

Debate Pack

Number 2022/0029
By Aaron Kulakiewicz,
Melissa Macdonald,
Carl Baker
9 February 2022

Access to NHS dentistry

1	Summary	3
2	Overview of NHS dentistry	5
2.1	Finding an NHS dentist	5
2.2	Commissioning of NHS dental services	6
2.3	How do dental contracts work?	7
2.4	How is dentistry funded?	11
2.5	Are there enough dentists?	13
2.6	Regulation and accountability	15
3	Challenges accessing NHS dental services	18
3.1	Impact of the pandemic	18
3.2	Restoring services	20
3.3	Inequity in access to NHS dentistry	22
4	Statistics on dental treatment	26
5	Parliamentary Material	28
5.1	Committee Reports	28

5.2	Debates	28
5.3	Early Day Motions	29
5.4	Parliamentary Questions	29
6	Press Material	34
6.1	News Articles	34
7	Additional Reading	36
7.1	House of Commons briefings	36

1

Summary

On Thursday 10th February 2022, MPs will hold a general debate on access to NHS dentistry in Westminster Hall. This debate was put forward to the Backbench Business Committee by Peter Aldous and Judith Cummins.

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

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, including a requirement for a “fallow time” between aerosol-generating procedures. This reduced 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](#) on 4 June 2020 which set out how patients should be prioritised according to greatest clinical need.

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

The funding will reportedly secure up to 350,000 additional dental appointments for those in most urgent need. This includes people suffering from oral pain, disease and infections. Children will be prioritised, alongside people with learning disabilities, autism or severe mental health problems.

Dentists will be paid more than a third on top of their normal fee for delivering this care outside of core hours, such as early morning and weekend work.

Healthwatch have reported examples of patients turning to private dentistry to access routine treatment. A Healthwatch article [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#) (24 May 2021) says that “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.”

On 24 January 2022, Health Minister, Maria Caulfield, provided the following response to a [Parliamentary Question](#) regarding the steps in place to ensure that dental practices accept NHS-funded patients:

The National Health Service contracts with dentists to provide an agreed level of dental activity each year, measured in units of dental activity. Where a

dentist holds a contract with the NHS, they must deliver the agreed activity or if performance is below 96%, the NHS can recover the unused funds. Dentists therefore have a strong financial incentive to deliver the contracted service and not prioritise private patients in cases where they have undelivered NHS activity.

Throughout the pandemic, NHS England and NHS Improvement have set contractual arrangements which support safe increases in access, whilst maintaining compliance with infection prevention and control measures. The Department is working with the NHS to increase delivery of dental care. NHS dental practices have been asked to meet as many prioritised needs as possible, focussing first on urgent care and care for vulnerable groups, including children followed by overdue appointments.

In addition to the impact of the pandemic, [NHS England and NHS Improvement have said](#) that whilst overall national workforce numbers appear adequate, they are aware of “certain geographic shortfalls limiting service provision”.

Public Health England (PHE) published [Inequalities in oral health in England](#) in March 2021. The report said that oral health behaviours and outcomes were significantly worse amongst those from lower socioeconomic backgrounds and from more deprived geographical areas. It also included evidence that those from ethnic minority backgrounds were less likely to access NHS dentistry.

[PHE also highlighted](#) that some vulnerable groups face “substantial difficulties” accessing dental care, including homeless people, prisoners, travellers and looked after children.

2 Overview of NHS dentistry

2.1 Finding an NHS dentist

Most dental practices offer a mix of NHS and private dentistry. There are very few practices that solely provide NHS or private services.¹

The NHS website includes practical information on [how to find an NHS dentist](#). The NHS website states:

If after contacting several dental surgeries you still cannot find a dentist accepting NHS patients, call NHS England's Customer Contact Centre on 0300 311 2233.

NHS England commissions dental services in England and is required to meet the needs of their local population for both urgent and routine dental care.

Your [local Healthwatch](#) may be able to give you information about services in your area or raise a concern if you have one.²

Do you have to register with an NHS dentist?

The system of patient registration was abolished in 2006 as part of reforms to the dental contract. Patients are not “registered” with a particular dental practice and only have a formal relationship with a dentist whilst they are undergoing a course of treatment.

[Healthwatch](#) explain there is a common misconception about a need to register with a dentist:

According to NHS England, people do not need to register with a dentist in the same way as with a GP. All they need to do is find a dental surgery that is convenient, and phone them to see if there are any appointments available. Although they may be required to fill a registration form, the purpose of this is to be added to the surgery's database. This does not mean that the person has guaranteed access to an NHS dental appointment in the future.

Because of this, people presume that if they are on a dental surgery's patient list this means they can book an NHS dentist appointment with them when they need dental treatment. Dental surgeries will not always have the capacity to take on NHS patients – people may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

¹ British Dental Association, [Mixed practice](#)

² NHS, [How to find an NHS dentist](#)

When people have tried to book a dentist appointment after a long gap since their last visit, they have been informed by the practice that they cannot because they have been “removed” from the surgery list for not making any recent appointments. Instead they are asked to “re-register” with the practice. The actual reason for not being able to book an appointment is because there are no available NHS appointments. This issue further highlights the lack of clarity about information related to NHS dentistry.³

Intervals between dental check-ups

The National Institute for Health and Care Excellence (NICE) clinical guideline ‘[Dental checks: intervals between oral health reviews](#)’ (CG19, published 27 October 2004) says the recommended interval between oral health reviews “should be determined specifically for each patient”. However, NICE recommend:

- The shortest interval between oral health reviews for all patients should be 3 months.
- The longest interval between oral health reviews for patients younger than 18 years should be 12 months.
- The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.⁴

The standard [General Dental Services contract](#) requires contractors to provide services under the contract in accordance with any relevant guidance that is issued by NICE, and in particular the clinical guideline on dental checks (CG19).⁵

2.2

Commissioning of NHS dental services

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.⁶ Prior to 1 April 2013 primary care trusts (PCTs) were responsible for commissioning dental services.

