Association of Dental Hospitals

ADH welcomes the government's 10-Year Health Plan for England



The Association of Dental Hospitals (ADH) welcomes the strategic direction outlined in the NHS 10-Year Plan for England, particularly the emphasis on neighbourhood care, prevention, and digital transformation.

These priorities are deeply aligned with ADH's ethos: ensuring patients receive the right care, in the right setting, delivered by a skilled and supported workforce, empowered by appropriate digital and information technology, and informed by ongoing research and innovation.

ADH members, **leaders in specialist dental services**, bring critical expertise to the delivery of these ambitions. Through collaboration with primary care, contributions to prevention strategies, and the adoption of digital tools, dental hospitals are uniquely positioned to support integrated, patient-centred reform.

What are specialist dental services and what do they deliver?

Hospital-based dental specialists play a vital role in delivering complex care for patients with advanced clinical needs. These professionals are trained in specific areas of dentistry and provide treatments that go beyond the scope of general dental practice. For example:

- Oral Surgery specialists manage complex surgical procedures of the oral hard and soft tissues including tooth extraction.
- Restorative Dentistry specialists are trained in the subspecialties of prosthodontics, periodontology and endodontics. In the hospital setting they provide care for high priority patients including complex oral rehabilitation for patients with oral cancer, developmental disorders such as cleft lip and palate, severe dentoalveolar trauma and those with complex medical histories who cannot be treated in primary care. This often involves multidisciplinary care with medical/surgical specialties and may involve implant rehabilitation which is not funded in primary care.
- Orthodontic specialists provide orthodontic treatment for patients which in a hospital setting might include patients undergoing orthognathic surgery requiring multidisciplinary care.
- Paediatric Dental specialists provide oral health care for children. In hospitals this includes that which cannot be provided in the primary care setting due to a patient's complex medical history, trauma or those requiring specialist sedation services/general anaesthesia which cannot be provided in primary care.
- Special Care Dentistry specialists treat patients with additional needs—such as those with physical, cognitive, or emotional challenges—who may not be safely or effectively treated in a standard dental setting.

These specialists do not only work within hospital walls. Some actively support care in the community by partnering with primary care providers, offering outreach services, and delivering treatment in local clinics. An example of this distributed model is King's College Dental Hospital, which operates 17 Community dental sites, which provide further dental access to patients living in South and Southeast London, ensuring that vulnerable patients receive expert care closer to home.

ADH members have provided the following feedback on how they can deliver the three strategic shifts outlined in the 10-year plan:

Shift – Hospital to neighbourhood

Specialist dental care is no longer confined to hospital buildings. Increasingly, clinical complexity is integrated with primary care and managed in community settings. ADH members strongly support this shift and welcome opportunities to expand partnerships that bring expert care closer to where patients live.

For example, UCLH and NHS Whittington has developed a successful model for sharing paediatric dental advice from consultants directly with community dental services - an approach that has been shared across the ADH network and is highlighted as an exemplar

project in the NHS 10-year plan (see case study). These outreach services offer significant benefits including improved access and outcomes, reduced commissioning costs, and more responsive care for patients.

As part of this evolution, ADH is actively reviewing how it describes its role and collaborates across the wider health system, including with patients. This refreshed approach will better reflect the distributed way members already operate and will strengthen engagement with commissioners, Integrated Care Systems, Higher Education Institutions, and patient groups. The scope of this change will be shaped through a formal scoping process and consultation, drawing on the expertise of ADH members and key stakeholders.

ADH notes that the hospital setting remains appropriate for some multidisciplinary oral care and patient groups. Centres for undergraduate and postgraduate training are appropriately based in university hospitals especially in areas of curricula that cannot be delivered in the community and primary care setting. ADH reminds stakeholders that services moved out of hospitals should never move without the reallocation of training and research capacity or the longevity and quality of services will be compromised.

