HOUSE OF COMMONS LIBRARY

DEBATE PACK

Number CDP-0072, 21 May 2021

Oral health and dentistry in England

By Aaron Kulakiewicz
Melissa Macdonald
Carl Baker

Contents

1. Background 2
1.1 Oral health 2
1.2 How are dental services commissioned? 5
1.3 Impact of COVID-19 and access to dentistry 10
1.4 Recruitment and retention 11

2. Parliamentary Material 14
2.1 Parliamentary Questions 14
2.2 Debates 18

3. Press Material 19
3.1 Press Articles 19

4. Further Reading 21
4.1 Reports 21
4.2 Library Publications 21

Summary

A Westminster Hall debate on the 'Oral health and dentistry in England' has been scheduled for Tuesday 25 May 2021 from 9.25-11.00am. The debate has been initiated by Mohammed Yasin MP.

1. Background

1.1 Oral health

Research has found that poor oral health impacts on general health. It has been associated with poor diabetic control, lung disease (mainly pneumonia) among the frail and elderly, and cardiovascular diseases.[1]

Public Health England (PHE) state "the cost to the NHS of treating oral health conditions is around £3.4 billion per year".[2]

The PHE webpage 'Oral health' lists information and resources for practitioners to improve oral health and reduce inequalities in England.

The Health and Social Care Act 2012 conferred the responsibility for health improvement, including oral health improvement, to local authorities.[3]

Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas. They are also required to provide or commission oral health surveys.[4]

The 'Oral health survey of adults attending general dental practices 2018' includes the following:

- More than a quarter of participants (27%) had tooth decay, having on average 2.1 decayed teeth, and more than half (53%) had gingival (gum) bleeding. Furthermore 18% reported currently being in pain and the same number had experienced one or more impacts of poor oral health 'fairly' or 'very often' in the previous year.
- Poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.[5]

Tooth decay is reportedly the most common cause of hospital admissions among children aged between 6 and 10.[6] PHE note that whilst there have been improvements in children's oral health over the past 40 years, the rate of reduction in tooth decay levels has slowed in the past decade.[7]

The 'Oral health survey of 3-year-old children 2020' report says:

- Of the 3-year-olds participating in the survey, 10.7% already had experience of dental decay despite having had their back teeth for just 1 or 2 years. Among the 10.7% of children with experience of dental decay, each had on average 3 affected teeth

1 PHE, Adult oral health: applying All Our Health, updated 11 March 2019
2 PHE, Adult oral health: applying All Our Health, updated 11 March 2019
3 PHE, Local authorities improving oral health: commissioning better oral health for children and young people, June 2014, page 4
4 PHE, Local authorities improving oral health: commissioning better oral health for children and young people, June 2014, page 5
5 PHE, Oral health survey of adults attending general practices 2018, page 4
6 PHE, Community water fluoridation toolkit for local authorities, page 6
7 PHE, Community water fluoridation toolkit for local authorities, page 6

- Regional variations existed, with the highest experience of dental decay in northern England. Three-year-old children living in Yorkshire and The Humber were more than twice as likely to have experience of dental decay (14.7%) than children living in the East of England (6.7%).
- In some local authority areas up to a third of 3-year-olds had experience of dental decay, for example Salford, which had the highest prevalence in England (27.5%).
- Children living in the most deprived areas of the country were almost 3 times as likely to have experience of dental decay (16.6%) as those living in the least deprived areas (5.9%).
- There was also variation in prevalence of experience of dental decay by ethnic group and this was significantly higher in the Other ethnic group3 (20.9%) and the Asian and Asian British ethnic group (18.4%) than other groups.
- This is the second national survey undertaken for this age group in England. The first was completed in 2013, also by PHE (1). The findings indicate that the oral health of 3-year-olds has changed little since 2013 when 11.7% had experience of dental decay.[8]

The results of an oral health survey of 5-year old children carried out in 2019 found 23.4% had experience of dental decay. In line with findings from other surveys, prevalence of experience of dental decay was higher in children from more deprived areas (34.3%) than in children from less deprived areas (13.7%).[9]

The report concludes:

> Dental decay is largely a preventable disease. Further work to improve oral health and reduce inequalities is needed as nearly a quarter of 5-year-olds had experience of dental decay and the inequalities gap remains unacceptably high.[10]

Water fluoridation

PHE have published 'Improving oral health: a community water fluoridation toolkit for local authorities' (last updated in January 2021).

