Rebuilding and reforming dentistry in Northern Ireland

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With patient access problems, a significant backlog of patients waiting to be seen and a service that was struggling financially pre-pandemic, the arrival of COVID-19 hit dentistry in Northern Ireland hard. Questions and concerns persist about the service's long-term future, with no apparent easy answers.

That's why the launch of a new manifesto for dentistry in Northern Ireland is crucial, and I spoke to **Ciara Gallagher**, Chair of Northern Ireland Dental Practice Committee, and **Ann McAreavey**, Chair of Northern Ireland Community Dentists Committee, to see how they plan to rebuild and reform Health Service dentistry.

How would you assess the current state of dentistry in Northern Ireland?

CG Perilous. Chronic underfunding which predates COVID-19 is forcing practices to make a stark choice. Continue with a system where funding does not match their costs in the hope that things will get better, or to move to more private care where the fees charged are more reflective of the costs.

To put it another way. We are in the business of providing care for patients. The current

model of funding makes it, in practical business terms, Hobson's choice. Without the right model of funding, dental practices serving our most deprived communities cannot survive by providing care for those who cannot afford to pay for themselves, this will leave those most in need without anywhere to turn to for their dental care.

AM Dentistry has reached a crisis point. All sectors are underfunded. The community sector has experienced an ever-increasing workload with my colleagues having to treat more patients with increasingly complex healthcare needs and higher numbers of children requiring attendance at hospital at a time when theatre space is significantly restricted. There is also a disparity in the provision of treatment being provided for special care patients, many of whom are the most vulnerable in our society. Now that we seem to be coming out of the pandemic there is an opportunity to rebuild our services and truly focus on those members of society who have the greatest need - but this needs to be better funded, including carrying out a long-awaited workforce review and improving access to specialist services.

Have you seen any real, tangible progress in the improvement of Health Service dentistry?

AM Unfortunately, I have not seen tangible progress. Even prior to the pandemic, community dentistry was struggling to get our voices heard. We have consistently said we

need more specialist support, more access to theatre time and to recruit more people due to an ageing workforce. If anything, COVID-19 has further highlighted the problems we were experiencing prior to the pandemic and unfortunately morale is low among across the workforce. I think what the pandemic has done, has been to highlight the real challenges facing dentistry as a whole, including CDS. There is definitely a new-found interest among politicians, and I think in the Department of Health. However, the priority is to ensure that the rebuilding and reforming piece - the overarching theme of our manifesto - is taken forward in earnest in the next mandate.

CG I also have not - not yet. Over the past two years NHS practices received great assistance from the Department of Health in the form of the financial support scheme. This provided a degree of stability in spite of COVID-related restrictions. Stability in the face of a global pandemic is a real achievement. Eligible practices prepared to commit to staying in NHS dentistry in the medium term will also receive much needed, much appreciated one-off support in the form of the revenue grant scheme. But the underlying problem of chronic underfunding remains. However, moving forward, the Minister for Health has committed to progressing a new contract - one co-produced by the practitioners carrying out the treatment and the department funding it. This would represent a real step forward in the treatment of patients most in need.

As chair, how will you use your role to bring about further improvements for professionals and patients alike?

AM Given all the challenges we have faced and continue to face it is essential that that we have a comprehensive workforce review undertaken as soon as possible to give us a clear way forward across the profession.

A lot of work has already been undertaken behind the scenes to ensure dentistry can move forward at this key time. We've seen the Oral Health Options Groups established to review oral health policy of children and the ageing population. I look forward to engaging with our new CDO, Caroline Lappin, who, as a former Clinical Director in the CDS, is well acquainted with our issues and I believe is committed to taking forward the reform agenda that is so badly needed in dentistry. A CDS Workforce Review is top of the list. I also look forward to highlighting CDS issues in working with other BDA elected representatives, and engaging externally with Department of Health and other officials, for instance in our Joint Negotiating Forum meetings.

CG I hope to help create an environment where the Department of Health and dental practices work together in a meaningful way to ensure that all patients get the care they deserve. In practical terms, this involves the development of a new dental contract. A contract that places value on the prevention of dental disease as well as covering the costs associated with necessary restorative treatment. A contract that recognises the difficulty and increased workload required by patients with significant dental need. A contract that helps those with complex health issues – both mental and physical – and difficult social circumstances. It must be a contract that ensures that we can provide appropriate dental care, tailored to the unique needs of each individual patient.

In the meantime, I will continue to press the Department of Health for ongoing support for practices to protect the professionals who work in them and ultimately their patients from the historic inadequacies of the current contract

What does the launch of the manifesto mean to you?

CG The manifesto launch is an opportunity to set out concrete aspirations, meet the policy makers and discuss in detail the difficulties that patients will face accessing care if we don't get this right this time.

AM It is an opportunity to highlight the importance of the Community Dental Service – the safety net for all those patients

who can't access routine dental care and the vital service they provide. A large proportion of our patients are also children who require extractions under general anaesthetic therefore the Oral Health Strategy is long overdue in Northern Ireland and will help all aspects of dentistry. Funding towards better oral care programmes will ultimately help reduce costs in the future.

There's plenty of talk about re-building post-pandemic. Where are your key priorities, and how will they integrate into the bigger picture?

AM My key priorities are to make the voice of our special care patients heard and to tackle the disparity in the provision of treatment options they experience. Overall, they face greater challenges in accessing specialist opinions and treatment leading to significantly increased waiting times.

CG To ensure that all patients, no matter what their socio-economic background, are able to access dental care in a timely and appropriate way.

In order to achieve this core priority, I intend to make sure that everyone, including policy makers, understands the real costs associated with running a modern dental practice.

It is my hope that when policy makers understand how poor funding of NHS dentistry has led to plummeting morale and created a recruitment crisis for primarily NHS practices, they will act. They will see that the lack of NHS clinicians will rapidly lead to an access crisis which will disproportionately affect the most vulnerable in our society and further widen health inequalities. I sincerely hope that though the department has a duty to protect the public purse, our policy makers will see their duty to protect patients from health inequalities by adequately funding services.

I want NHS dentistry to be an attractive place for skilled ambitious clinicians to halt the inexorable move into private dentistry. A properly funded NHS system should not require cross-subsidy from private care carried out in the same building.

What message would you give to those you represent, and for those who feel like they've been promised meaningful change before without it really materialising?

CG You're correct to say we have been here before. Much needed change did not materialise when contract negotiations for General Dental Services stalled in 2016.

But this time might be different. The Minister for Health has, on record, committed to a new dental contract, with specific reference to co-production with the BDA. This is new.

Let's hope that this signifies the start of meaningful co-operation, where there will be, at a time of budgetary constraint, a greater understanding of the reality of the cost of providing NHS dental care for our patients.

AM First and foremost, I would applaud them for the excellent service they continue to provide. It can be an extremely stressful and disheartening job at times. We are a small service, and it always seems that we constantly have a fight on our hands to get better funding and support. We provide a pivotal service without which some of the most vulnerable people would have no access to dental care!

I would encourage my community colleagues to join the BDA to help continue the fight to increase our workforce and further enhance our service provision. We need to stand together and help make our patients' voices heard. They are the reason why we took on these roles and we are an important advocate to provide them with the best service possible. It is so important that as colleagues we support each across all the sectors of dentistry. ♦

Ciara Gallagher

Ann McAreavey

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