National contracting mechanisms are used to commission services locally. This is explained in a response to a [Parliamentary Question](#) in 2016:

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

³ Healthwatch, [What people are telling us: July – September 2020](#), 9 December 2020, p16

⁴ NICE, [Dental checks: intervals between oral health reviews](#), 27 October 2004

⁵ NHS [General Dental Services contract](#), p43

⁶ NHS England and NHS Improvement South East, [Dental](#)

oral health across England and so there are no national standards for the number of dental practices per head of population.⁷

The Public Health England (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”.⁸ The report notes that “perpetual contracts” were made with existing NHS dental providers in 2006 based on their historical service provision.⁹

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, such as due to retirement, dental activity is replaced through recommissioning of services. The [Policy Book for Primary Dental Services](#) published by NHS England (last updated April 2018) includes information about the process.

In response to a [Parliamentary Question](#) regarding the recommissioning of dental services, Jo Churchill said that as of June 2021, “of the 77 contracts terminated or handed back between January and September 2020, 41 contracts have been recommissioned or approximately 60%”.¹⁰

2.3

How do dental contracts work?

Under the NHS contract, the provider agrees to provide a set number of units of dental activity (UDAs) from April until the following March and the annual contract value is paid in 12 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.

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.

The [Review Body on Doctors’ and Dentists’ Remuneration 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))

⁷ PQ 43880, [Dental Services](#), Answered on 5 September 2016

⁸ PHE, [Inequalities in oral health in England](#), 19 March 2021, p16

⁹ [Ibid.](#)

¹⁰ PQ 2342, [Dental Services](#), Answered on 18 June 2021

each year, with provisions for ‘clawback’ – the recovering of contract values, if UDA/UOA targets are not met.¹¹

A [blog post](#) from Mick Armstrong, Chair of the British Dental Association (BDA) also provides a summary of UDAs:

In England, to treat NHS patients, we have to bid for a contract, and we agree to do a defined number of ‘units of dental activity’ (UDAs) each year. This effectively sets quotas on the numbers of patients we can see and treat each year – and it’s not flexible. If we don’t fulfil the units, then we have to give money back, and if we run out of units, then patients have to go elsewhere, or wait until we get our new quota.¹²

The vast majority of NHS contracts are General Dental Services contracts, and they are generally held in perpetuity. Approximately 15% of NHS contracts are Personal Dental Services (PDS) contracts, and they are for specialist services, and normally last for five years.¹³

The PDS Plus contract was also introduced in 2008 and contract holders are to meet Key Performance Indicators alongside delivering UDAs. It was introduced by the Department for Health and Social Care to increase patient access to NHS dentistry.¹⁴ In March 2020, the NAO reported there were only 36 PDA Plus contracts in place in England.¹⁵

[The National Health Service \(General Dental Services Contracts\) Regulations 2005](#) set out the framework for general dental services contracts.

The accompanying [Explanatory Memorandum to The National Health Service \(General Dental Services Contracts\) Regulations 2005](#) provides detailed information regarding the contractual arrangements.

Reform of dental contracts

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

Since 2011, there have been various [pilots](#) of dental contract reform. As of February 2022, the Department of Health and Social Care and NHS England and NHS Improvement are continuing to work with stakeholders on alternative ways of commissioning.¹⁶

As part of this, until recently, the NHS Business Services Authority (NHSBSA) was working with “over 100 NHS dental practices to transform services and

¹¹ Review Body on Doctors’ and Dentists’ Remuneration, [Forty-Eighth Report 2020](#), July 2020, p108

¹² Nuffield Trust, [The poor state of the nation's teeth: can anyone be bothered?](#), 2 November 2017

¹³ NAO, [Dentistry in England](#), March 2020

¹⁴ NHSBSA, [What are the different types of NHS dental contracts?](#)

¹⁵ NAO, [Dentistry in England](#), March 2020, p19

¹⁶ PQ 111477, [Dental Services: Contracts](#), Answered on 2 February 2022

bring prevention to the heart of every NHS dental practice”.¹⁷ However, following an evaluation of the [Dental Contract Reform Programme](#), the decision was taken to end the programme, and the regulations supporting the Dental Contract Reform programme will expire on 31 March 2022.

All prototype contracts will revert by default to the underlying General Dental Service (GDS) or Personal Dental Service (PDS) contractual terms and conditions that were in place prior to entering the Dental Contract Reform Programme.¹⁸

A [letter](#) sent to all NHS primary care dental contract holders in March 2021 said that “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.¹⁹

The Department of Health and Social Care subsequently sent a [letter](#) to “prototype practices” involved in the reform programme in October 2021, which explained the programme did not meet the six aims:

[...] 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.²⁰

The [NHSBSA noted in November 2021](#) that “whilst the results show the prototype model is not suitable for widespread adoption given the impact

¹⁷ NHSBSA, [Dental Contract Reform in England](#)

¹⁸ NHSBSA, [Letter to NHS dental prototype contract holders: Contractual arrangements for prototype practices financial year 2021/22](#), 11 November 2021

¹⁹ NHS England & Department of Health and Social Care, [Letter to all NHS primary care dental contract holders: NHS Dental Contract Reform and Arrangements](#), 29 March 2021

²⁰ Department of Health and Social Care, [Letter to all NHS primary care dental contract holders from DHSC](#), October 2021

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”.²¹

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

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 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.²²

There have been a number of Parliamentary Questions regarding dental contract reform since the announcement. For example, Health Minister, Maria Caulfield, provided the following answer to a [Parliamentary Question](#) regarding progress on reviewing the dental contract on 17 November 2021:

NHS England and NHS Improvement are developing proposals for dental system reform, working closely with the Department and key stakeholders. Meetings of the Technical and Advisory Groups have been held, alongside a number of focus groups to inform the process.

