



Dental Services Update for North Central London

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1.0 Executive Summary

In April 2023 Dental, Optometry and Community Pharmacy Services (collectively referred to as DOP Services) were delegated from NHS England (NHSE) to Integrated Care Boards (ICBs). This included the transfer of budgets (~£162m for North Central London (NCL)) for the three service areas including responsibilities for contract management, service development and transformation.

The delegation of the DOP Services was accompanied by the transition of the former team who supported all routine DOP activities (invoicing, monitoring, contract management etc) from NHSE to the ICBs. It was agreed that North East London ICB (NEL ICB) would host these services on behalf of all London ICBs and a Memorandum of Understanding (MOU) was agreed between the ICBs to outline the relationship with the team (called the DOP Hub). In addition, a governance structure was established to collaboratively oversee the services at a London level that involves all London ICBs working together on shared issues.

The responsibility for delegated Dental Services sits within the Strategy & Population Health Directorate of the NCL ICB. Dentistry, encompassing Primary Dental Services, Community Dental Services and Secondary (hospital based) Dental Services, represents 71% of the total budget for DOP Services with a total spend for 23/24 of £114.5m across all areas increasing to £116.9m in 24/25.

Following delegation of Dental Services the NCL ICB has embarked on a wide ranging transformation programme utilising both existing underspends and core ICB funding and including a £600k commitment of recurrent funding focused on ensuring we have a consistent offer to rough sleepers, providing support for those experiencing homelessness (including asylum seekers), providing support to those in residential care who would not have otherwise be able to access care and also focused on reducing waiting times for children and young people (CYP) who need more specialist care.

The NCL ICB has also expanded access to Primary Dental Services increasing activity from 67% of plan to 87% of plan in the first year of delegation (from Apr 23 to Mar 24) and we are now seeing it running at nearly 95% of plan. This increase in activity is in excess of the aspirations of the National Dental Recovery Plan announced under the previous government and reflects changes we have agreed to extend activity across a wide range of Primary Dental Practices, supporting practices to develop new skills and therefore expand the capability to deal with more complex issues and working with our Local Dental Committees, the Dental Confederation and the British Dental Association to both expand existing capacity and reduce the number of practices handing back their contracts.

The NCL ICB has also continued our support for patients in acute pain being able to access urgent appointments, nearly always on the same day, via a call to 111 and our support for Looked After Children having access to specialist support. We have started investing into the shared agenda with Local Authorities around Oral Health Promotion and have formed a pan NCL working group with Public Health and NHS England (NHSE) Colleagues to increase the effectiveness of our collective investments in this important preventative work.

In achieving the transformation in access and activity we have seen we recognise the importance of our Community Dental Services (CDS) which, for NCL, is provided via the Whittington Hospital NHS Trust (WH). All referrals to more specialist care are triaged by the CDS and through this approach the vast majority (~92%) of all referrals to hospital are managed in a community rather than hospital-based setting. This has an important impact on waiting times and waiting list sizes for intensive hospital based treatments. The CDS also leads on our work with those experiencing homelessness including rough sleepers and our work supporting LAC, people in Residential Care and the development of skills within the wider Primary Dental Community. Referrals into the NCL CDS are 40% above that of pre-pandemic levels yet Referral to Treatment (RTT) times remain one of the best in the country at 80% against the target of 92% even with the increased referral rates. The NCL CDS is also at the forefront of improving outcomes for CYP with Special Educational Needs including reshaping the screening programme currently undertaken into a programme of Supervised Tooth Brushing (STB) which will improve outcomes. The aim is to have all Special Educational Schools undertaking STB before the end of 24/25.

Whilst noting the significant achievements that have occurred since delegation in April 2023 and in particular the work we have done to expand Primary Dental Capacity we do need to note the constraints the ICB is working within which relate to the inability to change the nationally set contractual terms and the fact that responsibility for workforce development and practices remain a national issue that cannot be influenced more locally. The constraints also include the fact that dentistry, unlike General Practice, provides no right of registration for patients and the limitations of the payment system, based as it is on the use of UDAs (Units of Dental Activity) further impacts what the ICB can and cannot influence.

