

In Harrow, just under 4 in 10 adults and about 6 in 10 children have access to NHS dentistry.

**ADULT ACCESS** ^[1]

**37.1%**
of adults in Harrow saw an NHS dentist
79,382 of 214,252 · April 2024 to March 2026
London **36.9%** · England **40.0%**

**CHILD ACCESS** ^[1]

**58.9%**
of children in Harrow saw an NHS dentist
34,368 of 58,360 · April 2025 to March 2026
London **51.5%** · England **60.0%**

 NHS DENTAL PROVISION IN HARROW ^[2] as at August 2026

**NHS PRACTICES**
36
With a GDS contract

**NHS DENTISTS**
152
Active in the borough

**CONTRACT VALUE**
£12,066,965
Total commissioned

**SPEND PER PERSON**
£44.26
Per resident

**NHS TREATMENT DELIVERED** ^[1]

149,177 COURSES OF TREATMENT, APR 2025 TO MAR 2026



Share
53.5%
29.0%
12.8%

Band 1	Check-ups, scale and polish	53.5%
Band 2	Fillings, extractions, root canals	29.0%
of which 2a 16.3% · 2b 11.2% · 2c 1.5%		
Band 3	Crowns, dentures, bridges	4.5%
Urgent	Urgent appointments	12.8%

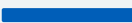
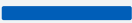
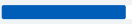
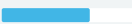
URGENT CARE AS A SHARE OF UDAS



0%	6.4%	8.2%	13%
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UDAs weight each course by complexity, so urgent care is a smaller share of UDAs (6.4%) than of courses (12.8%).

**ACCESS WITHIN HARROW** ^[1] 22 wards, adults

Roxbourne		46.1%
Wealdstone North		46.0%
Harrow Weald		43.6%
Canons		31.6%
Edgware		31.1%
Stanmore		30.7%

Adult access ranges from 30.7% in Stanmore to 46.1% in Roxbourne, a gap of 15.4 points within the borough, wider than the gap between Harrow and the England average.

WHAT WOULD MAKE THE BIGGEST DIFFERENCE LOCALLY

- Dentistry named in Integrated Neighbourhood Teams
- A route for practices into local prevention programmes
- Access to the NHS Spine and the Single Patient Record

 CHILDREN'S ORAL HEALTH ^[3] tooth decay is the most common reason a child under 10 is admitted to hospital

**FIVE YEAR OLDS WITH TOOTH DECAY**

**27.6%**
London 27.4% · England 22.4% · 2024 survey

**CHILDREN UNDER 10 ADMITTED TO HOSPITAL TO HAVE DECAYED TEETH REMOVED**

**135**
In 2024/25, up 13% on 2023/24 (120)

**HOW THE NHS DENTAL CONTRACT WORKS**

-  There is no NHS dental registration. A practice is contracted to deliver a set amount of activity each year and is paid for that activity, not for a list of patients.
-  Once that activity is delivered, a practice cannot take on more NHS patients. More patients means more contract value, which is a commissioning decision.
-  The contract is national and pays only for defined courses of treatment. There is no mechanism within it to fund prevention work or joint working with local services.

**ABOUT THE LDC CONFEDERATION**

The LDC Confederation is the membership body for London's four Local Dental Committees, the representative bodies for NHS dentists. Together we cover 22 boroughs and around 3,000 NHS dentists. North West London LDC covers Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster.

We bring dental intelligence into local planning, connect partners with practices in the borough, and cascade information and opportunities to them.

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 **A note on this data**
These figures describe people who were seen by an NHS dentist, not the oral health of those who were not, who are concentrated in the most deprived parts of the borough. Higher access is not in itself a good result: it does not show whether the people with the greatest need are being seen, or whether they are receiving the right care. London and England figures are context, not a benchmark. Being above an average does not mean residents are receiving the care they should.

Sources

- 1 NHS BSA, NHS Dental Statistics for England 2025/26
- 2 NHS BSA contract report, August 2026
- 3 OHID, oral health survey of five year olds 2024 and hospital tooth extractions to March 2025