



England's Dental Deserts: The urgent need to “level up” access to dentistry

A report commissioned by the Association of Dental Groups

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Foreword

At the height of the second wave of Covid-19 in December 2020, the ADG published our first assessment of the impact of the pandemic on dental services. The report found a waiting list for an NHS dentist of 8 million patients at the end of 2020.

Even before the pandemic struck, we were seeing rising problems in access to dentistry. In large parts of the country, it was difficult to get access to an NHS dentist and the poorest patients were often paying the price. If the situation were not critical before Covid-19, nobody could deny that it is now. The latest data shows only a third of the population have seen an NHS dentist in the last two years and England now has the lowest number of NHS dentists for a decade. We fear that without meaningful reform, the NHS will lose more of its dental workforce.

The impact on patients is clear, for every time a dentist leaves the NHS and isn't replaced, approximately 2,000 patients could lose access to NHS care. That means that the loss of over 2,000 NHS dentists last year could result in more than 4 million people losing access to NHS care.

MPs from across the political divide have been giving voice to their constituents concerns about access to dentistry. Debates have taken place in the House of Commons on the lack of access in Lincolnshire, Norfolk and Suffolk, Warrington and the South West. For many, this is the number one issue in their "constituency postbags." At the root of the problem is a lack of NHS dentists in England and in this report, we have outlined six measures that will help us to make up the deficit and attract more clinicians back to the NHS.

Using published NHS data, our report reveals the Top 20 "dental deserts" in England with the lowest number of NHS dentists and the consequences this has on adult and child treatments. If there was ever a candidate for "levelling up," NHS dentistry must be it. Funding has been flat for the past decade (a real terms cut after inflation), and recruitment is now near impossible in rural and coastal communities – particularly the East of England from Whitley Bay to the Wash.

The long-term goal remains attracting and training enough people here in the UK to become dentists. Many MPs have rightly highlighted the need for a new dental school in the East of England to train more graduates where they are most needed due to the uneven geographical distribution of existing schools. Currently, training takes five years to complete. In the short-term, the only realistic solution to the crisis right now are our policy solutions for overseas recruitment. We are delighted the Government is now consulting on legislation to reform the Overseas Registration Examination (ORE) but until this is expanded, and the backlog of applicants cleared, we must not cut off future EEA graduates at the end of this year who now make up 20% of new GDC registrants.

We will need to see an increase in recruitment of dentists from outside the UK followed by dental contract reform and investment in our future domestic workforce. Only if this happens will we have a chance of helping the millions of people whose oral health has been punished by the pandemic.



**By Neil Carmichael, Chair,
Association of Dental Groups (ADG)
& Peter Aldous, MP for Waveney.**

Executive Summary

The provision of NHS dental services and dental workforce planning in England has been neglected by successive governments over the past 30 years.

The situation has worsened dramatically because of the impact of Covid 19 pandemic, and the strains placed on the recruitment of NHS staff in the wake of Britain's departure from the EU.

This report demonstrates these problems have meant access to dentistry has become an increasingly acute problem. The most recent data published indicates over 2,000 dentists will have left in the last year¹. They serve over four million patients. Only a third of adults – and less than half of English children – have access to an NHS dentist². At the same time three million people suffer from oral pain and 2 million have undertaken a round trip of 40 miles for treatment³.

Research by Healthwatch in 2021 revealed some people face a three-year waiting list⁴. The latest British Social Attitudes Survey of public satisfaction with the NHS, published by the Kings Fund⁵ reveals satisfaction with NHS dental services has fallen from 60% in 2019 to 33% in 2021. Much of this fall in satisfaction will have been caused by reduced access during the pandemic period.

The levels of access do vary across the country, but most worryingly, this report reveals we are now seeing “dental deserts” emerge across the country where there is almost no chance of ever seeing an NHS dentist for routine care.

Dental deserts present a serious risk to the dental health of millions of NHS patients in England. The number of areas that are losing vital NHS dental staff is likely to expand as practices turn to private treatments to remain open.

The impact of this failing system is not just a waiting list crisis. Serious diseases that could be detected earlier via regular dental check-ups are rising. This report reveals the increase in mouth cancer and type 2 diabetes.

The government cannot delay, once again, the fundamental reform of NHS contracts. Without action the backlog of treatments and the numbers waiting for access will only get worse.

The implications for NHS dentistry are stark. The NHS dental workforce headcount in England has reached its lowest level since 2013/14⁶. A recent survey revealed 60% of the public feel that it has become harder to visit an NHS dentist for any type of appointment compared to ten years ago⁷.

There are solutions to this crisis, but it will require leadership from the government to take six steps to tackle oral health needs and improve access.

