

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	✓

BOARD

3 JUNE 2025

Report Title:

Dental Access Recovery Plan – Urgent Dental Care

Purpose of report

The purpose of this report is to provide the ICB Board with an overview of the Dental Access Recovery programme in relation to urgent dental care.

This supports the delivery of the Government's manifesto pledge to provide 700,000 additional urgent care appointments across England of which NENC ICB's expected contribution is 57,559 additional appointments.

Key points

- Access to general dental services continues to be challenged across the North East and North Cumbria due to workforce recruitment and retention challenges and the need for national dental contract reform, impacting on delivery of the current commissioned capacity.
- The loss of general dental access capacity from the system and challenges in re-commissioning activity has resulted increased pressures on the urgent dental care system as more patients are presenting with urgent dental care needs.
- To address this increased demand the ICB has funded a range of immediate short-term measures which have included:
 - Incentivised access scheme – commissioning appointments from current providers for patients in greatest clinical need and urgency (circa 109,000 appointments commissioned in 2024-25 within in excess of 50,000 appointments in 2025-26 to date – details of practices are available on the ICB's website [NHS dentistry | North East and North Cumbria NHS](#))
 - Additional out of hours urgent dental care treatment capacity (1034 sessions for 2025/26)
 - Increased clinical triage capacity within the NHS 111 Dental Clinical Assessment Services.
- An urgent dental access (UDAC) model has been developed which aims to provide more reliable and long-term sustainable access to urgent dental care for patients.
- Two UDAC pilot sites were established in 2024. The first site in Darlington opened in June 2024 with a second site in Carlisle which opened in September 2024.
- Following the success of the two pilot sites, work has commenced to roll out the UDAC model across the North East and North Cumbria to create a network of urgent dental access centres.
- The proposed network once fully established will provide up to 30 UDAC surgeries with a total capacity of just over 109,000 appointments (combination of new investment and re-negotiation of existing contracts).
- First tranche of UDACs to supplement the 2 currently in place in Darlington and Carlisle are in the process of being fully mobilised in Whitehaven, Alnwick, Blyth, Walker, Gateshead, Peterlee, Middlesbrough, Normanby and Eston. Other locations currently being explored include Hexham, North Shields, Blakelaw, Sunderland, South Shields/Jarrow, Durham City, Barnard Castle, Stockton, Thornaby and Hartlepool
- There will be a formal launch of a webpage providing access to the UDACs across NENC once the network is fully operational which we expect to be in July/August 2025.

- Roll out of the UDAC model supports the delivery of the Government's manifesto pledge to provide 700,000 additional urgent care appointments across England of which NENC ICB's expected contribution is 57,559 additional appointments.

Risks and issues

- To facilitate the roll out of UDACs as quickly as possible, existing dental providers are being approached with a view to re-negotiating their contracts which will cause a real term reduction in both commissioned and delivered general dental access (UDAs). This means that some patients who can currently access NHS dentistry for routine check-ups may be unable to do so or will be seen less frequently. However, the benefit these changes will bring is in ensuring that patients in greatest clinical need will have long-term access to reliable, structured care.
- Contract renegotiation may fail in some areas, where this occurs further proposals will be developed for consideration/approval.
- Some providers may perceive that they are being treated unfairly if they are not offered the opportunity to deliver a UDAC. Whilst all actions taken will be permissible under the provider Selection Regime (PSR) regulations, they may be unpopular amongst some practices.

Assurances and supporting documentation

- Initial feedback and data from the UDACs are positive, improving access for those with highest need who have been unable to access dental care previously. It is believed that the loss in routine care is justified as the gain will be in providing those with poor oral health reliable and sustainable access to care.
- The ICB aims to increase general dental access by the procurement of additional general dental access contracts and local commissioning of UDAs which subject to market interest/provider take up will offset the loss of routine dental access.
- Procurement colleagues have been consulted through the development of this model and approach.
- The ICB's dental team will conduct robust assessments of all potential providers of the service for their suitability against a number of criteria and maintain evidence of rationale being applied for audit purposes.
- Where there may be multiple existing providers in a specific geography who may want to deliver the services, commissioned will consider steps such as expressions of interest to ensure fairness.
- A minimum of 7000 UDAs of general dental access will be retained in all renegotiated contracts and many of the contracts identified for modification retaining more than this and additional funding available to enable practices to retain more access if they are able.

Recommendation/action required

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

Acronyms and abbreviations throughout report explained

UDAC – Urgent Dental Access Centre
 UDA – Units of Dental Activity
 PSR – Provider Selection Regime Regulations
 NENC – North East and North Cumbria

Sponsoring/Approving Executive Director

David Gallagher, Chief Contracting and Procurement Officer

Date approved by Executive Director

27 May 2025

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Link to ICP strategy priorities (please tick all that apply)

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? (please tick)	Yes		No	✓	N/A	
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Essential considerations						
Financial implications and considerations	The developments outlined in this report have been funded from the dental ring-fenced budget allocation					
Contracting and Procurement	Procurement colleagues have been consulted through the development of this model and approach.					
Local Delivery Team	The approach to urgent dental access was agreed at the primary care committee, with input from LDTs					
Digital implications	No direct digital impacts on the ICB					
Clinical involvement	The developments outlined in this paper have been informed by local dental network professional and clinical support					
Health inequalities	This work supports the ICB in addressing health inequalities					
Patient and public involvement	Engagement undertaken by Healthwatch has been used to inform the developments outlined in this paper					
Partner and/or other stakeholder engagement	Key stakeholder groups have been and will continue to be engaged in taking forward the dental access recover plan					
Other resources	Not applicable					

North East and North Cumbria Integrated Care Board Dental Access Recovery Programme – urgent dental care

1. Introduction

The purpose of this report is to provide the ICB Board with an overview of the Dental Access Recovery programme in relation to urgent dental care.

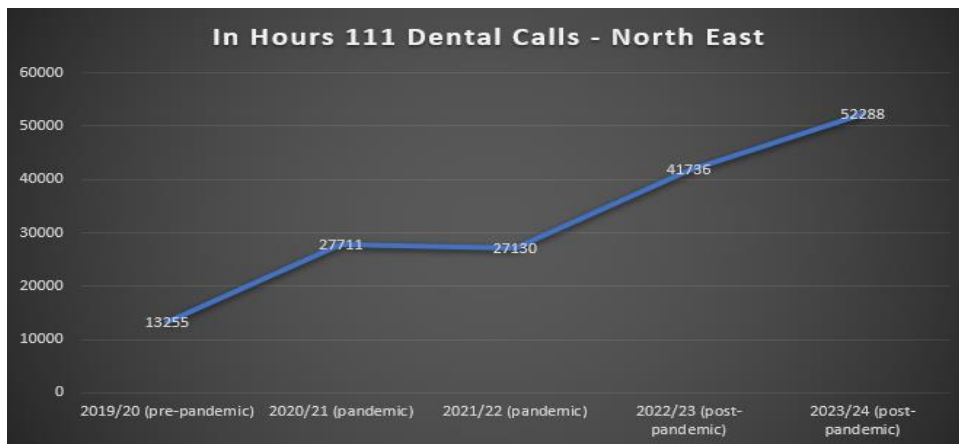
2. Background

Access to general dental services continues to be challenged across the North East and North Cumbria (NENC) due workforce recruitment and retention issues impacting on delivery of the current commissioned capacity.

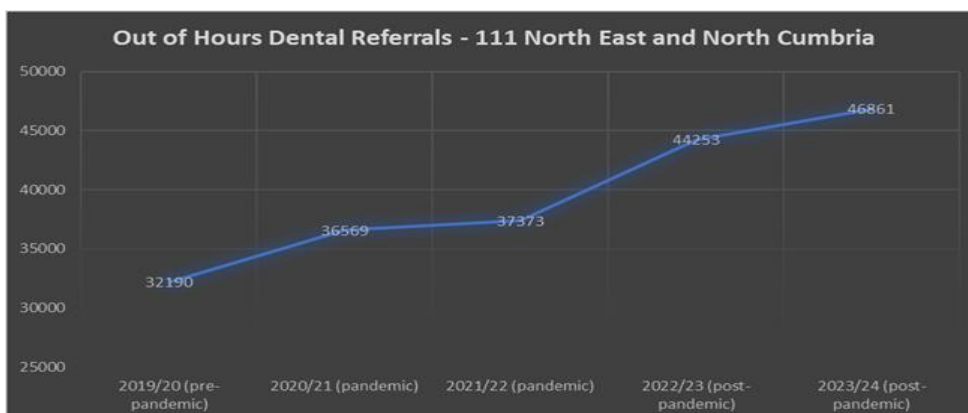
There is widespread recognition that the national dental contract requires reform and that this is key to the recovery and resilience of NHS dental services going forward.

The above issues have unfortunately resulted in the loss of general dental access capacity from the system and challenges in re-commissioning which has increased the pressures on the urgent dental care system as more patients are presenting with urgent care needs.

The following graphs highlight the increased call volumes received into the North East NHS 111 urgent care services for access to unscheduled NHS dental care, with call volumes during normal working 2in hours" period showing an increase on pre-pandemic levels of +294% (13,255 per year in 2019-20 up to 52,288 in 2023-24). The increase in the out of hours period although not as extreme as the 'in hours' trend is also significant with 32,190 calls a year in 2019- up to 46,861 in 2023-24 (+46% increase). The majority of the increase in demand out of hours results from the increased inability for patients to access dental care during the in-hours period.



(Source: NEAS)



(Source: NEAS)

3. Immediate measure to improve access to urgent care

Since taking over the commissioning responsibility for dental services in April 2023, the ICB has explored all opportunities to support local dental access to ensure that we have reliable and sustainable services that meet the needs of our local communities. This includes making available non-recurrent monies to fund some immediate short-term measures to improve access for patients with urgent dental care needs details of which are outlined below.

3.1 Increased out of hours treatment capacity

Dental out of hours providers have been offered the opportunity to provide additional treatment sessions. An additional 310 sessions were secured in 2023-24 which increased to 931 sessions in 2024-25 and for the current financial year (2025-26) an additional 1034 sessions have been commissioned.

3.2 NHS 111 Dental Clinical Assessment Services (DCAS)

Since 2023/24 non-recurrent funding has been provided to increase the dental clinical workforce capacity within the NHS111 Dental Clinical Assessment Service to improve the services ability to safely manage and respond to dental call volumes. Due to lack of available general dental access call volumes have remained high and therefore non-recurrent funding has again been made available in 2025-26.

3.3 Incentivised Access Scheme

All general dental practices have been offered the opportunity to deliver access appointments targeting those patients in greatest clinical need of accessing NHS dental care, by way of UDA credits substitution or additional funding.

In 2023-24 over 77,000 appointments were secured. This increased to over 109,031 in 2024-25 and for 2025-26 to date we have secured over 50,000 appointments. Details of the practice participating in the scheme are available on the ICBs website [NHS dentistry | North East and North Cumbria NHS](#).

This scheme has allowed patients who have previously been unable to secure access the opportunity to have their urgent dental care needs addressed. However, take up of the scheme by providers has been variable across the NENC. In addition, the number of appointments available at each practice varies across the days and weeks, so we are unable to guarantee an appointment will always be available, hence the need to secure a longer-term, more reliable solution.

4. Urgent Dental Access Centres (UDACs)

The Urgent Dental Access Centre (UDAC) is a new concept of providing dental access via direct online booking via both NHS 111 facilitated dental triage services or via patient self-service who have either an urgent or perceived urgent care need.

The first UDAC opened in June 2024 in the Firthmoor area of Darlington as a pilot. This model has proved to be very successful and popular with patients. Appointments are available to book up to 48 hours in advance only, supporting timely access to care for patients and urgent or perceived urgent. A second pilot site opened in Carlisle in September 2024.

The focus of the service is to both diagnose and treat issues as definitely as possible within the same appointment including provision of oral health prevention interventions. Appointment

slots within the UDAC are 30 minutes to allow for this care that goes beyond normal mandatory expectations and many patients are being diagnosed, treated and stabilised within a single appointment. If treatment cannot be completed in a single appointment patients can book themselves on-line or be booked in by the UDAC staff for stabilisation appointments as needed. Patients following completion of their presentation into the UDAC having had their urgent care issues resolved and oral health stabilised can then seek to undertake preventative self-care advice following the advice provided whilst they seek access to continuing care from local dental practices who have available access.

UDACs will be commissioned as either single or double surgery sites. Each surgery providing 14 appointments per day Monday to Friday, through delivery days may be flexed by larger providers who have access to multiple surgeries to meet patient demand. Feedback from the Darlington UDAC is that Monday, Tuesday and Friday see highest demand. Once there is enough data to allow for a review of demand then the commissioned will change accordingly to ensuring patient needs is being met and the service delivers value for money.

The network of UDACs aims to provide access to patients across NENC ICB and stabilise the market by providing blended payment arrangements including sessions and UDA activity-based care.

Geographically the UDACs will be located in a way that provides access proportionate to the population and ease of access to transport. There is no restriction on which UDAC any resident can access, so those willing to travel to access care more quickly be able to. Establishment of the UDAC network will allow for the standardisation and provision of a long-term, structured unscheduled care 'in hours' solution across the NENC geography.

The proposed UDAC network for the whole of NENC is set out in Table 1 below:

Table 1 – Proposed UDAC locations

Locality	Proposed location(s)
North Cumbria	Carlisle Copeland
Northumberland	North Northumberland (Alnwick) East Northumberland (Blyth) West Northumberland (Hexham)
Newcastle	Heaton/Blakelaw Walker
North Tyneside	North Shields
Gateshead	Gateshead
South Tyneside	South Shields Jarrow
Sunderland	Sunderland North Sunderland Central
County Durham	Central Durham (Durham City) East Durham (Peterlee)
Darlington	Darlington
Middlesbrough	Middlesbrough
Stockton	Stockton North (Thornaby) Stockton Central
Redcar and Cleveland	Normanby Eston
Hartlepool	Hartlepool

The first tranche of UDACs to supplement the 2 currently in place in Darlington and Carlisle are in the process of being fully mobilised in Whitehaven, Alnwick, Blyth, Walker, Gateshead, Peterlee, Middlesbrough, Normanby and Eston.

Other locations currently being explored include Hexham, North Shields, Heaton/Blakelaw, Sunderland, South Shields/Jarrow, Durham City, Barnard Castle, Stockton, Thornaby and Hartlepool

The proposed network once fully established will provide up to 30 UDAC surgeries with a total capacity of just over 109,000 appointments per year.

A formal launch of a webpage providing access to the UDACs across NENC will take place once the network is fully operational which subject to successful negotiations we expect to be in July/August 2025.

Roll out of the UDAC model supports the delivery of the Government's manifesto pledge to provide 700,000 additional urgent care appointments across England of which NENC ICB's expected contribution is 57,559 additional appointments.

5. Recommendations

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

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