


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 April 2024
Subject:	NHS Dental Services in Lincolnshire

Summary:

This report provides an update on NHS dental services in Lincolnshire. It includes information on developments on the national dental contract, including incentives for dentists to treat new patients; and details of access to NHS dentists in Lincolnshire.

The report also refers to specific issues in parts of Lincolnshire, for example, where NHS dental contracts have been handed back, such as North Somercotes, Market Deeping, Boston, and Stamford, as well as a new NHS service in Mablethorpe.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is requested to note the update on NHS dental services in Lincolnshire.

1 Background

1.1 The Health Scrutiny Committee for Lincolnshire received an update report on NHS Lincolnshire Dental Services in July 2023. The report provided information on:

- update and comparable position on NHS dentistry access for Lincolnshire;
- dental contract background;
- impact of Bupa Skegness Practice closure and other potential services changes;
- and the transition of the commissioning of all NHS dental services being fully delegated to NHS Lincolnshire Integrated Care Board (ICB) on 1 April 2023.

Following attendance at the Committee meeting on 19 July 2023 a request was made for a further briefing in six months.

- 1.2 Lincolnshire ICB recognises the importance of understanding the need of the local population. To enable robust commissioning plans to be developed, Dental Public Health Consultants have developed the Oral Health Needs Assessment for Lincolnshire. This will inform future dental commissioning and procurement plans going forward.
- 1.3 An Equality and Quality Impact Assessment will be undertaken to consider the impact on the population including the protected characteristics, as part of the dental commissioning and procurement plans.
- 1.4 NHS England has recently published 2024/25 priorities and operational planning guidance on 28 March 2024 which identifies dental planning objectives for NHS Lincolnshire Integrated Care Board (ICB) [see section 8.2 National Dental Contract Reform for further details relating to the plan to recover and reform NHS dentistry]: -
 - To increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
 - To implement dental checks within special residential schools during 2024/25, following engagement and market testing.
 - To apply a ringfence to NHS dentistry budget for 2024/25, to establish current and planned spend against the ringfenced allocation budget and to identify opportunities to support contractors to deliver additional capacity beyond their existing contractual requirements.

On 7 February 2024, NHS England and the Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access NHS dentistry. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity. It aims to:

- prevent poor oral health;
 - boost access and activity;
 - and support and develop the whole dental workforce.
- 1.6 The report has been developed by East Midlands Primary Care Team senior commissioning manager (working on behalf of NHS Lincolnshire ICB) and NHS Lincolnshire ICB. Representatives from Lincolnshire ICB will be present at the meeting.

2 National NHS Dental Contract

- 2.1 NHS Lincolnshire ICB is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility of NHS Lincolnshire ICB.

- 2.2 Although NHS Lincolnshire ICB is responsible for commissioning all NHS general dental services, there are the limitations of the current national contract which may impact on the level of local flexibility which can be applied.

Challenges with access to NHS dental services are fully recognised, with dental access being a key priority for all Integrated Care Boards. The most critical issue remains gaining access to NHS Dentistry, and we are aware that people are reporting that they are unable to find a dentist taking on new NHS patients. The lack of NHS dentists accepting new patients is a common challenge across both Lincolnshire and other areas of England. Challenges for NHS Dentistry existed prior to the pandemic. Current challenges, both nationally and in Lincolnshire include:

- workforce – the recruitment of dentists and wider clinical dental team;
- access issues; and
- the discontent of the dental profession with current national contract.

- 2.3 NHS Dental Practices are independent contractors who are reviewing their business commitments and contractual delivery to remain viable and as a result may move towards providing more private provision (please see section 6 for further information on private dentistry).

- 2.4 Dental practices are responsible for patients who are undergoing dental treatment under their care. All completed courses of treatment within the same treatment band have a twelve-month guarantee. This means that repairs and replacements can be replaced within the twelve months, if it falls within the same band of treatment or lower. Should further treatment be required, this must take place within two months of when the course of treatment was completed. After the two months, the practice has no on-going responsibility as the patient would not be deemed to be undergoing current dental treatment under their care.

- 2.5 It is common that people associate themselves with a specific dental practice and are seen as “regular” patients of a dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for General Medical Practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.

- 2.6 Prior to the pandemic, patients would often make their ‘dental check-up appointments’ at their ‘usual or regular dental practice’. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

