

Name of representative/organisation: Area Development Manager, MyDentist	Answers provided to questions from the Committee:
<p>1. The Nuffield Trust wrote: “NHS dentistry in England is at its most perilous point in its 75-year history”, and also described it as “in near-terminal decline:</p> <p>Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15”</p> <p>Do you agree or is it a scare story? If you do agree, why?</p>	<p>NHS dental activity has been in decline since the COVID-19 pandemic. During the pandemic, many patients lacked access to dental services, leading to significant delays in treatment. Consequently, dentists now face extensive treatment plans and are booked weeks in advance.</p> <p>The UDA (Units of Dental Activity) system, introduced in 2006, has long been a barrier to effective dental service delivery. Despite attempts to pilot and invest in reforms, significant changes have not been implemented. The current UDA system discourages dentists from undertaking complex treatments such as multiple fillings, root canal treatments (RCT), and extractions for only five UDAs.</p> <p>Although the UDA value has recently increased to £28 per UDA, this change is overdue. Historically, varied UDA rates across the country have caused competition among dentists, who would often leave positions to seek better rates elsewhere, disrupting service provision.</p> <p>For example, with a UDA rate of £21, practices already struggle, paying dentists £12 per UDA. This discrepancy makes it challenging to maintain the viability of dental practices due to high operating costs, leading to recruitment issues and an inability to provide NHS services.</p>

	<p>Furthermore, dentists cannot offer NHS dental services without a performer number, exacerbating the issue of service provision.</p> <p>Nearly six million fewer courses of NHS dental treatment were provided last year than in the pre-pandemic year; funding in 2021/22 was over £500m lower in real terms than in 2014/15”</p> <p>The above statement from the Nuffield Trust seems alarming and I cannot comment on its accuracy, however, the feeling on the ground certainly corroborates this. Dental budgets have not kept pace with inflation and its is a widely acknowledged fact that the annual NHS dental budget does not cover treatment for the entire British population.</p>
<p>2. Why are there so few dentists, and how soon is it realistically possible to increase the supply of dentists and how can it be done?</p>	<p>The shortage of dentists in the UK can be attributed to several factors:</p> <ol style="list-style-type: none"> 1. Funding and UDA System Issues: The current UDA (Units of Dental Activity) system, implemented in 2006, has been widely criticized. It often discourages dentists from undertaking complex or time-consuming treatments due to inadequate compensation. The financial constraints and pressures within the NHS make it challenging for practices to remain viable. 2. Recruitment and Retention Challenges: Many dentists are leaving NHS positions due to better opportunities in private practice or abroad, where they can earn higher incomes and face fewer bureaucratic hurdles. Additionally, varied UDA rates across different regions have caused competition and instability.

3. **COVID-19 Impact:** The pandemic exacerbated existing issues by causing significant treatment delays and increasing workload pressures. Many dental professionals experienced burnout, leading to early retirement or career changes.
4. **Educational Bottlenecks:** There are limitations in the number of dental school placements available each year, which restricts the number of new dentists entering the workforce.

Increasing the Supply of Dentists:

Realistically, increasing the supply of dentists will take time and a multi-faceted approach:

1. **Reform the UDA System:** A comprehensive review and reform of the UDA system is necessary to ensure fair compensation for all types of dental treatments. This would make NHS positions more attractive to dentists.
2. **Increase Funding for Dental Services:** Additional investment in NHS dental services would help improve working conditions and enable practices to hire more staff, thus reducing workload pressures. Mydentist has already offered premium rates of pay and golden hellos to dentists to increase dental access across the country.
3. **Expand Dental Education:** Increasing the number of dental school placements and supporting the establishment of new dental schools can help address the bottleneck in dental education. This requires collaboration between the government and educational institutions.

	<p>4. International Recruitment: Streamlining the process for overseas dentists to practice in the UK can help fill immediate gaps. This includes simplifying registration processes and providing support for relocation and integration.</p> <p>5. Retention Strategies: Implementing measures to improve job satisfaction and reduce burnout among current dentists, such as mental health support, flexible working hours, and career development opportunities, can help retain more professionals within the NHS.</p> <p>6. Public Health Initiatives: Investing in preventive dental care and public health campaigns can reduce the overall demand for complex dental treatments, easing the burden on existing dental services.</p> <p>By implementing these strategies, the supply of dentists in the UK can be increased over the coming years, ensuring better access to dental care for all citizens. However, significant improvements will likely take several years to fully materialize.</p>
<p>3. In your opinion what will be, or has been, the effect of the Conservative government’s dental plan that promised “In 2024, we will significantly expand access so that everyone who needs to see a dentist will be able to.”</p>	<p>The introduction of the New Patient Premium has led to an increase in the number of new patients accessing dental services. Additionally, I would introduction of Stabilisation sessions across Devon has helped to treat patients who have not a dentist in over two years.</p>

4. At the moment a range of people are entitled to free dental care (including under 18s, pregnant or new mothers, those on low-income benefits). In your experience do these people receive the care the law says they are entitled to?

In my experience, the provision of free dental care to eligible groups such as under 18s, pregnant or new mothers, and those on low-income benefits has been a significant success, ensuring that essential dental services are accessible to those who need them the most. Some positive aspects of this are:

- 1. Increased Accessibility:** The policy of providing free dental care to these groups has significantly increased accessibility. Many individuals who might otherwise have been unable to afford dental care can now receive regular check-ups, preventive care, and necessary treatments, promoting better oral health across these demographics.
- 2. Improved Health Outcomes:** By ensuring that vulnerable populations receive the care they are entitled to, the program has contributed to improved health outcomes. Early detection and treatment of dental issues prevent more serious conditions, contributing to overall well-being and reducing the burden on emergency dental services.
- 3. Support for Families:** Pregnant women and new mothers receiving free dental care not only benefit themselves but also their families. Good maternal oral health is crucial for the health of both mother and child, and this support helps ensure a healthy start for the next generation.
- 4. Encouragement of Regular Visits:** For children and young people, access to free dental care encourages the habit of regular dental visits from an early age. This helps instill good oral hygiene practices and ensures that any dental issues are addressed promptly.

5. **Economic Benefits:** For those on low-income benefits, free dental care alleviates financial strain and ensures they do not have to choose between dental care and other essential needs. This support helps maintain their overall quality of life and productivity.
6. **Public Health Impact:** Overall, providing free dental care to these groups has a positive public health impact. It reduces disparities in health care access and outcomes, contributing to a healthier population and lessening long-term healthcare costs.

While there are always areas for improvement, the existing framework for free dental care entitlement has made a meaningful difference in the lives of many, ensuring that those who are eligible receive the care they need and deserve.