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Health and Social Care Committee

NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022–23

First Special Report of Session 2023–24

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Health and Social Care Committee

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First Special Report

The Health and Social Care Committee published its Ninth Report of Session 2022–23, NHS Dentistry (HC 964), on 14 July 2023. The Government response was received on 12 December 2023.

Appendix: Government Response

Foreword

I am pleased to submit the Government's response to the Committee's report on Dentistry, published on 11 July 2023. Dentistry remains a key priority for this Government and as the newly appointed Secretary of State for Health and Social Care, I have been able to cast fresh eyes on the issue, whilst also drawing on my experience representing a rural constituency in Lincolnshire, where there are challenges around access to dental services. I am determined to make real improvements.

The Department has already introduced a number of significant changes in recent years. While I am pleased to say the data is showing that the situation is improving, there is more work to be done.

We have carefully considered all the recommendations in the report and have provided a response to each in turn below. The Government accepts the majority of the Committee's recommendations. Most importantly, we are fundamentally aligned to the overall ambition that NHS dentistry should be accessible and available for all those who need it. We have made significant progress through implementing our reforms announced in July 2022. These reforms included introducing a minimum unit of dental activity (UDA) value for practices, rewarding dentists more fairly for providing more complex care, making better use of the skills of the full range of dental professionals and allowing the best performing practices to see more patients.

We recognise that there is still much more to be done. Our Dentistry Recovery Plan, which will be published shortly, will build upon our initial reforms and make further progress in line with the Committee's recommendations.

I would also like to take this opportunity to thank the Committee for conducting this important inquiry, which took evidence from a wide range of organisations and individuals with an interest in the dental sector, as well as the public. There is no quick fix for NHS dentistry, but we have begun laying the foundations of change and look forward to continuing work with the Committee. We want to support and improve NHS dentistry and deliver care that meets the diverse needs of people across England.

RT HON VICTORIA ATKINS MP

SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

Access to NHS dentistry

Recommendation 1

We welcome the Government's ambition for everyone who needs an NHS dentist to be able to access one. This ambition must ensure access within a reasonable timeframe and a reasonable distance. The Government must set out how they intend to realise this ambition and what the timeline will be for delivery. It is vital that this ambition is the central tenet of the Government's forthcoming dental recovery plan. Once the plan has been published, we will revisit the recommendations in this report to assess it against this criteria. (Paragraph 14)

Response

Accept

The Department accepts this recommendation. We want to ensure that every adult and child who needs an NHS dentist can access one, regardless of where they live.

The package of reforms we announced in July 2022 was an important initial step towards improving access to NHS dentistry, and included:

- Allowing the best performing practices to see more patients (up to an extra 10% activity),
- Making better use of the skills of a range of professionals such as dental therapists, hygienists and nurses,
- Rewarding dentists more fairly for providing more complex care – for example, dentists are now paid more when they need to do three or more fillings or extractions and provide more complex care such as root canals in molar teeth,
- Keeping patients updated on the availability of local NHS dentists by ensuring all NHS dentists regularly and routinely update the NHS website with their availability; and,
- Enabling local commissioners to manage contracts more responsively and actively, by working with dentists to redistribute contracted activity and rebase consistently underperforming contracts.

It is encouraging that the latest annual dental statistics suggest gradual recovery is starting to take place. While the impact of the 2022 reforms is difficult to fully quantify, in part because the majority of the changes only came into force in December 2022, the 2022–23 annual statistics show that NHS dental activity is increasing. The annual dental statistics show a 23% increase in Courses of Treatment delivered between 2021/22 and 2023/23 which is an increase of 6.1million. The number of patients being seen is also increasing with 10% more adults being seen and an increase of 14% of children seeing an NHS dentist in 2022/23 compared to 2021/22.

But we know we need to do more to ensure that everyone who needs to access an NHS dentist can do so.

