



**North East and
North Cumbria**

**NHS Primary Care Dental Services
&
Dental Access Recovery
Place Directors Information Pack**

Update as at 15 January 2024

Summary Overview of NHS Dentistry

- NHS England have delegated responsibility to NENC ICB for commissioning dental services from 1 April 2023
- NHS Dentistry services MUST operate in accordance with **Nationally set Government Regulation (2006)**
- Under NHS Dentistry national regulation there is **no 'formal registration' of patients** with dental practices as part of their NHS Dentistry offer, patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is **activity and demand led** with the expectation practices deliver courses of treatment with **recall intervals appropriate to clinical need** and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- The contract regulations set out the contract currency which is measured in **units of dental activity (UDAs)** that are attributable to a **'banded' course of treatment prescribed under the regulations**.
- **North East and North Cumbria ICB do not commission private dental services**, however, NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged **COVID- 19 pandemic period** required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result, **backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations** further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

Out of hours Urgent Care Services



Service Tyne	Geographical Coverage	Provider and site Locations
NHS 111 Integrated Dental Clinical Assessment Service (DCAS)	NENC Wide	NEAS & Dencall – NHS 111 Call Centre ‘Newburn’ (PDS) Operates Mon through to Thurs 18:00 to 09:00, weekends (Friday 18:00 through to Monday 09:00) and all bank/public holidays
NHS 111 Dedicated ‘Out of Hours’ Direct Booking Treatment Centres	North Cumbria	NCIC FT – Cumberland Infirmary (Carlisle) / West Cumberland Hospital (Whitehaven)
	North of Tyne	NUTH FT – Molineux (Byker) and Wansbeck Hospital
	South of Tyne	Dencall – Sunderland Royal Hospital/ Palmer Community Hospital in Jarrow
	Durham & Darlington	Dencall – Durham, Darlington/Tees Valley - delivery sites UHND & DMH (To note service temp suspended from DMH due to hospital re-development – additional sessions being delivered at UHND)
	Teesside	DDS – Middlesbrough (North Ormesby Health Village)

Notes:

- Treatment services operate between 18:00 to 23:00 Monday to Friday (on-call basis) 09:00 to 23:00 Weekends and all bank holidays as a combination of fixed clinics on-call).
- Additional OOHrs dental treatment capacity commissioned from all providers for 2023-24 with exception of NCIC (due to staffing capacity).
- In hours urgent capacity across the County

Challenges

Contract largely
unchanged since
2006

Activity based
contract (UDAs)

Impact of covid
(backlog of care)

Income instability
(if activity not
delivered)

Patients with
significantly
higher treatment
needs

Increased new
patient demand

Increased
delivery costs due
to inflation

Lost appointment
capacity
(patients fail to
attend)

Contract hand
backs

Workforce
Recruitment and
Retention

Patient
expectations

There are significant challenges to people accessing dentistry in North East & North Cumbria

(NB: see further supporting information at end of slide deck by way of background/ awareness)

- Dental services have struggled to recover from the impact of covid
- There are significant challenges with recruitment and retention of dentists
- As a result, some providers unable to deliver full commissioned capacity.
- There is widespread recognition that the national dental contract requires reform (see link to House of Commons Health and Social Care Committee report published July 2023 for further details - <https://committees.parliament.uk/publications/40901/documents/199172/default/>)
- The number of contracts handed back in NENC has increased from 3 in all of 2020 calendar year to 14 in 2023-24 to date.
- This means local people across the NENC are experiencing problems accessing NHS dentists – areas of particular challenge include N Cumbria, North Northumberland, Darlington, parts of Co Durham and Sunderland.

NHS Contracts handed back since 1 April 2023 (position as at 15 January 2025)

Contract/activity handbacks (2023-24)	Locality		End Date
Plumfield Dental Practice	Carlisle	5,500	30/04/2023
Novident Willington (Mr Aggarwal)	Durham	3,500	30/04/2023
Oasis Dental Care Ltd (Hylton Road, Pennywell)	Sunderland	23,665	30/06/2023
Bishop Auckland Partnership	Durham	13,273	30/06/2023
Oasis Dental Care Limited	Durham	18,847	30/06/2023
Yarm Road Dental Practice	N Tees	1,213	30/06/2023
Lismore House Dental Care Partneship	Carlisle	1,300	30/06/2023
Mr and Mrs Stephenson (The Villa Dental Practice)	N Tyneside	8,954	31/07/2023
Davison, Sadler and Tannahill Partnership	Newcastle	3,017	31/11/2023
Kelvin Lodge (Elmfield Road)	Newcastle	1,218	31/01/2024
Miss S L Goodman (Shakespeare Street Dental practice NE1 6AQ)	Newcastle	2,425	31/03/2024
Dr N Suggett and Dr B Suggett (Seaham Smiles)	Durham	18,907	31/03/2024
Mr N Plahe (High Street, Loftus, Cleveland TS13 4HG)	Redcar & Cleveland	7,723	31/03/2024
Mr A A Waugh (Lowfell Caring Dental Practice)	Gateshead	24,250	31/03/2024
Total		133,792	