This report proposes a “six to fix” plan:

- 1. Increase the number of training places in the UK**
- 2. Continued recognition of EU trained dentists**
- 3. Recognition of overseas qualifications**
- 4. Simplify and speed up the process for dentists to get an NHS “performer number”**
- 5. Allow more dental care professionals (DCPs) to initiate treatments**
- 6. Dental system reform with new ways of working to retain staff in the NHS**

¹<https://opendata.nhsbsa.net/dataset/foi-23376>

²<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report>

³<https://www.dentalhealth.org/oral-health-statistics>

⁴<https://www.healthwatch.co.uk/blog/2021-12-12/recovery-nhs-dental-care-too-slow-help-thousands-left-pain>

⁵[Public satisfaction with the NHS and social care in 2021 | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/public-satisfaction-with-the-nhs-and-social-care-in-2021)

⁶<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report>

⁷<https://www.healthwatch.co.uk/reports-library/nhs-dentistry-briefing>

Chapter One

Dentistry: The forgotten healthcare service

Before the arrival of Covid-19, dentistry services were facing a series of significant challenges, pressures, and uncertainties. Workforce shortages and variation in outcomes for patients have all added to that pressure. Such problems are not new, however.

During the 1990s an increasing number of people reported difficulties in accessing NHS dentist services⁸. A poll in 1996 found over a third of people had difficulty finding an NHS dentist in their area. Following the 1997 election, the British Dental Association (BDA) projected a future workforce crisis due to fewer dentists in training, rising need and professionals retiring.⁹

The then Labour Government committed that by September 2001 anyone who needed access to an NHS dentist would be able to receive it. Modernising NHS dentistry: Implementing the NHS Plan introduced a range of measures to improve dentistry. These included using NHS Direct to help patients find dentists, more funding to increase the number of patients treated and new capital investment¹⁰.

However, a brief inquiry the following year from the Commons Health Select Committee was underwhelmed by the measures in the plan:

“There are widespread concerns that the proposals in the document merely provide a quick fix and do not go to the root of the problems. There are also concerns about current workforce levels and distribution, about which at present we have little detailed information. We believe these are serious concerns and that Modernising NHS Dentistry lacks the weight to alter fundamentally what is a deteriorating situation. We would suggest that a longer-term strategy for dentistry within the NHS is still badly needed.”¹¹

In 2003, the Government went further and announced major changes to NHS dentistry, giving Primary Care Trusts (PCTs) responsibility for commissioning NHS dental services in response to local needs, and using NHS contracts to influence where dental practices were located.¹²

These changes and the state of the sector were investigated by the Public Accounts Committee in a report in 2005. The report found that the system was delivering widespread regional variation in outcomes:

“There are wide variations in oral health levels across the country however, with children in some parts of northern England having, on average, twice the level of decay of children in other parts of the country. Likewise, adults in northern England are twice as likely to have no natural teeth as those in the south.”¹³

It also criticised the Government for continual delays in bringing forward a new contract, and highlighted workforce gaps that existed:

“England has one of the highest ratios of people to dentists of all the European Union and G7 countries, and in 2002 the Department estimated that in 2003 there would be a shortage of 1,850 dentists. The shortfall in dentists is being met in the short term by international recruitment initiatives. In the long term the Department is increasing the number of dental training places by 25% and is quadrupling the number of dental therapist places.”¹⁴

In 2006 the Department of Health finally brought forward the new dental contract. The contract paid dentists for activity 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.¹⁵



⁸ <https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/1021512.htm>

⁹ <http://news.bbc.co.uk/1/hi/health/240538.stm>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/1119119/>

¹¹ <https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/24704.htm>

¹² <https://blogs.deloitte.co.uk/health/2019/03/what-has-been-happening-to-nhs-dentistry-since-the-introduction-of-a-new-contract-in-2006-.html>

¹³ <https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf>

¹⁴ <https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf>

¹⁵ <http://news.bbc.co.uk/1/hi/health/7483182.stm>

The Coalition Government sought to evolve the dentistry 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”¹⁶ This will provide the best clinical care through incentives to improve quality and clinical outcomes. The document noted that the 2006 contract had reduced the number of dentists taking NHS work:

“While the contract gave PCTs the power to commission dental services to meet local health needs, the new contract also introduced unfairness into the system. Individual dentists have been given contracts, and different dentists have been paid widely differing sums for delivering the same treatments. Some dentists are paid half what others receive for the same treatments. The purpose behind this was to take account of the different needs of local populations, but because the contract value was derived from each dentists’ treatment records, it further cemented dentists into a pattern of treatment rather than prevention. A significant number of dentists chose to stop working in the NHS rather than sign a contract, that they saw as unfair. Following the introduction of the contract, there was sharp fall in the numbers of people able to access NHS dentistry.”¹⁷

Karen Taylor, who led the 2004 report for the National Audit Office into NHS dentistry, has noted that dentistry gradually became less of a priority after 2010:

“As the global financial crisis took effect and the new Coalition Government came into power, the funding of and priorities for the NHS changed. In response to continued problems in access to NHS dentistry, the Coalition Government committed to increasing dental access and improving oral health through reform of the 2006 dental contract. The debate and contention around the Health Act 2012 also deflected media and political attention to other higher profile issues, despite evidence of increased numbers of patients struggling to access NHS dentistry. Moreover, the most dominant health policy initiative in 2014, the NHS Five Year Forward View, made no mention of dentistry or dental services despite its focus on prevention.”

