

The Future of Dentistry:

Unlocking solutions
to improving oral health

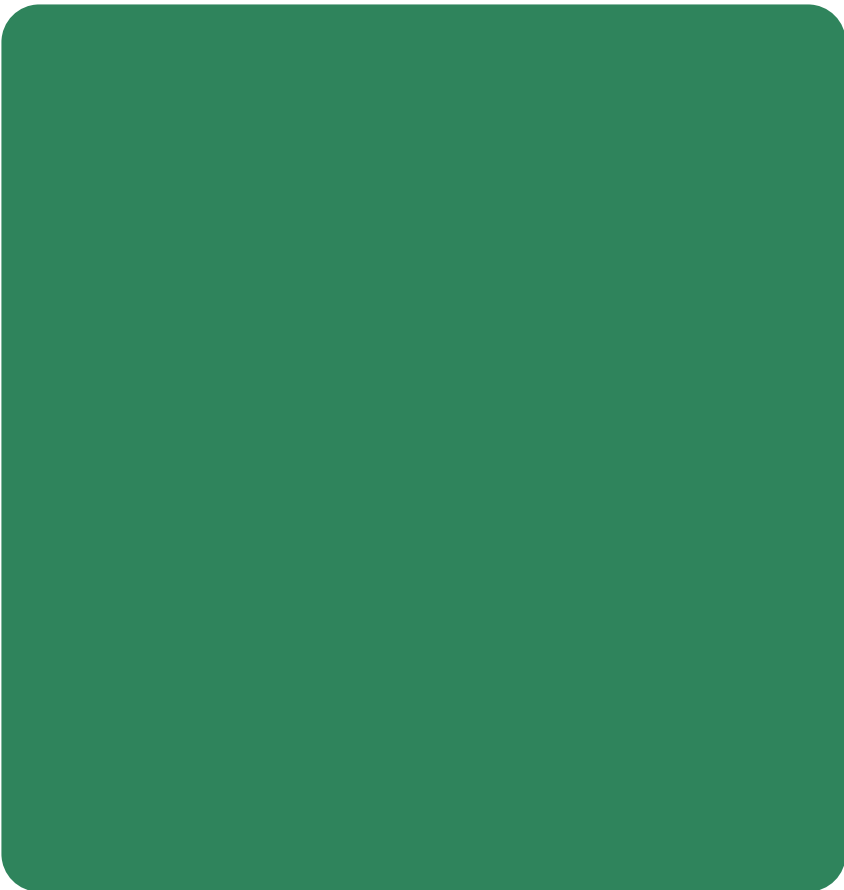
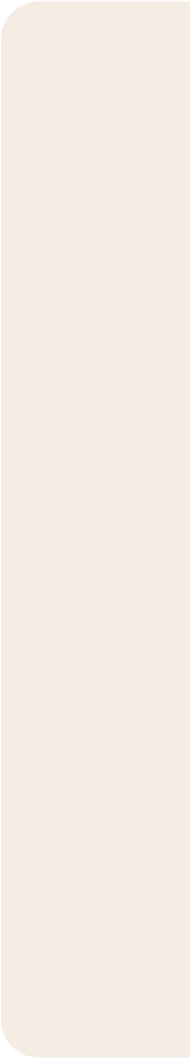


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Foreword

Catherine Rutland
Clinical Director
Denplan and Simplyhealth



“In early 2021, we published our first white paper on The Future of Dentistry. Amid the pandemic, with altered working practices and limited access to dental care for patients, it was vital that government understood the challenges faced by our members and stakeholders across the profession. Over three years later, the urgency to address these issues remains. This new report outlines our members’ priorities and insights for shaping a positive future for dentistry.

As a dentist and former practice owner, I have experienced the ongoing challenges dental practices face. As private businesses, working in a mixed economy, we seek to balance delivering care through different payment models – while acting with patients at the heart of our thought processes.

To combat the ongoing dental crisis, preventative care must be coordinated and prioritised. Promoting good dietary and oral hygiene habits in children can prevent pain and educational disruption. For adults, it can reduce work absences and self-esteem issues related to poor dental health – all of which carry significant individual and societal costs.

It comes as no surprise that a recurring theme in our research was the importance of empowering the entire dental workforce. A happy, healthy team is central to delivering quality care, and practices thrive when all team members feel valued and fulfilled. Ultimately, dentistry requires a whole-team approach, and payment models must ensure fair rewards for dental teams.

With the Government’s forthcoming NHS 10-Year-Plan, our members urge policymakers to consider dentistry’s mixed economy when shaping the healthcare agenda. Cross-department collaboration is essential, and the dental profession must be fully consulted in strategy development. A future where all patients have access to care, practices are fairly rewarded, and dental teams feel fulfilled requires cohesive action.

Oral health cannot be sidelined any longer.
The time to act is now.”



Helen Morgan MP
Liberal Democrat Spokesperson
for Health and Social Care

“For too long, dental care has been overlooked in the UK resulting in a growing crisis in access. Colleagues from across the House regularly hear from constituents how services are unable to meet the demand for accessible, high-quality services.

As the Liberal Democrat Spokesperson for Health and Social Care, our party is passionate about improving dental access across the country, and collaborative working is key to that. This is especially vital for the generation of children at risk of poor oral health, with over 100,000 hospital admissions for tooth decay since 2018.

From improving children’s oral health to putting an end to ‘dental deserts’, we are determined to drive meaningful, long-lasting change. The gaps in dental provision can no longer be ignored. Policymakers, NHS leaders, and private providers must come together to develop a sustainable and accessible dental service, that ensures patients across the country receive the care they need.

This report marks a critical step forward, uniting the dental sector and calling policymakers to action to ensure we can secure we act on dentistry in this parliamentary term. Together we can build a healthier, more resilient dental sector that prioritises access, quality and innovation for both patients and providers.”

Executive Summary

Over the past few years, the importance of the dental sector for the health and well-being of the nation has been made devastatingly clear, with reports of ‘DIY dentistry’ becoming commonplace and almost a quarter of 5-year-olds experiencing dental decay.^{1,2}

The widespread impact of poor access to dental care was made increasingly evident during the 2024 General Election, where dentistry presented as a key issue on the doorstep and political parties committed to addressing it prominently in their manifestos.

