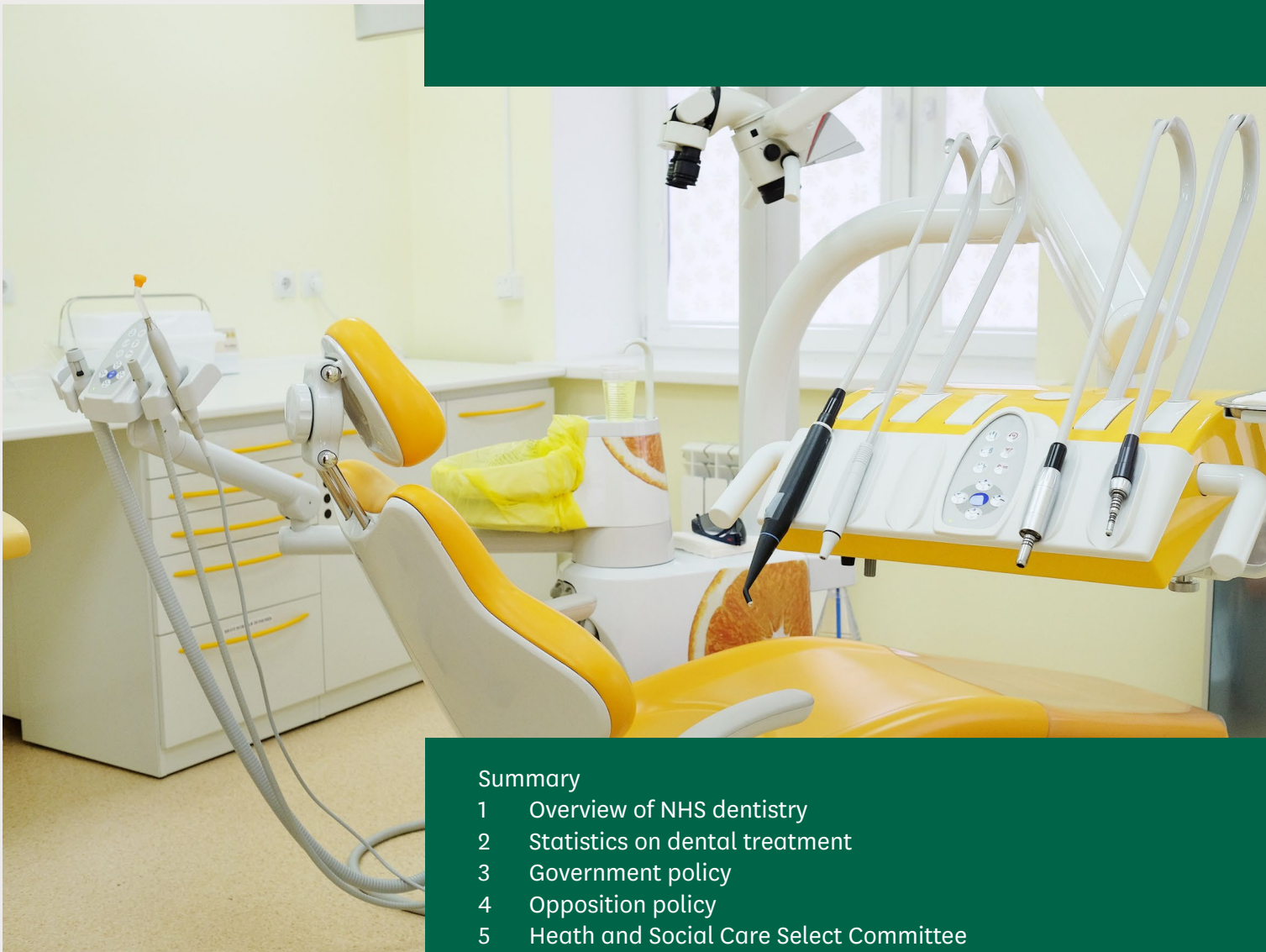


Research Briefing

25 April 2023

By Katherine Garratt

Dentistry in England



Summary

- 1 Overview of NHS dentistry
- 2 Statistics on dental treatment
- 3 Government policy
- 4 Opposition policy
- 5 Health and Social Care Select Committee
- 6 Devolved areas
- 7 Further information

Contributing Authors

Katherine Garratt;
Rachael Harker, Statistics

Image Credits

Dentist chair by Dmitry Vereshchagin. Licensed by Adobe Stock id=81954204

Disclaimer

The Commons Library does not intend the information in our research publications and briefings to address the specific circumstances of any particular individual. We have published it to support the work of MPs. You should not rely upon it as legal or professional advice, or as a substitute for it. We do not accept any liability whatsoever for any errors, omissions or misstatements contained herein. You should consult a suitably qualified professional if you require specific advice or information. Read our briefing [‘Legal help: where to go and how to pay’](#) for further information about sources of legal advice and help. This information is provided subject to the conditions of the Open Parliament Licence.

Sources and subscriptions for MPs and staff

We try to use sources in our research that everyone can access, but sometimes only information that exists behind a paywall or via a subscription is available. We provide access to many online subscriptions to MPs and parliamentary staff, please contact hoclibraryonline@parliament.uk or visit commonslibrary.parliament.uk/resources for more information.

Feedback

Every effort is made to ensure that the information contained in these publicly available briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Please note that authors are not always able to engage in discussions with members of the public who express opinions about the content of our research, although we will carefully consider and correct any factual errors.

You can read our feedback and complaints policy and our editorial policy at commonslibrary.parliament.uk. If you have general questions about the work of the House of Commons email hcenquiries@parliament.uk.

Contents

Summary	4
1 Overview of NHS dentistry	8
1.1 Commissioning of NHS dental services	8
1.2 Dental contracts	9
1.3 Dentistry funding	11
1.4 Dental workforce	14
1.5 Regulation and accountability	17
1.6 Access to NHS dentistry	19
2 Statistics on dental treatment	22
3 Government policy	24
3.1 Response to the Covid-19 pandemic	24
3.2 Reform of dental contracts	28
3.3 Workforce	32
4 Opposition policy	37
5 Heath and Social Care Select Committee	38
5.1 2021-22 workforce inquiry	38
5.2 2022-23 dentistry inquiry	39
6 Devolved areas	41
6.1 Wales	41
6.2 Scotland	43
6.3 Northern Ireland	44
7 Further information	45

Summary

Overview of NHS dentistry

Commissioning and contracts

From 1 April 2023, all [Integrated Care Boards \(ICBs\)](#) are taking on delegated responsibility for commissioning dental services from NHS England. NHS guidance for ICBs [requires dental funding to be ringfenced](#).

Under the [Health and Care Act 2022](#), every part of England is covered by an ICB, and an Integrated Care Partnership (ICP), in each of the 42 existing Integrated Care Systems (ICS).

Prior to these changes, NHS England was responsible for commissioning dental care services to meet local needs and priorities, managed through its local area teams.

Primary care dentists are self-employed and can provide a mixture of private and NHS funded care. Service delivery provided on the NHS is agreed under [contract between the NHS and the dentist](#).

Dental contracts require dentists to complete a set number of units of dental activity (UDAs) – these do not relate to the number of patients. Despite attempts to review and reform the dental contract since it was introduced in 2006, the current contract has remained largely unchanged until [reforms announced on 19 July 2022](#).

Stakeholders such as the British Dental Association have argued [the reforms don't go far enough](#) and the UDA system is fundamentally flawed.

Funding

NHS dentistry in England is funded by a combination of payments from NHS England and NHS Improvement (via the NHS Business Services Authority) and patient charges. Some groups of patients are entitled to free dental treatment.

Between 2010/11 and 2021/22, total funding for dental services in England fell by 8% in real terms (2021/22 prices), down from £3.36 billion in 2010/11 to £3.10 billion on 2021/22. Over this period the contribution of NHS England to total funding for dental services fell by 5% in real terms and income from patient charges fell by 17% (Commons Library estimates, see page 11 of briefing).

Workforce

[Medical and dental school places are capped](#) in each part of the UK.

There have been [calls to increase the number of training places](#) available.

NHS England and NHS Improvement (now NHS England) has previously said that whilst overall national workforce numbers appear adequate, it is aware of [“certain geographic shortfalls limiting service provision”](#).

The [uneven distribution of dentistry schools](#) – six in the North, two in London, two in the South West, one in the Midlands and none in the East of England – has made it difficult to maintain the workforce in remote areas.

Concerns have also been expressed about the number of NHS dentists turning to private practice. In May 2022, the BDA reported [3,000 dentists had stopped providing NHS dental services since the start of the pandemic](#) and their survey of high street dentists found nearly half (45%) reported reducing their NHS commitment since the onset of the pandemic. 75% said they were likely to reduce their NHS commitment in the next year.

Access to NHS dentistry

The [Care Quality Commission \(CQC\) highlight](#) that access to NHS dental care was an issue long before the pandemic, but there are “clear signs” of problems having been compounded by Covid-19.

Concerns about lack of access to NHS dentistry, particularly in more remote areas of the UK, have been the subject of several parliamentary debates and received widespread media coverage. Amongst these concerns have been media reports of [people turning to “DIY dentistry”](#) and others resorting to [paying for private treatment](#).

In May 2021, Healthwatch [reported examples of patients turning to private dentistry to access routine treatment](#). The article said “whilst some people were asked to wait an unreasonable time of up to three years for an NHS appointment, those able to afford private care could get an appointment within a week.”

In August 2022, the BBC reported [90% of dental practices in the UK were not taking on new adult patients](#).

Government policy

Response to the Covid-19 pandemic

Between 25 March and 8 June 2020 NHS dental practices in England ceased routine dentistry in response to the pandemic. Around 600 urgent dental care hubs were set up to deliver care for patients. Infection and control requirements were put in place on reopening, reducing the capacity of dental services. Over the course of the pandemic, the [British Dental Association have estimated](#) over 38 million dental appointments have been missed.