Our focus for the future includes improving the oral health of those with Long Term Conditions such as Diabetes as well as identifying Cardio-Vascular Disease (CVD) in those who present with Oral Health issues (and also in those who present with Ophthalmic related issues to Community Optometrists) for which the NCL ICB has been awarded funding for two pilots to undertake pathfinding work to determine whether we can help provide earlier identification and interventions and therefore improved health outcomes. We are also seeking to see whether we can expand the support for patients in Residential Care to those in other care settings and are currently working up the plans and costs of doing this in a phased way. Finally, we are also working with the London Paediatric Managed Clinical Network, our Urgent Dental Care Providers and the Community Dental Service to develop a new paediatric trauma pathway which will lead to improved outcomes (in terms of retained teeth) for CYP

This report provides a summary of progress the NCL ICB has made in dental services following delegation and is presented for comment to the JHOSC.

2.0 Overview of DOP Services in NCL

Dental, Optometry and Community Pharmacy Services (collectively referred to as DOP Services) were delegated from NHS England (NHSE) to ICBs in April 2023 along with a budget (for North Central London (NCL)) of ~£161m across the three areas. Of this, Dental Services (encompassing Primary, Community and Secondary or Hospital Based services) accounts for £114.5m (71%) of the total across 170+ contracts as summarised below.

Overview of Dental Services in NCL	Provider/No. of Providers	NCL ICB 23/24 DOP Budget	NCL ICB 24/25 DOP Budget
Acute Dental Services	UCLH/ RFH/ Out of Sector	£35.4m	£35.7m
Community Dental Services (CDS)	Whittington Health	£4.5m	£5.3m
General Dental Services & Orthodontics	~170	£74.6m	£75.9m
Total NCL Dental Spend		£114.5m	£116.9m

The table above gives a snapshot of the contracts at a point in time given that new contracts are constantly being added/amended and some are handed back. The values fluctuate as well based on activity seen, with some funding being returned to the ICB for reallocation where not spent, as well as the fluctuations due to changes initiated in year, some of which are alluded to below. Therefore, the table above should be seen as providing an indication of the spend and contracts as at the time of writing this report.

The delegation of DOP Services was accompanied by the delegation of the DOP Staffing Hub, consisting of the team who previously supported DOP Services within NHSE London Region but are now hosted by North East London (NEL) ICB on behalf of all London ICBs. This team provides the administrative and management functions to manage the routine aspects of the ~5,000 contracts across London (spread across Dental, Optometry and Pharmacy contracts) including dealing with budgets, contracts, invoices, claims, challenges, terminations and all other routine management actions.

The DOP Hub, whilst managed day to day by the NEL ICB for London, is overseen by a DOP Governance Group involving all London ICBs. This group is provided with information on activity, spend and progress for each of the three services.

Transformation of services lays within the remit of each ICB who, across London, use the DOP Hub Team to support the implementation of improvement initiatives. For the NCLICB, Dental Services are managed within the ICB's Strategy & Population Health directorate who have initiated a wide ranging programme of transformation and agreed an initial increase in spend on Dental Services of a recurrent £680k, the details of which will be provided within the body of the report along with our plans for future areas of focused improvement.

3.0 Strategic Dental Challenges

Before we move to the review of what the NCL ICB has undertaken to improve access and outcomes in Dental Services we need to be aware of the strategic challenges faced in the work that has been undertaken and these are summarised below:

- The ICB has limited ability to influence the structure and payments associated with the GDC (General Dental Contract). Dentists are paid based on UDAs (Units of Dental Activity) and dentists sign up to providing a certain number of UDAs per year but many do not achieve the contracted amounts. The NCL ICB has worked hard with the DOP Hub to ensure that as much of this underspend is returned back into Dentistry to target inequalities and increase access. This will be explored in more detail later in this report.
- A key point to note is that unlike Primary Care General Practitioners (GPs), patients have no right of registration with a practice and whilst this means they can access treatment from any NHS Dentist, should there be capacity for them to be seen, it does mean that many patients cannot get access to NHS funded treatment. Not all NHS treatment is free in all cases and adult patients need to contribute toward their treatments based on a scale of charges.
- In terms of workforce, which remains an issue for the NHSE National team rather than a matter that can be tackled directly by the ICB, there continues to be a movement of clinicians (dentists and dental nurses) away from providing NHS care into providing private care. The access to workforce has been affected by industrial action as well.
- The impact of the pandemic is still be felt in dentistry with a general increase in patient acuity, particularly amongst children and young people. This reduces access for the wider population as individual patients need longer treatment to restore them to good oral health. This also reduces the payments received by dentists as they have to do more work per UDA.
- Secondary care dental support continues to be affected by lack of anaesthetists and access to beds, especially when there are higher priority patients to be supported. Access has also been affected materially by the recent industrial action, adding to waiting lists.
- Media coverage of dentistry is relatively high with the diagnosis of oral cancers the most recent topic. As any patient in acute pain living within London can access an urgent appointment via the 111 Service (a service not available anywhere else in the country) and with increased primary care access in London compared to elsewhere in the country and relatively short waiting times in secondary care the challenges in London are less pronounced than elsewhere.

