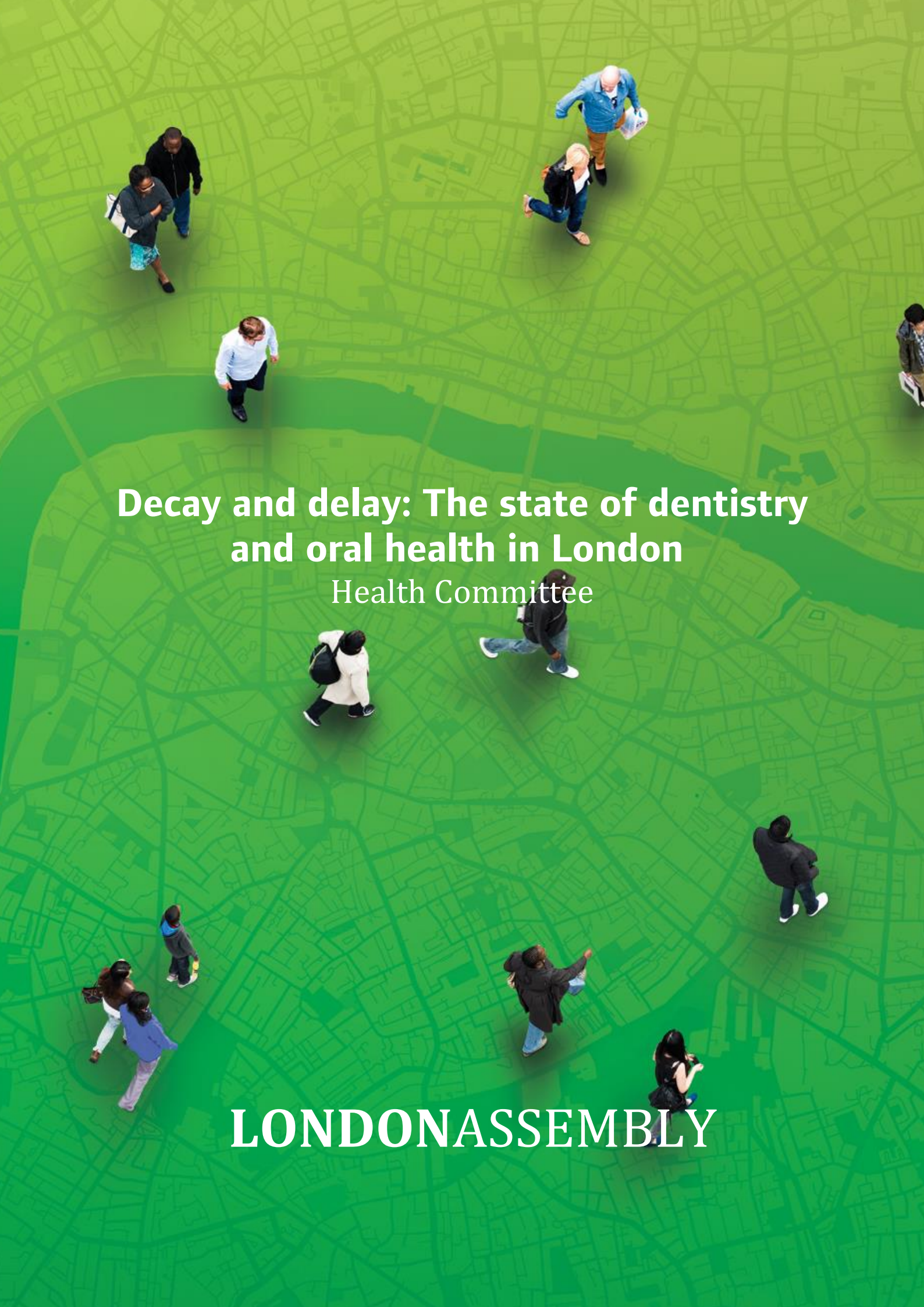

Decay and delay: The state of dentistry and oral health in London

Health Committee

LONDONASSEMBLY

Health Committee

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Foreword

Krupesh Hirani AM
Chair of the Health Committee

It's miserable having tooth ache and even worse if you can't get a dentist's appointment. Dentistry and oral health is an incredibly important issue for Londoners. It's been getting harder to see a dentist and there is so much concern that it became a key topic for debate at the general election.

Good oral health is essential for overall wellbeing. There are things we can do to look after our teeth, but we should be able to get an appointment when it is needed. Access to healthcare should be a right not a privilege, and that includes dentistry.

I was delighted to see that the new Government has recognised the importance of dentistry and oral health by specifically referring to it in its manifesto. Our investigation is timely, with the new Government formulating their thinking on the issue. We have looked at oral health on a population scale, hearing from public health experts about the difference that supervised toothbrushing makes in schools. The Committee also took evidence from dentists and health commissioners about the operation of the current dental contract. Their suggestions for reform have informed our recommendations.

The Committee has undertaken a comprehensive investigation into both the preventive and interventive aspects of oral health. We have examined the current state of dental education in schools, as well as the challenges faced by Londoners in accessing NHS dental services and receiving quality care. The Committee visited a supervised toothbrushing scheme at a primary school in Brent to see firsthand how it all works in practice. We found much that was successful, with an overall improvement in oral health, but the gaps in preventative work and emergency treatment are significant. Long-term measures such as fluoride in toothpaste have delivered significant benefits, but people must have access to emergency care when they need it.
I would like to express my sincere gratitude to all the individuals and organisations who contributed to this investigation. Your insights and expertise have been invaluable in shaping our findings and recommendations. I also extend my thanks to my fellow Committee members for their enthusiasm, dedication and commitment.

Executive Summary

The London Assembly Health Committee started its investigation into dentistry and oral health in London in June 2024. Following widespread reports of a lack of access to NHS dentistry services, we set out to examine:

- the barriers for both adults and children in accessing NHS dentistry in London
- the experiences of Londoners who have used or tried to access dentistry in London
- trends related to the oral health of Londoners and related health inequalities
- what preventative measures are being taken to support the oral health of adults and children
- what action needs to be taken by the NHS and health partners in London to ensure all Londoners can access an NHS dentist and support good oral health.

As part of our investigation, the Committee held two evidence-gathering meetings in City Hall on 17 July 2024 and 18 September 2024. We published a call for evidence to collect the views of key organisations and stakeholders, and a survey to gather the views and experiences of Londoners in accessing dentistry services in the capital. The Committee also carried out a site visit to Brentfield Primary School in the London Borough of Brent, to observe a supervised toothbrushing scheme in reception class.

We reached several **key findings** as part of our investigation, which are summarised below:

- NHS dentistry is not meeting the needs of London's population. NHS data shows that in the two years to March 2024, just 39 per cent of adults accessed an NHS dentist in London, while just 53 per cent of children accessed an NHS dentist in the previous year. Both of these rates are below the national average. Access to NHS dentistry was exacerbated by the pandemic, and while access rates for children in London are now above pre-pandemic levels, access rates for adults remain below pre-pandemic levels.

- There is considerable variation in the proportion of adults and children who have accessed NHS dentistry in different parts of London. This variation does not appear to be based on current levels of need. There are also inequalities of access across different ethnic groups.

- The current NHS dental contract is severely flawed and needs fundamental reform. As well as disincentivising dental professionals from taking on NHS work, the evidence received by the Committee suggests that the contract disincentivises them from targeting work towards those with the highest needs and is not designed to focus on prevention. Funding for NHS dentistry has not kept pace with inflation. There is currently not sufficient commissioned NHS activity to meet the needs of London's population.

- NHS dentistry struggles to compete with the private sector when it comes to attracting and retaining staff. This is driven in large part by the design of the current NHS dental contract, which does not provide sufficient incentives for dentists to deliver NHS work and is facilitating a drift towards the private sector.

- The responsibility for commissioning dentistry services has been delegated from NHS England to Integrated Care Boards (ICBs), with the aim of ensuring that services are targeted at the needs of local populations. The evidence received by the Committee suggests that the delegation to ICBs has so far had limited impact on the commissioning and delivery of dentistry services in London. The Committee recognises that the ICBs are operating within the constraints of the current dental contract, which limits their scope to fundamentally transform the provision of NHS dental services in London. However, the delegation of commissioning responsibilities should be seen as an opportunity for ICBs to employ more flexible approaches to commissioning, and ensure that any underspend in the dentistry budget is ring-fenced for dentistry and oral health services in London.

- While some key groups, including children, are entitled to free NHS dental services, many people on modest incomes have to pay. These charges can also act as a barrier to access. A lack of awareness about the availability of NHS dentistry, and in particular awareness about which groups qualify for free NHS dental services, was highlighted to the Committee as a barrier to access. It is vital that public health messaging emphasises the importance of visiting the dentist and makes clear that some groups, including children, do not have to pay.

- One quarter of 5-year-old children in London have experience of tooth decay. There is considerable variation in child oral health outcomes across London, with the most deprived areas seeing the highest rates of tooth decay. More than 5,000 children aged 0 to 9 in London were admitted to hospital for tooth extractions in 2022-23. Nationally, the tooth extraction rate for children and young people living in the most deprived communities was nearly three and a half times that of those living in the most affluent communities. Research has also identified major socioeconomic and ethnic inequalities in relation to severe tooth decay in children in London.

- London boroughs commission a range of oral health prevention programmes for children, such as supervised toothbrushing[1] and fluoride varnish application programmes in schools and early years settings. The Committee heard evidence from dentists and other health professionals that programmes such as supervised toothbrushing have a positive impact on the oral health of children. They also have long-term financial benefits in comparison with the cost of dental treatment. The Committee supports the

[1] City Hall Conservatives support the recommendations in this report but believe the term 'Dental Hygiene Programme' more accurately reflects the end goal of this work. This was suggested to the Chair during the drafting of this report and was subsequently rejected. We believe the term 'Supervised Toothbrushing' risks overstating the extent of what can realistically be delivered by school teachers on top of their existing workload. It also risks suggesting it could be a replacement for personal hygiene routines at home which could be offensive or misleading for parents and carers.

delivery and expansion of such programmes in schools, but acknowledges the additional demands they place upon teaching staff. Therefore, schools must be provided with the necessary level of funding and support to deliver these programmes.

- The Mayor's Healthy Schools London (HSL) and Healthy Early Years London (HEYL) programmes include a focus on oral health. These programmes are currently being refreshed, with a view to embedding Water Only Schools (another Mayoral initiative) into the HSL programme.

- There are significant oral health inequalities amongst adults in London and across the country, with the most vulnerable and socially disadvantaged adults most likely to experience poor oral health. Older adults are also more likely to experience poor oral health, and particularly vulnerable older adults, including those in care homes. It is vital that the oral health needs of vulnerable adults are not neglected, and that they are prioritised through oral health promotion services commissioned by London boroughs.