The Office of the Chief Dental Officer England and NHS England published a [Standard operating procedure: Transition to recovery \(PDF\)](#) on 4 June 2020 which set out how patients should be prioritised according to greatest clinical need. The dental Standard Operating Procedure has now been withdrawn.

During the pandemic, activity targets were reduced. Based on clinical advice and modelling from the office of the Chief Dental Officer, and the amount of activity being achieved by dental practices at the time, targets were gradually increased over time. In response to a parliamentary question answered on 7 July 2022, Maria Caulfield MP said [dentists have now been asked to meet 100% of contracted UDAs](#).

The Government announced an [additional £50 million in funding for dentistry](#) on 25 January 2022 to spend before the end of the financial year to help deal with the backlog.

Reform of dental contracts

The Government have [committed to reforming the unpopular 2006 dental contract](#).

In response to an oral parliamentary question on NHS dental care services on 14 June 2022, Maria Caulfield, Parliamentary Under-Secretary of State for Health and Social Care, said:

[...] the contract is the nub of the problem; it is currently a perverse disincentive for dentists to take on NHS work. We are serious about reforming it, we are in discussions with the BDA, and we will make the announcements before the summer recess.

In a written statement on 19 July 2022, the [Government announced changes to the remuneration system](#):

We will make changes to the way dentists are remunerated for the range of treatments that are currently covered in Band 2 treatments. Dentists will be paid more when they need to do three or more fillings or extractions and provide endodontic care.

The statement also said high performing practices will be allowed to perform up to 110% of contracted dental activity. For poorly performing practices,

NHS England will be able to rebase contracts and release unused funding to commission other providers.

Since announcing the reforms, the Government has introduced a minimum UDA value and amended the forms used by dentists to include information on when the patient should be recalled.

The Government has also passed [legislation making changes to the amount dentists are paid for complex work](#) and making it a legal requirement for practices to keep their information up to date on the NHS.uk website.

NHS England has published [guidance on the use of skill mix in dentistry](#).

Workforce

In September 2021, Health Education England published their [Advancing Dental Care Review report](#). Their recommendations included more flexible entry routes into training, exploring “Centres of Development”, supporting the development of apprenticeships “to diversify and promote the concept of a local dental workforce approach”, and distributing postgraduate training posts so they are better aligned to areas with the highest levels of oral health inequalities.

The Government said it is working with HEE to implement these reforms through the Dental Education Reform Programme.

The Government has passed [legislation changing the process for overseas dentists to register as a dentist or dental care professional in the UK](#). The legislation prevents people with a diploma in dentistry gained overseas from registering as a dental care professional in the UK.

The legislation also gives the General Dental Council power to make new rules for the registration process for dentists and dental care professionals. The Council will consult on the changes in 2023 before they come into force in March 2024. The Overseas Registration Exam (ORE) process will remain the same until the new rules come into effect.

1 Overview of NHS dentistry

1.1 Commissioning of NHS dental services

Integrated Care Boards

From 1 April 2023, all Integrated Care Boards (ICBs) are taking on delegated responsibility for commissioning dental services from NHS England.¹ NHS guidance for ICBs requires dental funding to be ringfenced.²

Under the Health and Care Act 2022, every part of England is covered by an ICB, and an Integrated Care Partnership (ICP), in each of the 42 existing Integrated Care Systems (ICS).³

ICBs took on responsibility for most NHS services from July 2022, with a greater focus on closer working between NHS bodies. ICPs aim to promote integration between the NHS, local government, and other providers by producing an integrated care strategy for their area.

The Government says these reforms aim to bring commissioning of services, including dental services, closer to the patient and seek to address health needs at a more local level.⁴

Giving evidence during the committee stage of the Health and Care Bill, the British Dental Association (BDA) called for the Bill to introduce a mandated position for a non-medical primary care sector representative on each ICB.⁵

Schedule 2 of the Health and Care Act 2022 provides that each ICB should consist of a chair, a chief executive and “at least” three other members including a representative of local NHS Trusts and Foundation Trusts, a representative of local primary medical services and a representative of the local authority.⁶ The British Dental Journal in Practice reported dental leaders

¹ NHS England, [NHS England commissioning functions for delegation to Integrated Care Systems](#), 31 May 2022

² PQ 170654 [on [Dental services: Children](#)], 21 March 2023

³ [Health and Care Act 2022 \(legislation.gov.uk\)](#)

⁴ PQ 121831 [on [Dental Services: Integrated Care Systems](#)], 21 February 2022; see also NHS England, [Dental commissioning policies and procedures](#) (accessed 24 April 2023)

⁵ British Dental Association, [Written evidence submitted by the British Dental Association \(HCB23\)](#), 15 September 2021, para 3

⁶ [Health and Care Act 2022, sch 2. \(legislation.gov.uk\)](#)

at the Local Dental Committee’s annual conference as feeling “side-lined” by a lack of representation.⁷

Previous commissioning processes

From 2013 until the passing of the Health and Care Act 2022, NHS England was responsible for commissioning dental care services to meet local needs and priorities, managed through its local area teams.⁸ Prior to 1 April 2013, primary care trusts (PCTs) were responsible for commissioning dental services.

1.2 Dental contracts

Primary care or “high street” dentists are self-employed and can provide a mixture of private and NHS funded care. Delivery of services provided on the NHS is agreed under contract between the NHS and the dentist.

A smaller number of salaried dentists are employed directly by the NHS trusts to deliver specialist services in the hospital or the community.

Under the current NHS dental contract, the provider agrees to perform a set number of units of dental activity (UDAs) from April until the following March (see Box 1 below). The annual contract value is paid in 12 monthly instalments. The current system was introduced in April 2006.

As funding is assigned in advance, this can result in a difference between the amount of commissioned activity and achieved activity. Providers might not meet their UDA target and be subject to “clawback” (see box 1), or, reach the limit of the NHS activity they can perform, even if there is demand for more appointments.

There is widespread agreement that the current NHS contract needs reform. A 2022 survey by the BDA found that 82% of practices that reported unfilled vacancies cited the current contract as a “key barrier” to filling posts.⁹

The Government has described the current dental contract as the “nub of the problem” in the dentistry crisis, as it acts as a “perverse disincentive” for dentists to carry out NHS work.¹⁰

⁷ British Dental Journal in Practice, ‘[LDCs call on government to resuscitate NHS dentistry before it’s too late](#)’, 4 July 2022

⁸ NHS England, [Securing Excellence in Commissioning NHS Dental Services](#), February 2013

⁹ BDA, [Press release: Nearly half of dentists severing ties with NHS as government fails to move forward on reform](#), 24 May 2022

¹⁰ [HC Deb 14 June 2022](#), c136

Box 1 Units of Dental Activity (UDAs)

Primary care dental services are measured in Units of Dental Activity (UDAs). Treatments are assigned to a band based on complexity and urgency. Each band is given a UDA value. A course of treatment is assigned one UDA value based on the most complex element, rather than the number of different treatments involved. This means that treatment to fit one crown is assigned the same number of UDAs as treatment to fit eight crowns.¹¹

Schedule 2 of the regulations [Provision of Services: Units of Dental Activity and Units of Orthodontic Activity](#) includes a table detailing the UDAs assigned to various treatment bands.¹²

Dental contracts in England and Wales are based on NHS dentistry providers performing an agreed number of UDAs per year. The UDA system has been criticised as inflexible - if the target number of UDAs is not met, the contracts provide for the “clawback” of funds and if the target is reached, patients must be sent elsewhere or wait for the new quota.¹³

General Dental Services contract

Most NHS contracts are General Dental Services (GDS) contracts, and they are generally held in perpetuity. [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#) set out the framework for general dental services contracts. The accompanying [explanatory memorandum](#) provides detailed information on the contractual arrangements.

Dentists holding GDS contracts provide typical dental services and may provide some advanced services, such as conscious sedation, if required.

Personal Dental Services (PDS) agreement

Approximately 15% of NHS contracts are Personal Dental Services (PDS) contracts, which are for advanced services and normally last five years.¹⁴

A ‘PDS Plus’ contract was introduced in 2008 and requires contract holders to meet Key Performance Indicators alongside delivering UDAs. It was introduced by the Department for Health and Social Care to increase patient

¹¹ NAO, [Dentistry in England \(PDF\)](#), March 2020, p9

¹² [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#), Schedule 2

¹³ Review Body on Doctors’ and Dentists’ Remuneration, [Forty-Eighth Report 2020](#), July 2020, p108

¹⁴ NAO, [Dentistry in England \(PDF\)](#), March 2020

access to NHS dentistry.¹⁵ In March 2020, the National Audit Office (NAO) reported there were only 36 PDA Plus contracts in place in England.¹⁶

Both the GDS and PDS contracts require contractors to provide services in accordance with any relevant guidance issued by NICE, and in particular the clinical guideline on dental checks (NICE clinical guideline CG19).¹⁷

Recommissioning dental services

Dental practitioners can transfer their NHS contract to another dentist via the formation and subsequent dissolution of a joint partnership.

When contracts are terminated or handed back, for example due to retirement, dental activity is replaced through the recommissioning of services. The [Policy Book for Primary Dental Services](#) published by NHS England (last updated April 2018) includes information about this process.