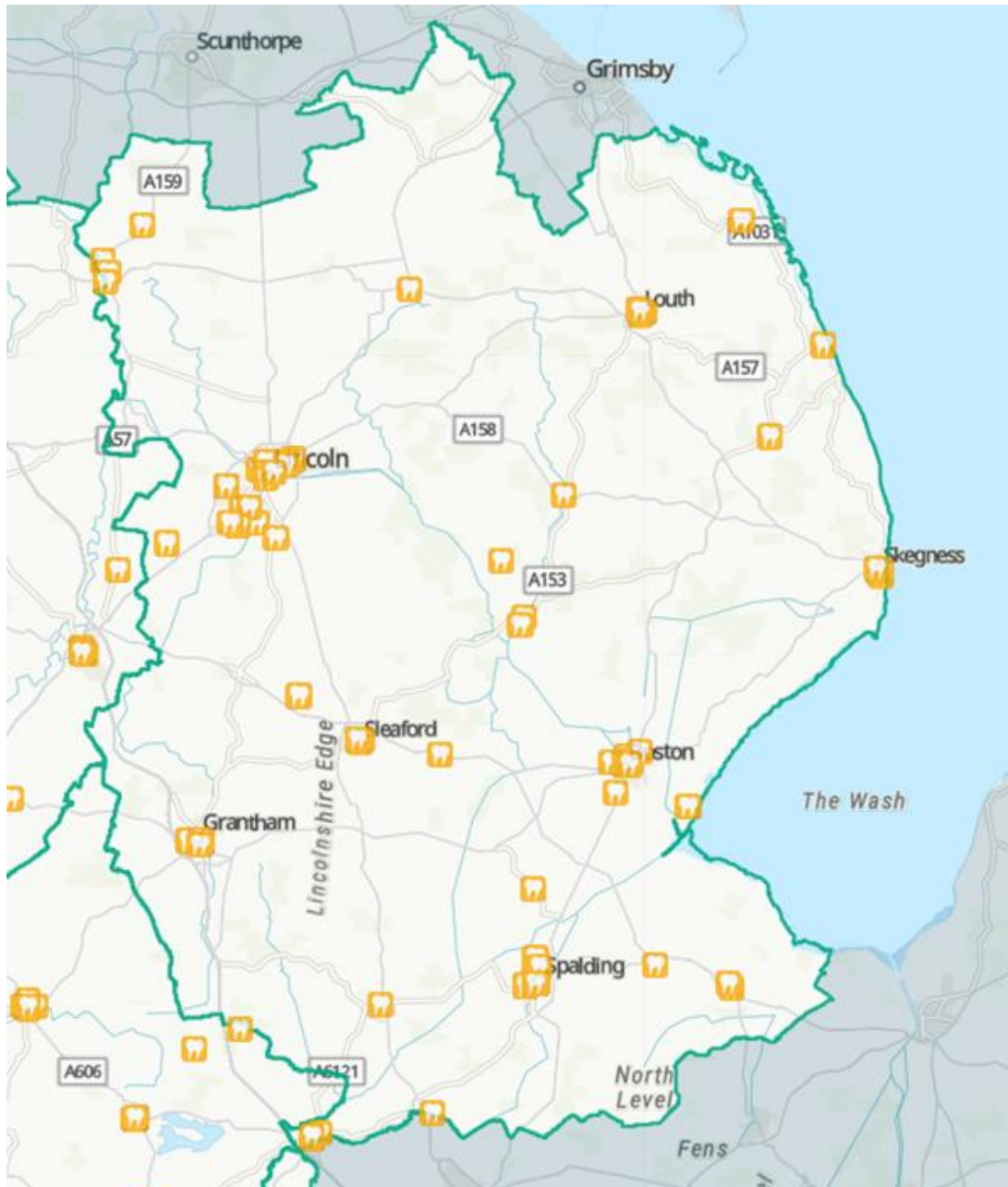
- urgent dental care;
- vulnerable patients (including children); and
- those at higher risk of oral health issues.

For many practices, post the pandemic, there has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

3 NHS Dental Services Across Lincolnshire

3.1 NHS General Dental and Orthodontic Services

3.1.1 The map below shows the 51 NHS dental practices spread across Lincolnshire who provide general and orthodontic dental services.



- North Kesteven: 4
- South Kesteven: 10
- Lincoln: 11
- East Lindsey: 11
- West Lindsey: 5
- Boston: 5
- South Holland: 5

3.1.2 Twelve of these also provide NHS orthodontic services:

- North Kesteven: 2
- South Kesteven: 5
- Lincoln: 2
- East Lindsey: 1
- West Lindsey: 1
- Boston: 0
- South Holland: 1

There are also two specialist NHS Orthodontic practices based in:

- Boston
- Spalding

3.2 Extended hours, urgent dental care and out of hours

3.2.1 Extended or out of hours cover is provided by three 8-8 NHS dental contracts:

- Lincoln
- Sleaford
- Spalding

These are NHS dental practices which provide access to patients from 8am to 8pm every single day of the year (365 days) and provide both routine and urgent dental care.

3.2.2 There are an additional seven NHS dental practices which offer extended or out of hours cover during weekdays, weekends, and certain bank holidays for both routine and urgent care:

- Boston
- Gainsborough
- Louth
- Lincoln
- Sleaford
- Skegness

3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Time Scale
<p>Routine Dental Problems:</p> <ul style="list-style-type: none"> • Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures • Minor dental trauma • Post-extraction bleeding that the patient is able to control using self-help measures • Loose or displaced crowns, bridges or veneers • Fractured or loose-fitting dentures and other appliances • Fractured posts • Fractured, lose or displaced fillings • Treatments normally associated with routine dental care • Bleeding gums 	<p>Provide self-help advice and access to an appropriate service within 7 days, if required.</p> <p>Advise patient to call back if their condition deteriorates</p>
<p>Urgent Dental Conditions:</p> <ul style="list-style-type: none"> • Dental and soft-tissue infections without a systemic effect • Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice • Fractured teeth or tooth with pulpal exposure 	<p>Provide self-help advice and treat patient within 24 hours.</p> <p>Advise patient to call back if their condition deteriorates</p>
<p>Dental Emergencies:</p> <ul style="list-style-type: none"> • Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth • Oro-facial swelling that is significant and worsening • Post-extraction bleeding that the patient is not able to control with local measures • Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection • Severe trismus • Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes) 	<p>Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition</p>