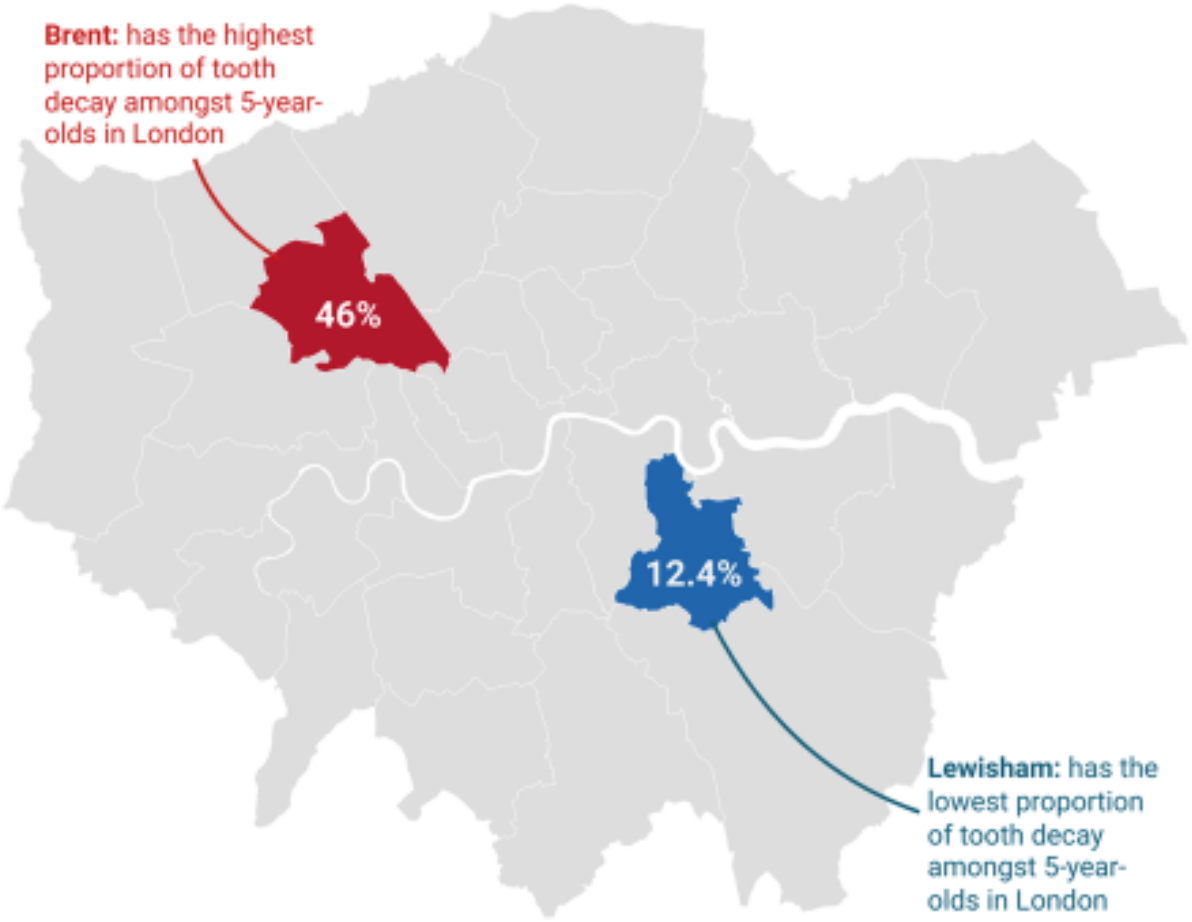
- Water is not routinely fluoridated in London. Since 2022, the Government has had new powers to introduce water fluoridation schemes across the country, and the Committee believes that the Government should explore the feasibility of fluoridating London's water.

5,000+ The number of children in London who were admitted to hospital for tooth extractions in 2022-23

The percentage of children in London who didn't access an NHS dentist between March 2023 and March 2024 was ... **47.1%**

25.8% of 5-year-olds in London experienced tooth decay in 2021-22 ...

which is higher than the English average of ... **23.7%**



Recommendations

Recommendation 1

London's Integrated Care Boards (ICBs) should carry out an assessment of oral health needs in their respective areas as soon as possible, to ensure that dental services are meeting the needs of local populations. These findings should be used to inform the commissioning of services within the current dental contract, but also to influence future contract reform. The Mayor should advocate for London's ICBs to do this.

Recommendation 2

The current NHS dental contract is severely flawed and in need of reform. The Mayor should lobby the Government to start the process of dental contract reform as a matter of urgency, setting out how the current contract is not serving Londoners, with the aim of reforming the contract by the end of 2025. Any new dental contract must be properly funded to ensure that there is sufficient commissioned activity to meet the needs of the population.

Recommendation 3

The Mayor should convene London's five ICBs to explore how they can use their new flexible commissioning powers to improve the provision of dentistry and oral health services in their respective areas. The Mayor's convening power could be particularly valuable with respect to exploring good practice in offering outreach services to communities and demographic groups with poor oral health outcomes. This approach to commissioning should be informed by local assessments of oral health needs.

Recommendation 4

The Mayor should work with NHS England (London) and London's Integrated Care Boards on a public messaging campaign in 2025 to highlight the importance of visiting the dentist and to publicise the fact that dentistry is free for certain groups, particularly children. This should be targeted at the areas of highest need in London, and at demographic groups who are less likely to access appointments.

Recommendation 5

The Mayor should ensure that the next iteration of his Health Inequalities Strategy Implementation Plan prioritises the issue of oral health and includes proposals to improve the oral health of Londoners.

Recommendation 6

The Mayor should write to the Government by 31 March 2025 in support of its manifesto commitment to introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, setting out the oral health needs and inequalities in London and the impact this measure would have. Any new government programme should build on previous initiatives such as the Smile for Life programme, must be introduced in consultation with staff in the early years sector, and should involve proper engagement with parents to improve practices at home as well.

Recommendation 7

The Government should provide funding for local authorities to expand the provision of supervised toothbrushing in primary schools in London, targeted at areas with the greatest need. Schools must be provided with the necessary level of support to deliver these programmes. The Mayor should lobby the Government to do this.

Recommendation 8

The Mayor should update the Committee within three months on plans to refresh the Healthy Schools London and Healthy Early Years London programmes, and in particular how oral health will feature in the updated programmes. He should also update the Committee on plans to embed Water Only Schools into the Healthy Schools London programme, and how data collection and monitoring of water only schools will be strengthened.

Recommendation 9

The Mayor should direct his Health Advisor to hold a meeting with London's ICBs and local authority public health teams by 31 March 2025, with the aim of encouraging them to prioritise oral health promotion programmes targeted at vulnerable adults.

Recommendation 10

The Government should carry out a review to understand why poor oral health is so prevalent across the country, and develop an action plan to address this.

Recommendation 11

The Mayor should carry out a review of the feasibility of fluoridating London's water in 2025. He should submit the findings of this review to the Government, with a recommendation as to whether the Government should introduce fluoride into London's water.

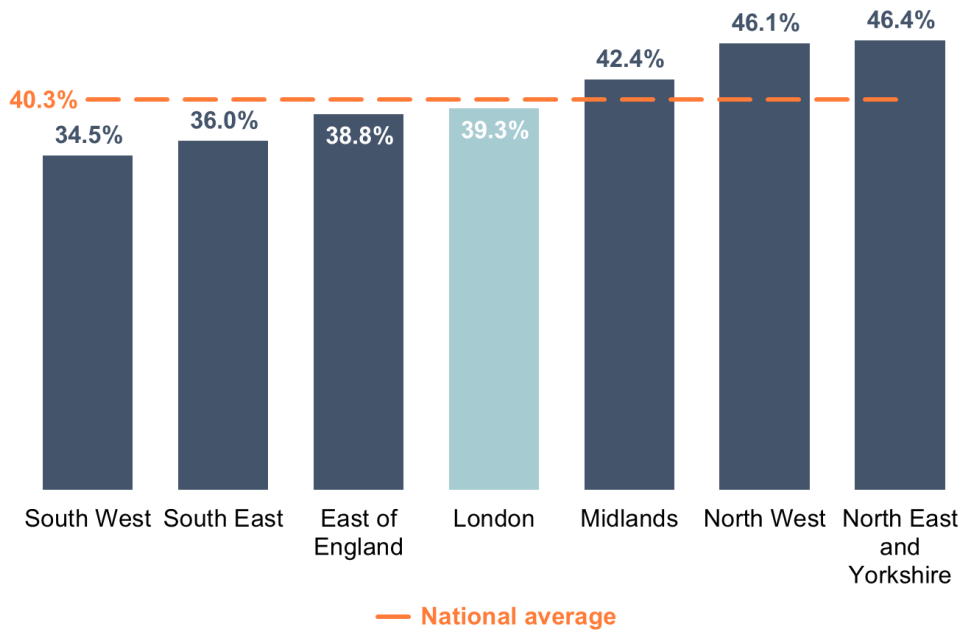
Access to dentistry in London

What does the data tell us?

The NHS publishes annual data on the number of adults who have seen an NHS dentist over the previous 24 months and the number of children who have seen an NHS dentist over the previous 12 months.[2] These are the maximum intervals between appointments recommended for adults and children respectively by National Institute for Health and Care Excellence (NICE) guidelines.[3]

In the two years up until March 2024, fewer than two-fifths (39.3 per cent) of adults in London had accessed an NHS dentist, which is close to the national average of 40.3 per cent.[4] This represents an increase on the previous year: 37.4 per cent of adults in London saw an NHS dentist in the two years up until June 2023 (which is the period covered by the previous dataset).[5] However, access rates for adults have not recovered to pre-pandemic levels: 44 per cent of adults in London had accessed an NHS dentist in the two years up until June 2019.[6]

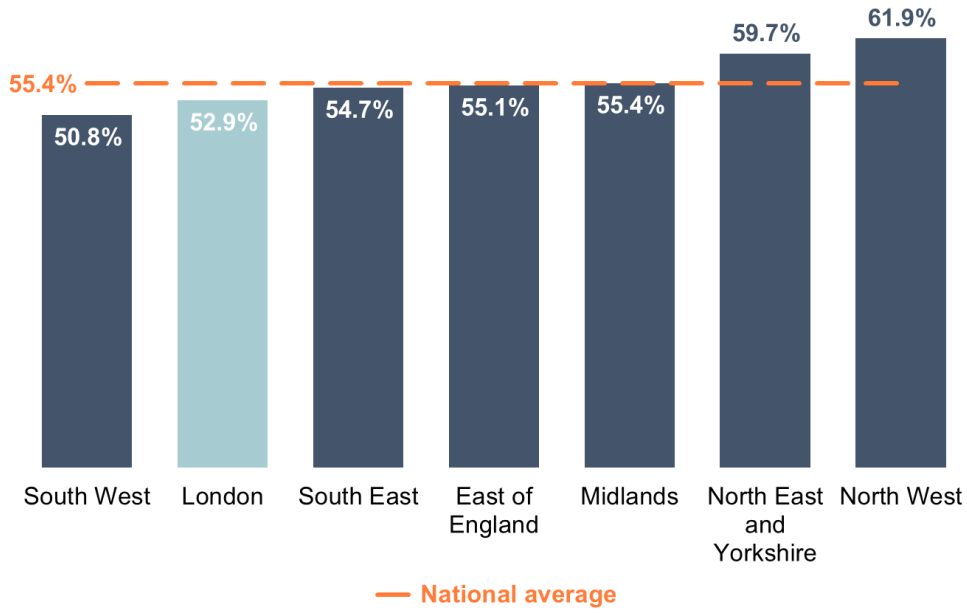
Figure 1: Percentage of adults who saw a dentist in the previous 24 months by region, data up until March 2024[7]



[2] NHSBSA, Dental statistics - England 2023/24
[3] NICE, Dental checks: intervals between oral health reviews - Recommendations
[4] NHSBSA, Dental statistics - England 2023/24
[5] NHS England Digital, NHS Dental Statistics for England, 2022-23, Annual Report, 24 August 2023
[6] NHS England Digital, NHS Dental Statistics for England 2018-19, Annual Report [PAS], 29 August 2019
[7] NHSBSA, Dental statistics - England 2023/24

Rates of access to NHS dentistry for children are now higher than they were immediately before the pandemic, although the rate in London is slightly below the average for England. In the 12 months up until March 2024, just over half (52.9 per cent) of children accessed an NHS dentist, compared to the national average of 55.4 per cent. This represents an increase on the previous year's figure (47 per cent)[8], and is also an increase on the year immediately before the pandemic (50.6 per cent).[9]

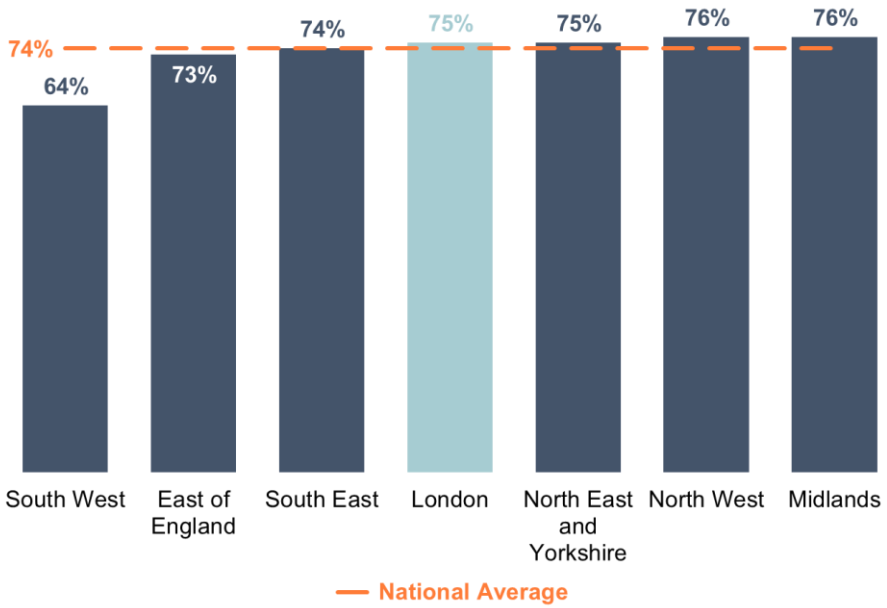
Figure 2: Percentage of children who saw a dentist in the previous 12 months by region (data up until March 2024)[10]



