

<b>COMMITTEE:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD to SOMERSET COUNCIL SCRUTINY COMMITTEE – ADULTS AND HEALTH</b>
<b>DATE OF MEETING:</b>	<b>27 November 2025</b>
<b>REPORT TITLE:</b>	<b>Somerset Dental Recovery Workplan - Update</b>
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## 1. Executive Summary

- 1.1 NHS primary care dentistry in England faces a significant crisis, with accessibility, funding, and workforce stability emerging as critical challenges. In Somerset, many patients continue to struggle to find an NHS dentist, leading to long waiting times and increased reliance on private care. Vulnerable populations, including low-income families, children, and the elderly, are disproportionately affected by the lack of services.
- 1.2 The NHS dental contract, introduced in 2006, has been widely criticised for its limitations, discouraging treatment of high-need patients and prompting many dentists to shift to private practice. Workforce shortages, exacerbated by Brexit and the COVID-19 pandemic, further limit NHS capacity, making recruitment and retention of professionals increasingly difficult. Poor access to NHS dentistry contributes to rising health inequalities, as preventable conditions such as tooth decay and gum disease remain untreated, placing additional strain on other NHS services.
- 1.3 To address these challenges, NHS Somerset has implemented initiatives to improve access, support workforce development, and expand preventative care. Additional NHS dental services have been commissioned, recruitment incentives introduced, and supervised toothbrushing programmes launched in schools. Despite these efforts, the dental profession continues to campaign for fundamental national reforms to achieve long-term sustainability.

## 2. Introduction

- 2.1 NHS primary care dentistry in England is facing a significant crisis, marked by challenges in accessibility, funding, and workforce stability. In Somerset, many patients struggle to find NHS dentists accepting new patients, resulting in long waiting times or a reliance on private care. Recent surveys show that in the South West, as many as 97% of patients without a relationship with a NHS Dental Practice are unable to access NHS dental services, leaving vulnerable groups without access to essential oral health services. [[Experiences of NHS healthcare services in England - Office for National Statistics](#)] This shortage is particularly acute in rural areas and underserved urban communities, where the lack of availability is most severe.
- 2.2 Funding remains a key issue for NHS dentistry. The current contract model, introduced in 2006, remunerates dentists based on Units of Dental Activity (UDAs) rather than the complexity of cases or the specific needs of patients. This system has been widely criticised for discouraging the treatment of high-need patients, as complex cases often result in financial losses for practices. Despite ongoing discussions about reform, significant changes have yet to materialise, leading many dentists to reduce their NHS commitments or move entirely to private practice, further limiting NHS capacity.

- 2.3 Workforce challenges add to these difficulties. Many NHS dentists report dissatisfaction with workloads, administrative burdens, and remuneration, prompting early retirements or career changes. Recruitment and retention of dental professionals have become increasingly challenging, with fewer newly qualified dentists choosing NHS roles. International recruitment has also been affected by Brexit and the COVID-19 pandemic, which disrupted training pathways and made the UK less attractive for overseas professionals. A shortage of dental nurses and other support staff has further exacerbated the strain on services.
- 2.4 The impact on public health is significant. Poorer access to NHS dentistry leads to a rise in preventable oral health issues, such as untreated tooth decay, gum disease, and oral infections. Vulnerable groups, including children, the elderly, and low-income families, are disproportionately affected, as they are less able to afford private care. While the government has acknowledged the need for reform, including addressing contract issues and increasing funding, meaningful changes remain a work in progress. Until then, the gap between patient needs and the availability of services is likely to persist.