In addition to, and partly in response to, the challenges above the previous government published a Dental Recovery plan on the 7th February 2024 entitled: [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#). The key commitments in this plan are stated as:

- In 2024, significantly expand access so that everyone who needs to see a dentist will be able to. This will begin with measures to ensure those who have been unable to access care in the past 2 years will be able to do so – by offering a significant incentive to dentists to deliver this valuable NHS care. Introduction of mobile dental vans to take dentists and surgeries to isolated under-served communities.
- Launch 'Smile for Life' – a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs. The introduction of dental outreach to primary schools in under-served areas in addition to taking forward a consultation on expanding fluoridation of water to the north-east of England – a highly effective public health measure.
- Ramp up the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity as committed to in the NHS Long Term Workforce Plan, reducing bureaucracy and setting the trajectory for longer-term reforms of the NHS dental contract.

The significant NHS aspects of the plan in respect of dental commissioning are:

- Increase in the minimum UDA value to £28.00; in NCL this affects 11 practices in total, increasing annual recurrent spend by £79k.
- Introduction of a new patient tariff for 2024/25. This will pay an additional amount between £15 and £50 for a new patient registration in addition to the funding the practice would already receive. This was implemented from 1st March 2024 and is time limited to end of financial year 2024/2025 and currently we are unable to predict the impact on registrations but expect this to be material.
- Outside of London, the plan also requires the roll out of dental vans in certain underserved ICBs. This is focused on isolated rural and coastal communities and therefore not applicable to London.
- Introduction of a 'golden hello' scheme (£20k per dentists, split over 3 years, available for posts agreed by regions / ICBs to be priorities for access) to encourage dentists to move into under-served areas and supporting those practices with the lowest rates of payment for their work. Given the relatively comprehensive access to dental support in London compared to the rest of the country it is not yet clear whether this incentive will be applied to London.

The plan also commits to bringing forward proposals for reform, however there is no specific detail around this, as they are subject to further work and will may require consultation. Whether the new government retain the Dental Recovery Plan as stated or revise it is yet to be determined.

4.0 Overview of Community & Dental Services within NCL

This section provides an outline of the additional services delivered across NCL that augment the services provided by Primary Dental Practitioners starting with the Community Dental Services.

Community Dental Services (CDS)

CDS serves following patient groups, paediatric, special care, elderly and homeless and provides oral health promotion (OHP) on behalf of the local authorities that commission it. For NCL the CDS is delivered by Whittington Health NHS Trust. The contracts have had a significant impact on the number of patients who need to progress to more intense treatment in secondary care and has positively impacted a wide range of areas such as increasing the skills of primary dental practitioners and providing enhanced support to those experiencing homelessness and others. The initial contract issued by NHSE are due to come to an end and a plan is being pulled together to commence a direct award process using the Provider Selection Regime to issue new contracts for up to 10 years for these essential services across London.

Key facts associated with the CDSs across London with specific references to what NCL are doing to address these issues are summarised below:

- All referrals for more specialist care are triaged via the CDS and result in only 8% of all referrals being sent on for treatment in Acute Care.
- The overall number of referrals to specialist care are increasing predominantly in paediatrics and within NCL we have invested in increasing capacity in our CDS along with the increase in paediatrics general anaesthetic, inhalation and intravenous sedation capacity within the CDS Sector we are seeing waiting lists stabilise and show signs of reducing for the first time since the start of the pandemic
- CDSs are seeing an increase in paediatric oral decay due to poor diet. Supervised brushing activities in schools are currently at full capacity and NCL are seeking ways to expand this further through the Oral Health Promotion Working Group that we have formed with Local Authority partners and the investment we have made in Oral Health Promotion (OHP) as part of our Dental Transformation Programme referred to later in this document.
- Demand for dental care amongst elderly people is also increasing driven by deteriorating oral health in the population through lack of nursing staff and therefore brushing of residents' teeth. This is being tackled within NCL through increased investment to provide a consistent offer to those in care settings (focusing initially on those in residential care settings) to address this need.
- We have implemented a consistent offer for rough sleepers and expanded support to those experiencing homelessness (including asylum seekers) to improve oral health due to increasing numbers and spread of rough sleepers across NCL.