The NHS GP Patient Survey (most recently carried out in between January and March 2024) is another key source of data on access to and experiences of dental services in England.[11] This survey distinguishes between those who tried to get an appointment and those who did not, and found that 75 per cent of people in London who tried to get an appointment were successful, which is slightly above the national average of 74 per cent.[12]

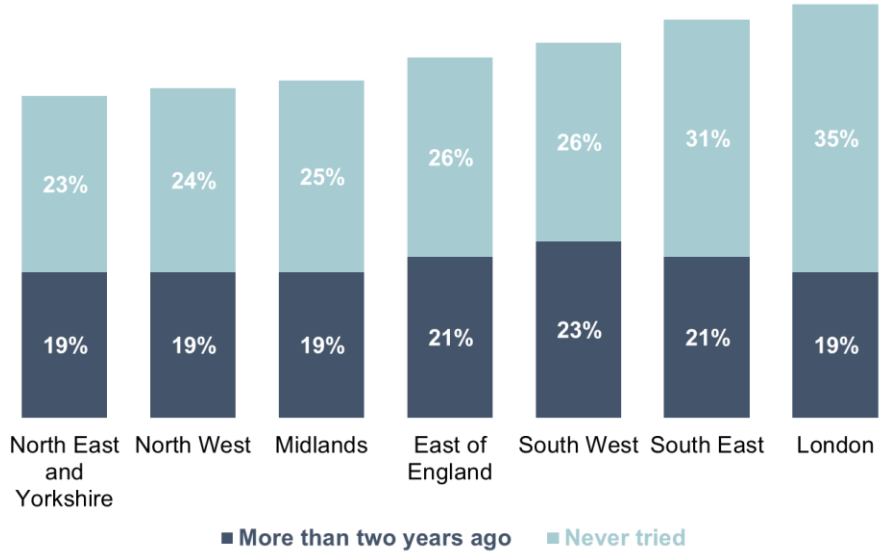
[8] NHS England Digital, NHS Dental Statistics for England, 2022-23, Annual Report, 24 August 2023
[9] NHS England Digital, NHS Dental Statistics for England 2018-19, Annual Report [PAS], 29 August 2019
[10] NHSBSA, Dental statistics - England 2023/24
[11] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[12] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024

Figure 3: Percentage of those who tried to get an NHS dental appointment in the last two years who succeeded[13]



However, a higher rate of Londoners did not even try to get an NHS dental appointment compared to other parts of the country. The survey found that 54 per cent of respondents in London had not tried to get an NHS dental appointment in the previous two years, which is the highest rate of any region in England.[14] Of those in London who hadn't tried to get an NHS dental appointment, 26 per cent said this was because they didn't think they could get an NHS dentist, while 24 per cent said they would prefer to go to a private dentist.[15]

Figure 4: Percentage of all respondents who have not tried to get an NHS dental appointment in the last two years or have never tried[16]



[13] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[14] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[15] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[16] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024

In its submission to the Committee, the British Dental Association (BDA) provided the following analysis of the GP Patient Survey results:

> "BDA analysis of the GP Survey 2024 suggests that unmet need for dentistry in London stands at 2 million, or more than 28 per cent of the adult population. This includes an estimated 630,000 adults who tried and failed to secure an appointment in the last 2 years, 1 million adults who require care but are no longer seeking it as they believed they couldn't secure an appointment, 270,000 adults who could not afford the cost of care, and 80,000 adults who are on waiting lists."[17]

At the Committee's meetings, it heard that the pandemic exacerbated existing challenges around access. Nikita Vora, Dental Surgeon and Director for Brent, North West London Local Dental Committee, noted that access "has got worse post-pandemic" but that "access in London was not great pre-pandemic anyway".[18] She also highlighted the fact that, as a result of the pandemic, "the needs of the population have got that much higher."[19]

Mike Derry, Chief Officer of Healthwatch Richmond, told the Committee that "the reality is that for the vast majority of our residents, there is no access to NHS dentistry", explaining that Richmond seems to be "the area with the least amount of [NHS] dentistry by quite a considerable margin across London."[20] He said that finding a dentist "might include calling 20, 25 and quite often in excess of that number of dentists to identify one who can see them." He also explained that, even for those dental surgeries that claimed to be accepting new NHS patients on their website, there could be a considerable wait for appointments. Written submissions from Healthwatch Lambeth and Healthwatch Islington reported similar concerns about residents struggling to access NHS dentistry.[21]

Representatives of NHS England and Integrated Care Boards (ICBs) emphasised that rates of access were moving in the right direction. Jeremy Wallman, Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy, NHS North East London, argued that "relative to other parts of the country, access to NHS dentistry in London is far better", stating that this "has been borne out by the contract delivery that has been achieved this year".[22] He explained to the Committee that London "saw near 95 per cent contract delivery last year" (the NHS dental contract will be considered in more detail below).[23] However, it is clear from the data set out above that high rates of contract delivery (meaning the proportion of contracted NHS dental activity that was actually delivered) do not equate to high levels of access for

[17] Written evidence submitted to the London Assembly Health Committee
[18] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[19] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[20] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2
[21] Written evidence submitted to the London Assembly Health Committee
[22] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[23] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2

London's population. Martin Machray, Executive Director of Performance, NHS England (London region), acknowledged that current access levels are still "not where we want to be".[24]

The GP Patient Survey also asked patients who had tried to get an NHS dental appointment within the previous two years about their experience of NHS dental services. 39 per cent of respondents in London said it was "very good" while 32 per cent said it was "good". 7 per cent said their experience was "fairly poor" and 8 per cent said it was "very poor".[25]

As part of our investigation, we asked Londoners about their experiences of trying to get a dental appointment in London. Some respondents mentioned having positive experiences of accessing NHS appointments in London, particularly when they were already 'registered' with a specific dental practice. However, respondents described difficulties in finding a dental practice that was willing to take on NHS patients, and experiences of long waiting lists. In some cases, respondents opted for private dentistry instead.

London Assembly Health Committee survey: "What has been your experience of getting an NHS dentist?"

"Easy to do, I am registered with a nearby NHS dentist."

"Very difficult to find one willing to take on NHS patient, had to wait for over 8 months for my first appointment."

"It was difficult to initially find an NHS dentist, I struggled to get a response from dentists. However, when I found one, it was quick and easy to get an appointment."

"Private sector - very easy. However I was told the waitlist for NHS was two years so there was no option to wait that long."

"Had to wait over 6 months to register with NHS dentist before getting an appointment. Private appointment was quick."[26]

Some respondents explained that they had been forced into using private dentistry due to a lack of NHS appointments. In some cases, the cost of private provision prevented them for attending regular appointments.

"I have found a good dentist, but because it was only possible to find a private practice I have not been able to afford to go as often as I should."

"Many people, myself included, have had to put off necessary dental care because of cost and lack of access. Dental care should be cheaper or free."

[24] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[25] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[26] Responses to London Assembly Health Committee survey

"As I now have to pay privately for dental treatment, I only go to the dentist when a problem occurs with my teeth."

"Feared work needed but reluctant to visit in case the dentist also wanted to do the £3000 work for which he quoted in 2020 which I did not return to complete when lockdown was over."[27]

Responses to Health Committee Survey

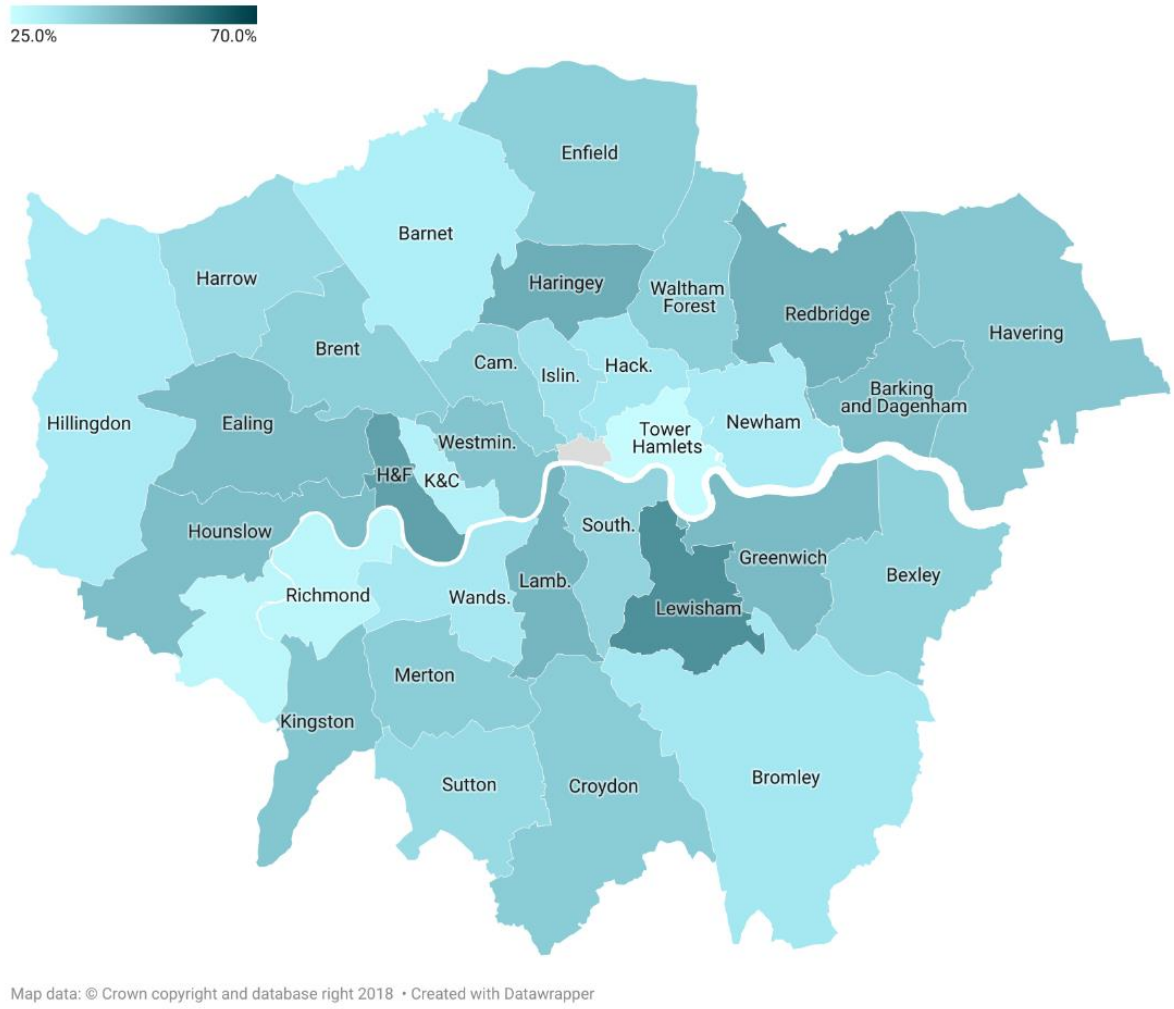
Inequalities of access

There is considerable variation in the proportion of adults and children who have accessed NHS dentistry in different London boroughs. Natalie Bradley, Consultant in Special Care Dentistry at King's College Hospital and Chair of the BDA Young Dentist's Committee told the Committee that access to dentistry in London is "a bit of a postcode lottery", which is "due to historic commissioning arrangements, but also in terms of people leaving the NHS as well".[28] Jeremy Wallman acknowledged that "individuals will find access easier and better in some parts of London than others".[29]

To show how stark these differences can be: in the 24 months up until March 2024, 26.2 per cent of adults in Tower Hamlets accessed an NHS dental appointment compared to 53.2 per cent in Lewisham.[30] 37.8 per cent of children in Hackney had accessed an NHS dental appointment in the previous 12 months, compared to 67.6 per cent in Haringey.[31]

