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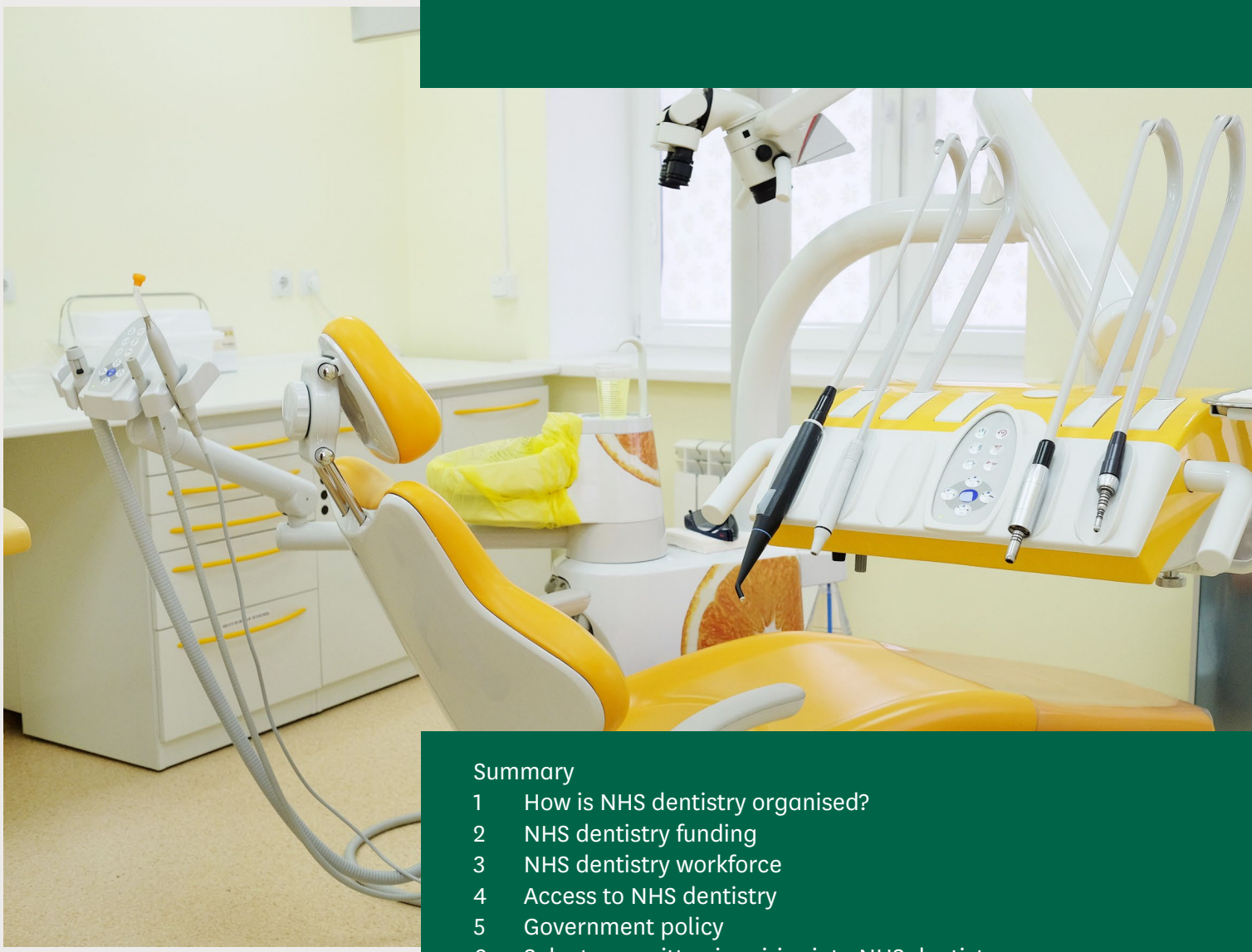
NHS dentistry in England



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Contents

Summary

How is NHS dentistry organised?

Primary care dentists (sometimes called 'high street dentists') are self-employed and can provide a mix of NHS and private dentistry. To provide NHS services the provider must hold a contract with the NHS. Dental services are also provided in the community, for people who cannot access high street dentists, and in hospitals.

Patients can receive treatment from any dentist because there is no system of registration for dentistry, unlike for general practice. This means that once a patient has finished their course of treatment, they are not guaranteed access to the same dentist again in the future.

Integrated Care Boards are responsible for commissioning dental services for their local area. They are accountable to NHS England.

Dental services are inspected by the Care Quality Commission as part of its role as the statutory regulator for the health and care services.

Dental professionals are regulated by the General Dental Council.

NHS dental contract

Under the current NHS dental contract, introduced in 2006, the provider agrees in advance to complete a set amount of dental activity per year, measured in units of dental activity (UDAs). Commissioners can 'claw back' money from providers that under-deliver and providers have little scope to provide more activity, even if they have the capacity and time to do so. This is why some patients are told their dentist cannot see them for an NHS appointment but can see them as a private patient.

The NHS dental contract has been widely criticised by professionals, unions, and all political parties. Stakeholders have argued it is inflexible and does not fairly reward dentists for seeing more complex and time-consuming patients. Since July 2022, some changes have been made to the contract. However, it remains based on the UDA system. The government has committed to reforming the dental contract.

Funding

NHS dentistry in England is funded by a combination of payments from NHS England and patient charges. Some groups of patients are entitled to free dental care.

NHS England allocates funding to Integrated Care Boards based on the dental activity services provided in 2006 (when the current national contract model was introduced) rather than current need, and contracts were established without a time limit. Public Health England (since abolished) has explained that this effectively capped dental care spending.

The real-terms contribution of NHS England to total funding for dental services (taking into account the effect of inflation) has fallen by around 26% since 2010/11, down from £2.9 billion in 2010/11 to £2.2 billion in 2023/24. Over this period the income from patient charges fell by 9%. This means the total cost of dental services in England has decreased by 22% in real terms between 2010/11 and 2023/24.

In 2023/24 dental charges to patients provided around 26% of total funding. In April 2023 the Department of Health and Social Care raised dental patient charges, which had been frozen from December 2020 to April 2023, by 8.5%. A 2024 report by the Nuffield Trust, noted that increases in patient charges have been above inflation.

NHS dentistry workforce

Official data shows how many dentists carry out any amount of NHS work. The 2023/24 number of dentists with any NHS activity (24,193) was 2% higher than a decade earlier in 2013/14. However, the increase in dentists has not kept pace with population change. The number of dentists per 100,000 population was 41.9 in 2023/24, lower than the 44.0 in 2013/14.

The NHS recently estimated the number of full time equivalent NHS dentists. This data should be treated with caution, but it suggests that in March 2024 there were around 10,500 full time equivalent NHS dentists in England.

It has been argued that there are enough NHS dentists in England, but not enough undertaking NHS work. This has been described as a drift towards the private sector, potentially caused by an unfavourable NHS contract.

