

**Debate Pack**

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# NHS dentistry in England

<b>Summary</b>	<b>3</b>
<b>1 Overview of NHS dentistry</b>	<b>6</b>
1.1 Finding an NHS dentist	6
1.2 Commissioning of NHS dental services	7
1.3 How do dental contracts work?	9
1.4 How is dentistry funded?	12
1.5 Are there enough dentists?	14
1.6 Regulation and accountability	17
<b>2 Challenges accessing NHS dental services</b>	<b>20</b>
2.1 Impact of the pandemic	20
2.2 Restoring services	22
2.3 Inequity in access to NHS dentistry	24
<b>3 Statistics on dental treatment</b>	<b>28</b>
<b>4 Parliamentary material</b>	<b>30</b>
4.1 Committee reports	30

4.2	Debates	30
4.3	Early Day Motions	31
4.4	Parliamentary Questions	31
<b>5</b>	<b>Press material</b>	<b>38</b>
5.1	News articles	38
<b>6</b>	<b>Further reading</b>	<b>40</b>
6.1	House of Commons Library briefings	40

## Summary

### Overview of NHS dentistry

Most dental practices offer a mix of NHS and private dentistry. Advice on [how to find an NHS dentist](#) from the NHS advises that dentist practices do not have a catchment area and patients do not need to “register” with a dentist in the same way as with a GP (though practices may have their own registers to store personal details and waiting lists).

NHS England are responsible for commissioning primary dental care services to meet local needs and priorities, managed through its local area teams. 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.

Dental contracts require dentists to complete a set number of units of dental activity (UDAs) – these do not relate to the number of patients. Attempts to review and reform the dental contract have taken place since their introduction in 2006. At present the contract remains the same. The Government has said it is continuing to work to reform the contract.

### Access to NHS dentistry

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, reducing the capacity of dental services. Over the course of the pandemic, the [British Dental Association have estimated](#) over 38 million dental appointments have been missed.

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 The dental Standard Operating Procedure has now been withdrawn

In May 2021 Healthwatch [reported examples of patients turning to private dentistry to access routine treatment](#). The article said 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.”

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

The Government said the funding would secure up to 350,000 additional dental appointments for those in most urgent need, including people suffering from oral pain, disease and infections.

On 24 January 2022, Health Minister, Maria Caulfield, provided the following response to a [Parliamentary Question](#), explaining the contractual performance threshold and changes made during the pandemic:

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.

A [letter to all NHS primary care dental contract holders \(PDF\)](#) on 5 April 2022 stated that a performance threshold of 95% will apply during April to June 2022/23.

### **Workforce**

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”.

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

### **Health inequalities**

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 minority ethnic groups 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.

A Healthwatch news item in May 2022 reported that a [lack of NHS dental appointments is widening health inequalities](#). The article states “[Healthwatch] have warned decision-makers that NHS dentistry is in desperate need of reform.”

# 1 Overview of NHS dentistry

## 1.1 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.<sup>1</sup>

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.<sup>2</sup>

### 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.

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<sup>1</sup> British Dental Association, [Mixed practice](#) (accessed 15 June 2022)

<sup>2</sup> NHS, [How to find an NHS dentist](#) (accessed 15 June 2022)

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.<sup>3</sup>

## Intervals between dental check-ups

The National Institute for Health and Care Excellence (NICE) clinical guideline [Dental checks: intervals between oral health reviews \[CG19\]](#) (October 2004) says the recommended interval between oral health reviews “should be determined specifically for each patient”.<sup>4</sup> 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; and
- The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.<sup>5</sup>

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 (NICE clinical guideline CG19).<sup>6</sup>

## 1.2

## 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.<sup>7</sup> 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

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

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

<sup>5</sup> As above

<sup>6</sup> NHS England, [General Dental Services contract](#), July 2018, p43

<sup>7</sup> NHS England, [Securing Excellence in Commissioning NHS Dental Services](#), February 2013

oral health across England and so there are no national standards for the number of dental practices per head of population.<sup>8</sup>

Under the Health and Care Act 2022 every part of England will be covered by a statutory Integrated Care Board (ICB) and Integrated Care Partnership (ICP), in each of the 42 existing Integrated Care Systems (ICS) in England, bringing together NHS, local government and wider system partners to organise health and care services. ICBs will take on responsibility for most NHS services from July 2022, with a greater focus on closer working between NHS bodies. ICPs aim to promote integration between the NHS, local government, and other providers by producing an integrated care strategy for their area.