[27] Responses to London Assembly Health Committee survey
[28] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[29] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[30] NHSBSA, Dental statistics - England 2023/24
[31] NHSBSA, Dental statistics - England 2023/24

Figure 5: Access to NHS dentistry in London by borough, adults[32]



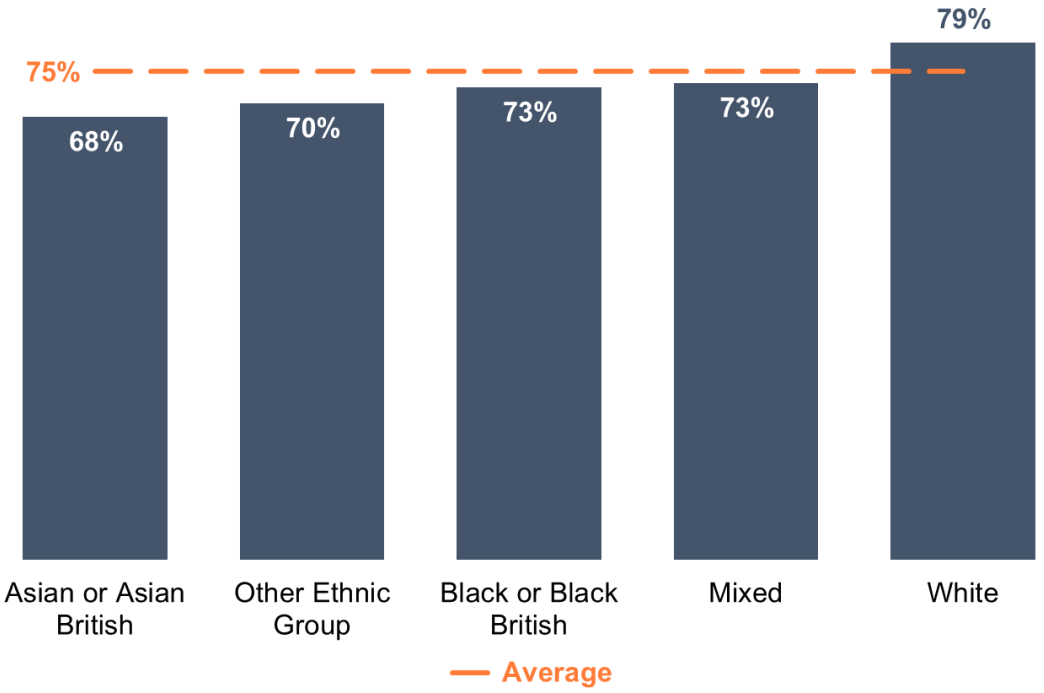
[32] NHSBSA, Dental statistics - England 2023/24

Figure 6: Access to NHS dentistry in London by borough, children[33]

There are also inequalities of access across ethnic groups in London. The 2024 GP Patient Survey shows that in London, 79 per cent of White respondents who tried to get an NHS dental appointment succeeded. This compares to 73 per cent of Black or Black British respondents and 68 per cent of Asian or Asian British respondents.[34]

[33] NHSBSA, Dental statistics - England 2023/24
[34] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024

Figure 7: Percentage of those who tried to get an NHS dental appointment in the last two years in London who succeeded by ethnicity. Source: GP Patient Survey 2024[35]



The Committee heard that some demographic groups face particular barriers in accessing dental services. At the Committee's first meeting, Nikita Vora noted that London has "a larger migrant population who have different needs and generally higher needs as well, and different expectations and experiences of care".[36] Natalie Bradley highlighted other groups who face disproportionate barriers in accessing services, including people with disabilities and people experiencing homelessness.[37] Respondents to our own survey also mentioned barriers faced by some ethnic minority groups and patients for whom English is a second language. They also said that patients who move house or location, such as people in temporary accommodation and refugees, face additional barriers to accessing dentistry in London.

The different rates of access across London boroughs are partly the result of the varying levels of available NHS dental services in different parts of the capital. The availability of NHS services at borough level is based on the levels of provision in 2006, when the current dental contract was introduced, rather than any assessment of current need.[38]

Analysis of NHS data shared with the Committee by Healthwatch Richmond shows considerable variation in the amount of commissioned activity as a proportion of the population in different London boroughs. Healthwatch Richmond notes that "There is little correlation between UDAs

[35] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[36] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[37] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[38] House of Commons Library, NHS dentistry in England, 29 May 2024

[Units of Dental Activity] commissioned by borough and the percentage of population living in deprivation".[39] LDC Confederation provides the following definition of UDAs:

> "NHS England works out how much to pay NHS dentists for doing this by using Units of Dental Activity (UDAs). These UDAs are like tokens that NHS England gives to local dentists. When a dentist sees a patient at their practice the dentist uses up a number of these Units."[40]

There has not been a systematic assessment of oral health needs across London in recent years. Mike Derry noted that "it has been a very long time since a dental needs assessment has been carried out" and advocated starting "from a public health approach, understanding what the needs are, and set[ting] sufficient funding to meet those needs".[41] In its submission to the Committee, LDC Confederation (referencing its previous submission to the House of Commons Health and Social Care Committee) argued that "a proper needs assessment [should] be undertaken to assess how dental services meet the needs of the local population as to our knowledge no needs assessment has actually taken place".[42]

It appears that the differences in rates of access in London do not reflect any genuine variations of need at local level. This is a considerable cause for concern. The Committee believes that a needs assessment should be carried out to understand the needs of London's population at a local level, with the aim of ensuring that provision of dental services is responding to local need.

Recommendation 1

London's Integrated Care Boards (ICBs) should carry out an assessment of oral health needs in their respective areas as soon as possible, to ensure that dental services are meeting the needs of local populations. These findings should be used to inform the commissioning of services within the current dental contract, but also to influence future contract reform. The Mayor should advocate for London's ICBs to do this.

[39] Written evidence submitted to the London Assembly Health Committee
[40] LDC Confederation, What is a UDA?, 23 January 2024
[41] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2
[42] Written evidence submitted to the London Assembly Health Committee

Barriers to access

The NHS dental workforce and contract

The NHS dental workforce

Primary care dentists or 'high street dentists' are self-employed and often combine NHS and private work. According to data published by the Department of Health & Social Care (DHSC), more than 35,000 dentists are registered with the General Dental Council in England as of 15 May 2024.[43] In 2022-23, 24,151 dentists delivered at least some NHS care in England.[44] This figure is marginally higher than in 2012-13, when the figure stood at 23,201. However, the increase has not kept pace with population change, and the current figure as a proportion of the population is lower than it was ten years ago.[45] Mike Derry told the Committee that "the overarching challenge is that there is a mismatch between the demand for dentistry and the capacity within NHS dentistry".[46]

Elizabeth Fisher, Senior Fellow at the Nuffield Trust, told the Committee that "the numbers of NHS dentists in England have barely grown in the last decade", although she noted that London has a higher proportion of dentists compared to the population than the national average.[47] The BDA's submission stated that "there are significantly more dentists in London per 100,000 people at 58.1 than the England average of 43", although the BDA also noted that there has been a reduction since the period immediately before the pandemic.[48]

"Successive Governments have allowed for a private dental market to flourish and that also means that NHS dentistry cannot keep up with the competitive private market. It is not as well paid, it is not rewarded, the job satisfaction is not there, morale within the NHS practices, I have been involved in dentistry for over 30 years, I have never seen it so low."[49]

Nikita Vora
Dental Surgeon and Director for Brent, North West London LDC

The Committee repeatedly heard that NHS dentistry struggles to compete with the private sector when it comes to attracting and retaining staff. Elizabeth Fisher explained that "the private sector can deliver higher pay and an environment that is preferred by many dentists", while Nikita Vora noted that "we do have a workforce, but there is a problem with workforce

[43] Department of Health & Social Care, Proposal for a 'tie-in' to NHS dentistry for graduate dentists
[44] Department of Health & Social Care, Proposal for a 'tie-in' to NHS dentistry for graduate dentists
[45] House of Commons Library, NHS dentistry in England, 29 May 2024
[46] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2
[47] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[48] Written evidence submitted to the London Assembly Health Committee
[49] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1

staying within the NHS".[50] A BDA survey carried out in 2023 found that over half (50.3 per cent) of dentists said they had reduced the amount of NHS work they do since the start of the pandemic.[51]

Some respondents to the Health Committee's survey said that they had experience of dentists no longer offering services on the NHS or working for fewer days compared to the private sector.

"My NHS dentist only works one day a week as they make more money in private practice."

"Our NHS dentist wrote to us several years ago and informed us that they would no longer offer NHS services. We have been unable to join an NHS practice since then and have only been able to have our teeth looked at privately."

"We were ditched by our dentist because the NHS costs were not economically viable for the dentist. We could not afford the private fees."[52]

Responses to Health Committee Survey

The NHS Long Term Workforce Plan, published in June 2023, commits to expanding the number of dentistry training places in England.[53] Whilst the commitment to train more dentists is welcome, the evidence received by the Committee suggests that the problem is not the lack of trained dentists, but rather the design of the NHS dental contract which disincentivises them to deliver NHS work. Natalie Bradley told the Committee that "until the contract is reformed, there is no point looking at numbers of dentists because if you train more dentists to go into a leaking bucket, you are not fixing the problem".[54] The Nuffield Trust highlights the fact that "there has been a long-term drift towards private provision [amongst dentists]" and states that "the structuring of the dental contract, which uniquely allows a mix of NHS and private work, has facilitated this trend".[55]

The NHS dental contract

The current system of General Dental Services (GDS) contracts ("the NHS dental contract") was first introduced in 2006. Under this system, contracts for delivering NHS services are based on the amount of dental activity performed, measured in units of dental activity (UDAs), rather than the number of NHS patients that a dentist sees. [56]

[50] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[51] BDA, Half of dentists have cut back NHS work, with more to follow as crisis mounts, 6 March 2023
[52] Responses to London Assembly Health Committee survey
[53] NHS England, NHS Long Term Workforce Plan, 30 June 2023
[54] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[55] Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023
[56] House of Commons Library, NHS dentistry in England, 29 May 2024

There has been widespread criticism of the current contract and the UDA system that underpins it. The evidence received by the Committee was unanimous in arguing that the current dental contract is flawed and in need of reform. The BDA's submission to the Committee stated:

> "The barriers to patients accessing NHS dental care in London arise directly from the failures of the contract for NHS dentistry and the Unit of Dental Activity (UDA) payment system which is focussed on managing short-term costs, rather than prevention and a longer-term approach. The UDA is a proxy measure that neither reflects the true cost to a dental practice of performing a given clinical intervention, nor enables dentists to deliver dentistry that is prevention focussed."[57]

As well as disincentivising dental professionals from taking on NHS work, the evidence received by the Committee suggests that the contract disincentivises them from targeting work towards patients with the highest needs. Natalie Bradley told the Committee that "the contract is broken and there is no incentive to see people who have the need, you lose money as a practice or as an individual providing care for new patients".[58] Elizabeth Fisher explained that the UDA system which underpins the contract incentivises "dentists to take on certain types of patients and avoid others, in particular those ones with high level of need".[59]

Since the contract was introduced in 2006, there has not been a system of patient registration for dentistry. Although patients 'register' with a dental practice in the sense that the practice records their details, this is not a formal registration process in the same way that patients register with a local GP practice. Patients can 'register' with a dental practice anywhere in the country, and with more than one practice at once.

Nikita Vora argued that the removal of patient registration "has broken that continuity of care between a patient and the practice".[60] Jeremy Wallman explained that "patients in London quite often access dentistry all over London because they can", as access to NHS dentistry is not restricted by catchment area.[61] The submission to the Committee from LDC Confederation argued that "the lack of registration or catchment areas, and insistence that anyone can access care anywhere, means that those who are most active, mobile and confident will access NHS dental services to the detriment of those who are less mobile and less sure about how systems work".[62]

"With the introduction of the new contract in 2006, registration was abolished. If a patient comes to see me in the practice and I take them on for treatment, I do a check-up, my contractual obligation to that patient is to complete that course of treatment. Say, for example, they need a check-up, a filling, and the clean, once I have done all of that treatment,

[57] Written evidence submitted to the London Assembly Health Committee
[58] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[59] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[60] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[61] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[62] Written evidence submitted to the London Assembly Health Committee

that course of treatment is closed, I have no contractual obligation to see them again."[63]

Nikita Vora
Dental Surgeon and Director for Brent, North West London LDC

"What we need and what we have been calling for as a profession is the whole reform of the contract so that we do not have a UDA, we go back to what we would call patient capitation. If you go to your GP, the GP is paid for the number of patients they look after, with an incentive on top for those who have complex needs. That boils down to a similar contract that would make it financially viable for people to remain in the NHS to be able to spend the time that they want with the patients."[64]

Natalie Bradley
Consultant in Special Care Dentistry, King's College Hospital and Chair of the BDA Young Dentist's Committee

The Committee received responses to its survey from people working or studying in dentistry or a dentistry-related field, some of whom highlighted challenges with the current contract.

