way that is also sustainable for practices.

I trust you find this response helpful.

Yours sincerely



**Peter May**