### **3. Current State of NHS Dental Services in Somerset**

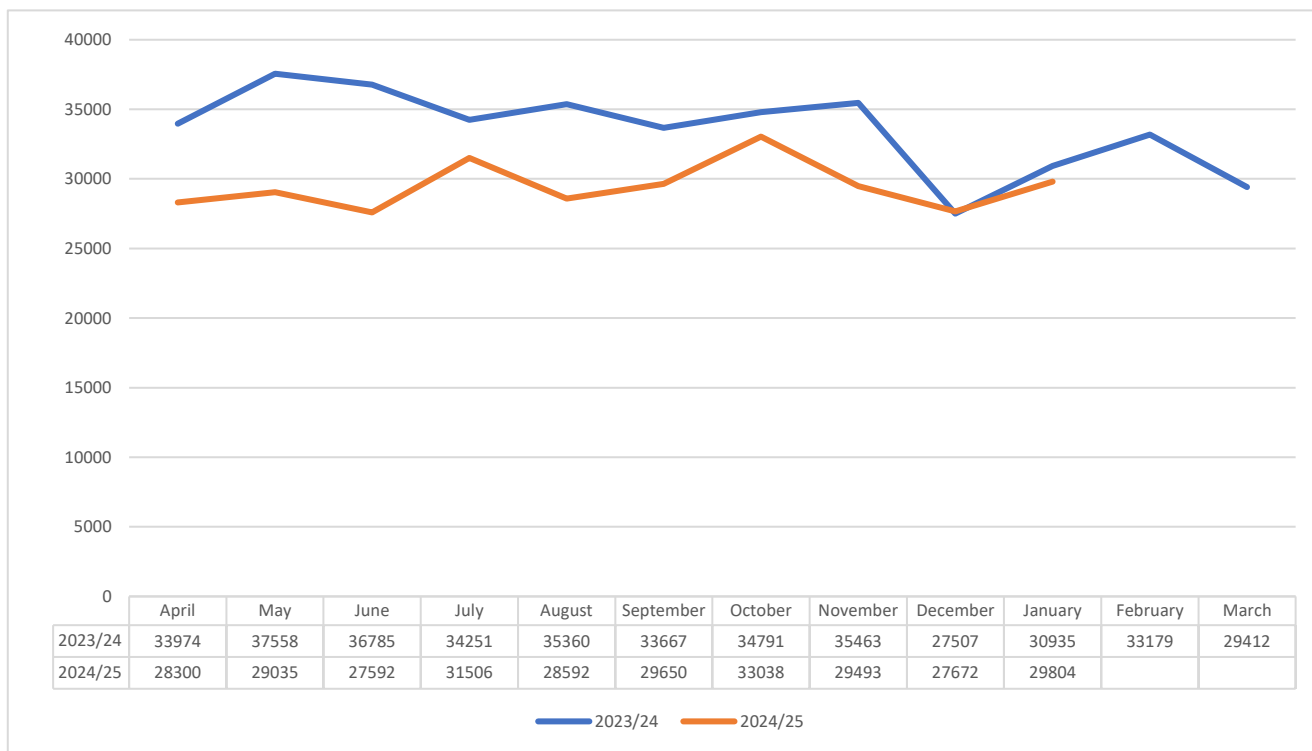
- 3.1 A Unit of Dental Activity (UDA) is a measure used in the NHS dental contract in England to quantify and remunerate dental treatments provided by NHS dentists. The system, introduced in 2006, is part of the framework that determines how dentists are paid for their services and how dental practices are commissioned to provide NHS care.
- 3.2 A UDA is a standardised unit that represents the value of dental activity based on the complexity and scope of the treatment provided. Treatments are grouped into four bands, and each band is assigned a specific number of UDAs. The following table provides an overview of these bands, and which treatments are remunerated under each band.

Band	Number of UDAs	Includes
<b>Band 1</b>	1	Examination, diagnosis and advice
<b>Band 2a</b>	3	Everything in band 1, plus additional treatment such as fillings, root canals and extractions
<b>Band 2b</b>	5	Everything in band 1 and 2a, plus additional treatment such as fillings, root canals and extractions where there are three or more fillings/extractions in one course of treatment and/or non-molar root canal treatment to permanent teeth
<b>Band 2c</b>	7	Everything in band 1 and 2b, plus additional treatment such as fillings, root canals and extractions, plus molar endodontic care to permanent teeth.
<b>Band 3</b>	12	Everything in band 2 plus more complex treatment such as crowns, dentures and bridges
<b>Urgent</b>	1.2	Examination, assessment, advice and urgent treatment

