**13 February 2024**

**NHS Dental Recovery Plan Overview – Somerset stakeholder briefing**

**Introduction**

The purpose of this briefing paper is to provide stakeholders across Somerset with an overview of the NHS Dental Recovery Plan and its implementation within Somerset and the South West NHSE Region. Your interest in the health and wellbeing of the people of Somerset means that your engagement and support are crucial to the delivery of the plan.

**Background**

Access to NHS dental services has been highlighted for several years as being an issue. Challenges around dental workforce, the contractual model and financial remuneration have each been identified as key barriers to access to services, all of which were further exacerbated by the COVID-19 pandemic.

As part of the UK’s initial response to the COVID-19 pandemic, on 25 March 2020 access to routine NHS dental services were paused to safeguard the health of patients and the dental workforce. Dental practices were advised to only undertake telephone or online consultations with patients, providing advice, pain relief and/or antibiotics where appropriate. In June 2020, practices were able to recommence the provision of routine NHS dental services to patients with the addition of strict infection prevention and control measures.

The volume of units of dental activity (UDAs) reduced significantly, with a national reduction of 98% in May 2020 compared to May 2019. Despite a steady increase in the volume of UDAs delivered since, the demand for NHS dental services continues to outweigh the capacity for appointments.

**The NHS Dental Recovery Plan**

The NHS Dental Recovery Plan is made up of three strategic initiatives to improve access to NHS dental services in England.

1. **Prevention**  
     
   The plan outlines a new ‘Smile for Life’ programme to promote good oral health across the course of our lives, with a focus on younger children and early years settings. This will include:
   1. initiatives to improve oral health during pregnancy,
   2. guidance on protecting baby gums and milk teeth from decay,
   3. supporting nurseries and other early years settings to incorporate oral hygiene into daily routine, and
   4. the deployment of mobile dental teams into schools in under-served areas to provide advice and preventative fluoride varnish treatments to more than 165,000 children.
2. **Increasing Activity and Improving Access**  
     
   The Plan outlines further ways to make access faster and fairer for patients, with a greater focus on those patients who have been unable to access NHS dental services in the preceding 2 years, and those living within rural and coastal communities:
   1. increase access for new patients by introducing a new patient payment of either £50 or £15 for each patient, depending on the treatment needed, in addition to the funding the practice would already receive for their care (available until March 2025).
   2. launch a new public health campaign to raise awareness of how to find and access a dentist when in need.
   3. launch a new dental van service for the most rural communities, with the first vans up and running later this year.
   4. raise the minimum UDA value to £28.
   5. apply a firmer ringfence on NHS dentistry budgets for 2024 to 2025 so ICBs can seek to improve dental access with this budget.
   6. ensure that the funding provided to ICBs for NHS dentistry better reflects changing population demographics, such as ageing in coastal communities.
3. **Support and Develop the Whole Dental Workforce**
   1. bring forward legislation to enable dental care professionals to work to their full scope of practice, enabling them to fully utilise all their knowledge, skills and experience.
   2. attract dentists into areas in need with ‘golden hello’ payments, starting with a first cohort of up to 240 dentists later this year.
   3. build a pipeline of new dentists for the future by expanding dental undergraduate training places by 40% to more than 1,100 per year by 2031 to 2032, with an initial 24% increase to 1,000 places by 2028 to 2029.
   4. consult on ‘tie-ins’ to NHS for dentist graduates, requiring they spend at least some of their time delivering NHS care in the years following the completion of their undergraduate training.
   5. increase the number of dental therapists and other dental care professionals, through a 40% increase to more than 500 training places per year by 2031 to 2032.
   6. make it easier for NHS practices to recruit overseas dentists who meet the UK’s highest regulatory standards.

More detailed explanations of the above can be found here [policy paper](https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry).

**Implementation in Somerset**

The implementation of the NHS Dental Recovery Plan will require system-wide, cross-organisational collaboration between local providers, NHS organisations, public health teams and a range of professional and community stakeholders.

Those currently supporting workstreams across Somerset will recognise some of the programmes of work listed above as existing services that are currently commissioned and being delivered across Somerset, including:

* A fluoride varnishing scheme aimed at early years settings.
* Two supervised toothbrushing services aimed at early years settings in Core20 areas.
* A ‘Healthy Child Programme’ and a ‘First Dental Steps’ programme, provided through public health nursing health visitors.

This is testament to the hard work and dedication that has already gone into improving the oral health of the people of Somerset, and the forward-thinking, innovative people that we have in our county. We await further detail to understand how the NHS Dental Recovery Plan will affect these services.

**Conclusion**

Whilst we await further information regarding the delivery of the NHS Dental Recovery Plan, we look to review our objectives and ambitions for the future of NHS Dental Services in Somerset in light of the priorities detailed above.

We will be back in touch soon as we begin to formally engage the system and co-design our system delivery plan.