

To: Dame Meg Hillier, Chair of the Public
Accounts Committee

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

30 March 2023

Dear Chair,

Treasury Minute Thirty-Five (Establishing Integrated Care Systems) Recommendation Six

I am writing to provide further detail in response to Recommendation Six in the Committee's Thirty Fifth Report on Establishing Integrated Care Systems:

Recommendation 6: alongside the Treasury Minute response to this report, NHS England should write to us and set out:

1. The funding intended for NHS Dentistry in 2022/23 and 2023/24 and what coverage this provides in terms of the proportion of adults and children who could access these services, and what services the funding will and will not cover;
2. Its understanding of the proportion of adults and children using non-NHS dentistry, and the proportion of people who do not access any dentistry services at all;
3. By when it expects to be able to consistently provide the target level of coverage; and
4. What patients should do if they require dental care and are unable to find a dentist offering NHS treatment.

Responses to these questions are detailed below.

1. The funding intended for NHS Dentistry in 2022/23 and 2023/24 and what coverage this provides in terms of the proportion of adults and children who could access these services, and what services the funding will and will not cover.

- 1.1. NHS England provides its regional commission teams and ICBs with a combined allocation for dental services, community pharmacy and primary care ophthalmology. In 2022/23 this is £5,440m and it will rise to £5,597m in 2023/24. Securing recovery of dental access is a key NHS priority. NHS England is asking each ICB to report regularly on their plans to allow the NHS to closely monitor recovery of dental access.
- 1.2. This funding supports the delivery of primary and secondary dental services. The Mandatory services that General Dental Services contracts must deliver include:
 - Examination
 - Diagnosis

- Advice and planning of treatment
- Preventative care and treatment
- Periodontal treatment
- Conservative treatment
- Surgical treatment
- Supply and repair of dental appliances,
- Taking of radiographs
- Supply of listed drugs and appliances and
- The issue of prescriptions

1.3. The amount of dental activity (measured in Units of Dental Activity) delivered by the NHS was significantly impacted by the Covid-19 pandemic, but is now recovering. NHS England expects to see further increases in dental activity across 2022-23 and 2023-24.

Reporting Year	UDA Delivered	UDA Commissioned	% UDAs delivered
2016/2017	84,448,723	87,787,749	96%
2017/2018	81,967,327	87,177,781	94%
2018/2019	81,851,857	86,857,948	94%
2019/2020	78,519,176	88,165,793	89%
2020/2021	23,917,481	86,671,793	28%
2021/2022	56,444,090	86,760,229	65%

Table 1 - Units of Dental Activity, 2016/17 - 2021/22

1.4. The level of coverage that this funding can provide is dependent on several factors including the extent to which dental practices deliver all the activity required under their contract. NHS England is taking a number of steps to support practices to deliver more care, and to ensure care is prioritised to patients who need it most:

1.4.1. NHS England has increased the number of Units of Dental Activity a dental contractor is awarded where they are providing more complex or time-consuming treatments to higher needs patients. This will provide fairer remuneration to contractors to support patients with complex dental care. The necessary Regulation amendments were enacted on 25th November 2022, after this was announced in July 2022. Feedback from the profession suggests that this is having a positive effect upon contract delivery.

1.4.2. NHS England has strengthened its approach to mid-year contract review, targeting those contractors who, despite being paid one twelfth of their annual contract value on a monthly basis, have delivered less than 30% of their contracted activity in the first six months of the financial year. Understanding the reasons for such significant levels of under-delivery is critical to developing strategies that support contractors to deliver. NHS England has also taken steps to recover funding from contractors that have under delivered. This has meant that NHS England has been able to offer additional funding to dental practices who are able to deliver more than their contracted levels of activity in year, and to put in place additional access schemes to allow more patients to be seen.

1.4.3. NHS England is taking steps to ensure appropriate care is provided to patients through following NICE guidelines on dental recall intervals, thereby increasing the time and funding available for urgent care, for example.

2. Its understanding of the proportion of adults and children using non-NHS dentistry, and the proportion of people who do not access any dentistry services at all.

2.1. One measure of dental access is the proportion of people accessing NHS funded care. This is measured over a 24-month period for adults and 12 months for children. This difference in timing is due to the different maximum recall intervals recommended in NICE guidance. The table below shows the proportion of adults and children accessing NHS care between 2018-19 and 2021-22.

Reporting Year	% UDAs delivered	% Adults (24 month)	% Child (12 month)
2018/2019	94%	50.4	59.0
2019/2020	89%	49.6	58.7
2020/2021	28%	42.8	23.0
2021/2022	65%	34.1	44.8

Table 2 - Proportion of Adults Receiving NHS Funded Dental Care, 2016/17 - 2021/22

2.2. Data is not routinely collected on those who do not access dental services, including those who only access private care and is not available on the proportion of children receiving private dental care.

2.3. GDC Public Research in 2020 with a sample of 1674 adults aged 15 years or over identified that 69% of the UK adult population had seen a dentist (private or NHS) in the past 2 years, 20% more than 2 years previously. 9% had never seen a dentist and 2% didn't know when they last saw a dentist. In the 24 months to 31st December 2019, 50% of the adult population had received NHS dental care. Combining these figures would suggest that around 19% of the adult population received private dental care in the 2 years to December 2019.

3. By when it expects to be able to consistently provide the target level of coverage

3.1. The right to access NHS services, including dental care, is enshrined within the NHS Constitution. However, unlike general practice there is no concept of being registered with a dentist and there are no specific targets for coverage.

3.2. NHS England is committed to improving access to dental treatment through the NHS. It [published](#) and put into effect the first round of dental contract reforms since 2006 after being asked to lead the NHS Dental System Reform in April 2021. The primary goal of this initial set of reforms was to improve accessibility. NHS England is aware that these efforts are just the beginning and that further action is required to address the root issues affecting delivery. Over the autumn and winter of 2022–2023, NHS England has been discussing further areas of change with the profession and wider stakeholders.

3.3. In preparation for a move to delegated commissioning in 2023-24, NHS England will be working with ICS and regional colleagues to better understand those challenges which require national action, including further contract and system reforms.

4. What patients should do if they require dental care and are unable to find a dentist offering NHS treatment.

4.1. NHS dental services are commissioned to provide urgent and routine treatment. There is no patient registration for NHS dental services in England meaning that people can attend any

dentist accepting NHS patients and may therefore access care in a location convenient for them, for example, near to their workplace

- 4.2. Where a person is experiencing an urgent dental issue, and they are known to a dental practice, they should contact that practice to attempt to make an appointment. Where the person is unable to secure an appointment, or they are unknown to a dental practice then they should contact NHS111 for assistance to find an emergency or urgent appointment.
- 4.3. Dental practices offering NHS care may not have capacity to see more NHS patients and may operate their services through a waiting list. People may be able to access NHS dental services faster in the surrounding or wider area.
- 4.4. It is now a contractual requirement for NHS dental contractors to keep their details, including whether they are accepting new NHS patients, up to date on the NHS website.

Yours sincerely,

A handwritten signature in black ink, reading 'A. Pritchard' in a cursive style.

Amanda Pritchard
Chief Executive Officer
NHS England