The toolkit says water fluoridation "is one of a range of interventions available to improve oral health, and the only one that does not require behaviour change by individuals".[11]

The PHE toolkit provides the following summary:

> All water contains small amounts of naturally occurring fluoride. Fluoride in water at the optimal concentration (one part per million or 1mg fluoride per litre of water [1mg/l]) can reduce the likelihood of tooth decay and minimise its severity. Where the naturally

8 PHE, Oral health survey of 3-year old children 2020: a report on the prevalence and severity of dental decay, page 3

9 PHE, Oral health survey of 5-year olds 2019: a report on the prevalence and severity of dental decay, page 4

10 PHE, Oral health survey of 5-year olds 2019: a report on the prevalence and severity of dental decay, page 4

11 PHE, Improving oral health: community water fluoridation toolkit, Last updated 19 January 2021, page 6

> occurring fluoride level is too low to provide these benefits, a water fluoridation scheme raises it to one part per million.
>
> Reports published by Public Health England (PHE) in 2014 and 2018 comparing a range of health indicators for local authorities in this country, found lower rates of tooth decay among children from fluoridated areas than those from non-fluoridated areas. No evidence of harm to the health of people supplied with fluoridated water was found. PHE will continue to keep the evidence under review and use these reports as part of an ongoing dialogue with local authorities about ways of improving the oral health of their communities.[12]

The document notes that many existing fluoridation schemes in England have been running for 40 years or more, "with the oldest, serving the city of Birmingham, having existed for over 50 years".[13]

It is estimated that around 6 million people in England have a fluoridated water supply, and an additional third of a million have a water supply with a naturally occurring background level of fluoride around the optimal level.[14] The PHE toolkit includes a map on page 18 indicating which areas this applies to.

The White Paper, 'Integration and Innovation: working together to improve health and social care for all', published in February 2021, set out plans for a Health and Care Bill which included reform of fluoridation schemes.

The White Paper set out plans to "streamline the process for initiating proposals for new schemes" by "moving the responsibilities for doing so from local authorities to central government".[15]

The White Paper states:

> Since 2013, local authorities have had the power to propose, and consult on, new fluoridation schemes, variations to existing schemes, and to terminate existing schemes. […]
>
> Local authorities have reported several difficulties with this process including the fact that local authority boundaries are not co-terminous with water flows, which requires the involvement of several authorities in these schemes, in a way which is complex and burdensome.
>
> […] we are proposing to give Secretary of State for Health and Social Care the power to directly introduce, vary or terminate water fluoridation schemes. The Secretary of State for Health and Social Care already has the existing power to decide on whether proposals for water fluoridation should be approved and responsibility for the administration of schemes.
>
> This removes the burden from local authorities and will allow the Department of Health and Social Care to streamline processes and take responsibility for proposing any new fluoridation schemes, which will continue to be subject to public consultation. Central

---

12 PHE, Improving oral health: community water fluoridation toolkit, Last updated 19 January 2021, page 6

13 PHE, Improving oral health: community water fluoridation toolkit, Last updated 19 January 2021, page 7

14 PHE, Improving oral health: community water fluoridation toolkit, Last updated 19 January 2021, page 7

15 Department of Health and Social Care, Integration and Innovation: working together to improve health and social care for all, 11 February 2021, page 58

> government will also become responsible for the associated work, such as the cost of consultations, feasibility studies, and the capital and revenue costs associated with any new and existing schemes.[16]

The Health and Social Care Committee published their response to 'The Government's White Paper proposals for the reform of Health and Social Care' on 14 May 2021. The report highlighted the Committee received "contrasting views" in written submissions in relation to the proposals on fluoridation.[17]

The Committee report notes that the Association of Dental Groups described a national programme for water fluoridation as "the single biggest preventative measure that could be taken to protect the nation's oral health in the future".[18]

However, others argued that fluoridation "must not be imposed on communities without their consent" and some suggested the decision to introduce a fluoridation scheme should remain with local authorities.[19]

The Health and Social Care Committee concluded:

> We did not consider the fluoridation proposals during our evidence session. That said, it was covered by a number of submissions from both individuals and organisations that were opposed to the proposal and several clinical bodies that were in favour of it; and we draw the Department's attention to that evidence. The Secretary of State will recognise the long-standing debate on fluoridation, and we look to him to set out a balanced response to both sides of the argument during the debates on the Bill.[20]

1.2 How are dental services commissioned?

From 1 April 2013 NHS England has been responsible for commissioning primary dental care services to meet local needs and priorities, managed through its local area teams.[21] National contracting mechanisms are used to commission services locally.[22] Prior to 1 April 2013 primary care trusts (PCTs) were responsible for commissioning dental services. Further background is set out in response to a Parliamentary Question:

> NHS dental services are commissioned by NHS England through contracts with independent providers. These contracts are set on the basis of the oral health needs assessment, which identifies the level of dental need for a particular community and pays particular attention to access to local dental services and the dental health of the local population. There is considerable variation in oral health

16 Department of Health and Social Care, Integration and Innovation: working together to improve health and social care for all, 11 February 2021, page 61
17 Health and Social Care Committee, The Government's White Paper proposals for the reform of Health and Social Care, 14 May 2021, page 32
18 Health and Social Care Committee, The Government's White Paper proposals for the reform of Health and Social Care, 14 May 2021, page 32
19 Health and Social Care Committee, The Government's White Paper proposals for the reform of Health and Social Care, 14 May 2021, page 32
20 Health and Social Care Committee, The Government's White Paper proposals for the reform of Health and Social Care, 14 May 2021, page 33
21 NHS England and NHS Improvement South East, Dental
22 NHS England and NHS Improvement South East, Dental

> across England and so there are no national standards for the number of dental practices per head of population.[23]

Under current contractual arrangements NHS dental contractors generally have to fulfil a certain number of "units of dental activity" (UDAs) in return for an annual amount of money (paid in monthly instalments). These units are not related to numbers of patients and there is no longer a system of registration for NHS dental patients. The current system was introduced in April 2006, through the General Dental Services Contract.[24]

The Review Body on Doctors' and Dentists' Renumeration report for 2020 provides a useful summary of how dental contracts operate:

> Dental contracts in different parts of the UK are structured differently. In England and Wales, contracts are structured around the Unit of Dental Activity (UDA). Different dental treatments are worth different numbers of UDAs. Those that hold contracts to deliver NHS dentistry are expected to perform a set number of UDAs (and, where applicable, units of orthodontic activity (UOAs)) each year, with provisions for 'clawback' – the recovering of contract values, if UDA/UOA targets are not met.[25]

In 2006 the then Department of Health issued a standard contract and a standard agreement on which individual contracts have been based. The latest versions of these standard documents are available on the Department's website.

Arrangements for 2020/21

Jo Churchill, the Minister for Dentistry, provided the following response to a Parliamentary Question on 8 April 2021 which summarises the current situation:

> The Department has no current plans to assess the contractual arrangements for 2021/22. Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for instance in cases where a dental practice has been impacted by staff being required to self-isolate.
>
> The Department will work with the British Dental Association and NHS England and NHS Improvement who will lead the next stage of dental contract reform. This will involve designing implementable proposals that address the key challenges facing the delivery of NHS

---

23 PQ 43880, 5 September 2016

24 Details of the statutory requirements governing the *General Dental Services Contract* are contained in SI 2005/3361 as amended. Some dentists work under what are called *Personal Dental Services Agreements* and the regulations governing these are contained in SI 2005/3373 as amended.

25 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 108

> dentistry and will encourage a more preventative approach to dentistry.[26]

A letter dated 29 March 2021, 'NHS Dental Contract Reform and Arrangements', sent to all NHS primary care dental contract holders, also provides information on the current dental contract arrangements and next steps for reform. The letter includes the following information:

> DHSC has asked NHS England to lead the next stage of dental contract reform, working with the BDA and government, developing a revised reform process focused on designing implementable proposals that address the key challenges facing the delivery of NHS dentistry, leverage changes in the wider primary care system and meet the key tests described below. DHSC will work to gain cross government agreement to any proposals and expedite any necessary legislative change that is required as part of this necessary reform process.
>
> For national contract reform to be viable, six aims need all apply.
>
> Contract changes must:
>
> 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.
>
> As part of the new process, should it prove possible to make rapid, modest and marginal changes to the existing national contractual arrangements, that are consistent with these six aims, we will do so at the earliest opportunity.

In a press release dated 29 March 2021, the British Dental Association (BDA) stated:

> Health Minister Jo Churchill MP, NHS England and the Chief Dental Officer have also made a joint commitment to reform by April 2022 the widely discredited target-based contract underpinning NHS dentistry. NHS England is also set to take a leadership role over the reform process which has been running for over 10 years. The BDA has indicated its intention to work at pace towards meaningful system reform.[27]

---

26 Written questions, answers and statements, NHS: Dental Services, Answered on 8 April 2021

27 British Dental Association, Dentists: NHS Targets rise as 1 in 10 practices face 'cliff edge', 29 March 2021

Reform of dental contracts

As indicated above, the dental contract in England is being reformed. The NHS Business Services Authority webpage 'Dental Contact Reform in England' includes the following information:

> The government is committed to introducing a new prevention-focussed NHS dental contract. A contract that increases access to NHS dental services whilst preventing dental disease as well as treating it.
>
> The current NHS dental contract, with its activity-driven system, does not acknowledge improvements that have been made in oral health over the decades. It also does not drive future oral health improvements.
>
> The dental contract reform programme is now working with over 100 NHS dental practices to transform services and bring prevention to the heart of every NHS dental practice.

