



NHS Dental services in Buckinghamshire, Oxfordshire and Berkshire West

Report to:

Wokingham Health and Well-Being Board, 7th March 2024

Hugh O’Keeffe, Senior Programme Manager - Pharmacy, Optometry and Dental

March 2024

Contents

	Page
1. Introduction	3
2. Access to services	4
3. Contract Delivery	6
4. Access challenges	8
5. Actions to address challenges	11
5.1 Temporary UDAs	11
5.2 Payment for contract overperformance	12
5.3 Additional Access sessions	12
5.4 Flexible Commissioning	13
5.5 Replacing the lost activity	15
5.6 Changes to the NHS Dental contract 2024	16
6. Summary	17

1. Introduction

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The ICB discharges its responsibility for dental commissioning in partnership with NHS Frimley who host a Commissioning hub for Pharmacy, Optometry and Dental Services, providing operational leadership within ICB governance structures.

Clinical engagement is achieved via a Local Dental Network (LDN) covering the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire West and Berkshire East). This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

Patients are not registered with a dentist in the same way as they are with a GP. A dental practice is only responsible for a patient's care while in treatment, although many will maintain a list of regular patients so may only have the capacity to take on new patients when patients do not return for scheduled check-ups or advise they are moving away from the area.

Dental practices deliver services via cash limited contracts with the NHS in which they are required to deliver agreed levels of activity each year.

Since the onset of the pandemic dental services have faced major challenges. Enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity. Their capacity has been gradually increased as infection rates have dropped, under strict guidance aimed at keeping patients and staff safe. Since July 2022 that practices have returned to full capacity.

Although the gradual increase has improved access to dental care there remains backlog of care from earlier in the pandemic that will take some considerable time to address. The rate of recovery is being impacted by the greater oral health needs of patients due to gaps in their attendance with treatment plans taking longer to complete and some practices have decided to cease NHS provision. This has impacted primary care dental services and referral services including hospital and a range of community-based services.

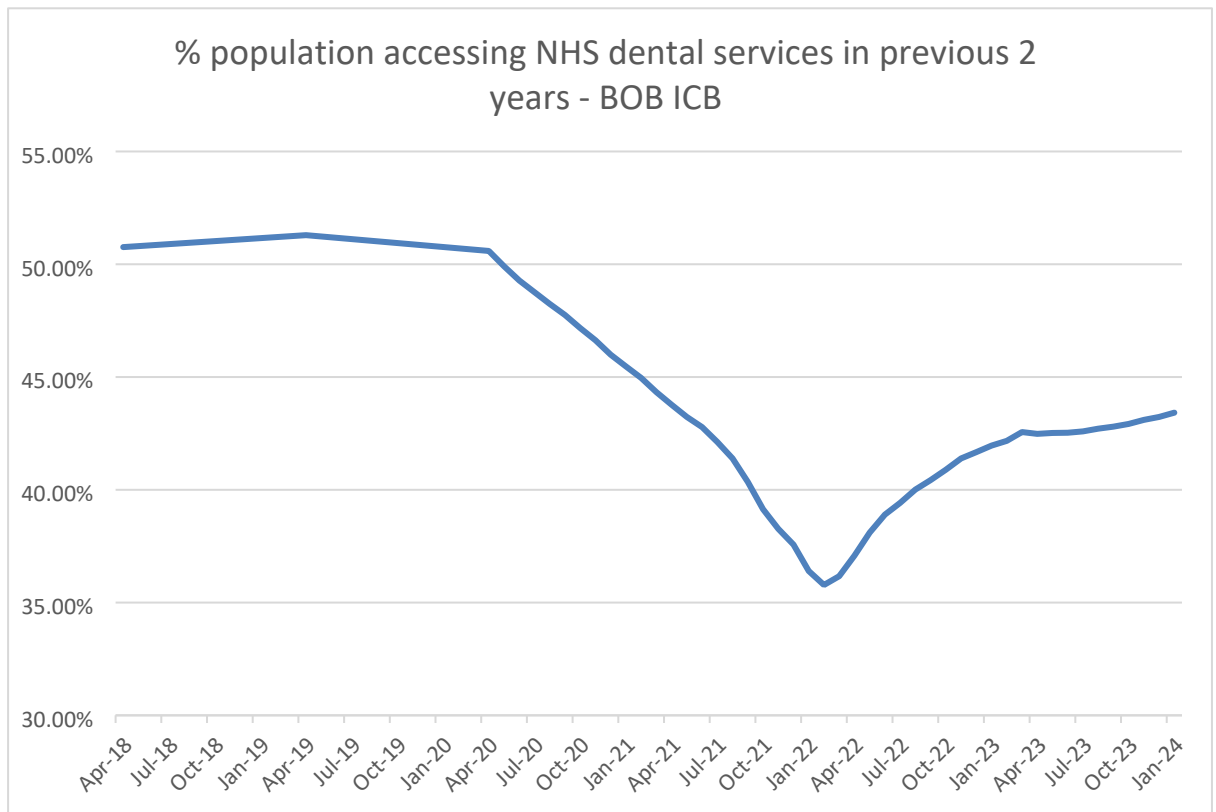
This paper provides update position in terms of access to primary care dental services and the actions being taken to address challenges.