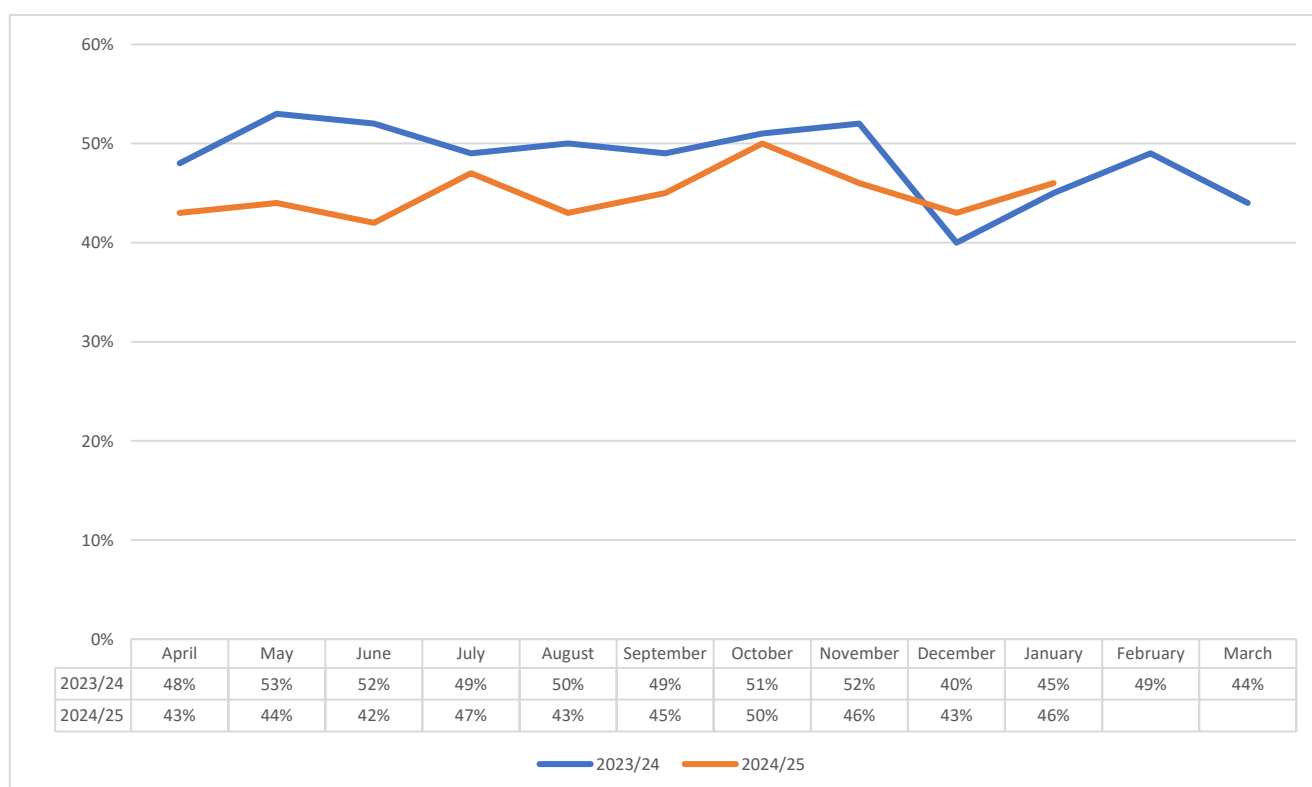
3.3 The current total number of UDAs commissioned by NHS Somerset for delivery in 2024/25 is 797,567. This is a reduction of 13,195 UDAs compared to 2023/24, for which the total number of UDAs commissioned by NHS Somerset was 810,762.

3.4 The apportioned monthly UDA performance target in Somerset in 2024/25 is 66463.9 UDAs, equivalent to one twelfth of the total number of UDAs commissioned. This is a reduction of 1099.6 UDAs per month compared to 2023/24, where the apportioned monthly UDA performance target was 67563.5.

3.5 The graph below shows the number of UDAs delivered in NHS Somerset by month for 2023/24 and year to date for 2024/25. There were 40,235 fewer UDAs delivered in 2024/25 compared to the same period (April to October) in 2023/24.



3.6 The graph below shows the percentage of UDAs delivered in NHS Somerset by month for 2023/24 and year to date for 2024/25, compared to the apportioned monthly UDA performance target.



## 4. Key Issues and Challenges

- 4.1 NHS Somerset Integrated Care Board (ICB) faces significant challenges in ensuring adequate access to NHS dental services across the county. One of the most pressing issues is the lack of availability of NHS dental appointments. Many residents are struggling to secure routine check-ups or treatment, with data indicating that only 32% of adults in the South West have been able to see an NHS dentist in the past two years. For children, access has also declined, with only 48% receiving an appointment in the last twelve months. ([How does access to NHS dentistry compare across areas in England?.](#))
- 4.2 The lack of access to NHS dental services in Somerset has a profound impact on health inclusion groups and serves to widen existing health inequalities. Vulnerable populations, including low-income families, individuals with disabilities, elderly residents, and those living in rural or deprived areas, are disproportionately affected by the shortage of NHS dental appointments. These groups often rely on NHS services due to financial constraints, and the increasing difficulty in securing an appointment means they face significant barriers to maintaining good oral health.
- 4.3 For low-income families, the inability to access NHS dentistry exacerbates existing health disparities. Private dental care is often unaffordable for those on lower wages or reliant on benefits, meaning that many individuals are left without any viable options for treatment. This results in a higher prevalence of untreated dental conditions such as tooth decay, gum disease, and infections, which can lead to severe pain, difficulty eating, and an overall decline in quality of life. The cost of emergency dental care or private treatment can place additional financial strain on households that are already struggling, forcing people to make difficult choices between seeking essential healthcare and meeting other basic needs such as food and housing.
- 4.4 Children from disadvantaged backgrounds are particularly vulnerable to the effects of poor access to NHS dentistry. Dental decay remains the most common reason for hospital admissions among children in the UK, and without access to regular check-ups and preventive care, the risk of untreated cavities and oral infections increases. This can lead to pain, school absences, and difficulties with eating and speaking, impacting a child's overall development and well-being. The lack of early intervention also places additional pressure on hospital services, as children who are unable to access routine care often require more complex and costly treatment under general anaesthesia.
- 4.5 The geographical distribution of NHS dental services in Somerset further exacerbates these disparities, particularly for those living in rural communities. Many residents are forced to travel long distances to find an NHS dentist willing to accept new patients, which can be a significant barrier for those without access to a car or reliable public transport. Rural populations, particularly older adults and low-income individuals, often face the toughest challenges in securing NHS dental appointments, leading to higher rates of untreated dental issues and emergency