Secondary Care Dental Services

Since the introduction of the Community Dental Services (CDS) across London, there has been a significant change in the case mix of patients requiring treatment within a secondary care setting. This has seen an increase in the percentage of the total activity of neuro-diverse patients who generally require longer treatment times, which limits overall capacity.

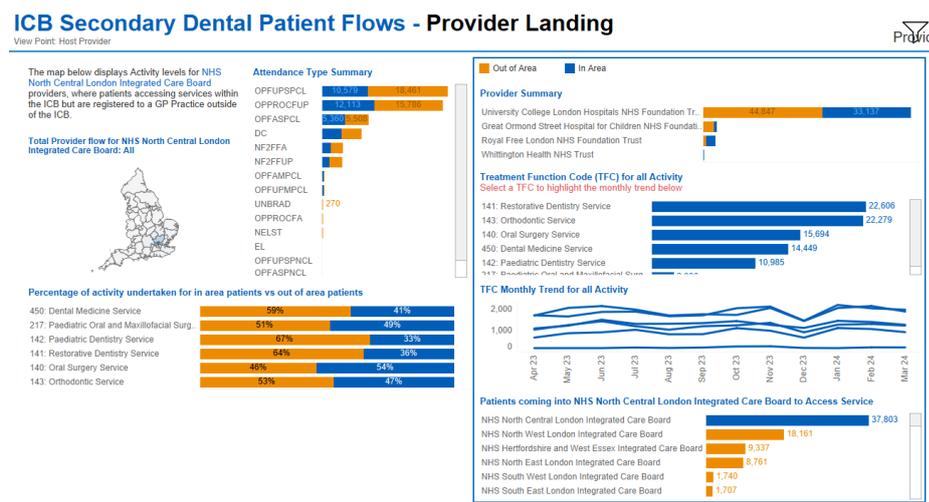
Work to understand this trend is likely to lead to the production of a detailed research paper and potentially changes to how this patient cohort is supported in community and primary care to reduce the number needing to be seen in a secondary care setting.

Within NCL we have two Secondary Dental Treatment Centres provided by University College London Hospitals (UCLH) and the Royal Free (RFL). Some activity for complex paediatrics is also delivered at Great Ormond Street Hospital (GOSH) but this remains directly commissioned by NHSE and is in part overseen by clinicians from UCLH.

The services delivered across our two secondary care providers (UCLH and RFL) includes:

- Oral Surgery (including Paediatrics)
- Restorative Surgery
- Orthodontics
- Dental Medicine
- Maxillofacial (including paediatric services)

A summary of secondary care activity undertaken within NCL for 23/24 is shown below:



The table above provides a snapshot of activity undertaken within NCL providers and shows the following:

- During 2023/24 there were 33,137 NCL patient attendances at UCLH, 3,446 NCL patient attendances at Royal Free (there is an issue with Royal Free data and this figure is slightly inaccurate) and 860 NCL patient attendances at GOSH (activity commissioned by Specialised Commissioning)
- Against the 33,137 NCL patients who attended our providers, they also had a total of 44,847 attendances for patients from outside NCL ICB including:
 - 18,161 NWL patients
 - 9,337 Hertfordshire and West Essex patients
 - 8,761 NEL patients

In addition to the above, there were 14,150 episodes of care for NCL Patients that were delivered outside of the NCL area.

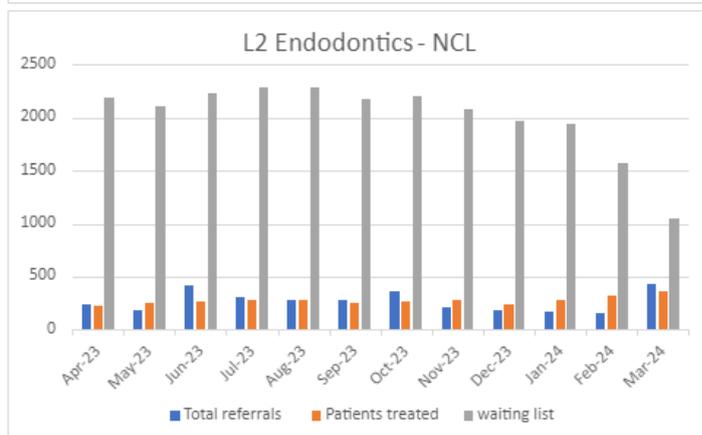
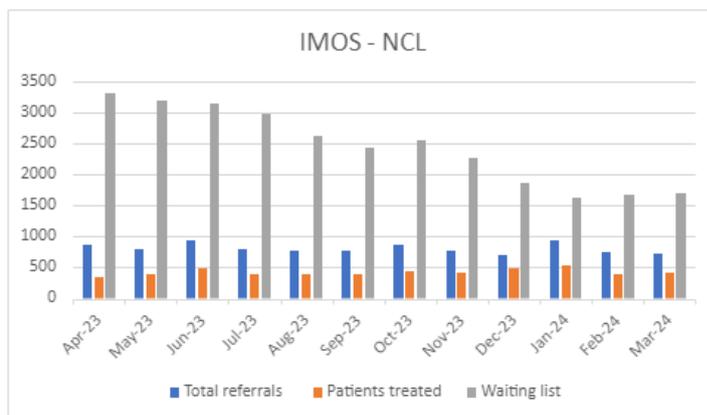
Intermediate Minor Oral Surgery Services and Level 2 Complexity Endodontics