Figures from the latest GP Patient Survey show that three quarters of people who tried to get an NHS appointment in the last two years were successful, but this is still lower than the 92% success rate seen in 2019. Although activity levels are increasing, care delivered is also still below what we saw before the pandemic. We recognise that in some parts of the country it can be difficult to access an NHS dental appointment. That is why it is so important that the public are aware that they are able to choose which dental practice they attend and do not need to be registered with a practice. This enables greater patient choice and gives more flexibility for patients to travel to practices outside of their immediate area if they cannot access an appointment locally.

We also acknowledge that some of the population will prefer to access private dentistry. Figures from the latest GP Patient Survey show that only just over half of those surveyed had tried to access an NHS dentist appointment in the last two years. Of those who had not tried to get an NHS dentist appointment in that time, 28% reported this was because they prefer to go to a private dentist.

The transfer of responsibility for commissioning NHS dentistry services from NHS England to Integrated Care Boards (ICBs) on 1 April 2023 provides a greater opportunity to tailor services around the needs of the local population with local representatives who have a real understanding of the local situation and the specific needs of the population for dentistry services in the area.

The forthcoming Dentistry Recovery Plan will seek to continue improving access for patients.

Recommendation 2

A lack of public awareness about NHS dental services and how practices operate is contributing to access issues.

The Government and NHS England should roll-out a patient information campaign with the aim of improving awareness of how NHS dentistry will work and ensure the public are better informed about what they are entitled to.

This should clarify common misconceptions, for example, about patient registration, recall periods, and NHS dental charges and exemptions. (Paragraph 18)

Response

Accept

The Department accepts this recommendation. We agree that patients need to be well informed about how NHS dentistry works and the care they are entitled to.

NHS England has created a new group of Patient and Public Voice (PPV) partners and are working on a suite of public facing documents that will support public knowledge and understanding, including on dental recall intervals and how the whole dental team can be used to deliver patient care. The PPV Group will consider how we can raise awareness further on an ongoing basis.

Our reforms in 2022 also implemented measures to ensure that NHS dental practices provide up to date information for patients. It is now a contractual requirement that all dental practices must review and update their NHS website profile information every quarter which includes what services they offer and whether they are accepting new NHS patients.

We acknowledge that compliance to this requirement should be higher, and NHS England have recently put in place additional measures to monitor and improve this. Quarterly reports are now produced and made available to ICBs who have the contractual powers to ensure adherence to these requirements.

Recommendation 3

Practices should abide by NICE recall guidelines of up to two years for most adult patients, recognising the need for more regular recall for some, but people should not automatically be removed from dentists' registers of NHS patients without good reason. This should be monitored by NHS England to ensure it is being carried out. (Paragraph 19)

Response

Accept

The Department accepts this recommendation, with the strong caveat that there is no requirement for patients to be registered with a specific dental practice, and practices are obliged to only deliver a course of treatment. Therefore, no formal process is in place to maintain patient registrations, including removal of registrations, although many practices do tend to see patients regularly on a voluntary basis.

However, we fully support the recommendation for adherence to NICE recall guidelines. As part of our reforms announced in July 2022, practices have been reminded that urgent dental care should be provided as part of their core service offer to patients, and that adherence to risk based recall intervals and other NICE guidance is a contractual requirement.

Last year, NHS England implemented a renewed focus on implementation of personalised, evidence-based recall intervals. With data submitted via FP17 forms, completed by dental practitioners as part of delivering NHS courses of treatment, we are monitoring recall intervals for patients who are identified as having good oral health, with the expectation that these will move towards 24 months. The output of this data is already being shared monthly with ICBs and we are looking to share this more widely with the profession.

NHS England have also published a support tool to help practices prioritise their recall lists of child patients here and a further case study can be found here.

Recommendation 4

We welcome the fact that to try and address the underspend, NHS England is applying a ringfence for 2023/24, to ensure that no ICB can divert funding away from NHS dentistry. We recommend that this ringfence applies permanently, and NHS England puts in place transparent scrutiny to ensure compliance. (Paragraph 38)

Response

Accept

The Department accepts this recommendation. NHS England have provided guidance for ICBs that requires dental allocations to be ringfenced in 2023/24, with any unused resources re-directed to improve NHS dental access in the first instance and not spent on other services. A schedule setting out the dental ringfence was issued to ICBs through NHS England's 2023/24 revenue finance and contracting guidance.

