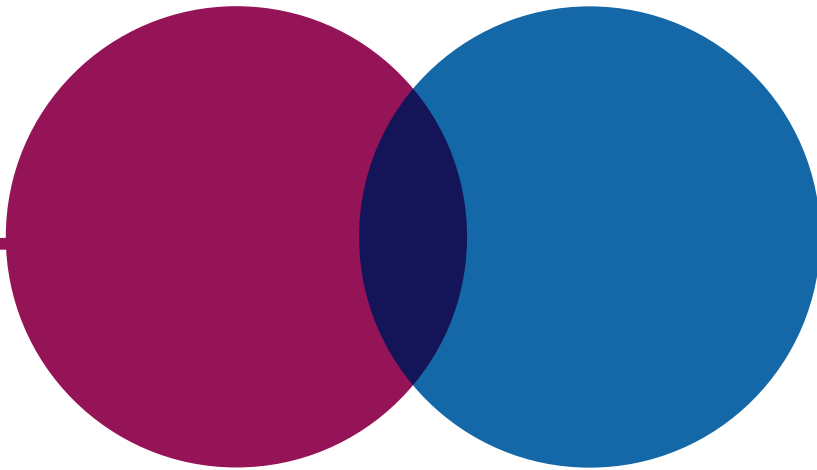




National Audit Office



REPORT

Investigation into the NHS dental recovery plan

Department of Health & Social Care
and NHS England

SESSION 2024-25
27 NOVEMBER 2024
HC 308

Key facts

4.7mn

fewer courses of treatment provided through NHS dentistry in 2023-24 compared with 2019-20

£200mn

available for the dental recovery plan (the plan) in 2024-25, coming from expected under-spends in the NHS dental budget

1.5mn

additional courses of treatment NHS England and the Department of Health & Social Care estimated the plan would deliver in 2024-25

40%

percentage of the adult population in England that saw an NHS dentist in the 24 months up to March 2024, down from 49% just before the start of the pandemic

£3.1 billion

total spend on primary care NHS dentistry in 2023-24

£555 million

less spent in real terms on primary care NHS dentistry in 2023-24 compared with 2019-20

£392 million

reported under-spend against the total ringfenced NHS dental budget in 2023-24

2.6 million

fewer courses of treatment expected in 2024-25 if the plan fully delivers, compared with a pre-pandemic baseline in 2018-19

£57 million

amount spent from April to August 2024 on the 2024-25 plan, with two out of four headline initiatives currently fully rolled out

483

fewer dentists providing some NHS care in England in 2023-24 compared with 2019-20

What this investigation is about

1 The dental recovery plan was published in February 2024 under the previous government and aims to increase access to NHS dentistry services. The £200 million plan was intended to deliver more than 1.5 million additional NHS dentistry treatments (or 2.5 million appointments) in 2024-25 and has three components:

- expanding access in 2024 so that “everyone who needs to see a dentist will be able to”, beginning with incentives to dental practices to deliver NHS care and introducing mobile dental vans for under-served communities;
- launching Smile for Life, a focus on prevention and good oral health in young children alongside a consultation on water fluoridation in north-east England; and
- supporting and developing the dental workforce through measures in the NHS long-term workforce plan, and setting the trajectory for further contract reforms.

2 The additional courses of treatment in 2024-25 (at least 1.5 million more) were intended to come from the first of these components, through four headline initiatives:

- a new patient premium, in which participating dental practices receive a credit of units of dental activity (UDAs) equivalent to £15 or £50 (depending on the course of treatment) for eligible new patients;¹
- ‘golden hello’ recruitment incentives of £20,000 (phased over three years) for 240 dentists to work in areas with recruitment and retention challenges in NHS dentistry;
- an uplift to the minimum value of a UDA to £28; and
- mobile dental vans to deliver some dental services to targeted communities.

3 Smile for Life is not intended to deliver additional courses of treatment, and it is expected to have an impact over a longer time frame than 2024-25, as will initiatives to support and develop the dental workforce. Some progress was made on these aspects of the wider plan before the 2024 general election, including consultations on a dental graduate tie-in and water fluoridation in the north-east of England. Beyond that, these aspects of the plan are now awaiting decisions by the new government on its priorities for NHS dentistry.

¹ Units of dental activity (UDAs) are measures of overall dental activity based on the kind of treatment provided. There is no fixed national value for a UDA.

4 We decided to investigate the dental recovery plan because of a widespread perception among the public, parliament and media that NHS dentistry is in a state of crisis. Because of the longer-term preventative focus of Smile for Life, and the uncertain future of some of the wider components, we have focused on the four initiatives that are expected to have an impact in 2024-25. Where we refer to ‘the plan’ in our report, we specifically mean these initiatives. As these initiatives in the plan were expected to have impact in 2024-25, reporting in November 2024 provides an update on the plan more than halfway through that period, although we acknowledge in the report that the general election will have impacted progress in some areas over that time.