Location of premises

The PHE report [Inequalities in oral health in England](#) (2021) says the availability of NHS dental services is “largely based on provision prior to 2006 when dentists were able to set up a dental practice wherever they chose”.¹⁸ The report notes that “perpetual contracts” were made with existing NHS dental providers in 2006 based on their historical service provision.¹⁹

1.3

Dentistry funding

NHS dentistry in England is funded by a combination of payments from NHS England (via the NHS Business Services Authority) and patient charges.²⁰

In 2022 an [NHS England press release](#) said “the NHS in England invests £2.3 billion in dentistry every year” and announced a “£50 million funding injection” to help services get back to pre-pandemic levels of activity.²¹

Between 2010/11 and 2021/22, total funding for dental services in England fell by 8% in real terms (2021/22 prices), down from £3.36 billion in 2010/11 to £3.10 billion on 2021/22. Over this period the contribution of NHS England to

¹⁵ NHSBSA, [What are the different types of NHS dental contracts?](#) (Accessed 25 April 2023)

¹⁶ NAO, [Dentistry in England](#), March 2020, p19

¹⁷ NHS England, [General Dental Services contract](#), July 2018, p43

¹⁸ PHE, [Inequalities in oral health in England](#), 19 March 2021, p16

¹⁹ As above

²⁰ NAO, [Dentistry in England \(PDF\)](#), March 2020, p6

²¹ NHS England Press Release, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

total funding for dental services fell by 5% in real terms and income from patient charges fell by 17%.²²

The BDA said in October 2021 that [lockdown resulted in the loss of £0.6 billion in NHS patient charge revenues](#) and claimed that budgets “have failed to keep pace with inflation and population growth.”²³

Dental charges

Since 1951, some patients have been charged at the point of care for primary care dentistry. In recent years, dental charges accounted for around 29% of total funding. In 2020/21 the proportion fell to around 9%²⁴, most likely as a consequence of restrictions on dental practice associated with the coronavirus pandemic.

Concerns about the rising cost of living have led dentists to [call on the Government to freeze dental charges](#).²⁵

Charges are split into bands depending on the level of treatment required. The NHS webpage [‘How much will I pay for NHS dental treatment?’](#) summarises the 3 NHS charge bands in England:

- Band 1: £25.80
Covers an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish (if clinically needed), and planning for further treatment.
- Band 2: £70.70
Covers all treatment included in Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions).
- Band 3: £306.80
Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.²⁶

Urgent courses of treatment fall into Band 1, but any subsequent non-urgent treatment will be charged accordingly. A more detailed description of the treatments within each band is on the NHS webpage [‘What is included in each NHS dental band charge?’](#)

If patients need further treatment within two calendar months of completing a course of treatment, they do not have to pay anything extra, if the

²² HC Library estimates based on [NHS \(England\) Summarised Accounts 2010-2011; NHS England Annual Report 2021/22](#) and [HMT GDP deflators, March 2023](#)

²³ BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

²⁴ DHSC, [Annual report and accounts 2020-2021](#), 31 January 2022, Table 37

²⁵ Dentistry, [‘Cost of living pressures – NHS dental charge freeze is crucial’](#), 23 May 2022

²⁶ NHS, [How much will I pay for NHS dental treatment?](#) (Accessed 24 April 2023)

treatment is from the same or a lower charge band.²⁷ If the additional treatment required is in a higher band, patients must pay for the new course of treatment.²⁸

For private dental treatment, as the General Dental Council explains, “[there are no set limits on what practices can charge for private dental treatment](#) and prices will vary from practice to practice”.²⁹

Groups entitled to free dental treatment

The NHS webpage ‘[Who is entitled to free NHS dental treatment in England?](#)’ explains that NHS dental services are free for some patients:

You do not have to pay for [NHS dental services](#) if you're:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges)
- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits

You're entitled to free NHS dental treatment if you or your spouse (including civil partner) receive:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- [Universal Credit](#) (in certain circumstances)³⁰

Patients can also receive free treatment if they're entitled to or named on a valid NHS tax credit exemption certificate, a valid HC2 certificate, or a valid maternity exemption certificate. People named on an NHS certificate for partial help with health costs (HC3) might also receive help.³¹

Further information about the HC2 and HC3 certificates can be found in the [Commons Library briefing on NHS charges](#).³² The briefing also includes information on charges in Scotland, Wales and Northern Ireland.

²⁷ NHS, [How much will I pay for NHS dental treatment?](#) (Accessed 24 April 2023)

²⁸ As above

²⁹ General Dental Council, [Dental costs](#) (Accessed 15 June 2022)

³⁰ NHS, [Who is entitled to free NHS dental treatment in England?](#) (Accessed 24 April 2023)

³¹ As above

³² Commons Library briefing CBP-7227, [NHS charges](#)

1.4

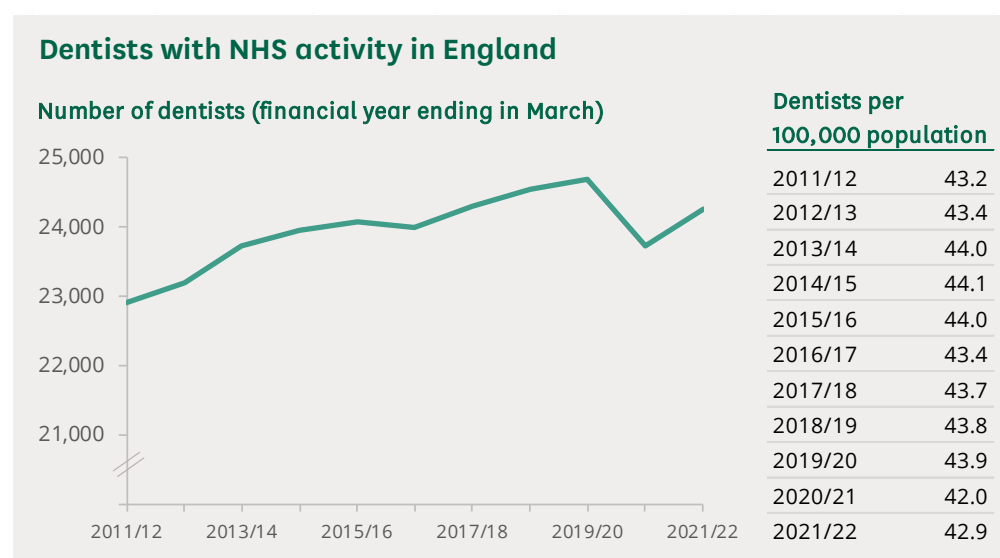
Dental workforce

The latest estimates of the dental workforce indicate that 24,272 dentists performed NHS activity during 2021/22, an increase of 539 on the previous year.³³

The number of dentists with NHS activity increased year on year between 2011/12 and 2019/20. Figures for 2020/21 were affected by the Covid-19 pandemic³⁴ and numbers fell before increasing again in 2021/22.

The 2021/22 figure of 24,272 dentists with NHS activity remains below the pre-pandemic level of 24,684 observed in 2019/20. However, it is 6% higher than the 2011/12 figure of 22,920.

Over the past decade, the number of dentists per 100,000 population peaked in 2014/15 at a rate of 44.1 dentists per 100,000. In 2021/22 the figure was 42.9 per 100,000 population.



Note: Figures are a headcount of dentists with any NHS activity rather than a full-time equivalent measure.

Source: NHS Digital [NHS Dental Statistics for England annual report 2021-22](#)

³³ NHS Digital [NHS Dental Statistics for England annual report 2021-22](#)

³⁴ In response to the Covid-19 pandemic, dental practices were instructed to close and defer routine, non-urgent dental care. Most practices were closed between April and June 2020 and not all dental practitioners returned to primary care dentistry during 2020/21. This will have contributed to the decrease in the number of dentists with NHS activity in 2020/21.

UK recruitment and training

A career in dentistry starts with at least five years' undergraduate study and then a further year in dental foundation training.³⁵

Medical and dental school places are capped in each part of the UK, with “[intake targets](#)” used to limit the number of students a higher education provider may recruit in each year. There are caps for both home students and overseas/international students.

There are around 1,100 dental school places made available across the UK each year.³⁶ This figure has remained largely unchanged since 2013, though there were temporary adjustments to the cap during the Covid-19 pandemic.³⁷ The majority of the places are in England.

There have been calls to increase dental school places. The Association of Dental Groups (ADG) has said the key to easing the burden of the unmet need for dental services is “simply more dentists”, including by creating more training places.³⁸

In 2022, the Dental Schools Council (DSC) also called for an increase in the number of dental school places. The DSC presented three proposals agreed by the deans of UK dental schools to “safeguard dental teaching and secure and improve the supply of future dentists” by increasing dental school places.³⁹

The DSC called for:

- Extra funded places for students to do Bachelor of Dental Surgery degrees at existing institutions;
- Maintaining and increasing training of Dental Therapists by resolving funding streams;
- Sustainable capital investment for schools and clinics.⁴⁰

More information can be found in the Commons Library briefing on [The cap on medical and dental student numbers in the UK](#).

³⁵ Review Body on Doctors' and Dentists' Remuneration, [Forty-Eighth Report 2020](#), July 2020, p107

³⁶ The Office for Students, [Medical and dental intakes](#), (Accessed 25 April 2023)

³⁷ Higher Education Funding Council for England, [Medical and Dental Students survey 2013 \(archived\)](#), March 2014

³⁸ Association of Dental Groups, [England's Dental Deserts: The urgent need to “level up” access to dentistry](#), May 2022

³⁹ Dental Schools Council, [The new government must protect our oral health: priorities for the government on national oral health](#), 7 November 2022

⁴⁰ Dental Schools Council, [The new government must protect our oral health: priorities for the government on national oral health](#), 7 November 2022

Reductions in NHS commitment

In May 2022, the BDA reported 3,000 dentists had stopped providing NHS dental services since the start of the pandemic. Their survey of high street dentists found nearly half (45%) reported reducing their NHS commitment since the onset of the pandemic; 75% said they were likely to reduce their NHS commitment in the next year.⁴¹

Geographic shortfalls

In 2021, NHS England and NHS Improvement said current trends in the dental workforce were difficult to assess, and whilst “overall national workforce numbers appeared adequate to meet the needs of the population” they were aware of “certain geographic shortfalls limiting service provision”.⁴²

In [Advancing Dental Care Review: Final Report](#), Health Education England explain:

[...] the current distribution of the dental workforce, particularly with regard to dentists and specialists, does not match the need or demand for dental services; supply is concentrated in metropolitan areas, around dental hospitals and schools, and the skills mix, still orientated to past needs, is out of kilter with present and future need.⁴³

The uneven distribution of dentistry schools – six in the North, two in London, two in the South West, one in the Midlands and none in the East of England – has made it difficult to maintain the workforce in remote areas:

There are difficulties in attracting trainees at any level to more remote areas, including Cumbria, Lincolnshire, East Anglia and some parts of the South West. Retaining dentists in these areas on completion of foundation training can be problematic after foundation training. There is evidence from medicine that the longer a trainee is based in an area, the more likely they are to ‘put down roots’ and remain.