Such drift was criticised in a 2017 House of Commons debate led by Judith Cummins MP who labelled oral health and dentistry the ‘Cinderella service of our NHS.¹⁸

A House of Lords briefing prior to a debate on dentistry in 2019 noted the fall in public access to NHS dentists in recent years:

“In recent years, the number of adults seen by an NHS dentist in England has fallen. The latest data on patients seen by an NHS dentist reveals that 22 million adults (50.7%) saw an NHS dentist in the 24 months to 30 June 2018. This figure was 98,445 fewer than the 24-month period to June 2017. This has, in part, been attributed to labour shortages in NHS dentistry.”¹⁹

In response the Government repeated claims that it was taking action to tackle the access challenges, through more flexible commissioning and the testing of a new reformed dental contract²⁰.

However, the 2019 Conservative manifesto made no reference to dentistry at all, many areas of the country remain primarily under the 2006 contract and the NHS Long Term Plan only referred to dentistry once in relation to the Staying Well Core Initiative supporting improved child oral health.²¹

With little acknowledgement of the issues faced, and even less investment, NHS dentistry has been heavily impacted by the Covid pandemic. In 2022, Health Minister Maria Caulfield told a Westminster Hall debate²², called by Peter Aldous MP, that Covid rules relating to dental practices over the past two years has led to major pressures on the system:

“Urgent appointments went back to pre-pandemic levels in December 2020, but with only 85 per cent of activity allowed the backlogs will only grow. We need to be honest about that; the impact is significant. I completely understand the pressures that is putting on dentists.”²³

¹⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216670/dh_122789.pdf
¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216670/dh_122789.pdf
¹⁸ <https://hansard.parliament.uk/Commons/2017-09-12/debates/170913200001/AccessToNHS Dentists file:///C:/Users/Richard%20Sloggett/Downloads/LLN-2019-0096.pdf>
²⁰ <https://hansard.parliament.uk/Lords/2019-07-11/debates/13CD1281-CADA-4B78-BCD3-19F9119A6946/NHS Dentistry Services>
²¹ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
²² [Access to NHS Dentistry - Hansard - UK Parliament](#)
²³ [Dental appointment backlogs set to get even worse as MPs expose dire situation in Yorkshire | Yorkshire Post](#)

During the debate, Maria Miller, MP for Basingstoke, also stated that the pandemic brought to light the underlying problems faced by the industry:

"The short-term problems created by the pandemic showed much more significant fundamental problems in our dental services – let's use this opportunity to capitalise on that understanding of where the problems lie and get change which will deliver us better service in the long term."

This was echoed by Wera Hobhouse, MP for Bath, who said:

"Problems accessing NHS dental services are on an unprecedented scale in every community. Morale among NHS dentists is at an all-time low, and 40 million NHS dental appointments have been lost since the start of the pandemic. All this has been made worse by the pandemic, but the dental crisis in our country far pre-dates covid. It is a result of chronic underfunding and an unsustainable target-based dental contract."

Meanwhile, Judith Cummins, MP for Bradford South, spoke about the reliance on private providers such as Bupa, saying:

"[Many] NHS practices would not be sustainable if they were independent—they are kept afloat by Bupa's private practices. To be clear, that is private healthcare subsidising the NHS."

However, it was also made apparent that some regions in the UK suffer more than others, with clear 'dental deserts' emerging across the UK. Kevin Hollinrake, MP for Thirsk and Malton in North Yorkshire, added:

"There's no doubt about it, the reality for most people in my constituency it's impossible to get on an NHS waiting list."



Chapter Two

Emerging dental deserts

The data published by the NHS in the NHS Dental Statistics Report for England 2021 reveals that in the year to March 2021, the NHS lost a record 951 NHS dentists in England, with projections that we could be seeing a similar exodus this year and that the number of NHS dentists working in England will reach a record low.

Brexit, COVID-19, and contract challenges have all impacted the total capacity of the dental workforce, which has led to patchy and under-funded NHS dental provision in areas across the UK. Some parts of the country, particularly in rural and coastal areas, have now become dental deserts, with many patients unable to access NHS dentists.

The emergence of ‘dental deserts’

The latest full annual reporting from the NHS²⁴ showed that

the decrease in NHS dentists had made a serious impact on the number of patients each dentist would be required to treat. The data highlighted a number of areas in England that were of particular concern. These areas can be considered dental deserts - areas that are at or below the average in England and are seeing a downward trend in the number of NHS dentists.

Dental deserts present a serious risk to the dental health of millions of NHS patients in England. The number of areas that are losing vital NHS dental staff is likely to expand as practices turn to private treatments to remain open.