"Generally clinicians provide good quality dental care. The nature of the NHS GDS contract/UDA system does not incentivise excellent care, so generally there is a level of under-diagnosis/under-treatment, inappropriate treatment, and poor standards of care. I think dentists generally fare excellently within a poor system."

"Patients struggle to access NHS dental care because dentists feel they can no longer provide the care they want under the current dental contracts. Patients who attend their dentist regularly seem less impacted and they generally get good care and are well maintained. Unfortunately people who neglect their teeth or are unable to prioritise paying for regular checkups struggle to access emergency care when they experience pain."

"COVID had a huge impact and then many general dentists left the NHS due to the contract issues. It's now meant in hospital we have increased pressures. Children are really suffering."[65]

Responses to Health Committee Survey

It is clear that the NHS dental contract is in need of fundamental reform. Natalie Bradley argued that there should be reform and the introduction of a "capitation-based system", which was reflected in the BDA's written submission to the Committee. Such a system would move away from payments for a particular service or treatment, and would instead make payments based on the number of patients seen, as well as a focus on prevention.[66] In July 2023, the

[63] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[64] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[65] Responses to London Assembly Health Committee survey
[66] House of Commons Health and Social Care Committee, NHS dentistry, 11 July 2023

House of Commons Health and Social Care Committee recommended reform of the dental contract, "characterised by a move away from the current UDA system, in favour of a system with a weighted capitation element, which emphasises prevention and person-centred care".[67] The previous government rejected this part of the recommendation and argued that "there is no one perfect payment model".[68]

Funding and the amount of commissioned activity

Whilst reform of the contract is essential, this must be accompanied by sufficient funding to meet the needs of the population. Funding for NHS dentistry has not increased in real terms in recent years.[69] The BDA's submission to the Committee stated that "funding for dentistry in England has been frozen since 2010/11, representing a fall in real terms of over £1 billion".[70] LDC Confederation's response to the Committee argued that "it is clear that there is insufficient financial commitment to allow for a significant increase in access".[71]

In response to the question about barriers to access, LDC Confederation's submission stated that "while there will be many explanations given, there is really only one relevant explanation: there is insufficient commissioned activity to meet the needs of the population of London". The response goes on to say:

> "The proportion of Units of Dental Activity (UDAs) used pre-pandemic was routinely close to 100 per cent. While UDAs are not a proxy for access what this means is that if all the activity commissioned was used and yet within a two year appointment recall (the maximum permitted) less than half the adult population and in a one year recall for children (the maximum permitted) less than half the child population could access."[72]

The submission to the Committee from Healthwatch Richmond highlighted the fact that 99.6 per cent of commissioned activity in the borough is delivered, and yet this does not come close to meeting local needs.[73] Therefore, it is clear that any reform of the contract must be properly funded to ensure that there is sufficient commissioned activity to meet the needs of the population.

Government reform

On 7 February 2024, the Government published a new NHS Dental Recovery Plan.[74] The plan included the introduction of a new "patient premium" of £15 or £50 (depending on the

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[67] House of Commons Health and Social Care Committee, NHS dentistry, 11 July 2023
[68] DHSC, NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022–23, 13 December 2023
[69] Nuffield Trust, Bold action or slow decay? The state of NHS dentistry and future policy actions, 19 December 2023
[70] Written evidence submitted to the London Assembly Health Committee
[71] Written evidence submitted to the London Assembly Health Committee
[72] Written evidence submitted to the London Assembly Health Committee
[73] Written evidence submitted to the London Assembly Health Committee
[74] NHS England, Millions more dental appointments to be offered under NHS Dental Recovery Plan, 7 February 2024

treatment required) offered to practices who see new patients up until March 2025; additional one-off payments of £20,000 to around 240 dentists recruited in under-served areas (including eight posts in London); and the rolling out a new 'Smile for Life' programme to provide support and education on good oral hygiene to children aged one to three in nurseries and early years settings.[75]

Elizabeth Fisher told the Committee that the Recovery Plan was:

> "a welcome shift in focus but, having been published in February this year [2024], some people might say it has come a bit too late. While there are some good measures on it to pull it back from the brink, it will not address the systemic issues and whether we get universal services again for NHS dentistry."[76]

In reference to the new "patient premium", Natalie Bradley stated that "those initiatives are just quite weak in my opinion", and Elizabeth Fisher argued that "we just do not know whether it is going to incentivise dentists to [take on new patients]".[77] She also told the Committee that she did "not think there is very much evidence that 'golden hellos' work, therefore we really do not know whether it is going to incentivise taking dentists to where there is most need".[78] However, Jeremy Wallman said he expected that "there is an incentive there for practices to see new patients, because there is an additional tariff associated with it. That will be capacity allowing, so it is not a given that that will be universal, but I would expect there to be some impact there".[79] In November 2024, the National Audit Office published a report on the NHS Dental Recovery Plan, and concluded that the plan was not "on course" to deliver the targeted increase in courses of treatment.[80]

The Labour Party's 2024 general election manifesto committed to "tackle the immediate crisis with a rescue plan to provide 700,000 more urgent dental appointments and recruit new dentists to areas that need them most".[81] In October 2024, it was reported that funding to deliver extra dental appointments in the current financial year would have to be met from existing budgets.[82] The manifesto also committed to "reform the dental contract, with a shift to focusing on prevention and the retention of NHS dentists".[83]

In answer to a question about actions that the Mayor of London could take, Natalie Bradley argued that he should use "his influence to try to influence the prioritisation of contract reform".[84] Mike Derry argued that the Mayor, the Assembly and the wider GLA had a role in "advocating for change on behalf of London, grasping the nettle and making the changes to

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[75] House of Commons Library, NHS Dentistry in England, 29 May 2024
[76] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[77] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[78] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[79] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[80] National Audit Office, Investigation into the NHS dental recovery plan, 27 November 2024
[81] Labour Party, Labour's Manifesto: Build an NHS fit for the future, June 2024
[82] Health Service Journal, Exclusive: No new funding for key Labour pledge, says NHSE document, 29 October 2024
[83] Labour Party, Labour's Manifesto: Build an NHS fit for the future, June 2024
[84] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1

the dentistry contract that have been mooted by various administrations over time, making the case for Londoners as to whether or not we should move towards a capitated system and a registration-type system".[85]

The BDA argued that the Mayor should:

> "Urge the Government to commence immediate negotiations on a new NHS dental contract, and commit to a firm deadline for rolling out a capitation based approach which decisively breaks with the UDA, prioritises prevention, and ensures NHS dentistry is available to all those who need it."[86]

Recommendation 2

The current NHS dental contract is severely flawed and in need of reform. The Mayor should lobby the Government to start the process of dental contract reform as a matter of urgency, setting out how the current contract is not serving Londoners, with the aim of reforming the contract by the end of 2025. Any new dental contract must be properly funded to ensure that there is sufficient commissioned activity to meet the needs of the population.

The role of Integrated Care Boards (ICBs)

In April 2023, the responsibility for commissioning primary care dental services was delegated from NHS England to England's 42 ICBs.[87] There are five ICBs covering different parts of London. Established in 2022, ICBs manage NHS budgets and commission services, with the aim of targeting these services towards local needs.[88] Responsibility for the commissioning of services has gradually transferred from NHS England to the ICBs.

NHS England has argued that the delegation of services to ICBs will enable the use of more flexible commissioning models which are targeted at the needs of local populations.[89] Martin Machray told the Committee that "ICBs are starting to be far more locally specific about their health care provision". He highlighted some of the progress that had been made in London, but explained that "we are not seeing it in dentistry yet though".[90]

At the Committee's first meeting, Elizabeth Fisher noted that there are questions about whether the ICBs have "the expertise to robustly commission dental care for their populations", and "whether, given all the competing issues that ICBs have, they are going to make dentistry a priority in their local area".[91] Nikita Vora argued that in other parts of the country the ICBs "are

[85] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2
[86] Written evidence submitted to the London Assembly Health Committee
[87] House of Commons Library, NHS Dentistry in England, 29 May 2024
[88] NHS England, What are integrated care systems?
[89] House of Commons Health and Social Care Committee, NHS dentistry, 11 July 2023
[90] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[91] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1

having an impact on things like flexible commissioning and looking at addressing the needs of the local population", but that "we are not seeing a lot of that in London. They have had very little impact in London".[92] LDC Confederation's submission to the Committee argued that current guidance for ICBs was "unclear and unsupportive", and that NHS England and DHSC should "provide clearer guidance which gives more freedom to ICBs to apply a percentage of their contracted activity to support initiatives reducing health inequalities".[93]

It is important to recognise that ICBs must work within the constraints of the current dental contract. Martin Machray told the Committee that ICBs have more "levers for change" than NHS England would at a regional level, but they do not have "the power to instigate the radical change that may be needed to create a step-change in access".[94] He argued that "there must be scope to allow greater and more flexible investment in services to meet community need… We do not have that flexibility within the contract rules that exist".[95] Jeremy Wallman also made clear that "regardless of delegation [to ICBs], the mechanisms around contracts, none of that has changed. ICBs will have the same challenges to deal with as any other NHS region did previously, in terms of the constraints of the contract".[96]

Without fundamental reform of the dental contract, there are limitations to the impact that ICBs can have. However, in the short term, the shift of commissioning responsibilities to ICBs presents an opportunity for the delivery of dentistry and oral health services, particularly in relation to the potential for more flexible commissioning which utilises the full dentistry budget available to ICBs. Nikita Vora argued that "flexible commissioning really needs to be a priority, if we are talking about how to meet the dental needs of London".

Guests at our meetings suggested that the Mayor had a convening role to play in ensuring that the ICBs are using their flexible commissioning powers effectively to meet local needs. In answer to a question about what action the Mayor, the Assembly and wider GLA could take to support dentistry and oral health, Mike Derry told the Committee that "it is difficult to overstate the importance of a powerful and a credible convener, particularly where… the individual ICBs perhaps do not have that infrastructure to work at a London level".[97] He emphasised the importance of a convening role that "encourages them, supports and facilitates them and keeps track of whether or not people have delivered their actions".[98]

The BDA argued that the Mayor could:

> "Play a convening role to support ICBs in London to work creatively and collaboratively with dental providers through greater use of flexible commissioning approaches to ensure that money budgeted for dentistry is retained in the sector, and deploy a

[92] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[93] Written evidence submitted to the London Assembly Health Committee
[94] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[95] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[96] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[97] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2
[98] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 2

'sessional' approach to the funding of urgent care to ensure those most in need of care are able to access it."[99]

In response to a Mayoral question asked in October 2024, the Mayor stated that "my Health Adviser discussed dental health with the Integrated Care Board (ICB) chairs in November 2023".[100] He explained that they "talked about addressing dental care inequalities, taking a more public health, prevention-led approach to dental health and improving data on dentistry and dental health".[101] He added that "my Health Adviser and I will continue to discuss these important issues with both NHS England and ICBs".[102]

Recommendation 3

The Mayor should convene London's five ICBs to explore how they can use their new flexible commissioning powers to improve the provision of dentistry and oral health services in their respective areas. The Mayor's convening power could be particularly valuable with respect to exploring good practice in offering outreach services to communities and demographic groups with poor oral health outcomes. This approach to commissioning should be informed by local assessments of oral health needs.

NHS patient charges

While some key groups, including children, are entitled to free NHS dental services, many people on modest incomes have to pay for their NHS dental treatment.

