

| REPORT CLASSIFICATION | ✓ | CATEGORY OF PAPER | ✓ |
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| Official | | Proposes specific action | |
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BOARD

31 MARCH 2026

Report Title:

Oral Health Strategy and Primary Care Dental Access Recovery Programme

Purpose of report

The purpose of this report is to provide the Board with an end of year update on the Primary Care Dental Access Recovery Programme during 2025-26 and to highlight priorities going forward into 2026-27.

Key points

The report aims to provide NENC ICB Executive and Board with an update on implementation of the oral Health and Dental Strategy and Primary Care Dental Access Recovery Programme, summarising the progress made to deliver improvements in our populations' oral health and experience of accessing NHS primary dental care.

The report summarises key actions in the following areas, the highlights of which are outlined below:

- **Improving access to routine dental care and specialist services:**
 - Re-commissioned over 98,000 Units of Dental Activity (UDAs) in 2025-26 rising to over 327,000 in 2026-27 including 3 new contracts yet to commence.
- **Increasing access to urgent and unscheduled care dental appointments:**
 - significant additional urgent care capacity put in place in 2025-24 with a sustainable network of Urgent Dental Access Centres (UDACs) established that will deliver 109k appointment per year going forward.
- **Sustainability and retention of our NHS dental practices**
 - Increased rate paid to dental practices above national minimum requirement.
- **supporting workforce recruitment and retention**
 - loyalty payment made to most experience NHS dentists to incentivised staying within NHS and provided over £1m to support stabilising, upskilling and growing the dental workforce.
- **improving oral health**
 - Oral health and dental strategy developed agreed setting out priorities to reduce health inequalities, prevent dental disease and improve access to high quality NHS dental care.
 - £2m provided to combined/local authorities to tackle oral health needs due to poverty and support a range of oral health programmes.
 - DHSC approval to the expansion of water fluoridation across the North East.
- **improving patient, public and wider stakeholder information and signposting**
 - Launched a dental web page on the ICB's website, which also includes an on-line portal to enable patients to book appointments at the network of UDACs.

- Launched urgent dental care toolkit and undertaken digital media campaigns to promote and raise awareness of urgent dental appointments.

In addition to the above, it provides a high-level summary of the *'business as usual'* work of the ICB's dental team who manage 322 primary care, community and specialist dental contracts across the North East and North Cumbria with a combined value of £227.4m, including 282 high street dental contracts with a commissioned capacity of just over 4.5m Units of Dental Activity (UDAs).

Despite on-going workforce recruitment and retention issues and a number of NHS dental contract hand-backs as providers move to more private dental care, the North East and North Cumbria ICB has implemented initiatives which have resulted in improvements in access to NHS dental services for patients, particularly with regard to access to urgent and unscheduled dental care – see below:

- 8th highest ICB for UDAs commissioned per head of population at 1.45 against an England average of 1.28.
- Within the top 5 ICBs for improvement in urgent and unscheduled courses of treatment above the 2024/25 baseline position
- access rate for adults within the 24 months prior to end of November 2025 (41%) above the England average (35%)
- access rate for children within the 12 months prior to end of November 2025 (63%) above the England average (58%).

Risks and Issues

Key risks identified:

- Delivery of NENC's share (+57,559) of the 700K additional urgent appointments – delivery of urgent courses of treatment is above the 2024-25 baseline position but will fall short of achievement of the stretch target (baseline + 57,559) with a projected end of year achievement of circa 84%. This is despite the ICB exceeding its obligation to commission its' share of the additional appointments. Based on feedback received, the government has now confirmed that the 700k commitment will be broadened with immediate effect to all dental appointments measured through courses of treatment.
- No new national investment above current dental ring-fenced budgets.
- Impact of dental contract quality and payment reforms on ability to improve access to routine dental care – main focus on urgent and complex care and quality improvement measures all funded within current contract values.
- Dental workforce recruitment and retention remains a limiting factor to increasing access for patients.
- Potential limited take up of new reforms from local dental professionals due to concerns regarding the complexity of the new patient pathways, potential additional workload and financial viability associated with retention of a predominantly activity (UDA) based contract.
- Availability of funding to support improvement in specialist services and address any emerging gaps in provision.

Assurances and supporting documentation

- Oral Health and Dental Care Strategy developed in collaboration with ICB directors, dental commissioners, ICB and LDC clinical leads, local authority public health consultants, NHSE workforce training and education directorate, NHSE dental public health consultants and Healthwatch.
- Primary Care Dental Access Recovery programme informed and operationally led by a dental access recovery task and finish group.
- Regular reporting on delivery of national priorities through monthly returns to NHSE Regional Team.