3.2.4 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly
- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
- For deaf people, there is also the [NHS 111 BSL \(British Sign Language\) Service](#) (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the [Find a Dentist](#) facility on the NHS website
- NHS 111, either [online](#) or on the phone (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Lincolnshire

3.2.6 Patients with dental pain should not contact their GP (General Practitioner) or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.3 People who require urgent out-of-hours dental care can attend any service in the Lincolnshire area, the nearest 8am to 8pm, 365 days sites are as follows:

- Lincoln
- Sleaford
- Spalding

Extended access sites are:

- Boston
- Gainsborough
- Lincoln
- Louth
- Sleaford
- Skegness

At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.4 Community (Special Care) Dental Service

3.4.1 The Lincolnshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (CDS-CIC) treating children and adults from seven clinics across Lincolnshire:

- Louth
- North Hykeham
- Skegness
- Boston
- Grantham
- Spalding
- Gainsborough

3.4.2 The GA pathway for children and special care adults is managed between CDS-CIC and the United Lincolnshire Hospitals NHS Trust (ULHT) which is commissioned on a system area footprint.

3.4.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home. Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111 or access the Community Dental Services [Lincolnshire Clinics](#) website for information on how to refer.

3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for Lincolnshire patients over the age of 16 years who meet the clinical criteria. There are currently 4 providers across Lincolnshire:

- Boston
- Lincoln
- Grantham
- Gainsborough

3.6 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from ULHT to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS England Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 NHS Dental Charges

4.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Urgent Dental Treatment – £26.80** This covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling or dental appliance repair.
- **Band 1 Course of Treatment – £26.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 Course of Treatment – £73.50** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 Course of Treatment – £319.00** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information on understanding NHS dental charges is available [here](#). All NHS dental practices have access to posters and leaflets relating to NHS Dental Charges that should be displayed prominently.

4.2 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the [NHS Low Income Scheme](#).

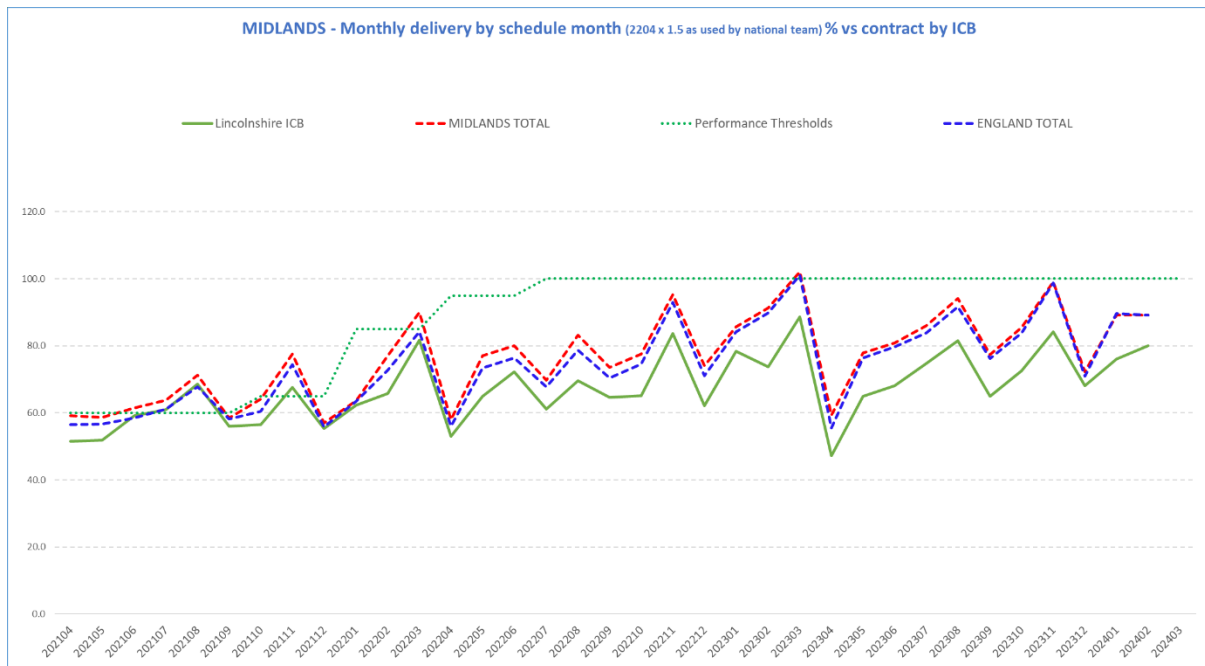
5 NHS Dental Access

5.1 Restoration and recovery of NHS dental services since the Covid-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity has been widely recognised.

5.2 Figure 1 below shows the contract activity delivery trend for Lincolnshire ICB from April 2021 to February 2024. The graph indicates dental activity as follows:

Date	Lincolnshire ICB (%)	Midlands Position (%)	England Position (%)
April 2021	51.6	59.1	56.5
November 2022	83.6	95.2	93
February 2024	80	89.2	89.1

Figure 1 - Delivery trend for Lincolnshire ICB since the pandemic (April 2021 to February 2024)



5.3 As of February 2024, the level of retained patient access seen over a rolling 12-month period in Lincolnshire ICB is 85% of pre pandemic levels, this is lower than the Midlands rate of 89%.