Most of our complex oral surgery is undertaken in hospitals but sometimes the treatment required is too complex to be undertaken in a General Dental Practice or the Community Dental Service but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service. IMOS services treat patients aged 13 years and over, typically on referral from their regular dentist. Once the treatment has been delivered, patients are discharged to their regular dentist for ongoing care.

The Level 2 Complexity Endodontic service (root canal treatment), is also for treatment too complex for standard dentistry but not complex enough to require referral to a hospital. The endodontic treatment is delivered by an accredited specialist and the patient is discharged to the referring dentist for the definitive restoration, usually a crown.

These services are seeing an increase in demand but waiting lists are being slowly reduced. To increase the workforce for these services, we are working with Managed Clinical Networks, Local Accreditation Panels and the Office of the Chief Dental Officer to implement an accreditation process “with conditions”. This means an applicant who is not quite suitable for full accreditation would be supervised when in practice until they are deemed competent to work in isolation, this is an innovative pathway being created by London to address waiting times and increase clinical skills.

Both services have decreasing waiting lists as evidenced in the graphs below. Waiting lists are required so appointments can be planned effectively to maximise clinical efficiency.



5.0 NCL ICB Strategic Response

In response to the strategic challenges around Dental Services, the NCL ICB has initiated a number of programmes of work to stabilise services, improve access and activity and improve outcomes as detailed below:

Primary Dental Services Access & Activity

The NCL ICB has been particularly concerned about improving access and activity in Primary Dental Services which was only running at 67% of the budgeted activity at the point of delegation. Through working with the Local Dental Committees (LDCs), the Dental Confederation and a wide range of Dental Practices and through targeted changes to dental activity levels in contracts where there was a willingness to do so we have seen activity increase to ~87% of plan by the end of the first year of delegation and a further increase to 95% as at the end of Q1 24/25. Whilst there are still aspects to deliver of the National Dental Recovery Plan referred to earlier, the activity levels are above the aspirations of the recovery plan and have been achieved significantly in advance of the two year timeline.

NCL ICB	GDS/PDS Dental Contract UDA Delivery 2023/24 (% of Plan)										
	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
% of Plan Delivered	67.2	73.5	74.4	80.0	78.5	78.3	82.0	81.3	84.0	85.8	87.8



The increase in activity has been achieved through a variety of means including some related to our transformation programme but the largest single impact has been the £1m investment that the NCL ICB has agreed to make from the dental budget underspend in a total of 42 practices to increase the number of Units of Dental Activity (UDAs) which has delivered an additional 31,500 as detailed in the table below:

Borough	No of Practices	UDAs Awarded	Value of UDAs
Barnet	11	8,000	£264,000.00
Camden	6	5,000	£165,000.00
Enfield	8	6,000	£198,000.00
Haringey	9	6,500	£214,500.00
Islington	8	6,000	£198,000.00
TOTAL	42	31,500	£1,039,500.00

Dental Transformation Programme

We have also formed a Dental Transformation Programme and committed £600k recurrently into this which is focused on the areas below, some of which has been referred to earlier in the document:

- Reducing waiting times for Children & Young People (CYP) needing specialist care.
- Ensuring a consistent offer across NCL for Rough Sleepers.
- Providing access to specialist care for those experiencing homelessness including asylum seekers.
- Providing access to specialist care for those in Residential Care Homes.
- Targeted work with schools in deprived areas to reduce the use of sugary drinks with the aim of improving oral health.
- A collaborative programme of work with Local Authorities around our shared commitments to improving Oral Health Promotion.