The competitive model for appointment of training practices in Dental Foundation Training also results in an uneven distribution of these posts and national recruitment of DFT trainees also results in further fragmentation.⁴⁴

International workforce

Prior to the UK referendum on EU membership, dentists trained in European countries accounted for nearly a quarter of the NHS dental workforce.⁴⁵

⁴¹ British Dental Association, [Press release: Nearly half of dentists severing ties with NHS as government fails to move forward on reform](#), 24 May 2022

⁴² As above, p138

⁴³ Health Education England, [Advancing Dental Care Review: Final Report](#), 21 September 2021, p18

⁴⁴ As above, p22

⁴⁵ Association of Dental Groups, [ADG issues 2023 Brexit warning for NHS dentistry](#), 1 March 2023

However, a report by the health thinktank the Nuffield Trust in 2022 found the number of EU- and EFTA-trained dentists registering to practice in the UK halved after the EU referendum, and is yet to recover.⁴⁶

This decline in recruitment has not been made up through the recruitment of dentists trained in the UK or elsewhere in the world, with the number of total annual additions to the register falling from around 2,500 to around 1,600 between 2011 and 2020.⁴⁷

The Association of Dental Groups announced a “warning” in response to the Nuffield Trust’s findings and called for the continued recognition of EEA qualifications in 2023 to “avoid a dental recruitment disaster”.⁴⁸

1.5

Regulation and accountability

General Dental Council

The [General Dental Council](#) (GDC) is the UK-wide statutory regulator for dental professionals. The [Dentists Act 1984](#) provides the legislative framework for the GDC to operate.

The GDC’s overarching statutory objectives as set out in section 1 of the [Dentists Act 1984](#) are to:

- Protect, promote and maintain the health, safety and wellbeing of the public;
- Promote and maintain public confidence in the professions regulated under the Act; and
- Promote and maintain proper professional standards and conduct for members of those professions.⁴⁹

All dental professionals must be registered with the GDC to provide dental services in the UK. To register, dentists must meet [certain criteria set out by the GDC](#). As of April 2023, 116,392 dental professionals (includes dentists and dental care professionals) were on the GDC register.⁵⁰ The annual fee for dentists to remain on the register is currently £690.⁵¹

In addition to maintaining a [register of qualified dental professionals](#), the GDC [sets standards](#) and [investigates concerns](#).

⁴⁶ Nuffield Trust, [Health and Brexit: Six years on](#), 19 December 2022, pp8-9

⁴⁷ As above

⁴⁸ Nuffield Trust, [Health and Brexit: Six years on](#), 19 December 2022, pp8-9

⁴⁹ [Dentists Act 1984](#), Section 1

⁵⁰ GDC, [Registration report April 2023](#), 15 June 2022

⁵¹ GDC, [Annual Retention Fee](#) (Accessed 24 April 2023)

The [Professional Standards Authority for Health and Social Care](#) oversees the GDC and reviews its performance annually.

The Government is in the process of [reforming the regulation of healthcare professionals](#) across the 9 health and care professional regulators, including the GDC. The Government plans to make changes across the following areas:

- the governance and operating framework;
- education and training;
- registration; and
- fitness to practise.⁵²

The sequence of reforms will first focus on the General Medical Council, the Nursing and Midwifery Council and the Health and Care Professions Council.⁵³

Care Quality Commission

The [Care Quality Commission](#) (CQC) inspect dental services as the statutory regulator for the health and care services. The CQC inspects 10% of dental services in England each year.⁵⁴ They do not rate dental services, but they highlight whether a service is meeting the standard of care expected.⁵⁵

Each CQC inspection team is led by a CQC investigator, supported by a Specialist Advisor with knowledge and experience of dentistry.⁵⁶

NHS England

A [national performers list](#) managed by NHS England was introduced on 1 April 2013; all NHS dentists working in primary care are required to be registered on the list.

Performers Lists are intended to assure prospective employers and members of the public that the performer is “suitable and eligible to undertake services and for this reason is included as part of the suite of pre-employment checks undertaken.”⁵⁷

Regulation of Dental Services Programme Board

The [Regulation of Dental Services Programme Board](#) was established in September 2014. It is formed of organisations who have a role in regulating

⁵² DHSC, [Regulating healthcare professionals, protecting the public: consultation response - executive summary](#), 17 February 2023

⁵³ As above

⁵⁴ CQC, [Find a dentist](#) (Accessed 24 April 2023)

⁵⁵ As above

⁵⁶ CQC, [When we will inspect primary care dental services](#), updated 1 December 2022

⁵⁷ NHS England, [Performers Lists](#) (Accessed 24 April 2023)

the provision of dental care in England. The GDC, CQC, Department of Health and Social Care, and NHS England are members of the Board.

The Board “aims to jointly ensure that patients receive high-quality, safe dental services from professionals and organisations that are competent and meet national standards, and that services improve”.⁵⁸

The Regulation of Dental Services Programme Board has published guidance, including an operational protocol which “encourages information to be shared more routinely” between the CQC, NHS England and the GDC.⁵⁹

The Board has also published a [joint statement on dental complaints](#) (2018) which signposts the correct avenue for complaints depending on the issue.

1.6

Access to NHS dentistry

Concerns about lack of access to NHS dentistry, particularly in more remote areas of the UK, have been the subject of several parliamentary debates⁶⁰ and received widespread media coverage.⁶¹

Amongst these concerns have been media reports of people turning to “DIY dentistry”⁶² and others resorting to paying for private treatment.

A Healthwatch article [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#) (24 May 2021) said “whilst some people were asked to wait an unreasonable time of up to three years for an NHS appointment, those able to afford private care could get an appointment within a week.”⁶³

Healthwatch: review of evidence (2021)

A [Healthwatch report \(PDF\)](#) published in December 2021 said “seven of the NHS’s 42 new sub-regions, known as Integrated Care Systems (ICSs), [were] reporting that they have no practices taking on new adult NHS patients”.⁶⁴

Four of the seven ICSs were in the South West, including Bath and North East Somerset, Swindon and Wiltshire, Cornwall and the Isles of Scilly, Devon, and

⁵⁸ CQC, [Regulation of Dental Services Programme Board](#), updated 12 May 2022

⁵⁹ Regulation of Dental Services Programme Board, [Joint operational protocol: Regulation of Dental Services Programme Board](#), November 2017

⁶⁰ See [HC Deb 21 June 2022](#); [HC Deb 22 June 2022](#); [HC Deb 10 February 2022](#)

⁶¹ See House of Commons Library, [NHS dentistry in England](#) (CDP 2022/112), 17 June 2022, Chapter 5

⁶² BBC, [NHS dentistry access delays: 'I pulled 11 of my own teeth out'](#), 4 October 2021

⁶³ Healthwatch, [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#), 24 May 2021

⁶⁴ Healthwatch, [What people have told us about NHS dentistry: A review of our evidence – April to September 2021 \(PDF\)](#), December 2021, p2

Dorset.⁶⁵ In the North West, two out of three ICSs were accepting no new patients, including Greater Manchester, and Lancashire and South Cumbria.⁶⁶

The report said “perhaps the worst affected is Devon, as there are currently no practices showing as taking on adult or child patients”.⁶⁷

Association of Dental Groups “Dental Deserts” report (May 2022)

A publication by the Association of Dental Groups in May 2022 highlighted the growth of “dental deserts” in England, which are defined as areas that have a below average number of dentists per 100,000 people and are experiencing a decline in the number of NHS dentists.⁶⁸

The report said only a third of adults and less than half of English children have access to an NHS dentist.⁶⁹ It also said that across England, but in dental deserts especially, patients are unable to access routine dental care, because dentists are required to take on the responsibility of treating more patients. In addition to expanding waiting lists, serious diseases that could be detected earlier through regular dental check-ups, such as mouth cancer and type 2 diabetes, are rising.⁷⁰

The report summarised:

The impact on patients is clear, for every time a dentist leaves the NHS and isn't replaced, approximately 2,000 patients could lose access to NHS care. That means that the loss of over 2,000 NHS dentists last year could result in more than 4 million people losing access to NHS care.⁷¹

British Dental Association and BBC survey (August 2022)

A survey by the British Dental Association and the BBC in 2022 found:

- 9 out of 10 dental practices in the UK were not offering NHS appointments to new adult patients
- 8 in 10 practices were not accepting new child patients

⁶⁵ As above, p10

⁶⁶ As above

⁶⁷ Healthwatch, [What people have told us about NHS dentistry: A review of our evidence – April to September 2021 \(PDF\)](#), December 2021

⁶⁸ Association of Dental Groups, [England's Dental Deserts: The urgent need to “level up” access to dentistry](#), May 2022.