²¹ NHSBSA, [Letter to NHS dental prototype contract holders: Contractual arrangements for prototype practices financial year 2021/22](#), 11 November 2021

²² BDA, [England: Pioneering NHS dentists thrown under the bus](#), 14 January 2022

However, any proposed contractual changes must be negotiated with the British Dental Association and may involve legislative changes in due course.²³

2.4 How is dentistry funded?

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.

A [NHS England press release](#) says that “the NHS in England invests £2.3 billion in dentistry every year”.²⁴

The [National Audit Office](#) (NAO) indicate that the contribution of NHS England funding to total funding fell by 10% in real terms between 2014/15 and 2018/19, whilst income from patient charges increased by 12% over the same period.²⁵

The [BDA said in October 2021](#) that due to lockdown £0.6 billion in NHS patient charge revenues had been lost, and claimed that budgets “have failed to keep pace with inflation and population growth”.²⁶

Dental charges

Since 1951, some patients have been charged at the point of care for primary care dentistry, accounting for 29% of total funding in 2018-19.²⁷ 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 that apply in England:

- **Band 1: £23.80**
Covers an examination, diagnosis and advice. If necessary, it also includes x-rays, a scale and polish, and planning for further treatment.²⁸ Urgent care is also charged at this rate.
- **Band 2: £65.20**
Covers all treatment included in Band 1, plus additional treatment such as fillings, root canal treatment and extractions.²⁹

²³ [PQ 75026: Dental Services](#), 17 November 2021

²⁴ NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

²⁵ NAO, [Dentistry in England](#), March 2020

²⁶ BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

²⁷ [Ibid.](#)

²⁸ NHS, [How much will I pay for NHS dental treatment?](#), Page last reviewed 21 January 2021

²⁹ [Ibid.](#)

- **Band 3: £282.80**
Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.³⁰

The NHS webpage explains that if patients need further treatment within two calendar months of completing a course of treatment, they do not have to pay anything extra, as long as the treatment is from the same or a lower charge band.³¹ If the additional treatment required is in a higher band, patients have to pay for the new course of treatment.³²

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”.³³

Who is entitled to free dental treatment?

NHS dental services are free for some patients.

This includes patients who are:

- 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 by a hospital dentist
- receiving low income benefits, or are under 20 and a dependent of someone receiving low income benefits

The NHS webpage ‘[Who is entitled to free NHS dental treatment in England?](#)’ says patients are eligible for free NHS dental if they or their spouse/civil partner receive one of the following low income benefits:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker’s Allowance
- Pension Credit Guarantee Credit
- Universal Credit (in some circumstances)³⁴

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.³⁵

³⁰ [Ibid.](#)

³¹ [Ibid.](#)

³² [Ibid.](#)

³³ General Dental Council, [Dental costs](#)

³⁴ NHS, [Who is entitled to free NHS dental treatment in England?](#) Page last reviewed 7 January 2021

³⁵ [Ibid.](#)

Further information about the HC2 and HC3 certificates can be found in the Library's briefing on [NHS charges](#) (January 2022). The [briefing](#) also includes information on charges in Scotland, Wales and Northern Ireland.

2.5 Are there enough dentists?

The [Review Body on Doctors' and Dentists' Remuneration](#) (an independent body which advises the government on rates of pay for doctors and dentists) published its latest [report](#) in June 2021.

The report says there were 30,628 dentists providing NHS services in the UK in 2020, constituting an increase of 141 (0.5 per cent) from a year earlier. There was an increase of 139 (0.6 per cent) in England.³⁶

NHS England and NHS Improvement said that 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".³⁷

[More recent figures](#) for England published by NHS Digital show there was a 4% reduction in the number of dentists with NHS activity in 2020/21.³⁸

A BBC News article from October 2021 '[Lack of dental appointments due to East of England recruitment crisis](#)' includes comments suggesting dentists tend to work where they qualify, or where they're from, and "there aren't many people from the East of England going to dental school".³⁹ The article suggests the region historically relied on dentists from overseas but this had become more challenging due to Brexit and the pandemic.

The executive summary of the [Review Body report](#) suggests issues of access to dentistry in certain areas across the UK could be related to dentists, and in particular younger dentists, being attracted to doing more private and less NHS work.⁴⁰

The [Review Body](#) further outline concerns regarding recruitment and retention within the dental workforce:

While the incidence and overall scale of long-term issues of access to dentistry are contested by the parties, all agree that there are at least some areas where there are difficulties in accessing NHS/HSC dentistry. [...]

Given these issues, there is also a critical need to support recruitment, retention and motivation amongst dental workforces longer-term. However,

³⁶ Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021

³⁷ Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021, p138

³⁸ NHS Digital, [NHS Dental Statistics for England 2020-21 Annual Report](#), 26 August 2021

³⁹ BBC News, [Lack of dental appointments due to East of England recruitment crisis](#), 22 October 2021

⁴⁰ [Ibid.](#), p8

from what we have seen in Working Hours Motivation and Morale survey data and in written evidence, we are becoming increasingly concerned that there are major challenges in post-registration recruitment, retention and motivation amongst dentists across the UK.