To ensure compliance against this requirement, NHS England are meeting with and collecting monthly returns from all ICBs to establish current and planned spend against the ringfenced dental allocations budget.

In response to the challenging financial position of the NHS, in November, NHS England confirmed that where ICBs had not spent all of their allocation on improving access to dentistry, ICBs would be able to retain any underspend and use this to balance their bottom line and any other pressures. ICBs will decide how to use any forecast underspend in line with this guidance.

We are currently considering arrangements for 2024/25 and any opportunities to further strengthen oversight of funding that is used to deliver access to NHS dental care.

We also agree with the Committee's view that while access is a remaining challenge, we need to tackle underperformance by contractors to maintain the levels of care that have already been agreed. As part of the reforms announced in July 2022, we have introduced legislation to enable commissioners to address worsening access to NHS dental services for patients where this is due to persistently under-delivering contractors.

In the first instance NHS England will encourage commissioners and contractors to work together to resolve underperformance against the contract at the mid-year review point or by voluntarily rebasing their contract. Where this is not possible, commissioners will be able to rebase contracts to the highest level of UDAs delivered over a three-year period and recommission unused activity to other providers.

As a result of these changes, we expect patients to see an improvement to access over the longer term from the recommissioning of undelivered NHS dental care and a reduction in persistently under-delivering contracts.

The NHS Dental Contract

Recommendation 5

We welcome the Government's recognition of the need for dental contract reform. The Department and NHS England must urgently implement a fundamentally reformed dental contract, characterised by a move away from the current UDA system, in favour of a system with a weighted capitation element, which emphasises prevention and person-centred care. This should be based on the learnings from the Dental Contract Reform Programme and in full consultation with the dental profession. (Paragraph 51)

Response

Partially accept

The Department partially accepts this recommendation. We accept the Committee's recommendation that we need to build further on the contractual changes we announced in July 2022, to further support and incentivise Dental Practices to deliver more care and improve access for patients. However, there is no one perfect payment model.

From 2011 to 2022 the Department, with NHS England, piloted alternative models to test a new form of contract remuneration for NHS work based on a capitation approach. Assessment of the programme suggested that if implemented as tested and evaluated, the proposed contract model would not maintain dental access for patients, reduce oral health inequalities, or offer overall sustainability within available resources for the NHS. The evaluation also did not provide any evidence that capitation improved personalised care. The proposed model could not therefore be supported for further rollout and the programme closed at the end of March 2022. Nevertheless, these pilots and prototypes provided good insight and learning, and will continue to inform future contract reform.

We have already made changes to tackle some of the problems identified with the current contract, including band 2 changes, rebasing, and ring-fencing ICB allocations but we need to go further. We are working on further reforms to the 2006 contract, in discussion with the profession, and will continue to engage on the best way to remunerate dentists for care for patients with complex needs and support more preventative care such as chairside prevention activity, fluoride varnish and oral health education.

Recommendation 6

We uphold the recommendation from our predecessors' 2008 report into Dental Services, that the Department should reinstate the requirement for patients to be registered with an NHS dentist. (Paragraph 55)

Response

Reject

The Department rejects this recommendation at this time and has no current plans to introduce registration. NHS dental practices are only contracted to deliver a course of treatment, which means that dental patients are only registered to a particular practice

during that specific course of treatment. This model allows for greater choice and flexibility for patients and means that there is no geographical restriction on which practice a patient may attend, allowing patients the choice of where they would like to receive a course of treatment subject to the capacity of dental practices and the patient's willingness and ability to travel.

We have made it easier for patients to find out which practices are accepting NHS patients. Our reforms of 2022 included a requirement that dentists must now update the NHS website with their availability, making access clearer for patients.