With this new data, we can see the emergence of the worst-hit areas. The list below contains the 20 Clinical Commissioning Groups (CCGs) in England with the lowest number of NHS dentists per 100,000 people that could be of the most concern in the coming years:

Area	NHS dentists (per 100,000 population)
North Lincolnshire CCG	32
North East Lincolnshire CCG	37
East Riding of Yorkshire CCG	37
Lincolnshire CCG	38
Norfolk & Waveney CCG	38
North Staffordshire CCG	40
Portsmouth CCG	42
Halton CCG	42
Stoke on Trent CCG	43
NE London CCG	43
West Essex CCG	44
Bath and North East Somerset, Swindon and Wiltshire CCG	44
Thurrock CCG	44
Kent and Medway CCG	45
Hampshire, Southampton and Isle of Wight CCG	45
Northamptonshire CCG	45
Cambridgeshire and Peterborough CCG	45
Kernow CCG	45
Birmingham and Solihull CCG	46
Coventry and Warwickshire CCG	46

²⁴ NHS Dental Statistics for England - 2020-21 Annual Report

These figures represent data collected between April 2020 and June 2021 and highlight the worrying decrease in patient access to dental care in areas that are unable to retain NHS dental staff.

While efforts are being made to shore up NHS dentistry services and reduce the backlog, the average rates of treatment across the population of England remain worryingly low.

The average in England for adults is currently 35.5% of the population while for children it sits at 42.5%, this is despite a concerted effort by the NHS to provide child patients with the vital dental care they require.

These areas represent many of the small towns, rural and coastal communities that the Government wish to “level up.” The link between health and “levelling up” must be made - good health enables an individual to participate fully in society.

Area	(% adults seen in the previous 24 months)	(% children seen in the previous 12 months)
North Lincolnshire CCG	33.1	35.3
North East Lincolnshire CCG	41.7	39
East Riding of Yorkshire CCG	35.2	40.5
Lincolnshire CCG	35.3	39.6
Norfolk & Waveney CCG	36.2	34.9
North Staffordshire CCG	33.9	42.9
Portsmouth CCG	30.9	38.4
Halton CCG	34.8	36.9
Stoke on Trent CCG	42.4	42.7
NE London CCG	30.2	32.2
West Essex CCG	27.3	32.8
Bath and North East Somerset, Swindon and Wiltshire CCG	32.8	43.9
Thurrock CCG	26.1	30.7
Kent and Medway CCG	29.3	41.1
Hampshire, Southampton and Isle of Wight CCG	33.7	42.7
Northamptonshire CCG	34.1	40.2
Cambridgeshire and Peterborough CCG	31.3	42.7
Kernow CCG	33.5	40.9
Birmingham and Solihull CCG	33.9	36.9
Coventry and Warwickshire CCG	38.8	45.8

Pandemic access impact continues

With pandemic restrictions on dentists' activity only partially lifted, ensuring that the backlog incurred during the lockdown measures is remedied remains a challenge.

Whilst NHS England support was welcome during the pandemic, funding has abated. Despite a £50million funding injection²⁵, this is unlikely to recover the backlog of care or shore up the finances of many practices trying to provide NHS services.

In the 12 months leading up to March 2022 the NHS lost over 2,000 dentists in England on top of a further 1,000 in 2021²⁶

Brexit, COVID-19 and the difficult ways of working have all had major impacts on the total capacity of the dental workforce, compounded by more dentists taking leave of absence due to increased stress and burnout due to working conditions in the pandemic. According to BDA research conducted during the pandemic, dentists consistently experienced pressure and heightened stress.²⁷

For every average full time dentist leaving the NHS who is not replaced, approximately 2,000 patients may miss out on care. This means that more must be done to attract new talent into the profession, both at home and abroad.



Contract Reform

For well over a decade, governments of all political parties have been talking about NHS contract reform, but it has never come to fruition. Prototype contracts were tested but they came to an end last year. The latest discussions on dental system reform began in the summer of 2021²⁸ but no meaningful change is now expected until 2023 at the earliest. 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.

"As increasing numbers of dentists leave the NHS to go private, we're experiencing an urgent staffing crisis. Dental surgeries can't function without the right balance of nurses and dentists, yet we're seeing shortages across the board, leading to a postcode lottery for patients. This has damaging knock-on effects for the general population's oral health and already overburdened healthcare sector. There is no easy fix for this, however we must start by accelerating both dental contract reform and the recruitment of overseas dentists. By establishing a level playing field for NHS contracts and ring fencing NHS funding on dental services, we will be able to level up dental access across the UK."