2. Access to services

Access to primary care dental services is measured on the basis of the number of unique patients attending over a 2 year period. The introduction of the current dental contract in 2006 was accompanied by a programme of ringfenced financial investment under the Dental Access Programme designed to recover NHS dental access which had fallen significantly following the introduction of the 1992 contract. Access to NHS Dentistry in the Thames Valley (BOB plus Berkshire East) increased from about 43% of the population in 2008 to about 51% in 2019 (an increase of about 250,000 people; 25%).

The impact of the pandemic was such that by early 2022, the number of patients attending BOB ICB dental practices in the previous 2 years fell below 36%. Since then, there has been a recovery in access. In January 2024, 43.42% of the BOB ICB population (748,295 people, an increase of 131,687 compared to February 2022) had attended an NHS dental practice in the previous 2 years.

Table 1 Access to NHS Dental services in BOB 2018 – 2024

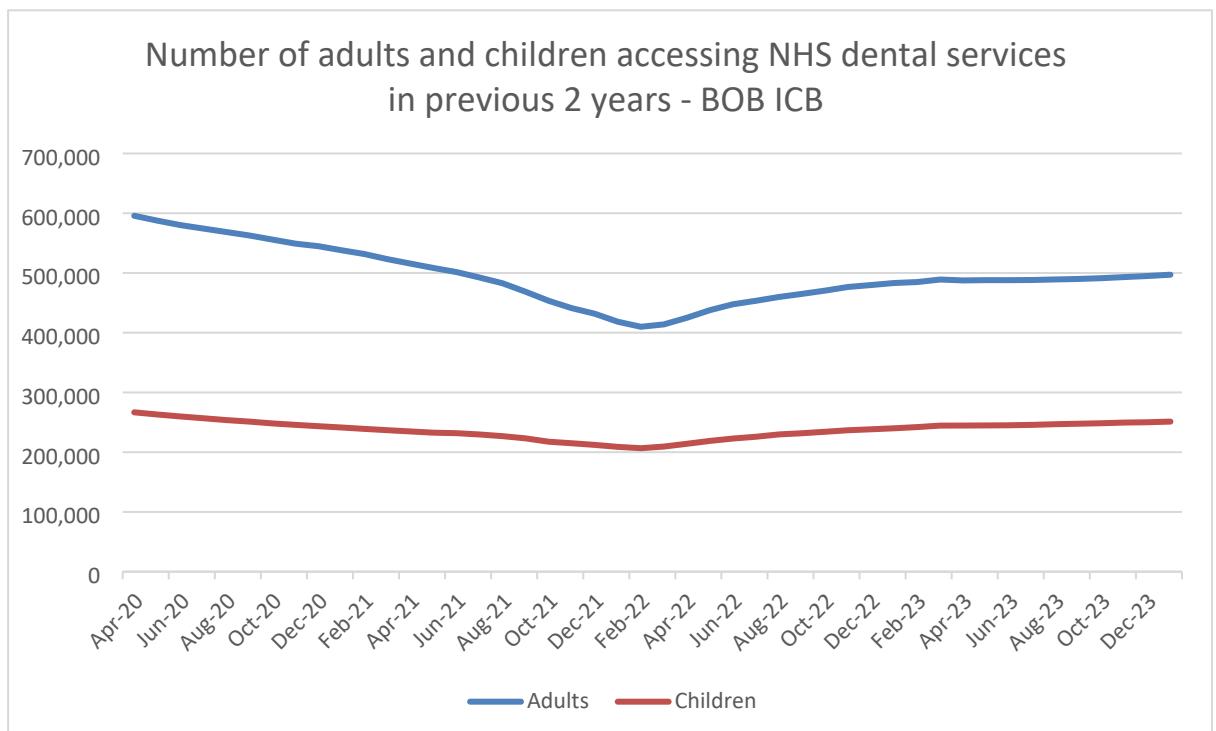


The rate of increased access has been similar for adults and children. The table and chart below detail the numbers of adults and children in BOB accessing NHS dental services in this period:

Table 2 Number of people accessing NHS Dental services in BOB February 2022 and January 2024