Dentists are unequally distributed across England, with the workforce concentrated around metropolitan areas and dental hospitals and schools. Recent reports have referred to areas with low numbers of dentists as "dental deserts".

Access to NHS dentistry

How many people access NHS dentistry?

According to NHS England, in June 2024, 40.3% of adults had seen an NHS dentist in the last two years (the maximum recommended interval). This is lower than before the pandemic when the proportion was 50.9% in June 2019. Between these dates the lowest proportion was in June 2022 (36.9%). To compare this over a longer period, as of March 2006, 51.7% of adults had been seen by a dentist in the last two years.

Similarly, the percentage of children who had seen a dentist within the maximum recommended interval (one year) in June 2024 (56.1%) is lower than the pre-pandemic proportion of 57.9%. The lowest level recorded was in June 2021 (32.5%).

In 2023, the Commons Health and Social Care Committee warned that there is a "crisis of access" to NHS dentistry, with unequal access across different regions, ethnic groups and socioeconomic groups. A 2024 report by the Nuffield Trust health think tank concluded that "universal dental care has likely gone for good."

How many NHS dental treatments are carried out?

The latest full financial year estimates for 2023/24 show there were 34.1 million courses of dental treatment performed in England. This is almost three times the 12.0 million treatments in 2020/21, which were affected by the pandemic, but around 12% lower than pre-pandemic figures for 2019/20.

Government policy

The Labour Party's 2024 manifesto said a Labour government would:

- provide 700,000 more urgent dental appointments
- recruit new dentists to areas that need them most
- reform the NHS dental contract
- introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, targeted at areas of the highest need

In February 2025, the Department of Health and Social Care wrote to Integrated Care Boards, directing them to make the 700,000 extra urgent appointments available. The extra appointments are funded from existing funding allocations. The government also confirmed it was scrapping the new patient premium (extra payments for dentists who see new patients)

introduced under the previous government, after it was found not to have an impact for patients. The government is continuing a 'golden hello' bonus incentive payment (first introduced under the previous government), for dentists who agree to work in hard to recruit areas of the country.

The government is making £11 million of funding available to local authorities for the children's supervised toothbrushing scheme from April 2025.

The government has said it is negotiating with the British Dental Association on reforming the dental contract. A timescale on contract reform has not been provided. In May 2025, the government launched a survey to inform NHS dental contract reform.

The 2023 NHS Long Term Workforce Plan, published under the previous government, set out plans to increase dentistry training places in England by 24% to 1,000 places by 2028/29 and by 40% to over 1,100 places by 2031/32. The government has committed to publishing a ten-year health plan and a refreshed NHS Long Term Workforce plan.

In 2024, a consultation was held on introducing a 'tie-in' for graduate dentists, that would require them to spend at least some of their time delivering NHS activity in the years after graduation. The government has not yet responded to the consultation.

In February 2024, the previous government published its plan to recover and reform NHS dentistry. Analysis by the National Audit Office found the plan had failed to deliver improvements in access to NHS dentistry.

1 How is NHS dentistry organised?

1.1 Types of dental services and 'registration'

There are different types of NHS dental services:

- Primary care or "high street" dental services are run as independent businesses. Since they are not employed directly by the NHS, high street dentists can provide a mixture of private and NHS dentistry. To deliver NHS services, they enter a contract with the NHS to deliver a certain amount of dental activity per year.
- Community dental services provide treatment for people with needs that cannot be met in general dental services, for example people with disabilities and health conditions and people with accessibility needs. To meet these needs, community dental services are provided in a variety of locations including home visits and specialist health centres.
- Secondary and tertiary care dentistry includes services to treat more complex dental problems, such as oral and maxillofacial surgery. Treatment is generally provided in specialist dental hospitals.

Since the current dental contract was introduced in 2006, there has been no system of registration for dentistry in England. This means that, unlike with GPs, patients can attend any dentist that provides NHS services for a course of treatment.[1] A patient's details may be added to a list held by a practice. However, this does not guarantee an NHS appointment with the same practice in future once their current course of treatment is finished.

Practices delivering NHS treatment must update their availability to accept new patients on the NHS website every 90 days.[2]

[1] A course of treatment is defined as the assessment and examination of the patient and the provision of any planned treatment. This includes treating any further issues that are discovered during the course of treatment. A course of treatment could therefore include more than one appointment.

[2] The National Health Service (Primary Dental Services) (Amendment) Regulations 2022

1.2 Responsibility for NHS dental services

From 1 April 2023, Integrated Care Boards (ICBs) took on delegated responsibility for commissioning dental services from NHS England.[3] Prior to this, NHS England was responsible for commissioning dental care services, managed through its local area teams.[4] NHS England retains overall accountability for the discharge of its delegated functions.

ICBs are statutory bodies responsible for the provision of NHS services in their local area and developing a plan to meet the health needs of the local population. They were established by the Health and Care Act 2022 and took on many of the roles of Clinical Commissioning Groups, which were abolished by the act.[5] ICBs are one of two statutory elements of Integrated Care Systems (ICSs), alongside Integrated Care Partnerships (ICPs).

Some stakeholders, such as Local Dental Committees, have raised concerns that, under the Health and Care Act 2022, ICBs do not have to include a representative from the dental profession.[6]

The Care Quality Commission (CQC) inspects dental services as part of its role as the statutory regulator for the health and care services. The CQC inspects 10% of dental services in England each year. It does not rate dental services, but it highlights whether a service is meeting the standard of care expected.[7]

1.3 NHS dentistry contracts

Types of contract

To provide NHS dental services, providers must hold a contract with the NHS. There are different types of contract:[8]

- Most primary care providers hold a General Dental Services (GDS) contract, which generally do not have an end date.[9] They must include mandatory services, such as checkups and fillings. They can also include specialist services ('advanced mandatory services' and 'additional services'), such as more complex extractions.

3 NHS England, NHS England commissioning functions for delegation to Integrated Care Systems, 31 May 2022
4 NHS England, Securing Excellence in Commissioning NHS Dental Services, February 2013
5 Health and Care Act 2022, s14Z27
6 British Dental Journal in Practice, 'LDCs call on government to resuscitate NHS dentistry before it's too late', 4 July 2022
7 CQC, Find a dentist (Accessed 30 May 2025)
8 The King's Fund, NHS Dentistry In England Explained, 11 October 2023
9 The National Health Service (General Dental Services Contracts) Regulations 2005.

- Approximately 15% of NHS contracts are Personal Dental Services (PDS) agreements, which are time limited and normally last five years.[10] They include specialist services and can include mandatory services.