We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry



Immediate actions undertaken (1)

c£3.8m non-recurrent investment agreed to date for 2023-24 to:

- Increase NHS 111 dental clinical assessment capacity
- Increase out of hours dental treatment services
- Extend access arrangements to provide where possible an additional 27.5k patient treatment slots between July 2023 and end of March 2024 (to supplement the circ 4.3k slots funded in Q1).

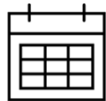
Funding made available to allow practices who have the NHS workforce to deliver additional UDAs up to 110% of their NHS contracted levels.

Implemented a local commissioning process to re-provide (where possible) activity when contracts are handed back

We have a flexible commissioning scheme to provide a training grant to support employment of overseas dentists – 24 months tie in period.



Recovering Access – Immediate actions Progress so far



Circa 19.3k additional patient treatment slots have been commissioned to date,

plus

Circa 57.4k patient treatment slots secured from existing practice capacity for patients in greatest clinical need.



908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.



836 additional sessions of dental out of hours treatment capacity until the end of March 2024. (D&D = 68)

NB: Extension of short-term initiatives into 2024-25 currently being considered

Access Scheme breakdown by Locality Commissioned capacity (2023-24)

(additional payment and UDA substitution)

	No of Appts Commissioned
Darlington	2079
Durham	11315
Gateshead	6258
Newcastle	6818
North Cumbria	2604
North Tyneside	4452
Northumberland	7105
South Tyneside	10500
Sunderland	6727
Teesside	18704

Dental Access Re-commissioning (UDAs)

Locality	UDAs commissioned 2023-24 (recurrent)	UDAs commissioned 2023-24 (Non-recurrent)	UDAs commissioned 2024-25 (Non-recurrent)*
Durham		14,600	20,100
North Tyneside		1,500	2,000
Stockton on Tees		4,000	11,000
Newcastle		3088	5,730
South Tyneside		4185	10,000
Darlington		4707	4,707
N Cumbria (Carlisle)		3720	3,720
N Cumbria (Eden)	7,000		
TOTAL	7,000	32,080	53,537

* Commissioned capacity to be made recurrent if providers demonstrates they can deliver this additional activity

Further actions/next steps (1)

- £7.5m funding earmarked to progress formal procurements to secure new market interest/NHS dental practices to address gaps in provision where it has not been possible to re-commission UDAs from existing NHS practices (new contracts planned for N Cumbria x 4, Berwick x 2, Sunderland x 2, Durham x 2, Darlington) (NB: reflects position agreed by ICB in August 2023)
- Further advert to be placed in BDJ to attract overseas dentists and to support them through National Dental Performer List process (required to deliver NHS dental care).
- Work on-going to identify options to address variation/inequity of funding into practices.
- Work with dental profession to identify further opportunities to 'protect, retain and stabilize local dental practices and improve dental access.
- Work with Healthwatch to update patient and stakeholder comms.

Further actions/next steps (2)

- Work with local system partners to progress development of an oral health strategy to improve oral health and reduce the pressure on dentistry.
- Engage with NHS England Regional Workforce, Training and Education Directorate to support where required the work they are doing to improve workforce recruitment and the local implementation of the National Dental Workforce Plan.
- Engage with NHS England regional and national teams to influence national Dental System Reform.

Advice/signposting for patients

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to seek access to dental care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
- Practices providing NHS treatment are listed on www.nhs.uk. Practices are responsible for keeping the website updated and whilst it may currently indicate they are not taking on new patients, we would advise that patients do contact them to check the latest position on availability of routine appointments.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency**, therefore appointments for some **routine treatments**, such as dental check-ups, may therefore still be delayed. Some practices are operating waiting lists to manage those patients requesting routine NHS dental care).
- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months**.