The detail of the recurrent investment that the NCL ICB has made is shown below:

Additional Investment Plans for 24/25	2024/25 (full year)
Increasing Theatre Capacity for the WH CDS	£323,762
Residential Care Homes Support	£17,683
Homelessness Capacity Support & Rough Sleepers Programme	£29,165
Investment in Oral Health Promotion (OHP)	£99,600
CDS Provision of Weekend Clinics	£107,523
Giving Up Loving Pop (GULP) Pilot Programme	£22,195
TOTAL	£599,928

This work has already started to show results and we expect to be able to provide a full update on the impacts from Q1 25/26 onwards.

Supporting On-Going Commitments

In addition to our work to expand capacity in Primary Dental Services and our Dental Transformation Programme, the NCL ICB has reaffirmed our commitment to a number of high impact initiatives including:

- Providing urgent access, often same day, to all patients in acute dental pain via the 111 Service.
- Continuing our support for Looked After Children (LAC) to access specialist care.
- Supporting the expansion of Child Friendly Dental Practices enabling them to support more children who suffer from anxiety in relation to dental treatment.

CVD Pilots

The NCL Integrated Care System (ICS) has been selected to be pilot sector to two pathfinders to help identify patients with Cardio-Vascular Disease (CVD) who present with either Oral Health or Optometry related health issues as these can be early indicators of a range of long term health issues which, if caught earlier and managed proactively, can significantly improve outcomes for patients.

6.0 Looking Forward/Next Steps

Whilst there has been significant progress in improving access and outcomes for dental services, and remembering we are working within a series of constraints related to areas such as the contract and payment form and workforce, we are already considering a range of developmental areas that will build on our existing transformation work and increase the impact we are having on patient health outcomes. These developmental areas include:

Supporting Patients with Long Term Conditions

The work on the CVD Pilots referred to in the previous section is related to work we wish to commence around improving the oral health of patients with Long Term Conditions (LTCs), in the first instance focusing on those with Diabetes. LTCs can have a severe negative impact on oral health which in turn impacts on a wide range of outcomes including contributing to social isolation and an inability to work.

Expanding Access in Care Settings

We are going to use the initial work we are undertaking to improve outcomes for people in Residential Care settings to consider whether the extent of the benefit of expanding this to include people in other care settings. We are currently monitoring the impact of our current work and working up costings with our partners across health and social care.

Improving Outcomes in Paediatric Trauma

The London Paediatric Managed Clinical Network, in collaboration with Urgent Dental Care (UDC) providers and CDS, is developing a paediatric dental trauma pathway to provide the most effective treatment outcomes possible. The proposal would include trauma training for all UDC dentists, a trust rota to provide consultant advice and guidance for dentists treating trauma, a fast track into CDS or secondary care for further treatment and specific practices to which patients can be discharged for the continuation of treatment (this aspect is particularly vital to those patients who do not have a regular dentist). The successful implementation of this pathway would increase the number of teeth retained after trauma, shorten waiting times and reduce the significant stress experienced by patients and parents.

Improving Outcomes in Special Education Settings

The NCL ICB are working with CDS providers to revise the offer to children in Special Education Settings (SES). Currently SES pupils are offered screening in much of London, however, this has limited impact as it does not involve any treatment and the parents or carers who give permission for the screening are often already users of CDS. It has been agreed by partners involved in supporting SES that there will be a move away from screening and the resource will be used on increasing the offer of supervised tooth brushing (STB) where schools wish to participate. The goal for London is STB in all SES for all ages, there will also be a drive to promote the CDS with families not currently engaged.

7.0 Closing Remarks

As can be seen from the above the NCL ICB have taken proactive steps to improve outcomes and access and improve oral health in adults and children across a wide range of settings. Our work has targeted inequalities such as care for those in care settings and those experiencing homelessness. We have continued our support for Community Dental Services, access to Urgent appointments for those in acute care and we have been proactive in delivering our commitments under the National Dental Recovery Plan. This has resulted in an increase in activity from 67% to 95% of plan with a corresponding increase in capacity in Primary Dental Services as well as a range of other benefits such as a consistent offer to Rough Sleepers across NCL.

The delivery of these achievements have been made whilst working within the constraints we face and as can be seen we have plans to extend the impact and scope of our work in dental services further. We are as yet unsighted on the changes that may arise from the new government in this area but that does not diminish our commitment to working collaboratively with our partners across health and social care to improve outcomes for our population.

This paper is presented to JHOSC for comment and feedback.