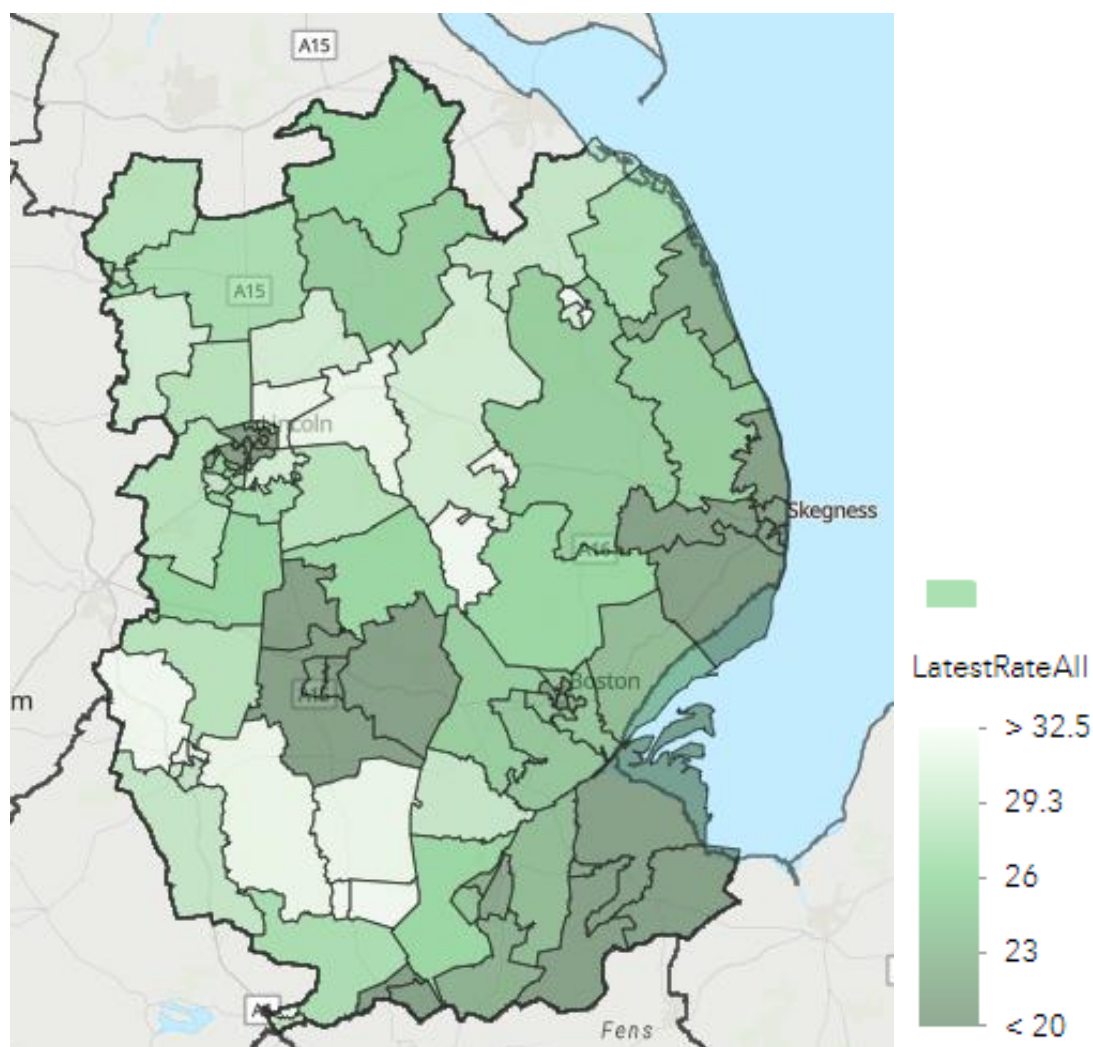
Figure 2 shows the overall dental access rates (July 2022- December 2023) for Lincolnshire ICB which indicates 24.99% of the total population are accessing NHS dental care, this is lower than the national average of 25.54%.

Figure 2 Overall access rates for Lincolnshire ICB (July – December 2023)

Group	Population Accessing NHS Dentistry	Total Population	Access Rate	Comparison to National Average
All	192,030	768,402	24.99%	Lower than national average of 25.54%
Adults	133,621	624,133	21%	Lower than national average of 21.51%
0-17	58,463	144,269	41%	Higher than national average of 40.88%