Sejal Bhansali,
Dentist and chair of the
Conservative Dentists Group

²⁵ Hundreds of thousands more dental appointments to help recovery of services

²⁶ <https://opendata.nhsbsa.net/dataset/fol-23376>

²⁷ The dental profession's mental health crisis: what needs to happen (bda.org)

²⁸ NHS England » Dental contract reform

Chapter Three

A looming health crisis

The emergence of dental deserts generates a wide, far-reaching threat beyond the immediate impact on dental health. Routine dental check-ups are a vital first line of defence against mouth cancers and type-two diabetes. Dentists are often the first to spot the early symptoms of these diseases and regularly provide vital referrals for specialist care for patients.

Before COVID-19, incidences of both mouth cancer and diabetes in the UK were already rising. In 2019, levels of recorded cases of mouth cancer were at the highest level in the UK since records began, having risen by 58 per cent in the last ten years alone²⁹. Similarly, a 2019 report predicted that the prevalence of diabetes would rise to 5 million by 2023³⁰.

These figures and projections, which are based on the latest available data, were generated before the restrictions imposed on dental practices after the emergence of Covid-19, when dentists and the NHS were operating as normal. However, patient access has been critically impacted by the initial suspension of routine dentistry followed by capacity limitations during the pandemic. Only 15.8 million adults were seen by an NHS dentist in the 24-months up to 31 December 2021, roughly 35.5 per cent of the population. The number of adults seen by an NHS Dentist in the 24-months up to 31 December 2020 was 19.7m, meaning that 4 million adults missed out on vital dental treatment because of the pandemic³¹. Fewer routine check-ups mean fewer opportunities for dentists to spot the early warning signs of mouth cancers and type-two diabetes. As a result, it is highly likely that early diagnoses and treatment has fallen with a likely and tragic increase in the number of deaths.

When dental practices were closed due to COVID-19, an estimated 10 million patients missed out on treatment or appointments³².

During this time, around one-in-six (16 per cent) people have experienced at least one of the potential early warning signs of mouth cancer and have been unable to seek professional help. This has meant that mouth cancer referrals have plummeted by 65% since the beginning of lockdown³³.

Researchers investigating the impact of COVID-19 on the NHS in the UK reviewed the health records of 14 million people between March and December 2020 and found that the diagnosis of type 2 diabetes was missed or delayed for 13,700 people³⁴. When the findings were expanded to the total population of the UK, the researchers estimated that the figure stands at around 60,000 people. In April 2020 alone, there was a drop of 70% in recorded diagnoses of diabetes compared to expected rates based on 10-year trends in 23 million people³⁵.

The lack of access to dentistry during Covid-19, and its vital role in detecting these two illnesses early, is therefore likely to play a part in a future increase in deaths from these serious diseases.

Dentists discovering the early signs of these diseases increases the patient's survival chance. All dentists are trained to spot the signs of mouth cancer and the poor periodontal health associated with diabetes can lead to referral on to medical services for early diagnosis for those suspected of having diabetes. Early detection of mouth cancer boosts a patient's chance of survival from 50 per cent to 90 per cent³⁶.

Not only are there clear health benefits to patients, but early diagnoses enable more efficient use of stretched NHS funds and support the move to integrated care systems (ICS). Treating a patient with advanced cancer is three times more expensive than treating cancer in its early stages³⁷. Additionally, people with diabetes are twice as likely to be admitted to hospital and one in six people in a hospital bed has diabetes³⁸.

Official figures now show that one in nine people in England were on the NHS waiting list for routine operations by the end of November and record numbers of cancer and A&E patients are waiting dangerously long times to be seen³⁹.

²⁹ Oral Health Foundation, State of Mouth Cancer UK Report 2020/2021

³⁰ https://www.diabetes.org.uk/about_us/news/diabetes-prevalence-2019#:~:text=Diabetes%20is%20on%20the%20rise,more%20likely%20to%20die%20prematurely.

³¹ NHS Dental Statistics for England, 2021-22, Biannual Report

³² <https://dentistry.co.uk/2020/08/24/10-million-dental-appointments-delayed-due-covid/>

³³ <https://www.dentalreview.news/knowledge/65-dentistry-white-papers/6681-oral-health-foundation-mouth-cancer-referrals-plummet>

³⁴ <https://www.manchester.ac.uk/discover/news/type-2-diabetes-missed-or-diagnosis-delayed-for-60000-uk-people-in-2020/>

³⁵ Ibid.

³⁶ <https://www.nhs.uk/conditions/mouth-cancer/diagnosis/#:~:text=Early%20detection%20can%20boost%20your.specialist%20oral%20and%20maxillofacial%20surgeon>.

³⁷ <https://www.cqc.org.uk/guidance-providers/dentists/dental-mythbuster-33-detecting-oral-cancer-improving-outcomes-primary>

³⁸ Diabetes UK, Making Hospitals safe for people with diabetes

³⁹ NHS Key Statistics, England (Feb 2022) - full report

A future crisis?

