

## FROM THE MINISTER OF HEALTH



Mr Richard Graham  
Chair  
NI Dental Practice Committee  
British Dental Association

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Your Ref:

Our Ref: CORR-0390-2021

Date: 13 February 2021

Dear

*Richard,*

Thank you for your letter dated 27<sup>th</sup> January 2021 and your ongoing efforts to highlight the General Dental Services in Northern Ireland.

The COVID pandemic has resulted in many challenges across the whole Health Service which will take some time to recover from. The backlog in dentistry is mirrored in other specialities and careful consideration is being given as to how best utilise resources available to meet the health needs of our population.

I am pleased that to date the Department has been able to provide over £40.5m in financial support and has removed the Financial Support Scheme abatement at a cost of £5.9m since the pandemic began to enable GPs to purchase the necessary PPE. Additional support in relation to PPE is under active consideration by officials.

I am very happy to inform you that, just in the last few days, I have approved a £1.5m 2020/21 Revenue Grant Scheme to improve patient throughput in dental practices including enhanced ventilation within surgeries. I would like to thank the BDA for the background information provided to my officials on the cost of practice ventilation systems. The Health and Social Care Board will shortly be issuing details on the operational arrangements for the scheme.

With regards to private dentistry, it remains the case that my Department does not have the power to provide funding for private enterprises. I continue to acknowledge the needs of private dentists and the commercial impact the pandemic has had on them. To that end, I have previously written to the Minister for the Economy and the Minister of Finance requesting that consideration be given to establishing and funding a support scheme. It should be noted that the Revenue Grant Scheme will be available to all practices that provide Health Service dental care and that the amount of grant funding available to practices will be determined by the number of surgeries in each practice. This approach recognises the benefits that improved ventilation and patient throughput in mixed practices bring to population health.

In terms of 2021/22, as you would expect, financial support and the continued need for PPE due to Covid-19 related restrictions are being urgently considered and any additional information you provide will be taken into consideration.

I would like to take this opportunity to thank you and your colleagues for your continued commitment to improving oral health in Northern Ireland in what has been an extremely challenging commercial and working environment for front line staff.

I trust you find this helpful.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Robin Swann', is positioned above the printed name.

**Robin Swann MLA**  
**Minister of Health**

Wednesday, 27 January 2021

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

**Re: COVID Underspend/Additional Funding bids for General Dental Services**

Dear Minister

The Northern Ireland Dental Practice Committee (NIDPC) has noted reports that over £300 million of NI Executive COVID support funding remains unspent with no clarity as yet whether UK Treasury will allow this funding to be carried over into 2021/22. Departments have been asked by Minister of Finance to submit fresh bids accordingly.

We write to ask that the Department of Health is responsive to the increasing financial challenges facing the General Dental Service (GDS) when considering bids for this funding.

As you will be aware, following the outbreak of the COVID pandemic, GDS activity levels dropped dramatically as a result of new infection control measures under revised Operational Guidance. Between April and September 2020, the number of individual patients seen by GDS dentists was 700,000 lower (-78%) compared to the same period in 2019. Similarly, the October BDA practice survey reported that 94% of NI practices are operating at below 50% capacity.

This limited capacity has led to a significant patient backlog, as GDPs have been forced to focus on emergency and urgent treatments. We have significant concerns regarding how the prolonged absence of routine dentistry will impact the population's oral health and reduce opportunities to catch oral cancer cases at an early stage.

The enforced reduction in activity has also had significant financial implications for General Dental Practitioners (GDPs) due to the activity-based nature of the current GDS contract.

We appreciate that your Department, via the Financial Support Scheme (FSS), has contributed significant financial resources towards avoiding the collapse of the GDS – a 31% funding increase in Q1 & Q2 of FY 2020/21 alone. However, despite this welcome increase in funding, overall Health Service earnings in the GDS have still fallen significantly. In Q1 & Q2 of FY 2019/20, the GDS earned a total of £37 million – from both DoH contributions and patient charges. In the same period in FY 2020/21, the GDS earned £33.5 million – a 9% decrease.