- 'PDS Plus' contracts, introduced in 2008, have a different payment mechanism to the other contracts, which includes payments for meeting performance indicators. In March 2020, the National Audit Office reported there were only 36 PDA Plus contracts in place in England.[11]

Both the GDS and PDS contracts require contractors to provide services in accordance with any relevant guidance issued by the National Institute of Health and Care Excellence (NICE), and in particular the clinical guideline on dental checks (NICE clinical guideline CG19).[12]

Community dental services can be commissioned from NHS trusts or under GDS or PDS contracts. Secondary care dentistry is commissioned from hospitals under the NHS standard contract.[13]

Units of dental activity (UDAs)

Dentistry contracts are not based on the number of NHS patients that a dentist sees, but the amount of dental activity performed. This is measured in units of dental activity (UDAs). There are six bands of treatment, each corresponding to a different number of UDAs, as shown in the table below. A course of treatment can include more than one treatment, so the band is assigned according to the most complex treatment included in the course of treatment.

10 NAO, Dentistry in England (PDF), March 2020; The National Health Service (Personal Dental Services Agreements) Regulations 2005.

11 NAO, Dentistry in England (PDF), March 2020, p19

12 NICE, Dental checks: intervals between oral health reviews, 27 October 2004

13 The King's Fund, NHS Dentistry In England Explained,11 October 2023

Units of dental activity per course of treatment

Course of treatment band	Includes	Units of dental activity
Band 1 (excluding urgent treatment)	Diagnosis, examination and advice	1.0
Band 1 (urgent treatment only)	Urgent assessment and specified urgent treatments	1.2
Band 2a	Everything in band 1 plus further treatment such as fillings, root canals and extractions	3.0
Band 2b (introduced November 2022)	Everything in band 2 where three or more teeth need filling or extracting and/or root canal on non-molar permanent teeth	5.0
Band 2c (introduced November 2022)	Everything in band 2 plus root canal treatment on permanent molar teeth	7.0
Band 3	Everything in bands 1 and 2 plus crowns, dentures, bridges and other laboratory work	12.0

Source: The National Health Service (General Dental Services Contracts) Regulations 2005

The sub-bands in the table above were introduced as part of the previous government's July 2022 dental reforms (see section 5.2).[14]

There is no standard monetary value for a UDA. This means that practices in the same area could be paid different sums for providing the same number of UDAs. The previous government set a minimum UDA value of £28 as part of its dental recovery plan (see section 5.2). The British Dental Association (BDA) has suggested the minimum UDA value should be £35.[15]

Under the dental contract, the provider agrees to perform a certain number of UDAs in that financial year. If a provider does not deliver close to all of their contracted activity by the end of the year, the commissioner can recover the monetary value of the undelivered activity. This is known as 'clawback'.

If a provider delivers all their contracted activity before the end of the year, they have little scope to provide more activity even if they have capacity and time to do so. This is why some patients are told their dentist cannot see them for an NHS appointment but can see them as a private patient. Additional activity up to 110% of a contract can be funded "where feasible".[16]

In May 2023, the previous government introduced legislation enabling commissioners to permanently and unilaterally (without agreement from the provider) change a dental contract where a provider fails to deliver their

14 The regulations providing for this change, The National Health Service (Primary Dental Services) (Amendment) Regulations 2022, came into force on 25 November 2022

15 Health and Social Care Committee, Oral evidence: NHS Dentistry: Follow-up, HC 602, 19 March 2024

16 NHS England, Arrangements for NHS urgent primary dental care during 2025/26 and confirmation of the closure of the New Patient Premium scheme, 21 February 2025

contracted activity over three consecutive "non-COVID-19 years". This allows the activity to be commissioned from another provider.[17]

In October 2023, NHS England published a framework for commissioners setting out opportunities for flexible commissioning in primary care dentistry.[18]

Criticism and reform of the dental contract

The UDA system, introduced in 2006, shifted payment from a fee-for-service model to one based on meeting activity targets.[19]

The Nuffield Trust, a health think tank, explains the UDA system was developed rapidly and intended to be temporary:

> The units of dental activity that underpinned this model were developed very rapidly, were not based around robust analysis of activity, and seemed to encourage volume of activity over need and service quality. Moreover, the UDA approach contained incentives to take on certain types of patients or to avoid others – particularly those with high levels of need. UDAs were also bureaucratic to operate, unpopular with dentists and have also been criticised for not improving access or quality. Further damage was done to an already poor relationship between the profession and the government/the NHS.
>
> [...]
>
> UDAs were envisaged at the time as a short-term transitional arrangement towards contracting arrangements which would fully promote and incentivise preventative care, maintenance and continuity alongside necessary treatment. The approach aimed to maintain volumes and incomes during this transition, with UDA values varying significantly across practices. However, the transition didn't come about, and policy makers and commissioners' attention shifted elsewhere.[20]

The UDA system has been criticised as a disincentive to dentists seeing new patients. The BDA told the Health and Social Care Committee there is a lack of appropriate renumeration for dentists treating new patients, who may have higher levels of disease and require more time to treat.[21] A 2022 survey by the BDA found that 82% of practices that reported unfilled vacancies cited the current contract as a "key barrier" to filling posts.[22]

There is widespread agreement that the current NHS contract needs reform, including from the Health and Social Care Committee and the Public Accounts

17 The National Health Service (Primary Dental Services) (Amendment) Regulations 2023

18 NHS England, Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners, 9 October 2023

19 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023, p31

20 As above

21 Health and Social Care Committee, NHS dentistry, 14 July 2023, para 27

22 BDA, Press release: Nearly half of dentists severing ties with NHS as government fails to move forward on reform, 24 May 2022

Committee.[23] This view has been shared by the previous government and the current government.[24]

The government committed to reforming the dental contract in its 2024 general election manifesto.[25] In May 2025, it launched a survey to inform NHS dental contract reform.[26] See section 5 for more information on government policy.

Previous attempts at contract reform

Following the 2009 Steele Review, an independent review into NHS dentistry (PDF), attempts were made at contract reform, including a pilot phase between 2011 and 2016 and a prototype phase between 2016 and 2019.[27] The prototypes were based on a system that blended a capitation element (a fixed payment per patient) and an activity element. It was aimed at promoting prevention in dental care.

In January 2023 the DHSC published a report on the learnings from the dental contract prototype test between 2016 and 2019. The report concluded that the prototype contract did not achieve its aims of preventing dental problems, increasing access to NHS dental care and addressing professionals' concerns about remuneration.[28]

23 Health and Social Care Committee, NHS dentistry, Ninth Report of Session 2022–23, 14 July 2023; Public Accounts Committee, Fixing NHS Dentistry, 4 April 2025

24 DHSC, Faster, simpler and fairer: our plan to recover and reform NHS dentistry, 7 February 2024

25 The Labour Party, Build an NHS fit for the future – The Labour Party (Accessed 22 May 2025)

26 DHSC, Survey launched to inform NHS dental contract reform, 16 May 2025

27 See DHSC, Dental reform: next step, 15 January 2015

28 DHSC, Dental contract reform: a report on learnings from the dental contract prototype test between April 2016 and March 2019, 26 January 2023

2 NHS dentistry funding

NHS dentistry in England is funded by a combination of payments from NHS England and revenue from patient charges. In April 2023, the Department of Health and Social Care (DHSC) raised dental patient charges, which had been frozen from December 2020 to April 2023, by 8.5%.[29] Charges were increased again in 2024 and 2025.[30]

