

Written evidence submitted by the Association of Dental Groups (EPW0040)

Introduction

1. This submission from the Association of Dental Groups (ADG) responds to the Health and Social Care Committee Expert Panel call for written evidence for its evaluation of Government commitments in the area of the Health and Social Care workforce in England.
2. The Association of Dental Groups (ADG) is the trade association for large dental providers in the UK. Our members include 20 of the largest groups of dental practices in the country, representing over 10,000 clinicians delivering NHS and private dentistry to more than 10 million patients every year.
3. ADG members represent corporate, group and community interest companies delivering a wide range of oral healthcare, be this commissioned through General Dental Contract (GDS) services or local authority and community oral healthcare programmes. We welcome this evaluation as we believe that addressing recruitment and retention remains the most important step in dealing with the backlog and future demand for oral healthcare, be it through NHS or private dentistry.

Government Commitment under Evaluation – “ensure that the NHS and social care system have the nurses, midwives, doctors and other health professionals that it needs”

4. Dentistry is the forgotten healthcare service. The Government commitment under evaluation from the Conservative Party Manifesto 2019¹ places dentistry by default under “26,000 more primary care professionals”. It is our submission that the lack of specific commitments by Government for dentistry has partly contributed to the current access crisis and has been the default position of previous Governments since 2006 towards NHS Dental Services.
5. Before the arrival of Covid-19, dentistry services were facing a series of significant challenges, pressures and uncertainties. The ‘Dentistry in England’ report from the National Audit Office shows a fall in the contribution of NHS funding to primary care dentistry of 10% in real terms in the last full spending period (2014-15 to 2018-19).² It is estimated that £800million would be required to restore funding to 2010 levels³. Despite the Conservative Party manifesto reference “that between 2018 – 2023 we will have raised funding for the NHS by 29%”, none of this funding has found its way to NHS Dental Services apart from an additional £50million⁴ in January 2022, which was time limited until the end of March 2022.
6. The last major investment in UK dental training was made in 2004 as part of an expansion in medical and dental training places and the subsequent establishment of new dental schools at Peninsula Dental School (Plymouth) in 2006 and University of Central Lancashire (UCLan) in 2007. At the same time a recruitment campaign, “Project 1,000”⁵ was launched by the then Secretary of State for Health, John Reid, aimed at recruiting a total number of 1,000 extra dentists both at

¹ [Conservative Party Manifesto 2019 \(conservatives.com\)](https://www.conservatives.com)

² <https://www.nao.org.uk/report/dentistry-in-england/>

³ [Press releases Urgent action needed as millions miss out on NHS dentistry \(bda.org\)](https://www.bda.org)

⁴ [NHS England » Hundreds of thousands more dental appointments to help recovery of services](https://www.nhs.uk)

⁵ [\[ARCHIVED CONTENT\] Reforms with bite - 1000 more dentists by October 2005 \(nationalarchives.gov.uk\)](https://www.nationalarchives.gov.uk)

home and from abroad. Since then, no further significant investment in the dental workforce has been made.

7. In 2006 the Department of Health brought forward the new NHS dental contract. The contract sought to pay dentists for Units of Dental Activity or “UDAs” with the objective of tackling waiting list pressures. There was little focus on quality or more prevention based care. A 2008 Select Committee report was scathing of the contract noting that it has led to ‘patchy’ access and a drop in the reduction of complex procedures.⁶
8. The Coalition Government sought to evolve the NHS dental contract through the publication of ‘NHS Dental Contract: proposal for pilots’. This document acknowledged the flaws in the 2006 model and sought to “bring weighted capitation funding for the patients they take on, and motivated to provide the best clinical care through incentives to improve quality and clinical outcomes.”⁷ Evaluation of “prototypes contracts” has been ongoing for the best part of a decade but finally ended this year⁸. Discussions on wider dental system reform began in the summer of 2021⁹ but no meaningful change is expected soon¹⁰ Continuing with a broken contract is driving clinicians out of NHS dentistry - dental professionals are beginning to give up hope that contract reform will ever take place.
9. Our submission (and previously to the Committee’s inquiry on workforce) is that recruitment into dentistry and the allied professions will be facing a “perfect storm” by the end of 2022 as we continue to recover the backlog of oral health needs created by Covid-19. We are seeing evidence from our own members workforce survey and NHS data that long standing dentists and other members of the team are now retiring early or exiting NHS dentistry due to the pressures of ways of working and the unfit nature of the current NHS contract. The UK has also historically relied on dentists with overseas qualifications, now comprising 23% of the registered workforce¹¹. Reform of overseas recruitment is urgently needed before the ending of mutual recognition of qualifications from EEA countries currently set for review by the Secretary of State for Health in January 2023¹².
10. We believe it is vital that long term dental workforce planning should be embedded within the NHS and we supported the amendments tabled by the Chair of the Health and Social Care Committee, Jeremy Hunt in both the Commons and the Lords to this effect during the passage of the Health and Care Act. Improvements in the oral health of the population since the 1990s began to plateau before the pandemic and geographical inequalities are now widening¹³ as we also anticipate more complex care needs for an aging population and these can only be addressed by long term workforce investment. The opposition of the Government to independent evaluation and forecasting was disappointing.
11. Dentistry in the UK is a mixed economy and private dentistry meets much of the population need that is not met by the NHS. NHS dental services delivered treatments for approximately half the adult population in 2019¹⁴ and this is complimented by private provision which for many