The 'Dental Contract Reform: Frequently Asked Questions' document provides further information. The Review Body on Doctors' and Dentists' Renumeration report for 2020 also includes some background information on the reform:

> NHSE/I said that reformed contracts based on capitation and quality had been in development since 2011. In 2016, a prototype scheme was launched, called the Dental Contract Reform Programme. Its three aims were to maintain or improve access, improve oral health and remain within existing resources in a way that is financially sustainable. The prototype contracts use a blended capitation and activity-based remuneration mechanism. During 2018-19, the Programme increased the number of practices participating in the prototype scheme to over 100. Alongside this, they said they were also working with local commissioners to integrate dental services into new local care systems.
>
> The Department of Health and Social Care (DHSC) added that the clinical approach of the reforms was widely accepted by the profession as being the right approach, and that they are expecting prototype practices to continue on the new contracts into 2020-21 ahead of decisions being taken regarding the wider roll out of the new approach.
>
> The BDA said that they were supportive of the need for contract reform, that the clinical pathway being tested is appropriate and has the potential to deliver preventive-based dentistry, and that it was envisaged that roll out may start in April 2021 on a voluntary basis. However, they also said that they were concerned about the sustainability of the prototype practices long-term, and that the reformed contracts should move away from using the UDA as the measure of dental activity.[28]

Dental contracts during the pandemic

An 'Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic' notes that NHS dental

[28] Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 119

practices continued to receive 1/12th of the annual contract value during the pandemic:

> Throughout the COVID-19 pandemic, NHS England and NHS Improvement has continued to make the usual monthly payments (1/12th of the annual contract value) to dental practices for the NHS component of their income with varying levels of abatement.
>
> For wholly private dental practices and dental laboratories, fiscal sustainability has required a reliance on eligibility for national and local support packages for employers and small businesses. These support packages are time limited.[29]

Activity targets

In December 2020 the BDA criticised the introduction of new activity targets for NHS dentists in England and the corresponding financial penalties if they are not met, and claimed they will leave NHS dental practices in England at "real financial risk".

The BDA wrote to the Secretary of State for Health and Social Care on 4 January 2021 to ask for the activity targets to be abandoned following the announcement of a new national lockdown. The letter highlighted that whilst dental practices remain open, "patient non-attendance will become commonplace":

> Under current arrangements, practices will face steep financial penalties if they fail to hit 45% of their pre-pandemic NHS activity targets from 1 January – 1 April 2021. You will no doubt echo our view that while practices remain open and safe, a new lockdown will have a major impact on patients' willingness to seek care, routine or otherwise.
>
> Patient non-attendance will become commonplace, as will dentists and their teams being unable to work due to infection or self-isolation.[30]

In a subsequent press release, the BDA note that the target increased to 60% from 1 April to 1 October 2021:

> From 1 January 2021 practices were obliged to hit 45% of their pre-COVID activity measures or face steep financial penalties. This target will now increase to 60% from 1 April – 1 October 2021. More than half of practices are currently failing to hit the 60% mark.
>
> Those delivering less than 36% of their pre COVID activity have faced a 'cliff edge', and the return of two thirds or more of their NHS funding for the quarter. NHS England estimate nearly 11% of contract holders are now in this position, leaving hundreds of practices under severe financial pressure, threatening future patient access.[31]

Further information about the activity targets is set out in a letter from the Chief Dental Officer and the Interim Director of Primary Care Commissioning Transformation dated 22 December 2020, and 'Guidance to

---

29 The British Society of Dental Hygiene & Therapy, Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic, 27 August 2020, page 3

30 British Dental Association, Letter to the Secretary of State for Health and Social Care: NHS activity targets during Covid restrictions, 4 January 2021

31 British Dental Association, Dentists: NHS Targets rise as 1 in 10 practices face 'cliff edge', 29 March 2021

support dental contract management arrangements for the 2020/21year-end reconciliation' published by NHS Business Services Authority.

1.3 Impact of COVID-19 and access to dentistry

Information on the impact of the pandemic on dental services can be found in the Library's debate pack 'Effect of Covid-19 on dental services' published ahead of a Backbench Business debate on 12 January 2021.