The Government has said NHS reforms in England aim to bring commissioning of services, including dental services, closer to the patient and seek to address health needs at a more local level.<sup>9</sup> In June 2021 NHS England and NHS Improvement published an [ICS Design Framework](#). This noted that “ICS NHS bodies might also take on primary dental services...commissioning.”<sup>10</sup>

The PHE report [Inequalities in oral health in England](#) (2021) says the availability of NHS dental services is “largely based on provision prior to 2006 when dentists were able to set up a dental practice wherever they chose”.<sup>11</sup> The report notes that “perpetual contracts” were made with existing NHS dental providers in 2006 based on their historical service provision.<sup>12</sup>

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%”.<sup>13</sup>

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<sup>8</sup> PQ 43880, [Dental Services](#), Answered on 5 September 2016

<sup>9</sup> PQ 121831, [Dental Services: Integrated Care Systems](#), 21 February 2022; see also NHS England, [Dental commissioning policies and procedures](#) (accessed 15 June 2022)

<sup>10</sup> NHSE/I, [ICS Design Framework](#), June 2021

<sup>11</sup> PHE, [Inequalities in oral health in England](#), 19 March 2021, p16

<sup>12</sup> As above

<sup>13</sup> PQ 2342 [on [Dental Services](#)], 18 June 2021

## 1.3

## 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.<sup>14</sup>

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)) each year, with provisions for 'clawback' – the recovering of contract values, if UDA/UOA targets are not met.<sup>15</sup>

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.<sup>16</sup>

The 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, which are for specialist services and normally last for five years.<sup>17</sup>

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.<sup>18</sup> In March 2020, the National Audit Office (NAO) reported there were only 36 PDA Plus contracts in place in England.<sup>19</sup>

<sup>14</sup> [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#), Schedule 2

<sup>15</sup> Review Body on Doctors' and Dentists' Remuneration, [Forty-Eighth Report 2020](#), July 2020, p108

<sup>16</sup> Nuffield Trust, [The poor state of the nation's teeth: can anyone be bothered?](#), 2 November 2017

<sup>17</sup> NAO, [Dentistry in England \(PDF\)](#), March 2020

<sup>18</sup> NHSBSA, [What are the different types of NHS dental contracts?](#) (Accessed 15 June 2022)

<sup>19</sup> NAO, [Dentistry in England](#), March 2020, p19

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

The accompanying [Explanatory Memorandum](#) provides detailed information regarding the contractual arrangements.

## Reform of dental contracts

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

Since 2011, there have been various [pilots of dental contract reform \(PDF\)](#). Until March 2022, the NHS Business Services Authority (NHSBSA) was working with “over 100 NHS dental practices to transform services and bring prevention to the heart of every NHS dental practice”.<sup>20</sup>

A [letter to all NHS primary care dental contract holders \(PDF\)](#) 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.<sup>21</sup>

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 and the Dental Contract Reform Programme would be coming to an end:

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

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<sup>20</sup> NHSBSA, [Dental Contract Reform in England](#)

<sup>21</sup> NHS England & Department of Health and Social Care, [Letter to all NHS primary care dental contract holders: NHS Dental Contract Reform and Arrangements \(PDF\)](#), 29 March 2021

more widely as we continue to recover from the impact of COVID-19 on dental services.

[...] all prototype practices currently within the programme will be returned to their underlying GDS or PDS contracts in April 2022.<sup>22</sup>

The NHSBSA noted in November 2021 that “whilst the results show the prototype model is not suitable for widespread adoption given the impact upon patient access and inequalities there was nevertheless significant and important learning, in particular in relation to skill mix, risk assessment, evidence-based and implementation support, which we will be taking forward into dental system reform”.<sup>23</sup>

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.<sup>24</sup>

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<sup>22</sup> Department of Health and Social Care, [Update on the future of DCR from Department of Health and Social Care](#), October 2021