Notably, in Denplan’s recent Oral Health Survey of patients across the UK, when asked what they thought were the biggest issues the Government could tackle in relation to dentistry, 48% of respondents said that access to NHS dentistry needs to be improved.³ The message is clear; substantial progress must be made towards securing accessible dentistry for all over the next Parliamentary term.

Commitments from the current Government and the Opposition show recognition of the need to implement both long and short-term initiatives to address the crisis. This includes pledges to support a supervised toothbrushing scheme for three-to-five-year-olds, review the NHS dental contract, and introduce an NHS tie-in scheme to encourage recent dental graduates to work in underserved areas to reduce the wide variation in the number of NHS dentists across the country, a point noted by Lord Darzi in his independent review of the NHS. Some of these initiatives have the potential to lay the foundations for a more effective dental system. However, there are concerns about whether these measures are ambitious enough to address the significant challenges facing the sector. Without comprehensive support for the entire dental workforce, and tackling the systemic issues that are preventing progress, these efforts may ultimately fall short.

Denplan is the UK’s leading dental payment plan specialist with around 1.4 million patients and more than 6,600 member dentists. We were formed by dentists for dentists and our goal is to help more people have better oral health because we believe this is essential to improving everyday health and well-being. We partner with private and mixed dental practices to provide affordable dental care plans to their patients – making it easier for people to access regular dental care and proactively maintain their oral health. Importantly, these dental plans are created by dentists to suit their patients’ individual needs.

Since Denplan was set up in 1986, we have seen time and time again the level of misunderstanding from policymakers about how dentistry is organised, funded and delivered. In fact, in our recent member survey of dental professionals, **91% stated that national decision-makers do not understand the dental landscape and how services are delivered.⁴** Similarly, **83% felt that local decision-makers were unaware of the realities of the sector.⁴** This disconnect is hardly surprising, as dentistry and oral health have long been sidelined from the rest of the healthcare service, left out of national plans and excluded from key decision-making bodies such as Integrated Care Boards – the regional organisations responsible for planning and coordinating health services. A prime example of this misunderstanding is in dental funding: despite an intended ringfence, Integrated Care Boards have routinely redirected dental budgets to cover broader deficits, against a backdrop of chronic underspending in primary dental care.⁵ The exclusion from integrated healthcare planning and continued misunderstandings about the sector have delayed necessary reforms at both a national and local level.

With thousands of individuals across the country suffering the consequences of poor access to oral healthcare, we are at a tipping point with dentistry. We are also seeing the impact of poor oral health elsewhere in the health system; 1,400 children have been to A&E with tooth decay issues in the past year⁶ and this is the most common reason for hospital admission in children aged between 5 and 9 years in 2022-23.⁷ We welcome the national conversation around prioritising prevention, however oral health must form part of this debate alongside other critical issues we are seeing championed by the Government, such as nutrition and diet.

It is more important than ever that we are listening to those who are at the front lines, delivering the care that is desperately needed across the country.

Executive Summary continued

Against this backdrop, Denplan has conducted two surveys alongside desk research to gather insights from dental teams, patients, and practice owners to understand what the challenges are and identify practical, actionable solutions.

- A **survey of Denplan members in 2024** collected quantitative and qualitative data on dental professionals' thoughts about the future of dentistry and what reforms they believe are necessary to improve access to dentistry. The evidence reflects the experiences of dental professionals offering NHS and/or private dental care, with a significant proportion of our findings based on data from England.
- We also recently published Denplan's **annual Oral Health Survey**, which gathered insights from over 5,000 adults across Great Britain to identify key dental trends, such as visiting the dentist and oral health habits, as well as the challenges the public face in looking after their oral health. To see the full Oral Health Survey 2024 results, please visit: <https://www.denplan.co.uk/the-core/industry-and-company-news/oral-health-survey-24>

Only 1% of Denplan member dentists surveyed believe that the current dental funding model adequately supports the provision of high-quality dental care.⁴

“The funding is inadequate to cover the hourly rate needed to run a practice. Our practice subsidises our NHS work with private work substantially. It would be impossible to be fully NHS and provide high-quality care to patients.”

Denplan Member dentist⁴

This report summarises our findings, painting a clear picture of the state of the dental system, as well as uncovering new ways of working which can help to meet patient needs and reduce system burden. While this research has identified significant challenges, there is reason to be optimistic. The dental profession remains dedicated and resilient, with professionals committed to supporting their patients. Their direct experience in patient care has identified approaches that can improve service delivery, enhance patient outcomes, and reduce the overall burden on the system. Drawing on our research, the conclusions and recommendations largely reflect the state of play in England, though they offer valuable insights which are largely applicable across the UK.



Executive Summary

continued

To ensure a dental sector that is fit for the future, we are calling for the following actions:

The Government should seek to ensure all aspects of the dental sector – including representatives from NHS, private practice, dental schools, regulatory bodies, and patient advocacy groups – have a seat at the table in conversations regarding the development of strategies to improve dental service delivery and access across the UK, with a focus on ensuring access for the most vulnerable. This could involve the establishment of a National Dental Taskforce.

Empower and elevate the entire dental workforce

1. The Government should work with the dental sector to develop plans to support the training and personal development of dental professionals' careers in order to improve retention and recruitment issues within the workforce. This could include a review of existing post qualification training and a review of available Continuing Professional Development opportunities.
2. The Department of Health and Social Care should give guidance to practices on how training can support the use of the whole dental team, to allow them to operate at the top of their capabilities and improve practice capacity. Dental therapists and hygienists should be given NHS performer numbers to ensure they can carry out a range of dental services.

Prioritise and expand preventative care initiatives

3. Integrated Care Boards, local authorities, and NHS England should be supported and encouraged to deliver against their responsibilities to commission oral health improvement programmes, including targeted supervised toothbrushing initiatives and ringfencing funding. This could involve consultation with existing charitable and private providers already delivering preventive programmes in oral health such as BrightBites from Dentaaid and Denplan.