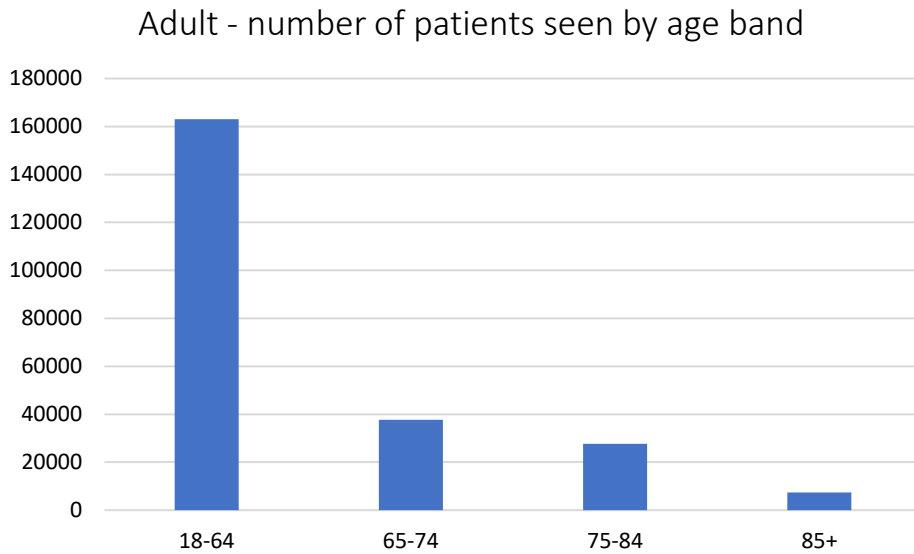
Figure 3 below is a visual graph which shows the level of dental access for Lincolnshire ICB by Middle Super Output Area (July to December 2023), the darker the shade the lower the rate of access, this demonstrates that the level of access is the most challenging on the East Coast, South Holland, North Kesteven, Boston and areas within Lincoln City and better rates of access in South Kesteven, East Lindsey (excluding the coast) and West Lindsey.

Figure 3 – Map of the level of dental access for Lincolnshire ICB



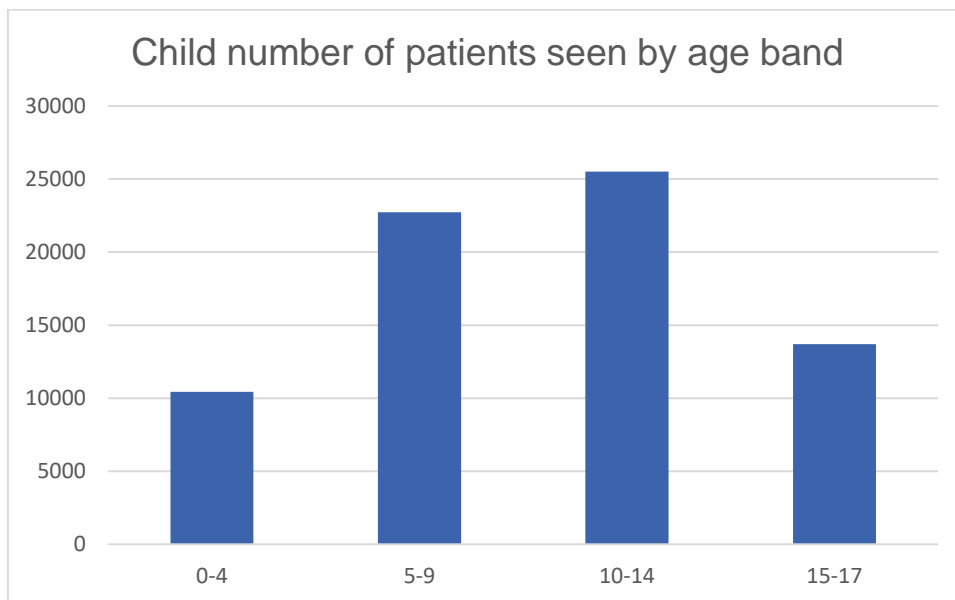
5.4 Figure 4 below shows the number of adults in Lincolnshire who have received NHS dental care in the 24 months preceding the quarter end date, the % of adult population seen in the preceding 24 months and age band of the adults and Figure 5 shows the number of children in Lincolnshire who have received NHS dental care in the twelve months preceding the quarter end date, the % of children seen in the preceding twelve months and age band of the children.

Figure 4 – Adults in Lincolnshire who have received NHS Dental Care in the 24 months preceding the quarter end date as of 30 June 2023



As of June 2023, the number of adults who have received NHS dental care in the 24 months preceding the quarter end date in Lincolnshire ICB was 38.1%, this is lower than the England rate of 40.7%.

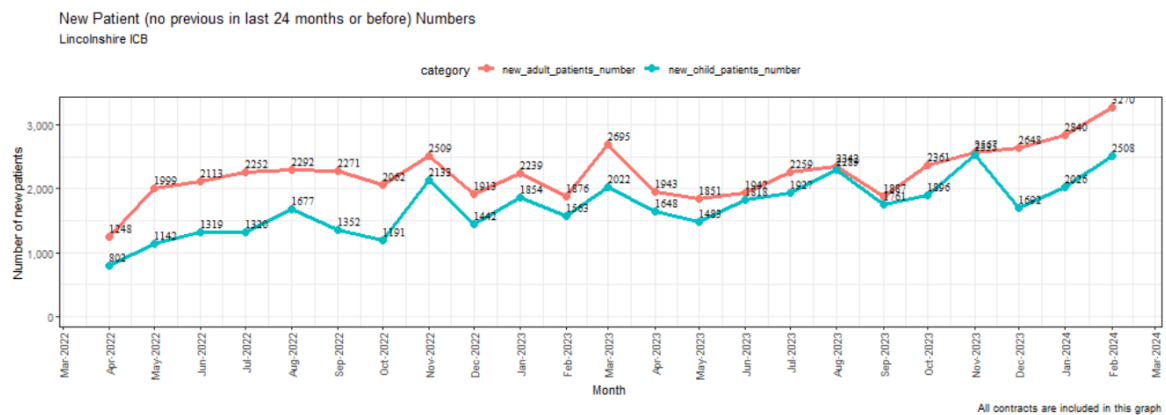
Figure 5 – Children in Lincolnshire who have received NHS Dental Care in the twelve months preceding the quarter end date as of 30 June 2023