⁶ <http://news.bbc.co.uk/1/hi/health/7483182.stm>

⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216670/dh_122789.pdf

⁸ [Letter template \(nhsbsa.nhs.uk\)](https://www.nhs.uk/letter-templates/letter-template-nhsbsa-nhs-uk/)

⁹ [NHS England » Dental contract reform](https://www.nhs.uk/news/2021/07/nhs-england-dental-contract-reform/)

¹⁰ [England: Delays in NHS contract reform \(bda.org\)](https://www.bda.org.uk/news/2021/07/england-delays-in-nhs-contract-reform/)

¹¹ [Registration statistical report 2020 \(gdc-uk.org\)](https://www.gdc-uk.org/registration-statistical-report-2020/)

¹² [EEA-qualified and Swiss healthcare professionals practising in the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/eea-qualified-and-swiss-healthcare-professionals-practising-in-the-uk)

¹³ [Inequalities in oral health in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/inequalities-in-oral-health-in-england)

¹⁴ [Dentistry in England - National Audit Office \(NAO\) Report](https://www.nao.org.uk/wp-content/uploads/2020/06/Dentistry-in-England-National-Audit-Office-NAO-Report-2020.pdf)

provides better preventative care and access to an affordable alternative particularly for more complex treatments not readily available on the NHS. Recruitment to NHS dentistry is particularly acute but all our members, many of whom provide a mix of NHS and private treatment, report recruitment difficulties for dentists and other members of the dental team, particularly in rural and coastal areas of England.

12. Some incremental steps have been made in addressing some of the workforce challenges through the Advancing Dental Care Review. Published in September 2021¹⁵ the Advancing Dental Care Review Final Report commissioned by Health Education England (HEE) sets out a *“blueprint for reforming the postgraduate dental training structure and developing and optimising the skills of Dental Care Professionals (DCP) through the education and training pipeline”* We share the view that *“current training models are outdated and siloed”* and believe a number of recommendations are of relevance;

- Co-ordination and distribution of postgraduate training posts so that they are better aligned to areas with the highest level of oral health inequalities.
- Centres of Dental Development. To help overcome the difficulties in recruiting in certain areas of the country, which is partly caused by the geographical imbalance of dental schools in England, “Centres of Dental Development” are proposed for the latter stages of undergraduate training. This will require capital investment but could address the lack of dental schools in East Anglia and Lincolnshire highlighted by local MPs¹⁶.
- Dental Care professionals being able to use their full scope of practice in multidisciplinary teams. One of the most common examples is dental therapists who under the NHS contract are not able to open a course of routine dental treatment (such as fillings) and work to the level appropriate to their training.
- Apprenticeship routes into dental careers. Much modern oral health improvement does not require a fully qualified dentist. The report recommends more flexibility around entry routes to widen access into the oral health profession.

13. In response to parliamentary questions the Minister has referenced the Advancing Dental Care Review recommendations¹⁷ as a way forward to address some of the workforce challenges, however it is not clear whether any of these at this time are resourced.