The General Dental Council have also published reports on 'The impact of COVID-19 on dental professionals' and 'COVID-19 and dentistry – survey of the UK public'.

NHS Digital figures show that there were 3.2 million dental treatments performed in England in the six months ending September 2020 – around 85% lower than the 19.4 million treatments performed in the same period of 2019. Despite this, between July and September 2020 the number of urgent dental treatments was 30% *higher* than during the same period in 2019.

At the end of 2020, 44.5% of adults had seen a dentist within the past two years, compared with 49.6% a year earlier. London had the lowest percentage, at 37.7%, and the North West was highest, at 55.2%.

28.9% of children had seen a dentist within the past year, compared with 58.4% a year earlier. London had the lowest percentage at 25.8%, while the North West had the highest, at 31.7%.

Note carefully the differences between these measures: for children the measure looks at the percentage of patients seen within the last *one year*, while for adults the period is *two years*.

Accessing dental care during the pandemic

On 25 March 2020, NHS dental practices were told to cease routine dentistry in response to the pandemic.[32] NHS dental practices in England were subsequently asked to reopen from 8 June 2020 "for all face to face care"[33] and have remained open. Government guidance published on 4 January 2021 regarding which businesses could remain open in England during the national lockdown specifically listed "medical and dental services", which included both NHS and private dental services.[34]

The Government's response to the Health and Social Care Committee's report 'Delivering core NHS and care services during the pandemic and beyond' was published on 15 January 2021 and stated "the vast majority of dental practices are now open for face to face care".

There have been reports of people struggling to access NHS dentistry following the reopening of dental practices from June 2020. For example, a

---

32 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

33 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, 28 May 2020

34 GOV.UK, Guidance: National lockdown: Stay at Home, Businesses and venues which can remain open, Last updated 6 January 2021

Healthwatch report published in December 2020 noted that some people were facing issues accessing routine care, stating that "although dental practices have now reopened, people are still unable to get an appointment for check-ups, hygienist appointments or fillings.[35] Healthwatch also note examples of practices not taking on new NHS patients and some have no available NHS appointments.[36]

As noted above, further information on the impact of the pandemic on dental services can be found in the Library's debate pack 'Effect of Covid-19 on dental services'

1.4 Recruitment and retention

In 2019 there were 30,511 dentists providing NHS services in the UK, an increase of 324 (1.1 per cent) from a year earlier. There was an increase in each of the countries of the UK, with an increase of 237 (1%) in England.[37]

The Review Body on Doctors' and Dentists' Renumeration report for 2020 includes the following comments from NHS England and NHS Improvement (NHSE/I) on workforce numbers:

> NHSE/I said that overall workforce numbers appeared adequate in order to meet the needs of the population, and that the number of dentists has increased in absolute terms, although they added that available data does not detail working hours, and therefore limits their ability to analyse workforce provision. They also said that they were aware of reports of difficulties in recruiting and retaining dentists in rural and coastal areas.[38]

The report goes on to note that despite the size of the dental workforce continuing to grow, there are "localised issues of workforce supply" and the BDA and NHSE/I disagree on the "depth and breadth of these issues":

> […] with the BDA saying that there are widespread difficulties recruiting dental associates, while NHSE/I said only that they were aware of geographic shortfalls limiting service provision in certain places, with reports from rural and coastal areas of the difficulty in recruiting and retaining dentists.[39]

The Review Body on Doctors' and Dentists' Renumeration report also includes comments on the profitability of high street dental practices:

> The British Dental Association (BDA) said that across the country there had been a dramatic fall in net profitability in both nominal and real terms for high street dentists, and that adjusting for inflation using RPI, both practice owners and associates have seen massive decreases in taxable income across the UK.[40]

---

35 Healthwatch, Dentistry and the impact of Covid-19, 9 December 2020
36 Healthwatch, Dentistry and the impact of Covid-19, 9 December 2020
37 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 109
38 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 113
39 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 122
40 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 41

NHS Digital have published findings from the biennial 'Dental Working Patterns, Motivation and Morale' survey for 2019/20. The key findings are as follows:

- Dentists who spend more of their time on NHS/Health Service work (as opposed to private work) tend to work longer weekly hours and take less annual leave.
- The more time dentists spend on NHS/Health Service work, the lower their levels of motivation.
- The most common contributory factors to low morale are increasing expenses and/or declining income and the risk of litigation and the cost of indemnity fees. Whilst regulations are also cited as a major cause of low morale amongst Principal dentists, they now have a less detrimental effect on the morale of Principals compared to the last survey.
- Nearly two-thirds of Principal dentists and over half of all Associate dentists across the UK often think of leaving dentistry.[41]