There are clear indicators that both mouth cancers and diabetes will increasingly continue to claim lives. At present, approximately 1 person every 3.25 hours dies after contracting mouth cancer, with over 2,700 people dying each year on average⁴⁰. Likewise, diabetes claims a significant number of lives. More than 4.9 million people in the UK have diabetes⁴¹. It is estimated 850,000 people are currently living with type 2 diabetes but are yet to be diagnosed⁴². More than 700 people with diabetes die prematurely every week or one person every 15 minutes⁴³.

The provision of dental services isn't just necessary for oral health, but it is vital for the prevention, detection, and treatment of serious diseases. With only a third of adults and two in five children seeing an NHS dentist over the pandemic, and an unknown number of mouth cancer and type-two diabetes diagnoses missed, the ongoing dental crisis will have long-lasting effects on health nationwide. The lack of available data for during and post-pandemic makes it impossible to know precisely how damaging these effects will be. However, without urgent action to improve UK dental provisions this future crisis will only continue to grow.

“Spotting mouth cancer early is crucial – we know that survival rates on late diagnosis are as little as 50%, but with early diagnosis can be as high as 90%. Dentists play a pivotal role here as, in addition to checking a patient's mouth and teeth, they also carry out an oral cancer screening at every check-up. Dentists are trained to spot the signs of mouth cancer and will immediately refer any patients who need further investigation onto hospital.”



Sarah Ramage,
Clinical Director,
Bupa Dental Care UK



⁴⁰ <https://www.mouthcancerfoundation.org/mouth-cancer-facts-and-figures/>
⁴¹ <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics>
⁴² Ibid.
⁴³ Ibid.

Chapter Four

The need for action on workforce

Covid-19 is set to have a long and lasting impact on NHS dentistry services which already face a perfect storm:

- There are long running gaps in the dentistry workforce.
- The pandemic has significantly increased backlogs of care which were already substantial
- The ending of mutual recognition of EEA qualified clinicians will have a dramatic impact on future recruitment.

To recover service delivery and patient outcomes the priority for Government should be on building a workforce that is fit for the future.

Workforce planning

Whilst the number of NHS dentists has been rising in recent years it has only been at a relatively low level. In 2019 there were 24,684 NHS dentists, an increase on the previous year of 139 or just 0.6%⁴⁴. However, NHS data from 2020/21 shows a decrease in dentists of 951, or -3.9% bringing the NHS workforce back down to 2013/14 levels.

The most recent data published indicates over 2,000 dentists will have left in the last year¹. They serve over four million patients. Only a third of adults – and less than half of English children – have access to an NHS dentist². At the same time three million people suffer from oral pain and 2 million have undertaken a round trip of 40 miles for treatment³.

Matching dentists to population health need is hampered by poor data. The last Adult Dental Health Survey including England, Wales and Northern Ireland was undertaken in 2009. A similar survey for children was completed in 2013. Professor Kenneth Eaton has noted that a new Adult Survey is planned, but because of the pandemic impacting on the delivery of clinical examination findings will not be available until 2023⁴⁵.

In his article ‘Oral healthcare workforce planning in post-Brexit Britain’ Eaton adds that there will be both a need for greater disease prevention and more complex cases in the coming years, requiring investment in different dentistry roles:

“Much of the prevention and relatively simple care could be provided by DCPs in general, and dental hygienists and therapists in particular. However, given the relatively small numbers of dental hygienists and therapists at present, it would require a considerable expansion in the number of training places before significant numbers were qualified, and it would take many years for the numbers of UK dental hygienists and therapists to match those of dentists⁴⁶.”

To map population oral health needs, the next Adult Dental Health Survey should be prioritised and completed rapidly with results published by the end of 2022. There is an opportunity to supplement the survey with better real-world evidence, including clinical services data and population health data. This combination will help with identifying patient need and support more effective workforce planning.

This workforce modelling was also posed as part of Health Education England’s Advancing Dental Care Review which published its final report in September 2021⁴⁷. We support many of the recommendations in the Review for improving skill mix and training places in areas of greatest need. By ensuring that there is long-term workforce planning by the NHS, incentives can be provided to tackle the ‘dental deserts.’

“MPs from across the political divide have been giving voice to their constituents concerns about access to dentistry. For many, this is the number one issue in their “constituency postbags. At the root of the problem is a lack of NHS dentists in England.”



**Former Conservative MHP
Neil Carmichael**

⁴⁴ Table 8a <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2020-21-annual-report>

⁴⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243224/>

⁴⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243224/>

⁴⁷ [Advancing Dental Care Review: Final Report | Health Education England \(hee.nhs.uk\)](#)

Brexit

Uncertainty regarding workforce planning for dentistry has been increased since 2019 by the process of Brexit, which will have implications for the profession UK-wide.

According to the BDA “16-17 percent of the UK dentist workforce is registered on the basis of an EU/EEA degree; this includes UK citizens who have studied in Europe⁴⁸.” In some more deprived parts of the UK up to 30 per cent of NHS dentists are drawn from Europe, notably Poland, Spain, and Romania⁴⁹.