⁶⁹ As above, p8

⁷⁰ Association of Dental Groups, [England's Dental Deserts: The urgent need to “level up” access to dentistry](#), May 2022, pp10-11

⁷¹ As above, p2

- 25% of practices said they had an “open waiting list”
- Over 1000 practices said the wait time was either a year or longer or could not say how long people would wait.⁷²

NHS England: GP survey (July 2022)

The [summary of dental results from the GP Survey](#) (January to March 2022) published by NHS England captures information on access to NHS dental services based on people’s reported experiences. Dental questions were first added to the GP Patient Survey in 2010. There was a response rate of 29% to the March 2022 survey.⁷³

The results showed that compared with 2020, there was a significant increase in the proportion of people who tried to get a dental appointment within the last two years but were unsuccessful. In 2020, 3.5% were unsuccessful, compared with 12.9% in 2022.⁷⁴

Regionally, the success rate for people who tried to get an NHS dental appointment in the last two years was highest in the Midlands (78.3%) and lowest in London (72.8%).⁷⁵

Slightly lower levels of success were reported by younger age groups and ethnic minorities against the national figure of respondents.⁷⁶

Just under half (48.1%) of adults who responded to the survey had not tried to get an appointment with an NHS dentist in the last two years. 17.7% of the respondents who didn’t try to get an NHS dental appointment gave their reason as “I didn’t think I could get an NHS dental appointment”.⁷⁷

⁷² British Dental Association, ‘[NHS dentistry: Have we reached the point of no return?](#)’, 10 August 2022

⁷³ NHS England, [Summary of the Dental Results from the GP Patient Survey – January to March 2022](#), 14 July 2022

⁷⁴ NHS England, [Summary of the Dental Results from the GP Patient Survey – January to March 2022](#), 14 July 2022

⁷⁵ As above

⁷⁶ As above

⁷⁷ As above, p8

2

Statistics on dental treatment

The latest full financial year estimates for 2021/22 show there were 26.4 million courses of dental treatment performed in England. This is over double the 12.0 million courses of treatment in 2020/21. However, the 2021/22 figure is around 30% lower than pre-pandemic figures for 2019/20, when 38.4 million courses of treatment were performed.

The table below shows the percentage of the population who had been seen by a dentist at quarterly intervals since mid-2019. For children, the percentage who have been seen within the last year is measured, while for adults the percentage seen within the last two years is measured. Because of the shorter period measured, the impact of the pandemic is more visible in the data on children.

The proportion of children seen by an NHS dentist fell to its lowest level of 23.1% in March 2021. The percentage has since improved but the June 2021 figure of 46.2% is around a fifth lower than in September 2019 (58.5%)

Among adults, the percentage fell each quarter between March 2020 and the March 2022, which saw the lowest recorded rate over the period shown. The percentage increased slightly to 36.9% for the quarter ending June 2022.

Population recently seen by a dentist (England)		
Quarter ending:	Children (% within last year)	Adults (% within last 2 years)
Sep 2019	58.5	49.5
Dec 2019	58.0	49.3
Mar 2020	58.3	49.3
Jun 2020	52.9	47.9
Sep 2020	43.5	46.4
Dec 2020	30.0	44.9
Mar 2021	23.1	43.1
Jun 2021	33.0	41.3
Sep 2021	38.3	38.2
Dec 2021	42.5	35.5
Mar 2022	44.8	34.1
Jun 2022	46.2	36.9

Source: [NHS Digital, NHS Dental Statistics](#)

Data for local authority areas in England is available in [NHS Digital's data files](#). Data is also available on the number of dentists in each NHS Integrated Care Board area are doing NHS work.

3 Government policy

3.1 Response to the Covid-19 pandemic

The CQC have highlighted that [access to NHS dental care has been an issue since long before the pandemic](#), but there are “clear signs” the problems were compounded by Covid-19.⁷⁸

The BDA estimated over 38 million dental appointments were missed over the course of the pandemic.⁷⁹

On 25 March 2020, NHS dental practices were told to cease routine dentistry.⁸⁰ Around 600 urgent dental care hubs were set up to deliver urgent care for patients.⁸¹ The CQC noted that whilst some areas set these up quickly, [people struggled to get appointments](#) in others.⁸² The CQC also said NHS 111 sometimes struggled to direct people to the right service.⁸³

[Healthwatch](#) also reported:

people have felt pressured to go private, as dentists have said they couldn't provide NHS treatment but could if people were willing to pay private fees. This was especially difficult for those on low incomes, those who lost their jobs during the pandemic, and people who faced having to afford private care for their whole family.⁸⁴

The CQC [Covid-19 Insight 10: Dental access during the pandemic](#) (last updated July 2021) said:

Issues with access and the difference between NHS and private treatment is somewhat reflected across the 102 dental locations we spoke to. Just under half (48%) were currently accepting both new NHS and private patients, while a further quarter said they were accepting only new private patients – although we did also hear examples of practices that were prioritising NHS patients, a specific contractual expectation set by the NHS to qualify for continuity of contract payments. [...]

⁷⁸ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

⁷⁹ BDA Press Release, [Mandatory vaccination: Dentistry set to face collateral damage despite U-turn](#), 31 January 2022

⁸⁰ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

⁸¹ NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

⁸² CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), updated 12 May 2022

⁸³ As above

⁸⁴ Healthwatch, [Dentistry during Covid-19 Insight](#), 24 May 2021

Delays for appointments for both routine treatment and exams as a result of the pandemic were more common for NHS patients than private patients.⁸⁵

The BDA and Healthwatch sent a [joint letter to the Chancellor of the Exchequer](#) in October 2021. It said feedback on dentistry sent to Healthwatch between April and June 2021 was 794% higher when compared with the same period in 2020. 79% of those sharing their stories had found it difficult to access timely care.⁸⁶

Detailed information on the impact of the pandemic on dental services and patients can be found in the Library's debate pack: [Effect of Covid-19 on dental services](#) (January 2021).

Restoring services

Prioritising patients according to clinical need

NHS dental practices in England were asked to reopen from 8 June 2020 “for all face-to-face care”.⁸⁷ Certain requirements were put in place, for example, a “fallow time” was required between aerosol-generating procedures and infection prevention and control requirements, and PPE requirements had to be adhered to.⁸⁸ This reduced the capacity of dental services.

The Office of the Chief Dental Officer England and NHS England published a Standard Operating Procedure: Transition to recovery in June 2020.⁸⁹ The document set out how patients should be prioritised according to greatest clinical need.

Prioritising patients with urgent dental care needs includes an expectation that practices will accept referrals and new patients seeking urgent care. It also includes recall of patients with incomplete care plans, or with oral health needs that may have increased, developed, or gone unmet during the pandemic. The document lists children, patients with high oral disease risk, and patients “whose oral health impacts on systemic health” as examples.⁹⁰

A [Healthwatch report](#) published in December 2020 noted that some people were facing issues accessing routine care, stating “although dental practices have now reopened, people are still unable to get an appointment for check-ups, hygienist appointments or fillings.”⁹¹

⁸⁵ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), updated 12 May 2022 (Accessed 15 June 2022)

⁸⁶ BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

⁸⁷ NHS England, [Letter from the Chief Dental Officer and Director of Primary Care and System Transformation to dental practices: Resumption of dental services in England \(PDF\)](#), 28 May 2020

⁸⁸ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

⁸⁹ Office of Chief Dental Officer England and NHS England, [Standard operating procedure: Transition to recovery \(PDF\)](#), June 2020 (NB. only version 3 of the SOP is available online)

⁹⁰ As above, p18

⁹¹ Healthwatch, [Dentistry and the impact of Covid-19](#), 9 December 2020

In January 2022, Healthwatch Oxfordshire published [an update from NHS England and NHS Improvement on access to dental services](#). The update said that whilst the gradual increase in activity had improved access to urgent dental care and was starting to deliver routine care for those with the greatest clinical need, it had not addressed the backlog.⁹²

NHS England and NHS Improvement (NHSE/I) noted that “the resulting backlog is going to take some considerable time to address” and the “ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time”.⁹³ NHSE/I said that although practices have been asked to prioritise patients, “it may be necessary for patients with an urgent need to contact more than one practice”.⁹⁴

A [letter to All NHS primary care dental contract holders \(PDF\)](#) on 5 April 2022 said the dental Standard Operating Procedure had been removed in line with the Government’s Living with Covid-19 Strategy and “Practices are reminded that urgent dental care should be provided as part of their core service offer to patients, and that adherence to risk based recall intervals and other NICE guidance is a contractual requirement.”⁹⁵

Activity targets

During the initial stages of the pandemic, NHS England paid dental practices 1/12th of their contract value as usual. Activity targets were introduced from 1 January 2021. Initially, the targets meant contract holders falling below 36% of their pre-pandemic levels of activity would have to return a proportion of their NHS funding for the quarter.⁹⁶ The targets were gradually increased over the intervening months.⁹⁷

Targets were based on clinical advice and modelling from the office of the Chief Dental Officer and the amount of activity being achieved by dental practices at the time.⁹⁸ Where a contractor was delivering more than 100% of their contracted activity, they could deliver activity at the contracted rate for 2021/22 to a maximum of 110% of usual contractual requirements.⁹⁹

A letter was sent to all NHS primary care dental contract holders on 22 December 2021, ‘[Key steps in 2022 to deliver for patients in NHS dentistry](#)’

⁹² Healthwatch Oxfordshire, [Access to dental services – an update from NHS England NHS Improvement](#), 6 January 2022

⁹³ As above

⁹⁴ As above

⁹⁵ NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

⁹⁶ Dentistry, ‘[NHS dental targets to increase to 60% from April](#)’, 29 March 2021

⁹⁷ As above

⁹⁸ PQ 133990 [on [Dental service: Coronavirus](#)], 6 January 2021

⁹⁹ NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

(PDF), which outlined how NHS practices were expected to meet 85% of their pre-Covid activity levels during Q4 of 2021/22.

For delivery below 85% “normal clawback will apply, although mitigating circumstances for under-performance will be taken into account through the exceptions process, which will remain in place, providing a safety net for practices”.¹⁰⁰

The BDA published a press release in response, ‘[Dentists instructed to churn through NHS appointments in face of Omicron wave](#)’ (22 December 2021), which described the activity targets as “unrealistic”.¹⁰¹ Further information can also be found in the Sky News article ‘[NHS likely to lose nearly half of dentists after pressure increased to catch up on backlogs, profession warns](#)’ (1 January 2022).

