

NHS Dentistry Services

Summary

This House of Lords Library Briefing has been prepared in advance of the debate due to take place on 25 July 2019 in the House of Lords on the motion moved by Baroness Gardner of Parkes (Conservative) that “this House takes note of the availability of National Health Service dentistry services”. As healthcare is a devolved matter, this briefing primarily focuses on dental services in England. However, information on the devolved administrations is set out in the sections on costs and usage, with additional information at the end as further reading.

NHS dentistry examinations are chargeable in England and Wales, with further fees determined by the course of treatment. In Scotland and Northern Ireland patients are entitled to free examinations but could pay up to 80% of treatment costs, up to £384. In recent years, although the number of children being seen by NHS dentists in England has increased, the number of adults being seen has fallen. This decrease has been partly attributed to labour shortages in NHS dental practices. It is said that dentists are scaling down their commitments to the NHS or leaving it entirely. For example, leading dental bodies and oral health charities, such as the British Dental Association and the Oral Health Foundation, believe that job dissatisfaction and the existing NHS contracts—which they contend are focused on targets and not patient care—are factors. They argue labour shortages have impacted on patients, with some facing long journeys to find an NHS dental practice that can treat them or being left unable to see an NHS dentist. Consequently, in some cases people are visiting their general practitioners, hospital accident and emergency departments or undertaking their own treatment to tackle dental pain.

The Government has sought to improve access to oral health services by introducing several measures. This includes through policies such as the NHS outcomes and the starting well frameworks. The Government has also introduced a new prototype contract for NHS dentists. It hopes these measures will increase the number of staff working in NHS dental services and improve oral health, particularly, in children.

What is the Cost of Dental Services?

NHS dental charges were introduced in 1951.¹ Charges across the United Kingdom vary, with some people entitled to free NHS dental treatment should they meet certain criteria.

England

In March 2019, the Government announced that dental charges in England would increase by 5% from 1 April 2019. Charges are divided into bands, with fees determined by the course of treatment. They are as follows:

- Band 1 (£22.70): This covers examinations, diagnosis, and preventative care.
- Urgent dental treatment (£22.70): This covers emergency care.

- Band 2 (£62.10): This covers everything listed in band 1, plus any further treatment such as fillings and root canal work.
- Band 3 (£269.30): This covers everything listed in bands 1 and 2, plus crowns, dentures, bridges, and other laboratory work.²

Some people are entitled to free NHS dental treatment. This includes if an individual is:

- Under 18 (or under 19 and in qualifying full-time education).
- Pregnant or if they have had a baby in the previous 12 months.
- Being treated in an NHS hospital, with treatment carried out by a hospital dentist (although patients may still have to pay for any dentures or bridges).
- Receiving low income benefits, or if they are under 20 and a dependant of someone receiving low income benefits.³

Wales

As in England, those who pay for NHS dental treatments are charged based on the treatment that they receive. Dental charges in Wales are as follows:

- Band 1 (£14.30).
- Urgent dental treatment (£14.30).
- Band 2 (£46.00).
- Band 3 (£199.10).⁴

Exemptions to charges are similar to those for England, including if a patient is aged under 18, pregnant, or if they receive certain benefits (for example, universal credit).

Scotland

In Scotland, NHS dental examinations are free of charge for everyone. Patients who require further treatment are expected to pay 80% of treatment costs, up to a maximum of £384. Dentists in Scotland can also charge a patient if they fail to attend an appointment without giving due notice. Similar exemption criteria to England and Wales also applies.⁵

Northern Ireland

In Northern Ireland, patients who are not entitled to free treatment or help with the cost of treatments are required to pay 80% of the dentist's fee for treatment up to £384. Charges can also apply for patients who miss an appointment with a provider of health service dentistry. Again, the exemptions apply to individuals who meet similar criteria to those listed above.⁶

Recent Commentary on Dental Costs

The rising cost of dental charges has been criticised by many leading dental health charities and bodies. According to the charity the Oral Health Foundation increasing NHS dental charges will "hit the

poorest areas of society the hardest” and will lead to an increase in the number of people avoiding routine dental appointments.⁷

In July 2019, the Government announced that it would be examining the impact that rising dental charges in England was having on patients. In response to an oral question, Baroness Blackwood of North Oxford, the Parliamentary Under Secretary at the Department of Health and Social Care, stated that the Government had “committed to looking further at evidence” as to whether patients are “being adversely impacted so that this can be taken into account in next year’s—and any future—decisions”.⁸

How Many People Are Using Dental Services?