Patient group	Number attending Feb '22	Number attending Jan '24	Increase	% increase
Adults	409,943	497,071	87,128	21.3%
Children	206,665	251,224	44,559	21.6%
Total	616,608	748,295	131,687	21.4%

Table 3 Number of adults and children accessing NHS Dental services 2020 - 2024



However, the number attending is still some way below the pre-pandemic figures of 51.29% attending pre-pandemic.

As capacity has been increased practices have been able to deliver more of their contracted activity. Practices are required to deliver an agreed number of Units of Dental Activity (UDAs) each year. The UDA payment bands relate to the patient treatment bands under the NHS Patient Charges Regulations 2005.

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

3. Contract Delivery

Practices are paid on the basis of delivery of an agreed level of activity each year. In BOB, in April 2022 the ICB commissioned about 1.26 UDAs per head with Oxfordshire the highest at 1.41; Berkshire West 1.20 and Buckinghamshire 1.12. There is also variation between each local authorities, varying from 0.94 in Bucks East to 1.85 in Oxford.

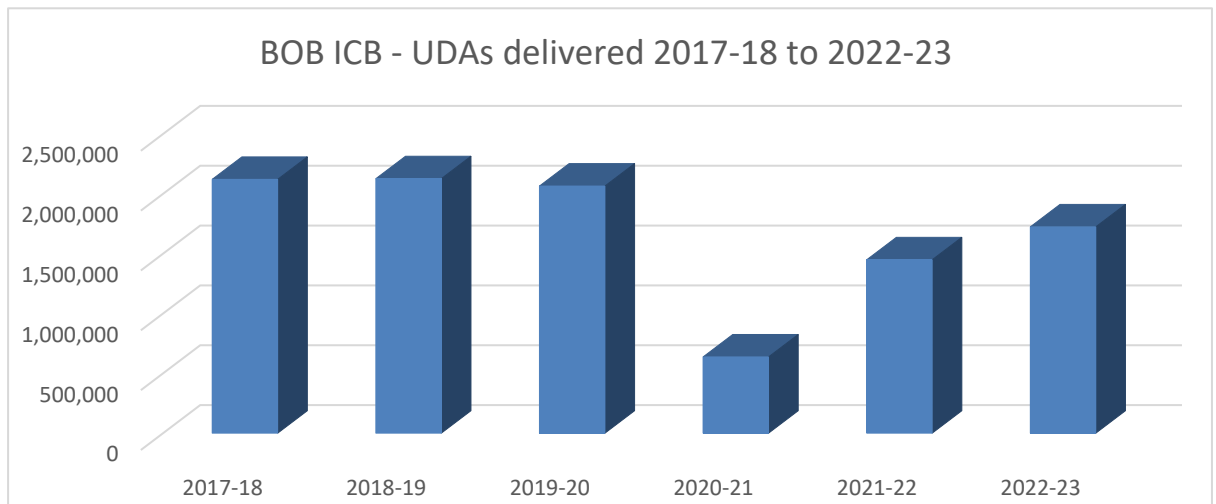
These levels are based on levels of activity commissioned at the point the current dental contract took effect in 2006 and any additional activity commissioned by the PCT or NHS England since then.