A career in dentistry starts with at least five years' undergraduate study and then a further year in dental foundation training.[42] In 2019, there were 3,895 people applying to study pre-clinical dental degrees in the UK, of which 1,140 were accepted on a course.[43]

The Review Body note that the number of applicants fell each year from 2011 to 2016, but has increased in every year since. There was an increase of 28% in the number of applicants in 2019 compared with 2018.[44]

The Review Body provide the following comments:

> We note the increase in applicants to study dentistry at university in the last year. It is clear that dentistry remains an attractive choice for those who are considering which course to apply for at university. However, given that earnings are falling and morale amongst dentists is very low, as demonstrated by the Dental Working Hours Motivation and Morale survey , we remain concerned about whether dentistry can continue to attract new entrants at the current rate and retain its existing workforce.[45]

Advancing Dental Care review

Health Education England established the Advancing Dental Care review in 2017, "with the aim of developing an education and training infrastructure that can respond to the changing needs of patients and services".[46]

The review has consisted of three phases:

41 NHS Digital, Dentists' Working Patterns, Motivation and Morale – 2018/19 and 2019/20, Published 27 August 2020

42 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 107

43 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 107

44 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 107

45 Review Body on Doctors' and Dentists' Renumeration, Forty-Eighth Report 2020, July 2020, page 121

46 Health Education England, Advancing dental care review

- Phase I identified new options and models for training. The Phase I Report 'Advancing Dental Care: Education and Training Review' 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 the emphasis on meeting population needs.[47] A report 'The Future Oral and Dental Workforce for England' was published in March 2019.

The final Advancing Dental Care report is due to be published in June 2021. It will summarise findings and provide conclusions and recommendations for education and training.

Health Education England note:

> These recommendations should result in a capable and motivated multidisciplinary dental workforce, of a sufficient size, distributed equitably across England to meet population health needs.[48]

47 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

48 Health Education England, Advancing dental care review

2. Parliamentary Material

2.1 Parliamentary Questions

Dental Services: Coronavirus

28 Apr 2021 | 183164

Asked by: Colleen Fletcher

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to support dental services in (a) Coventry North East constituency, (b) Coventry, (c) the West Midlands and (d) England during the covid-19 outbreak.

Answering member: Jo Churchill | **Department:** Department of Health and Social Care (DHSC)

Dental practices throughout England have been able to open for face to face dental care from 8 June 2020, including 32 general dental practices in Coventry. A personal protective equipment (PPE) portal is available to provide National Health Service dental and orthodontic providers with critical COVID-19 PPE free of charge.

NHS dentists throughout the country have been asked to maximise safe throughput to meet as many prioritised needs as possible. The revised unit of dental activity threshold has been set at 60% and the unit of orthodontic activity threshold has been set at 80% for full payment of the NHS contractual value, based on data that indicates the capacity practices are safely able to achieve.

As usual, where a practice under-delivers by up to 4%, they are able to carry this forward into the next financial year. Dental practices are also able to deliver less than 60% cumulative dental activity and 80% orthodontic activity with a reduced level of clawback. NHS commissioners have the discretion to make exceptions, for instance in cases where a dental practice has been impacted by staff being required to self-isolate.

Dental Services

28 Apr 2021 | 182044

Asked by: Peter Aldous,

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve (a) the recruitment and retention of NHS dentists and (b) access to those dentists in England.

Answering member: Jo Churchill | **Department:** DHSC

NHS England and NHS Improvement are responsible for commissioning primary care dentistry to meet local need and the interim NHS People Plan commits to addressing shortages.

We are working both on improving career pathways and the current dental contract. In the summer, Health Education England will publish the report of their 'Advancing Dental Care' programme which has explored opportunities for flexible dental training pathways and the Department will

publish a report on the learning from dental contract reform programme. NHS England and NHS Improvement have been asked to lead the next stage of dental contract reform to design implementable proposals taking the learning from reform programme into account.

National Health Service dentists have been asked to maximise safe throughput, focussing first on urgent care and vulnerable groups followed by overdue appointments. This has been underpinned, taking into account current infection prevention and control guidelines, by the requirement for dental providers to deliver 60% of normal activity volumes for the first six months of 2021/22 for full payment of the NHS contractual value.

Dental Services: Waiting Lists

19 Apr 2021 | 180480

Asked by: Julian Sturdy

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to reduce dental appointment waiting lists created by cancellations and postponements due to the covid-19 outbreak; what assessment his Department has made of the potential effect of waiting lists for NHS dental appointments on the cost of treatment where practices offer private appointments at higher rates.