Ian Gordon, Dental Director of Riverdale Healthcare, which operates 30 NHS practices in the North East notes that NHS recruitment has long caused concern for practices:

‘Recruitment in hard-to-reach areas has been problematic in part due to ill-advised decisions taken in the 1990s to close some dental schools. NHS Dentistry has only survived as long as it has due to recruitment from the EU. Brexit has had a devastating impact on the ability to recruit with what was previously a steady stream of locum and associate dentists willing to work here being reduced to zero.’⁵⁰

As the Brexit transition period ended, the Government enacted legislation that gave near automatic mutual recognition of EEA degrees to continue until 31 December 2022 while a new registration regime is agreed. A General Dental Council survey found that after the end of the transition period that up to a third of EU dentists may leave the UK⁵¹. The latest figures between 31 December 2018 and 31 December 2019, show the number of EU dentists registered with the General Dental Council has increased slightly from 6,672 to 6,725. However, the number of new EEA dentists registering in the UK has been falling over the past decade, from 970 in 2011 to just 398 in 2019⁵².



The end of Brexit interim arrangements on European Economic Area (EEA) qualifications, coming at the end of this year, will put the UK in a position to potentially lose at least a fifth of the yearly new joiners⁵³ to NHS dentistry. This data from the GDC shows in 2020, 357 of the 1,627 new dental registrants in the UK had EEA qualifications, constituting 22% of the new registrants for that period.

A potential reduction in new joiners from EEA countries on this scale will put increased pressure on the current NHS dentistry workforce, particularly in rural and coastal communities where many work. Until a future registration scheme for overseas applicants is fully formed we believe that EEA recognition should continue.

⁴⁸ <https://bda.org/about-the-bda/campaigns/sustainable/Pages/brexit.aspx>
⁴⁹ <https://www.ft.com/content/fca7362c-dee3-4158-8486-88f248f41716>
⁵⁰ <https://www.dentistry.co.uk/2019/01/22/third-european-dentists-may-leave-uk-brexit/>
⁵¹ <https://www.ft.com/content/fca7362c-dee3-4158-8486-88f248f41716>
⁵² NHS dentistry ‘in crisis’: Top dentist warns ‘perfect storm’ of Covid and Brexit adding to pressure
⁵³ Registration Statistical Report 2020

Need for overseas professionals

Given the amount of time it takes to train a dentist in the UK and the related workforce shortages there look to be going forward, maintaining access to European dentists post Brexit and opening other routes from other countries should be Government priorities for the sector.

The main route for overseas professionals outside the EEA to join UK dentistry presently is by passing the Overseas Registration Exam (ORE).

The Overseas Registration Examination is taken by overseas dentists from outside the EEA coming to work in the UK to ensure they can meet the high clinical standards required here. It had been suspended for nearly two years during the pandemic and now has a backlog of over 2,000 applicants, many already in the UK. Government is proposing legislation⁵⁴ to reform the ORE and should provide the GDC with the support needed to clear the backlog. Allowing Part 1 of the ORE to be taken in the candidate's home country would also be hugely beneficial – a measure already allowed in testing for overseas doctors.

Health Education England (HEE) then manage a "Performer List Validation by Experience" (known as 'the PLVE') to enable them to practice in the NHS. A major complaint in terms of the process is that each HEE region runs PLVE differently, and this can span application dates, processes, whether or not the process is candidate or practice driven. One process for all regions would be much simpler, resulting in a better candidate experience and recruitment and allow dentists to start to provide NHS care sooner.



⁵⁴ Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK (www.gov.uk)

Chapter Five

Government Action: A six-point plan for dentistry

The key to easing the burden of unmet need is simply more dentists: we need more training places, better use of the current workforce, plus easier routes into UK dentistry for highly trained overseas professionals:

1. Increase the number of training places in the UK

We need government to create a new dentist recruitment campaign backed by a target to increase the number of training places within the UK. We support a new dental school in the East of England – as many MPs are now calling for, to train more UK graduates where they are most needed due to the uneven geographical distribution of existing dental schools. This will start to help improve the medium to long-term picture.

2. Continued recognition of EU trained dentists

We need continued access to UK dentistry for EU-trained professionals, who made up 22% of new GDC registrants in 2020⁵⁵. Future applicants' qualifications remain recognised under "interim arrangements" only until the end of 2022 and while we train up our own dentists (each takes five years), this recognition should be extended.

3. Recognition of overseas qualifications

The Overseas Registration Examination (ORE) is taken by overseas dentists from outside the EEA coming to work in the UK to ensure they can meet the high clinical standards required here. It had been suspended for nearly two years during the pandemic and now has a backlog of over 2,000 applicants, many already in the UK. Government is proposing legislation⁵⁶ to reform the ORE and should provide the GDC with the support needed to clear the backlog. Allowing Part 1 of the ORE to be taken in the candidate's home country would also be hugely beneficial – a measure already allowed in testing for overseas doctors.