hospital visits.

- 4.6 Ultimately, the ongoing crisis in NHS dental provision is deepening health inequalities in Somerset, disproportionately affecting those who are already at a disadvantage. Without urgent intervention, these disparities will continue to grow, leaving the most vulnerable populations at increased risk of poor oral health and its wider health consequences. Addressing these issues requires targeted strategies to improve access for health inclusion groups, ensuring that NHS dental services are distributed equitably and that those who need care the most are not left behind.
- 4.7 Recruitment and retention of NHS dentists in Somerset remain an ongoing challenge, further exacerbating the problem. The county's largely rural nature makes it less attractive to newly qualified dentists who may prefer urban settings that offer greater professional development opportunities, better transport links, and a larger patient base. Many dentists are also choosing to leave NHS practice in favour of private work due to frustrations with the current NHS dental contract, which they argue does not adequately compensate them for the level of care provided. This has created a workforce gap that limits service provision, resulting in long waiting lists and a reduction in the number of available NHS treatment slots.
- 4.8 Financial constraints are another major barrier to improving NHS dental services in Somerset. There is currently insufficient funding to provide NHS dental care for the entire population, with the chair of the NHS South West local dental network confirming that available resources can only support around half of the county's residents. This means that even with optimal efficiency, a large proportion of people will continue to be unable to access NHS dentistry unless additional funding is secured. The lack of investment in NHS dental services has left many practices struggling to meet demand, leading to closures or the discontinuation of NHS contracts.
- 4.9 Addressing these challenges requires a strategic, multi-faceted approach. Increased investment in NHS dental services is essential to expanding capacity and ensuring that all residents have access to essential care. Workforce planning must be improved to attract and retain NHS dentists, particularly in rural areas, by offering incentives and making NHS contracts more viable for practitioners. Collaboration between NHS England, local authorities, and dental providers will be key in identifying sustainable solutions that improve service provision and reduce the disparities in access currently faced by Somerset's population. Without urgent action, the ongoing crisis in NHS dental services will continue to negatively impact the health and well-being of communities across the county.

## **5. Stakeholder Perspectives**

- 5.1 In March 2024, Healthwatch Somerset published a detailed report into the provision of dental services across Somerset, focussing on access, affordability, and the impact on oral health. Having received and analysed responses from 1,178

members of the public, the key messages were:

- **Cost of dentistry:** Families, older people and vulnerable groups, such as people who are experiencing homelessness, are worried about the costs of dentistry and this has been made worse by the cost of living crisis.
- **Challenges seeking NHS dental care:** 843 respondents (71%) reported difficulties trying to see an NHS dentist in the past year.
- **Shortage of NHS dentists:** 436 respondents (37%) expressed a pressing need for more NHS dentists in Somerset. Residents reported difficulty in finding NHS dentists accepting new patients, with waiting lists extending up to eight years.
- **Lack of access to emergency dental care:** There is a lack of access to emergency dental services, which means people are more likely to self-medicate or visit A&E for treatment.
- **Pregnant women struggling to access NHS dentistry:** 12 respondents reported difficulty getting NHS dental care while pregnant. While the number may seem small, it is concerning as government guidelines say that pregnant women should get free dental care because pregnancy can affect their dental health.
- **Oral hygiene:** Respondents answers revealed a range of oral hygiene practices. However, the data also suggests a need for increased knowledge and awareness regarding maintaining optimal oral health. It is crucial to address this gap in understanding, as poor oral care has implications for overall health.

5.2 The new Labour government has set out a 10-year plan to reform the NHS in England, aiming to tackle its current challenges and secure future sustainability. The strategy focuses on three fundamental shifts in healthcare delivery, placing greater emphasis on community-based care, digital transformation, and preventative healthcare. The key objectives of the plan are:

- 5.2.1 To move healthcare services closer to patients' homes by strengthening primary and community care and develop a new neighbourhood health service, ensuring that more care is delivered outside hospitals.
- 5.2.2 Promote digital innovation to streamline services, improve efficiency, and ensure that patients receive faster, more effective care.
- 5.2.3 Prioritise preventative healthcare, aiming to reduce the incidence of chronic illnesses before they develop into more serious conditions.

5.3 Despite this initial plan, no detailed information has been provided with regards to how the delivery of NHS dental services are going to change under the proposed new model.



5.4 The British Dental Association (BDA) has published a “Comprehensive Plan” to set out their roadmap to a viable and sustainable NHS Dental sector.

- 1. Dental contract reform:** The not fit-for-purpose Units of Dental Activity (UDA) system needs replacement, incentivising holistic patient care and prioritising preventive services.
- 2. Funding:** A long-term funding settlement, ringfenced for dentistry, that keeps pace with rising demand. In addition to this, above-inflation pay uplifts to reverse the 40% real-terms income decline since 2010.
- 3. Recovery and support:** Immediate support to retain NHS dentists, including increasing the minimum UDA value to £35 and continuing to uplift it until contract reform is delivered. Extending and enhancing the New Patient Premium to further incentivise NHS commitment.
- 4. Workforce retention:** The exodus of dentists from the NHS must be addressed with targeted measures to retain dentists. Schemes that reward higher NHS commitment, support early-career dentists, and encourage late-career professionals to delay retirement are crucial.
- 5. Sustainable workforce expansion:** Government must ensure that expansion of the dental workforce, as set out in the Long Term Workforce Plan, is done in a way that is achievable, especially in terms of funding. This includes the expansion of academic staff, allocating appropriate funding for Dental Foundation Training, and post-graduate training and development that address workforce shortages, like in the Community Dental Service (CDS). In addition, we must address the issues in the dental technician workforce, and expand the number of dental nurses. There remain questions as to whether the modelling underpinning the planned expansion in dental student places is robust and accurate.
- 6. Care for the most vulnerable:** Urgent action to end the year-long waits for dental treatment in hospitals for children and adults with special needs, plus adequate resourcing for the CDS to address these backlogs. Additionally, dedicated and properly funded provision to improve access for vulnerable groups, such as care home residents and people experiencing homelessness.
- 7. A long-term vision for NHS dentistry:** A clear plan from the Government with defined goals and secured fair funding that ensures the profession feels valued with a sense of collective purpose. This vision should take account of the mixed private-NHS economy and prioritise prevention, equitable access, and sustainable service delivery.
- 8. Consistent framework for clinical leadership:** Government must strengthen Dental Public Health (DPH) capacity and ensure that Integrated Care Boards have strategic input on commissioning from qualified dental and clinical leaders. National leadership must provide overarching guidance to align local actions with the broader goals of NHS dentistry. We must address a shrinking DPH workforce, an insufficient number of trainees to replenish the outflow from the specialty, and limitations in training capacity due to existing workforce numbers. If we are to ensure that the Government receives the expert, impartial advice needed to improve oral health and reduce health inequalities, it is vital that we lobby for the

expansion, development, and safeguarding of this specialist workforce.

**9. A national children's prevention programme:** Most dental disease is preventable, so comprehensive action is needed on prevention. A national children's prevention programme is essential for reducing oral health inequalities and preventing dental disease. Key components should include supervised toothbrushing in schools and early years settings, as well as targeted fluoride varnish applications. Such measures lay the foundation for lifelong oral health and reduce the risk of more severe conditions developing

**10. Tackle the high-sugar food environment:** Take on the high-sugar food environment with an expanded Soft Drinks Industry Levy to incentivise reformulation, warning labels on products with high sugar content, stricter marketing rules, and mandatory guidelines for sugar content in baby food. This can significantly reduce dental disease, but also obesity and diabetes.

**11. Digital transformation and integration:** NHS primary care dental services should have universal access to patient summary care records and e-prescribing capabilities, functions which are vital for improving efficiency and paramount to ensuring patient safety. Dentistry needs investments in next-generation dental technology, such as digital scanning and 3D printing, will enhance efficiency and cost-effectiveness.