<sup>23</sup> NHSBSA, [Letter to NHS dental prototype contract holders: Contractual arrangements for prototype practices financial year 2021/22](#), 11 November 2021

<sup>24</sup> BDA, [England: Pioneering NHS dentists thrown under the bus](#), 14 January 2022

In April 2022, NHS England and NHS improvement published transitional guidance for commissioners and prototype practices returning to their underlying contract.<sup>25</sup>

In response to an Oral Parliamentary Question on NHS dental care services on 14 June 2022, Maria Caulfield, Parliamentary Under-Secretary of State for Health and Social Care, stated:

[...] the contract is the nub of the problem; it is currently a perverse disincentive for dentists to take on NHS work. We are serious about reforming it, we are in discussions with the BDA, and we will make the announcements before the summer recess.<sup>26</sup>

## 1.4 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.”<sup>27</sup>

The National Audit Office (NAO) indicate that [the contribution of NHS England funding to total funding fell by 10% \(PDF\)](#) in real terms between 2014/15 and 2018/19, whilst income from patient charges increased by 12% over the same period.<sup>28</sup>

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”.<sup>29</sup>

### Dental charges

Since 1951, some patients have been charged at the point of care for primary care dentistry. In recent years, dental charges accounted for around 29% of total funding. However, in 2020/21 the proportion fell to around 9%<sup>30</sup>, most likely as a consequence of restrictions on dental practice associated with the coronavirus pandemic.

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<sup>25</sup> NHS England and NHS Improvement, [Dental reform contract transitional guidance](#), 5 April 2022

<sup>26</sup> [HC Deb 14 June 2022 c136](#)

<sup>27</sup> NHS England Press Release, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

<sup>28</sup> NAO, [Dentistry in England](#), March 2020

<sup>29</sup> BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

<sup>30</sup> DHSC, [Annual report and accounts 2020-2021](#), 31 January 2022, Table 37.

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.
- **Band 2: £65.20**  
Covers all treatment included in Band 1, plus additional treatment such as fillings, root canal treatment and extractions.
- **Band 3: £282.80**
- Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.<sup>31</sup>

Urgent care falls into Band 1. A more detailed description of the treatments within each band on the NHS webpage '[What is included in each NHS dental band charge?](#)'

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.<sup>32</sup> If the additional treatment required is in a higher band, patients have to pay for the new course of treatment.<sup>33</sup>

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”.<sup>34</sup>

### Who is entitled to free dental treatment?

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

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

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

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<sup>31</sup> NHS, [How much will I pay for NHS dental treatment?](#) (Accessed 15 June 2022)

<sup>32</sup> As above

<sup>33</sup> As above

<sup>34</sup> General Dental Council, [Dental costs](#) (Accessed 15 June 2022)

- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits

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

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- [Universal Credit](#) (in certain circumstances)<sup>35</sup>

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.<sup>36</sup>

Further information about the HC2 and HC3 certificates can be found in the [Commons Library briefing on NHS charges](#).<sup>37</sup> The briefing also includes information on charges in Scotland, Wales and Northern Ireland.

## 1.5

### 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 July 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.<sup>38</sup>

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”.<sup>39</sup>

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<sup>35</sup> NHS, [Who is entitled to free NHS dental treatment in England?](#) (Accessed 15 June 2022)

<sup>36</sup> NHS, [Who is entitled to free NHS dental treatment in England?](#) (Accessed 15 June 2022)

<sup>37</sup> Commons Library briefing CBP-7227, [NHS charges](#)

<sup>38</sup> Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021

<sup>39</sup> As above, p138

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](#).<sup>40</sup> The 2021-22 report on NHS statistics is due to be published in August 2022.

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".<sup>41</sup> 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's 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.<sup>42</sup>

The Review Body further outlined 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, 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.<sup>43</sup>

Before the change of policy, the BDA [raised concerns](#) about the impact the proposed mandatory vaccination of dental professionals could have on dental services. In a [press release](#) responding to the move to end mandatory vaccination, the BDA said the impact among the workforce remains uncertain

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<sup>40</sup> NHS Digital, [NHS Dental Statistics for England 2020-21 Annual Report](#), 26 August 2021

<sup>41</sup> BBC News, '[Lack of dental appointments due to East of England recruitment crisis](#)', 22 October 2021

<sup>42</sup> Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021, p8

<sup>43</sup> Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021, p154

“given the number of colleagues who have already made plans to leave the service”.<sup>44</sup>

In response to an Oral Parliamentary Question on NHS dental care services on 14 June 2022, Maria Caulfield, Parliamentary Under-Secretary of State for Health and Social Care, stated:

We are working on a number of incentives to increase recruitment, including working with Health Education England on centres for dental development to train more dentists in those hard-to-reach areas, which tend to be coastal and rural areas.