4. The Department of Health and Social Care and NHS England should enable a formal role for dentists on Integrated Care Boards, for example through local dental committees, to ensure that patients' needs are heard and regional inequalities in oral health can be addressed, such as dental deserts, where access to care is severely limited across a region – with funding appropriately allocated based on population need.
5. The Office for Health Improvement and Disparities, the Department for Education and the NHS should work with the dental sector to launch a public health campaign designed to communicate the importance of oral health in connection to overall health, and support a preventative approach to oral healthcare. This must be embedded into national strategies, ensuring that oral health messaging is consistent with other public health campaigns.
6. The Government should seek to implement stronger legislation and regulation on unhealthy food and drink, building on the pre-watershed advertising ban coming into force in October 2025 and planned increase to the Soft Drinks Industry Levy. This could include implementing stricter food labelling policies to tackle common risk factors for poor oral health.

Ensure financial sustainability and reform funding models

7. The Government should provide a timeline for consultation on further reforms to the dental contract, in line with the commitment set out in its election manifesto.
8. NHS England should issue centralised guidance to commissioners to advise them on how to fairly modify NHS contracts to meet individual dentists' needs and allow them to operate more sustainably within the framework.
 - NHS England should prioritise guidance around flexible commissioning to ensure children and vulnerable adults have consistent access to NHS dental services.

Oral Health in the UK

Oral health is an essential part of our overall health and well-being. It impacts our ability to eat, drink and communicate, as well as our self-esteem. However, access to dentistry across the UK has been a consistent problem for years, leaving patients unable to receive timely and appropriate care.⁵

The challenges impacting dental care

Access to care is declining

- Between June 2021 – June 2023, the number of UK adults visiting a dentist was 17.5% lower than the same period in 2019.⁸
- Nearly half (44.6%) of all children in England missed their recommended annual dental check-up in 2023.⁸
- 9 in 10 NHS dental practices across the UK are not accepting new adult patients for treatment.⁹
- This impact is not just limited to oral health, with our 2024 Oral Healthcare Report revealing 15% were referred to another health practitioner following an appointment.³

Oral health is not improving

- Recent data shows no improvement in dental decay among five-year-olds, with 23.7% experiencing rotten teeth in the latest national survey.¹⁰
- Nearly a third of UK adults (31%) have signs of tooth decay, and three-quarters have had teeth extracted.¹¹
- Between 2020/21 and 2023/24, calls to NHS 111 related to oral health issues rose by 39%, averaging 3,327 calls per day in 2023/24.¹²

Workforce shortage and burnout

- According to the National Audit Office, the UK has a relatively low number of dentists per capita compared with other advanced European economies - with England performing the worst of the UK nations.¹³
- The shortage of dental professionals within the NHS is more pronounced in deprived and rural parts of the country.¹⁴
- Research by the General Dental Council shows high levels of self-reported stress and burnout among dentists in the UK.¹⁵

The impact of poor oral health

The impact of deteriorating oral health extends beyond the mouth. Poor oral health can have far-reaching consequences for individuals, impacting their relationships, quality of life, physical health and employment. The broader societal impact is equally concerning, placing additional strain on the healthcare system and leading to economic losses through reduced productivity and higher healthcare costs.

Poor Oral Health

Physical health consequences



Poor oral hygiene, such as not brushing your teeth properly or regularly, alongside inadequate dietary choices, is a leading cause of gum disease, abscesses and tooth loss. It is also linked to **serious health problems such as stroke, diabetes, heart disease and rheumatoid arthritis.**

Impact on quality of life



A quarter of adults say they don't like to show their teeth when they smile.¹⁶ Physical discomfort, pain, and emotional distress can reduce a person's overall well-being, leading to:

- Low self-esteem – 15% of respondents in Denplan's 2024 Oral Health Survey reported having **low self-esteem due to the condition of their teeth.**³
- Social withdrawal
- Difficulty in daily activities such as eating, drinking, and speaking particularly for people with dementia⁵

Strain on Healthcare System



- Untreated oral health issues can lead to preventable hospital admissions.
- Since 2018, **more than 100,000 children have been admitted to hospital due to tooth decay**, making it the leading cause of hospital admissions among children aged six to ten.¹⁸
- Higher long-term costs for the health system.¹⁷

Impact on employment



- Absenteeism due to dental pain. 6% of respondents had taken time off work due to dental pain – amounting to approximately **11.7 million working days annually.**³
- Reduced productivity at work due to discomfort. **26% of respondents felt dental pain had affected their work performance.**³
- Negative impact on confidence during interviews or client-facing roles.¹⁷

Broader Societal and Economic Impact



The combined effect of these challenges results in:

- Economic losses from decreased productivity and missed work.
- Higher public spending on emergency healthcare and hospital admissions.
- A cycle of untreated oral health issues exacerbating overall healthcare inefficiency.

Addressing these challenges requires an understanding of how dental services are structured, funded and operated across the UK.



The provision of general practice dentistry across the UK

In the UK, there are around 12,500 independent dental provider practices,¹⁹ all functioning as private enterprises. These practices encompass a range of service models, including NHS-funded, private and mixed practices. These providers employ dental teams to deliver care under one of three models:

- 1. Private practices:** These operate solely on a private basis, where patients pay directly for all services received. Practices may implement their own care packages and payment plans to make this more accessible for the patient.
 - 2. NHS practices:** These practices are contracted by the NHS to provide services at subsidised rates, with patient charges covering part of the treatment cost. They operate under an NHS contract which dictates the services offered and the charges applied.
 - 3. Mixed practices:** These practices offer both NHS and private services, allowing patients and dentists to choose between the two, depending on specific patient-needs and preferences.
- According to the 2024 FMC Dentistry Census, while over half of UK practices (53%) hold an NHS contract less than 3% of practices now report being fully NHS – and just over a quarter (28%) suggest their business is more equally split.²³ 46.9% of practices are now fully private. Despite this, two-thirds (66%) of Denplan member dentists felt that the role these practices play in ensuring access to dental care is overlooked.⁴**

Funding models

The funding and organisation of NHS dental services differs across England, Wales, Scotland and Northern Ireland due to the devolved nature of healthcare. There are specific funding models and contracts which dictate how a dental practice is paid for delivering NHS care.