In recent years, the number of adults seen by an NHS dentist in England has fallen. The latest data on patients seen by an NHS dentist reveals that 22 million adults (50.7%) saw an NHS dentist in the 24 months to 30 June 2018. This figure was 98,445 fewer than the 24-month period to June 2017.⁹ This has, in part, been attributed to labour shortages in NHS dentistry.¹⁰

Regarding children, 6.9 million (58.6%) saw an NHS dentist in the 12 months to 30 June 2018. This represents an increase in the number of children being seen by NHS dentists, with 58.2% of children being seen in the 12 months to June 2017.¹¹

The following table shows changes in these figures for the periods leading up to June 2014 through to June 2018. It should be noted that an unknown proportion of people use private dentists.¹²

Table 1: Number (in Thousands) of Adults Seen in the Previous 24 Months, Child Patients Seen in the Previous 12 Months, and the Percentage of the Population, at Specified Dates (England)

Date	Number (000s)			Percentage of the Population ¹³		
	Adult	Child	Total	Adult	Child	Total
30 June 2014	22,009	7,907	29,916	52.0	68.7	55.5
30 June 2015 ¹⁴	22,032	7,992	30,024	52.0	69.5	55.7
30 June 2016 ¹⁵	22,140	6,724	28,864	51.4	57.6	52.7
30 June 2017 ¹⁶	22,159	6,799	28,958	51.4	58.2	52.9
30 Jun 2018 ¹⁷	22,061	6,901	28,962	50.7	58.6	52.4

Comparable statistics for dentistry in Scotland, Wales and Northern Ireland show a mixed picture.

- In Scotland, 3.6 million (69.9%) saw an NHS dentist in the two-year period up to 30 September 2018.¹⁸ In contrast, in the two years up to 30 September 2016, the figure was 72%.¹⁹
- In Wales, 1,722,571 patients (54.8%) were treated by a local health board in the two years ending 31 December 2018. This represented an increase on the 1,702,918 patients (54.7%) that were treated in the previous two-year period.²⁰
- In Northern Ireland, the number of patients registering for dental care increased from 1,187,184 (63%) in 2017 to 1,203,338 (64%) in 2018.²¹ Data for patients seen is not readily available.

What Are Patients' Views on NHS Dentistry?

From January to March 2019, 2.3 million adults in England were asked about their views on NHS dentistry, as part of the GP Patient Survey. This included questions on patients obtaining an appointment with an NHS dentist and, if not, what were the main reasons why they had not tried. Of the 2.3 million adults that were contacted, 771,000 responded (33%).²²

The results of the survey revealed that:

- 58.4% of respondents tried to get an NHS dental appointment in the last two years.
- 92.3% of those respondents who had tried to get an appointment were successful.
- 85.2% of respondents who tried to get an appointment rated their NHS dental experience as positive (54.7% had a very good experience and 32.1% had a fairly good experience).²³

However, the success rate for respondents who had not been to the same dental practice before was lower (73.4%) than if they had previously attended the practice (96%).

Just over four in ten people (41.6%) had not tried to get an NHS appointment in the last two years. Of those, 38.3% mentioned private dentistry as the reason (25.9% preferring private dentistry and 12.4% staying with their dentist when their dentist moved from NHS to private dentistry). In addition, 12.6% of those respondents stated that they did not think that they could get an NHS appointment as their reason. This represented an increase of 0.6% on the previous year.²⁴

What Are the Issues Affecting NHS Dental Practices?

In recent years, there have been several issues affecting NHS dental practices in England. These include problems recruiting NHS dentists, a decrease in job satisfaction for those already in the profession and issues with NHS dental contracts.