The NHS dental workforce

Recommendations 7 and 8

The Government and NHS England should commission a dental workforce survey to understand how many full-time and part-time-equivalent dentists, dental nurses, therapists and hygienists are working in the NHS, and how much NHS and private activity they are undertaking, alongside demographic data such as age and location. (Paragraph 68)

The Government and NHS England must improve the routine data that is collected on the number of NHS dentists and the wider dental team, and the levels of NHS activity they undertake, as well as data on demand, to assist with workforce planning and identifying gaps in provision. This must be addressed in the forthcoming dental recovery plan. Until such a time, the Government should focus on statistics which show the levels of NHS dental activity. (Paragraph 69)

Response

Accept

The Department accepts these recommendations. In October 2023, NHSE introduced a new workforce survey which will be repeated biannually. This data collection will incorporate the whole dental team and will include information on retention and recruitment of staff, NHS capacity and NHS workforce available, including full time equivalent data. The submitted data will be published in order to support ICBs with their commissioning function, with data from the initial survey expected to be available by early 2024.

We recognise the need to do more to understand and respond to local needs and to increase transparency and local accountability about performance and service availability. To support this, we have started to publish monthly data on local levels of NHS dental activity and the proportion of UDAs being delivered in different places. These statistics are available on the NHS Business Service Authorities (BSA) Open Data Portal and are summarised at ICB level on the Fingertips public health data platform.

We will publish additional materials for patients and the public to raise awareness of personalised recall guidance and help to manage expectations about how often those with good oral health require a check-up.

Recommendation 9

Any contract reform now will almost certainly be too late for those dentists who have already left the NHS or are considering doing so in the near future. The Government must urgently introduce incentives to attract and retain dentists to undertake NHS work. These should include, but not be limited to, the reintroduction of NHS commitment payments, incentive payments for audit and peer review, and the introduction of late career retention payments. The development of a careers framework should be considered, including on-going education, supervision and support. This should form part of a wider package, accompanied by a communications drive, to entice professionals to return to NHS dentistry. (Paragraph 72)

Response

Partially accept

The Department partially accepts this recommendation. While we want to encourage all professionals to commit more of their time to NHS work, and to work in areas of the country with low provision of NHS dental care, we do not plan to introduce all of the specific incentives listed in the Committee's recommendation.

Our package of dental system improvements announced in July 2022 means dentists are more fairly rewarded for the NHS care that they deliver. The Government has also accepted and implemented the recommendations of the Independent Review Body on Doctors' and Dentists' Remuneration (DDRB) for 2023/24. Following consultation with the sector, the Government implemented the DDRB recommendation through a 5.13% uplift to the value of NHS dental contracts (net of 6% for pay elements and 3.23% for non-pay (expenses) elements).

In October 2023 NHSE published guidance for ICBs on 'Flexible Commissioning' to provide ICBs with an outline of the legal requirements of the national dental contractual framework and to highlight the key considerations associated with procuring additional and further services. We have already seen examples of ICBs using their flexible commissioning powers to implement local initiatives such as recruitment and retention incentives, and remuneration incentives. On a national scale, as signalled in the NHS Long Term Workforce Plan earlier this year, the NHS and the Government will also explore incentives and measures such as a tie-in, to encourage dentists to spend a greater proportion of their time delivering NHS dental care in the years following the completion of undergraduate training.

We agree with the Committee that a sustainable and supportive careers framework for NHS dentistry professionals is important. The Department has been working with NHSE to implement the Advancing Dental Care review and to develop a career pathway to support lifelong learning. This includes the use of the apprenticeship model offer to diversify and grow a multi-professional dental workforce that responds to skills needed in England, as well as helping to advance careers by enabling more staff to achieve enhanced and advanced practice roles.