- NHS Dental Contract in England and Wales:** In England and Wales, NHS dental services operate under the General Dental Services contract, introduced in 2006. The contract uses a system called Units of Dental Activity, where dental treatments are assigned a specific number of Units of Dental Activity regardless of the complexity of the procedure. Dentists receive a fixed payment per Units of Dental Activity. This contract has been criticised for its lack of emphasis on preventative care, lack of flexibility and failure to adequately remunerate dentists for the care delivered.
- NHS Dental Contract in Scotland and Northern Ireland:** In Scotland and Northern Ireland, NHS dentistry operates under a blended funding model that combines both capitation payments and fee-per-item reimbursement. Scotland relies more heavily on capitation payments, where dentists receive a fixed annual sum for each registered patient. Whereas, Northern Ireland places greater emphasis on fee-per-item payments, which reimburse dentists for specific treatments and procedures.
- Patient charges:** For the majority of the population, NHS dental care has not been free at the point of use since 1951 – when patient charges were introduced. Instead, patients contribute toward the cost based on the type and complexity of treatment received, with the NHS subsidising the rest. This payment is collected by dental practices but passed to the NHS. Certain groups, including children, pregnant women, and those on specific benefits, can receive NHS dentistry free of charge.

Access and registration: In England and Wales, patients do not formally “register” with a dentist as they do with a GP. Instead, they can seek care from any NHS dentist willing to take them on, often based on availability. In Scotland and Northern Ireland, NHS patients are required to be registered with a dentist due to the capitation model of payment.

Private dental practices operate outside of NHS funding and are fully paid for by patients. However, many private practices aim to make their services more accessible and affordable by offering flexible payment options and personalised care plans:

- Payment plans:** To help patients manage the cost of dental care, private practices often provide payment plans that allow individuals to spread the cost of treatments over time. These plans make it easier for patients to budget for dental care without facing large upfront costs.

Why preventative oral healthcare must be prioritised

The current system is unsustainable and struggling to meet the needs of the population effectively. The challenges it faces are complex and widespread, but when asked about priorities for the new Government, dentists overwhelmingly agreed that reforming the dental contract and improving the recruitment and retention of dental professionals are critical starting points.⁴ If we are to make sustainable progress in improving oral health in the UK, any reform must also place a shift towards a preventative model at its core – focusing on reducing the incidence of disease rather than addressing issues as they arise.

What is preventative oral healthcare and why is change needed?

Preventative care, which includes regular dental check-ups, hygiene treatments, and patient education on oral hygiene, is essential for reducing the long-term incidence of dental diseases, primarily tooth decay and gum disease. Left untreated, gum disease can lead to gum abscesses and tooth loss, but it is also linked to serious health problems such as stroke, diabetes, heart disease and rheumatoid arthritis.

Tooth decay has a significant and largely preventable cost on the NHS. In 2021 to 2022, hospital admissions for tooth-decay related extractions in children cost £50.9 million and remains the number one reason for hospital admissions among young children.¹⁷ Improving preventative oral care is key to reducing the burden and cumulative cost for the health service, while also preventing unnecessary strain on patients.

As a profession, we have long known that preventative oral healthcare must play a central role in reducing the incidence of oral diseases and promoting overall health and well-being. However, several factors prevent the system from effectively supporting a preventative approach:

- 1. NHS contract limitations:** Under the current NHS dental contract, dental teams are not incentivised or supported to deliver the preventative oral care they have been trained to provide.
- 2. Siloed nature of dental care provision:** Dental services are often isolated from other areas of healthcare, which limits opportunities for an integrated, holistic approach that could improve both oral and overall health outcomes.
- 3. Patient attitudes and behaviours:** Many patients continue to delay dental visits until problems arise, rather than attending regular check-ups for preventative care. According to our recent Oral Health Survey, **29% of respondents who don't visit the dentist regularly stated they only go when treatment is necessary.**³ This reactive approach, partly due to challenges in accessing care, contributes to the progression of oral health problems that could have been prevented with routine care.
- 4. Erosion of long-term patient relationships:** Inconsistent access to NHS dentists and high turnover within the profession disrupts continuity of care, preventing patients from building long-term relationships with their dentists.

Oral healthcare in the UK has long been marginalised, often viewed as separate from broader healthcare and, therefore, not prioritised or protected in the same way. However, we are facing a critical juncture. With rising levels of dental disease, significant disparities in access to care, and an overstretched workforce, we can no longer afford to continue with the status quo.

These challenges demand innovative thinking and a willingness to reimagine how we support both patients and providers. By addressing these core issues, we can create a dental care system that is not only fit to meet the needs of today's patients but also resilient enough to meet the challenges of the future.

Unlocking solutions and improving oral health

As part of our ongoing efforts to support the dental profession and improve oral health outcomes across the UK, we invited our member dental teams to identify and rank the most pressing issues facing the sector. These insights offer a clear perspective on the areas that require early Government action in the first parliamentary term. The chart below represents the responses, showing the proportional importance of each issue.

What do Denplan members say are the biggest issues facing the sector?