We should be making much more of our links to Commonwealth countries, notably India, which has a surplus of trained dentists. Before 2001, the UK had bilateral agreements with Commonwealth countries including Australia, Singapore, Hong Kong, and South Africa whose qualifications met UK standards⁵⁷ and potential agreements should be explored again.

Where needed, candidates could work in a "provisional registration" period of close supervision and training for a year before full registration with the GDC is granted; a measure already used by the General Medical Council for overseas doctors.

4. Simplify and speed up the process for dentists to get an NHS "performer number"

Once a candidate has passed the ORE there is a complex and lengthy process managed by Health Education England to complete the Performer List Validation by Experience (PLVE) for overseas dentists to practice in the NHS. Each HEE region run PLVE differently, this can span application dates and processes. Whilst some improvements have been made one process for all regions would be much simpler resulting in a better candidate experience and improved recruitment.

5. Allow more dental care professionals (DCPs) to initiate treatments

The largest barrier to better use of the skill mix under current NHS contractual arrangements is that dental care professionals (DCPs) are unable to open a course of treatment meaning they cannot raise a claim for payment of work delivered. The impact of this is that many dental practices are unable to fully utilise therapists and hygienists, who can support with routine dental treatment (such as fillings) and prevention work, to the level appropriate to their training. This is a potential waste of a highly trained workforce.

6. Dental system reform with new ways of working to retain staff in the NHS

The current NHS contract to deliver dental care, introduced in 2006 is widely acknowledged as broken and no longer fit for purpose. The contract's focus on activity and bands of treatment has not encouraged prevention and created a treadmill for clinicians. This has caused stress, lowered morale and seen dentists leaving NHS dentistry. It is time for a new NHS contract that trusts the profession's ability and skills to deliver wider access and preventative care.

⁵⁵ [Registration statistical report 2020 \(gdc-uk.org\)](https://www.gdc-uk.org/-/media/assets/statistics-and-data/statistical-reports/registration-statistics/registration-statistical-report-2020.pdf)

⁵⁶ [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/govt-to-change-dental-regulations-to-speed-up-recognition-of-overseas-qualifications)

⁵⁷ [Recognised overseas qualifications \(gdc-uk.org\)](https://www.gdc-uk.org/-/media/assets/statistics-and-data/statistical-reports/registration-statistics/registration-statistical-report-2020.pdf)

Notes

- ¹ <https://opendata.nhsbsa.net/dataset/foi-23376>
- ² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report>
- ³ <https://www.dentalhealth.org/oral-health-statistics>
- ⁴ <https://www.healthwatch.co.uk/blog/2021-12-12/recovery-nhs-dental-care-too-slow-help-thousands-left-pain>
- ⁵ [Public satisfaction with the NHS and social care in 2021 | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/public-satisfaction-with-the-nhs-and-social-care-in-2021)
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- ⁷ <https://www.healthwatch.co.uk/reports-library/nhs-dentistry-briefing>
- ⁸ <https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/1021512.htm>
- ⁹ <http://news.bbc.co.uk/1/hi/health/240538.stm>
- ¹⁰ <https://pubmed.ncbi.nlm.nih.gov/11191191/>
- ¹¹ <https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/24704.htm>
- ¹² <https://blogs.deloitte.co.uk/health/2019/03/what-has-been-happening-to-nhs-dentistry-since-the-introduction-of-a-new-contract-in-2006-.html>
- ¹³ <https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf>
- ¹⁴ <https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf>
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- ¹⁸ <https://hansard.parliament.uk/Commons/2017-09-12/debates/170913200001/AccessToNHSDentists>
- ¹⁹ file:///C:/Users/Richard%20Sloggett/Downloads/LLN-2019-0096.pdf
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- ²¹ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
- ²² [Access to NHS Dentistry - Hansard - UK Parliament](#)
- ²³ [Dental appointment backlogs set to get even worse as MPs expose dire situation in Yorkshire | Yorkshire Post](#)
- ²⁴ [NHS Dental Statistics for England - 2020-21 Annual Report](#)
- ²⁵ [Hundreds of thousands more dental appointments to help recovery of services](#)
- ²⁶ <https://opendata.nhsbsa.net/dataset/foi-23376>
- ²⁷ [The dental profession's mental health crisis: what needs to happen \(bda.org\)](#)
- ²⁸ [NHS England » Dental contract reform](#)
- ²⁹ [Oral Health Foundation, State of Mouth Cancer UK Report 2020/2021](#)
- ³⁰ https://www.diabetes.org.uk/about_us/news/diabetes-prevalence-2019#:~:text=Diabetes%20is%20on%20the%20rise,more%20likely%20to%20die%20prematurely.
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- ⁵³ [Registration Statistical Report 2020](#)
- ⁵⁴ [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK \(www.gov.uk\)](#)
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- ⁵⁷ [Recognised overseas qualifications \(gdc-uk.org\)](#)

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