Answering member: Jo Churchill | **Department:** DHSC

National Health Service dentists have been asked to maximise safe care, focussing on urgent care and vulnerable groups followed by overdue appointments. This has been underpinned by the setting of activity thresholds for full payment of NHS contractual value. In addition, NHS England and NHS Improvement have provided a flexible commissioning toolkit to local commissioners to help focus the available capacity on those that need it most and to reduce oral health inequalities.

NHS: Dental Services

08 Apr 2021 | 152622

Asked by: Stephen Morgan

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the effect of NHS activity targets for dentistry on (a) reducing the backlog of urgent care and (b) the financial viability of dental practices.

Answering member: Jo Churchill | **Department:** DHSC

The Department has no current plans to assess the contractual arrangements for 2021/22. Contractual arrangements for the first six months of the 2021/22 financial year have been introduced by NHS England and NHS Improvement. The revised unit of dental activity threshold set at 60% is based on data that indicates practices may now have capacity to safely achieve more dental activity. Arrangements will be monitored on a monthly basis and are expected to be in place for six months in order to provide increased stability for dental practices. National Health Service commissioners have the discretion to make exceptions, for instance in

cases where a dental practice has been impacted by staff being required to self-isolate.

The Department will work with the British Dental Association and NHS England and NHS Improvement who will lead the next stage of dental contract reform. This will involve designing implementable proposals that address the key challenges facing the delivery of NHS dentistry and will encourage a more preventative approach to dentistry.

Dental Services: Private Sector

30 Mar 2021 | 173234

Asked by: Selaine Saxby

To ask the Secretary of State for Health and Social Care, what plans he has to support the private dentistry sector to recover from the effect of the covid-19 outbreak.

Answering member: Jo Churchill | **Department: DHSC**

Dentists who meet the criteria can access the full range of HM Treasury support for their private earnings. Self-employed dentists who have met the criteria have been eligible for the Self-Employment Income Support Scheme which will continue until September, with a fourth and fifth grant. Dentists who receive a salary through a Pay As You Earn scheme may be eligible for the Coronavirus Job Retention Scheme, which has also been extended until September. In addition, a new United Kingdom-wide Recovery Loan Scheme will help businesses of all sizes through the next stage of recovery.

Dental Services: Children

25 Mar 2021 | 156420

Asked by: Colleen Fletcher

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the covid-19 outbreak on access to (a) routine and (b) emergency dental appointments for children.

Answering member: Jo Churchill | **DHSC**

No such assessment has been made. Dental practices have been able to open for face to face National Health Service care from 8 June, with urgent provision backed up by over 600 urgent dental care centres across the country. NHS England and NHS Improvement have set out guidance that dentists should focus on care that is urgent, care to vulnerable groups and then overdue routine appointments.

The Department is working closely with NHS England and NHS Improvement and the Chief Dental Officer for England to increase levels of service, as fast as is safely possible. In circumstances where parents are unable to access an urgent dental appointment for their child directly through a NHS dental practice, they should contact NHS 111 for assistance.

NHS: Dental Services

17 Mar 2021 | 165491

Asked by: Dr Dan Poulter

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to address the backlog of appointments with NHS dentists once covid-19 restrictions are eased.

Answering member: Jo Churchill | **Department:** DHSC

National Health Service dental practices have been able to open for face to face NHS dental care, including routine care, from 8 June. NHS England and NHS Improvement have set out guidance that dentists should focus on care that is urgent, care to vulnerable groups and then overdue routine appointments.

A steady increase in dental activity has been made possible following updated Infection Prevention and Control guidance issued by Public Health England. Contractual arrangements for quarter four have been introduced by NHS England and NHS Improvement requiring dental practices to deliver 45% of contracted units of dental activity from 1 January to 31 March 2021 to be deemed to have delivered the full contractual volume. This is expected to increase available NHS dental care for all patients.

The Department is working closely with NHS England and NHS Improvement and the Office of the Chief Dental Officer on contractual arrangements for 2021/22 onwards and work is ongoing to increase levels of service, as fast as is safely possible.

Public Sector: Pay

16 Mar 2021 | 164603

Asked by: Mr Tanmanjeet Singh Dhesi

To ask the Chancellor of the Exchequer, what assessment he has made of the effect of a pay freeze on the (a) retention and (b) recruitment of public sector workers.

Answering member: Steve Barclay | **Department:** Treasury

Covid-19 has had an unprecedented impact on the private sector labour market, with unemployment and redundancies rising, and those on the Coronavirus Job Retention Scheme seeing a significant fall in earnings. The public sector has been shielded from these effects.