Table 4 UDAs commissioned per head April 2022

Local Authority	UDAs commissioned per head April '22
Bucks Central and North (formerly Aylesbury Vale)	1.02
Bucks East (formerly Chiltern)	0.94
Bucks South (formerly South Bucks)	1.70
Bucks West (formerly Wycombe)	1.13
Bucks	1.12
Cherwell	1.70
Oxford	1.85
South Oxon	1.04
Vale of the White Horse	0.96
West Oxon	1.36
Oxon	1.41
Reading	1.46
West Berks	1.08
Wokingham	1.07
Berks West	1.20
BOB	1.26

Practices are contractually required to deliver a minimum of 96% of contracted activity each year to avoid financial recoveries. If they fall below this threshold financial recovery will be made. Prior to the pandemic the average annual delivery in the BOB area was about 95%. Contract delivery requirements were relaxed during the pandemic as the practices operated at below 100% capacity between 2020 -22. Since the peak of the pandemic contract delivery has been increasing and this has supported increased access. In 2022-23, about 80% of contracted activity was delivered in BOB.

Table 5 BOB ICB – UDAs delivered 2017-18 to 2022-23



Whilst this is significant increase on the peak pandemic year of 2020-21 (28% of UDAs delivered) it is still some way below pre-pandemic levels.

There is also significant variation within the ICB. In Buckinghamshire and Berkshire West in 2022-23, about 85% of contracted activity was delivered; in Oxfordshire it was about 74%.

4. Access challenges

There are a number of challenges that continue to impact access to NHS services. Many of the patients who have attended dental practices since the pandemic have increased treatment needs due to increased gaps in attendance. This means their treatment plans are taking longer to complete. For some patients who had previously attended local practices prior to the pandemic it has been difficult to access care and that challenge has been even greater for people who have not attended a local service for a number of years or who have relocated to the area.

The commissioner has received high numbers of queries, concerns, complaints, and MP letters as a result.

For some Dentists this has had an impact on whether they wish to continue providing NHS services. To seek to retain Dentists, many practices have increased pay to their staff but, if many patients have increased treatment needs this may impact on the practices' ability to achieve contracted activity

targets. The annual financial uplifts applied to dental contracts are set nationally, but many practices have advised that these increases fall below the additional costs being incurred. This combination of factors has two main effects. It can make practices reluctant to take on new patients (due to likely additional treatment need and costs of treatment) and their NHS business may become less profitable. This has meant that some practices have decided to either hand back their contracts or reduce their NHS commitment. When they leave the NHS, they provide dentistry on a private basis. Patients are then invited to join them on that basis and the practice will also advise about other NHS practices in the area, with the effect of increasing pressure on those practices.

Since 2021, 17 practices in BOB have handed back their contracts and 8 have reduced their NHS commitment. A total of 108,872 UDAs have been lost as a result of this, which is about 4.9% of the total capacity. The table below details the contract handbacks:

Table 6 Contract handbacks and reductions

County	Local Authority	Practice name	Date of contract expiry	Number of UDAs handed back	% UDAs lost to area
Buckinghamshire	Aylesbury Vale (now Bucks North and Central)	Mr C J Morris	19.07.2022	1,443	
		Miss E H Nichols	31.03.2023	500	
		Long Crendon Dental Practice	31.08.2023	2,164	
		Dr Balaji	31.03.2024	360	
	Aylesbury Vale Total			4,467	2.20%
	South Bucks (now Bucks South)	Mr P C Brash	30.06.2022	760	0.64%
	Chiltern (Bucks East)	Mr M A Ladak	Reduction 2023-24	3,306	3.67%
	Wycombe (now Bucks West)	No handbacks			
Bucks total				8,533	1.40%
Oxfordshire	Cherwell	Market Square Dental Practice, Bicester	28.02.2023	8,424	

