A briefing from the Association of Dental Groups on what the Government needs to do to solve the oral health crisis.

This briefing is on our "Six to Fix" England's Dental Deserts.

Additional £50million funding for NHS Dentistry

The ADG welcomed the additional £50million of funding to increase capacity for NHS dentistry announced by the Minister on Tuesday 25th January[1] prioritising children and those with high needs. **However, this funding for NHS dentistry was time limited until the end of March 2022 and if the Government want to recover the backlog of care and sustain NHS dentistry in the years ahead we believe it must be continued going forward combined with more substantive NHS dental system contract reform.**

1. The problem

Put simply, too many people cannot access a dentist. Some areas in England, particularly poorer and more remote locations have extremely low access rates due to practices being forced to close to new patients, in many cases because they cannot fill vacancies. **Healthwatch England published their latest report on NHS dentistry on 9th May 2022 which found that 41% of respondents are struggling to get an NHS appointment.[2]**

The latest NHS dental statistics report published in February this year showed that in England 42.5% of the child population were seen by an NHS dentist in the 12 months to December 2021[3] – from a pre-pandemic comparable figure of 58.4% of the child population in the 12 months to December 2019[4].

The last figures on the NHS workforce published at a local Clinical Commissioning Group level were in the NHS Annual Dental Statistics Report August 2021[5]. The table below contains the 20 CCGs in England with the lowest number of dentists with NHS activity per 100,000 of population.

Area	Dentists with NHS activity (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, North East Somerset, Swindon and Wilts 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

[1] NHS England » Hundreds of thousands more dental appointments to help recovery of services
[2] Lack of NHS dental appointments widens health inequalities | Healthwatch
[3] NHS Dental Statistics for England, 2021-22, Biannual Report - NHS Digital
[4] NHS Dental Statistics for England 2019-20, Biannual Report - NHS Digital
[5] NHS Dental Statistics for England - 2020-21 Annual Report - NHS Digital Annexe 2, Table 2A

Kernow CCG	**45**
Birmingham and Solihull CCG	**46**
Coventry and Warwickshire CCG	**46**

These local workforce figures confirm the concerns of many MPs from those areas of England. Our own workforce survey of members last summer found that recruitment difficulties mean parts of England are becoming *"dental deserts",* including Lincolnshire and the East Yorkshire coastline, Norfolk and Suffolk, Cornwall, Portsmouth and the Isle of Wight and we fear a continuing downward trend in these emerging "dental deserts." **In Lincolnshire, perhaps the starkest example of a "dental desert" in England, we have members who have advertised vacancies for an NHS dentist remaining unfilled for over a year.**

Solving the workforce crisis: "Six to Fix" to save dentistry

We believe that we urgently need more training places, dental contract reform and 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 and proposals for "Centres for Dental Development" 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. 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 2020[6]. Recognition of future EEA applicants' professional qualifications under "interim arrangements" continues until the beginning of 2023[7] when a review begins. While we train up our own dentists (each takes five years), this recognition for future EEA applicants to the GDC register should continue.

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 2,000 applicants, many already in the UK. Government is proposing legislation[8] 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. Before 2001, the UK had bilateral agreements with Commonwealth dental schools including Australia, Singapore, Hong Kong, and South Africa whose qualifications met UK standards[9] 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.

[6] Registration statistical report 2020 (gdc-uk.org)
[7] EEA-qualified and Swiss healthcare professionals practising in the UK - GOV.UK (www.gov.uk)
[8] Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK (www.gov.uk)
[9] Recognised overseas qualifications (gdc-uk.org)

4. Simplify and speed up the process for PLVE and 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 (HEE) 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, 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 whole teams to initiate treatments

The largest barrier to better use of the skill mix in NHS dentistry is that allied dental professionals 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, who can support with routine dental treatment (such as fillings) and prevention work, to the level appropriate to their training. This is a waste of a highly trained workforce.

6. Create a new strategy for NHS workforce retention

The current NHS contract to deliver dental care, introduced in 2006 is widely acknowledged as broken and no longer fit for purpose. As acknowledged by MPs of all parties, it has perverse incentives that have seen dentists leaving NHS dentistry and has contributed to low morale in the profession. It is time for a new NHS contract that trusts the profession's ability and skills to deliver wider access and preventative care.

In summary

Our recommendations are practical and can be delivered if there is the political will to do so. We believe that tackling access to NHS dentistry, which has been neglected for over 15 years, is a real opportunity for politicians to demonstrate "levelling up" healthcare in the country. We also welcome the intention for new powers in the Health and Care Act for water fluoridation, which we believe is one of the most important whole population interventions politicians can take to improve the oral health of future generations.