Hospital to neighbourhood - Case study

UCLH/Whittington community dental service

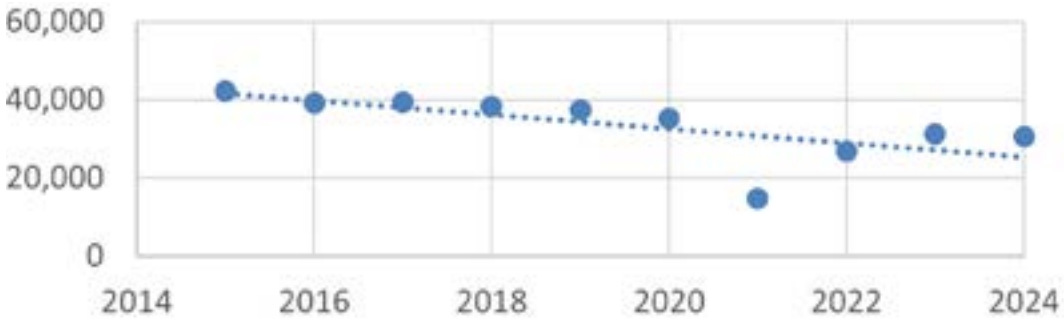
The Paediatric Dentistry Advice Clinic is a joint initiative between Whittington Health Community Dental Service and UCLH. It aligns with the NHS 10-Year Plan's vision of shifting care from hospital to neighbourhood settings. A monthly virtual clinic on Microsoft Teams sees community dentists present cases for advice from a UCLH consultant. Each patient discussed receives a formal clinic letter, ensuring clear advice and continuity of care.

Since October 2021, the Advice Clinic has supported over 250 children. The vast majority (204) were managed locally following discussion and support from the advice service, without needing to come to hospital. Only 39 patients were referred to secondary care; less than 5% required a referral to hospital, representing a 92% reduction compared to with historic levels. Families have reported less travel, reduced waiting times, and fewer missed school and work days.

The service strengthens the general dental workforce: 100% of community dentists reported improved confidence in managing paediatric cases. Meanwhile, hospital capacity has been released to treat the most complex patients.

Shift – Treatment to prevention

Preventable oral disease conditions continue to place significant pressure on patients, families, and the wider health system. One stark example is the high number of hospital admissions for children requiring tooth extractions - primarily due to tooth decay, the most common reason for paediatric hospital admissions in England. Tooth decay is avoidable, yet it disproportionately affects children from deprived backgrounds and certain ethnic groups. In 2021–2022 alone, hospital-based extractions for children cost the NHS £50.9 million. While the number of admissions is gradually declining, 30,587 children were still admitted in 2024 for largely preventable procedures (see Graph 1).



Graph 1: Extractions in hospital due to tooth decay for patients in England aged 0-19 between 2014-2024, Office for Health Improvement & Disparities

Vulnerable adults and the older population also stand to benefit from the shift to prevention for oral healthcare, especially those staying in hospital and those staying in residential care settings. Incidences of oral health problems will decrease with the implementation and rollout of prevention programmes like Mouth Care matters, originally developed to improve the oral health of in patients in secondary care but can equally be applied to those living in care homes. Preventing oral healthcare problems from escalating will also bring benefits linked to the shift from 'Hospital to Neighbourhood' as fewer hospital visits will be necessary and patients will be discharged earlier from hospitals.

There is a strong evidence base for simple, effective interventions:

- Brushing twice daily and attending regular dental check-ups significantly reduce the risk of decay.
- Toothbrushing programmes for children, already in place in some communities, are proven to lower incidence and should be scaled nationally.

Lifestyle factors also play a critical role. Reducing alcohol, tobacco and paan use lowers both the incidence and severity of oral health problems including oral cancer. Dental clinics are ideally positioned to deliver brief, impactful interventions. A 30-second conversation about smoking, for example, has been shown to improve patient outcomes.

Dental public health specialists working in hospital settings are leading efforts to develop innovative communication strategies, working with social scientists to better engage communities and drive behavioural change. Ultimately, reducing the need for oral health services through prevention allows limited resources to be directed where they are needed most - supporting patients with complex needs and ensuring sustainability across the dental system.

Treatment to prevention - Case study

Portsmouth - 'Brush Up' scheme

The University of Portsmouth Dental Academy, in partnership with Portsmouth City Council, visits children aged 4 to 5 in 24 local primary schools in the most deprived postcodes of the city. It provides oral hygiene training to school staff to enable them to supervise daily brushing activities in the classroom with supplied toothbrushes and toothpaste. Screening and topical fluoride application then takes place on two further visits.

Shift – Analogue to digital

Digital technologies are reshaping the delivery, quality, and efficiency of dental care. The COVID-19 pandemic accelerated the adoption of remote consultations, which continue to play a valuable role where physical examinations are not required. Beyond telehealth, innovations such as oral scanners, CAD/CAM systems, and 3D printing are revolutionising how prosthetics, and crowns are designed, manufactured, and fitted - improving precision and patient experience. Digital technology is being increasingly used to assist in the placement of implants particularly applicable when there are complexities and risks to oral anatomy. Oral Surgeons and Restorative Dentists are now routinely using 3D digital technology to plan and manage head and neck cancer rehabilitation and complex dental and facial trauma care. With Orthodontists, surgeons are digital planning and delivering orthognathic (jaw alignment) surgery. Digital oral scanning and digital design and manufacturing is used for study casts, orthodontic retainers, mouthguards and occlusal splints, aligners and fixed orthodontic braces.