Recommendation/action required

The Board are asked to receive the report for information and assurance.

Acronyms and abbreviations throughout report explained

LDC – Local Dental Committee
 NHSE – NHS England
 UDA – units of dental activity
 DHSC – Department of Health and Social Care

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|---|---|--|----|---|-----|---|
| Sponsor / Approving Executive Director | David Gallagher, Chief Contracting and Procurement Officer | | | | | |
| Report author | Pauline Fletcher, Strategic Head of Dental Commissioning (Primary Care) Anya Paradis, Director of contracting and oversight (North) | | | | | |
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| Link to ICP strategy priorities | | | | | | |
| Longer and Healthier Lives | | | | | | ✓ |
| Fairer Outcomes for All | | | | | | ✓ |
| Better Health and Care Services | | | | | | ✓ |
| Giving Children and Young People the Best Start in Life | | | | | | ✓ |
| Relevant legal/statutory issues | | | | | | |
| Note any relevant Acts, regulations, national guidelines etc | | | | | | |
| Any potential/actual conflicts of interest associated with the paper? | Yes | | No | ✓ | N/A | |
| | | | | | | |
| Equality analysis completed | Yes | | No | | N/A | |
| If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? | Yes | | No | | N/A | |
| Essential considerations | | | | | | |
| Financial implications and considerations | Finance involvement included as appropriate within the development and on-going monitoring of the Primary Care Dental Access Recovery Programme. Finance representation on Oral Health and Dentistry Group and on Dental Access Recovery Task and Finish Group | | | | | |
| Contracting and Procurement | Contracting/procurement involvement included as appropriate | | | | | |
| Digital implications | Digital involvement included as appropriate | | | | | |
| Clinical involvement | Clinical involvement included in the development and monitoring of the programme | | | | | |
| Health inequalities | Programme aims to improve access and address health inequalities by providing equitable access to care based on clinical need and urgency. | | | | | |
| Patient and public involvement | Strategy informed by feedback from Healthwatch following extensive engagement with patients and the public and discussions at ICB patient forums. | | | | | |
| Partner and/or other stakeholder engagement | ICB's oral health and dental care strategy and dental access recovery programme developed in collaboration with wider system partners and local dental networks. | | | | | |
| Other resources | Not applicable | | | | | |

Oral Health Strategy and Primary Care Dental Access Recovery Programme

High level Summary of Progress to date

1. Introduction

The purpose of this report is to provide the ICB Executive and Board with an end of year update on the Primary Care Dental Access Recovery Programme during 2025-26 and to highlight priorities going forward into 2026-27.

2. Background

Since the ICB took over the delegated responsibility for the commissioning of NHS dental services in 2023 significant work has been undertaken to develop an oral health and dentistry strategy and dental access recovery programme aimed at improving oral health and access to NHS dental care across the North East and North Cumbria.

Despite workforce recruitment and retention issues and NHS dental contract hand-backs as providers move to more private dental care, the North East and North Cumbria ICB has implemented initiatives which have resulted in improvements in access to NHS dental services for patients, particularly with regard to access to urgent and unscheduled dental care – see below:

- 8th highest ICB for UDAs commissioned per head of population at 1.45 against an England average of 1.28.
- Within the top 5 ICBs for improvement in urgent and unscheduled courses of treatment above the 2024/25 baseline position.
- access rate for adults within the 24 months prior to end of November 2025 (41%) above the England average (35%)
- access rate for children within the 12 months prior to end of November 2025 (63%) above the England average (58%).

3. Key actions/achievements in 2025-26

3.1 Improved access to routine dental care and specialist services:

- Re-commissioned 98,103 Units of dental Activity (UDAs) for delivery in 2025-26 rising to just under 266,000 UDAs from April 2026 to replace capacity lost through contract hand backs.
- Procured 3 new dental contracts (Berwick, Durham City and Carlisle) commissioned to deliver 61,563 UDAs - due to open over the coming months – mobilisation discussions on-going.
- Offered practices the opportunity to be paid to deliver more than their contracted level of activity (up to 110%).
- Secured continuity of service for our specialist minor oral surgery and sedation services.
- Successful procurement of an electronic dental referral management system due to go live in July 2026 – supports appropriate and timely referrals into specialist community based and secondary care services (orthodontics, oral surgery and sedations services).
- Increased specialist orthodontic and oral surgery capacity where required to improve waiting times for patients.