NHS dentistry in England is funded by a combination of payments from NHS England and patient charges. Patients are charged for primary and community dental treatments based on a tiered system known as NHS dental treatment bands, which vary depending on the complexity of the treatment.[103]

Figure 8: NHS dental treatment bands[104]

Band	Charge	Description
Band 1	£26.80	Includes examination, advice, diagnosis, treatment planning, scale and polish if clinically needed, marginal correction of fillings, preventative care such as applications of fluoride
Band 2	£73.50	Includes everything listed in Band 1, as well as further treatment such as fillings, root canal work or extractions
Band 3	£319.10	Includes everything listed in Bands 1 and 2, as well as course of treatment such as crowns, dentures, bridges and other laboratory work
Urgent treatment	£26.80	Includes urgent assessment and specified urgent treatments such as pain relief or a temporary filling

[99] Written evidence submitted to the London Assembly Health Committee
[100] London Assembly, MQT Ref 2024/3345: ICBs in London, 15 October 2024
[101] London Assembly, MQT Ref 2024/3345: ICBs in London, 15 October 2024
[102] London Assembly, MQT Ref 2024/3345: ICBs in London, 15 October 2024
[103] NHS, How much will I pay for NHS dental treatment?
[104] NHS, How much will I pay for NHS dental treatment?

The following groups do not have to pay for NHS dental services:

- Those who are under 18, or under 19 and in full-time education.
- Those who are pregnant or have had a baby in the last 12 months.
- Those being treated in an NHS hospital and if treatment is carried out by the hospital dentist (patients may have to pay for any dentures or bridges).
- Those receiving low-income benefits, or those under 20 who are a dependant of someone receiving low-income benefits.[105]

The BDA's submission to the Committee argued that "dental charges act as a tangible barrier to access for those on modest incomes".[106] Speaking about the reasons people may not take up dental appointments, Jeremy Wallman said that "some of that is around communication and some of that will be down to pure economics, because it is chargeable and unless you are exempt you are liable for those patient charges".[107] He highlighted the banding system and the fact that Band 3 costs are over £300, pointing out that "for most people that is prohibitive".[108] Nikita Vora also highlighted patient charges as an issue, "both as a barrier to access, and also operationally as fluctuation of income to the NHS can cause budgetary issues".[109] In response to the 2024 GP Patient Survey, 7 per cent of Londoners who had not tried to get an NHS dental appointment in the previous two years said this was because NHS dental care is too expensive.[110]

Respondents to the Health Committee's survey who were able to get an NHS appointment generally reported that costs were reasonable for standard appointments and check-ups. However, some respondents who received private treatment felt that it was expensive and a cost that they were forced to pay due to lack of available NHS dentistry.

Awareness of access to free appointments

At our first meeting and through the call for evidence, the Committee heard that parents are not always aware that NHS dentistry is free for children and certain other groups. Healthwatch Islington stated that "patients contact our advice and information service because they are unsure whether they are entitled to free dental care", which acts as "a deterrent to people on low incomes".[111] The submission argued that the "NHS and health partners in London should provide clear information about dental entitlements and work with community partners to ensure this messaging reaches residents experiencing health inequalities".[112]

[105] NHS, Who is entitled to free NHS dental treatment in England?
[106] Written evidence submitted to the London Assembly Health Committee
[107] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[108] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[109] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[110] NHS England, GP Patient Survey Dental Statistics; January to March 2024, England, 11 July 2024
[111] Written evidence submitted to the London Assembly Health Committee
[112] Written evidence submitted to the London Assembly Health Committee

Guests told the Committee that the shift in commissioning responsibilities from NHS England to the ICBs provided an opportunity to target this messaging at local populations. Natalie Bradley said:

> "I do see the fact that now we are under ICB commissioning in terms of one umbrella that could be a perfect opportunity to be able to integrate our messages within other healthcare settings and be seen as part of the team and the championing of importance of oral health."[113]

Jeremy Wallman said:

> "If you have children, dentistry is free and freely available. We need constant messaging. A positive aspect of delegation in ICBs is that ability to drill down at a local level and do some of that work locally to make it clear to people what is available. In some cases, the take-up is purely down to not knowing."[114]

Martin Machray emphasised the importance of "all London partners" including "public health, other public sector organisations, the Greater London Authority and the Mayor's Office… echoing the key points, that access for children's dentistry is free and should be accessed whenever possible".[115]

Although it is important to raise awareness about free dental appointments for certain groups, this does not necessarily mean that appointments will be available under the current system. Awareness-raising should therefore not come at the expense of addressing the issues of contract reform and the lack of commissioned activity to meet the needs of London's population.

Recommendation 4

The Mayor should work with NHS England (London) and London's Integrated Care Boards on a public messaging campaign in 2025 to highlight the importance of visiting the dentist and to publicise the fact that dentistry is free for certain groups, particularly children. This should be targeted at the areas of highest need in London, and at demographic groups who are less likely to access appointments.

[113] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[114] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2
[115] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2

Oral health and prevention initiatives in London

The importance of maintaining good oral health

Several submissions received by the Committee emphasised the importance of maintaining good oral health. The BDA's submission to the Committee stated:

> "Poor oral health affects not only an individual's physical health, but also their overall wellbeing, confidence, mental health and development. Problems with teeth can impact on ability to sleep, eat, speak, and socialise… Other consequences include pain, infections, impaired nutrition and growth, with the impact of poor oral health, and treatments such as fillings, lasting a lifetime."[116]

Many of the factors that lead to poor oral health are also risk factors for other health conditions. Charlotte Klass, Consultant in Dental Public Health, NHS England (London region), told the Committee that "the risk factors for oral health are common to wider systemic conditions, that being sugar, diet, exposure to fluoride, smoking, alcohol, and the social determinants."[117] The BDA's submission to the Committee noted that "many of the key factors that can lead to poor oral health are also risk factors for other diseases, such as smoking, excessive alcohol intake and diet."[118]

Attending dental appointments is an important part of preventing poor oral health, and therefore a lack of access to appointments has severe consequences for oral health outcomes. At the Committee's first meeting, Nikita Vora noted that "dentistry is the only prevention-based primary care service."[119] LDC Confederation's submission to the Committee stated that "the lack of access to NHS dentistry in London is having a profound and multifaceted negative impact on the oral, general, and mental health of Londoners".[120] It also stated that "a particularly alarming consequence of a lack of access is the increased risk of missed oral cancer diagnoses".[121]

However, maintaining good oral health is about much more than visiting the dentist. At the Committee's first meeting, Martin Machray stressed that "dental health starts well before you need a dentist", while Will Huxter, Regional Director of Specialised Commissioning, NHS England (London region), argued that "the level of dental access which is required for children and for adults is a reflection of our not having the success that we would like to in terms of early prevention and good oral health."[122] Natalie Bradley told the Committee that "a lot of

[116] Written evidence submitted to the London Assembly Health Committee
[117] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[118] Written evidence submitted to the London Assembly Health Committee
[119] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[120] Written evidence submitted to the London Assembly Health Committee
[121] Written evidence submitted to the London Assembly Health Committee
[122] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 2

services that are provided in London are very reactive" and emphasised the need to look "further upstream in terms of preventative measures and initiatives like supervised toothbrushing in schools, fluoride varnish prevention programmes, and education in families".[123]

A broad range of measures are required to improve oral health in London. Charlotte Klass argued that "oral health needs to be part of a range of integrated interventions for Londoners across systems and organisations."[124] The BDA's submission to the Committee stated that "there is no silver bullet to preventing poor oral health" and that "any strategy to support and improve oral health should include sufficient access to preventative dental care and population level measures to address risk factors for tooth decay."[125]

The Mayor has a role to play in highlighting the importance of oral health in London. As part of its election manifesto for the 2024 Mayoral and London Assembly elections, which made a series of policy asks of the Mayor and London Assembly members, the LDC Confederation called for:

> "Dentistry and oral health to be recognised in relevant reports from the Mayor's Office and Greater London Authority, such as strategies to tackle obesity, health inequalities, healthy eating, etc. At present most reports fail to recognise the oral health element of their focus."[126]

Recommendation 5

The Mayor should ensure that the next iteration of his Health Inequalities Strategy Implementation Plan prioritises the issue of oral health and includes proposals to improve the oral health of Londoners.

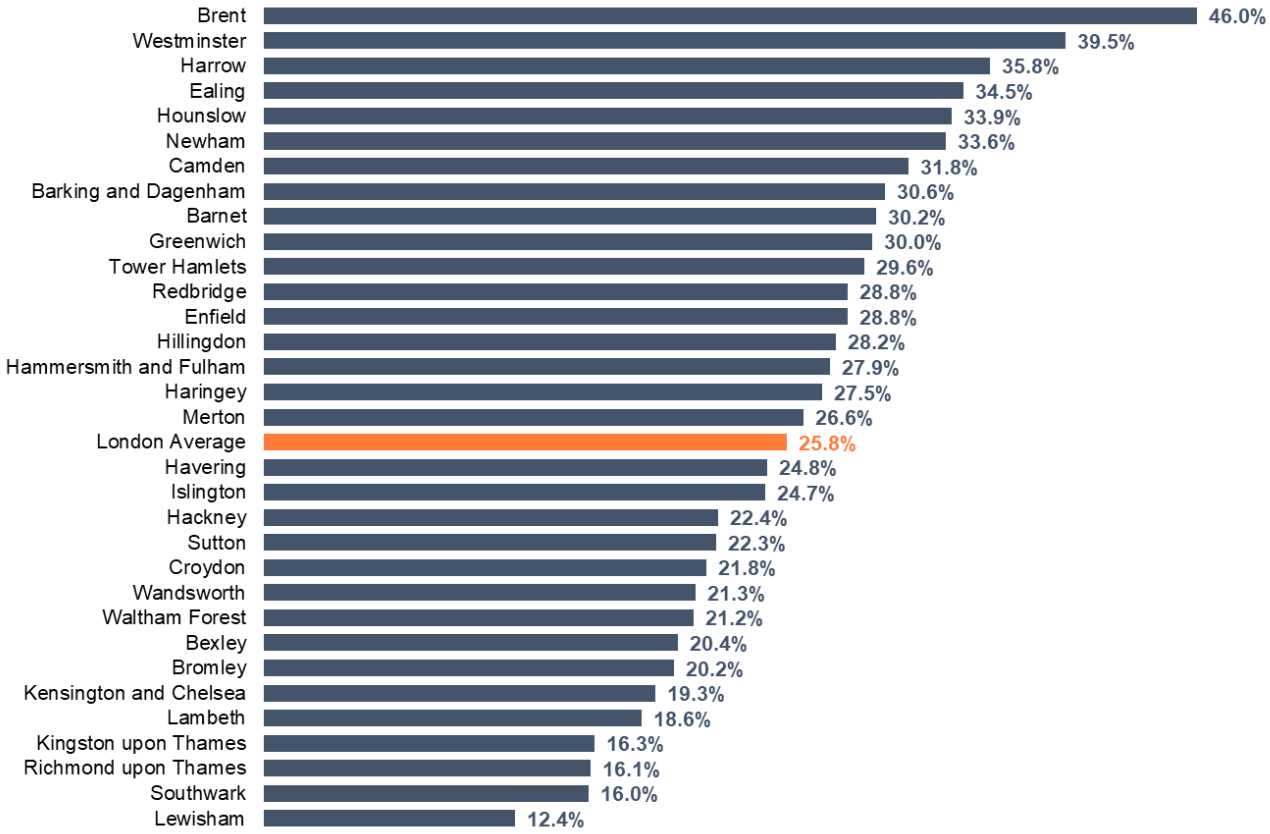
Child oral health in London

A significant proportion of children in London experience tooth decay. Recent survey data shows that a quarter (25.8 per cent) of 5-year-old children in London had experience of tooth decay. This was slightly higher than the average across England of 23.7 per cent.[127] A similar 2022-23 survey found that 13.5 per cent of year 6 schoolchildren in London had experience of tooth decay, which was lower than the average across England of 16.2 per cent.[128] The measurements in the two surveys are not comparable because the survey of 5-year-olds reports on tooth decay in first teeth, whereas the survey of year 6 children relates to permanent teeth.