Recruitment

The British Dental Association (BDA), a trade union representing dentists, has argued that the future of NHS dentists is “in doubt”. It largely attributes this to a growing number of NHS dental practice owners reporting problems filling “core clinical vacancies”.²⁵ In March 2019, the findings of a survey of BDA members who owned an NHS dental practice in England revealed that 75% of respondents struggled to fill vacancies, with the figure rising to 84% amongst those with the highest NHS commitments.²⁶ This represents an increase in recent years, up from 50% in 2016 and 68% in 2017.

The BDA also highlighted the following examples of issues recruiting dentists into the NHS:

- A practice in Barrow having permanent vacancies unfilled for 5 years, resulting in the practice operating at quarter capacity.
- A “leading” recruitment agency told the BDA that it had been unable to fill any posts advertised in Cumbria over the past 12 months (as of March 2019).

Current NHS Contract

The current NHS dental contract was implemented in England and Wales in 2006. Critics of the contract, such as the BDA, argued that it remunerates dentists based on activity and not the level of patient care received. It said that this often led to stress and in dentists reducing their NHS commitments. In January 2019, a team of researchers from the BDA sought to determine the level of stress and burnout affecting UK dentists. Examining the responses from 2,053 dentists, the researchers found that 54.9% of respondents were experiencing “high job stress”, with 43.8% of respondents stating that they “could not cope” with the level of stress in their jobs. Researchers also found that some of the most common causes of work-related stress were trying to meet NHS targets (72.4%) and NHS work (63.2%).²⁷

The provision of NHS dental services has also been affected by dentists leaving the NHS or scaling down their commitments. 59% of NHS dentists responding to recent BDA surveys stated that they planned to leave the NHS or scale down their NHS commitments within the next five years, rising to 67% amongst those “doing the most NHS work”.²⁸

What Has the Impact Been on Patients?

The lack of NHS dental practices in England either available or operating at full capacity is requiring some patients to have to travel long distances to find a dental appointment. Often, this has left patients with no access to an NHS dental practice, consequently leading to patients having to visit hospitals, general practitioners or perform their own treatments to reduce dental pain.

Accessibility

The BDA contends that a lack of dental practices available for patients is having “major knock-on effects” on patient access, with official websites, such as the NHS website, “directing patients to undertake epic journeys to get an appointment”.²⁹ Its analysis shows that new patients across England are facing round trips of over 40 miles, with those reliant on public transport “facing over 4 hours in transit”. The following table produced by the BDA, using NHS website and Google Maps data, shows journey lengths and times across England for new adult NHS dental patients, as of March 2019:

Table 2: Nearest Practice Able to Take New Adult NHS Dental Patients, NHS Website and Google Maps Data, March 2019 (England)³⁰

Location	Nearest practice taking new adult NHS patients	Estimated roundtrip by road (miles)	Estimated roundtrip by public transport (hours)
Barrow-in-Furness	Whitehaven	90	3h 18m
Windemere	Maryport	86.2	5h 16m
Bodmin	Redruth	64.8	3h 12m
King’s Lynn	Boston	63.2	4h 54m
Morecambe	Thornton Cleveleys	61.6	4h 54m
Plymouth	Paignton	59.4	3h 32m
Devizes	Combe Down, Bath	43.8	3h 06m
Swanage	Poole	39.8	2h 44m

Location	Nearest practice taking new adult NHS patients	Estimated roundtrip by road (miles)	Estimated roundtrip by public transport (hours)
Mablethorpe	Skegness	34.6	2h 24m
Scarborough	Whitby	32.6	1h 46m
Grantham	Newark	31	1h 16m
Bury St Edmunds	Stowmarket	30.8	1h 28m
Amesbury	Andover	30.4	2h 24m
Salisbury	Fordingbridge	22.6	1h 24m

Recent reported examples of the impact on patients of surgeries being oversubscribed or closing include:

- The closure of three dental surgeries in Portsmouth in June 2019, affecting at least 20,000 patients. This resulted in the nearest availability for patients being either a 30-minute drive away or a ferry to Gosport.³¹
- Dental services in Cumbria being described as having reached “breaking point” by Tim Farron (Liberal Democrat MP for Westmorland and Lonsdale). In a debate on 3 July 2019, Mr Farron argued that a lack of access to an NHS dentist in Cumbria had resulted in long journeys for patients to reach the nearest surgery with an available place, which often patients could not afford.³² Mr Farron attributed the lack of access to several reasons, including difficulties recruiting dental staff and the NHS dental contract. He stated that the contract pays a set amount to dentists for particular types of treatment, but is often “not enough to cover their overheads”.³³