These challenges, alongside stagnant overall earnings and significant changes to the composition of the dental workforce, with an increasing proportion of dentists working as associates and an increasingly prominent role for larger corporate providers, have the potential to fundamentally alter the career plans and aspirations of the dental workforce. We heard during our visits programme and from the BDA that dentists are becoming increasingly attracted to working in the private sector and decreasing their commitment to NHS/HSC dentistry as a result.⁴¹

Before the change of policy, the BDA [raised concerns](#) about the impact the proposed mandatory vaccination of dental professionals could have on dental services. They reported a survey of high street dentists in England found “over 30% believe dental nurses based at their practices will leave as a result of the mandate” and nearly 15% of dentists said they would leave themselves.⁴²

In a [press release](#) responding to the move to end mandatory vaccination, the BDA said the impact among the workforce remains uncertain “given the number of colleagues who have already made plans to leave the service”.⁴³

Health Education England

A career in dentistry starts with at least five years’ undergraduate study and then a further year in dental foundation training.⁴⁴

Health Education England (HEE) 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”.⁴⁵

The review has consisted of three phases:

- 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.

⁴¹ [Ibid.](#), p154

⁴² BDA, [Mandatory vaccination plans set to devastate dental services](#), 17 December 2021

⁴³ BDA, [Mandatory vaccination: Dentistry set to face collateral damage despite U-turn](#), 31 January 2022

⁴⁴ Review Body on Doctors’ and Dentists’ Remuneration, [Forty-Eighth Report 2020](#), July 2020, p107

⁴⁵ Health Education England, [Advancing dental care review](#)

- 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.⁴⁶ A report '[The Future Oral and Dental Workforce for England](#)' was published in March 2019.

The final [Advancing Dental Care 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”.⁴⁷

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.⁴⁸

2.6

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 are set out in Section 1 of the [Dentists Act 1984](#):

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

⁴⁶ 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

⁴⁷ Health Education England, [Advancing dental care review](#)

⁴⁸ Health Education England, [Advancing dental care review](#)

All dental professionals must be registered with the GDC to provide dental services in the UK. Registration depends on [certain criteria](#). As of June 2020, 114,406 dental professionals were on the GDC register.⁴⁹

Registered dentists and dental care professionals must pay an Annual Retention Fee each year to remain on the register. The annual for dentists is currently £680.⁵⁰ They must also declare they are covered by appropriate indemnity to practice and have met the continuing professional development (CPD) requirements for continuing registration.⁵¹

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

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

Care Quality Commission

The [Care Quality Commission](#) (CQC) inspect dental services under statutory powers. The CQC inspects 10% of dental services in England each year.⁵² They do not rate dental services, but they highlight if a service is meeting the standard of care inspected.⁵³

The CQC's approach to inspecting dental services uses specially trained dental inspectors, usually accompanied by specialist advisors who are qualified dentists or dental care professionals.⁵⁴

NHS England

As noted above, NHS England is responsible for commissioning dental services and ensuring they meet the needs of the local population. It is responsible for carrying out contractual compliance and performance monitoring. A [national performers list](#) managed by NHS England was introduced on 1 April 2013; all NHS dentists are required to be registered on the list.

The Secretary of State for Health and Social Care uses the NHS Outcomes Framework to monitor the progress of NHS England. The framework does not set out how the outcomes should be delivered, but the indicators are used to provide national level accountability for the outcomes the NHS delivers in England.

⁴⁹ Professional Standards Authority for Health and Social Care, Performance review 2019/20 General Dental Council,

⁵⁰ GDC, [Annual Retention Fee](#)

⁵¹ GDC, [Join the register](#)

⁵² CQC, [Find a dentist](#)

⁵³ [Ibid.](#)

⁵⁴ CQC, [CQC inspectors publish reports on 36 dental practices in England](#), 2 May 2017

In 2014, indicators related to dental health were added to the NHS Outcomes Framework.⁵⁵ One of the indicators is “[access to NHS dental services](#)” which looks at the percentage of people who successfully obtained an NHS dental appointment in the last two years.

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

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”.⁵⁶

The Regulation of Dental Services Programme Board has published guidance, including [operational protocol](#) (November 2017) which “encourages information to be shared more routinely” between the CQC, NHS England and the GDC.

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

⁵⁵ Department of Health, [The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016](#), December 2014

⁵⁶ CQC, [Regulation of Dental Services Programme Board](#), Last updated 27 November 2017

3

Challenges accessing NHS dental services

The [CQC highlight](#) that access to NHS dental care has been an issue since long before the pandemic, but there are “clear signs” the problems have been compounded by Covid-19.⁵⁷

On 25 March 2020, NHS dental practices were told to cease routine dentistry in response to the pandemic.⁵⁸ Around 600 urgent dental care hubs were set up to deliver urgent care for patients.⁵⁹

NHS dental practices in England were subsequently asked to reopen from 8 June 2020 “for all face-to-face care” and have remained open.⁶⁰

When dental practices were requested to reopen from 8 June 2020, 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.⁶¹ This reduced the capacity of dental services.

Over the course of the pandemic, the BDA have estimated over 38 million dental appointments have been missed.⁶²

3.1

Impact of the pandemic

Access to dental care during the early stages of the pandemic was challenging. Urgent dental care hubs were established across the country, but the [CQC note](#) that whilst some areas set these up quickly, people struggled to get appointments in others.⁶³ The CQC also note that NHS 111 sometimes struggled to direct people to the right service.⁶⁴

⁵⁷ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

⁵⁸ 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

⁵⁹ NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

⁶⁰ 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

⁶¹ [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

⁶² Sky News, [Covid-19 backlog: Dentists to be paid extra to work weekends and evening](#), 25 January 2022

⁶³ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

⁶⁴ [Ibid.](#)

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).