5 There is also ongoing work from the Department of Health & Social Care (DHSC) and NHS England (NHSE) on wider dental contract reform and a commitment in the plan to consult on this. There is no full plan developed yet on contract reform to audit, and therefore this was not in scope for this report either.

6 This report builds on our previous work in this area, including our 2020 memorandum on dentistry in England and our submitted evidence to the Health and Social Care Committee’s 2023 inquiry into dentistry.^{2,3}

Our scope

7 This report sets out information on the current delivery of NHS dentistry services and the development and progress of the plan for 2024-25. It does not seek to examine and report on the overall value for money of the programme, but we offer some reflections on what the government might want to consider as it develops its future plans for NHS dentistry. It looks at:

- access to NHS dentistry before the plan (Part One);
- development of the 2024 dental recovery plan (Part Two); and
- the government’s progress against the dental recovery plan’s objectives and plans for evaluation (Part Three).

8 The plan is applicable to England only, with dentistry – like wider health areas – a devolved policy area. As such, our report focuses on NHS dentistry in England.

² National Audit Office, *Dentistry in England*, March 2020.

³ Written evidence submitted by the National Audit Office, March 2023.

Summary

Key findings

Access to NHS dentistry prior to the plan

9 Access to NHS dentistry across England remains below pre-pandemic levels. In the 24 months prior to the start of the COVID-19 pandemic, 49% of the adult population had seen an NHS dentist. This dropped to as low as 34% in March 2022, and, although it had risen to 40% by March 2024, it remains below pre-pandemic levels. The number of courses of treatment delivered, which are the examination of a patient, an assessment of their oral health and the planning and provision of treatment as a result, fell from 38.8 million in 2019-20 to 12.3 million in 2020-21, recovering to 34.1 million in 2023-24, still 4.7 million fewer than pre-pandemic (paragraphs 1.3, 1.7, 1.9 and 1.11, and Figure 2).

10 There are regional variations in access to NHS dentistry, with some areas of England receiving twice as much care as others, and some areas recovering to pre-pandemic levels quicker than others. At an integrated care board (ICB) level, access ranged from 382 courses of treatment delivered per 1,000 people in Somerset ICB to 800 delivered per 1,000 people in South Yorkshire ICB in 2023-24. Regions across England are recovering from the COVID-19 pandemic at different rates, with London delivering approximately the same number of courses of treatment in 2023-24 as it did in 2019-20, whereas 70% of courses were delivered in the South West in 2023-24 compared with 2019-20 (paragraph 1.15 and Figure 4).

11 There are several issues, beyond just the impact of the pandemic, that are contributing to a lack of access to NHS dentistry:

- **The dental contract is in need of reform.** Dental contracts between ICBs and individual dental practices are based on arrangements put in place in 2006, where they agree to deliver a certain number of units of dental activity (UDAs). UDAs are a measure of overall activity based on the type of treatment provided. Despite some changes to the contract in July 2022, the current contract is widely perceived as needing reform, including by the Department of Health & Social Care (DHSC) and NHS England (NHSE), with many in the sector viewing the contract as a disincentive to perform NHS care when practices have the choice of offering private care too (paragraphs 1.3, 1.4, 1.23, 1.25 and 1.26).

- **Insufficient provision of NHS dentistry.** While there were 34,520 dentists registered to provide dentistry in England in April 2023, responses to a General Dental Council survey suggest 22% of these may only be providing private dental care rather than any NHS dental care. There were 24,193 dentists who provided some NHS dental care in 2023-24, a fall of 483 (2%) since 2019-20 (paragraph 1.19).
- **Overall spending on primary care NHS dentistry has fallen in real terms,** dropping from £3.66 billion in 2019-20 to £3.11 billion in 2023-24, a drop from £65.15 to £53.88 per person in England. Alongside this, dental budgets are not being fully utilised as practices do not provide the full amount of activity that they are contracted to. Between 2017-18 and 2022-23, an average of £182 million a year was recovered by commissioners due to practices' under-delivery against their NHS contracts (paragraphs 1.27 and 1.28, and Figure 9).

The dental recovery plan

12 NHSE's and DHSC's dental recovery plan does not aim to recover NHS dentistry to a pre-pandemic baseline. The dental recovery plan was launched with an aim that "everyone who needs to see a dentist will be able to", although this ambition is not quantified. DHSC and NHSE expect initiatives in the plan to deliver more than 1.5 million additional courses of treatment in 2024-25, although there is a significant degree of uncertainty in the modelling that sits behind that number. Even if the maximum potential impact is achieved, overall NHS dentistry delivery in 2024-25 would still fall around 2.6 million courses of treatment short of levels in 2018-19 (paragraphs 2.12 and 2.13, and Figure 10).