Advice for patients with an urgent dental treatment need

- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice if you don't have a regular dentist).
- It is important that when you ring the practice, you fully explain the nature of your dental problem so that the urgency of your dental treatment need can be determined.
- If the practice is unable to offer an appointment because their NHS urgent access slots have already been taken up, they will advise you to ring another NHS dental practice, or alternatively you can visit www.111.nhs or call 111.
- The NHS111 health advisor will undertake a clinical triage and where the dental need is deemed to be clinically urgent, an appointment will be made at the nearest in-hours urgent dental care hub, or alternatively depending on the time of the call, into the dental out of hours treatment services.
- If the issue is not deemed urgent, patients will be signposted to another NHS dental practice and/or given self-care advice until an appointment can be offered.
- You should be advised to make contact again if your situation changes/worsens.

Oral Health Promotion Strategy

2023-2028

<https://www.durham.gov.uk/media/42407/Oral-Health-Strategy/pdf/OralHealthStrategy>

- The strategy evidence based and reflects local need.
- The strategy promotes:
 - tooth brushing with fluoride toothpaste at least twice per day for 2 minutes each time
 - a healthy diet, low in sugars
 - stop smoking and limiting alcohol consumption to reduce the risk of oral cancer
 - sustained support and encouragement for mothers to breastfeed
 - regular dental check-ups
- It will be delivered through a multi-agency workplan that promotes good oral health and prevention across the life course with particular focus on higher risk groups to reduce inequalities
- The workplan builds on existing work for example supervised toothbrushing in early years settings in high need areas

Water Fluoridation

- At a population level, it is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water.
- Water fluoridation should be part of an overall oral health strategy.
- The Health and Care Act 2022 has moved the responsibilities for initiating and varying schemes for water fluoridation from local authorities to the Secretary of State.
- Information about water fluoridation has been referenced in the strategy although any actions for the local authority will be directed from the Secretary of State.

FURTHER SUPPORTING BACKGROUND INFORMATION

**Challenges and Pressures
&
Summary of recently published ICB Commissioning Framework**

1. COVID-19 Impacts



- During the **first wave of the pandemic** in the interest of patient and dental staff safety, **routine dental services were paused in March 2020** and urgent dental care centres (UDCs) were established to provide access only to clinically confirmed urgent dental care.
- In **July 2020 all practices gradually re-opened for limited face to face care** in strict accordance with Nationally mandated COVID-19 NHS Dentistry Standard Operating Procedures and IPC constraints.
- As part of those arrangements, practices were required to **prioritise patients based on clinical need and urgency into their significantly reduced safe operating capacity**, creating inevitable delays and backlogs over time for patients seeking non-clinically urgent and more routine dental care at that time.
- As part of those nationally mandated COVID-19 response arrangements practices were provided with **income protection** but also **mandated to operate at significantly reduced and safe levels of face to face access levels** throughout the prolonged COVID-19 Pandemic period as follows:

○ **0% between March – July 2020** (remote triage only unless designated UDC)

○ **20% between July - December 2020**

○ **45% between January - March 2021**

○ **60% between April - September 2021**

○ **65% between September - December 2021**

○ **85% between January - March 2022**

○ **95% between April 2022 – June 2022**

○ **100% from July 2022**

- All dental practices are now able to safely provide a full range of treatment however **demand for care remains extremely high** with dental practices having to **balance addressing the backlog of care with managing new patient demand**, whilst also facing **workforce recruitment and retention issues** which continues to mean a delay in meeting demand for more routine and non-urgent care.

2. Dental Workforce Recruitment and Retention

There are a number of factors relating to workforce recruitment and retention that are affecting the ability of NHS dental practices to deliver the full level of commissioned access, these include:

- **Younger generation and newly qualifying dentists** more often choosing not to pursue an NHS Dentistry career or where they do, they are seeking a work life balance that limits their working commitment to part time NHS Dentistry
- **More experienced dentists and increasing dental nurses** are choosing to retire early, move into private dentistry or pursue a different career path.
- General recruitment issues **attracting new dentists into NHS Dentistry from private dentistry and from overseas** due to a range of issues including but not limited to; securing GDC and Performers List registration for overseas dentists, Dental Student and Foundation Dentistry Places being limited nationally and private dentists not perceiving working within the current NHS Regulatory arrangements as being attractive in terms of pay, conditions, work life balance etc.

This creates difficulties for NHS Dental Practices locally and nationally to **maintain and/or replace the level of clinical workforce** they need in order to reliably deliver their full NHS Dentistry capacity as they continue to try to fully recover from COVID-19 Pandemic impacts.