		Bicester Dental Care	Reduction 2023-24	6,194	
	Cherwell total			14,618	5.73%
	Oxford	Mr AK Murgai	30.09.2022	200	
		Mr D Duggan	Reduction 2021-22	2,784	
	Oxford total			2,984	1.06%
	South Oxfordshire	Mr S Patel, Henley	31.10.2022	190	
		Portman Healthcare, Henley	31.07.2022	1,308	
	South Oxon total			1,498	0.97%
	Vale of the White Horse	Nicholas Harrison and Caitlin Devlin, Abingdon	31.05.2023	10,982	
		Portman Dental, Gloucester House, Faringdon	30.09.2023	19,387	
	Vale of the White Horse total			30,369	23.20%
	West Oxfordshire	Broadshires Dental Practice, Carterton	Reduction 2021-22 and handback 28.02.2023	5,111	
				6,000	
		Ratti GDS Partnership Witney	Reduction 2023-24	12,367	
		Charlbury Dental Practice	Reduction 2023-24	588	
		Oxford Therapy Ltd, Carteron	Reduction 2022-23	2,000	
		Mr MD Jackson	Reduction 2022-23	300	
		Taftt and Patel (Partnership)	Reduction 2023-24	926	
	West Oxon total			27,292	17.25%
Oxfordshire total				76,761	7.88%

Berkshire West	Reading	Greystone Dental Practice	31.10.2021	963	
		Alexandra Dental Practice	31.10.2021	675	
		Castle Hill Dental Practice	31.03.2023	8,250	
	Reading total			9,888	4.03%
	West Berkshire	No handbacks			
	Wokingham	Mr Z R Anwar	30.04.2023	9,276	5.08%
		The Gallery Dental Practice	31.01.2024	4,414	
	Wokingham total			13,690	7.50%
Berkshire West total				23,578	3.90%
BOB TOTAL				108,872	4.90%

5. Actions to address the challenges

5.1 Temporary UDAs

When contracts are handed back, local practices are approached about replacing the lost activity on a temporary basis. A total of 18,100 UDAs have been commissioned until 31st March 2024, detailed below:

Table 7 Temporary UDAs commissioned to 31st March 2024

Location	Number of temporary UDAs to 31 st March 2024
Bucks Central	2,500
Buckinghamshire total	2,500
South Oxfordshire	1,000
West Oxfordshire	1,100
Oxfordshire total	2,100
Reading	3,500
Wokingham	10,000
Berkshire West total	13,500
BOB total	18,100

5.2 Payment for contract overperformance

National changes were made to the dental contract in late 2022 with practices able to deliver higher levels of activity each year; receive higher payments for more complex treatments and use greater skill mix in delivering services. A minimum UDA price of £23 was introduced; practices were reminded of the need to follow national guidance on recall intervals; they were required to update information about patient acceptance status on <https://www.nhs.uk/service-search/find-a-dentist> and ICBs could unilaterally rebase contracts for persistent underperformance from 2024-25 onwards.

One of the key changes was to allow practices to be paid to deliver up to 110% of their contracted activity in 2023-24 (up from 102%). In October 2023, the ICB wrote to the dental practices to say that it would pay for contract performance of up to 110% for the year. Twenty-six practices replied to say they planned to deliver up to 110% of contracted activity, breaking down as follows:

Table 8 Impact of 110% contract performance 2023-24

County	Number of additional UDAs 2023-24
Buckinghamshire	6,285
Oxfordshire	2,184
Berkshire West	19,909
BOB	28,378

Due to the activity caps placed on dental contracts, some practices have to slow down their activity as they get towards the end of the financial year. This allows increased provision in the final few months of the year if the practices have the capacity to provide it.

5.3 Additional Access sessions

During the coronavirus pandemic, NHS South-East commissioned Urgent Dental Centres where a small number of practices could provide treatment for patients with an urgent treatment need. In early 2021, a few months after practices began to re-open, these arrangements were changed to Additional Access sessions for patients who struggle to access care and need urgent

dental treatment. There are 2 practices currently involved in the scheme in BOB; one in Reading and the other in Buckinghamshire. In the period April to October 2023, they provided 276 (3.5 hour) sessions with 1,022 patient attendances. The take-up of this scheme has been low mainly due to the requirement to provide additional sessions when many practices are facing capacity constraints.