We are also looking at how we can reform the overseas dentist policy. We are working with the General Dental Council on that and may be bringing legislation forward towards the end of the year to improve that, too.<sup>45</sup>

## Health Education England

A career in dentistry starts with at least five years’ undergraduate study and then a further year in dental foundation training.<sup>46</sup>

Health Education England (HEE) established the Advancing Dental Care (ADC) review in 2017, “with the aim of developing an education and training infrastructure that can respond to the changing needs of patients and services”.<sup>47</sup>

The review consisted of three phases:

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

As part of the review, the Dental Workforce Advisory Group convened during 2015-2017 to undertake a rapid review of the workforce required up to 2040, with the emphasis on meeting population needs.<sup>48</sup> A report ‘[The Future Oral and Dental Workforce for England](#)’ was published in March 2019.

The final [Advancing Dental Care Review report](#) was published in September 2021. HEE say they will “work collaboratively with system partners to deliver

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<sup>44</sup> BDA Press Release, [Mandatory vaccination: Dentistry set to face collateral damage despite U-turn](#), 31 January 2022

<sup>45</sup> [HC Deb 14 June 2022 c136](#)

<sup>46</sup> Review Body on Doctors’ and Dentists’ Remuneration, [Forty-Eighth Report 2020](#), July 2020, p107

<sup>47</sup> Health Education England, [Advancing dental care review](#). (Accessed 15 June 2022)

<sup>48</sup> 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

the recommendations of the ADC Review report across each of England's seven regions".<sup>49</sup>

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.<sup>50</sup>

The report recommends exploring 'Centres of Development':

These centres would bring together in one locality the later stage of undergraduate training, enhancing student experience through a broader range of placements in different clinical environments, support the transition from undergraduate to Dental Foundation and Early Years training and co-ordinate the development of Middle Years and Specialty training in parallel with service provision in areas there is a shortage of dental workforce relative to need. This concept will require infrastructure investment and as infrastructure costs emerge, HEE will bid for investment through the Spending Review process.<sup>51</sup>

## 1.6

## 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; and
- Promote and maintain proper professional standards and conduct for members of those professions.<sup>52</sup>

All dental professionals must be registered with the GDC to provide dental services in the UK. Registration depends on [certain criteria](#). As of June 2022, 116, 095 dental professionals were on the GDC register.<sup>53</sup>

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<sup>49</sup> Health Education England, [Advancing dental care review](#) (Accessed 15 June 2022)

<sup>50</sup> As above

<sup>51</sup> HEE, [Advancing Dental Care Review: Final Report](#), 21 September 2021, p12

<sup>52</sup> [Dentists Act 1984](#), Section 1

<sup>53</sup> GDC, [Registration report June 2022](#), 15 June 2022

Registered dentists and dental care professionals must pay an Annual Retention Fee each year to remain on the register. The annual fee for dentists is currently £680.<sup>54</sup> They must also declare they are covered by appropriate indemnity to practice and have met the continuing professional development (CPD) requirements for continuing registration.<sup>55</sup>

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.<sup>56</sup> They do not rate dental services, but they highlight if a service is meeting the standard of care inspected.<sup>57</sup>

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.<sup>58</sup>

## 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 working in primary care 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.