13 The plan is funded through £200 million of anticipated under-spends in the dental budget for 2024-25. Ringfenced dental budgets were introduced for ICBs in 2023-24, with £392 million underspent against those that year. DHSC and NHSE agreed that in 2024-25 the dental recovery plan will use £200 million from ICBs' existing dental budgets that would otherwise have been used to offset wider pressures across their NHS budgets, a change which was enabled by DHSC finding £200 million of re-prioritisation savings in its group departmental budget. The stakeholders and ICBs we spoke to had initially believed that new funding would be available for the plan, but NHSE quickly clarified to ICBs, who commission NHS dentistry services, that they would get no increase to their dental budgets as a result of this plan. NHSE has agreed that the overall target of more than 1.5 million courses of treatment will be divided between ICBs based on under-delivery of UDAs in 2023-24, although the approach to do this was only agreed in August (paragraphs 1.29, 2.6 to 2.8, and 2.15).

14 As NHSE and DHSC are reliant on ICBs and dental practices to deliver the plan, there is significant uncertainty about the impact it will have. While NHSE and DHSC modelled the impact of the plan, ultimately its success is dependent on delivery by commissioners and practices. While the plan had been in development since December 2022, key details were still being finalised days before its publication, and we heard from some stakeholders, including ICBs, that they did not think engagement with them in the lead-up to publication was good. NHSE and DHSC told us they held stakeholder engagements in 2023. The ICBs we spoke to were already operating local initiatives that were similar to elements in the national plan. NHSE sought to incorporate elements of some of these local initiatives in its national plan, while also agreeing some local flexibilities to how the plan operates (paragraphs 2.4, 2.5, 2.11, 2.12, 2.14 and 2.15).

Progress to date

15 As of October 2024, NHSE has completed rollout on two of the plan's four headline initiatives. The new patient premium and uplift to minimum values for UDAs are in place, but no vans have been procured. Potential market suppliers said that there may be challenges around the availability of vans and funding beyond 2024-25, but any further progress was paused when the general election was called. New ministers stated in November that it will be left for ICBs locally to decide whether they go ahead with procuring vans during the remainder of 2024-25. For 'golden hellos' there were some ministerial decision-making delays in agreeing allocations for posts across England before the general election was called. Out of an expectation of at least 240 'golden hello' positions, 274 practices have had their expressions of interest to recruit a 'golden hello' post approved, and the first dentist had been appointed in October. However, as of November, neither the dental vans nor the 'golden hello' initiative are likely to deliver the expected number of additional courses of treatment by the end of 2024-25 (paragraphs 3.2 and 3.3, and Figure 11).

16 Based on initial analysis to date, the plan is not on track to deliver the additional courses of treatment. NHSE expects the new patient premium to deliver 1.13 million of the more than 1.5 million additional courses of treatment expected through the recovery plan. NHSE has thus far analysed data up to the end of September 2024, showing that fewer new patients had been seen in the first seven months of the premium than the equivalent period in the previous year. In September, NHSE began further analysis to better understand the impact that the new patient premium is having, including whether locally commissioned activities could be impacting claims. So far, data do not suggest that the new patient premium is on course to deliver the expected additional courses of treatment by March 2025, although NHSE also has data showing about a 14 percentage point increase in dental practices reporting that they are accepting new patients between December 2023 and September 2024. NHSE has not yet assessed what impact the uplift to minimum UDA values has had against what was expected. Overall dental activity levels are up slightly in 2024-25 compared with 2023-24, but this is in line with DHSC's predictions about improvements in delivery for 2024-25 without the additional impact of the plan. NHSE and DHSC have agreed an evaluation of the plan that will aim to report in the next 12 months (paragraphs 3.4 to 3.6, 3.14 and 3.15, and Figure 12).

17 The strategic programme risks, risk scores and mitigations that NHSE identified in relation to the plan in March remained unchanged until NHSE revised them in October. A key risk for the plan was that the £200 million will not be spent; as of August 2024, £57 million had been spent and NHSE forecast that around £140 million will be spent on the plan in 2024-25. NHSE is monitoring spend against the wider dental ringfence budget on a monthly basis but did not report monthly on spend against the £200 million dental recovery plan prior to September. We have also seen limited evidence of how NHSE worked directly with ICBs to understand the impact of the plan in local areas in the first few months of the plan, although there was representation from regions at the dental recovery plan board. In October 2024, NHSE revised the strategic risks for the plan, closing the risk around funding and adding a new key risk that the plan would not meet its ambition of delivering an additional 1.5 million courses of treatment in 2024-25 (paragraphs 2.15, 3.6, 3.8, 3.10 and 3.11).

Concluding remarks

18 The dental recovery plan aspires to deliver more than an additional 1.5 million courses of treatment in 2024-25 but is not currently on course to do so. Even if these additional courses of treatment are delivered by the end of 2024-25, the plan would still mean that 2.6 million fewer courses of treatment would have been delivered than in 2018-19.

19 DHSC and NHSE should look to reflect on what has worked in this plan and build upon that as they look to deliver the meaningful reform of the dental contract that they have alluded to. A proper evaluation of this plan will be needed, as well as a review of whether they have sufficient reporting processes in place to make sure that they are getting back from ICBs the data they need to monitor progress with any future plan. They will need to assess how they engage with ICBs and dental practices who are responsible for delivering NHS dentistry in local areas.