Patients Visiting Hospitals, General Practitioners or Undertaking Their Own Dental Treatment

A lack of accessibility has often seen patients visiting hospitals or performing their own dental treatment at home. In 2017, research undertaken by Newcastle University’s Centre for Oral Health Research revealed that patients attending accident and emergency departments due to dental problems was approaching 1% of all hospital attendances in England. This was around ten times higher than the official government figures (14,500 patients) for 2014/15.³⁴ The BDA argued that it could “conservatively place” dental attendees at closer to 135,000 patients per year, with an annual cost of just under £18 million. The BDA has previously estimated that 600,000 patients per year visit general practitioners to treat dental pain, instead of visiting a dentist.³⁵

Patients who visit hospitals and general practitioners to treat dental pain also include those residing in care homes. In June 2019, the Care Quality Commission examined the adequacy of dental support for the elderly in care homes in England. Its findings revealed that 52% of care homes did not have a policy to promote and protect oral health, whilst 73% of care plans it reviewed only partly covered or did not cover oral health.³⁶ Concluding, the Care Quality Commission argued that “too many people” living in care homes were “not being supported to maintain and improve their oral health”.³⁷ In response to a written question on the Care Quality Commission’s findings, the Parliamentary Under Secretary at the Department for Health and Social Care, Seema Kennedy, stated that the Government “welcomed” the commission’s report. She said that the Department for Health and Social Care, together with Public Health England, NHS England and Health Education England, were “carefully considering” the recommendations and would respond to it in “due course”.³⁸

There have also been several news reports of people undertaking their own dental treatment after failing to get a dental appointment.³⁹ The BDA contends that there are several risks involved with home dentistry, including risks of accidental overdosing on painkillers to treat dental pain.⁴⁰

Recent Commentary on the Impact of Patients

According to Dr Justin Durham, an Honorary Consultant at Newcastle upon Tyne Hospitals NHS Foundation Trust and the senior author of the 2017 study, the recent findings reveal that “there are potentially significant problems in the care pathways”, with patients opting to go to accident and emergency departments and general practitioners instead of dentists.⁴¹

In addition, the vice chair of the British Dental Association, Eddie Crouch, said NHS dental shortages had resulted in “hundreds of thousands of irregular attenders, many with poor oral health, [...] falling through the cracks”. Mr Crouch argued that “these aren’t just patients seeking a regular check-up. They are often people in pain, left without the care they need”. However, an NHS spokesperson stated that “more than nine out of 10 people needing a dental appointment get one, with a clear majority saying they are happy with their care”.⁴²

Recent Government Policy

In recent years, the Government has sought to improve access to oral health services in England by introducing several measures. This included through the NHS outcomes and the starting well frameworks. The Government has also introduced a new prototype contract for NHS dentists.

NHS Outcomes Framework

In 2014, dental health indicators were included for the first time in the NHS outcomes framework. Indicators include the percentage of people who successfully obtained an NHS dental appointment in the last two years. The framework is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The indicators are used to hold NHS England to account for the outcomes it delivers through commissioning health services.⁴³

Starting Well Framework

In 2018, NHS England launched the starting well framework. It is a dental practice-based initiative designed to promote early years dental access and preventative care in England. This includes a commissioning approach (called the starting well core) aimed at reducing oral health inequalities and improving oral health for children aged 0–2 years old by:

- Increasing dental access and attendance.
- Delivering evidence-based preventative care in practice, such as preventive advice and support for behavioural change.
- Raising public and professional awareness to promote early-years dental attendance, and supporting the British Society of Paediatric Dentistry’s campaign for a Dental Check by One.⁴⁴

To achieve this, the approach involves:

- Promoting full use of commissioned capacity and flexible commissioning arrangements to advance access opportunities for children aged 0–2 years.
- Providing clarity around care, documentation, and submission of claims.
- Supporting the profession with local training events and resources.
- Communication and engagement with health and social care and early years stakeholders.