The Key steps in 2022 letter says: “Practices should plan on the basis that NHS income protection will come to an end in April 2022 and we will revert to usual contract management arrangements.”¹⁰²

A further [letter to All NHS primary care dental contract holders \(PDF\)](#) on 5 April 2022 said:

Recognising there will be additional steps some contractors may need to take to return to full contractual delivery we have agreed an exceptional further period of support for the first quarter of 2022/23. A performance threshold of 95% will apply during April to June (Q1) 2022/23. This will apply to dental contractors only, and where contractors achieve 95% or more the variable cost adjustment will continue to apply to non-delivered activity. We will confirm arrangements from Q2 onwards separately, however we expect to return to usual contractual arrangements in line with the rest of the NHS.¹⁰³

In response to a parliamentary question answered on 7 July 2022, Maria Caulfield said dentists had been asked to meet 100% of contracted UDAs.¹⁰⁴

£50 million funding announcement (January 2022)

On 25 January 2022 the Government announced an additional £50 million in funding for dentistry to spend before the end of the financial year.¹⁰⁵ It said the funding would secure up to 350,000 additional dental appointments for those in most urgent need. This included people suffering from oral pain,

¹⁰⁰ NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry \(PDF\)](#), 22 December 2021

¹⁰¹ BDA, [Dentists instructed to churn through NHS appointments in face of Omicron wave](#), 22 December 2021

¹⁰² NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry \(PDF\)](#), 22 December 2021

¹⁰³ NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

¹⁰⁴ PQ 29864 [on [NHS: Dental Services](#)], 4 July 2022

¹⁰⁵ NHS England, ‘[Hundreds of thousands more dental appointments to help recovery of services](#)’, 25 January 2022

disease, and infections.¹⁰⁶ It also said children would be prioritised, alongside people with learning disabilities, autism or severe mental health problems.¹⁰⁷

The Government said dentists involved in the scheme would be paid more than a third on top of their normal sessional fee for delivering this care outside of their core contracted hours.¹⁰⁸

3.2 Reform of dental contracts

The [Steele Review \(PDF\)](#) (2009), an independent review into NHS dentistry, recommended changes to dental contracts to improve access and continuity of care and focus on prevention.

Since 2011, there have been various [pilots of dental contract reform \(PDF\)](#). Until March 2022, the NHS Business Services Authority (NHSBSA) was working with “over 100 NHS dental practices to transform services and bring prevention to the heart of every NHS dental practice”.¹⁰⁹

A [letter to all NHS primary care dental contract holders \(PDF\)](#) in March 2021 said “for national contract reform to be viable, six aims need all apply”:

1. Be designed with the support of the profession
2. Improve oral health outcomes (or, where sufficient data are not yet available, credibly be on track to do so)
3. Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
4. Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
5. Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
6. Be affordable within NHS resources made available by Government, including taking account of dental charge income.¹¹⁰

The Department of Health and Social Care subsequently sent a letter to “prototype practices” involved in the reform programme in October 2021,

¹⁰⁶ NHS England, ‘[Hundreds of thousands more dental appointments to help recovery of services](#)’, 25 January 2022

¹⁰⁷ As above

¹⁰⁸ As above

¹⁰⁹ NHSBSA, [Dental Contract Reform in England](#)

¹¹⁰ NHS England & Department of Health and Social Care, [Letter to all NHS primary care dental contract holders: NHS Dental Contract Reform and Arrangements \(PDF\)](#), 29 March 2021

which explained the programme did not meet the six aims and the Dental Contract Reform Programme would be coming to an end:

[...] as you are already aware there were more concerning findings following consideration of the six aims for national contract reform to be viable as outlined in the letter to all NHS primary care dental contract holders dated 29th March 2021. These include a fall in the numbers of patients able to access care, which mean that it is not possible to roll out the prototype approach more widely as we continue to recover from the impact of COVID-19 on dental services.

[...] all prototype practices currently within the programme will be returned to their underlying GDS or PDS contracts in April 2022.¹¹¹

The NHSBSA noted in November 2021 that “whilst the results show the prototype model is not suitable for widespread adoption given the impact upon patient access and inequalities there was nevertheless significant and important learning, in particular in relation to skill mix, risk assessment, evidence-based and implementation support, which we will be taking forward into dental system reform”.¹¹²

The British Dental Association (BDA) published a press release on 14 January 2022, [England: Pioneering NHS dentists thrown under the bus](#), which said:

We have condemned the [insufficient support offered](#) to over 100 pioneering practices in England, who are being forced back to working to historic models of care from April. [...]

It has taken up to four years for practices that have left the programme in the past to revert to existing models of care. These practices therefore anticipate severe staffing problems, aggravated by already acute recruitment problems across the service. Many practices are already facing real issues with their long-term sustainability, and we believe hitting an 85% activity target is a wholly unrealistic ask during this phase of the pandemic.

The prototype systems allocated greater time to assess the oral health needs of patients and provide needed care. This reduced the volume of patients these practices could treat, and their patient base. Pledges were made to practices that there would be no detriment as a result of their participation in the programme. Reverting to the original model will now see them facing significant challenges.

There was a very real opportunity to take NHS dentistry out of a "drill and fill" activity-based system to one of prevention and care for individual patients. These aspirations have been consigned to history as NHS dentists are put back on an activity treadmill.

Looking ahead, it is likely that other NHS practices in England will have to hit 100% of pre-COVID activity from 1 April 2022 or face financial penalties. We understand that these former-prototype practices will be given leeway of

¹¹¹ Department of Health and Social Care, [Update on the future of DCR from Department of Health and Social Care](#), October 2021

¹¹² NHSBSA, [Letter to NHS dental prototype contract holders: Contractual arrangements for prototype practices financial year 2021/22](#), 11 November 2021

hitting 90%. We will continue to push for more support to be provided to these practices, who were willing to take risks in the name of improving NHS Dentistry.¹¹³

In April 2022, NHS England and NHS improvement published transitional guidance for commissioners and prototype practices returning to their underlying contract.¹¹⁴

In response to an oral parliamentary question on NHS dental care services on 14 June 2022, Maria Caulfield, Parliamentary Under-Secretary of State for Health and Social Care, said:

[...] the contract is the nub of the problem; it is currently a perverse disincentive for dentists to take on NHS work. We are serious about reforming it, we are in discussions with the BDA, and we will make the announcements before the summer recess.¹¹⁵

2022/23 reforms

In a written statement on 19 July 2022, the Government set out its plans to reform dentistry over the next year.¹¹⁶ A [letter from NHS England to all dental practices in England \(PDF\)](#) detailing the reforms was also sent.

The reforms include:

- Awarding more UDAs when patients need three or more fillings or extractions and for root canals.
- Introducing a minimum UDA value of £23.
- Supporting providers to meet the [NICE guidelines on recall intervals](#), whereby adult patients who can maintain good oral hygiene may be given recall intervals of up to 24 months.
- Issuing guidance on Direct Access in NHS practice and removing barriers that prevent dental care professionals from opening courses of treatment.
- Allowing high performing practices to provide up to 110% of their contracted annual activity.
- Where practices are underdelivering, encouraging commissioners and providers to consider voluntarily annual activity requirements in order to redirect funds. Consistently poorly performing practices may have their contracts rebased to achievable levels by NHSE, with unused funding released to commission care from other providers.

¹¹³ BDA, [England: Pioneering NHS dentists thrown under the bus](#), 14 January 2022

¹¹⁴ NHS England and NHS Improvement, [Dental reform contract transitional guidance](#), 5 April 2022

¹¹⁵ [HC Deb 14 June 2022 c136](#)

¹¹⁶ HCWS 19 July 2022, [Written statement on dental system improvement](#)

- Requiring practices to keep their information on the [NHS Directory of Services](#) up to date.¹¹⁷

The BDA described the reforms as “marginal” and “an attempt to conjure up more capacity without adding any new investment.”¹¹⁸

Progress on reforms

On 1 October 2022, changes were made to the forms providers complete detailing their dental activity (FP17). New fields were introduced for recording dental care professionals’ General Dental Council registration number and the patient’s maximum recall period in line with their oral health risk and NICE guidelines.¹¹⁹

Contractors with a UDA value below £23 were contacted by their NHS England local area team confirming how the new minimum value would be implemented in their contract from 1 October 2022.¹²⁰

In January 2023, NHS England published [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#). The guidance sets out the regulatory position on dental care professionals providing direct access to patient care in NHS services.¹²¹

[The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022, SI 2022/1132](#) came into force on 25 November 2022. The regulations make changes to the National Health Service (General Dental Services Contracts) Regulations 2005 and the National Health Service (Personal Dental Services Agreements) Regulations 2005.

The regulations create three sub-bands of treatments within band 2, each given a new UDA value. It does not change the amount patients pay for band 2 treatments.¹²²

The regulations also make it a legal requirement for dental practices to review and update their profiles on the NHS.uk website at least every 90 days, to make it clear which practices are accepting new patients.¹²³

¹¹⁷ NHS England, [Outcome of 2022/23 Dental Contract Negotiations Letter](#), 19 July 2022

¹¹⁸ BDA, [England: Marginal changes under scrutiny](#), 20 July 2022

¹¹⁹ NHSBSA, [2022/23 Dental Contract Negotiations](#). (Accessed 24 April 2023)

¹²⁰ See NHS England, [Your NHS dentistry and oral health update \(issue 53\)](#), 29 September 2022

¹²¹ NHS England, [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#), 11 January 2023

¹²² [The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022, SI 2022/1132](#)

¹²³ As above

3.3

Workforce

International recruitment

In a following debate on NHS dentistry on 22 June 2022, Maria Caulfield commented on the recruitment of overseas dentists:

For obvious reasons, no overseas registration examinations took place during the pandemic, creating a backlog of over 800 overseas dentists waiting to take their exams. Exams restarted earlier this year, and extra sessions are being held to get through that backlog of dentists so that we can get them into the system and working as dentists as quickly as possible.

We have also been working with the General Dental Council, which is the regulator, on recognition of overseas qualifications. The GDC did a consultation on regulation and recognition of overseas dentists, which I think closed on 5 or 6 May. We are waiting to hear the feedback from that consultation, but we are happy to lay regulations in this place—if necessary, we can do so by the end of the year—to give the GDC the power to mutually recognise overseas dentists according to its judgment. It is not for the Government to mutually recognise qualifications; it is for the regulator. However, we are happy to give the GDC the power to do so, and we look forward to its feedback on the consultation it undertook, because our overseas dentists are a rich source of the talent and skill that we need.¹²⁴

The DHSC's consultation on [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation](#) closed on 6 May 2022.