In 2014, indicators related to dental health were added to the NHS Outcomes Framework.<sup>59</sup> One of the indicators is "[access to NHS dental services](#)" which

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<sup>54</sup> GDC, [Annual Retention Fee](#) (Accessed 15 June 2022)

<sup>55</sup> GDC, [Join the register](#) (Accessed 15 June 2022)

<sup>56</sup> CQC, [Find a dentist](#) (Accessed 15 June 2022)

<sup>57</sup> CQC, [Find a dentist](#) (Accessed 15 June 2022)

<sup>58</sup> CQC, [CQC inspectors publish reports on 36 dental practices in England](#), 2 May 2017

<sup>59</sup> Department of Health, [The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016](#), December 2014

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

The Board “aims to jointly ensure that patients receive high-quality, safe dental services from professionals and organisations that are competent and meet national standards, and that services improve”.<sup>60</sup>

The Regulation of Dental Services Programme Board has published guidance, including [operational protocol](#) which “encourages information to be shared more routinely” between the CQC, NHS England and the GDC.<sup>61</sup>

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

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<sup>60</sup> CQC, [Regulation of Dental Services Programme Board](#), updated 12 May 2022 (Accessed 15 June 2022)

<sup>61</sup> Regulation of Dental Services Programme Board, [Joint operational protocol: Regulation of Dental Services Programme Board](#), November 2017

## 2

## 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.<sup>62</sup>

On 25 March 2020, NHS dental practices were told to cease routine dentistry in response to the pandemic.<sup>63</sup> Around 600 urgent dental care hubs were set up to deliver urgent care for patients.<sup>64</sup>

NHS dental practices in England were subsequently asked to reopen from 8 June 2020 “for all face-to-face care” and have remained open.<sup>65</sup>

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.<sup>66</sup> 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.<sup>67</sup>

## 2.1

### 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 noted](#) that whilst some areas set these up quickly, people struggled to get appointments in others.<sup>68</sup> The CQC also note that NHS 111 sometimes struggled to direct people to the right service.<sup>69</sup>

<sup>62</sup> CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

<sup>63</sup> [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

<sup>64</sup> NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

<sup>65</sup> NHS England, [Letter from the Chief Dental Officer and Director of Primary Care and System Transformation to dental practices: Resumption of dental services in England \(PDF\)](#), 28 May 2020

<sup>66</sup> [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

<sup>67</sup> BDA Press Release, [Mandatory vaccination: Dentistry set to face collateral damage despite U-turn](#), 31 January 2022

<sup>68</sup> CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), updated 12 May 2022 (Accessed 15 June 2022)

<sup>69</sup> As above

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

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.”<sup>70</sup>

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.<sup>71</sup>

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.”<sup>72</sup>

[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”.<sup>73</sup>

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. [...]

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<sup>70</sup> Healthwatch, [Dentistry and the impact of Covid-19](#), 9 December 2020

<sup>71</sup> BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

<sup>72</sup> Healthwatch, [Twin crisis of access and affordability calls for radical rethink of NHS dentistry](#), 24 May 2021

<sup>73</sup> Healthwatch, [Dentistry during Covid-19 Insight](#), 24 May 2021

Delays for appointments for both routine treatment and exams as a result of the pandemic were more common for NHS patients than private patients.<sup>74</sup>

## 2.2

## 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 in June 2020.<sup>75</sup> The document set out how patients should be prioritised according to greatest clinical need.

Prioritising patients with urgent dental care needs includes an expectation that practices will accept referrals and new patients seeking urgent care. It also includes recall of patients with incomplete care plans, or with oral health needs that may have increased, developed or gone unmet during the pandemic. The document lists children, patients with high oral disease risk, and patients “whose oral health impacts on systemic health” as examples.<sup>76</sup>

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 has not addressed the backlog.<sup>77</sup>

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”.<sup>78</sup> NHSE/I stated 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”.<sup>79</sup>

A [letter to All NHS primary care dental contract holders \(PDF\)](#) on 5 April 2022 stated that the dental Standard Operating Procedure has been removed in line with the Government’s Living with Covid-19 Strategy and “Practices are reminded that urgent dental care should be provided as part of their core

<sup>74</sup> CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), updated 12 May 2022 (Accessed 15 June 2022)

<sup>75</sup> Office of Chief Dental Officer England and NHS England, [Standard operating procedure: Transition to recovery](#) (PDF), June 2020 (NB. only version 3 of the SOP is available online)

<sup>76</sup> As above, p18

<sup>77</sup> Healthwatch Oxfordshire, [Access to dental services – an update from NHS England NHS Improvement](#), 6 January 2022