As of June 2023, the number of children who have received NHS dental care in the 12 months preceding the quarter end date in Lincolnshire ICB was 49.1%, this is lower than the England rate of 52.7%.

5.5 Figure 6 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to February 2024 for adults and children in Lincolnshire ICB.

Figure 6 – Number of new patients seen (April 2022 – February 2024)



5.6 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. NICE guidelines recommend dental recall is based on an oral health needs assessment for each patient. The recall interval can range from 3 to 24 months depending on the patient’s age and oral health status, it should be discussed and agreed with the patient and reviewed at each oral health review appointment.

5.7 It was estimated that across the Country there has now been the equivalent of a year’s worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support Covid-19 activities.

5.8 It is anticipated that overall Lincolnshire will not meet the contractual activity threshold for 2023/24, however the impact of a new patient premium in the national plan to recover NHS dentistry from March 2024 will support dentists to take on new patients and deliver their contracted activity levels moving forwards.

6 Private Dentistry

6.1 Private dental services are not within the scope of responsibility for NHS Lincolnshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

6.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

- 6.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.
- 6.4 There have been anecdotal reports of some practices reluctance across Lincolnshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. NHS Lincolnshire ICB does not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email licb.feedbacklincolnshireicb@nhs.net or telephone 01522 309299.

7 Dental Contract Hand-Backs

- 7.1 Since the last update in July 2023, there have been four contract terminations received from North Somercotes, Market Deeping, Boston, and Stamford areas, two were due to retirement and the other two were a move to private dentistry only.
- 7.2 There have been a further four reductions to contract activity levels due to challenges providers have been facing with the dental workforce to deliver NHS care. This can also be seen from both contractual performance and the number of patients treated as practices may not have been able to provide the access to NHS dental services, they would like due to the workforce position.

Workforce including recruitment and retention is one of the four themes within the Lincolnshire Dental Strategy which includes golden hello incentives to encourage dentists into under-served areas and the national implementation of an increased minimum UDA value will help support those practices with the lowest rates of payment for their work and be able to be more competitive in recruitment.

- 7.3 As part of the dental termination process, the NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to the commissioner that there is no inappropriate or forced sign up to private dental services and enables informed patient choice.
- 7.4 Any dental activity from a terminated contract will not be lost. The NHS Lincolnshire ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process.

- 7.5 To support patients in accessing dental services in East Lindsey whilst long term procurement plans are developed for Skegness, interim urgent dental care sessions have been commissioned from incumbent providers within the locality for a 24-month period from July 2023. It is expected that the additional sessional services commissioned could provide approximately 4,380 patients per annum with urgent dental care.

The urgent dental care sessions commissioned will be delivered from existing dental practices in Skegness, Louth, and Woodhall Spa in addition to their current contract activity arrangements.

8 Commissioning and Procurement Plans

8.1 Lincolnshire Dental Strategy

The aim of the strategy is to provide a roadmap for NHS Lincolnshire ICB and its partners of the plan of action needed over the next three years to achieve these improvements. Its production requires a collaborative approach, working with stakeholders, colleagues, and organisations across Lincolnshire to create a joined-up integrated whole system dental strategy that delivers on better oral health and care for communities across Lincolnshire.

The strategy has developed four key pillars: Developing the Dental Workforce, Improving Access to Dental Services, Increasing the Focus on Prevention and Strengthening the Integration of Oral Health into Wider Health Care Services.

The strategy is now progressing with partners, and meetings continue to be held to review the plans for the four themes and receive updates on progress from the theme leads, a summary of the key points for each theme are below: -

Prevention

- Development of Prevention 'Plan on a Page'.
- Investment of funds to expand prevention activity and improve oral health outcomes.
- Focus on how the prevention theme supports the Joint Health and Wellbeing Strategy for Lincolnshire and Better Lives Lincolnshire Integrated Care Partnership (ICP) Strategy.

Access

- Actions following Joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry in February 2024 (see section 8.2 below).
- Improving access in underserved areas through the use of dental vans - task and finish group has been set up to mobilise a Dental Van for Lincolnshire.

- Mablethorpe – mobilisation of general dental services and management of patients and public who are expressing an interest at being seen as a new patient at the Practice once open. (More details below)

Workforce

- To create the Centre for Dental Development, project officer has been appointed to lead and an initial scoping meeting has taken place.
- Increase the skill mix opportunities across the whole dental team through training and clarity on scope of practice.
- Develop the workforce through professional networks and communication channels and provide a supportive culture in Lincolnshire in order to retain new dentists and trainees.
- Review the impact of the golden hello scheme and its continuation in 24/25 and whether to consider wider for the dental team.