3. NHS Dental Contract & System Reform

- Current **NHS Dental Regulation/contract** was introduced in **2006**
- **March 2021** the Department of Health requested that **NHS England lead on and develop national dental system reforms for England.**
- In **July 2022**, NHS England published a **national package of ‘initial reforms’** to the NHS dental regulatory contract. This included:
 - Prioritising patients with high care needs by **increasing the funding that practices receive for more complex care.**
 - Setting a **National minimum UDA value of £23**, which hadn't existed previously (**variable UDA rates across NENC – equivalent at 2023-24 prices is £25.33**)
 - Greater flexibilities within national regulations to **locally release funding and unused dental access locked into practices** who are unable to deliver their commissioned activity so that it can be offered to those who can deliver activity above their contracted levels.
 - Emphasis on **recall intervals that are clinically appropriate to a patient's oral health status** (NICE Best Practice Guidance – adults up to 24 month, children 12 months). The intention being to release treatment capacity and reduce inequality of access to dental care.
 - **Making it easier for practices to introduce skill mix** by utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise thereby freeing up capacity and dentist time to focus on more complex treatments.
- **National Dental Plan** - no clear timescale for publication.

Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners (1)

(Published 9.10.23)

- **Summary of Opportunities outlined in Framework:**
 - Additional investment into new or existing contracts to address areas of need including:
 - Increased contracting of mandatory services (must be commissioned as UDAs – monitoring supported nationally)
 - Commissioning additional capacity for Advanced Mandatory Services, Sedation and Domiciliary Services and Orthodontics
 - Commissioning additional capacity for Dental Public Health Service and/or Further Services (commissioner determines own remuneration approaches – requires local resource for monitoring etc)
 - Reallocation of existing contractual funding away from Mandatory Service into new priorities (must be commissioned as Additional or Further Services) – see next slide
 - Local negotiation of indicative rates for Units of Dental Activity (UDAs) or Units of Orthodontic Activity (UOAs)
 - Increase can be achieved through either a reduction to contractors commissioned UDAs or an increase in the overall contract value.
 - Key things to consider in deciding whether to make adjustments to a contract:
 - Average value of UDAs commissioned in ICB area.
 - Seek further information from contractor such as practice income and expenses including provider drawings to compare to local and national averages.
 - Is the decision supported by local needs .
 - VFM and impact assessment.
 - Risk of legal challenge at a local level and potential wider regional or national implications.
 - May wish to consider a short-term change, offered as a trial period subject to agreement by both parties to allow time for the impact of the change to be monitored to inform decision on whether to make a permanent change.

Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners (2)

- **Key points to note:**

- ICB should continue to give **due regard to national procurement guidance and organisational standing orders and standing financial instructions** should be observed.
- *Commissioning of Additional and Further Services:*
 - Must comply with the definitions in the Regulation and **go beyond the reasonable expectations of Mandatory Services**
 - Performance management of **Dental Public Health and locally defined Further Services** and any associated financial recovery are **not governed by the Regulations/SFEs** – commissioners need to **determine their own mechanisms** to monitor and measure performance, including management of under-performance, including provision for financial recovery.
 - Local contract arrangements are not supported through national processes – ICBs will need to **ensure they have sufficient resources to manage/monitoring local schemes including mechanisms for financial recovery**
 - Statutory duty to **involve the public when making commissioning decision** that will affect services for NHS patients.
 - Responsibility to ensure that any services represent **good value for money** and are **clinically effective**.
 - Should be based on **local need assessment**.
 - Can be funded through **additional investment** or **offsetting of existing UDAs** (where latter approach adopted must consider **impact on wider access to Mandatory Services**).
 - No longer advising 10% UDA flex as a max threshold – nationally monitoring of the total quantum of additional and further commissioning – do **not expect this to routinely exceed 10-20%** if the additional to Mandatory Services test is being suitably applied.
 - Must **consider risk of legal challenge** at a local level and the **impact** that local programmes may have on **wider national arrangements and contract reform packages**.
 - Opportunities to be **available to all contractors in an ICB area who meet the eligibility criteria to ensure fairness and transparency**.
 - Robust process to support all decision making should be in place
 - Recommended that Additional or Further Services are **commissioned on a time limited basis** to give flexibility to ensure service continues to meet local need and that local contracts do not replicate any future nationally agreed changes to the GDS/PDS regulations, SFE and GDS contract/PDS Agreement.