The DHSC published its [response to the consultation](#) on 28 November 2022. The Government said it plans to take forward the following proposals:

- the GDC will have flexibility to apply a range of assessment options in determining whether international dentist and DCP applicants have the necessary knowledge, skills and experience for practice in the UK
- the requirement that an assessment for overseas dentists, such as the Overseas Registration Exam (ORE), must be provided by dental authorities, or a group of dental authorities, is removed
- registration routes for international dentists may include, but will not be limited to, recognition of overseas diplomas. This is distinct to mutual recognition of qualifications, whereby regulators may enter into regulator-to-regulator arrangements to recognise professional qualifications. The [Professional Qualifications Act 2022](#) includes a regulation-making power to enable regulators to enter into Mutual Recognition Agreements (MRAs). Secondary legislation is required to give effect to that power and officials are currently considering how this legislation will be introduced

¹²⁴ [HC Deb 22 June 2022](#) c393WH

- the GDC will be able to charge fees for the purpose of meeting expenses incurred, or to be incurred, by the council in relation to international registration for dentists and DCPs. This will allow the GDC to cover the costs of recognising individual international qualifications which reflect UK standards. This may reduce the number of dentists required to sit an 'ORE' style assessment in future
- the GDC will be able to make rules to provide for the detail of its international registration processes for both dentists and DCPs, which will need to be consulted on, but will not require Privy Council approval. This will allow any necessary changes to be made in a timely and efficient manner
- the 2015 Order is revoked¹²⁵ but its provisions will continue to apply until 12 months after the new Order comes into force. At this point the GDC will publish new rules on the detail of its international registration processes
- the saved provisions of the 2015 Order are amended to ensure that ORE candidates who were affected by the suspension of the exam due to the coronavirus (COVID-19) pandemic are provided with extra time to sit the exam
- the requirement in the GDC's legislation that the overseas dentist assessment fee be contained within an Order approved by the Privy Council is removed, allowing the GDC to make fee changes more quickly
- the relevant qualification relied upon by an applicant to satisfy the registrar that they have the requisite knowledge, skills and experience to be registered under a particular title in the dental care professionals register can no longer be a diploma in dentistry. This change aligns international DCP registration requirements with requirements for DCPs registering with UK qualifications.¹²⁶

There has been some disagreement with the decision not to allow overseas dentists to register as dental care professionals in the UK. 70% of respondents to the consultation disagreed with this proposal, with many arguing that international dentists are qualified enough to work as a DCP and could do so whilst waiting to sit the Overseas Registration Exam (ORE) to register as a dentist in the UK.¹²⁷

During a debate on the draft legislation to provide for the changes, Minister for Health, Will Quince, explained the Government's rationale for going ahead with the proposals regarding registration of DCPs despite the consultation response:

[...] The change introduces fairness and consistency between UK and international routes because UK dentists cannot qualify or apply to join the DCP register using their dentistry qualification in other countries. I make clear that international dentists already registered as DCPs with the GDC will still be able to maintain their registration following these changes, but the

¹²⁵ [The General Dental Council \(Overseas Registration Examination Regulations\) Order of Council 2015](#)

¹²⁶ DHSC, [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation: government response](#), 28 November 2022

¹²⁷ As above

amendment will allow the GDC to process applications from dentists to join the register as DCPs that are received until this order comes into force, which is likely to be in the spring. It guarantees that any live DCP title applications—I suspect those are the driver of some of the emails we received last night—submitted before the legislation has passed will still be processed.

Although we recognise that the majority of respondents to the consultation disagreed with the proposals and many argued that international dentists are already qualified, or have enough clinical experience, to work as a DCP, others also highlighted that in some cases overseas qualified dentists work as dental care professionals outside the UK, and in many countries there is not a separate job title for dental care professionals.

However, in the UK the GDC recognises dentists and DCPs as distinct professions; they undertake similar but different tasks. I understand from the GDC that the majority of such applications from international dentists are, in any event, unsuccessful. This reinforces that one of the GDC’s priorities must be on ensuring that only suitably qualified people join the profession here in the UK, in the interest of patient safety.¹²⁸

The legislation providing for the changes to the overseas registrations process, [The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives \(International Registrations\) Order 2023 SI 2023/162](#), came into force on 8 March 2023.¹²⁹

In April 2023, the General Dental Council published an article on the [Immediate impact of the international registration reforms: one month on](#). It says there are around 5,700 applications to the DCP register waiting to be processed. 3,300 applications have arrived in 2023, with two-thirds arriving the week before the legislative changes were due to take effect. As a result, applicants could be waiting between one to two years for a decision.¹³⁰

In 2023 the GDC will be consulting on new rules to replace the current ORE rules and the process for reviewing applications from overseas DCPs. The current ORE framework will remain in place until the GDC publishes the new rules, 12 months after the legislation has come into force in March 2024.¹³¹

Advancing Dental Care review and Dental Education Reform Programme

Health Education England (HEE) established the Advancing Dental Care (ADC) review in 2017, “with the aim of developing an education and training infrastructure that can respond to the changing needs of patients and services”.¹³²

¹²⁸ [HC Deb 6 December 2022](#), c8

¹²⁹ [The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives \(International Registrations\) Order 2023 SI 2023/162 \(legislation.gov.uk\)](#)

¹³⁰ GDC blog post, [Immediate impact of the international registration reforms: one month on](#), 5 April 2023

¹³¹ PQ 170655 [on Dentists: [Registration and training](#)], 21 March 2023

¹³² Health Education England, [Advancing dental care review](#). (Accessed 15 June 2022)

The review consisted of three phases:

- Phase I identified new options and models for training. [Advancing Dental Care Phase I Report - A case for change](#) was published in April 2018.
- Phase II (a) produced an evidence base for the population's current and future oral health needs.
- Phase II (b) modelled education and training programmes for the dental workforce. The Phase II reports can be found on the webpage '[Advancing Dental Care Phase II](#)'.

As part of the review, the Dental Workforce Advisory Group convened during 2015-2017 to undertake a rapid review of the workforce required up to 2040, with an emphasis on meeting population needs.¹³³ A report '[The Future Oral and Dental Workforce for England](#)' was published in March 2019.

The final [Advancing Dental Care Review report](#) was published in September 2021. HEE say they will "work collaboratively with system partners to deliver the recommendations of the ADC Review report across each of England's seven regions".¹³⁴

Recommendations include more flexible entry routes into training, supporting the development of apprenticeships "to diversify and promote the concept of a local dental workforce approach" and distributing postgraduate training posts so they are better aligned to areas with the highest levels of oral health inequalities.¹³⁵

The report recommends exploring 'Centres of Development':

These centres would bring together in one locality the later stage of undergraduate training, enhancing student experience through a broader range of placements in different clinical environments, support the transition from undergraduate to Dental Foundation and Early Years training and co-ordinate the development of Middle Years and Specialty training in parallel with service provision in areas there is a shortage of dental workforce relative to need. This concept will require infrastructure investment and as infrastructure costs emerge, HEE will bid for investment through the Spending Review process.¹³⁶

The Government says the recommendations from the report are now being taken forward in a four-year Dental Education Reform Programme.¹³⁷

In written evidence to the Health and Social Care Committee in January 2023, the DHSC said:

Overall, the DERP is focused on improving the dental education and training linear and inflexible infrastructure, which has been inhibiting the development

¹³³ Health Education England, [The Future Oral and Dental Workforce for England: Liberating human resources to serve the population across the life-course](#), 7 March 2019

¹³⁴ Health Education England, [Advancing dental care review](#) (Accessed 15 June 2022)

¹³⁵ As above

¹³⁶ HEE, [Advancing Dental Care Review: Final Report](#), 21 September 2021, p12

¹³⁷ PQ 181443 [on [Dentistry: Higher education](#)], 18 April 2023

of multi-disciplinary and multi-professional teams and the upskilling of the workforce post-registration. HEE also aims for these reforms to better fit the lifestyle preferences and needs of today's trainees or workforce, which currently threaten long-term retention in the NHS. Another element that needs to be considered is the opportunity to review the distribution of training posts towards the areas of highest oral health need to mitigate existing NHS workforce recruitment and retention problems.¹³⁸

¹³⁸ DHSC, [Written evidence submitted by the Department of health and Social Care](#), January 2023

4 Opposition policy

In their 2019 [Manifesto](#) the Labour Party said they would “uphold the principle of comprehensive healthcare by providing free annual NHS dental check-ups.”¹³⁹

This policy would have involved removing band 1 dentistry charges so that everyone is entitled to a free check-up. The BDA estimated the cost of these measures at £450 million per year.¹⁴⁰

The BDA said they “welcomed” this pledge but BDA Chair, Mike Armstrong, said “any plans to boost access must go hand in hand with support for a service facing serious recruitment problems. NHS dentistry cannot be delivered without NHS dentists.”¹⁴¹

The Liberal Democrats included dentists in pledges to recruit and retain more healthcare staff, and to improve NHS workforce planning, in their [2019 Manifesto](#).

¹³⁹ Labour Party, [Manifesto 2019 - The Labour Party](#), November 2019, p32

¹⁴⁰ Labour Party, [Labour to offer free dental check-ups for all - The Labour Party](#)

¹⁴¹ BDA, [Press release: Dentists back free check-ups, and call for action on access crisis](#), 17 November 2019

5 Heath and Social Care Select Committee

In July 2019 the Health and Social Care Committee launched an [inquiry into dental services](#). However, the inquiry ended prematurely with the dissolution of Parliament.

