

## Opposition policy costing – 700k Dentist Appointments – Labour

Description of policy
<p><b>‘Labour will deliver 700,000 extra appointments each year, get more dentists into the communities that need them most’.</b> <i>STREETING:</i> ‘Labour will deliver 700,000 extra appointments each year, get more dentists into the communities that need them most, and make sure that everyone who needs an NHS dentist can get one’ (Wes Streeting, <i>Labour Party Conference Speech 2023</i>, 11 October 2023, <a href="#">link</a>).</p> <p><b>Keir Starmer said Labour will provide 700,000 more dentist appointments a year.</b> ‘Labour will provide 700,000 more appointments a year, recruit more dentists to areas that need it, and make sure children have access to dental care’ (Keir Starmer, <i>Twitter</i>, 5 October 2023, <a href="#">link</a>).</p>
Additional policy assumptions
<ol style="list-style-type: none"><li>1. That these appointments include a clinical intervention, as opposed to initial consultation/diagnosis.</li><li>2. That the costs of the full staffing mix required to deliver those clinical interventions (administrative, clinical support staff) are included.</li><li>3. That these appointments are skewed towards areas with shortages of provision on a 60/40 basis, as defined by the joint Health Education England/NHS England (NHSE) work to improve access (set out in PQ response <a href="#">here</a>) – and that DHSC’s assessment of the extra costs of providing those appointments are reflected in this costing.</li></ol>
Additional technical modelling assumptions or judgements required
<ol style="list-style-type: none"><li>1. All interventions are additional to the current system and are not utilising pre-existing schemes, or contract values, delivered or under-delivered. The additional appointments are deliverable through existing workforce and the planned expansion of the workforce in the NHS Long Term Workforce Plan (LTWP).</li><li>2. Around 85m Units of Dental Activity (UDAs) are commissioned each year in England. It is estimated that an additional 1.5m UDAs would need to be commissioned to deliver these 700,000 additional appointments. This is equivalent to an extra 2% UDAs being commissioned on top of what is already commissioned each year.</li><li>3. These 700,000 appointments are estimated to deliver 325,000 additional courses of treatment, equivalent to an extra 1% treatments delivered overall when compared to the 32.5m courses of treatment that were delivered in 2022-23.</li><li>4. All 700,000 appointments are for band 2a, 2b, 2c and band 3 courses of treatment (i.e., excluding band 1 check-ups).</li><li>5. All costs to deliver clinical interventions are included in the UDA value agreed between the NHS and private dental providers. It is therefore assumed that this UDA value covers the infrastructure and pay costs needed, both in the case of treatment being delivered in an existing NHS practice, and in the case of it being delivered in a new location.</li><li>6. An average UDA value is assumed for all UDAs delivered through these new appointments. There is inconclusive evidence to suggest that lower UDA values are correlated with areas with shortages of provision, and vice versa. It is therefore assumed that the costs of this proposal would not vary</li></ol>

significantly depending on where the new appointments are delivered. The split of band 2a, 2b, 2c and band 3 courses of treatment will follow the same split that was seen across NHS dentistry in 2022-23, based on the dental statistics publication.

7. The average UDA values assumed in the calculations are £30 for the low estimate and £35 for the high estimate. The BDA have previously stated that a minimum UDA of £35 would be needed to incentivise dentists to perform more NHS treatment.
8. There is an average number of appointments needed to complete the treatment for each treatment band (band 2a = 2 appointments; band 2b = 2 appointments; band 2c = 3 appointments; band 3 = 3 appointments).
9. The model projects that the split of extra treatments provided to paying and non-paying patients will follow the same treatment band split that was seen across NHS dentistry in 2022-23, based on the NHSE dental statistics publication.
10. The model projects that the split of extra treatments provided to adults and children will follow the same adult/children split that was seen across NHS dentistry in 2022-23, based on the NHS dental statistics publication.
11. Also included are the costs of a “golden hello” scheme aimed at targeting dentist shortages in specific areas. These figures are based on a recent pilot scheme.
12. It is possible that, through a “golden hello” scheme, there could be reduced delivery in areas where dentists have moved away from. We have not modelled the potential impact of this.
13. The model calculates the cost of “golden hellos” for an initial pilot 120 dentists, with 40 starting in the first year, and 80 in the second year.
14. A “golden hello” will be a £20,000 payment for a dentist, with the dentist receiving £10,000 in their first year in post, £5,000 in their second year, and £5,000 in their third year.
15. Costs have been profiled across the timeframe requested using GDP deflator forecasts from November 2023.
16. Both the additional 700,000 appointments, and the “golden hello” scheme are assumed to begin in 2024-25.
17. The behavioural impacts from implementing the policy/policies that might achieve these additional appointments have not been considered.
18. The broader indirect effects and fiscal impact of the policy/policies that might be implemented to achieve these additional appointments have not been considered.
19. The additional appointments, and therefore the costs of this proposal, are for England only but with Barnett consequentials shown.
20. All sources (700,000 additional appointments)
  - Split of dental treatments delivered in 2022-23 – [NHS Dental Statistics for England, 2022-23, Annual Report - NHS Digital](#)
  - UDA value – assumption (see assumption 7)