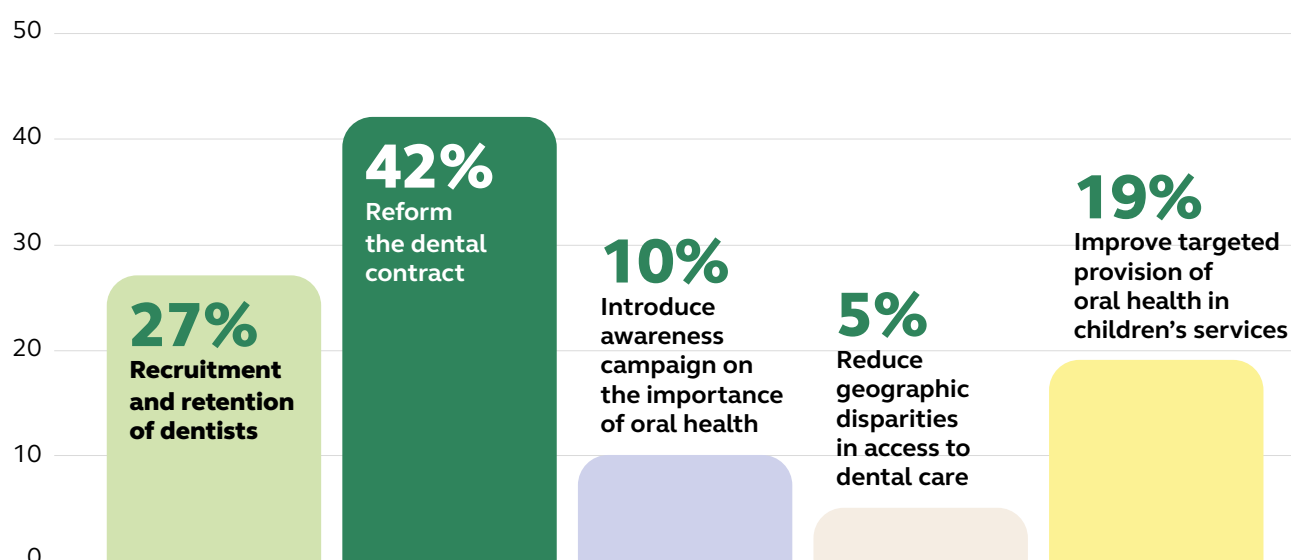


Figure 1: Denplan Member Survey (2024). Data on file.

Reforming the dental contract and improving the recruitment and retention of dentists emerged as top priorities, accounting for nearly half of the total weighted score. Other significant issues included the need to shift towards preventative care through awareness campaigns, as well as addressing existing socio-economic and geographic inequalities in oral health. This includes the prioritisation of children's oral care and tackling the issue of 'dental deserts', where access to care is severely limited across a region.

Despite the significant challenges facing the UK's dental care systems, these difficulties also open the door to meaningful reform, presenting opportunities to explore innovative solutions. By leveraging the strengths of different care models, we can create a more resilient system that better serves both patients and providers. Based on these insights, as well as our extensive engagement with dental professionals and practice owners, we have outlined the following proposals and recommendations to guide this transformation and secure the future of oral healthcare in the UK.

Unlocking solutions and improving oral health continued

1. Empower and elevate the entire dental workforce

The long-term viability of dentistry in the UK hinges on our capacity to attract, retain and support dental professionals in an environment of continuing professional development. A well-supported and skilled workforce is crucial for the delivery of high-quality care and meeting the evolving needs of the public. However, present conditions in the sector raise significant concerns, with **58% of respondents to our member survey identifying the recruitment and retention of dentists as either the top or second-highest priority for Government action.**⁴

The Challenge

Dental teams are facing mounting challenges, making the delivery of care increasingly difficult. Rising operational costs, driven by inflation and the cost-of-living crisis, are increasing the financial burden on practices. This includes higher prices for materials, equipment, staffing, and regulatory compliance. Additionally, dental teams are managing growing amounts of unnecessary bureaucracy, taking valuable time away from patient care and increasing administrative pressures. This environment is leading to low morale and stress among dental professionals.¹⁵

For those providing NHS care, this is further compounded by the current dental contract which prioritises meeting Units of Dental Activity targets over the delivery of comprehensive care. This contract limits dentists to routine procedures, preventing them from delivering more complex and rewarding aspects of dentistry, such as advanced treatments and preventative care. The underutilisation of expertise can often lead to frustration and impact opportunities for professional development. Additionally, many dental practices find that the compensation received for the delivery of NHS services under the Units of Dental Activity system does not reflect the complexity and time invested and creates significant financial strain for the practice, while also leaving little room for the personal connection and holistic care that dentists and patients value. These pressures make it increasingly difficult to retain skilled professionals within the NHS.

Action to improve the future of dentistry

Speaking to our membership, we have seen the benefits of retaining dental professionals by allowing practices the flexibility and scope to expand roles and responsibilities within their teams and support the professional development of their workforce. **31% of dental professionals believe that by allowing all members of the dental team to operate at the top of their capabilities, dental practices could improve practice capacity by 10-50%.**⁴ Additionally, through providing both NHS and private care, these practices generate additional resources which can be reinvested into professional development opportunities such as advanced training and workshops. This focus on continuous learning and skill enhancement not only leads to higher standards of patient care, but also helps to improve job satisfaction and career progression, which are key factors in retaining skilled dental professionals.

Government efforts to date have primarily focused on tackling the workforce issue through a focus on retention. This presents an exciting opportunity for the next set of reforms to properly recognise the mixed economy of dentistry. While recent policies, such as the 2023 NHS Long-Term Workforce Plan, have focused on increasing the supply of NHS-trained dentists, dental therapists, and hygienists, it is crucial to broaden this focus.

Providing provisional registration for overseas-trained dentists has also been explored recently as another solution to the workforce challenges. This would provide a quicker pathway for internationally qualified dentists to enter the UK systems by working under supervision before gaining full registration. While our member dental teams have highlighted that this may provide a short-term solution, given the existing pressures facing the dental sector it is uncertain where additional capacity to provide supervision would be found and whether overseas-trained dentists would be inclined to stay if industry challenges remain unaddressed.

Unlocking solutions and improving oral health continued

What needs to happen next?

1. The Government should work with the dental sector to develop plans to support the training and personal development of dental professionals' careers in order to improve retention and recruitment issues within the workforce. This could include a review of existing post qualification training and a review of available Continuing Professional Development opportunities.
2. The Department of Health and Social Care should give guidance to practices on how training can support the use of the whole dental team, to allow them to operate at the top of their capabilities and improve practice capacity. Dental therapists and hygienists should be given NHS performer numbers to ensure they can carry out a range of dental services.

2. Prioritise and expand preventative care initiatives

46% of respondents to our member survey believe that increasing awareness campaigns on the importance of oral health should be in the Government's top three priorities when it comes to dentistry.⁴

Ensuring the long-term success of oral healthcare in the UK requires a decisive shift towards preventative care. The Government has already recognised the importance of prevention as a central pillar of healthcare, calling for a 'prevention first' revolution to ensure the sustainability of health and care services.²⁰ This ambition must be extended to dentistry, where the benefits of early intervention and preventative care are well-documented but underutilised.

The Challenge

The dental landscape is not set up or supported to deliver this preventative approach to oral health. Due to financial and operational constraints, NHS dental services are often forced to prioritise routine and reactive treatments over preventative care. The current NHS dental contract, which emphasises meeting Units of Dental Activity targets, does not adequately incentivise or remunerate dentists to focus on prevention. In this context, preventative measures, which require time, patient education, and early intervention, are often deprioritised.

Moreover, currently 1 in 10 patients are accessing dental check-ups only when they are in pain, preventing sustained monitoring of oral health.³ As a result, dental diseases that could be prevented through early action are allowed to progress, leading to more complex and costly treatments down the line. This reactive approach not only burdens the healthcare system but also negatively impacts patient outcomes and overall public health.

While recent years have seen increased policy discussion on the impact of foods and drinks that are high in fat, salt or sugar on overall health, this conversation has not extended to the impact on oral health. Over the next parliamentary term, this must be made clear via joined up campaign efforts including a focus on the importance of oral health in connection to overall health.

Just as the prevention of physical illness necessitates cross-sector collaboration, preventative oral care requires coordinated efforts from across society to be effective. Dental teams are crucial, but they cannot drive this change alone.

Unlocking solutions and improving oral health continued

Action to improve the future of dentistry

A crucial component of shifting towards a preventative model is increasing public awareness of the importance of oral health and the need for regular dental appointments. Effective oral health education can play a vital role in this. **Only 77% of parents say their children brush their teeth at least twice a day.**³

Programmes that teach good oral hygiene practices from a young age, such as supervised tooth brushing, play a crucial role in shaping long-term behaviours and habits that reduce the risk of dental diseases over their lifetime. Alongside this, there must be much stronger and consistent messaging about the importance of key oral health habits, broader healthy lifestyles and regular dental check-ups to ensure the early detection of potential issues and preventing them from developing into more severe conditions. This effort must extend beyond the dental sector. The entire healthcare system – including GPs, pharmacists, and public health officials – can help convey preventative oral healthcare messages, ensuring that oral health is part of routine healthcare conversations.



Only 77% of parents say their children brush their teeth at least twice a day³



Dentaid and Denplan's BrightBites Scheme

BrightBites is an oral health education initiative developed by Dentaid and Denplan, aimed at tackling preventable dental issues by educating young people on the importance of good oral health. Recognising that poor oral health can be avoided with the right habits, BrightBites engages children at a young age through interactive and informative sessions in schools, nurseries, and holiday clubs. The focus is on preventative oral care, with an emphasis on toothbrushing techniques, diet and the importance of regular dentist visits.

The initiative aims to reach 90,000 children, with a particular focus on reaching those experiencing health inequalities, such as children from socio-economically deprived areas and those with limited access to dental care, to ensure that those most at risk are equipped with the knowledge and tools to maintain good oral health.

As the Government considers implementing supervised toothbrushing programmes across schools in the UK, it is essential that private and charity-led initiatives, like BrightBites, are consulted and supported. These programmes have already demonstrated their effectiveness in engaging children and delivering impactful education. Private-sector involvement and charitable programmes have the infrastructure, experience, and community engagement to help scale these efforts nationwide. By partnering with such initiatives, the Government can ensure that supervised toothbrushing schemes are inclusive and available to all children across the UK – particularly those from disadvantaged backgrounds.

Unlocking solutions and improving oral health continued

Once patients are engaged with the dental system, dental practitioners play a key role in delivering preventative care. Dental teams are trained to identify early signs of oral diseases and provide interventions such as fluoride treatments, dental sealants and patient education on maintaining good oral health habits. They can help offer tailored advice on diet and lifestyle choices that affect oral health, as well as conduct regular check-ups to catch potential issues early. **This is not just limited to oral health; our 2024 Oral Healthcare Report reveals 15% were referred to, or were advised to see, another healthcare practitioner.**³ This highlights the broader role that dental practitioners can play in identifying and addressing general health issues.

With a growing lack of access and cost of living pressures, many people view dentistry as a luxury. It is therefore essential that we address the financial barriers that might prevent patients from seeking regular preventative care. Over a third of people who do not regularly attend the dentist do so because they cannot afford to.³ Flexible payment plans for preventative treatments can encourage more patients to commit to regular appointments, ensuring that cost does not become a deterrent to maintaining good oral health.

Mixed practices, which offer both NHS and private care, are uniquely positioned to bridge the gap between the current reactive model and the need for a preventative approach. They can provide the flexibility needed to incorporate more preventative services, addressing issues before they become more serious and costly to treat. **With 60% of Brits seeing the same dentist more consistently than they see the same GP and 63% saying they wouldn't consider changing their dentist as they want to keep their current one, dental practices have the potential to serve as a key frontline resource in early disease detection**¹⁷

Dental practices have the potential to serve as a key frontline resource in early disease detection.

What needs to happen next?

3. Integrated Care Boards, local authorities, and the NHS should be supported and encouraged to deliver against their responsibilities to commission oral health improvement programmes, including targeted supervised toothbrushing initiatives and ringfencing funding. This could involve consultation with existing charitable and private providers already delivering preventive programmes in oral health such as BrightBites from Dentaaid and Denplan.
4. The Department of Health and Social Care and NHS England should enable a formal role for dentists on Integrated Care Boards, for example through local dental committees, to ensure that patients' needs are heard and regional inequalities in oral health can be addressed, such as dental deserts, where access to care is severely limited across a region – with funding appropriately allocated based on population need.
5. The Office for Health Improvement and Disparities, the Department for Education and NHS England should work with the dental sector to launch a public health campaign designed to communicate the importance of oral health in connection to overall health, and support a preventative approach to oral healthcare. This must be embedded into national strategies, ensuring that oral health messaging is consistent with other public health campaigns.
6. The Government should seek to implement stronger legislation and regulation on unhealthy food and drink, building on the pre-watershed advertising ban coming into force in October 2025 and planned increase to the Soft Drinks Industry Levy. This could include implementing stricter food labelling policies to tackle common risk factors for poor oral health.

Unlocking solutions and improving oral health continued

3. Ensure financial sustainability and reform funding models

Three-quarters of respondents to our member survey believed reform to the dental contract should be in the Government's top three priorities regarding dentistry.⁴

The future of dentistry in the UK hinges on the financial viability of dental practices. Regardless of whether they deliver NHS care, these practices play a vital role within their local communities, and it is important that they receive the support needed to continue providing essential services. And yet, 70% of our member dentists have reported concerns about the future financial stability of their practice.⁴

The Challenge

The cost-of-living crisis has only added to these financial pressures. Like many businesses across the UK, dental practices have seen sharp rises in operational costs, including staffing, materials, and utilities.¹⁹ Inflation has significantly impacted day-to-day operations, leaving practices struggling to cover overheads while maintaining high standards of patient care. As a result, many dental practices, particularly those reliant on NHS contracts, are facing unprecedented financial strain.²² We've also heard, anecdotally, of practices trying to renegotiate contracts with little success and then choosing to hand back the contract as they feel they have little alternative.

“There is no financial incentive to provide more complicated dental treatments.”

Denplan Member dentist⁴

“It would be impossible to be fully NHS and provide high-quality care to patients.”

Denplan Member dentist⁴

A significant contributor to the unsustainable nature of NHS provision is the existing dental contract. In his recent independent review of NHS performance, Lord Ara Darzi noted the urgent need for a reformed contract that better balances activity with prevention, appeals to dentists, and incentivises work in underserved areas. Additionally, the contract has long attracted widespread criticism from across the sector, largely due to its failure to adjust payments based on procedure complexity. As a result, practices are often delivering essential care at a financial loss, making the provision of NHS services financially unsustainable.

Commissioners' resistance to allowing more flexible arrangements for NHS activity exacerbates these issues. Supporting commissioners to tailor contracts and provide more flexibility in meeting patient needs could alleviate some of the financial burdens on practices and enable them to operate more sustainably within the NHS framework. By adopting more flexible commissioning arrangements, dental practices could better manage their workload, respond to local community needs, and provide greater focus on preventative care – all while ensuring financial sustainability. The absence of such flexibility has left many practices struggling to maintain a balance between delivering NHS services and ensuring the financial health of their practices, ultimately forcing some to reduce or cease their NHS service offer.

Unlocking solutions and improving oral health continued

74% of NHS dentists and 65% of NHS dental nurses do not enjoy working in the NHS, with 61% expecting to do less NHS dentistry in the next two years. As a result, we are seeing more dentists considering increasing their private work, with 81% expecting to carry out more private work in next two years.²³

Action to improve the future of dentistry

Mixed practices provide a valuable middle ground that can help sustain dental services across the UK. The additional income brought in through their private practice allows these practices to offset the costs of delivering NHS care, making it more financially viable to continue offering essential services. This approach also allows practices greater flexibility in their service offerings, enabling them to provide a broader range of treatments to both NHS and private patients. As a result, they are better positioned to meet the diverse needs of their communities while maintaining financial stability. However, **66% of respondents to our member survey believed the role of mixed practice is overlooked by policymakers.⁴**

By supporting dental practices to continue offering NHS services alongside their private services and providing them the flexibility to do so, practices can continue to deliver high-quality care to all patients, regardless of their financial circumstances.

74% of NHS dentists and 65% of NHS dental nurses do not enjoy working in the NHS, with 61% expecting to do less NHS dentistry in the next two years.

What needs to happen next?

- 7.** The Government should provide a timeline for consultation on further reforms to the dental contract, in line with the commitment set out in its election manifesto.
- 8.** NHS England should issue centralised guidance to commissioners to advise them on how to fairly modify NHS contracts to meet individual dentists' needs and allow them to operate more sustainably within the framework.
 - NHS England should prioritise guidance around flexible commissioning to ensure children and vulnerable adults have consistent access to NHS dental services.



66% of respondents to our member survey believed the role of mixed practice is overlooked by policymakers.⁴

Conclusion

This report highlights the critical needs for a concerted effort to address the growing oral health crisis and prioritise prevention. Despite its significant impact on individuals' health and well-being, the healthcare system and the broader economy, oral healthcare has not been given the same priority as other areas of health in policymaking at both national and local levels.

Without immediate action, services will not be equipped to meet the rising demand for dental care over the next 10 years. At the same time, workforce shortages, rising operational costs, and a lack of emphasis on preventative care will only exacerbate existing challenges. While considerable attention has been placed on short-term policy solutions, the lack of attention on ensuring the system is adequately set up for the future represents a significant risk.

Our surveys of dental professionals and patients reveal several key themes around which policymakers should be focusing over the next 10 years to secure the future of dentistry. Central to these recommendations is the necessity to shift to a preventative model of care and provide greater support for flexible and mixed practice arrangements. The current reactive approach to oral health coupled with persistent misunderstandings about how the dental sector operates has resulted in the current crisis in access to care.

However, our members' practices have for many years shown the value of a model which places prevention at its core – ensuring both improved patient outcomes and long-term financial stability for practices. If a 'prevention-first revolution' is to be realised in dentistry, there needs to be remuneration for practitioners and their teams to have the time to provide prevention advice, regardless of how they are funded.

Addressing the crisis in oral health and the dental sector requires a unified approach from Integrated Care Boards, dental practices across the sector and the Government.



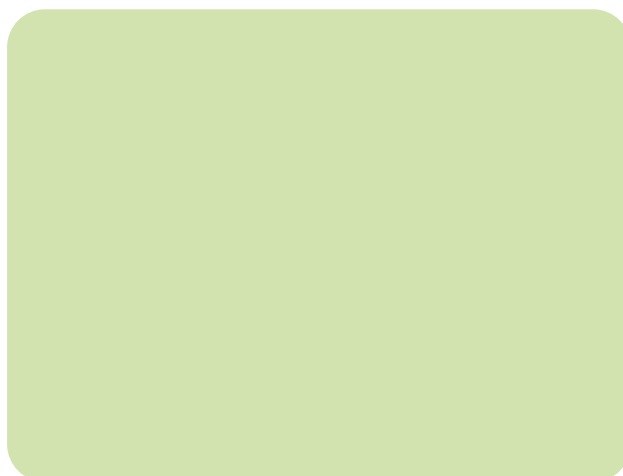
The recommendations outlined in this report must also be supported by increasing public awareness and education on oral hygiene habits, reintegrating dentistry into healthcare and ensuring that dentists can make full use of their preventative dental training. Efforts must also be made to improve the accessibility of both private and NHS dental services to ensure that oral health inequalities are not further exacerbated. By leveraging the strengths of different care models, we can create a more resilient system that better serves both patients and providers.