**12. Reform of the General Dental Council:** The GDC must uphold its duty to protect the public fairly and proportionately. Reforms are needed to ensure the regulator operates effectively, efficiently and commands the confidence of both patients and registrants. Legislative change is also required to allow the GDC to modernise and develop a more upstream, less confrontational approach in pursuing its key objectives.

**13. Amalgam and restorative materials:** As amalgam is phased down, government needs to revise the national plan, with prevention at its core. Ongoing amalgam supplies must be available for dentists, and government must invest in researching clinically effective and cost-efficient alternative restorative materials.

**14. Antimicrobial resistance:** Appropriate dental prescribing to address antimicrobial resistance is critical, as highlighted in the UK's National Action Plan, and during the pandemic.

**15. An environmentally sustainable NHS dental service:** There needs to be planning for how NHS dentistry can become environmentally sustainable, as part of the wider NHS efforts to reach net zero. Fundamentally, preventing dental disease must be the focus of any such effort.

5.5 NHS Somerset is committed to working collaboratively with Local Dental Committees (LDCs), the Local Authority, and Healthwatch to improve access to NHS dental services, support the dental workforce, and expand preventative interventions and oral health education across the county. Through these partnerships, efforts are being made to enhance service provision, address workforce challenges, and promote better oral health outcomes for residents.

However, despite these local initiatives, NHS Somerset is limited in its ability to implement some of the large-scale changes necessary to resolve the systemic issues affecting NHS dentistry. Key decisions around national dental contract reform, funding allocations, and wider workforce planning remain the responsibility of central government. Without significant policy changes at a national level, local improvements can only go so far in addressing the ongoing challenges in dental service provision.

## **6. NHS Somerset Dental Recovery Workplan 2024/25**

6.1 In February 2024, the UK government announced a dental recovery plan ([Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK](#)) aimed at enhancing access to NHS Dental Services across England. The plan allocated £200 million within the existing dental budget to fund over 1.5 million additional courses of dental treatments. The key components of the plan implemented in 2024/25 included:

### **6.1.1 New Patient Premium**

Dental practices received additional payments of either £15 or £50 for treating new patients who hadn't seen an NHS dentist for more than two years. This premium was introduced from 1<sup>st</sup> March 2024 and is currently expected to run until 31<sup>st</sup> March 2025. In the 10-month period to 31<sup>st</sup> December 2024, the total activity under the New Patient Premium Scheme was 15530 patients (8120 adults, 7410 children).

### **6.1.2 Dental Recruitment Incentive Scheme (DRIS)**

Dental practices were encouraged to apply to access funding to offer a 3-year phased 'golden hello' payment of £20,000 per dentist to move to areas experiencing significant challenge with recruitment. Dentists moving into these areas are required to commit to staying and providing NHS work for at least 3 years. In October 2024 and following a regional application process, NHS Somerset agreed to incentivise the recruitment of 15 dentists by funding 'golden hello' payments – doubling the NHSE suggested allocation of 7 to 8 dentists. No dentists have been appointed in Somerset under the DRIS to date, but NHS Somerset is committed to working with partners in the Local Dental Committee (LDC) and dental practices to review and amend this offer, as necessary.

### **6.1.3 Minimum UDA uplift from £23 to £28**

The national minimum UDA uplift was implemented from 1<sup>st</sup> April 2024, increasing by £5 from £23 to £28. In Somerset, this provided an additional £350,000 of recurrent funding to dentists across the county.

NHS Somerset is aware that the position of the BDA and Somerset LDC is that

the increase in minimum UDA value to £28 is not sufficient to cover the significant inflation to the costs require to provide NHS dental services, and has committed to undertake a local spending review to determine the affordability of further rises to the value of UDAs in Somerset.

#### 6.1.4 **Mobile Dental Vans**

The national plan proposed the deployment of mobile dental units to deliver NHS dental services to isolated communities with limited access to conventional NHS dental practices. However, significant challenges have been identified, including the limited availability of suitable mobile dental units and a shortage of additional workforce required to staff these services effectively.

NHS Somerset is currently exploring additional models of peripatetic delivery of NHS dental services, such as (but not limited to), the provision of non-van solutions, including the use of local facilities for pop-up services. These services will still be aimed at isolated communities (e.g. rural and coastal areas) and health inclusion groups/those facing health inequalities to overcome the additional barriers to accessing dental healthcare.

- 6.2 Further to the national dental recovery strategy, NHS Somerset has set an ambitious local dental transformational workplan. This has been centred around three specific areas: improving access to NHS dental services; supporting the recruitment, retention and development of the whole dental workforce; and increasing the volume of preventative interventions to enable the residents of Somerset to take better care of their teeth and oral health.