From 1 April 2025 the dental charge payable for a band 1 course of treatment rose by £0.60, from £26.80 to £27.40. A band 2 course of treatment, increased by £1.80 from £73.50 to £75.30. A band 3 course of treatment increased by £7.60 from £319.10 to £326.70.[31]

Some people are entitled to free NHS dental treatment, including people who are aged under 18, pregnant, or receiving certain benefits.[32]

In 2023/24 the total cost of dental services in England was around £3.0 billion, of which £0.8 billion was covered by patient charges and £2.2 billion was NHS England funding.[33]

The real-terms contribution of NHS England to total funding for dental services (taking into account the effect of inflation) has fallen by around 26% since 2010/11, down from £2.9 billion in 2010/11 to £2.2 billion in 2023/24. Over this period the income from patient charges fell by 9%. This means the total cost of dental services in England has decreased by 22% in real terms between 2010/11 and 2023/24.[34]

Between 2010/11 and 2019/20, dental charges accounted for around a quarter of total funding. In 2020/21 the proportion fell to around 9%,[35] most likely as a consequence of restrictions on dental practice associated with the covid-19 pandemic. Income from charges has since increased and in 2023/24 dental charges represented around 26% of total funding.[36]

29 DHSC, Annual Report 2023/24, 17 December 2024

30 The National Health Service (Primary Dental Services and Dental Charges) (Amendment) Regulations 2024; The National Health Service (Dental Charges) (Amendment) Regulations 2025

31 The National Health Service (Dental Charges) (Amendment) Regulations 2025

32 For full list of people entitled to free NHS dental treatment see Who can get free NHS dental treatment or help with dental costs - NHS

33 DHSC, Annual Report 2023/24, 17 December 2024, Table 44

34 All real terms in 2023/24 prices. HC Library estimates based on NHS (England) Summarised Accounts 2010-2011; DHSC, Annual Report 2023/24, 17 December 2024, Table 44; and HMT, GDP deflators, March 2025

35 DHSC, Annual report and accounts 2020-2021, 31 January 2022, Table 37

36 DHSC, Annual Report 2023/24, 17 December 2024, Table 44

2.1 How is funding allocated?

Integrated Care Boards (ICBs) receive funding allocations from NHS England. The funding each area receives is based on the amount of dental activity commissioned in the area before the current dental contract was introduced in 2006. The contracts were generally established in perpetuity.

The Nuffield Trust explains that the shift towards need rather than demand in 2006 "would suggest application of a needs-based resource allocation formula [...] but this has not been put in place".[37] The think tank suggested this is possibly because "this would be a political decision with some potential risks" and "to be effective, money would need to be directed away from well-served, more affluent areas."[38]

The impact of this arrangement on service provision was explained in Public Health England's 2021 report on Inequalities in oral health in England:

> 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. Since 2006, NHS funded dental services at primary, secondary and tertiary care levels have been commissioned by the NHS and at the time of the contract change, perpetual contracts were made with existing NHS dental providers based on their historical service provision. This 'new contract' effectively capped spend on dental care by giving all NHS practices an annual sum based on a reference year.[39]

2.2 Underspend and ringfencing the dental budget

Apart from in 2020/21 (during the covid-19 pandemic) there has been a consistent underspend in NHS dentistry.[40] ICBs may not spend all their allocated money for NHS dentistry if they are unable to commission services or if practices underdeliver against their contracts and funding is 'clawed back'.

In 2023, NHS England informed ICBs that dental funding for 2023/24 should be ringfenced.[41] This meant that any underspend should be reinvested into dentistry services. However, in November 2023, NHS England said that where

37 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023, p31

38 As above

39 Public Health England, Inequalities in oral health in England, 19 March 2021, p16

40 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023

41 NHS England, Revenue finance and contracting guidance for 2023/24, 27 January 2023, para 33

ICBs had not spent all their allocation on dentistry, they could use the funding to balance their bottom line and address other pressures.[42]

The previous government's 2024 recovery plan for NHS dentistry said a "firmer" ringfence would be applied to dentistry budgets for 2024/25.[43] The ringfence remains in place in 2025/26.[44]

[42] PQ 9204 [on NHS: Finance], 19 January 2024
[43] DHSC, Faster, simpler and fairer: our plan to recover and reform NHS dentistry, 7 February 2024
[44] PQ 51254 [on Dental services: Finance], 14 May 2025

3 NHS dentistry workforce

3.1 Regulation of dentists

The General Dental Council (GDC) is the UK-wide statutory regulator for dental professionals. All dentists must be registered with the General Dental Council to work in the UK. The Dentists Act 1984 provides the legislative framework for the GDC to operate.[45]

The Professional Standards Authority for Health and Social Care oversees the GDC and reviews its performance annually.

The previous government said it would reform the regulation of healthcare professionals across the nine health and care professional regulators, including the GDC. This included plans to make changes across the following areas:

- the governance and operating framework;
- education and training;
- registration; and
- fitness to practise.[46]

The previous government said the sequence of reforms would first focus on the General Medical Council, the Nursing and Midwifery Council and the Health and Care Professions Council.[47]

In May 2025, the government said it "has been considering its priorities for professional regulation and will be setting these out shortly."[48]

All NHS dentists working in primary care are required to be registered on the Dental Performers List for England.

45 Dentists Act 1984

46 DHSC, Regulating healthcare professionals, protecting the public: consultation response - executive summary, 17 February 2023

47 As above

48 PQ HL6941 [on Dentistry and doctors: Regulation], 6 May 2025

3.2 How many NHS dentists are there?

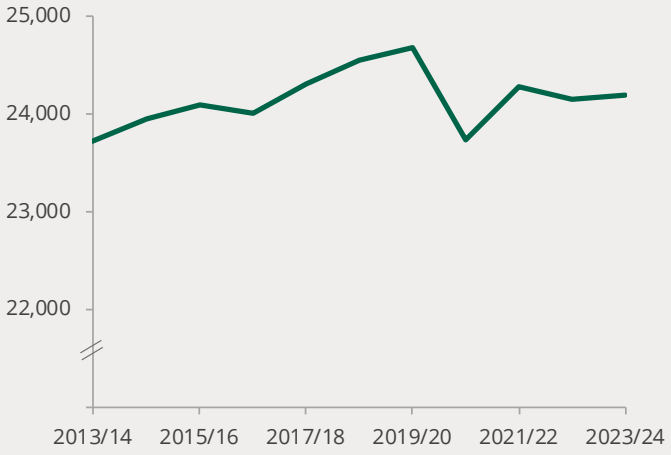
Official data on NHS dentists includes dentists that have completed any NHS dental activity in that year. This means dentists who mostly provide private treatment and only some NHS treatment are included in the headcount.