5.4 Flexible Commissioning

The ICB has also commissioned a Flexible Commissioning scheme for patients who have faced challenges access dental care. The allows dental practices to convert up to 10% of their contract value (national guidance issued in October 2023 increased this to up to 20%) from delivering activity targets to providing access sessions for patients who have struggled to access dental care. This allows more time for practices to treat patients with more complex needs

The following patient groups have been identified in priority groups for the scheme:

- Patients who have not attended a local dental practice for more than 2 years
- Patients relocating to the area
- Looked After Children
- Asylum seekers and refugees
- Families of Armed Forces personnel
- Other groups as identified by the practice

This is a pilot scheme for the period 1st June 2023 to 31st March 2024. 33 practices in BOB are taking part with plans to deliver just over 3,000 access (3.5 hour) sessions across the year.

The table below provides a breakdown of practices taking part in the scheme by Local Authority:

Table 9 Flexible Commissioning practices

Local Authority	Number of practices in FC scheme	Number of sessions June 2023 to March 2024
Bucks Central	2	221
Bucks East	0	0
Bucks North	1	95
Bucks South	0	0
Bucks West	5	337

Buckinghamshire	8	653
Cherwell	6	658
Oxford	6	834
South Oxfordshire	3	297
Vale of the White Horse	2	178
West Oxfordshire	3	212
Oxfordshire	20	2,179
Reading	1	23
West Berkshire	1	50
Wokingham	3	209
Berkshire West	5	282
BOB	33	3,114

The table below details the number of sessions provided and the type of patients seen.

Table 10 Flexible Commissioning activity June 2023 to January 2024

County	Number of practices	Planned sessions to March '24	Sessions delivered to Jan '24	No seen for 2 years	Relocating to area	Looked After Child	Family of Armed Forces	Asylum Seeker	Other*	New patients	Total attendances	Did Not Attend
Bucks	8	653	467	1,050	328	20	9	56	172	1,635	2,197	255
Oxon	20	2,179	1,558	3,978	603	63	93	164	330	5,231	7,244	670
Berks West	5	282	188	390	247	15	1	2	7	662	800	66
BOB	33	3,114	2,213	5,418	1,178	98	103	222	509	7,528	10,241	991

*includes urgent, vulnerable patients, maternity, clinical need

There was a higher take-up of the scheme in Oxfordshire where more practices have struggled to deliver their activity targets and patient access has been more difficult. The practices have seen an average of about 4.6 patients per session. Of the new patients seen about 87.5% were those who had not attended a dentist for 2 years or were relocating to the area.

The table below details the proportion of patients treated within each of the NHS treatment bands in the period up to the end of January 2024:

Table 11 Treatment bands under Flexible Commissioning

County	Band 1	Band 2a	Band 2b	Band 2c	Band 3	Band 1a (urgent)
--------	--------	---------	---------	---------	--------	------------------

Bucks	60%	17.1%	5.3%	0.3%	1.0%	16.3%
Oxon	46.9%	23.2%	8.6%	0.5%	1.2%	19.6%
Berks West	54.3%	20.3%	10.9%	0%	0%	14.5%
BOB	50.2%	21.7%	8.0%	0.3%	1.1%	18.7%

About half of the patients received check-ups, about 20% less complex Band 2 treatment and just under 20% were treated for an urgent need. Just under 10% of the patients received treatment for complex needs.

The scheme has been evaluated in terms of patient and provider feedback with positive responses received from both.

The ICB has agreed that the service should continue for a further year from 1st April 2024.

5.5 Replacing the lost activity

Arrangements for the commissioning of temporary UDAs end on 31st March 2024. The ICB has been working as part of an NHS South-East programme to replace UDAs that have been lost due to contract handbacks and reductions, with the aim of commencing implementation from April 2024. This has been pursued as a two-stage process. The first has been to approach local practices to apply to provide additional activity to replace what has been lost in their area. If this falls short of the activity sought the ICB will go out to procurement to seek new provision into the area.

The first stage of the process has been completed and practice applications for additional activity have been approved from 1st April 2024 on the following basis:

Table 12 Number and locations of approved applications for additional activity

Local Authority	Additional UDAs to be commissioned from April 2024	Location(s)
Bucks Central	7,356	Haddenham and Aylesbury
Bucks South	117	Chalfont St Peter
Bucks West	12,082	High Wycombe, Wooburn Green and Loudwater
Buckinghamshire total	19,555	
Cherwell	3,995	Bloxham and Banbury
Oxford	7,800	Cowley and Headington
South Oxfordshire	4,500	Thame and Henley

West Oxfordshire	2,601	Witney
Oxfordshire	18,896	
Reading	13,250	Reading and Tilehurst
West Berkshire	4,800	Newbury and Thatcham
Wokingham	14,047	Woodley, Wokingham and Twyford
Berkshire West	32,097	
BOB	70,548	

No applications were received for Bucks East, Bucks North or Vale of the White Horse.

