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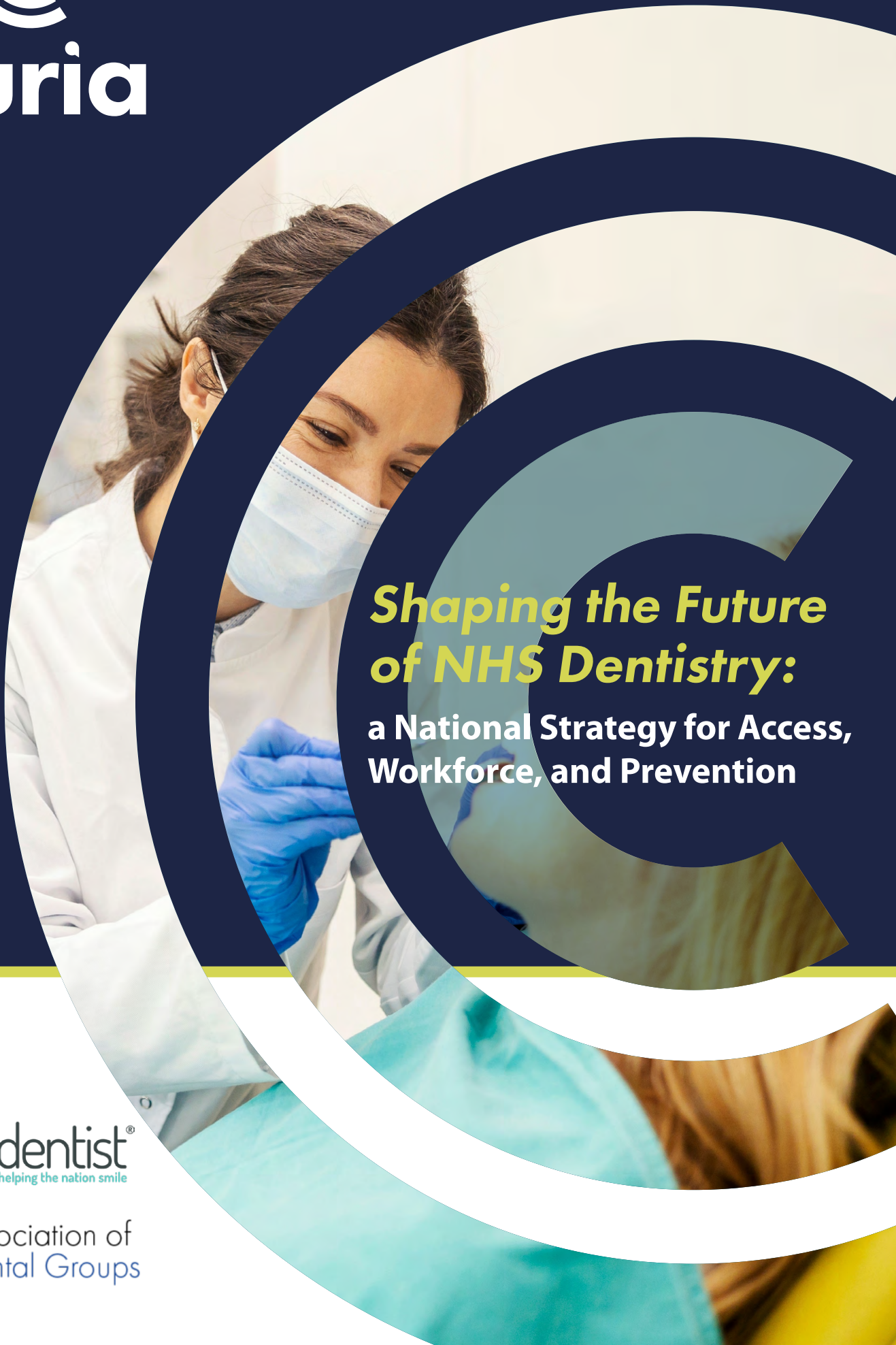

Shaping the Future of NHS Dentistry:

a National Strategy for Access, Workforce, and Prevention

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Grasping the Nettle: it's Time to Back the Government's Commitment to NHS Dentistry

When I first described the UK's dental crisis as a "political emergency", it wasn't for dramatic effect. As an ENT surgeon, I've seen children hospitalised with abscesses from untreated tooth decay – conditions that were once rare, now alarmingly routine. During my election campaign to become the Member of Parliament for Bury St Edmunds, I met countless people unable to access basic dental care, despite being entitled to it on the NHS.