Analogue to Digital - Case study

In September 2022, Manchester University Foundation Trust introduced Epic. This was followed in October 2023, by Guy's & St Thomas's and King's also introducing the software. From this point, two of the NHS's largest Trusts use the same single electronic patient record, replacing hundreds of separate IT systems and paper notes, into one joined up digital record within each Trust.

For patients, Epic means their information is available instantly across hospital and community services, reducing the need to repeat their story to multiple clinicians or carry paper letters. A patient app, MyChart, equips patients with access to their records, test results, and appointments. For clinicians, Epic brings all relevant information into one place, improving safety, reducing duplication, and freeing up time for patient care.

For dental hospitals, the move from analogue to digital offers a model for how technology can connect specialist care with primary and community services, helping to deliver more efficient, integrated, and patient-centred oral healthcare.

To unlock the full potential of these technologies, targeted investment and supportive infrastructure are essential. ADH has already facilitated peer-to-peer learning, helping members build robust business cases and navigate common project and IT challenges.

However, digital transformation across systems requires more than equipment - it demands secure, reliable, and compatible IT systems. Key priorities include:

- Integration of dental charting into wider hospital electronic record keeping systems to allow accurate sharing of patient of information.
- Compatibility of software updates across services and equipment to avoid disruption.
- Standardisation of e-referral systems, with full utilisation of the NHS e-Referral Service

for dental pathways.

- Enhanced patient access through integration with the NHS App, enabling appointment booking and care tracking.

ADH members also highlight the importance of improving coding for dental procedures, which remains a work in progress. Better coding will support more accurate resource allocation, enable large-scale data analysis, and uncover insights into prevention and best-practice treatment.

Enablers for Delivering Specialist Dental Care Closer to Communities

Delivering the ambitions of the NHS 10-Year Plan requires a reimagining of how specialist dental services are accessed and delivered. ADH members are committed to supporting this transformation through practical, evidence-based solutions that bring care closer to patients, reduce system pressure, and improve outcomes.

To embed specialist dental care within community settings, the following enablers are essential:

1. Integrated Workforce Deployment

Hospital-based dental specialists should be moved to deliver some appropriate aspects of expert care in primary and community settings. This strengthens local pathways and ensures timely, appropriate interventions for patients with complex needs.

2. Expanded Clinical Support

Advice and Guidance services must be scaled to allow hospital specialists to support primary care teams in managing complex cases locally - reducing unnecessary referrals and improving continuity of care.

3. Upskilling the Primary Care Workforce

Enhanced training opportunities, led by hospital-based clinicians, can extend the competencies of general dental practitioners and other members of the dental team - mirroring the GPwER model - and build a more confident, capable workforce.

4. Digital Infrastructure and Integration

A coordinated approach to technology is vital. Priorities include:

— A unified electronic referral system (e.g., NHS eRS) for efficient triage.

— Interoperable dental records accessible across primary and secondary care.

— Patient-facing tools such as oral scanners to support diagnostics and engagement.

— Full integration with the NHS App to improve patient access and experience

5. Commissioning Leadership

Integrated Care Systems (ICSs) are central to reform, but many are still developing local expertise in oral health. ADH members are ready to support ICBs by sharing clinical insight, capacity data, and education infrastructure. Collaborative commissioning will ensure new models are evidence-based, cost-effective, and responsive to both immediate and long-term patient needs.

6. Workforce Sustainability

The dental clinical academic workforce underpins innovation, safety, and evidence-based care. However, recent census data shows this workforce remains fragile and unevenly distributed. Strategic investment from is needed to secure its future and support the ambitions of the 10-Year Plan.

7. Financial Stewardship

ADH recognises the financial pressures facing the NHS and supports the Plan's focus on culture change and resource optimisation. Addressing the dental budget underspend is essential to protect access, support innovation, and ensure value for money.

8. Environmental Responsibility

Localised care, digital innovation, and prevention can also contribute to reducing the environmental footprint of oral healthcare. ADH is committed to supporting the NHS net zero target for 2040, including through its membership of the UK Health Alliance on Climate Change.

9. Digital, Safety, Human Factors Specialists, and Service User input

Trained experts must be used to develop the systems required to support the digital transformation along with input from all service users including staff, patients, carers and their families.

Summary

ADH is committed to working with DHSC to deliver the NHS 10-Year Plan's three key shifts: neighbourhood care, prevention, and digital transformation. By mobilising specialist expertise into community settings where appropriate, enhancing clinical support and training, and improving digital infrastructure, ADH will help to improve access, reduce system pressure, and ensure oral healthcare reaches those patients who need it most.