Integration

- Integrate dental services into the ICB Primary Care group meetings.
- ICB intranet development to include dental services and information for wider primary care colleagues.

Mablethorpe Dental Dentist Service

NHS Lincolnshire ICB advises that a new NHS dental service will be operating from the Marisco Medical Practice in Mablethorpe, and the opening hours will be Monday to Friday 8:00am to 6:30pm excluding Bank Holidays. The opening date has yet to be confirmed.

There have been regular mobilisation meetings with the provider for the service, the delay has arisen due to some legal issues in relation to the dental contract, which have been resolved. The correspondence and contract documentation has been finalised and it is hoped that a service commencement date will be agreed imminently. This is a priority for NHS Lincolnshire ICB, and we are working hard to secure access to the new dental service is in place from Marisco Medical Practice, Mablethorpe, as soon as possible. On an interim basis the urgent dental care sessions provided from this location continue to be commissioned until the new general dental services commence.

A phone line has been set up for the new NHS dental service based in Marisco Medical Practice in Mablethorpe. Anyone seeking NHS dental care can express an interest by calling 01507 225 226 or by visiting www.winsoverdentalcare.co.uk.

Once the opening date is confirmed the Committee will be advised.

8.2 National Dental Contract Reform

Work is underway nationally to transform the NHS Dental contract with the aim of ensuring patients most in need can access NHS dentistry. Following the first reforms to the dental contract announced in July 2022, on 7 February 2024, a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry was published. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

Measures include:

- NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This will begin from March 2024 and is time limited to end of financial year 2024/2025.
- targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to
- a further increase in the minimum indicative UDA value from the £23 announced in July 2022 to £28 from April 2024
- improving access in underserved areas through the use of dental vans

In addition to these activities, the plan announces a range of government-delivered public health initiatives to improve the oral health of children and re-commits to the workforce growth and development outlined in the Long-Term Workforce Plan.

Further to the measures above, a water fluoridation programme will be rolled out by the government, which could reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation.

The plan builds on the work as part of the [NHS Long Term Workforce Plan](#), where the NHS investing in training, support, and contract reform to attract more talented professionals to join the dental team. Action on this front includes increasing dental undergraduate training places to a record-breaking level and expanding dental therapy and dental hygiene undergraduate training places by up to 40%.

New Patient Premium

The New Patient Premium guidance was issued, with the aim to improve access for new patients. The new patient premium scheme will be introduced from 1 March 2024. This scheme is planned to run for 13 months.

Participating practices will automatically receive a nominal flat rate payment of:

- £15 For new patients requiring only band 1 care,
- £50 for each eligible new patient requiring a band 2 or 3 treatment,

in addition to the NHS funding a practice would already receive for this care. In practice this means a nominal pound value for seeing a new patient would be translated into the equivalent UDA rate for each contractor. For example, in a case where a band 2 or 3 treatment has been completed (£50 premium):

- Where a contractor has a UDA rate of £30, they will receive a 1.67 UDA premium, and
- Where their UDA rate is £40, they will receive a 1.25 UDA premium.

Patient Eligibility

For the purposes of this scheme, the definition of a ‘new patient’ is anyone who has:

1. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that provider (a practice owner who holds the provider contract) in the previous 24 months, **and**
2. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that contract in the previous 24 months, **and**
3. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that clinician (dentist or dental care professional) in the previous 24 months (this may be on contracts for different providers).

This is to ensure that all new patients have a fair chance of accessing the system. This criterion is based on the data held by NHS BSA. If a patient does not fit into this criterion a new patient incentive payment will not be made.

Contractor eligibility for payments under the New Patient Premium Scheme

- A contractor’s participation in the new patient premium scheme is voluntary.
- This scheme is only for contractors providing mandatory services.
- The contractor is only eligible to receive payments where such payments do not exceed the contractor’s Negotiated Annual Contract Value or the total contracted units of dental activity.

Contractors to be excluded from the scheme:

- A contract providing advanced mandatory services on a UDA basis.
- A contract attracting enhanced sessional payments.
- A contract for a referral service where all patients will be ‘new’.
- A contract that is likely to or has exceeded the contractor’s Negotiated Annual Contract Value. (This will be reassessed for financial year 24/25).
- A contractor participating in a local scheme that incentivises seeing new patients.

Figure 7 below eligible contracts to participate in the scheme.

ICB	Number of Contracts Eligible for the Scheme
Lincolnshire	47

Increase in the minimum indicative UDA value

Guidance to commissioners was issued for the national process to be undertaken to introduce the increase to the minimum indicative UDA value of £28 from 1 April 2024. This can be achieved through either:

1. A reduction to the number of a contractor's commissioned UDAs; or
2. An increase to a contractor's Negotiated Annual Contract Value (NACV).

A validation exercise has been undertaken of the NHSBSA data for contract eligibility to receive a change to their commissioned UDAs (option 1) or their NACV (option 2) due to an indicative UDA value of below £28. Eligibility consideration has been undertaken including historic contract delivery and any other local considerations to support the decision-making process on which option is appropriate for each contract.

Figure 8 below identifies contracts to receive a change to annual commissioned UDAs.