#### 6.2.1 **Access**

Increasing access to NHS dental services is critical to managing the oral health needs of the people of Somerset, enabling them to live longer, healthier lives. In order to do this, NHS Somerset has been working tirelessly on a number of specific programmes, including:

- 6.2.1.1 Commencing a programme to procure additional NHS Dental Services in areas facing significant reductions in NHS dental services. The first phase of this programme is to look to introduce two additional dental practices in South Somerset, one based in Chard and the other in Crewkerne. NHS Somerset has committed to procure over 40,000 units of dental activity across these two sites at a cost of £1.435 million per annum. This is the first large scale procurement of its type in the South West wholly undertaken by an ICB since the delegation of NHS Dentistry from NHSE in April 2023. This procurement is currently live on Atamis and advertised on the GOV.uk 'Find a Tender' website.
- 6.2.1.2 Supporting the mobilisation of a new dental practice in Wellington, for which difficulties in finding a suitable premises have caused delays in opening and

providing a further 20,000 UDAs of NHS dental capacity for local residents. Whilst is not currently possible to confirm the timeframe for the opening of this new practice, NHS Somerset is committed to keeping local people and partners updated as the project progresses.

- 6.2.1.3 Working closely with HUC, the county's NHS 111 provider, to ensure the resilience of the Somerset Urgent Dental Helpline (accessible by calling 111). An additional £388,336 per annum, agreed for two years, has been agreed to ensure that the dedicated team of call handlers at NHS 111 have the capacity to handle the calls from patients seeking support with urgent dental care needs. This has also provided stability to the wider NHS 111 platform and formalised the service requirements and KPI reporting. Patients accessing this service are then referred into Smile Dental Triage, a team of dedicated dental healthcare professionals, who work to identify the best course of action for callers.
- 6.2.1.4 Recommissioning 5 urgent care providers to deliver up to a total of 50 urgent care appointments each week, directly bookable via the Somerset Urgent Dental Helpline pathway. In 2024/25 NHS Somerset was unsuccessful in seeking expressions of interest from dental practices to increase the volume of urgent care appointments available to ensure that the needs of the county are met. NHS Somerset is now currently working with the LDC and NHS Dental Practices to review the service specification, with the aim to increased urgent care appointment capacity in 2025/26.
- 6.2.1.5 Innovating in partnership with NHS Dorset ICB to develop a methodology to enable existing providers to increase the number of contracted UDAs, whilst maintaining full compliance with the new NHS Provider Selection Regime (replacement procurement processes for healthcare services) which came into effect from 1<sup>st</sup> January 2024. This programme is dependent upon an assessment of local need and ability for rapid mobilisation for existing contractors. Following review, this new methodology is expected to be deployable from 2025/26.
- 6.2.1.6 Enabling dental practices with capacity to deliver up to 110% of their contracted activity. Under the terms of the current dental contract, significant overperformance requires commissioner agreement, or else this goes unfunded.
- 6.2.1.7 Extending the Rough Sleeping Health Inclusion Stabilisation Pilot for a further year until 31<sup>st</sup> March 2025. Based in Yeovil, this service aims to work alongside a VCFSE partner to support people who are rough sleeping to access comprehensive NHS dental services to return them to dental fitness. An evaluation of this novel model of healthcare delivery is being concluded and is expected to inform the development of Health Inclusion Stabilisation services for a wider cohort of health inclusion groups.

(Note: Definition of Rough Sleeping found on Somerset Council website [Help for people who are rough sleeping](#))

- 6.2.1.8 Identifying opportunities for the development of all-age school-based dental interventions, initially targeting areas with a higher index of multiple deprivation (IMD) and concurrent NHS dental service access challenges.

## 6.2.2 Workforce

Underpinning the delivery of all ambitions to increase access to NHS dental service is supporting the recruitment, retention and development of the entire dental workforce. This includes understanding the reasons for dental professionals ceasing the delivery of NHS services, the barriers preventing dental professionals from returning to provide NHS services, and ensuring that the current NHS workforce are fully supported and are able to utilise their vast skillset to deliver high quality care to patients. In order to support the NHS dental workforce, NHS Somerset has:

- 6.2.2.1 Agreed additional funding to support practices who deliver foundation dental training to newly qualified dentists as they commence their post-graduate development.
- 6.2.2.2 Provided grants to NHS dental practices to support Dental Nurses to undertake apprenticeship training to become Oral Health Practitioners.
- 6.2.2.3 Provided funding to support the development of Peer Support Networks across the county, enabling dental practitioners to come together in order to support their personal and professional development.
- 6.2.2.4 Collaborated with South West ICBs to fund a network of support for dentists who trained overseas to settle and work in the South West.
- 6.2.2.5 Employed a Dental Strategy Clinical Lead, increasing the ICB's first-hand knowledge and awareness of the challenges facing the dental workforce and responding wherever possible. Examples include the ongoing development of a digital referral mechanism between primary care and secondary care dental teams to increase effectiveness and reduce the administrative burden on clinicians.