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

For example, a [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."⁶⁵

The BDA and Healthwatch sent a [joint letter to the Chancellor of the Exchequer](#) in October 2021. It states feedback on dentistry sent to Healthwatch between April and June 2021 was 794% higher when compared with the same period in 2020, and 79% of those sharing their stories had found it difficult to access timely care.⁶⁶

A Healthwatch article [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#) (24 May 2021) says that "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."⁶⁷

[Healthwatch](#) also reported that "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".⁶⁸

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

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. [...]

Delays for appointments for both routine treatment and exams as a result of the pandemic were more common for NHS patients than private patients.⁶⁹

⁶⁵ Healthwatch, [Dentistry and the impact of Covid-19](#), 9 December 2020

⁶⁶ BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

⁶⁷ Healthwatch, [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#), 24 May 2021

⁶⁸ Healthwatch, [Dentistry during Covid-19 Insight](#), 24 May 2021

⁶⁹ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

3.2 Restoring services

Prioritising patients according to clinical need

The Office of the Chief Dental Officer England and NHS England published a [‘Standard operating procedure: Transition to recovery’](#) on 4 June 2020 which set out a “phased transition for dental practices towards the resumption of the full range of dental provision”.

The [document](#) set out how patients should be prioritised according to greatest clinical need. Version 6 of the document (November 2021 states that the requirement to prioritise patients according to clinical need is still in place.⁷⁰

This includes prioritising patients with urgent dental care needs, including 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.⁷¹

The guidance also recommends resumption of the full range of domiciliary dental services, including routine and urgent care “to all relevant settings” such as care homes.⁷²

In January 2022, Healthwatch Oxfordshire published [an update from NHS England and NHS Improvement on access to dental services](#). The update says that whilst the gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still not 100% of usual activity, and has not addressed the backlog.⁷³

NHS England and NHS Improvement (NHSE/I) note 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”.⁷⁴

⁷⁰ NHS England, [Standard operating procedure: Transition to recovery v6](#), Last updated 25 November 2021

⁷¹ [Ibid.](#), p5

⁷² [Ibid.](#), p8

⁷³ Healthwatch Oxfordshire, [Access to dental services – an update from NHS England NHS Improvement](#), 6 January 2022

⁷⁴ Healthwatch Oxfordshire, [Access to dental services – an update from NHS England NHS Improvement](#), 6 January 2022

NHSE/I state 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”.⁷⁵

£50 million funding announcement (January 2022)

The Government announced an additional £50 million in funding for dentistry on 25 January 2022 to spend before the end of the financial year.⁷⁶

The funding will reportedly secure up to 350,000 additional dental appointments for those in most urgent need. This includes people suffering from oral pain, disease and infections.⁷⁷ Children will be prioritised, alongside people with learning disabilities, autism or severe mental health problems.⁷⁸

Dentists involved in the scheme will be paid more than a third on top of their normal sessional fee for delivering this care outside of core hours, such as early morning and weekend work.⁷⁹

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.⁸⁰ The targets have increased over the intervening months.⁸¹

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](#)’ which outlines how NHS practices are 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”.⁸²

The BDA published a press release in response ‘[Dentists instructed to churn through NHS appointments in face of Omicron wave](#)’ (22 December 2021)

⁷⁵ Healthwatch Oxfordshire, [Access to dental services – an update from NHS England NHS Improvement](#), 6 January 2022

⁷⁶ NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

⁷⁷ [Ibid.](#)

⁷⁸ [Ibid.](#)

⁷⁹ [Ibid.](#)

⁸⁰ Dentistry, [NHS dental targets to increase to 60% from April](#), 29 March 2021

⁸¹ [Ibid.](#)

⁸² NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry](#), 22 December 2021

which described the activity targets as “unrealistic”. 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 to deliver for patients in NHS dentistry](#) 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.”⁸³ Therefore, it is likely NHS dental practices in England will be expected to deliver 100% of their pre-Covid activity from 1 April 2022.

On 24 January 2022, Health Minister, Maria Caulfield, provided the following response to a [Parliamentary Question](#) regarding the steps in place to ensure that dental practices accept NHS-funded patients:

The National Health Service contracts with dentists to provide an agreed level of dental activity each year, measured in units of dental activity. Where a dentist holds a contract with the NHS, they must deliver the agreed activity or if performance is below 96%, the NHS can recover the unused funds. Dentists therefore have a strong financial incentive to deliver the contracted service and not prioritise private patients in cases where they have undelivered NHS activity.

Throughout the pandemic, NHS England and NHS Improvement have set contractual arrangements which support safe increases in access, whilst maintaining compliance with infection prevention and control measures. The Department is working with the NHS to increase delivery of dental care. NHS dental practices have been asked to meet as many prioritised needs as possible, focussing first on urgent care and care for vulnerable groups, including children followed by overdue appointments.⁸⁴

3.3

Inequity in access to NHS dentistry

In March 2021, Public Health England published the report [Inequalities in oral health in England](#). It found that oral health behaviours and outcomes were significantly worse amongst those from lower socioeconomic backgrounds and from more deprived geographical areas. It also included evidence that those from ethnic minority backgrounds were less likely to access NHS dentistry.⁸⁵

The report also highlighted that some vulnerable groups face substantial difficulties accessing dental care, including homeless people, prisoners, travellers and looked after children.⁸⁶

⁸³ [Ibid.](#)