Recommendation 10

The Government, NHS England and ICBs must ensure that the reformed contract ensures that full use is made of the skills of the whole dental team. (Paragraph 73)

Response

Accept

We accept the Committee's recommendation to make best use of the skills held by the wider dental team and have already taken steps with NHSE to embed this approach within contract reform and to promote to dental practices. This will ensure that all staff are better utilising their knowledge and skills so that dentists' time is more focussed on specialised clinical work, increasing job satisfaction for the team, and increasing the overall efficiency of dental practices.

As part of our reforms announced in July 2022, NHS England published guidance for the profession and commissioners to address misunderstandings and remove administrative barriers in the submission of payment claims to facilitate dental therapists and hygienists to open courses of treatment.

The guidance clarifies the regulatory position on dental therapists and dental hygienists providing direct access to patient care within NHS primary dental services. It is supported by case studies to illustrate how skill mix can work in practice.

The Department also recently completed a consultation on changes to the Human Medicines Regulations to enable dental therapists and dental hygienists to supply and administer some medicines without the need for a prescription from a dentist. These include local anaesthetics, fluoride varnish and certain antibiotics. These changes could enable these dental care professionals to deliver more care for patients using skills already within their scope of practice, whilst also improving job satisfaction. The proposed change will support dental hygienists and dental therapists in providing the right care to patients without unnecessary delays and add capacity in dental care teams. We will respond to this consultation shortly.

Recommendation 11

The Government must work with the General Dental Council to ensure the backlog of applications for the Overseas Registration Exam is cleared in a timely manner, and to speed up changes to the process of international registration for new applicants seeking to work in the NHS. (Paragraph 86)

Response

Accept

The Department accepts this recommendation. We agree that efficient processing of applications for the Overseas Registration Exam (ORE) is vital and are working with the GDC to identify the most efficient measures to clear their current registration backlog of dentist and dental care professional applicants.

We welcome the GDC's decisions to triple the capacity of the next three sittings of the ORE Part 1 exam from August 2023, and to increase the number of sittings for the ORE Part 2 exam from three to four for 2024, creating more than 1300 places across the additional sittings. The GDC estimates there are 1500 eligible candidates for ORE Part 1 and, in the 12 months from August 2023, the GDC will have 1800 places available for those wishing to sit ORE Part 1. In respect of ORE Part 2, the GDC has increased the number of places available to 576, which we understand is sufficient to meet the current demand from those who are both eligible and wanting to sit Part 2. This has been evidenced by recent ORE Part 2 sittings not being fully subscribed when offered. The GDC will also be providing greater information and support to candidates which we expect to increase the pass rate, again increasing throughput as well as improving efficiency.

We are pressing the GDC to streamline and increase the capacity of its current registration routes so that they are more efficient and effective and will meet with them regularly to make sure they are fulfilling their commitments on this. We have already passed legislation on international registration, which came into force in March 2023, to provide the GDC with the flexibility to amend the ORE content, structure, and fees. Earlier this year, the GDC consulted on proposals for international registration routes for dentists which include further increasing the capacity of the ORE. The consultation also called for evidence to inform longer term plans on international qualifications and registration, including the potential future structure of the ORE, and alternative routes to recognition that may enable overseas-qualified dentists to join the GDC's register more quickly.

Additionally, we have already taken further action through measures to streamline the process for dentists to deliver NHS care. These include:

- Following a ministerial review of the standstill provisions, dentistry qualifications from the European Economic Area will continue to be unilaterally recognised by the GDC;
- Reducing the time it takes to evaluate the skills, experience, and support that an applicant needs to join the Dental Performers List and work safely in NHS primary care dentistry, through the amendments to regulation 34(4)(c) of the National Health Service (Performers Lists) (England) Regulations 2013; and
- Inserting a new regulation 5A into the National Health Service (Performers Lists) (England) Regulations 2013, to allow dentists who are already included on the Performers List in Scotland, Wales, or Northern Ireland, to work in England whilst their full application is being processed.