- Patient charge value - [How much will I pay for NHS dental treatment? - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- UDA value for treatments - [How many units of activity \(UDA / UOA\) does a course of treatment \(COT\) receive? · Customer Self-Service \(nhsbsa.nhs.uk\)](http://nhsbsa.nhs.uk)
- Number of appointments per treatment – assumption (see assumption 8)

Methodology (700,000 additional appointments)

- Calculate assumed treatment split of band 2a, 2b, 2c and band 3, based on 2022-23 statistics.
- Find the average number of appointments per treatment (e.g., (proportion of appointments that are band 2a \* number of appointments needed for a band 2a treatment) + (proportion of appointments that are band 2b \* number of appointments needed for a band 2b treatment) + etc.).
- Calculate total number of courses of treatment that can be performed during 700,000 appointments (e.g., 700,000 / average number of appointments per treatment).
- Find total number of treatments within each band and then find number of UDAs delivered within these treatments (e.g., number of band 2a treatments \* 3 UDAs).

	<b>Total appointments</b>	<b>Total courses of treatment</b>	<b>Total UDAs</b>
Band 2a	416,134	208,067	624,202
Band 2b	130,214	65,107	325,534
Band 2c	9,481	3,160	22,123
Band 3	144,170	48,057	576,682
<b>Total</b>	<b>700,000</b>	<b>324,391</b>	<b>1,548,541</b>

- Calculate cost of delivering these UDAs, using UDA value assumptions for lower and high estimates.
- Calculate number of treatments that are for fee paying patients and calculate patient revenue from treatments that are for fee paying patients.
- Inflation has then been accounted for – see assumption 15.

Cost/Revenue to the Exchequer over five years

£m	DEL				
	2024-25	2025-26	2026-27	2027-28	2028-29
Resource (700,000 additional appointments)	(47.2 – 55.1)	(48.0 – 56.1)	(48.8 – 57.0)	(49.7 – 58.0)	(50.6 – 59.1)
Resource (golden hellos)	(0.4)	(1.0)	(0.6)	(0.4)	-
Capital	-	-	-	-	-
<b>Total England</b>	<b>(47.6 – 55.5)</b>	<b>(49.0 – 57.1)</b>	<b>(49.4 – 57.6)</b>	<b>(50.1 – 58.4)</b>	<b>(50.6 – 59.1)</b>
<b>Total Barnett</b>	<b>(8.9 – 10.4)</b>	<b>(9.2 – 10.7)</b>	<b>(9.3 – 10.8)</b>	<b>(9.4 – 10.9)</b>	<b>(9.5 – 11.1)</b>
<b>Total Cost</b>	<b>(56.5 – 65.9)</b>	<b>(58.2 – 67.8)</b>	<b>(58.7 – 68.4)</b>	<b>(59.5 – 69.3)</b>	<b>(60.1 – 70.2)</b>

£m	Revenue (Income)				
	2024-25	2025-26	2026-27	2027-28	2028-29
Total (from additional patient charge revenue)	16.9	17.2	17.5	17.8	18.1

Comparison with current system (if applicable):

Other comments (including other Departments consulted):

This note sets out the costs of the delivery of the policy, it does not include estimates of any benefits or potential cost savings that may flow from it.

This costing was produced by DHSC.

*To be completed by Permanent Secretary's Office*

Date costing signed off:

02/02/2024

*[If applicable]*

Date revised costing signed off: