Written evidence submitted by the BDA to the Public Bill Committee on the Health Bill

About the BDA

The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK. BDA members are engaged in all aspects of dentistry including general practice, salaried primary care dental services, the armed forces, hospitals, academia and research, and include dental students.

We welcome the opportunity to provide evidence to the Public Bill Committee on the Health Bill 2026.

Summary

Whilst we support the underlying objectives of reducing bureaucracy, strengthening local decision-making and improving digital integration, organisational reform alone will not restore NHS dentistry.

We must 'get the basics right' – a workable dental contract, sustainable funding, and clinical involvement in collaborative decision making – before we can progress to capitalising on some of the advancements outlined in the Bill.

Dentistry in Crisis

Whilst the structural changes set out in the Bill may in time improve things for patients, we are concerned that NHS dentistry may not survive long enough to see those benefits.

The 10-Year Plan acknowledges our concerns that NHS dentistry in England stands at a crossroads, facing unprecedented challenges that demand urgent and decisive action.

The Nuffield Trust and Lord Darzi's comprehensive review of the NHS highlighted the dire need for transformative change. Well over 1 in 4 of the adult population – almost 14 million patients – are unable to access NHS dentistry in England, and for new patients, access has all but ceased to exist. This means that three in five adults have not seen an NHS dentist within the recommended 24-month period, and over two in five children are missing annual check-ups, contributing to a rise in preventable dental emergencies, including 73,000 A&E visits annually.

Dentistry (alongside other parts of primary care) sits front and centre of the prevention agenda.

Oral health is inextricably linked to overall health, with poor dental care exacerbating conditions such as cardiovascular disease, diabetes, and oral cancers. Yet, glaring inequalities in both access and outcomes persist, with rural and deprived communities suffering the most. The Government's acknowledgement that the NHS is in a state of crisis reflects the lived realities of patients and dentists alike.

At the core of the crisis facing NHS dentistry is a contract that is not fit for purpose and a service that has been chronically under-funded. The Government has acknowledged that a reformed dental contract will make things better for patients. The solution is known, yet we have seen delay after delay – most recently the delay to the start of the public consultation on fundamental reform of NHS dentistry which was due to launch in June.

Clinical and Public health representation on ICBs – the need for dental input

We believe that for the benefit of patients and the NHS there must be wide clinical engagement and representation at every level of Integrated Care Systems, including from across primary and secondary care, as well as public health. The challenges we face can only be addressed with a collaborative approach.

This was our position when we submitted evidence on the Health and Care Bill, and it remains our position. In the years since ICBs were introduced, we have seen great variety in the degree of engagement with our profession. This can't be left to chance – dental involvement must be mandatory.

Yet we see that the minimum requirements for clinical representation on ICBs are being removed, and that Integrated Care Partnerships (which we were told would be the platform through which dentists would be involved) have been disbanded. In this context, how will this clinical engagement be ensured in the future? This matters as we see how when local commissioning has strong involvement from frontline clinicians then schemes are successful, but decision-making that cuts them out often fails.

We ask how the Government will honour its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems including strategic decision-making forums.

We are also concerned by the removal of important safeguards that currently ensure public health expertise informs decision-making at national and local level. The cuts to the public health workforce at both national level and within ICBs have serious implications – particularly given the Government's prevention agenda. It is crucial that the existing dental public health expertise is maintained whether in the ICB clinical leadership and commissioning structures or by some other means.

We also ask that Local Dental Committees, which represent General Dental Practitioners, have formal roles within ICB decision-making structures. We have heard that engagement has varied across regions, yet the expertise and local knowledge of Local Dental Committees is vital, particularly as experienced dental commissioners are being lost in the current restructuring.

Single Patient Record

There is an urgent need for digital advancement within NHS dentistry, but the Single Patient Record is a long way from the current reality in dentistry.

The lack of digital integration within NHS dentistry has been a long-standing problem facing the service, and one which the BDA has continuously highlighted in its engagement with decision-makers. The failure to ensure that NHS dentistry is included in digital transformation efforts is, in part, due to the lack of priority that dentistry has been afforded within the wider healthcare system; dentistry has been consistently overlooked for many years.

At present, NHS primary care dental services do not have access to patient Summary Care Records or e-prescribing capabilities. Enabling practitioners to access these basic functionalities is the first step of many needed to shift NHS dentistry from analogue to digital, and ensure it no longer operates in a silo from the rest of the NHS. We must 'get the basics right' before we can progress to capitalising on further technological advancements.

The importance of universal Summary Care Record access for patient safety cannot be overstated. It is vital that dental practitioners have timely access to their patients' medical history and medication for the delivery of safe treatment. This is particularly the case within the Community Dental Service, whose patient population comprises some of the most vulnerable members of society, many of whom have comorbidities and take multiple medications but may not be able to accurately recall or communicate their medical history.

The Single Patient Record may be too big a jump for dentistry given the lack of involvement currently, and the investment that will be needed to move practices from analogue to digital. It is vital, however, that the profession is involved in all discussions – if a solution is built without dental involvement there is a risk that it will not work for dentistry, further adding to the issues facing the profession.

We share the concerns expressed by other professional associations about the removal of the duty of confidentiality, as well as the threat of financial penalties.

Patient Voice

We have concerns regarding the abolition of existing independent structures for patient representation. Patients should continue to have an independent mechanism through which issues regarding NHS dental access and quality can be raised.

The BDA urges the Government to drop their plans to abolish Healthwatch England, which has played a crucial role in bringing to light the scale and the human cost of the crisis in access in NHS dentistry. As the Government works to develop a new NHS dental contract, now more than ever Ministers and officials require forensic scrutiny at both national and local levels.