The ‘starting well core’ has been made available to all NHS dental commissioning teams for local use and is being implemented across the country in alignment with local population needs and with other local child oral health improvement work.

Also, within the starting well framework, ‘Starting Well 13’ is a programme aimed at reducing oral health inequalities and improving oral health in children aged under 5. According to NHS England, it will be available to all children, with a focus on those who are not currently visiting the dentist and those aged under 1. As part of the programme, it will seek to ensure that evidence-based advice about reducing sugar intake and increasing the exposure to fluoride on teeth is given to parents of these children. It has been launched in thirteen “high priority” areas, chosen based on trends in oral health, the basis of decay experience at a local authority level and existing oral health improvement plans.⁴⁵

New NHS Prototype Contract for Dentists

In 2016, the NHS rolled out prototype contracts to 73 NHS dental practices in England, with an aim of being “prevention-focused”. To do this, the contract “incentivises” dentists to offer “full oral health assessments and self-care plans”, in addition to traditional treatments.⁴⁶ In July 2018, the Department of Health and Social Care announced that up to an extra 50 practices in England would also test out the prototype contract. The department stated that in the first year of piloting the prototype contracts, dentists reported that:

- 90% of patients had reduced or maintained levels of tooth decay.
- 80% of patients had reduced or maintained levels of gum disease.
- 97% of patients said they were satisfied with the dental care they received.⁴⁷

Responding to the findings, the Chief Dental Officer, Sarah Hurley, stated that the expansion of the prototype scheme was an “important step” in “developing the NHS dental service”. However, the BDA questioned the expansion decision, instead calling for further investment in the NHS for dental services. According to Henrik Overgaard-Nielsen, chair of general dental practice at the BDA, the current NHS dental system is “fundamentally broken” and that without investment in the service “we are unlikely to see progress”.⁴⁸

Further Reading

The following briefings and statistical bulletins provide further information on dental services in Scotland, Wales, and Northern Ireland:

- National Services Scotland, [Dental Statistics: NHS Registration and Participation](#), 22 January 2019
- Northern Ireland Statistics and Research Agency, [Family Practitioner Services Statistics for Northern Ireland 2017/18](#), December 2018
- Scottish Parliament Information Centre, [The National Health Service in Scotland](#), 9 December 2016
- National Assembly for Wales Research Service, [Dentistry in Wales](#), June 2016

¹ House of Commons Health Committee, [NHS Charges](#), 18 July 2006, HC 815-I of session 2005–06, p 10.

² National Health Service, [Get Help with Dental Costs](#), 26 January 2017.

³ National Health Service, [Who is Entitled to Free NHS Dental Treatment in England?](#), accessed 10 July 2019.

⁴ NHS Direct Wales, [Dentists—Frequently Asked Questions](#), accessed 10 July 2019.

⁵ NHS Inform, [Receiving NHS Dental Treatment in Scotland](#), accessed 10 July 2019.

⁶ NI Direct, [Health Service Dental Charges and Treatments](#), accessed 10 July 2019.

⁷ Oral Health Foundation, [Health Charity Calls Out Government for Appalling ‘Tax on Teeth’](#), 13 March 2019.

⁸ [HL Hansard, 11 July 2019, cols 1880–1.](#)

⁹ NHS Digital, [NHS Dental Statistics, England: 2017–18](#), 30 August 2018, p 1.

¹⁰ *British Dental Journal*, [NHS Dentistry is Falling Behind in an Overall Growing Dental Market](#), 22 February 2019, vol 226 no 4, p 243

¹¹ NHS Digital, [NHS Dental Statistics, England: 2017–18](#), 30 August 2018, p 1.

¹² In response to a written parliamentary question in March 2019, the Minister of State at the Department of Health and Social Care, Caroline Dinenage, stated that no information on private dental patients is held by the Government (House of Commons, [Written Question: Dental Services](#), 28 March 2019, 235252). However, the section in this briefing on patients’ views of NHS dentistry includes some statistics on private dentistry, taken from the GP Patient Survey (published in July 2019).