3.2 Improved access to urgent and unscheduled dental care:

- 100,331 appointments commissioned from 94 local dental practices across the North East and North Cumbria as part of a local incentivised access scheme, for delivery in 2025-26. As at the end of December 2026 this has resulted in an additional 50,141 courses of treatment being delivered (treatment of presenting problem may take more than one appointment).
- Establishment of a network of 23 Urgent Dental Access Centres across the North East and North Cumbria, which have seen and treated 47,584 patients from April through to the end of January 2026, with an annual contracted capacity of circa 109,000 appointments. Feedback from a recent NHS England (NHSE) national team and Department of Health and Social Care (DHSC) visit was extremely positive.
- Increased the number of urgent out of hours dental appointments available across the North East by an additional 930 sessions in 2025-26.
- Implemented the national 2025-26 urgent dental care incentive scheme (85 practices signed up to deliver additional urgent dental care appointments until end of March 2026).
- Commissioned additional dental clinical assessment workforce and triage capacity within the NHS111 service.

3.3 Sustainability and retention of our NHS dental practices:

- Increased the rate paid to dental providers to deliver NHS dental care above nationally mandated level.
- Carried out a true cost of dental care pilot aimed at stabilisation of local NHS dental providers with 7 practices across the region – work shared with national team to inform national work on true cost of care (outcome of national work awaited).
- Worked with practices to mitigate where possible the impact of financial claw-back due to under-performance/workforce recruitment and retention, eg temporary re-basing of contracts to more achievable levels, offering early re-payment/extended repayment terms to help with cashflow, supporting incorporation of contracts.

3.4 Workforce recruitment and retention

- Paid a loyalty bonus to incentivise retention of our most experienced NHS dentists.
- Worked with our local dental networks/committees and NHS England Regional Dental Workforce Training and Education Directorate to agree a programme of work aimed at stabilising, upskilling and growing the dental workforce eg: £1.2m made available to deliver a range of initiatives including:
 - Retention and upskilling dental teams
 - Dental therapist direct access and return to therapy mentoring
 - Continuation/expansion of “Mouth Care Matters” programme.
 - Provision of oral health training resource packages, annual symposium and upskilling dental team to deliver oral health interventions.
 - Supporting dental foundation training practices in remote and rural areas.

3.5 Improving oral health

- Oral Health and Dental Strategy 2025-27 agreed setting out a clear vision to reduce health inequalities, prevent dental disease and improve access to high quality NHS dental care which includes four clear priorities to improve our population's oral health building on the dental access recovery programme and Local authority strategies.

- £2m made available to our combined/local authorities to tackle oral health needs due to poverty and support a range of oral health programmes, including:
 - Expanding supervised toothbrushing schemes in schools.
 - Providing toothbrushing kits for children with special education needs, families and older people in residential homes.
- Department of Health approval to extend community water fluoridation within the North East.

3.6 Improve communication with patients, public and wider stakeholders.

- Launched a dental web page on the ICB's website providing up to date information for patients and the general public on out oral health and dental strategy and how to access NHS dental services.
- UDAC on-line booking portal launched in November 2025 (web page has been viewed 35,932 times by 15,891 users.
- Launched urgent dental care toolkit to raise awareness of urgent dental care appointments with stakeholders across the system
<https://northeastnorthcumbria.nhs.uk/toolkits/dental>
- Digital advertising campaign to promote urgent care appointments - from 15 December 2025 to 31 January 2026 this delivered 1,250,224 impressions, 4,065 clicks with a click rate of 0.49% (benchmark is 0.30%) and a reach of 282,008 people.
- Developed and delivered an MP briefing pack to support their understanding dental contracting and our work to improve access for patients to support them in responding to constituent queries.

3.7 In addition to the above the ICB's Dental Team who manage 322 primary care, community and specialist dental contracts across the North East and North Cumbria including 282 high street dental contracts valued at circa £227.4m with a commissioned general dental access capacity of circa 4.5m Units of the Dental Activity (UDAs) have:

- received and responded to over 500 formal enquiries and request for contract variations from providers since October 2025.
- Re-introduced the Dental Assurance process.
- Worked with NHS Business Service Authority and local dental providers to conclude the 2024-25 dental year end reconciliation process including resolving any disputes (July to October 2025) as well as 2025-26 mid-year review process (October to November 2025) involving renegotiation of contracts where applicable.
- Provided specialist input into 76 MP enquiries/responses and 12 FOI requests received during 2025-26 to date as well as support the wider ICB and complaints team in responding to dental queries and complaints.

4. Recommendations

The Board is asked to receive the report for information and assurance.

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