<sup>78</sup> As above

<sup>79</sup> As above

service offer to patients, and that adherence to risk based recall intervals and other NICE guidance is a contractual requirement.”<sup>80</sup>

## £50 million funding announcement (January 2022)

On 25 January 2022 the Government announced an additional £50 million in funding for dentistry to spend before the end of the financial year.<sup>81</sup> It stated that funding would secure up to 350,000 additional dental appointments for those in most urgent need. This included people suffering from oral pain, disease and infections.<sup>82</sup> It also stated that children would be prioritised, alongside people with learning disabilities, autism or severe mental health problems.<sup>83</sup>

The Government said that dentists involved in the scheme would be paid more than a third on top of their normal sessional fee for delivering this care outside of their core contracted hours.<sup>84</sup>

## Activity targets

During the initial stages of the pandemic, NHS England paid dental practices 1/12<sup>th</sup> 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.<sup>85</sup> The targets were gradually increased over the intervening months.<sup>86</sup>

Targets were based on clinical advice and modelling from the office of the Chief Dental Officer and the amount of activity being achieved by dental practices at the time.<sup>87</sup> Where a contractor was delivering in excess of 100% of their contracted activity, they could deliver activity at the contracted rate for 2021/22 to a maximum of 110% of usual contractual requirements.<sup>88</sup>

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](#)’ (PDF), which outlines how NHS practices are expected to meet 85% of their pre-Covid activity levels during Q4 of 2021/22.

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<sup>80</sup> NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

<sup>81</sup> NHS England, ‘[Hundreds of thousands more dental appointments to help recovery of services](#)’, 25 January 2022

<sup>82</sup> As above

<sup>83</sup> As above

<sup>84</sup> As above

<sup>85</sup> Dentistry, ‘[NHS dental targets to increase to 60% from April](#)’, 29 March 2021

<sup>86</sup> As above

<sup>87</sup> PQ 133990 [on [Dental service: Coronavirus](#)], 6 January 2021

<sup>88</sup> NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

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”.<sup>89</sup>

The BDA published a press release in response, ‘[Dentists instructed to churn through NHS appointments in face of Omicron wave](#)’ (22 December 2021), which described the activity targets as “unrealistic”.<sup>90</sup> Further information can also be found in the Sky News article ‘[NHS likely to lose nearly half of dentists after pressure increased to catch up on backlogs, profession warns](#)’ (1 January 2022).

The Key steps in 2022 letter says: “Practices should plan on the basis that NHS income protection will come to an end in April 2022 and we will revert to usual contract management arrangements.”<sup>91</sup>

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

Recognising there will be additional steps some contractors may need to take to return to full contractual delivery we have agreed an exceptional further period of support for the first quarter of 2022/23. A performance threshold of 95% will apply during April to June (Q1) 2022/23. This will apply to dental contractors only, and where contractors achieve 95% or more the variable cost adjustment will continue to apply to non-delivered activity. We will confirm arrangements from Q2 onwards separately, however we expect to return to usual contractual arrangements in line with the rest of the NHS.<sup>92</sup>

## 2.3

### 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.<sup>93</sup>

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<sup>89</sup> NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry \(PDF\)](#), 22 December 2021

<sup>90</sup> BDA, [Dentists instructed to churn through NHS appointments in face of Omicron wave](#), 22 December 2021

<sup>91</sup> NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry \(PDF\)](#), 22 December 2021

<sup>92</sup> NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

<sup>93</sup> PHE, [Inequalities in oral health in England](#), 19 March 2021

The report also highlighted that some vulnerable groups face substantial difficulties accessing dental care, including homeless people, prisoners, travellers and looked after children.<sup>94</sup>

The [Review Body on Doctors' and Dentists' Remuneration 2021 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.<sup>95</sup>

Prior to the pandemic, the Care Quality Commission's 2019 report '[Smiling Matters: Oral health in care homes](#)' identified that "not everyone was supported to keep their teeth or dentures clean".<sup>96</sup> The report also stated:

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.<sup>97</sup>

A [Healthwatch report \(PDF\)](#) 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".<sup>98</sup>

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.<sup>99</sup> In the North West, two out of three ICSs were accepting no new patients, including Greater Manchester, and Lancashire and South Cumbria.<sup>100</sup>