[123] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[124] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[125] Written evidence submitted to the London Assembly Health Committee
[126] Written evidence submitted to the London Assembly Health Committee
[127] OHID, Oral health survey of 5 year old children 2022, 11 October 2023
[128] OHID, Oral health survey of children in year 6, 2023, 1 February 2024

There are considerable disparities in rates of tooth decay across London. We noted in particular some startling survey evidence that showed a large variation in prevalence of tooth decay across local authorities in London. These are set out in the graphic below. Lewisham had the lowest prevalence of tooth decay amongst five-year-olds (12.4 per cent), while Brent had the highest (46.0 per cent).[129] The BDA also highlighted the fact that 14 of the London boroughs have actually seen a deterioration in outcomes amongst children since 2015.[130]

Figure 9: Experience of tooth decay in 5-year-olds by London local authority, 2022[131]



Charlotte Klass told the Committee that "a large proportion of the variation relates to deprivation", explaining that "socioeconomic and cultural or social determinants of health" have a "huge impact" on "poor oral health and the trends and variation across London".[132] The BDA stated that:

> "The incidence of tooth decay is more heavily concentrated in children from poorer socio- economic backgrounds; this inequality is stark within London. Those children in London who suffer from caries have some of the nation's highest level of decay per head in England, with an average of 3.7 teeth affected."[133]

[129] OHID, Oral health survey of 5 year old children 2022, 11 October 2023
[130] Written evidence submitted to the London Assembly Health Committee
[131] OHID, Oral health survey of 5 year old children 2022, 11 October 2023. City of London not included as number of participants examined was fewer than 30.
[132] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[133] Written evidence submitted to the London Assembly Health Committee

The survey of 5-year-old children also found disparities at national level in experiences of tooth decay by ethnic group, which was significantly higher in the 'Other' ethnic group (44.8 per cent) and the Asian or Asian British ethnic group (37.7 per cent) than the national average.[134]

"Where is our decay? Our decay sits in those children in the most deprived parts of London. From the five-year-old survey and from the recent survey of year six children, we know that those living in the most deprived areas of the country are over 2.5 times more likely to have experience of dentinal decay, we know that deprivation explains 36.6 per cent of that variation."[135]

Charlotte Klass
Consultant in Dental Public Health, NHS England (London region)

Severe tooth decay can result in tooth extraction. In 2022-23, 1,345 children in London aged 0 to 4 and 4,290 children aged 5 to 9 were admitted to hospital for tooth extractions.[136] Tooth decay was the most common reason for hospital admission in children aged between 5 and 9 years across the country.[137] Nationally, the rate of decay-related tooth extraction episodes for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities.[138] However, we note that overall, there has been a steady decrease in the number of tooth extraction episodes since 2014-15.[139]

Research carried out by Queen Mary University of London (QMUL) found that children living in areas with the highest proportion of low-income households were three times more likely to require a dental extraction, compared with those living in areas with the lowest proportion of low-income households.[140] It also found that children from some ethnic groups were more likely to need a dental extraction compared with children from White British ethnic groups:

- White Irish: twice as likely
- Bangladeshi: 5 times more likely
- Pakistani: 4 times more likely.[141]

We also heard how tooth decay can affect children's education. The BDA stated that tooth decay "can affect school readiness for children, both through loss of school days and because

[134] OHID, National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022, 11 October 2023
[135] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[136] OHID, Hospital tooth extractions in 0 to 19 year olds: 2023, 8 February 2024
[137] OHID, Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023, 8 February 2024
[138] OHID, Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023, 8 February 2024
[139] Office for Health Improvement & Disparities, Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023, 8 February 2024
[140] QMUL, Children living in deprived areas are three times more likely to need dental extractions in hospital, 16 July 2024
[141] QMUL, Children living in deprived areas are three times more likely to need dental extractions in hospital, 16 July 2024

of pain and difficulty sleeping affecting the ability to learn."[142] We heard this directly when we visited Brentfield Primary School in the London Borough of Brent, as staff there also told us that children have missed school as a result of tooth decay and extractions.

Prevention programmes for children

The Health and Social Care Act 2012 placed responsibility on local authorities for improving health in local areas, including oral health.[143] In 2014, Public Health England (PHE) stated that "local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas".[144]

London boroughs commission a range of oral health prevention programmes, such as supervised toothbrushing[145] and fluoride varnish application programmes in schools and early years settings. For example, Whittington Health NHS Trust's Oral Health Promotion Service provides services across 10 boroughs in north London.[146] These include training programmes for staff such as health visitors, school nurses and staff in children's centres, information sessions in key settings, fluoride varnishing and supervised toothbrushing.[147]

Provision of these services in early years settings and schools is not universal in London, and most programmes are targeted at areas with the highest need. Kelly O'Neill told the Committee that "children's oral health is not a statutory requirement for public health grant funding" and that in the past there have been "relatively short-term contracts for oral health promotion".[148] She explained that in Hounslow and Hillingdon, supervised toothbrushing is funded for "nurseries and primary schools in the 10 to 20 per cent most deprived areas".[149]

The Committee heard evidence from dentists and other health professionals that programmes such as supervised toothbrushing have a positive impact on the oral health of children. Charlotte Klass told the Committee that "the evidence base is strong" on the impact of supervised toothbrushing and fluoride varnish programmes.[150] The BDA's submission to the Committee highlighted PHE findings suggesting that "in areas with poor oral health outcomes, for every £1 invested in supervised tooth-brushing, £3.06 is saved in treatment costs over 5

[142] Written evidence submitted to the London Assembly Health Committee
[143] OHID, National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022, 11 October 2023
[144] Public Health England, Local authorities improving oral health: commissioning better oral health for children and young people, June 2014

[145] City Hall Conservatives support the recommendations in this report but believe the term 'Dental Hygiene Programme' more accurately reflects the end goal of this work. This was suggested to the Chair during the drafting of this report and was subsequently rejected. We believe the term 'Supervised Toothbrushing' risks overstating the extent of what can realistically be delivered by school teachers on top of their existing workload. It also risks suggesting it could be a replacement for personal hygiene routines at home which could be offensive or misleading for parents and carers.
[146] NHS Whittington Health NHS Trust, Oral Health Promotion Service
[147] NHS Whittington Health NHS Trust, Enfield Oral Health Promotion Team and Brent Oral Health Promotion Team
[148] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[149] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[150] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1

years".[151] Natalie Bradley also made the case for the cost benefits of prevention initiatives for children, pointing out that "we are spending £9 million in London doing tooth extractions on children", which could be "spent elsewhere within dentistry and within healthcare" if greater efforts were put into prevention.[152]

An evaluation of Scotland's Childsmile programme, a national programme that includes supervised toothbrushing and fluoride varnish, found that the programme "decreased rates of dental caries [tooth decay] among 5-year-olds in Scotland from 32 per cent in 2014 to 26 per cent in 2020, with the programme particularly effective among socially disadvantaged groups".[153]

"Supervised toothbrushing schemes and fluoride varnish programmes can have a significant positive impact on oral health, and inequalities. The implementation of such programmes across London would help prevent tooth decay, encourage children to brush their teeth from a young age and encourage support for home brushing."[154]

Submission to the Committee from the British Dental Association

At its second meeting, the Committee heard from Chris Groombridge, Chair and Founder of Teeth Team, a charity that delivers supervised toothbrushing programmes in schools in Humber and North Yorkshire. He told the Committee that supervised toothbrushing programmes are:

> "aimed at people from socially deprived backgrounds who in a lot of cases do not have a toothbrush at home, and in a lot of cases their parents and themselves need help. It is not about being patronising, it is about giving some support. We found that a large percentage of the children who were involved in Teeth Team did not have a toothbrush at home, or shared one with their siblings. This is an established time when they can experience supervised toothbrushing. What it is about is building a building block for life so that when they become adults, they pass it on to their children."[155]

Guests stressed the importance of engaging with parents as part of supervised toothbrushing programmes, and ensuring that they encourage positive habits at home and not just in school. Chris Groombridge told the Committee that "it is not a substitution for it happening at home" and that, under schemes delivered by Teeth Team, "toothbrush and toothpaste packs are sent home and information is sent home to parents to help them improve their health literacy around oral health and toothbrushing and to empower them".[156]

[151] Public Health England, Health matters: child dental health, 14 June 2017
[152] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[153] University of Glasgow, Childsmile evaluation: shaping national child oral health improvement programmes across the world
[154] Written evidence submitted to the London Assembly Health Committee
[155] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[156] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1

It was also acknowledged that schemes such as supervised toothbrushing place an additional responsibility on already-stretched teaching staff. Elizabeth Fisher highlighted the fact that teachers are "increasingly being asked to do a lot more in the healthcare sphere".[157] Chris Groombridge stressed that "we could not run the programme if we did not have the engagement of the teachers."[158]

In response to the Committee's call for evidence, the National Association of Headteachers stated that "schools have some role to play in improving oral health in partnership with well-co-ordinated cross-sector services".[159] However, it also stressed that "schools cannot be the panacea for all the issues faced by children and young people beyond the school gates" and that "school staff's primary role is as educators".[160] The response concluded by stating:

> "It is, therefore, critical that a number of foundations are in place if the decision is taken to progress such programmes [such as supervised toothbrushing]:
>
> a) schools must have the capacity, the funding and resources to deliver any additional programme
> b) improving children's health and social skills must operate as an integral part of the activities schools do alongside, not as an addition to, educational progress,
> c) dental programme providers must work directly with schools on an ongoing monitoring basis to understand and mitigate against the logistical challenges they may face – e.g. hygienic storage of brushes, staffing capacity, curriculum pressures, parental engagement etc
> d) the ultimate longer-term aim of such programmes (and wider government policy) must be to improve the drivers of domestic oral hygiene practices so that the school-based programmes become redundant over time."[161]

As part of its investigation, the Committee visited Brentfield Primary School in the London Borough of Brent, in order to observe one of these supervised toothbrushing schemes in reception class and speak to teachers and public health professionals. The teachers that the Committee spoke to were positive about the scheme. They acknowledged that it was a time commitment within the school day, but explained that it had become part of the daily routine for children in reception class in the school, and took place when the register was taken. They also explained that the initiative was not mandatory, but that the school had taken the decision to prioritise it due to the oral health needs that had been identified in the local area. We are very grateful to Brentfield Primary School for hosting us.

The Committee supports the delivery of supervised toothbrushing programmes in schools, but acknowledges the additional demands they place upon teaching staff. Therefore, schools must be provided with the necessary level of funding and support to deliver these programmes.

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[157] London Assembly Health Committee, Dentistry in London - 17 July 2024 - Panel 1
[158] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[159] Written evidence submitted to the London Assembly Health Committee
[160] Written evidence submitted to the London Assembly Health Committee
[161] Written evidence submitted to the London Assembly Health Committee

The Government appears to recognise the value of this kind of initiative. On 7 February 2024, the previous Government published its NHS Dental Recovery Plan, which included a commitment to roll out of a new 'Smile for Life' programme, which focuses on prevention and good oral health in young children, and delivered via nurseries and other settings, and promoted by Family Hubs.[162] The Labour Party's 2024 manifesto committed to introducing "a supervised tooth-brushing scheme for 3- to 5-year-olds, targeting the areas of highest need."[163]

Recommendation 6

The Mayor should write to the Government by 31 March 2025 in support of its manifesto commitment to introduce a supervised tooth-brushing scheme for 3- to 5-year-olds, setting out the oral health needs and inequalities in London and the impact this measure would have. Any new government programme should build on previous initiatives such as the Smile for Life programme, must be introduced in consultation with staff in the early years sector, and should involve proper engagement with parents to improve practices at home as well.

Recommendation 7

The Government should provide funding for local authorities to expand the provision of supervised toothbrushing in primary schools in London, targeted at areas with the greatest need. Schools must be provided with the necessary level of support to deliver these programmes. The Mayor should lobby the Government to do this.