The latest estimates of the dental workforce indicate that 24,193 dentists performed NHS activity during 2023/24, an increase of 42 on the previous year.[49]

As shown in the chart below, the number of dentists with NHS activity showed an upward trend between 2013/14 and 2019/20. Figures for 2020/21 were affected by the covid-19 pandemic and numbers fell before increasing again in 2021/22. The number of dentists has not recovered to the pre-covid level, in 2023/24 it was 2% lower than in 2019/20.[50]

The 2023/24 figure of 24,193 dentists with NHS activity is 2% higher than that observed a decade earlier in 2013/14 (23,723). However, the increase in dentists has not kept pace with population change. The number of dentists per 100,000 population was 41.9 in 2023/24 which was the lowest recorded over the last decade. The highest number of dentists per 100,000 population was 44.0 which was observed in each year between 2013/14 and 2015/16.

Dentists with NHS activity in England



	Dentists per 100,000 population
2013/14	44.0
2014/15	44.0
2015/16	44.0
2016/17	43.4
2017/18	43.7
2018/19	43.9
2019/20	43.9
2020/21	42.1
2021/22	42.9
2022/23	42.3
2023/24	41.9

Note: Figures are a headcount of dentists with any NHS activity rather than a full-time equivalent measure.

49 NHS Digital NHS Dental Statistics for England annual report 2022-23

50 In response to the Covid-19 pandemic, dental practices were instructed to close and defer routine, non-urgent dental care. Most practices were closed between April and June 2020 and not all dental practitioners returned to primary care dentistry during 2020/21. This will have contributed to the decrease in the number of dentists with NHS activity in 2020/21.

Source: NHS Business Services Authority, Dental statistics - England 2023/24, Workforce overview summary tables (Table 2a)

New full time equivalent headcount data

The NHS collected management information (this is not official data) about full time equivalent headcounts of NHS dentists for the first time from dental providers in England in 2023-24, the response rate was 95%.[51]

The NHS highlights that it is possible for a single member of staff to be counted more than once where they work under different contracts, this means the headcount data will overestimate the number of dentists. Due to this as well as other limitations, caution should be taken when drawing any conclusions from this data.

As of March 2024, the NHS estimated there were around 15,000 full time equivalent dentists in England, 10,500 full time equivalent NHS dentists, and that there were around 2,700 full time equivalent vacancies for NHS dentists.[52]

Mixing NHS and private work

Dentists are self-employed and can mix NHS and private work. As noted above, official data shows how many dentists carry out any amount of NHS work, not the proportion of NHS work compared with private work.

Lord Darzi's independent investigation of the NHS in England said "there are enough dentists in England, just not enough dentists willing to do enough NHS work, which impacts provision for the poorest in society."[53]

Similar concerns have been raised by stakeholders such as the Nuffield Trust, which has described a "long-term drift towards private provision".[54] It has said this could be caused by an unattractive NHS contract (see section 1.3) and working patterns associated with delivering NHS services:

> The nature of the contract [..] is also increasingly unattractive to many dentists and the private sector can offer higher pay. In addition, private practice may offer an environment that is preferred by many dental professionals. NHS Digital's Dental Working Patterns, Motivation and Morale survey found that dentists who spent more of their time on NHS work, as opposed to private work, tended to work longer weekly hours and took less

51 NHS England, Dental Workforce, November 2024

52 Dentists defined here as general dentists. NHS England, Dental Workforce, November 2024 (Table 6 and Table 9)

53 Lord Darzi, Independent investigation of the NHS in England, 12 September 2024, p31

54 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023, p22

annual leave in 2019/20. Even more concerningly, this survey found that the more time dentists spend on NHS work, the lower their levels of motivation.[55]

The new NHS management information data collected in 2023-24 showed that, as of March 2024, the average number of dental chairs per dental practice in England was 4.1 and 70% of the time chairs were used was for NHS activity. At the regional level the South West had the lowest proportion of time used for NHS activity (60%), followed by the South East (62%). The North East and Yorkshire had the highest rate (77%) followed by the Midlands and London (both 74%).[56] As noted above, this data is subject to limitations.

Distribution of the dentistry workforce

The distribution of the dentistry workforce is not aligned with the oral health and dental care needs of different areas. [57] The Nuffield Trust's analysis of NHS Digital data found a "nearly three-fold variation in the density of NHS dentists in England" with numbers in rural and coastal areas particularly low relative to the population.[58]

The new NHS workforce data shows that as of March 2024, there were, on average, 26.2 full-time equivalent dentists per 100,000 people in England. This was lowest in the East of England (24.3) and the South West (24.4) and highest in London (27.6) and the North West (27.8).[59] As noted above, this data is subject to limitations. For more information on the distribution of the workforce see the Library's insight, How does access to NHS dentistry compare across areas in England?

Areas with a below average number of dentists per 100,000 people have been described as "dental deserts".[60] The distribution of dentistry schools across the country has been noted as a factor in variations between areas (see section 3.3 below).

To incentivise dentists to work in areas of the country with lower provision, the previous government introduced a 'golden hello scheme'. The scheme is being continued under the current government (see section 5).

55 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023, p23

56 NHS England, Dental Workforce, November 2024 (Table 1)

57 DSHC written evidence to the Health and Social Care Committee (PDF), p8

58 As above, p21

59 NHS England, Dental Workforce, March 2024, table 7, ONS

60 Association of Dental Groups, England's Dental Deserts: The urgent need to "level up" access to dentistry, May 2022

3.3 Recruitment and training

UK recruitment and training

Medical and dental school places are capped in each part of the UK, with 'intake targets' used to limit the number of students a higher education provider may recruit each year. There are caps for both home students and overseas/international students.

There are around 1,100 dental school places available across the UK each year.[61] This figure has remained largely unchanged since 2013, though there were temporary adjustments to the cap during the covid-19 pandemic.[62] The majority of the places are in England.[63]

A 2021 report on the education and training of NHS dentists by Health Education England (HEE, now part of NHS England), found the distribution of the dental workforce is concentrated in metropolitan areas, around dental hospitals and schools. It said there is evidence from medical training that the longer a trainee is based in an area, the more likely they are to remain there [64]

HEE's recommendations included more flexible entry routes into training, supporting the development of apprenticeships, and distributing postgraduate training posts so they are better aligned to areas with the highest levels of oral health inequalities.[65] It also recommended establishing 'centres of dental development', bringing together education, training and service provision in areas with workforce shortages.[66] The Dental Education Reform Programme (DERP) was established to implement HEE's recommendations by 2025.[67]

The NHS Long Term Workforce Plan, published under the previous government in June 2023, said dentistry training places in England would expand by 24% to 1,000 by 2028/29 and by 40% to over 1,100 places by 2031/32.[68] The previous government's recovery plan for NHS dentistry said the additional places would be targeted to areas with low provision and the

61 The Office for Students, Medical and dental intakes, (Accessed 25 April 2023)
62 Higher Education Funding Council for England, Medical and Dental Students survey 2013 (archived), March 2014
63 For more information see House of Commons Library, The cap on medical and dental student numbers in the UK and Medical, dental, and healthcare students: UK numbers and student support arrangements
64 Health Education England, Advancing Dental Care Review: Final Report, 21 September 2021, p18
65 As above
66 As above, p12
67 PQ 181443 [on Dentistry: Higher education], 18 April 2023
68 NHS England, NHS Long Term Workforce Plan, 30 June 2023

creation of new dental schools in under-served parts of the country would be explored if required.[69]

The government has said it will publish a refreshed NHS workforce plan in summer 2025.[70] It has also said it will work with the GDC and the Office for Students to "explore the creation of new dental schools as necessary in currently under-served parts of the country."[71]

In May 2024, the previous government launched a consultation on introducing a "tie-in" period for new dentists to encourage them to spend a minimum of their time delivering NHS care after graduation.[72] The government has said it is considering the responses and will respond in due course.[73]

International recruitment

Overseas qualified dentists must register with the GDC to provide dental services in the UK. The GDC publishes annual information on the total number of dental professionals by title and the equality and diversity profile of the registers.