Formal offers will be made to these practices during March 2024. If the offers are accepted as above then the re-commissioning of the activity lost in both Buckinghamshire and Berkshire West will have been restored. It was likely that take up in Buckinghamshire and Berkshire West would be higher than in Oxfordshire as less capacity has been lost and therefore practices are more likely to have capacity to provide additional activity. Whilst the first phase of re-commissioning will increase capacity in Oxfordshire by nearly 20,000 UDAs significant gaps remain in the county. The next phase of the programme will focus particularly on increasing provision in Cherwell, the Vale of the White Horse and West Oxfordshire.

5.6 Changes to the NHS Dental contract in 2024

At the end of 2022, the government introduced changes to the NHS Dental contract which were implemented in 2023. Further changes were announced in February 2024. These are:

- The payment of a new patient premium for the period March 2024 to March 2025; ranging from £15 - £50, depending on treatment need.
- Support the Dentists to treat around one million new patients and launch a new public health campaign to raise awareness about how to find a Dentist.
- Increasing the minimum UDA price to £28 (current minimum is £25.33).
- A 'Golden Hello' payment for Dentists to work in areas of need, starting with a cohort of 240 Dentists later in 2024.
- Actions to increase the dental and dental therapy workforce.
- Legislation to support to development of skill mix.

- Making it easier for overseas dentists to work in the NHS, including legislation for the introduction of provisional registration status.
- Ringfence on NHS Dentistry budgets for 2024 to 2025 so ICBs can seek to improve dental access within this budget.
- Commence work in 2024 to ensure that the funding provided to ICBs better reflects changing population demographics.
- Reform the contract to make NHS work more attractive with options for consultation with dental profession with any changes phased in from 2025 onwards.
- The deployment of dental vans in under-served areas while longer term solutions are established.
- Support oral health improvement in Family Hubs and other settings that provide Start for Life services.
- Improve oral health of children by providing oral health advice to parents and a 'Smile for Life' programme into early years settings.
- Deploy dental teams to schools in areas of the oral country where oral health and NHS access is worst.
- A national programme of water fluoridation with new legislation to make it easier to start programmes to systematically bring water fluoridation to more of the country.

More details are to follow, but the ICB is reviewing the implications for implementation in BOB. Arrangements are now being put in place for the new patient premium and the minimum UDA price of £28; the latter of which impacts 25% of practices in BOB.

6. Summary

There have been significant improvements in access to and delivery of dental services since the peak of the coronavirus pandemic. Dental services only returned to full capacity in July 2022 and the levels of provision are now moving back towards pre-pandemic levels, particularly in Buckinghamshire and Berkshire West.

Local actions such as allowing practices to deliver more activity; additional access sessions; the Flexible Commissioning scheme and replacing activity lost due to contract handbacks/reductions has helped to ease the reductions. Many practices have actively engaged with the ICB in responding to these challenges.

Changes have been made to the national dental contract with the aim of increasing support to the profession and improving access for patients. One of the key features of the national changes is the increased focus on prevention through the 'Smile for Life' programme. This is likely to increase opportunities for joint working between local authorities and the ICBs to address the causes of demand for dental services.

Significant challenges remain. Practices are still working through backlogs of patients built up as a result of the pandemic which is impacting the rate of growth in access. For patients who have not attended local services access is still a challenge. Workforce issues remain with contract handbacks and reductions continuing.

The recent announcement of changes to the national contract are designed to help further address the access and workforce challenges, but they also start to outline plans to improve oral health.

The ICB is working with a range of local stakeholders to develop a primary care strategy, which includes dental services, with the aim of commissioning services to meet local needs in ways that are sustainable. The ICB is also working in partnership with other ICBs across the South-East Region to re-commission referral services.

It will be important to continue work collaboratively and innovatively to maintain progress.