Department of Health & Social Care

From Stephen Kinnock MP
Minister of State for Care

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Paulette Hamilton MP

Acting Chair, Health and Social Care Committee

29 September 2025

Dear Paulette,

Thank you for your letter following our oral evidence session on 9 July on progress to improve NHS dentistry since the earlier HSCC inquiry in 2023. I am also aware of your discussion with the Secretary of State on the 10 Year Health Plan which took place on 14 July.

First, I must thank the Committee for undertaking these important and timely discussions on our progress on rebuilding NHS dentistry, and on our ambitions for the NHS more broadly under the 10 Year Health Plan. I want to reiterate that we had inherited a broken NHS, and in our first year we have made great strides towards fixing it to improve the experience of NHS patients. On dentistry and dental public health this includes:

- Integrated Care Boards (ICBs) have been making additional urgent appointments available from 1 April 2025;
- we undertook a public consultation between 8 July and 19 August 2025 on measures to improve access and the quality of NHS dentistry. The Government's response will be published in due course; and
- we have invested £11 million in 147 local authorities in 2025/26 for our supervised toothbrushing programme to tackle tooth decay in children.

More broadly for the NHS:

- we published our 10 Year Health Plan, which sets out how we will reinvent the NHS to make it fit for the future, with a 10-year workforce plan to follow later this year;
- we have exceeded our pledge to deliver 2 million extra operations, scans and appointments in our first year in office, having delivered over 5 million additional appointments; and
- on 6 June we published our urgent and emergency care plan 2025/6 backed by nearly £450 million. This includes 800,000 fewer A&E patients waiting over four hours this year.

Turning now to replying to the specific points raised in your letter:

Contract Reform

I agreed to write to the Committee ahead of any formal announcements of our plans for contract reform. In the meantime, I hope the following is helpful and reassures the Committee that we are taking urgent action to reform the dental contract and incentivise more NHS work.

Work on fundamental reform of the dental contract has been underway since our first days in office. Working closely with the dental sector, we are committed to achieving this by the end of this parliament. We have been regularly engaging with the dental sector, including the British Dental Association, on how we can best deliver our shared ambition to improve the state of NHS dentistry. As part of these discussions, we are carefully considering the benefits and trade-offs of alternative payment models.

Once a suitable alternative model has been identified, the next stage will be a public consultation. We will then begin formal consultation with the dental sector on the changes necessary.

While we carefully consider the options for more fundamental reform, we have consulted on more immediate improvements to the existing contract to deliver better care for the diverse oral health needs of people across England.

Through these reforms, we aim to embed the necessary contractual arrangements to deliver the 700,000 additional urgent dental care appointments every year, better support patients with complex treatment needs and incentivise the delivery of more preventative care. The changes also seek to make NHS dentistry a more attractive workplace for dental teams.

This consultation, which was undertaken between 8 July and 19 August 2025, paves the way for the first tangible reforms since 2022 and aims to lead to contractual changes from April 2026. We are currently analysing the responses and will publish the Government's response in due course.

Funding Settlement

As you know, budget allocations for future years are subject to the Spending Review process. Following the Spending Review in June, the detail of budget allocations within each department is still being determined and we are working to provide the detail and certainty needed on future funding and spending plans. This includes preparing for the first multi-year planning round for the NHS in more than half a decade, which will give local leaders the certainty they need to deliver.

Dentistry Underspend

The Committee asked for our latest figures on underspend in NHS dentistry.

It might be helpful to clarify that where underspends occur, this is primarily driven by care that dentists have contractually committed to but have not been able to deliver. ICBs as commissioners negotiate contracts with practices to deliver a certain number of Units of Dental Activity (UDAs) each year. Contract holders are paid monthly in 12 instalments based on the contracted number of UDAs. If the contract holder has not delivered 96% of contracted UDAs by the end of the year, funding for those undelivered UDAs is recovered by the NHS. Where delivered UDAs are above 96% the shortfall is instead rolled over to the subsequent year's requirements, rather than the funding being recovered.
Where contract holders are persistently unable to deliver their contractual commitments, commissioners can now unilaterally rebase these contracts, allowing them to distribute unused activity to other NHS dentistry contracts which can deliver more activity.

The dental ringfence was first introduced for 2023/24 and NHS planning guidance for 2025/26 confirms that dental budgets remain ringfenced for this financial year. We want every penny allocated to NHS dentistry to be invested in improving NHS dentistry and leading to a better experience for patients. Working with ICBs, we are making determined efforts to fully utilise the dentistry budget through schemes such as Golden Hellos, and by commissioning 700,000 urgent appointments across England each year.

In 2024/25 the value of the ringfence (which covers primary, secondary and community care, net of patient charges) was £3,973m, which was £250m additional compared to 2023/24. This is partly due to the additional funding for the contractor pay rise of 6%. I am pleased to highlight the net underspend in the 2024/25 financial year has reduced to £36m which is a significant 90% reduction compared to the previous year of £392m. (To note, NHS England's annual accounts are not yet published and remain subject to audit.)

Data

The Committee asked whether DHSC collects data to provide greater insights into the costs and impact of NHS dentistry services and specifically on the evidence base on the impact of poor oral health on issues such as school attendance, employment etc. We discussed this with our Work and Health Unit who have confirmed that there isn't any data held that is specific to dentistry. We will continue to work to identify further opportunities to improve our understanding of this important issue.

However, I would like to draw your attention to the evidence note accompanying our consultation on interim reforms, which references the modelling by the Economist Group (2024) on caries (tooth decay) and periodontal (gum) disease prevention. It suggests that the UK currently experiences an overall lifetime per-person cost of approximately £18,000 from these diseases. Effective action to address caries and periodontal progression, as targeted through these reforms, could result in a per person reduction of approximately £14,000, with these savings being over 3 times higher in the most deprived groups. The evidence note can be accessed below:

https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms/evidence-note

I should also draw your attention to Health matters: child dental health which includes research about extractions in children in hospitals in the North West. It found that 26% had missed days from school because of pain and infection and an average of 3 days of school were missed due to dental problems. Days of work potentially lost was 41% since many parents/carers were employed.

This report draws on the following paper: Issues arising following a referral and subsequent wait for extraction under general anaesthetic: impact on children.

In addition, our ROI tool provides information on days gained at school and days gained at work. This is for 5 interventions for 0-5 year olds. It can be viewed at: Improving the oral health of children: cost effective commissioning.

Dental Cost Survey

We agreed to provide further information on a publication date for the Dental Cost Survey.

We have commenced a research project to better understand the costs and pressures associated with running a dental practice in England. The survey closed on 16 June 2025, and we received around 500 responses. We are analysing the responses and findings in order to inform our work on contract reform for the longer term, upon which we will update in due course.

I hope this is helpful in addressing the Committee's questions.

Yours sincerely,

STEPHEN KINNOCK