⁸⁴ PQ 106703, [Dental Services](#), Answered on 24 January 2022

⁸⁵ PHE, [Inequalities in oral health in England](#), 19 March 2021

⁸⁶ PHE, [Inequalities in oral health in England](#), 19 March 2021, p109

The [Standard operating procedure: Transition to recovery](#) published by NHS England and the Office of the Chief Dental Office (last updated November 2021) says evidence suggest that existing oral health inequalities have been compounded by Covid-19:

The pandemic continues to have a disproportionate impact on certain sections of the population: older people, people living in deprived areas, BAME groups and vulnerable groups. The long-term economic impact of the pandemic is likely to further exacerbate oral health inequalities. At a practice level, an awareness of the need to target time and access at those in greatest need is an enduring tenet. However, during the pandemic some vulnerable/high needs patients may have been displaced out of area and/or relocated into your area due to measures applied by local authorities. These include homeless people, travellers, migrants/refugees and looked after children. Ensuring availability and flexibility in access to meet the needs of these patient groups is a continuing expectation.⁸⁷

The Review Body on Doctors' and Dentists' Remuneration [2021 report](#) reports that "NHSE/I said that ensuring equity of access to primary dental care services remained a central goal".⁸⁸ The report includes the following commentary from NHSE/I:

They added that, prior to the pandemic while service utilisation and access to commissioned care remained high, there were persistent pockets of reduced use and accessibility. They acknowledged that there were geographic and specialty shortfalls in NHS dental service provision. They said that their commissioning framework was being developed to provide tools to flex contractual arrangements, including guidance for using contracts for outreach provision for hard-to-reach groups.⁸⁹

Prior to the pandemic, the Care Quality Commission's 2019 report '[Smiling Matters: Oral health in care homes](#)' identified residents in care homes were often "not being supported to maintain and improve their oral health".⁹⁰ The report also states:

People using services and their professional and family carers often found it difficult to access routine NHS dental care [...] All too often, treatment would only be sought when people were in pain, but issues with accessing emergency NHS dental care meant care homes would call a GP or NHS 111, or even take the person to A&E – putting added burden on services that are already under pressure.⁹¹

⁸⁷ NHS England, [Standard operating procedure: Transition to recovery v6](#), Last updated 25 November 2021. p15

⁸⁸ Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021, p132

⁸⁹ [Ibid.](#)

⁹⁰ Public Health England, [Guidance: Oral health toolkit for adults in care homes](#), 27 November 2020

⁹¹ Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019, page 4

A [Healthwatch report](#) published in December 2021 stated that “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”.⁹²

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 Dorset.⁹³ In the North West, two out of three ICSs were accepting no new patients, including Greater Manchester, and Lancashire and South Cumbria.⁹⁴

Healthwatch report that “perhaps the worst affected is Devon, as there are currently no practices showing as taking on adult or child patients”.⁹⁵

The [summary of dental results from the GP Survey](#) (January to March 2021) 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.

The results find that compared with 2020, there was a significant difference 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 12.5% in 2021.⁹⁶

The success rate for people who tried to get an NHS dental appointment was highest in London (79.5%). The South West had the lowest success rate (73.1%) of all the regions.⁹⁷

The top three CCGs with the highest success rates for those who tried to get an appointment in the last two years were NHS Sunderland CCG (84.0%) NHS South Tyneside CCG (83.2%), and NHS Basildon and Brentwood CCG (83.0%)⁹⁸

The bottom three CCGs with the lowest success rates for those who tried to get an appointment in the last two years were NHS Norfolk and Waveney CCG (68.0%), NHS North East Lincolnshire CCG (68.0%) and NHS Kernow CCG (65.4%).⁹⁹

Slightly lower levels of success were reported by younger age groups and ethnic minorities against the national figure of respondents.¹⁰⁰

⁹² Healthwatch, [What people have told us about NHS dentistry: A review of our evidence – April to September 2021](#), December 2021, p2

⁹³ [Ibid.](#), p10

⁹⁴ [Ibid.](#)

⁹⁵ [Ibid.](#)

⁹⁶ NHS England, [Summary of the Dental Results from the GP Patient Survey – January to March 2021](#), 8 July 2021, p4

⁹⁷ [Ibid.](#)

⁹⁸ [Ibid.](#)

⁹⁹ [Ibid.](#)

¹⁰⁰ [Ibid.](#)

Less than half (44.4%) of adults who responded to the survey had not tried to get an appointment with an NHS dentist in the last two years. 13.4% 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".¹⁰¹

¹⁰¹ [Ibid.](#), p8

4

Statistics on dental treatment

In 2020/21 there were 12.0 million courses of dental treatment performed in England. This is a 70% fall from before the pandemic, in 2018-19, when 39.7 million courses of treatment were performed.

Band 1 treatment activity fell the most, at 79%. The number of urgent treatments fell by only 1%.

While activity had recovered to some extent by the last quarter of the financial year (Jan-Mar 2021), it was still 49% below activity in the same period in 2019.

The table below shows the percentage of the population who had been seen by a dentist recently, 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.

Population recently seen by a dentist (England)		
Date	Children (% within last year)	Adults (% within last 2 years)
Sep 2019	58.8	49.7
Dec 2019	58.4	49.6
Mar 2020	58.7	49.6
Jun 2020	52.7	47.7
Sep 2020	43.0	46.0
Dec 2020	29.8	44.5
Mar 2021	23.0	42.8
Jun 2021	32.8	41.1

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 Clinical Commissioning Group area that are doing NHS work.

NHS Digital note that the most recent figures (June 2021) are overstated by approximately 0.4 percentage points, due to an error:

The NHS Business Services Authority (BSA) have identified an error in the reporting of the number of dental patients seen figures affecting the period

December 2020 to June 2021. During the period affected by the Covid-19 pandemic many dental practices began triaging patients to determine the required care. Patients who were only triaged do not meet the criteria for a patient having been seen however they were incorrectly included within the counts of patients seen from December 2020 to June 2021 and as a result the published counts are approximately 0.4% higher than they should be at a national level.