## 6.2.3 Prevention

NHS Somerset firmly believes that supporting patients to remain healthier for longer with targeted preventative interventions is key to reducing the urgent demand within the system. For dentistry in Somerset, this includes a series of targeted interventions throughout a person's life. NHS Somerset proudly works with colleagues within Somerset Council's and NHSE's Public Health Teams, as well as Community Dental Services, to ensure a cohesive, system-wide approach

to maintain oral health, including:

- 6.2.3.1 Collaboration across South West ICBs to procure NHS Supervised Toothbrushing Service – “[Big Brush Club](#)”. This intervention has now reached over 7000 early years, reception and Year 1 students across Somerset, providing education on how to supervise daily toothbrushing in an educational setting, alongside the provision of consumables (e.g. toothbrushes, toothpaste, racks) and oral health education webinars for families. Initially targeting CORE20 areas, this service has now expanded across IMD deciles 1 to 7, thanks to its successful rollout and popularity.
- 6.2.3.2 Funding for First Dental Steps, the universal provision of consumables (toothbrush/toothpaste/Sippy cup packs) designed to be delivered during Public Health Nursing health visitor contacts, along with oral health education and child safeguarding considerations.
- 6.2.3.3 The above is in addition to/supporting the Oral Health Improvement Service provided by the Somerset Council Public Health Team. Throughout 2025/26, preventative interventions for oral health will expand, with the Local Authority and ICB committed to working closely together to provide synergy across the county.

## **7. Requested Support from Scrutiny Committee**

- 7.1 NHS Somerset urges the committee to recognise the pressing need for reform within the NHS dental contract and support efforts to advocate for meaningful change. The current contract, introduced in 2006, is increasingly viewed as outdated and inefficient, leading to reduced accessibility and affordability for patients, as well as undue pressure on dental practitioners. A revised system would focus on delivering patient-centred care, ensuring equitable access for all demographics, and addressing the growing disparity in oral health outcomes. This includes prioritising patients with the greatest needs and strengthening support for the dental workforce to enhance service capacity and sustainability. By advocating for change, the committee can play a pivotal role in improving both patient satisfaction and the long-term viability of NHS dental services, creating a more resilient and effective system for the future.
- 7.2 NHS Somerset requests that the committee undertakes the structured collation of patient feedback on NHS dental services received from the constituents of elected members of Somerset Council and shares this information with the Integrated Care Board (ICB). A minimum dataset, to be mutually agreed, should be established to ensure consistency and comprehensiveness in the data collected. This will provide valuable insight into patient experiences, access challenges, and service gaps, helping to shape targeted improvements and inform future commissioning decisions.

## 8. Conclusion

- 8.1 The current state of NHS dental services in Somerset reflects a broader national crisis in NHS dentistry, characterised by accessibility challenges, funding shortfalls, and workforce instability. As this report has highlighted, these issues are particularly pronounced in rural and underserved communities, where the scarcity of NHS dentists has left many residents struggling to secure essential oral health care. The consequences of this crisis are severe, with patients facing prolonged waiting times, resorting to private care, or, in some cases, forgoing treatment altogether, exacerbating health inequalities and leading to preventable dental diseases.
- 8.2 The root causes of these challenges are well documented. The dental profession is dissatisfied with the existing contract model, prompting many dental practitioners to reduce their NHS commitments or transition entirely to private practice. Workforce shortages further compound the problem, with recruitment and retention difficulties driven by dissatisfaction with remuneration, workload pressures, and limited career progression opportunities within the NHS. While the national government has introduced initiatives such as the Dental Recruitment Incentive Scheme, their impact remains limited, particularly in Somerset, where recruitment efforts have yet to yield tangible results.
- 8.3 Despite the considerable challenges, NHS Somerset has made efforts to address the crisis through a series of targeted initiatives aimed at expanding service provision, supporting the dental workforce, and promoting preventative oral health care. Measures such as the procurement of new dental practices, financial incentives for NHS dental providers, and community-based outreach programmes reflect a commitment to tackling the issue at a local level.
- 8.4 NHS Somerset hopes to have demonstrated a proactive approach in attempting to mitigate the impact of the NHS dental crisis within the county and looks to continue to work alongside system partners, including elected members of Somerset Council to continue to address this issue.