The report stated "perhaps the worst affected is Devon, as there are currently no practices showing as taking on adult or child patients".<sup>101</sup>

The [summary of dental results from the GP Survey](#) (January to March 2021) published by NHS England captures information on access to NHS dental

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<sup>94</sup> As above, p109

<sup>95</sup> Review Body on Doctors' and Dentists' Remuneration, [Forty-Ninth Report 2021](#), July 2021, p132

<sup>96</sup> Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019, p4

<sup>97</sup> As above, p4

<sup>98</sup> Healthwatch, [What people have told us about NHS dentistry: A review of our evidence – April to September 2021 \(PDF\)](#), December 2021, p2

<sup>99</sup> As above, p10

<sup>100</sup> As above

<sup>101</sup> As above

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.<sup>102</sup>

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.<sup>103</sup>

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%)<sup>104</sup>

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%).<sup>105</sup>

Slightly lower levels of success were reported by younger age groups and ethnic minorities against the national figure of respondents.<sup>106</sup>

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".<sup>107</sup>

The 2022 Survey results will be published in summer 2022.

A Parliamentary Question answered on 14 June 2022 on asked [what steps the Government are taking to reduce inequalities in access to dental services](#). The Government responded:

We are aware that some patients find it difficult to access NHS dentistry. Work is underway to better target patients with complex needs. NHS England has provided a flexible commissioning toolkit to commissioners to focus available capacity on reducing oral health inequalities.

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<sup>102</sup> NHS England, [Summary of the Dental Results from the GP Patient Survey – January to March 2021](#), 8 July 2021, p4

<sup>103</sup> As above

<sup>104</sup> As above

<sup>105</sup> As above

<sup>106</sup> As above

<sup>107</sup> As above, p8

In addition, we provided an extra £50 million earlier this year for additional dental access. The appointments were targeted to vulnerable patients and those in most urgent need.<sup>108</sup>

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<sup>108</sup> PQ 900481 [on [Dental services: Equality](#)], 14 June 2022

## 3

## Statistics on dental treatment

The latest full financial year estimates for 2020/21 show that 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.

The proportion of children seen by an NHS dentist fell to its lowest level of 23.1% in March 2021. The percentage has since improved but the December 2021 figure of 43.2% is around a quarter lower than in December 2019 (58.0%)

Among adults the percentage has fallen each quarter since March 2020 and the December 2021 rate is the lowest recorded over the period shown.

Population recently seen by a dentist (England)		
Quarter ending:	Children (% within last year)	Adults (% within last 2 years)
Sep 2019	58.5	49.5
Dec 2019	58.0	49.3
Mar 2020	58.3	49.3
Jun 2020	52.9	47.9
Sep 2020	43.5	46.4
Dec 2020	30.0	44.9
Mar 2021	23.1	43.1
Jun 2021	33.0	41.3
Sep 2021	38.8	38.7
Dec 2021	43.2	36.0

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.

## 4 Parliamentary material

### 4.1 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

### 4.2 Debates

[NHS Dental Care Services](#)

14 Jun 2022 | Oral questions - Lead | House of Commons | 716 cc135-7

[NHS Dental Services](#)

24 May 2022 | Oral questions - Lead | House of Lords | | 822 cc753-7

[NHS Dentistry Backlog](#)

19 Apr 2022 | Oral questions - Lead | House of Commons | 712 cc6-9

[Access to NHS Dentistry](#)

10 Feb 2022 | Backbench debates | House of Commons | 708 c489WH

[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

## 4.3 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.

## 4.4 Parliamentary Questions

#### [NHS: Dental Services](#)

14 Jun 2022 | 900479

Asked by: **Grahame Morris**

To ask the Secretary of State for Health and Social Care, what recent estimate he has made of the number of available dental appointments for NHS patients.

**Answering member: Maria Caulfield | Department: Department of Health and Social Care**

This information is not currently collected, however as part of the next phase of our dental system reform work we will be considering all parts of the

system and how it operates, including which data is collected where and how it is used, to ensure that we have a reformed and improved system which will deliver better outcomes for patients. NHS Dentists are remunerated for dental activity not by appointment. We provided an extra £50 million for additional activity and patient appointments at the beginning of this year and from April NHS dentists have been asked to deliver at least 95% of contracted activity.