But for the first time in years, I believe we are beginning to turn a corner.

This Government has acknowledged the problem – and crucially, it is starting to act. The Dental Recovery Plan, the 700,000 new urgent appointments, and new commissioning flexibilities for integrated care boards (ICBs) all represent a serious attempt to grapple with decades of drift. Ministers have rightly recognised that the crisis in NHS dentistry is not just clinical, but systemic.

However, the scale of the challenge demands we go further.

At a recent parliamentary roundtable I hosted, in partnership with Curia and the Association of Dental Groups, we brought together clinicians, commissioners, providers, and regulators to understand what's working – and where the blockages remain. What we heard was clear: there are already solutions on the table. Pilots in places like Sussex and South Cumbria are showing how flexible commissioning can unlock access and stabilisation services. What we now need is national consistency, political drive, and meaningful support to scale these innovations.

One recurring message was the need to revisit the core structure of the NHS dental contract. The current Unit of Dental Activity (UDA) system, with its variable rates and rigid delivery caps, continues to disincentivise NHS work – particularly for younger dentists. Department of Health and Social Care analysis shows that there is a direct correlation between UDA values over £30 and increased NHS delivery: a minimum UDA value of £35 could prompt a real shift of workforce from private to NHS care. The Government's willingness to look at these numbers – and to pilot new contract models – is a step in the right direction.

But reforming the contract alone won't solve the workforce shortage. We must expand the number of dental school places, support training institutions like Portsmouth Dental Academy and remove the red tape preventing qualified overseas dentists from practising in the UK. The recent expansion of places on the Overseas Registration Exam is welcome, but progress must now accelerate; 6,000 highly qualified international dentists are still waiting to get access to the exam, many of whom are already in the UK.

I was also encouraged to hear support from ministers for a greater emphasis on prevention. Simple, evidence-based interventions – like supervised toothbrushing in schools, stabilisation pathways, and skill-mix models involving dental nurses and therapists – can make a major difference. If we're serious about building a sustainable, efficient NHS, we must invest in keeping people well, not just treating them once problems escalate.

Finally, we must be honest with the public. What we need is a clear, fair offer that prioritises the most vulnerable and reflects the workforce and budget we have. As MPs, we must lead that conversation and ensure the public understands both the challenges and the progress being made.

The message from the roundtable was clear: the Government has begun to grasp the nettle. Now, it must pull through – backing up ambition with funding, clarity, and a willingness to reform. NHS dentistry can be saved. But it will take courage, co-operation, and commitment from all sides.

I believe that moment is upon us. Let's seize it.

Dr Peter Prinsley MP
Member of Parliament for Bury St Edmunds

Foreword

The crisis in NHS dentistry is now impossible to ignore. Across the country, patients are struggling to access routine care, while dental professionals face a system that often feels unworkable and unrewarding. It is a system under severe strain – characterised by underfunding, workforce shortages, and outdated commissioning models that fail to meet modern clinical and population needs.

This roundtable was convened in Parliament to take a frank and forward-facing look at the state of NHS dentistry, and to move beyond rhetoric toward practical solutions. Brought together by Curia, in partnership with the Association of Dental Groups and mydentist, the UK's leading provider of NHS dentistry, and hosted by Peter Princely MP, the event featured contributions from parliamentarians, commissioners, regulators, clinicians, and provider organisations. What united all participants was a shared urgency: the need for immediate, co-ordinated national action to safeguard access to dental care for the millions who depend on the NHS.

Our discussion focused on five interconnected areas: contract reform, commissioning capability, workforce development, prevention, and restoring public confidence. In each, there is already innovation underway – pilots, local solutions, and policy thinking that offer a foundation for system-wide reform. Yet, too often, these remain isolated successes. We need to turn pockets of promise into national practice.

This report captures the consensus, concerns, and recommendations voiced during the roundtable. It represents a call to action to the Government, NHS England, and local systems to treat NHS dentistry not as an afterthought, but as a core part of our health service deserving of clear strategy, investment, and leadership.

We would like to thank all those who participated for their honesty, expertise, and commitment to improving care. We hope this document will serve as a platform for continued engagement and progress. The time to act is now – before further damage is done to the contract, the workforce, and public trust.

Neil Carmichael
Chair
Association of Dental Groups