Concerns have been raised over the waiting times for the Overseas Registration Exam (ORE), which some overseas dentists need to pass to register with the GDC. In May 2025, 22 MPs signed an early day motion noting that "5,000 overseas-qualified dentists are currently waiting to sit the [ORE]" and calling on the GDC to "re-evaluate the ORE process, expand exam capacity, and explore supervised practice pathways as a route to registration."[74]

The government has said that the GDC has put in place additional sittings for the ORE and said the GDC is working to put new ORE provider contracts in place for 2025.[75]

The previous government held a consultation on provisional registration for overseas-qualified dentists between February and May 2024.[76] A response was not published before the general election. The Labour government has said it is "exploring the use of provisional registration for overseas dentists".[77]

The British Dental Association has said that provisional registration raises "clear issues with patient safety, given the consistently high failure rates for the ORE."[78]

69 DHSC, Faster, simpler and fairer: our plan to recover and reform NHS dentistry, 7 February 2024
70 PQ 52985 [on Hospices: West Dorset], 22 May 2025
71 PQ 51256 [on Dental services], 3 June 2025
72 DHSC, Proposal for a 'tie-in' to NHS dentistry for graduate dentists, 23 May 2024
73 PQ 32887 [on Health professions: Private sector], 4 March 2025
74 EDM-1240 of 2024-25 (Overseas-qualified dentists), tabled 12 May 2025
75 PQ 51255 [on Dentistry: Migrant workers], 22 May 2025
76 DHSC, Provisional registration for overseas-qualified dentists, 16 February 2024
77 HC Deb 25 March 2025, c765
78 BDA, Provisional registration plans: Ministers try to fill leaky bucket, 19 February 2024

4 Access to NHS dentistry

4.1 How many people access NHS dentistry?

NHS England publishes statistics on the number of people and the percentage of the population seen by an NHS dentist in England.[79] For children, the percentage who were seen within the last year is measured, while for adults the percentage seen within the last two years is measured.[80] Because of the shorter period measured, the impact of the pandemic is more visible in the data on children. In the data a child is defined as under 18.

The table below shows the number and percentage of adults and children seen by a dentist in the three months to June from 2019 to 2024. Over the period shown, the proportion of adults seen by an NHS dentist was lowest in June 2022, at 36.9%. The percentage has since risen but the June 2024 figure of 40.3% is lower than in June 2019 (50.9%).

Among children, the proportion of children seen by an NHS dentist was at its lowest level in June 2021 (32.5%). As with adults the percentage has since increased, but the June 2024 figure of 56.1% remains lower than the pre-pandemic rate of 57.9%.

Population seen by an NHS dentist in England

	Adults seen within past 24 months		Children seen within past 12 months	
Period ending:	Number	% population	Number	% population
Jun-19	21,959,979	50.9%	7,000,685	57.9%
Jun-20	21,012,985	47.3%	6,299,304	52.1%
Jun-21	18,136,419	40.8%	3,932,916	32.5%
Jun-22	16,409,636	36.9%	5,579,146	46.9%
Jun-23	18,111,609	40.7%	6,366,798	53.1%
Jun-24	18,433,221	40.3%	6,726,941	56.1%

Source: NHS Business Services Authority, NHS Dental Statistics

[79] NHS Business Services Authority, Dental statistics – England 2023/24, 22 August 2024

[80] This is based on the National Institute for Health and Care Excellence's guideline on dental checks: intervals between oral health reviews, 27 October 2004

Data for local authority areas in England is available in the House of Commons Library dashboard Dentists and dental practises. The dashboard also provides constituency level information about the number of dental practises and the number of dentists at the sub-Integrated Care Board (ICB) level.

4.2 How much NHS dental treatment is being delivered?

The amount of NHS dental treatment delivered is measured by courses of treatment. A course of treatment is defined as the assessment and examination of the patient and the provision of any planned treatment. This includes treating any further issues that are discovered during the course of treatment.[81] A course of treatment could therefore include more than one appointment.

The latest full financial year estimates for 2023/24 show there were 34.1 million courses of dental treatment performed in England. This is a 4.3% increase from the previous year.[82]

However, the 2023/24 figure is around 12% lower than pre-pandemic figures for 2019/20, when 38.8 million courses of treatment were performed.

4.3 Are there enough NHS dental appointments?

The National Institute of Health and Care Excellence (NICE) recommends that the maximum amount of time between dental appointments for an adult with healthy teeth is two years.[83] The Public Accounts Committee said in its report on NHS dentistry (April 2025) that, "at best, current funding and contractual arrangements are only sufficient for around half of the English population to see an NHS dentist over a two–year period."[84]

The Labour Party 2024 manifesto committed to providing 700,000 more urgent dental appointments.[85] In February 2025, NHS England wrote to ICBs with further information on securing these appointments in 2025/26, setting out the minimum volume of appointments expected to be commissioned by

81 NHS Business Services Authority, What should a course of NHS dental treatment consist of? (Accessed 8 March 2024)
82 NHS Business Services Authority, Dental statistics - England 2023/24, National overview summary tables (Table 1a)
83 NICE, Dental checks: intervals between oral health reviews, 27 October 2004
84 Public Accounts Committee, Fixing NHS Dentistry, 4 April 2025, summary
85 The Labour Party, Build an NHS fit for the future (accessed 20 May 2025)

each ICB (see annex A).[86] The letter says that, in deciding on the distribution of the appointments, NHS England took into consideration the level of unmet demand for NHS dental care, population size and projected contract delivery at an ICB level in 2024/25. The appointments are to be funded from existing dental allocations.

GP patient survey

The GP patient survey is a survey by NHS England of patients aged 16 and over in England about patients' experiences of general practice. The survey asks questions about access to dentistry.