### NHS: Dental Services

13 Jun 2022 | 9147

Asked by: Luke Pollard

To ask the Secretary of State for Health and Social Care, how many dentists delivered NHS care in each of the last five years in each region of England.

Answering member: Maria Caulfield | Department: DHSC

The following table shows the number of dentists with National Health Service activity in each region in England in each of the last five years.

	2020/21	2019/20	2018/19	2017/18	2016/17
London	4,179	4,548	4,495	4,435	4,380
South West	2,560	2,664	2,656	2,692	2,700
South East	4,136	4,442	4,499	4,458	4,351
Midlands	4,341	4,549	4,479	4,428	4,311
East of England	2,955	3,129	3,141	3,088	3,024
North West	3,301	3,438	3,368	3,360	3,312
North East and Yorkshire	3,840	3,956	3,979	3,928	3,939

### NHS: Dental Services

13 Jun 2022 | 13272

Asked by: Paula Barker

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure the accessibility for patients of NHS funded dentistry care.

Answering member: Maria Caulfield | Department: DHSC

The Department and NHS England and NHS Improvement are working with stakeholders, including the British Dental Association (BDA), on

improvements to the National Health Service dental system, with negotiations currently underway. This aims to improve patient access, reduce health inequalities and make the NHS a more attractive place to work for dentists. We will set out a timetable for implementation when these negotiations conclude.

Between April and June 2022, NHS England and NHS Improvement have asked practices to deliver at least 95% of contracted units of dental activity to safely improve access for patients.

**NHS: Dental Services**

**08 Jun 2022 | 11842**

**Asked by: Dan Carden**

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve retention and recruitment of NHS dentists.

**Answering member: Maria Caulfield | Department: DHSC**

In ‘Advancing Dental Care Review: Final Report’, Health Education England (HEE) made recommendations to address recruitment, retention and attracting dentists and other dental professionals into the National Health Service. These recommendations are being implemented through HEE’s Dental Education Reform Programme.

We are also working with stakeholders including the British Dental Association to make the NHS dental contract more attractive to the profession, which aims to improve patient access and reduce health inequalities. Between April and June 2022, NHS England and NHS Improvement have asked practices to deliver at least 95% of contracted units of dental activity to safely improve access, including for new patients.

**NHS: Dental Services**

**23 May 2022 | 3714**

**Asked by: Mike Amesbury**

To ask the Secretary of State for Health and Social Care, what advice his Department provides to NHS dental patients who move to an area where there are no dentists taking on NHS patients; and what steps he is taking in response to that matter.

**Answering member: Maria Caulfield | Department: DHSC**

NHS England’s customer service centre can assist patients to access National Health Service dental service. NHS 111 can also support patients who are unable to access an urgent appointment directly through a dental practice. We have written to dental practices and commissioners that online information on NHS.UK is updated to allow patients locate services. Patients are registered with a dental practice during a specific course of treatment

and there are no geographical restrictions on which practice a patient may attend.

**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: 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.

## 5 Press material

### 5.1 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.

[Reform of NHS dentistry ‘will take place before Parliament’s summer recess’, says minister](#)

Dentistry

14 June 2022

[Dentist crisis: People unable to get NHS treatment resorting to desperate measures to stop pain](#)

Sky News

2 June 2022

[‘One woman took out 13 of her own teeth’: the terrifying truth about Britain’s dental crisis](#)

The Guardian

24 May 2022

[Dental crisis leading to ‘slow death of NHS dentistry’](#)

The Independent

24 May 2022

[Ministers asleep at the wheel over dentist shortages, say Lib Dems](#)

BBC

21 May 2022

[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

## 6 Further reading

### 6.1 House of Commons Library briefings

[Access to NHS dentistry](#)

House of Commons Library Debate Pack CDP-0029  
9 February 2022

[NHS charges](#)

House of Commons Library briefing 7227  
06 January 2022

[Oral health and dentistry in England](#)

House of Commons Library Debate Pack CDP-0072  
21 May 2021

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

House of Commons Library Debate Pack CDP-0001  
12 January 2021

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