Mayoral programmes

The Mayor's Healthy Schools London (HSL) programme and Healthy Early Years London (HEYL) programme are awards programmes which aim to recognise the achievements of schools and early years settings in supporting the health and wellbeing of their pupils. The Mayor has stated that both of these programmes include oral health resources for schools and early years settings.[164]

Under the Mayor's HSL programme, schools can receive bronze, silver and gold awards, with different criteria for each. The programme aims to provide support to schools as they work towards the awards. According to the GLA, 2,354 schools have registered with the scheme. 1,395 have received a bronze award, 925 a silver award, and 430 a gold award.[165] The Mayor's

[162] Department for Health and Social Care, Faster, simpler and fairer: our plan to recover and reform NHS dentistry, 7 February 2024
[163] Labour Party, Labour's Manifesto: Build an NHS fit for the future
[164] Mayor of London, Oral Health in London
[165] Mayor of London, Healthy Schools London

HEYL programme is a similar awards scheme that recognises achievements in children's health in early years settings, including the promotion oral health and supervised tooth brushing.[166]

Leethen Bartholomew, Head of the Children and Young Londoners Team at the GLA, told the Committee that "oral health plays an important role" in both programmes. He pointed out that "early years settings are already required to ensure that they promote oral health in schools", and therefore the HEYL programme "complements that and ensures that schools have the tools and the resources to be able to implement oral health within their setting."[167] He explained that, in order to receive the bronze award, an early years setting would have to show how they are taking action on oral health, but these actions may vary depending on the setting.[168]

The Mayor's 'Water Only' Schools programme ensures that primary and secondary schools provide only water (and semi-skimmed or skimmed milk, lactose free or soya milk).[169] This is designed to reduce sugar consumption that could lead to deteriorating dental health amongst children and teenagers.[170] The GLA has produced a toolkit to support primary and secondary schools to become Water Only Schools.[171] In a letter to the Committee, Leethen Bartholomew said that, as of November 2023, the GLA was aware of just under 600 Water Only Schools in London.[172]

Leethen Bartholomew also explained that the HSL and HEYL programmes are currently being refreshed, with a view to embedding Water Only Schools into the HSL programme.[173] In his subsequent letter to the Committee, he explained that "as we embed water only schools into the HSL, we are committed to building a stronger mechanism for collecting data and monitoring those involved."[174]

Recommendation 8

The Mayor should update the Committee within three months on plans to refresh the Healthy Schools London and Healthy Early Years London programmes, and in particular how oral health will feature in the updated programmes. He should also update the Committee on plans to embed Water Only Schools into the Healthy Schools London programme, and how data collection and monitoring of water only schools will be strengthened.

[166] Mayor of London, About Healthy Early Years London
[167] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[168] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[169] Mayor of London, Water only school toolkit
[170] Mayor of London, Dentistry (2)
[171] Mayor of London, Water only school toolkit
[172] London Assembly Health Committee, Agenda reports pack - 18 November 2024
[173] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[174] London Assembly Health Committee, Agenda reports pack - 18 November 2024

Adult oral health

There are significant oral health inequalities amongst adults in London and across the country, with the most vulnerable and socially disadvantaged adults most likely to experience poor oral health.

The 2021 Adult Oral Health Survey, published in January 2024, found that 64 per cent of adults in London reported very good or good oral health.[175] 27 per cent reported that they had fair oral health and 9 per cent reported they had bad or very bad oral health.[176] However, these results differed depending upon household income and neighbourhood deprivation. In England as a whole, the proportion of adults who reported very good or good oral health ranged from between 57 per cent and 61 per cent in the lowest two income quintiles to 75 per cent in the highest income quintile (this breakdown has not been published at regional level).[177] A 2021 report from PHE found that "the impacts of poor oral health disproportionally affect the most vulnerable and socially disadvantaged individuals and groups in society."[178]

At the Committee's second meeting, Charlotte Klass emphasised that "oral health is integral to wider health and wellbeing" and outlined the wider impact of poor oral health on adults:

> "We understand that poor oral health can lead to pain and discomfort but this can also have an impact on mood and behaviour changes, especially in those who cannot communicate their experiences. They have problems with chewing and swallowing, which might limit food choices and can lead to issues around nutrition and hydration. Good oral health can help our older adults to stay healthier and stay independent for longer. We also know that there are associations between oral health and community-acquired pneumonia, diabetes, and dementia."[179]

Older adults, especially vulnerable older adults, are most likely to experience poor oral health.[180] The situation can be particularly poor for adults living in care homes. Charlotte Klass told the Committee that "oral health in care home residents is much worse than those living in the community and they experience higher levels of tooth decay, untreated tooth decay and pain, and have poor oral-health-related quality of life."[181] A 2019 Care Quality Commission (CQC) report into oral healthcare in care homes found that "residents [in care homes] are not supported to maintain and improve their oral health".[182] The CQC produced an updated report in 2023 which found that, although there had been improvements, many care home residents were still struggling to access dental care and maintain good oral health.[183]

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[175] OHID, Adult oral health survey 2021
[176] OHID, Adult oral health survey 2021
[177] OHID, Adult oral health survey 2021: self-reported health and oral impacts
[178] Public Health England, Inequalities in oral health in England, 19 March 2021
[179] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[180] Public Health England, Oral health survey of adults attending general dental practices 2018
[181] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[182] Care Quality Commission, Smiling matters: oral health care in care homes, 24 June 2019
[183] Care Quality Commission, Smiling matters: Oral health in care homes - progress report, 20 March 2023

Oral health programmes targeted at older Londoners

London boroughs commission a range of services to support the oral health of older adults. For example, Kent Community Health NHS Foundation Trust provides oral health promotion services on behalf of six boroughs in north-east London. This includes oral health training for care staff within residential homes, which aims to provide carers with the knowledge and skills to enable them to maintain good oral hygiene for all clients.[184] Health professionals also visit support groups for adults and children with learning disabilities and supported housing to offer advice and support on all aspects of oral hygiene for residents and carers.[185] However, the funding available for this work is limited and there are undoubtedly gaps in service provision.

Charlotte Klass highlighted to the Committee the National Institute of Clinical Excellence (NICE) guidelines on oral health in care homes, and noted that "there are several programmes aiming to maintain and improve oral health and ensure the embedding of these NICE guidelines and quality standards within our care homes."[186] She referenced specific examples of programmes that provide training to care home staff on delivering oral health care to residents, but noted challenges around "high turnover of staff, access to the care homes and prioritisation of oral health within those care homes".[187]

"In terms of older adults, we really need support advocating for this most vulnerable group, prioritising their mouthcare needs, maintaining their dignity and supporting them as they progress through their lives, or as we all progress through our lives. We need an embedded approach with wider health and social care which considers impacts of poor oral health and the ability to have a functioning dentition."[188]

Charlotte Klass
Consultant in Dental Public Health at NHS England (London region)

Whilst adults in care homes experience particular difficulties in maintaining good oral health, it is important not to forget the challenges faced by vulnerable adults living outside of care homes. Kelly O'Neill highlighted a gap in service provision for older people who receive domiciliary care. She told the Committee that there are people who are "older, who are frail, who are living by themselves and independently, and I do not think, hand on heart, we can say that outside of their access to dentistry, we are doing a lot for them".[189] Charlotte Klass added that "yes, we need to support our care homes and care home residents as a vulnerable population, but we also need to work across the life course so that our populations age well".[190]

[184] Kent Community Health NHS Foundation Trust, Oral Health Promotion Service
[185] Kent Community Health NHS Foundation Trust, Oral Health Promotion Service
[186] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[187] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[188] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[189] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[190] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1

Recommendation 9

The Mayor should direct his Health Advisor to hold a meeting with London's ICBs and local authority public health teams by 31 March 2025, with the aim of encouraging them to prioritise oral health promotion programmes targeted at vulnerable adults.

Recommendation 10

The Government should carry out a review to understand why poor oral health is so prevalent across the country, and develop an action plan to address this.

Water fluoridation

Water fluoridation involves adjusting the level of fluoride in tap water, with the aim of preventing tooth decay.[191] Since 2013, local authorities have held responsibility for water fluoridation schemes.[192] This has created challenges, not least because water flows cross over local authority boundaries.[193] The Health and Care Act 2022 introduced new provisions for the Secretary of State "to introduce, vary and terminate community water fluoridation schemes".[194] Public consultation is required before using these powers and, earlier in 2024, the Government consulted on expanding water fluoridation schemes in the north east of England.[195]

There was a discussion at the Committee's second meeting about the benefits of water fluoridation, Charlotte Klass told the Committee:

> "The evidence base around water fluoridation is that it successfully reduces caries prevalence in all sectors of society, irrelevant of age, and most importantly it does not require a sustained behavioural change at an individual level. As with all community-based oral health interventions, it benefits those individuals from more deprived backgrounds and therefore does reduce health inequalities and oral health inequalities. However, we need to think that water fluoridation alone will not eliminate dentinal decay but would be part of a suite of interventions and preventative strategies."[196]

To date, the Government has not announced plans to fluoridate London's water using these new powers. Charlotte Klass told the Committee that "water in London is not fluoridated routinely."[197] The Committee believes that this is something worth exploring, as an additional measure to help address tooth decay in London.

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[191] NHS England, Let's talk about water fluoridation
[192] The British Fluoridation Society, The Health and Care Act (2022) has an important bearing on the future of water fluoridation
[193] The British Fluoridation Society, The Health and Care Act (2022) has an important bearing on the future of water fluoridation
[194] DHSC, Community water fluoridation expansion in the north east of England, 13 June 2024
[195] DHSC, Community water fluoridation expansion in the north east of England, 13 June 2024
[196] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1
[197] London Assembly Health Committee, Dentistry in London - 18 September 2024 - Panel 1

Recommendation 11

The Mayor should carry out a review of the feasibility of fluoridating London's water in 2025. He should submit the findings of this review to the Government, with a recommendation as to whether the Government should introduce fluoride into London's water.

Committee activity

Committee meetings

The Health Committee held its first meeting on dentistry and oral health in London on 17 July 2024 with the following guests:

- **Nikita Vora**, Dental Surgeon and Director for Brent, North West London LDC (Local Dental Committee)
- **Natalie Bradley**, Consultant in Special Care Dentistry, King's College Hospital and Chair of the British Dental Association Young Dentist's Committee
- **Elizabeth Fisher**, Senior Fellow, Nuffield Trust
- **Martin Machray**, Executive Director of Performance, NHS England (London region)
- **Will Huxter,** Regional Director of Specialised Commissioning, NHS England (London region)
- **Jeremy Wallman**, Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy, NHS North East London

The Committee held its second meeting on 18 September 2024 with the following guests:

- **Vicky Hobart**, GLA Group Director of Public Health & Deputy Statutory Health Advisor
- **Charlotte Klass,** Consultant in Dental Public Health, NHS England (London region)
- **Leethen Bartholemew**, Head of Children and Young Londoners Team, GLA
- **Kelly O'Neill**, Director of Public Health, London Boroughs of Hounslow and Hillingdon
- **Chris Groombridge,** Chair and Founder of Teeth Team
- **Mike Derry,** Chief Officer, Healthwatch Richmond

The Committee also collected views through a call for evidence and a survey, and carried out a site visit to Brentfield Primary School in Brent to observe a supervised toothbrushing session.

Call for evidence: The Committee published a call for evidence in July 2024, and received seven responses from the following organisations:

- British Dental Association
- Healthwatch Islington
- Healthwatch Lambeth
- Healthwatch Richmond
- LDC Confederation
- National Association of Headteachers
- Serio Dental, Dr Sulaman Anwar

Survey: The Health Committee launched a survey to collect to views of Londoners on dentistry in the capital. The survey was open in between August and October 2024. The Committee was interested in hearing how people have found accessing or trying to access dental appointments in London, including hearing from parents/carers about accessing appointments for their children, as well as the experiences of those working or studying in dentistry or a dentistry-

related field. The survey was posted on the London Assembly's social media channels and was shared with stakeholders, who were also encouraged to share it with their networks. The survey received 90 responses and was open to anyone who wanted to respond, rather than collecting representative quantitative data. To reflect this, the survey design included a high number of open text box questions, and extracts from these responses have been included throughout the report. The Committee would like to thank those who responded to the survey.

Site visit: The Committee carried out a site visit to Brentfield Primary School in the London Borough of Brent on 16 October 2024. The purpose of this visit was to observe a supervised toothbrushing programme and to speak to teaching staff and public health officials. We are very grateful to Brentfield Primary School for hosting us.

Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

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Email 与我们联系。

Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में
चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये
गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang
tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện
thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান,
তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা
ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

***Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα
σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί
μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.***

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں
درکار ہو تو، براہ کرم نمبر پر فون کریں
یا مذکورہ بالا ڈاک کے پتے یا ای میل
پتے پر ہم سے رابطہ کریں۔

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini
okumak isterseniz, lütfen yukarıdaki telefon
numarasını arayın, veya posta ya da e-posta
adresi aracılığıyla bizimle temasa geçin.

Arabic

ال حصول على ملخص لهذا المستند بلغتك،
فرجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي العادي أو عنوان البريد
الإلكتروني أعلاه.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ
ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ
ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં
જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો
અથવા ઉપર આપેલ ટપાલ અથવા ઈ-મેઈલ સરનામા
પર અમારો સંપર્ક કરો.

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