Addressing the crisis in oral health and the dental sector requires a unified approach from Integrated Care Boards, dental practices across the sector and the Government. By recognising this, we can drive forward the recommendations outlined in this report to create a more accessible and sustainable dental care service for all.

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This paper uses data from an online survey of Denplan member dentists, as well as informal interviews with our practice advisors. This fieldwork was carried out between March – August 2024, with additional desk research supplementing our findings.



References

- 1 British Dental Association (2024). 8 in 10 dentists seeing cases of 'DIY' dentistry. Available at: <https://www.bda.org/media-centre/8-in-10-dentists-seeing-cases-of-diy-dentistry/> (Accessed November 2024)
- 2 Office for Health Improvement and Disparities (2023). National Dental Epidemiology Programme (NDEP) for England: Oral Health Survey of 5 year Old Children 2022. Available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022>. (Accessed November 2024)
- 3 Denplan (2024). Oral Health Survey. Available here: Oral Health Survey 2024 | Denplan (Accessed November 2024)
- 4 Denplan (2024). Member Survey. Data on file
- 5 NuffieldTrust (2023) Bold action or slow decay? The State of NHS Dentistry and Future Policy Actions. Available at: https://www.nuffieldtrust.org.uk/sites/default/files/2023-12/Nuffield%20Trust%20-%20NHS%20dentistry%20policy%20briefing_WEB_1.pdf (Accessed November 2024)
- 6 Liberal Democrats (2024) Lib Dems call for VAT on kids' toothpaste and toothbrushes to be scrapped as 1,400 children go to A&E with tooth decay last year. Available at: <https://www.libdems.org.uk/press/release/lib-dems-call-for-vat-on-kids-toothpaste-and-toothbrushes-to-be-scrapped-as-1400-children-go-to-ae-with-tooth-decay-last-year> (Accessed November 2024)
- 7 Office for Health Improvement and Disparities (2024). Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023. Available at: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2023/hospital-tooth-extractions-in-0-to-19-year-olds-short-statistical-commentary-2023#:~:text=no%20such%20diagnosis.,Main%20findings,extractions%20for%20this%20age%20group>. (Accessed November 2024)
- 8 NHS England (2023) NHS Dental Statistics for England 2022-23, Annual Report. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2022-23-annual-report> (Accessed November 2024)
- 9 King's Fund (2023) Dentistry in England explained. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/dentistry-england-explained#:~:text=A%20report%20by%20BBC%20News,dental%20practices%20providing%20NHS%20services>. (Accessed November 2024)
- 10 Office for Health Improvement and Disparities (2023). National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022. Available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022> (Accessed November 2024)
- 11 Oral Health Foundation (2021) Report highlights concerns into Britain's brushing habits. Available at: <https://www.dentalhealth.org/news/report-highlights-concerns-into-britains-brushing-habits> (Accessed November 2024)
- 12 Dentistry.co.uk (2024). Almost five million calls made to NHS dental helpline. Available at: <https://dentistry.co.uk/2024/04/08/almost-five-million-calls-made-to-nhs-dental-helpline/#:~:text=Labour%20Party%20data%20shows%20that,of%20the%20COVID%2D19%20pandemic>. (Accessed November 2024)
- 13 National Audit Office (2020). Dentistry in England. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/03/Dentistry-in-England.pdf> (Accessed October 2024)
- 14 Local Government Association (2022). NHS "dental deserts" persist in rural and deprived communities – LGA analysis. Available at: <https://www.local.gov.uk/about/news/nhs-dental-deserts-persist-rural-and-deprived-communities-lga-analysis#:~:text=News-,NHS%20%E2%80%9Cdental%20deserts%E2%80%9D%20persist%20in%20rural%20and%20deprived%20communities%20%E2%80%93,in%20more%20affluent%20urban%20areas> (Accessed November 2024)
- 15 General Dental Council (2021) Mental Health and Wellbeing in Dentistry: A Rapid Evidence Assessment. Available at: https://www.gdc-uk.org/docs/default-source/research/mental-health-and-wellbeing-in-dentistry27973e06-eb0f-4ee2-b92f-7fee3d2baf5b.pdf?sfvrsn=511f2ef9_5 (Accessed November 2024)
- 16 Denplan (2023). Oral Health Survey. Available here: <https://www.denplan.co.uk/content/dam/denplan/documents/denplan-oral-healthcare-report-23.pdf>. (Accessed November 2024)
- 17 Office for Health Improvement and Disparities (2022). Adult oral health: applying All Our Health. Available at: <https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health/adult-oral-health-applying-all-our-health#:~:text=Poor%20oral%20health%20can%20lead> (Accessed November 2024)
- 18 Liberal Democrats (2024) Over 100,000 child hospital admissions for rotting teeth since 2018. Available at: <https://www.libdems.org.uk/press/release/over-100000-child-hospital-admissions-for-rotting-teeth-since-2018#:~:text=A%20Liberal%20Democrat%20FOI%20has,100%2C000%20child%20admissions%2C%20since%202018>. (Accessed November 2024)
- 19 Denplan. A white paper on The Future of Dentistry (2021). Available here: <https://www.denplan.co.uk/content/dam/denplan/pdfs/blog/future-of-dentistry-denplan-white-paper-final-140421.pdf>. (Accessed November 2024)
- 20 Labour Party (2024) Build an NHS Fit for the Future. Available at: <https://labour.org.uk/wp-content/uploads/2023/05/Mission-Public-Services.pdf> (Accessed November 2024)
- 21 Denplan (2023) Oral Healthcare Report. Available at: <https://www.denplan.co.uk/the-core/industry-and-company-news/oral-health-report-23> (Accessed November 2024)
- 22 Denplan (2024). Oral Health Survey. Available here: <https://www.denplan.co.uk/content/dam/denplan/documents/denplan-consumer-oral-health-survey-results-2024.pdf> (Accessed November 2024) - additional data available on file
- 23 Dentistry.co.uk (2024) 2024 Dentistry Census: key findings. Available at: <https://dentistry.co.uk/2024/02/08/2024-dentistry-census-key-findings/> (Accessed November 2024)