ICB	Number of contracts identified to receive change to annual commissioned UDAs (option 1)	Number of UDAs reduced per annum
Lincolnshire	5	5,437

Figure 9 below identifies contracts to receive change to NACV

ICB	Number of contracts identified to receive change to NACV (option 2)	£ Increased investment required
Lincolnshire	21	£450,798.67

Communications have been issued to all identified contractors notifying them of the recommendation.

- 8.3 The dental commissioning strategy for primary care dental will be informed by the Oral Health Needs Assessment (OHNA) that has been produced by NHS England Dental Public Health consultant. The structure and data content of the OHNA follows a framework which has been agreed across the East Midlands following feedback from ICB representatives.

The OHNA covering NHS Lincolnshire ICB builds on the data presented in the Lincolnshire Rapid Oral Health Needs Assessment, which was undertaken by Lincolnshire County Council and makes a number of recommendations which should feed into dental commissioning strategies and oral health improvement interventions.

The OHNA recommendations will inform the dental commissioning intentions which will support the general dental services procurement programme requirements for Lincolnshire ICB, this will include the re-commissioning of activity from terminated contracts during 2024/25.

- 8.4 A framework was published on 9 October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.

NHS Lincolnshire ICB is currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review of this framework will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Spring 2024.

- 8.5 NHS Lincolnshire ICB is aware of the limited number of Specialist Orthodontic Providers within Lincolnshire and are reviewing longer term commissioning intentions and plans to commission new Orthodontic services. This is being reviewed on an East Midlands level and will be prioritised by area of urgent need.

If the commissioner receives requests to terminate orthodontic contracts or the orthodontic element of a mixed general dental services contract, there is a commitment to manage the relevant close downs to ensure that provision of services remain for patients currently within treatment to be able to complete the orthodontic course of treatment.

- 8.6 As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training, and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development, please see Appendix 1 for further details.

- 8.7 Procurement of public sector services changed from 1 January 2024 and new Provider Selection Regime (PSR) regulations came into force. This means that NHS services will be decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach. The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

9 Collaborative Working

- 9.1 The local dental commissioning team supporting the ICB works collaboratively with Public Health colleagues in Lincolnshire County Council around prevention initiatives linked to oral health improvement.

Within Lincolnshire, a wide range of preventative interventions continue to take place to improve oral health led by the Oral Health Alliance Group who coordinate this work across the Lincolnshire system. This covers the three stages of prevention (primary, secondary, and tertiary) and a range of interventions, for example, behaviour changes that support oral health (for example, improving oral hygiene, supporting people to stop smoking, and reducing harmful alcohol consumption).

- 9.2 There have been regular meetings with the profession via the Local Dental Committee.
- 9.3 There is a Local Dental Network (LDN) covering Lincolnshire with a LDN Chair in place and a number of East Midlands Managed Clinical Networks (groups of local clinicians) who continue to meet virtually to plan care and agree good practice guidance to support practices in managing their patients.
- 9.4 The local dental commissioning team continue to work with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services.
- 9.5 We continue to engage with Healthwatch Lincolnshire via the East Midlands Healthwatch meetings and where intelligence is shared on local concerns or on difficulties people may be having accessing NHS dental services.

10 Appendices

These are listed below and attached to the report:

Appendix 1	NHS England Workforce, Training and Education (WTE): School of Dentistry
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11 Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Carole Pitcher, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the 5 Integrated Care Boards in the East Midlands
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NHS England Workforce, Training and Education (WTE): School of Dentistry

Foundation Training

This is an expanding area for both dentist and therapists. For dentists, WTE are expanding training numbers in the East Midlands to accommodate for ICB redistribution, Covid-19 bulge years in 2025/2026, increasing numbers of international dental graduates and starting to plan for wider expansion under the NHS Long Term Workforce Plan. The focus is firmly on East Midlands to address areas of recruiting difficulty. Therapy foundation training is proving to be very popular with a full scheme running 2023/24 in the WM. WTE are planning a second scheme for 2024/25 dedicated to the East Midlands with a plan to recruit 10 therapists who will work in pairs across 5 practices – 2 days each in clinic, 1 study day and 2 other days when they can source work elsewhere.

Core Training

There are approximately 80 Dental Core Training (DCT) trainees across the Midlands at DCT 1, 2, and 3 levels. The focus has been on developing the East Midlands with a better working relationship with the respective unit leads in each Trust. This strategy will help with recruiting in 2024 ready for the start of the next training year in September.

Specialist Training

Another growth area with additional posts across the East Midlands in oral surgery and special care dentistry.

Dental Workforce Development

Development of generic and bespoke training for all dental registrants across the Midlands. A major part of this is the Postgraduate Virtual Learning Environment (PGVLE) which is online learning platform that hosts both courses and a wide range of resources. A training pathway is currently being developed for dental nurses to support training to be Oral Health Practitioners via an apprenticeship pathway.

International Dental Graduates

Under NHS England, the process to support international dentists who wish to join the National Dental Performers List and work in an NHS practice has been simplified. This has enabled over 50 dentists to come and work across the Midlands. The new Dental Reform Plan has proposals to support new international dentists with a provisional registration scheme that will enable them to work under supervision in primary care whilst they prepare to take the ORE examination for full General Dental Council (GDC) registration. This is a significant change as currently international dentists who are not on the GDC register can only work in secondary care as temporary registrants.