



Mr Richard Pengelly
Permanent Secretary
Department of Health
C5.11
Castle Buildings
Stormont
Belfast
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18th December 2018

Re. Investing in Oral Health

Dear Richard

In June this year, the British Dental Association welcomed the Prime Minister's pledge of additional funding for the NHS to mark its 70th birthday, expected to generate an extra £600m per annum by 2023 for Northern Ireland.

In the continued absence of a Northern Ireland Executive, we are concerned that the public will continue to have very limited input into how this extra money will be allocated, combined with the seeming lack of any overarching vision in place to guide such decisions.

Last week, the Chief Medical Officer confirmed that the extra £12.3 million of Sugar Levy money to Northern Ireland couldn't be spent in the fight against childhood obesity, '*due to no mechanism being in place to hypothecate a tax*'; years of delay in agreeing to a new Cancer Strategy is another example; while the reluctance to undertake the preparatory work around a new Oral Health Strategy reinforces our concerns about the lack of strategic direction guiding health service spend, including in key areas.

We fully appreciate the range of financial pressures on Health and Social Care in simply being able to meet increased demand and rising costs each year –we know, because our community dental service dentists are directly employed and work selflessly to deliver dental care to some of the most vulnerable in our society on resources that are simply inadequate, and are still awaiting implementation of their new contract; hospital and academic dental services are under considerable strain; and within general dental practice, dentists' incomes have fallen by almost 40% in real terms over the past 8 years as they have had to absorb rising costs at their own personal expense, while simultaneously subjected to a 1% pay cap at the other end, putting the very sustainability of many dental practices at risk.

The temptation will be to simply use this latest windfall to plug a few more of the leaking holes within HSC.

BDA Northern Ireland's appeal is that this latest cash injection is instead invested strategically into delivering on the Prevention and Transformation agendas, keeping more of our people living well for longer, and making meaningful inroads into addressing protracted health inequalities.

The need for renewed vision and associated investment in improving the oral health of our population is long overdue. We continue to be among the worst performing of the regions for oral health anywhere in the United Kingdom –evidenced by the fact that by age 15, only 19% of our children are deemed to have ‘good oral health’; that in 2016/17, a shocking 5,122 children had to undergo a general anaesthetic for almost 20,000 ‘baby’ teeth extractions, a rate that is three times higher per head of the population than in England. It is not only child oral health where we are lagging behind; more of our older people are retaining some dentition into their old age, and have increasingly complex oral care needs. In many cases, and particularly in care homes, the oral health needs of older people are simply not being adequately met, causing considerable discomfort and impacting disproportionately on the quality of life of older people.

Despite our pressing oral health needs, in Northern Ireland we have an Oral Health Strategy that dates back to 2007 and has never been properly evaluated; this policy vacuum has led to a situation where oral health has effectively been uncoupled from wider public health, and whereby the contribution of dentists and oral health is considered within DoH and beyond in overly narrow terms. This has to end.

If DoH is serious about investing in prevention for improved population health outcomes, it makes absolutely no sense to continue to keep oral health at arm’s length.

The research that points to a correlation between oral health and overall health is growing by the day. We need to pool all of our resources –including the greater contribution dentists stand ready to make –into addressing the massive public health challenges we face today, not least within diabetes, childhood obesity, and some cancers. That there have been considerable underspends within the General Dental Service for the past three years at a time of unprecedented population need shows a lack of urgency on the part of the Department of Health, and is totally unacceptable.

We very much hope that this latest unprecedented cash injection will give the space needed for your Department to move away from ‘firefighting’ mode, to an approach that is forward-looking and committed to investing meaningfully in prevention, primary care and public health –including dental public health.

If ‘sugar is the new tobacco’, and as dentists adjust to new realities of navigating phase-down to future phase-out of amalgam use driven by legislative change, not to mention the global fight against Antimicrobial Resistance (AMR), we simply must reduce the caries rate in Northern Ireland by a greater shift to prevention with the requisite funding.

BDA Northern Ireland has a clear vision of improved oral health in Northern Ireland that also delivers on many of our wider public health challenges. Contrary to the impression given by the CMO, a strategically directed oral health focus, and general health, are entirely complimentary. Maximum benefits will only be realised if oral health becomes re-embedded within wider public health, and in turn, if DoH begins to prioritise public health as the game changer that it is, not that which is easiest to cut.

In the absence of a government, we challenge senior civil servants whose job it will be to allocate these additional funds to raise their aspirations for oral health, and for public health generally, and to prioritise spend accordingly. We expect full transparency around how additional funds are allocated; while accountability mechanisms may be limited, we urge officials to apply their newfound powers under Westminster legislation in a way that is truly ‘in the public interest’. To the BDA, that means an urgent decision must be taken to extend the HPV vaccine to boys, as it will save lives. It also means acting to ensure that major public health initiatives such as those funded by the Sugar levy that are available to other UK citizens, apply here.


On Oral Health, now is the time to review and to design optimal services. Strategies do matter, if even for the reassurance that policy areas are being adequately developed.

We are never likely to have a surplus in our Health budget; but the return on investing in health prevention is there for the taking, the public health challenges have never been greater, and this opportunity must not be wasted.

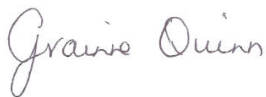
We would welcome the opportunity to meet with you/and the CMO to discuss these issues further early in the New Year.

A handwritten signature in blue ink that reads "Richard Graham".

Richard Graham, Chair, BDA NI Dental Practice Committee

A handwritten signature in blue ink that reads "Roz McMullan".

Roz McMullan, Chair, BDA NI Council

A handwritten signature in blue ink that reads "Grainne Quinn".

Grainne Quinn, Chair, BDA NI Salaried Dentists Committee