Later this year, the independent Pay Review Bodies (PRB's) will publish evidence and commentary on recruitment and retention for ten of the largest public sector workforces including: armed forces, teachers, police officers, the National Crime Agency, prison officers, doctors and dentists, Agenda for Change NHS non-medical staff, the Judiciary, senior civil servants and senior military personnel.

The Government will reassess public sector pay policy ahead of the 2022/23 Annual Pay Round when the impact of Covid-19 on the wider labour market will be clearer.

Latest data shows that recruitment and retention in some of our largest workforces remains strong. We have recruited over 41,000 new trainee teachers this year – 23% more than last year – and postgraduate recruitment is at its highest level since 2010/11.

In the NHS joiner rates are higher than last year at 13.8%, and leaver rates have fallen since 2017/18. UCAS end of cycle data shows 25,100 student nurses enrolled on courses in 2020/2, a 27% increase at English providers compared to the previous year.

Dental Services

05 Sep 2016 | 43880

Asked by: Rebecca Long Bailey

To ask the Secretary of State for Health, what standard his Department has set for the number of dental practices required per head of population.

Answering member: David Mowat | **Department:** Department of Health

NHS Dentistry is commissioned by NHS England following a local oral health needs assessment undertaken in partnership with Local authorities and other partner organisations. Local services are then commissioned to meet local needs, NHS England determines how best to use its resources to meet this need.

NHS dental services are commissioned by NHS England through contracts with independent providers. These contracts are set on the basis of the oral health needs assessment, which identifies the level of dental need for a particular community and pays particular attention to access to local dental services and the dental health of the local population. There is considerable variation in oral health across England and so there are no national standards for the number of dental practices per head of population.

2.2 Debates

Covid-19: Dental Services

14 Jan 2021 | House of Commons chamber | 687 cc571-593

NHS Dentistry and Oral Health Inequalities

25 Nov 2020 | Westminster Hall | 684 cc407-415WH

NHS: Dentistry Services

25 Jul 2019 | House of Lords chamber | 799 cc815-834

3. Press Material

3.1 Press Articles

The following is a selection of news and media articles relevant to this debate.

Please note: the Library is not responsible for either the views or the accuracy of external content.

NHS Targets rise as 1 in 10 practices face 'cliff edge'

British Dental Association, Dentists

29 March 2021

'They feel undervalued' – how has COVID-19 impacted dental nursing over the last 12 months?

Dentistry

17 March 2021

NHS dental patients 'told to go private' as watchdog warns of crisis

The Guardian

8 February 2021

Patients struggling to get NHS dental care across England, says watchdog

The Observer

6 February 2021

Water fluoridation 'essential' to improve children's oral health during pandemic

Dentistry

25 January 2021

UK dentists expect drop in earnings, patient numbers in 2021

Dental Tribune

5 January 2021

Coronavirus: Dental services at 'crisis point'

BBC

18 December 2020

What lockdown has done to your teeth (it's not pretty)

The Times

7 December 2020

Coronavirus: Dentists warn millions of treatments have been missed

BBC

16 November 2020

Dentists warn of looming recruitment crisis in UK

The Financial Times [Subscription required]

26 October 2020

Emergency dental centres 'overwhelmed' in coronavirus lockdown

ITV News

21 May 2020

4. Further Reading

4.1 Reports

Care Quality Commission, Accessing dental care and cancer services during the pandemic, 19 May 2021

General Dental Council,The impact of COVID-19 on dental professionals,

17 December 2020

Healthwatch, Dentistry and the impact of Covid-19, 9 December 2020

General Dental Council, COVID-19 and dentistry – survey of the UK public, 3 December 2020

British Dental Journal, How did COVID-19 impact on dental antibiotic prescribing across England? 13 November 2020

Healthwatch, What people are telling us: A summary: July – September 2020,

The British Society of Dental Hygiene & Therapy, Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic, 27 August 2020

NHS Digital, NHS Dental Statistics for England – Annual Report 2019/20, 27 August 2020

NHS Digital, Supplementary report on NHS Dental Statistics, 2019/20, 27 August 2020

Review Body on Doctors' and Dentists' Remuneration, 48th Report 2020, July 2020

Oral Health Foundation, State of Mouth Cancer: UK Report 2020/21

British Dental Association, Coronavirus and the oral health of older people, 19 May 2020

Care Quality Commission, Smiling Matters: Oral health in care homes, June 2019

4.2 Library Publications

Effect of covid-19 on dental services

House of Commons Library

12 January 2021

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

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

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

DEBATE PACK
Number CDP-0072
21 May 2021