

Block Grant Monitoring

The Department of Health have requested the development of lead metrics to be used as a monitoring tool to demonstrate value for money for the monthly DFT Block Grant. For the DFT Schemes in 2025-2026, a pilot scheme has been set up for this purpose. Compliance with completion and submission of this form will form part of the Quality Assurance Payments.

Practices will be required to complete a monthly Block Grant monitoring spreadsheet. This spreadsheet should be completed electronically and returned by email to dentalfoundation.nimmdta@hscni.net by the dates detailed below. Alongside the spreadsheet a printout verifying the computer totals entered on the spreadsheet should be returned to NIMMDTA. For the small number of practices that are not computerised, they can use a manual system.

Dates for Return

Please find below dates for submission of Block Grant Monitoring Spreadsheet & Evidence to DentalFoundation.nimmdta@hscni.net.

- **Monday 6th October 2025**
- **Wednesday 5th November 2025**
- **Friday 5th December 2025**
- **Monday 5th January 2026**
- **Thursday 5th February 2026**
- **Thursday 5th March 2026**
- **Monday 6th April 2026**
- **Tuesday 5th May 2026**
- **Friday 5th June 2026**
- **Monday 6th July 2026**
- **Wednesday 5th August 2026**
- **Friday 4th September 2026**

Monthly Records 2025-2026

FOUNDATION DENTIST NAME: _____

EDUCATIONAL SUPERVISOR NAME: _____

Month	Health Service IOS Gross Amount (incl patient contributions)	Rolling Health Service IOS Gross Amount (incl patient contributions)	Private Treatment Gross Amount	Rolling Private Treatment Gross Amount	Rolling Total Amount	Rolling Health Service % of total activity	Notes
September		£0		£0	£0	0%	
October		£0		£0	£0	0%	
November		£0		£0	£0	0%	
December		£0		£0	£0	0%	
January		£0		£0	£0	0%	
February		£0		£0	£0	0%	
March		£0		£0	£0	0%	
April		£0		£0	£0	0%	
May		£0		£0	£0	0%	
June		£0		£0	£0	0%	
July		£0		£0	£0	0%	
August		£0		£0	£0	0%	
Totals:	£0	£0	£0	£0	£0	0%	

Year-End Contributions Breakdown: Health Service vs. Private Service (%)

Foundation Dentist Signature: _____

Educational Supervisor Signature: _____

Footnote:
Please ensure that all holidays, sickness, absence are recorded in the notes section of the daybook.