



An Update to the Conference of Scottish LDCs 2025 - from Northern Ireland DPC

Thank you for inviting me once again to the Conference of Scottish LDCs. As chair of the Northern Ireland Dental Practice Committee, Scottish LDC was one of the first events I attended in my first term, and the hospitality and genuine welcome I received has always stayed with me, so I am very much looking to this year's conference.

In January of this year, I was pleased to be re-elected as Chair of NIDPC for a further triennium and am looking forward to what we hope to be a period of significant change in NHS GDS in Northern Ireland.

For the first two years of the last triennium, we had no functioning government and this lack of leadership and lack of decisive action, with civil servants purporting to have no ability to adjust static fees in the face of spiralling costs, gained us the dubious honour of having the worst terms and conditions in the four nations.

Political paralysis stymied any chance of progress in NHS GDS and so we focussed on supporting private practice running an event called 'Life beyond the SDR empowering practitioners to begin the walk away from dependence on the NHS, the take-home message being 'the door is not locked'.

With the reinstatement of government at the start of last year came a headline-grabbing £9.2M 'investment plan' for NHS dentistry. However, this 'investment' came from the underspend in the dental budget, this underspend resulting from Government failure to address cost of care. The schemes were only for one year and were disappointingly unambitious; a dental access scheme for unregistered patients to access emergency care (good for patients in pain, bad for long term oral health), a 30% enhancement in fees for fillings, RCT and extractions (for reference Scottish fees in the new determination 1 are approximately double our baseline fees) and an enhanced child examination fee (fixes the front door whilst the rest of the building crumbles). 'It's not Scotland' was said more than once as a commentary on the short-term measures.

And then there was the amalgam crisis, the EU was banning amalgam and because of our unique post Brexit position, this ban was to apply in NI. Through lobbying, appearances in front of the Windsor Framework Committee and media campaigning we secured a long-term exemption keeping amalgam in our toolkit for now.

It's not modern, it's not pretty but it is the backbone of HS dentistry and non-amalgams in posterior teeth are the private subsidy upon which many hybrid practices rely on to stay open. It was a strange victory we fought to hold on to an outdated material, when all the modern technology and research is directed towards non-amalgam restorative materials, but it was no exaggeration to say that removal of amalgam would have broken NHS dentistry in Northern Ireland and in fighting to save it I believe we did genuinely save NHS dentistry.

The fact that removal of one material has the ability to completely topple the NHS dental system, shows how completely precarious it is, and has reinforced the need for urgent reform and adequate investment in dentistry.

And so to the future.... in December, the Health Minister launched his Three Year Plan and we were encouraged to see a published commitment that by '*April 2027, we will have developed an action plan and programme of work for the reform of General Dental Services.*'

Soon after the reconstitution of our committee in January, we had a series of meetings, the first was with the Health Minister on Thursday 18th February. This was a continuation of a process which started with our appearance in front of the Health Committee last June. As a result of the severity of the issues we raised with the HC and multiple complaints from constituents, the Department was called to appear in September.

In September, the Health Committee was not satisfied with Department of Health iterative plans for our service explanation, nor their progress with contract reform and therefore asked for regular updates from the department in relation to contract reform and engagement with the profession. This watching brief has been incredibly valuable.

In the Ministerial meeting on the 18th February we raised GDS payment reform, addressing the true cost to provide care at practice level, the additional cost from the imminent National Insurance and National Living wage increased and the flawed approach to expenses as laid out in our case for reforming GDS. We emphasised that the goodwill has run out, evidenced by registration and activity figures which show that the move away from HS dentistry is well underway. We advised that meaningful action by the Department was imperative to address significant financial pressures and restore faith in the future.

The Minister pointed to a forthcoming Cost-of-Service review, which he said will be followed by negotiations. He also referred to short-term support measures for GDS in 25/26 which his officials say will help to stabilise and maintain Health Service dentistry. The Minister agreed to instruct officials to look at the approach to determining the uplift to expenses which coincides with DDRB. We urged the Minister to ringfence all underspend within the GDS budget ensuring that this is re-invested into dentistry rather than being lost from the service.

The Minister committed to looking into issues relating to the GDS budget. He accepted our ask that a twin-track approach of prioritising financial sustainability of practices alongside maximising patient outcomes should drive forward GDS reform. He appears to understand the importance of building on the measures introduced in 24/25 for the sustainability of this service. We welcomed his support to commission a Cost of Service review

On the same day at the Northern Ireland Assembly, there was a debate in Plenary Session on local emergency Dental access issues, this adjournment debate went well beyond dental access, focusing on inadequate fees being at the heart of the issues experienced by dentists throughout Northern Ireland, the language and approach used by MLA's reflecting all of our messaging.

The short-term proposals from last year are due to expire at the end of March and so on 25th February we met DOH officials to discuss next steps. The Department had some modest proposals on which we provided feedback, and in a solution-focussed approach we came up with some proposals which, with the right enhanced funding might deliver improved population oral health outcomes, while also being sufficiently attractive to stem or maybe even reverse the exodus. We advised that the key to getting more patients registered and treated is removing the risk and financial barriers associated with new patients... high treatment need, longer treatment times, high rate of failed to attend. As of 1st April we have no outcome to report for either the DOH short term proposals or our suggestions.

Reflecting over the past three years I have come to understand that in dental politics, effort and reward are not always linked, and that change in a huge contract such as that for NHS dentistry is neither a linear nor a speedy process, but I have a sense that there is finally some movement and that we are being listened to (on some level at least). I think the NI Assembly's Health Committee scrutinising and keeping a watchful eye on the Department is helping with that.

We are pleased that our calls for a Cost of Service Review have been heard and that this will now happen and that hopefully provide the basis for a new contract, or at least, meaningful contract reform. We have further been assured that by the end of the mandate in May 2027 there will be 'a plan.'

As we know, dentists don't strike, they leave, and when they leave, they don't come back, and I am sad to say that the progress to date might just be too little, too late, to save health service dentistry but I hope for the sake of our patients that it is not.

Thank-you again for having me as your guest



Ciara Gallagher

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