5.1 2021-22 workforce inquiry

In November 2021 the Committee launched an inquiry into [Workforce: recruitment, training and retention in health and social care](#). The Committee received [written evidence from the BDA](#) which raised the following issues:

- Despite the largely stable numbers of registered dentists, the headcount of the NHS primary care dental workforce has fallen by 3.9 per cent in the last year.
- There is a lack of data on the dental workforce in general. In particular, the NHS data only relates to the headcount figure, with no figures on whole time equivalents available.
- There are profound recruitment and retention challenges facing dental practices, with 9 in 10 NHS practices seeking to recruit a dentist reporting that they experienced difficulties. For those looking to take on a dental nurse, it more than 8 in 10 finding challenges recruiting.
- These challenges are caused by government funding and take-home pay falling in real terms, a failed NHS contract, current targets that are extremely demanding during the pandemic, and a general sense that dentists are not a valued part of the NHS.
- There is a need for workforce planning and for dentistry not to be siloed from the rest of the NHS. The ICSs provide an opportunity to do this, if dentists are represented in the new structures.
- The time it takes to undertake the dental degree should not be shortened. Any changes to the cap in dentistry must only be made in discussion with the dental schools and their capacity for educating more students, and must go hand in hand with increased funding.
- The Overseas Registration Exam (ORE) that allows overseas dentists to register with the GDC has not been fit for purpose for a number of years and the pandemic has meant that it has been closed since 2020.
- There are equally problems with the process for demonstrating that dentists with overseas qualifications satisfy the requirements to work on the NHS.

- It is of utmost importance that the promised consultation on changes to the recognition of qualifications processes takes place urgently to address the future once ‘quasi-automatic’ recognition of EU/EEA qualifications comes to an end from 2023, and that this results in workable systems for recognition.¹⁴²

The BDA also submitted [supplementary evidence](#) covering international recruitment in dentistry and the results of the BDA’s members survey.¹⁴³

On 24 May 2022, Shawn Charlwood, Chair of the General Dental Practice Committee, gave [oral evidence](#) to the Health and Social Care Committee during which he said dentists are not moving away from the NHS to earn more, but because the system is not appropriate.¹⁴⁴

The Health and Social Care Committee’s report on [Workforce: recruitment, training and retention in health and social care](#) (July 2022) said:

The current UDA-contract system is not fit for purpose, and urgent reform is needed to boost recruitment and retention in NHS dental services. We will return to this issue in a forthcoming inquiry into dental services.¹⁴⁵

In April 2023, the [Government responded to the Committee’s report](#), outlining the July 2022 package of reforms to dentistry.¹⁴⁶

5.2

2022-23 dentistry inquiry

The Health and Social Care Committee [launched an inquiry into NHS dentistry](#) in December 2022, following a survey showing 90% of practices across the UK were not accepting new adult NHS patients.¹⁴⁷

The Committee asked stakeholders submitting evidence to the enquiry to consider the following points:

- What steps should the Government and NHS England take to improve access to NHS dental services?
- What role should ICSs play in improving dental services in their local area?

¹⁴² BDA, [Written evidence to submitted by The British Dental Association \(RTR0101\)](#), 2 March 2022

¹⁴³ BDA, [Supplementary written evidence submitted by the British Dental Association \(RTR0157\)](#), 8 June 2022

¹⁴⁴ Health and Social Care Committee, [Oral evidence: Workforce: recruitment, training and retention in health and social care, HC 115](#), 24 May 2022

¹⁴⁵ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#), 25 July 2022, para 108

¹⁴⁶ Health and Social Care Committee, [Government Response to the Committee’s Report on Workforce: recruitment, training and retention in health and social care](#), 21 April 2023

¹⁴⁷ BDA, [‘NHS dentistry: Have we reached the point of no return?’](#), 10 August 2022

- How should inequalities in accessing NHS dental services be addressed?
- Does the NHS dental contract need further reform?
- What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?¹⁴⁸

Numerous stakeholders have submitted [written evidence](#) to the Committee. In its submission, Healthwatch England summarised key themes from public feedback on dentistry as:

- Lack of locally available NHS dentistry
- Problems accessing urgent dental care
- Unaffordability of NHS charges
- Pressure to go private¹⁴⁹

The DHSC's written evidence to the Committee says the DHSC is "continuing to work with stakeholders to understand the issues and concerns around payment reform and will announce a next phase of improvements in 2023."¹⁵⁰

¹⁴⁸ Health and Social Care Committee, [MPs to examine struggle to access NHS dentistry services](#), 8 December 2022

¹⁴⁹ Healthwatch England, [Healthwatch England submission to the Health and Social Care Committee's Inquiry on NHS dentistry](#), 25 January 2023

¹⁵⁰ DHSC, [Written evidence submitted by the Department of health and Social Care](#), January 2023

6 Devolved areas

6.1 Wales

Dental treatment is provided by the NHS in Wales. People in Wales do not need to register with a dentist and are subject to [NHS dental charges and exemptions](#).

The Welsh Government set out what it is doing to improve oral health and dental services in Wales in [Oral health and dental services: our plan](#) (February 2018). This plan includes a commitment to reform the contract for General Dental Services.¹⁵¹

During the pandemic, Units of Dental Activity targets were suspended in Wales.¹⁵²

On 1 July 2021, Eluned Morgan, Minister for Health and Social Services published a [written statement on NHS dentistry](#) saying:

Prior to the pandemic some 40% of all dental practices holding NHS dental contracts in Wales were engaged in or had signed up to be part of contract reform. We had hoped that we would be able to restart contract reform in October 2021 as part of our on-going system reform programme aligned to [A Healthier Wales](#).

However, COVID-19 remains a public health concern and dental teams need to maintain necessary infection control measures. We have therefore decided to delay the contract reform component of system change until April 2022.

The Minister clarified that contract reform would move away from Units of Dental Activity, with four alternative measures being tested.

In 2022-23, dental practices in Wales can choose to opt for a new contract or a UDA-only option. The new contract differs to the 2006 GDS contract as it uses new volumetrics rather than UDAs.¹⁵³

On 12 March 2022, the Sixth Senedd Health and Social Care Committee launched a [consultation on dentistry](#).

The [Committee published its report](#) in February 2023. It included 16 recommendations to the Welsh Government:

¹⁵¹ Welsh Government, [Oral health and dental services: our plan](#), 1 February 2018, p10

¹⁵² BDA, [Wales: The year in review](#), 15 December 2021

¹⁵³ BDA, [Wales: GDS contract offer 2022-23](#), 3 March 2021

1. The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than six months before the reforms are planned to come into effect
2. The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract
3. The Welsh Government should explore options for a centralised waiting list and report back to this Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023.
4. In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.
5. The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.
6. By the end of the summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how the Welsh Government will engage with private practices.
7. In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area.
8. The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023.
9. The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency, and provide us with a timescale for this.
10. The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024.
11. The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.
12. The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible, and provide an update to this Committee on progress by the end of the summer term 2023.

13. The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.
14. The Welsh Government should explore options for expanding the Gwên am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.
15. The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.
16. The Welsh Government should review whether the current levels of funding are appropriate for the service to achieve what's needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023

6.2

Scotland

The [Oral health improvement plan](#) (January 2014) set out the Scottish Government's plan for NHS dental services in Scotland.¹⁵⁴

In Scotland, people should [register with an NHS dentist](#). Dental examinations are free of charge. NHS patients (who are not exempt from charges) pay 80% of the treatment costs (including any X-rays), up to a maximum of £384. See [Dental treatment - NHS Scotland](#) for more information on charges and exemptions.

The NHS National Services Scotland (NSS) pay contracted NHS dentists' fees, allowances and other payments in accordance with the Statement of Dental Remuneration. Remuneration in Scotland is based on a mix of payments that includes item of service, capitation and continuing care payments, as well as individual and practice allowances.¹⁵⁵

In September 2021, then First Minister Nicola Sturgeon presented the 2021-22 Programme for Government in which she pledged the SNP will remove dental charges for all.¹⁵⁶

On 2 March 2022, the Scottish Government announced [revised payment arrangements for NHS dentists](#) from April 2022. The Government said the payments will be more closely linked to the number of patients that dentists see. The payments replaced the emergency top-up arrangements put in place during the pandemic. The announcement also included plans to establish an

¹⁵⁴ Scottish Government, [Oral health improvement plan](#), 24 January 2018

¹⁵⁵ As above, p10

¹⁵⁶ Scottish National Party, [Nicola Sturgeon's full statement on the Programme for Government](#), 7 September 2021

advisory group tasked with considering long-term reform of Scottish dentistry.¹⁵⁷

6.3 Northern Ireland

Dental treatment in Northern Ireland is provided by the Health Service. People that aren't entitled to free treatment or help with costs pay for 80% of the dentist's fee up to £384. More information on charges and exemptions is available at [Health Service dental charges and treatments \(nidirect\)](#).

Payments are based on the Statement of Dental Remuneration, which dentists refer to in order to claim the cost of treatments. In response to calls for contract reform in Northern Ireland, the Department of Health said the effects of inflation on operating costs are expected to be reflected in the next report from the [Review Body on Doctors' and Dentists' Remuneration](#).¹⁵⁸

The Department also said a General Dental Services Contract Reform group was established in 2021.¹⁵⁹

¹⁵⁷ Scottish Government, [Dental services for all](#), 2 March 2022

¹⁵⁸ BBC, [NHS dental practices 'may struggle to remain financially viable'](#), 7 March 2022

¹⁵⁹ As above

7

Further information


- House of Commons Library, [Finding an NHS dentist in England](#), 20 June 2022
- House of Commons Library, [NHS dentistry in England](#) (CDP 2022-0112), 17 June 2022
- House of Commons Library, [NHS charges](#) (CBP 7227), 6 January 2022

The House of Commons Library is a research and information service based in the UK Parliament. Our impartial analysis, statistical research and resources help MPs and their staff scrutinise legislation, develop policy, and support constituents.

Our published material is available to everyone on commonslibrary.parliament.uk.

Get our latest research delivered straight to your inbox. Subscribe at commonslibrary.parliament.uk/subscribe or scan the code below:



 commonslibrary.parliament.uk

 [@commonslibrary](https://twitter.com/commonslibrary)