In 2024, the response rate to the survey was 27%. The results showed that, of those surveyed:

- Just over half of people (52.4%) tried to get an appointment in the last two years.
- Of those who tried to get an appointment, three out of four (73.9%) were successful. Respondents who had not been to the practice before were much less successful in getting an appointment (33%) than those who had been before (83.7%).
- Of the people who did not try to get an appointment with an NHS dentist in the last two years, 27.6% had never tried to get an NHS appointment and 20% had tried but over two years ago.[87]
- Of those who didn't try to get an appointment:
  - about a fifth (19.7%) said they had not needed to visit a dentist
  - over a fifth (24.7%) said they didn't try because they didn't think they could get one.
  - 26.8% said they preferred private dentistry.
- Of those who had tried to get an appointment but had been unable to do so (26.1%):
  - 11.1% said the dentist was not taking new patients
  - 9.5% said no appointments were available
  - 5.9% said they could not do so for other reasons.

[86] NHS England, Arrangements for NHS urgent primary dental care during 2025/26 and confirmation of the closure of the New Patient Premium scheme, 21 February 2025

[87] NHS England, GP Patient Survey Dental Statistics: January to March 2024, England, 11 July 2024

4.4 Inequalities in access to NHS dentistry

In its 2023 report on NHS dentistry, the health think tank, the Nuffield Trust, said "national-level data on access to dentistry fails to provide any real understanding of the level of variation that might exist among different geographical and demographic groups."[88]

The report noted that the GP Survey 2023 showed differences in levels of reported success in getting an NHS dental appointment across integrated care systems. It also highlighted that analysis by the National Audit Office (NAO) has shown that the unequal regional distribution of dentists mirrors differences in access across the country, with poorer access in areas with fewer dentists per head.[89]

The Health and Social Care Committee's report on NHS dentistry, published in July 2023, said the following groups are affected by unequal access to oral health:

- people who are entitled to free treatment on the NHS, including children and young people, pregnant women, and those in receipt of low-income benefits;
- people from ethnic minority backgrounds;
- people with additional or complex needs including those with SEND and autism;
- people from vulnerable groups including refugees and asylum seekers; and
- people who are homeless.[90]

The committee noted statistics from the 2021 Adult Oral Health Survey that showed people from the most deprived areas were less likely than those from the least deprived areas to contact their dentist when they needed treatment. They also showed people in deprived areas were more likely to have painful, broken or decayed teeth.[91]

The committee said the impact of the cost of living on people's ability to pay NHS or private dental charges was a theme in the written evidence it received.[92] The report highlighted a Healthwatch England poll that found

88 The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023, p11

89 NHS England, GP Patient Survey Dental Statistics: January to March 2023, England, 13 July 2023 and National Audit Office, Dentistry in England, 25 March 2020, referenced in The Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023

90 Health and Social Care Committee, NHS dentistry, 14 July 2023, para 6

91 Office for Health Improvement and Disparities, The impact of COVID-19 on access to dental care: a report from the 2021 Adult Oral Health Survey, 21 December 2022

92 Health and Social Care Committee, NHS dentistry, 14 July 2023, para 9

people from minority ethnic backgrounds with lower socio-economic backgrounds were twice as likely to avoid dental treatment based on the cost, compared to white people from lower socio-economic backgrounds.[93]

The committee's report also referred to the Care Quality Commission's findings from looking at 50 care homes between April and June 2022. The regulator found 25% of providers reported their service users could 'never' access NHS dental care.[94] The committee said these findings were of "additional concern, given the additional treatment needs of many older people and the complexity of providing such care."[95]

The NAO has noted that patients who don't already have a relationship with a dental practice struggle to access dentistry because practices are not obliged to accept new patients (see section 1.1). Using data from NHS England's 'find a dentist' webiste, the NAO found that in July 2024, around 10% of adults in England were over 10 kilometres away from the nearest dental practice that said it was accepting new adult NHS patients when availability allowed.[96]

93 Healthwatch England submission to the Health and Social Care Committee's Inquiry on NHS dentistry (PDF), 25 January 2023

94 Care Quality Commission, Smiling matters: Oral health in care homes - progress report, 20 March 2023

95 Health and Social Care Committee, NHS dentistry, 14 July 2023, para 10

96 National Audit Office, Investigation into the NHS dental recovery plan, 27 November 2024, para 1.16

5 Government policy

5.1 Labour government policy 2024-present

The Labour Party's 2024 manifesto said a Labour government would:[97]

- provide 700,000 more urgent dental appointments
- recruit new dentists to areas that need them most
- reform the NHS dental contract
- introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, targeted at areas of the highest need

This is referred to as the 'dentistry rescue plan'.

In February 2025, the Department of Health and Social Care (DHSC) provided the following updates on the plan, in a press release titled 'Dental patients to benefit from 700,000 extra urgent appointments':[98]

- the new patient premium (extra payments for dentists who see new patients) introduced under the previous government would be scrapped after it was found not to have an impact for patients (see section 5.2 below)
- NHS England has written to Integrated Care Boards (ICBs), directing them to make the extra 700,000 urgent appointments available from April 2025 - each ICB has a target for the number of urgent appointments to roll out, as set out in a table in the press release
- a 'golden hello' bonus incentive payment of £20,000 (first introduced under the previous government) per dentist is being offered for up to 240 dentists who agree to work in hard to recruit areas of the country – at the time of the press release, 68 posts had been filled since July 2024

The government provided an update on the children's supervised toothbrushing scheme in March 2025.[99] It said £11 million of funding would be available to local authorities for the scheme from April 2025. The press release said the scheme would help "hundreds of thousands of children between 3 and 5 years old". Sign-up to the scheme by schools and nurseries

97 The Labour Party, Build an NHS fit for the future (accessed 30 May 2025)
98 DHSC, Dental patients to benefit from 700,000 extra urgent appointments, 21 February 2025
99 DHSC, Supervised toothbrushing for children to prevent tooth decay, 7 March 2025

will be voluntary and local authorities will work to identify early years settings in target areas to encourage them to enrol.

Regarding NHS dental contract reform, the government has said it is negotiating with the British Dental Association (BDA) on reforming the contract.[100] A timescale on contract reform has not been provided. In May 2025, the DHSC launched a survey to inform NHS dental contract reform.[101]

The government has committed to publishing a ten-year health plan and a refreshed NHS Long Term Workforce plan.[102]

5.2 Previous government policy

Recovery plan for NHS dentistry (2024)

In February 2024, the Conservative government published its plan to recover and reform NHS dentistry.[103] The DHSC said the plan would fund over 1.5 million additional NHS dentistry treatments or 2.5 million NHS dentistry appointments. Actions in the plan included:

- dental vans offering appointments in targeted rural and coastal communities
- providing up to 240 dentists recruited in areas facing recruitment challenges with 'golden hello' payments of £20,000 (phased over three years) in return for a commitment to deliver NHS work in the area for at least three years
- introducing a "new patient premium" payment for each new patient requiring treatment
- raising the minimum UDA value from £23 to £28
- developing recommendations on dental contract reform
- mobile dental teams providing advice and delivering preventative fluoride varnish treatments to over 165,000 children in under-served areas
- consulting on a 'tie-in' for dental graduates
- consulting on provisional registration for overseas qualified dentists