We believe the Department of Health should consider bidding for additional COVID funding to address the barriers to increasing GDS activity levels. Even a relatively modest increase in activity levels will help address the patient backlog and increase patient charge revenue.

Wednesday, 27 January 2021

It is important to note that the exhausting nature of wearing level 2 PPE places a limit on the amount of activity a GDP can physically undertake. However, members report they are unable to reach their maximum capacity due to: 1) ventilation constraints in their surgeries following new infection control measures; and 2) limitations with the existing PPE compensation model which places a hard financial limit on the number of AGPs a GDP can afford to carry out in a given month. According to recent survey data, 70% of Practice Owners reported they did not have ready access to funds to invest in new equipment (like ventilation) to increase capacity, and 85% believed that PPE costs were an obstacle to increasing activity levels at their practice.

NI GDPs are the only dental practitioners in the UK that have to source and pay for their own PPE, including enhanced level II PPE following COVID. The cost of PPE remains high with members reporting that supply chain issues and the new UK>NI border restrictions are having a significant impact on the cost of key materials such as gloves. This would be an appropriate time for the Department of Health to make a further gesture on PPE provision to help maintain practice sustainability, and to remove a key barrier in the way of patient care. Regarding ventilation, many practitioners simply cannot afford the thousands of pounds outlay to install new mechanical ventilation during a period where their ability to increase earnings over 2019/20 levels is non-existent.

These barriers to activity could be ameliorated by 1) a Revenue Grant Scheme that allows GDPs the opportunity to recoup some of the cost of installing new mechanical ventilation; and 2) an enhanced PPE compensation model that removes the current financial limit on the number of AGPs a GDP can carry out in a given month.

In addition, while your Department has supported Health Service dentistry, the Department for the Economy has refused to provide any financial support to Private dentistry – despite the sector being heavily impacted by operational restrictions. This matters as the majority of dental practices in Northern Ireland are mixed private/Health Service practices with circa 100k Health Service patients registered to dentists with less than 50% Health Service commitment. Take a 60% Health Service, 40% private, dental practice as an example. With activity levels at circa 25%, practice private revenue falls from 40% to 10%. Your Department has covered the 60% - but dental practice revenue has still fallen by 30% as overall practice salaries/expenses have remained at 100%. It is therefore unsurprising that 82% of NI Practice Owners recently stated that they would be able to maintain the financial sustainability of their practice for less than 12 months - 49% less than six months.

Executive agreement to use a small proportion of the unallocated COVID funding to support private dentistry would go a long way to shoring up the financial sustainability of high street dental practices and ensure that Health Service patients have access to the dental care they need.

Finally, should the unallocated COVID funding be available for use in 2021/22 financial year, we would implore you to consider the growing pressures facing the GDS.

Without the financial support provided to GDPs via the Financial Support Scheme in 2020/21, Health Service dentistry would no longer exist. With no significant change, the need for this additional support will persist well into the next financial year. Furthermore, if the current

Wednesday, 27 January 2021

operational restrictions and Level 2 PPE requirement are here to stay, then additional financial support will become an ongoing requirement as the current GDS contract does not cover these additional costs.

We will be providing you with an updated paper in the coming weeks to highlight the need for further action to address fundamental issues impacting on the future sustainability and financial viability of Health Service dentistry under the GDS.

In the meantime, we trust you will give urgent consideration to our reasonable requests outlined above. We look forward to engaging with relevant officials on these issues at their earliest convenience.

Kind regards,



Richard Graham  
Chair – NI Dental Practice Committee

Cc'd  
Diane Dodds MLA, Minister for the Economy  
Conor Murphy MLA, Minister of Finance  
Colm Gildernew MLA, Chair, NI Assembly Health Committee  
Mark Ovens, DoH SpAd  
Michael Donaldson, acting Chief Dental Officer  
Michael O'Neill, General Healthcare Policy  
Karen Bryson, HSCB Director of Finance  
Louise McMahon, Director of Integrated Care  
Donncha O'Carolan, HSCB Interim Head of Dental Services