¹³ Figures have been rounded by the National Health Service.

¹⁴ Health and Social Care Information Centre, [NHS Dental Statistics for England: 2014/15](#), 20 August 2015, table 4a. This source was used for figures from June 2014 and June 2015.

¹⁵ NHS Digital, [NHS Dental Statistics for England 2016–17, Annual Report](#), 31 August 2017, table 4a.

¹⁶ *ibid.*

¹⁷ Figures from June 2017 onwards include orthodontist visits.

¹⁸ National Services Scotland, [Dental Statistics: NHS Registration and Participation](#), 22 January 2019, p 15.

¹⁹ National Services Scotland, [Dental Statistics: NHS Registration and Participation](#), 24 January 2017, p 12.

²⁰ Welsh Government, [NHS Patients Treated for Adults and Children by Local Health Board](#), 15 May 2019. Percentages have been calculated based on mid-year estimates for 2016 and 2018.

²¹ Health and Social Care in Northern Ireland, [Dental Statistics 2017/18](#), accessed 17 July 2019, table 2.6.

²² National Health Service, [Summary of the Dental Results from the GP Patient Survey—January to March 2019](#), 11 July 2019, p 1.

²³ *ibid.*, p 5.

²⁴ *ibid.*, p 10.

²⁵ British Dental Association, [75% of NHS Dental Practices Now Struggling to Fill Vacancies](#), 16 March 2019.

²⁶ *ibid.* The survey was sent to 1,544 British Dental Association members in England, with 358 dentists responding.

²⁷ *British Dental Journal*, [More Than Half of Dentists Say Stress is Affecting Their Practice](#), 11 January 2019, vol 226 no 1, pp 7.

²⁸ British Dental Association, [75% of NHS Dental Practices Now Struggling to Fill Vacancies](#), 16 March 2019.

²⁹ *ibid.*

³⁰ *ibid.*

³¹ Nicola Slawson, [Portsmouth ‘Left Without Any New NHS Dentist Places’ After Chain Shuts Three Surgeries](#). Huffington Post, 11 June 2019.

³² [HC Hansard, 3 July 2019, col 547WH.](#)

- ³³ [HC Hansard, 3 July 2019, col 549WH](#).
- ³⁴ British Dental Association, '[Toothache Piling Financial Pressure on A&E](#)', 6 January 2017.
- ³⁵ *ibid.*
- ³⁶ Care Quality Commission, '[Smiling Matters: Oral Health Care in Care Homes](#)', 25 June 2019. The data supplied is from inspectors visiting 100 care homes.
- ³⁷ Care Quality Commission, '[Smiling Matters: Oral Health Care in Care Homes—Summary of Our Review](#)', June 2019, p 1.
- ³⁸ House of Commons, '[Written Question: Dental Services—Older People](#)', 12 July 2019, 273343.
- ³⁹ For example: David Rhodes, '["We Couldn't See An NHS Dentist So We Pulled Out Our Own Teeth"](#)', BBC News, 6 September 2017.
- ⁴⁰ British Dental Association, '[Access Problems Leaving Dental Patients at Overdose Risk](#)', 24 April 2018.
- ⁴¹ British Dental Association, '[Toothache Piling Financial Pressure on A&E](#)', 6 January 2017.
- ⁴² Alex Matthews-King, '[More Than 1 Million Patients Unable to Get NHS Dentist Amid Rising Tooth Decay Crisis](#)', *Independent*, 2 February 2019.
- ⁴³ NHS Digital, '[NHS Outcomes Framework Indicators: May 2019 Release](#)', 24 May 2019.
- ⁴⁴ NHS England, '[Starting Well Core](#)', accessed 13 July 2019.
- ⁴⁵ NHS England, '[Starting Well 13](#)', accessed 13 July 2019.
- ⁴⁶ *British Dental Journal*, '[Plans Unveiled to Expand Piloting of New Dental Contract](#)', 24 August 2018, vol 224, no 4, p 280.
- ⁴⁷ Department of Health and Social Care, '[New Dental Care Approach to be Expanded After Trial Reduces Tooth Decay](#)', 26 July 2018.
- ⁴⁸ *ibid.*

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