100 HC Deb 25 March 2025, c766
101 DHSC, Survey launched to inform NHS dental contract reform, 16 May 2025
102 PQ 51256 [on Dental services], 9 May 2025
103 Department of Health and Social Care, Faster, simpler and fairer: our plan to recover and reform NHS dentistry, 7 February 2024

In March 2024, the Health and Social Care Committee held a one-off follow-up evidence session on the government's dental recovery plan.[104]

In November 2024, the National Audit Office reported that the dental recovery plan was not on course to deliver the additional 1.5 million courses of treatment. In addition, even if the courses of treatment were delivered by the end of 2024/25, this would still be 2.6 million fewer courses of treatment than in 2018/19.[105]

In April 2025, the Public Accounts Committee said the recovery plan "comprehensively failed to deliver improvements in access to NHS dentistry".[106]

July 2022 reforms

In a written statement on 19 July 2022, the Conservative government set out plans to reform dentistry over the next year.[107] A letter from NHS England to all dental practices in England (PDF) detailing the reforms was also sent.[108]

The reforms included:

- awarding more UDAs when patients need three or more fillings or extractions and for root canals
- introducing a minimum UDA value of £23
- issuing guidance on direct access (whereby patients can see a dental care professional without having to see a dentist first) in NHS practice and removing barriers that prevent dental care professionals from opening courses of treatment
- allowing high performing practices to provide up to 110% of their contracted annual activity
- requiring practices to keep their information on the NHS Directory of Services up to date

The BDA described the reforms as "marginal" and "an attempt to conjure up more capacity without adding any new investment."[109]

104 Health and Social Care Committee, Oral evidence: NHS Dentistry: Follow-up, HC 602, 19 March 2024
105 National Audit Office, Investigation into the NHS dental recovery plan, 27 November 2024
106 Public Accounts Committee, Fixing NHS Dentistry, 4 April 2025
107 HCWS 19 July 2022, Written statement on dental system improvement
108 NHS England, First stage of dental reform letter (PDF), 19 July 2022
109 BDA, England: Marginal changes under scrutiny, 20 July 2022

6 Select committee inquiries into NHS dentistry

6.1 Public Accounts Committee 2024-25 inquiry into fixing NHS dentistry

In April 2025, the Public Accounts Committee published the report of an inquiry into fixing NHS dentistry. The inquiry concluded that the previous government's dental recovery plan (see section 5.2 above) had not improved access to NHS dentistry, and the dental contract remains unfit for purpose.[110]

The committee noted the current government's plans to deliver 700,000 extra urgent dental appointments and to reform the dental contract. However, it said the Department of Health and Social Care (DHSC) and NHS England (NHSE) do not know what reform will look like or the timescales for delivery. It concluded that:

> NHSE and DHSC need to be clear what the actual cost of delivering NHS dentistry is, and work with the entire dental profession and wider stakeholders to design and deliver short and long–term changes to prevent further decline of the service. The role of local commissioners will be central to this, as will having a workforce that is motivated to deliver NHS care.[111]

The committee made the following recommendations:

- In the government's response to the committee, the DHSC and NHSE should set out:
  - a timetable for reforming the new contract and how they will maintain access to NHS dentistry while it is being negotiated
  - their vision for preventative dental care and promoting good oral health
  - how they are improving their analytical capabilities in dentistry (in response to errors in the modelling underpinning the dental recovery plan), and what will change as a result of dentistry being designated as "business-critical model".

[110] Public Accounts Committee, Fixing NHS Dentistry, 4 April 2025
[111] As above

- DHSC and NHSE must publish an evaluation of the previous government's dental recovery plan and what was spent on it.
- In their future plans for NHS dentistry, NHSE and DHSC must explain:
  - how they will improve on efforts to co-ordinate between central and local initiatives
  - how they will support Integrated Care Boards (ICBs) to undertake innovative commissioning, hold ICBs to account for improving local dentistry provision, and expand access to dental treatment where practices may be experiencing a reduction in funding.
- DHSC and NHSE should commit to analysing the costs of providing NHS dentistry, including explaining how the current payment structure impacts areas depending on levels of deprivation in the community.
- DHSC must publish its response to the consultation on a dental graduate 'tie-in' (launched under the previous government) and set out what DHSC and NHSE will do to incentivise dentists to carry out more NHS work.

6.2 Health and Social Care Committee 2022-23 inquiry into NHS dentistry

In July 2023, the Health and Social Care Select Committee published the report of an inquiry into NHS dentistry.[112] The committee made the following recommendations:

- The government should set out how it intends to meet its ambition for everyone who needs an NHS dentist to be able to access one and a timeline for delivery.
- There should be a patient information campaign about how NHS dentistry works and monitoring of adherence to the National Institute for Health and Care Excellence (NICE) guidelines on recall intervals.
- The dental contract should be fundamentally reformed, moving away from the UDA system to a contract with a weighted capitation element estimating the need per head of a population.
- A system of registration for dentistry should be reinstated.
- Dentistry funding should be permanently ringfenced to protect dental underspend from being diverted into other health areas.

[112] Health and Social Care Committee, NHS dentistry, 14 July 2023

- The government should collect better data on the proportion of NHS and private activity undertaken by dentists and demand for NHS treatment to inform workforce planning.
- The government should work with the General Dental Council to clear the backlog of applications for the overseas registration exam and speed up the registration process for international dentists.
- The government should introduce incentives to retain dentists and encourage dentists to return to the NHS.
- Dentists should be represented in the membership of ICBs and NHS England should provide more clarity and support to ICBs on commissioning and undertaking oral health needs assessments.

The government published its response to the enquiry in December 2023. It accepted some of the committee's recommendations and said it would address these in its dental recovery plan (see section 5.2).[113]

6.3 Health and Social Care Committee 2021-22 workforce inquiry

In July 2022, the Health and Social Care Committee published the report of an inquiry into recruitment, training and retention in the health and social care workforce. The committee said it heard evidence that although more dentists than ever were registered with the General Dental Council, the number of dentists doing NHS work was decreasing.[114]

The committee said that units of dental activity (UDAs) had proven "immediately problematic" when they were introduced in 2006 and noted that the Health Committee had previously advocated for contract reform in 2008. The 2022 report said the UDA system is "not fit for purpose, and urgent reform is needed to boost recruitment and retention in NHS dental services".[115]

Responding to the report, the government noted the July 2022 package of reforms to dentistry (see section 5.2) and said it was working with the sector to consider "more significant changes".[116]

113 DHSC, NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022–23, 13 December 2023

114 Health and Social Care Committee, Workforce: recruitment, training and retention in health and social care, 25 July 2022

115 As above, para 108

116 Health and Social Care Committee, Government Response to the Committee's Report on Workforce: recruitment, training and retention in health and social care, 21 April 2023

7 Further reading

For further information about NHS dentistry and constituency-level data, see:

- Finding an NHS dentist in England
- How does access to NHS dentistry compare across areas in England?
- Constituency data: Dentists and dental practices

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