Recommendations 12 and 13

The dental profession should be represented on Integrated Care Boards to ensure they have the necessary expertise to inform decision-making around contracting and flexible commissioning. This should include wider engagement with the profession locally, for example through Local Dental Committees and Local Dental Networks. (Paragraph 106)

We contest the Department's rejection of the recommendation in our 'Integrated Care Systems: autonomy and accountability' report, and reiterate that they should centrally gather information relating to the membership of ICBs, including the specific role of

members and their area of expertise. We also recommended the Department should review that information with a view to understanding whether the policy of keeping mandated representation to a minimum is the right one and whether any specialties are especially under-represented. We believe this is particularly relevant in the case of NHS dental services. (Paragraph 107)

Response

Partially Accept

NHS England have published implementation guidance on effective clinical and care professional leadership within ICBs. As part of the development of local frameworks and wider governance arrangements, system leaders were asked to commit that they ensured that the full range of clinical and professional leaders from diverse backgrounds are integrated into system decision-making at all levels.

The Government has not changed its stance since the publishing of our response to the Committee's report on integrated care systems: autonomy and accountability on 14 June this year.

As stated in our response previously, ICBs are required to publish their constitution, which includes a list of ICB board members, in accordance with the Health and Care Act 2022. ICBs have made board member information, including members' expertise and knowledge, publicly available on their websites. Where the ICB proposes a change to its board membership this will be discussed with the NHS England regional team as part of the constitutional amendment approval process.

The Health and Care Act 2022 sets out membership requirements of ICBs that include representatives from NHS trusts, primary care and local authorities. However, local areas can go beyond the legislative minimum requirements in order to address their local needs. Most ICBs have used this discretion and appointed additional members such as members for public health, Voluntary Community and Social Enterprise (VCSE) sector representatives and others based on their local area needs, therefore all ICBs are already free to include representation from the dental profession where they deem this necessary.

DHSC will continue to work closely with NHS England and ICBs to ensure that the current arrangements are working.

Recommendations 14 and 15

We welcome the initiatives outlined by the Chief Dental Officer to help ICBs commission dental services in a way that best meets the needs of their local populations. NHS England should provide evidence of the effectiveness of these initiatives, so that ICBs can see for themselves which options they could most usefully pursue and best practice is spread. (Paragraph 115)

In light of the current national contracting arrangements, NHS England must provide clarity to ICBs about what flexibilities they have with regard to commissioning NHS dental services and targeting resources according to the needs of their populations. (Paragraph 116)

Response

Accept

Following the delegation of primary care commissioning functions to ICBs on 1st April 2023, local commissioners are understandably seeking to explore new opportunities to commission dental services and support partnerships to prevent poor oral health, meeting the needs of their populations, and ensuring that services provide access to patients and remain safe and viable.

As mentioned in response to recommendation 9, NHS England published guidance in October 2023 that provides ICBs with options and points to consider when utilising existing commissioning flexibilities to address local priorities within the national dental contractual framework.

Key elements from the regulatory framework and Statement of Financial Entitlements (SFE) have also been included in the guidance so that commissioners can define the scope, limits, and remuneration of services within the requirements of Mandatory Services, Additional Services and Further Services. This will be supported by a further publication in 2024 which will give practical examples of services and the different commissioning options available.

NHS England has also published an Assurance Framework which sets out its approach to providing assurance that commissioning functions are carried out safely and effectively by ICBs, including a suite of documents to support ICBs.

The OCDO and commissioning team's ambition is to coproduce a document to encompass the principles and philosophy of good care delivery, together with innovative commissioning examples of how this can be achieved.

Recommendation 16

By the end of July 2024, every ICB should have undertaken an oral health needs assessment, in consultation with service users, patient organisations and the profession. NHS England should provide support to ICBs to undertake this, including sharing examples of best practice and learnings from other ICBs. NHS England must also ensure each assessment is sufficient to meet its intended purpose. (Paragraph 122)

Response

Partially Accept

ICBs are responsible for undertaking oral health needs assessments to support commissioning priorities for investment.

While all ICBs are at different stages of maturity and not all may be complete by the end of July 2024, all are working towards having these assessments in place to support progress with their procurement of specific dental services, with support from NHS England.