Not the time for sticking plaster politics – urgent need for transformative change in NHS dentistry

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NHS dentistry has been at the centre of a media and political storm in recent weeks. Crowds of people queuing for hours to sign-up for a new NHS dentist in Bristol have highlighted the on-going crisis in NHS dentistry. With MP's mailbags full of complaints from their constituents facing problems accessing NHS dentistry and increasing reports of people resorting to DIY dentistry, the government have just published a Dental Recovery Plan for England[1] that unfortunately is a missed opportunity as it fails to address the underlying long-term problems with NHS dentistry.

Oral diseases, especially dental caries and periodontal disease are very common chronic conditions affecting all ages from early childhood to older people. Oral conditions are socially patterned with stark and persistent inequalities existing.[2] The increasing burden of oral diseases is placing a major strain on a failing NHS dental system. The current contract for general dental practitioners, who provide nearly all non-specialist dental care, was first introduced in 2006. The contract has however become increasingly unpopular amongst the dental profession with only 68% of the 35,232 dentists in England on the General Dental Council's Register in 2023 providing any NHS treatment.[3] The Covid-19 pandemic had a dramatic impact on the provision of dental services and NHS clinical activity in England has still not returned to pre-pandemic levels – 11% lower in 2022/23 compared to 2019/20.[4] The total annual budget for NHS dentistry in England is approximately £3 billion comprising around 20% from patient charges and 80% from NHS England. The Nuffield Trust estimated that since 2014/15 adjusting for inflation, there has been a fall of over £525 million in real terms spending on NHS dentistry.[4] In addition, there has been a persistent underspend in the NHS dental budget estimated to be approximately £150 million per year since 2017/18 – resources lost to dentistry and instead used to deal with other cost pressures in the wider NHS budget. The combined pressures of increasing demands, the legacy of the

pandemic, increasing numbers of dentists going private and a stagnant budget has created a perfect storm for NHS dental access. In several parts of the country there are acute access problems and a BBC/British Dental Association survey in 2022 found that 90% of dental practices across the UK were not accepting new adult NHS patients.[5] Access problems are compounded by a significant number of 'low risk' healthy patients being seen too frequently by their NHS dentist for routine examination and receiving low value items of care such as routine scale and polishes which have been shown to have minimal health value.[6,7] In addition to the general dental services, community and hospital dental services providing specialist management for patients with more complex social and clinical needs have faced increasing demands because of the acute problems in general dentistry and workforce pressures. The whole NHS dental system is close to collapse.

The government response to this crisis is wholly inadequate and is really only a 'sticking plaster' response that totally fails to address the long-term underlying system level failure. A range of piecemeal proposals are made to improve access to dental services but mobile vans and providing £20,000 over three years to 240 dentists will only result in small marginal gains. Plans to expand prevention in early years are laudable but no new funding is identified – in contrast the Child Smile programme in Scotland receives £4.9 million per year.[8] Vague and un-costed workforce plans are also proposed but these will only succeed once the system has been radically reformed.

There is now an urgent need for transformative system-level change in NHS dentistry as the current system is broken and, in particular, the dental contract is 'not fit for purpose'. Oral health should be viewed as a public health priority not a luxury commodity for the few.[9] Dental pain, infections and other oral health problems have a major impact on quality of life and people's ability to perform essential daily functions such as eating and speaking. Dentistry should be considered as a core and essential element of the NHS and patients should have a fundamental right to access to NHS dental services across all parts of the country.

What are the core guiding principles for system level reform? A bold and ambitious political vision and appropriate long-term investment are both essential. There needs to be a significant uplift in government spending on NHS dentistry. Based upon the current contract model and average rates of Units of Dental Activity, universal population coverage would require an estimated total budget of £4.57 billion per year. The reformed system needs to be more responsive to population oral health needs to ensure that dental services are available and accessible to those with the greatest needs. The voice of local communities should be significantly strengthened to ensure that dental services are planned and delivered in a more equitable manner that better reflects patient expectations and needs. Prevention needs to be urgently strengthened and mainstreamed to ensure that current evidence-based recommendations are fully implemented.[10] Dental services need to be better integrated with existing NHS structures, policies, and systems to facilitate seamless and holistic patient care. Continuity of care is important to patients so some form of registration with dental practices would be beneficial.[9] The planned expansion in dental undergraduate training is welcomed (if properly planned and funded) but more innovative approaches are needed to recruit and retain dentists in the NHS especially in areas of high need. Particular attention should be placed in expanding the dental workforce to make better and wider use of dental care professionals in NHS dental settings. Relying too heavily on the overseas recruitment of dentists is not a solution and contributes to the 'brain drain' in low- and middle-income countries.

NHS dental services alone cannot treat away the problem of oral diseases. Oral health needs to be included in the broader public health policy agenda that tackles health inequalities and non-communicable diseases through addressing shared common risks. Of particular importance to oral diseases is the need for more radical upstream regulatory, legislative, and fiscal policies to tackle the overconsumption of sugars in the ultra-processed diets of the UK population and the main cause of dental caries, overweight and others NCDs.

In an election year in the UK, NHS dentistry has emerged as an important political topic. It is essential that the next government takes bold and ambitious action to invest in and

transform the current failed dental system. The dental profession, patient groups and health leaders need to begin urgent negotiations to agree the framework for a transformed system of dental care. Additional investment in NHS dentistry is certainly needed, innovative models of care need to be explored and the dental profession must commit to the NHS. No system of reimbursement is perfect but a weighted capitation model responsive to need is likely to form a major element.[11] The forthcoming *Lancet* Commission on Oral Health will explore in greater detail the importance of addressing oral diseases globally.

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