

# Independent review confirms water fluoridation remains safe, effective and cost-effective

The British Fluoridation Society (BFS) has welcomed a major new independent review from the Academy of Medical Sciences, reaffirming that community water fluoridation in the UK continues to deliver clear oral health benefits without evidence of harm.<sup>1</sup>

Commissioned by the Chief Medical Officer for England, the review, 'Evidence synthesis report on the optimal concentration of water fluoridation in the UK'<sup>1</sup> is the most comprehensive and up-to-date assessment of the benefits, risks and uncertainties associated with water fluoridation.

The Academy concludes that fluoridation at current UK target levels reduces tooth decay in both children and adults and lowers the need for invasive dental treatment, including hospital admissions for child tooth extractions. These benefits persist despite widespread use of fluoride toothpaste and improvements in oral hygiene.

Crucially, the review finds no evidence that water fluoridation at UK concentrations adversely affects

neurodevelopment, intelligence or other non-dental health outcomes.

Studies suggesting possible harms relate to fluoride levels far above those used in the UK and are considered of limited relevance to regulated schemes.

On dental fluorosis, the Academy notes that mild fluorosis can occur but is primarily cosmetic and not harmful at UK fluoride concentrations.

Overall, the report confirms that fluoridation decisions appropriately balance maximising oral health benefits with minimising unwanted effects, within established safety limits.

The review also concludes that community water fluoridation remains a cost-effective public health measure with continued public support across the UK.

BFS says the findings provide timely reassurance for policymakers, dental professionals and the public, and should inform decisions on maintaining and expanding fluoridation schemes in England.

Barry Cockcroft, Chair of the BFS, said: 'Once again, water fluoridation receives



Barry Cockcroft, Chair of the British Fluoridation Society

a clean bill of health from a leading independent expert body. This latest review reinforces fluoridation's role as a proven and effective foundation for improving oral health inequalities across the UK.'

## References

1. The Academy of Medical Sciences. Evidence synthesis report on the optimal concentration of water fluoridation in the UK. 2025. Available at <https://acmedsci.ac.uk/file-download/academy-water-fluoridation-report-2025> (accessed 12 January 2026).

## NHS dentistry: interim change may help but cannot be end of the road

In December the British Dental Association (BDA) stated its hope that interim changes to the discredited NHS dental contract will offer a boost for patients and practitioners but stressed this is not the wholesale change required to save the struggling service.<sup>1</sup>

The changes to the 2006 contract include a new time-limited 'care pathway' for higher needs patients, that is set to provide fairer pay for more clinically complex cases, that are typically under-remunerated or even delivered at a loss under this contract.<sup>1</sup> The proposals act on BDA calls for dentists to be paid for activity that helps prevent oral disease and decay. They also introduce new payments to support clinical audits and peer reviews at practice level to help improve quality, and mandate practices to provide a level of urgent care, at an improved rate.

The BDA stresses a decisive break from this target-based contract remains key, and these changes do not constitute a final destination for NHS dentistry in England. Ministers have promised to deliver fundamental contractual change within this Parliament.

This package has no new money behind it. The BDA has stressed that the success of longer-term reform will hinge on adequate investment both to ensure the financial sustainability of dental practices and restore care to millions. The dental budget has remained effectively static in cash terms since the onset of the Coalition Government, with savage real terms cuts leaving the typical practice delivering routine NHS treatments like checkups or dentures at a financial loss. BDA analysis of the Government's GP Survey by Ipsos

suggests that unmet need for NHS dentistry in England currently stands at nearly 14 million, or well over one in four of the adult population.

Shiv Pabary, Chair of the BDA's General Dental Practice Committee, said: 'These are the biggest tweaks this failed contract has seen in its history.'

'We do hope changes can make things easier for practices and patients in the interim, but this cannot be the end of road. We need a response proportionate to the challenges we face, to give NHS dentistry a sustainable future.'

Also responding to the plans for NHS dental contract reforms, Dr Charlotte Eckhardt, Dean of the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons of England (RCS England) said: 'FDS welcomes the government's focus' ➤

on prioritising patients with the most urgent and complex needs, strengthening prevention in children's oral health, and supporting better use of the wider dental team.

'However, these interim changes cannot be considered as a long-term solution to the deepening workforce and access crisis in NHS dentistry. Without meaningful new investment and fundamental reform of the NHS dental contract, the current financial envelope and contractual framework will remain insufficient to deliver sustainable improvements in patient access.'

Dr Nigel Carter OBE, Chief Executive of the Oral Health Foundation, said: 'The proposed reforms acknowledge some of the pressures within NHS dentistry, particularly for patients with complex needs, but they stop short of the fundamental change the system requires. Adjusting contractual mechanisms may improve continuity of care for a small cohort of patients, but it does not resolve the structural problems that limit access or drive dentists away from NHS provision.'



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'Without sustained investment in prevention, early intervention and population-level public health measures, demand will continue to exceed capacity. A model that remains weighted towards managing disease rather than preventing it risks perpetuating the very pressures these reforms are meant to address.'

## References

1. Department of Health & Social Care. Consultation outcome. Government response to consultation on NHS dentistry contract: quality and payment reforms. 2025. Available at <https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms/outcome/government-response-to-consultation-on-nhs-dentistry-contract-quality-and-payment-reforms> (accessed 13 January 2026).



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