The NHS BSA have corrected this reporting error and NHS Digital will republish corrected data for December 2020 to June 2021 in the next NHS Dental Statistics biannual publication in February 2022.¹⁰²

¹⁰² NHS Digital, [NHS Dental Statistics for England – 2020-21 Annual Report](#), 26 August 2021

5 Parliamentary Material

5.1 Committee Reports

[Delivering Core NHS and Care Services during the Pandemic and Beyond](#)
House of Commons Health and Social Care Committee
Second Report of Session 2019–21
1 October 2020
HC 320

5.2 Debates

[Dentist Industry and NHS Backlogs](#)

7 Feb 2022 | Parliamentary proceedings | 708 cc769-781

[NHS Dentistry: Bristol and the South-west](#)

24 Jan 2022 | Adjournment debates | House of Commons | 707 cc818-828

[NHS Dentistry in Lincolnshire](#)

20 Oct 2021 | Adjournment debates | House of Commons | 701 cc221-6

[NHS Dentistry in Waveney](#)

25 May 2021 | Adjournment debates | House of Commons | 696 cc329-338

[Oral Health and Dentistry in England](#)

25 May 2021 | Debates | House of Commons | 696 cc51-75WH

Motion that this House has considered oral health and dentistry in England.
Motion lapsed.

[NHS Dentistry and Oral Health Inequalities](#)

25 Nov 2020 | Debates | House of Commons | 684 cc407-415WH

Motion that this House has considered access to NHS dentistry and oral health inequalities. Agreed

5.3 Early Day Motions

Overcoming dental qualification delays

EDM 791 (session 2021-22)

16 Dec 2021

Sir Peter Bottomley

That this House calls on Health Ministers to engage with the General Dental Council, the National Health Service and the British Dental Association to identify and to overcome the difficulties that delay or prevent qualifiable dentists to be able to demonstrate without delay that they are qualified to practise and to help reduce the delays for NHS patients facing difficulties in access to dentistry services; calls on the Government to review regulations described as outdated and rigid that may require priority candidates to be sent to the back of the queue; and invites the Secretary of State to consider how to allow appropriate exemptions or to allow candidates to sit overseas registration examinations that they booked two years ago.

5.4 Parliamentary Questions

Dental Services

07 Feb 2022 | 115955

Asked by: Rachael Maskell

To ask the Secretary of State for Health and Social Care, what data he reviews to understand the challenges and solutions required to improve access to NHS dental care in areas where access to NHS dentistry is constrained.

Answering member: Maria Caulfield | Department: Department of Health and Social Care (DHSC)

NHS Digital collects information on National Health Service dental activity, including clinical treatments, dental workforce and the number of patients seen by an NHS dentist by region in each financial year. These statistics and data held at regional level on the oral health needs of the population is used to assess the adequacy of provision.

Dentistry: Finance

03 Feb 2022 | 114678

Asked by: Rosie Cooper

To ask the Secretary of State for Health and Social Care, whether the £50 million of funding for dentistry announced on 25 January 2022 will be recurrent funding.

Answering member: Maria Caulfield | Department: DHSC

This additional funding is non-recurrent. National Health Service dentistry has been operating at restricted capacity during the pandemic, therefore this funding targets those who have been unable to access an appointment. The funding will secure up to 350,000 additional dental appointments for those most in need of urgent dental treatment. Children are being prioritised, in addition to people with learning disabilities, autism and severe mental health problems.

Dentistry: Recruitment

28 Jan 2022 | 110495

Asked by: David Warburton

To ask the Secretary of State for Health and Social Care, what steps he is taking to attract high quality dental professionals into NHS dentistry across the (a) South West and (b) UK.

Answering member: Maria Caulfield | Department: DHSC

In the South West, NHS England are working with Bristol and Peninsula Dental schools as part of the South West Dental Reform programme to address the challenges facing National Health Service dentistry in the region. The programme is looking at innovative ways to attract dental staff.

NHS England and NHS Improvement are leading on reforms to the current dental contract and wider dental system to make the NHS dental offer more attractive for dentists and their teams. Health Education England has made recommendations in their September 2021 Advancing Dental Care Review to tackle recruitment, retention and attracting dentists into the NHS. These recommendations are being implemented through their Dental Education Reform Programme.

Health Services

28 Jan 2022 | 109351

Asked by: Matt Vickers

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure patients are able to access NHS dentists; and what progress has been made on ensuring a full return to face-to-face GP appointments.

Answering member: Maria Caulfield | Department: DHSC

An additional £50 million in funding for National Health Service (NHS) dentistry has been made available for the remainder of the financial year to give more patients access to dental care and help tackle the dental backlog. The available appointments will be targeted first at those most in need of urgent dental treatment, vulnerable groups and children.

The Department continues to work closely with NHS England to maximise the number of patients that can be seen safely in dental practices, with an expectation set for NHS dental practices that they will deliver 85% of their contracted activity in quarter four 2021/22.

General Practices (GPs) have remained open throughout the pandemic, offering face to face appointments. They have been asked to prioritise vaccinations and emergency care until the end of the booster campaign. We expect patients to experience the same high quality of care regardless of how they access their GP surgery.

Dental Services

26 Jan 2022 | 108558

Asked by: Rachael Maskell

To ask the Secretary of State for Health and Social Care, what comparative assessment he has made of trends in the level of dental patients having (a) dental treatment and (b) dental treatment in hospital in (i) 2021 and (ii) 2019.

Answering member: Maria Caulfield | Department: DHSC

The number of National Health Service courses of treatment delivered in primary care dental practices in England decreased from 38,281,000 in 2019/20 to 11,985,000 in 2020/21.

The number of outpatient attendances for dental medicine specialities, restorative dentistry, paediatric dentistry and orthodontics has decreased from 1,365,742 to 735,080 from 2019/20 to 2020/21. Similarly, the number of admissions has decreased from 38,109 to 17,654.

Dental Services

24 Jan 2022 | 106703

Asked by: Rushanara Ali

To ask the Secretary of State for Health and Social Care, what steps his Department has in place to help ensure that dental practices accept NHS-funded patients.

Answering member: Maria Caulfield | Department: DHSC

The National Health Service contracts with dentists to provide an agreed level of dental activity each year, measured in units of dental activity. Where a dentist holds a contract with the NHS, they must deliver the agreed activity or if performance is below 96%, the NHS can recover the unused funds. Dentists therefore have a strong financial incentive to deliver the contracted service and not prioritise private patients in cases where they have undelivered NHS activity.

Throughout the pandemic, NHS England and NHS Improvement have set contractual arrangements which support safe increases in access, whilst maintaining compliance with infection prevention and control measures. The Department is working with the NHS to increase delivery of dental care. NHS dental practices have been asked to meet as many prioritised needs as possible, focussing first on urgent care and care for vulnerable groups, including children followed by overdue appointments.

Dental Services: Rural Areas

17 Jan 2022 | 98414

Asked by: Bob Seely

To ask the Secretary of State for Health and Social Care, what steps his Department will take to increase the supply of NHS dental places and appointments in (a) the Isle of Wight and (b) other rural and isolated communities.

Answering member: Maria Caulfield | Department: DHSC

NHS England and NHS Improvement are developing proposals for dental system reform, with the Department and key stakeholders. This aims to improve patient access and oral health, offer value for money for the National Health Service and be designed with the profession. Any reforms will seek to improve provision in such areas by making the NHS dental offer more attractive for dentists.

Health Education England's Advancing Dental Care Education and Training Review programme is addressing oral health needs through changes to the workforce. This includes opportunities for flexible core and specialty training pathways to improve career progression and retention, including in rural and isolated communities. The programme will also look at the placement of postgraduate dental training places into areas of greatest need, such as rural communities. NHS England and NHS Improvement are working with Portsmouth Clinical Commissioning Group and the local authority to consider how to improve dentistry provision in the Isle of Wight.

Dentistry: Labour Turnover

10 Jan 2022 | 98367

Asked by: Gill Furniss

To ask the Secretary of State for Health and Social Care, what steps he is taking to encourage NHS dentists to remain in the profession.

Answering member: Maria Caulfield | Department: DHSC

NHS England and NHS Improvement and Health Education England are working on programmes to make National Health Service dentistry more attractive to the profession and retaining current dentists. Health Education England's Advancing Dental Care Education and Training Review programme is exploring opportunities for flexible core and specialty training pathways to improve career progression and retention. The programme will also offer opportunity to develop new capabilities and competence, including in leadership, management and research.

NHS England and NHS Improvement are developing proposals for new NHS contractual arrangements, which will be designed with the support of the profession.

Dentistry: Staff

30 Dec 2021 | 87558

Asked by: Ed Davey

To ask the Secretary of State for Health and Social Care, how many (a) practising dentists and (b) practising NHS dentists there were in England (i) in total, (ii) by NHS regional area, (iii) by NHS local area and (iv) by Parliamentary constituency, in each of the last 10 years; and if he will make a statement.

Answering member: Maria Caulfield | Department: DHSC

The information requested is available for practising National Health Service dentists. A table showing the number of dentists undertaking NHS activity in England, NHS Region and clinical commissioning group in each of the last 10 years is attached. Data is not available by Parliamentary constituency.

6 Press Material

6.1 News 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.

[Patients in Suffolk town with no NHS dentists forced to queue for emergency treatment in car park](#)

ITV News

3 February 2022

['A national disgrace' – dental charity to offer treatment in face of NHS access troubles](#)

Dentistry

31 January 2022

[Only half of adults have seen NHS dentist in last two years, report shows](#)

The Independent

25 January 2022

[Hundreds of thousands more dental appointments to help recovery of services](#)

NHS

25 January 2022

[NHS England plans dental 'treatment blitz' to tackle appointments backlog](#)

The Guardian

25 January 2022

[Will we see a mass exodus from the NHS in 2022?](#)

Dentistry

25 January 2022

[England: New targets force more NHS appointments despite Omicron wave](#)

British Dental Association

22 December 2021

[Why is recruitment tougher for NHS practices?](#)

Dentistry

15 November 2021

[Third of dentists 'will quit if NHS support withdrawn'](#)

The Times [subscription required]
3 November 2021

[Is NHS dentistry still viable?](#)

Dentistry
6 October 2021

[Profession says 3% pay rise for NHS dentists is 'progress'](#)

Dentistry
22 July 2021

[Patients waiting three years to see dentists as sector gripped by 'crisis'](#)

The Independent
24 May 2021

[Dentistry: NHS patients 'asked to pay for private care'](#)

BBC
8 February 2021

7 Further Reading

7.1 House of Commons briefings

[NHS charges](#)

House of Commons Library briefing 7227
06 January 2022

[Oral health and dentistry in England](#)

House of Commons Debate Pack CDP-0072
21 May 2021

[Effect of covid-19 on dental services](#)

House of Commons Debate Pack CDP-0001
12 January 2021

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.

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.

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)