Other drivers contributing to the workforce crisis in dentistry

14. Many of the difficulties impacting NHS dentistry predate the pandemic and will hold back recovery unless they are addressed. Contract reform has been mooted for the past decade through the “prototype” contracts but not taken forward by DHSC. However, we welcome the renewed desire by Ministers as stated in the letter of 29th March 2021 to the profession for national contract reform¹⁸. Increasing the flexibility to target particular “local needs” will be key

¹⁵ [Advancing Dental Care Review: Final Report | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/advancing-dental-care-review-final-report)

¹⁶ [Local MP calls for Lincolnshire dental school amid constituent complaints of poor access \(thelincolnite.co.uk\)](https://www.thelincolnite.co.uk/local-mp-calls-for-lincolnshire-dental-school-amid-constituent-complaints-of-poor-access)

¹⁷ [Written questions and answers - Written questions, answers and statements - UK Parliament](https://www.parliament.uk/written-questions-answers-statements)

¹⁸ [Letter template \(england.nhs.uk\)](https://www.letter-template.nhs.uk)

18. NHS statistics published on 26th August 2021, showed a decrease of 951 dentists with NHS activity in England in 2020-21²⁶ across all regions period ending 31st March 2021. Research as part of our report, *England's Dental Deserts: the urgent need to level up dentistry*²⁷ has found that approximately 3,000 clinicians will have left NHS work during the last two years of the pandemic, taking the NHS dental workforce to the lowest for a decade. It is clear that the pandemic experience and difficult ways of working over the last two years is resulting in a significant number of clinicians reassessing their life work balance and either choosing to move more of their work into private practice or leave the profession altogether.
19. The pandemic has highlighted the failing of the current system to be able to provide not only urgent, but routine care, particularly for patients not with an NHS dentist or living within one of the emerging "dental deserts" in England. The recruitment crisis in rural and coastal locations in dentistry in England is now widespread. Our members survey of 2021 identified the following counties as having acute difficulties; Yorkshire and Humber, Norfolk, Suffolk and coastal Essex and Kent, the Isle of Wight, Cornwall, Devon, Somerset, Staffordshire, Lincolnshire, Notts, Derbyshire, Herefordshire, Cumbria, Lancashire and Teesside.

Concluding comments

20. The Expert Panel is undertaking a CQC-style rating of the progress the Government has made against achieving its own commitments. The challenges facing the dental sector now are largely due to an absence of previous commitments to sustaining our dental workforce and at best we would only suggest a rating of "requires improvement".
21. Recruitment into dentistry and the allied professions will be facing a "perfect storm" by the end of 2022 which will hold back clearing the backlog of oral health treatments unless there is sustained investment in the UK dental workforce and new agreements for the mutual recognition of overseas professional qualifications. Reform of the Overseas Registration Examination (ORE) and bringing forward bilateral mutual recognition arrangements is vital to maintain overseas recruitment and avoid it being completely choked off in 2023 when "holding arrangements" with EEA countries are due to be reviewed .
22. We believe that a review of dental schools intake should form part of the work of longer term workforce projections. The ambition must be to take forward the development of new undergraduate and postgraduate education and training in those parts of the country where it is most needed, Lincolnshire and East Anglia being two such examples. The "*Centres of Dental Development*" provide a model to address this, but the geographical imbalance of dental schools makes a strong case for a new school in the East of England. HEE/NHSE should also work with service commissioners to deliver more dental foundation training opportunities in parts of the country where access is an issue. We invite the Expert Panel to note the action taken by the previous Labour Government from 2004-06 which not only invested in new dental schools domestically but launched a more immediate national recruitment campaign to bring in extra clinicians from both home and abroad into NHS dental services. This approach has much to recommend it. An overarching recruitment campaign, learning from the success of Project 1000 to bring in a combination of overseas and UK dentists back into the NHS should be launched for provision in particular high needs parts of England.

²⁶ [NHS Dental Statistics for England - 2020-21 Annual Report - NHS Digital](#)

²⁷ [ADG-Report_The-urgent-need-to-level-up-access_April-2022_V3.pdf \(theadg.co.uk\)](#)

23. Retention of the existing workforce will be intimately related to the prospects for reform of the current “UDA” dental contract. In order to cease the flow of dentists exiting NHS activity a roadmap has to be set out by Ministers and NHSE in 2022 the ambition for a new contract model to ensure the sustainability of NHS dental services in the decade ahead.

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