



Rt Hon Steve Barclay MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1U 0EU

15 November 2022

Dear Secretary of State,

**RE: Access to NHS dentistry in Leicester, Leicestershire and Rutland**

I am writing as Chair of the Leicester, Leicestershire, and Rutland Joint Health Scrutiny Committee in relation to the Committee's concerns about access to NHS dentistry in the region following the COVID19 pandemic.

As you will be aware, access to NHS dental care is available through providers who hold contracts with NHS England and NHS Improvement, and these contracts for both primary and community dental care have been in place since 2006.

During the beginning of the COVID19 pandemic in March 2020, routine dental services in England were required to close, with Urgent Dental Centres being mobilised to treat patients with urgent needs. At this point, providers who held NHS contracts continued to receive contractual payments, whilst providing remote triage, advice, and the prescription of certain medicines such as analgesia. In June 2020, NHS practices were allowed to reopen in line with social distancing guidelines and strict infection prevention control but access to these services was affected by a local lockdown that was enforced in the City of Leicester towards the end of June.

Once these measures were eased and practices recommenced face to face services, further guidance was issued in January 2021 in relation to the NHS dentistry contracts, allowing providers to deliver a minimum threshold of 45% of their pre-COVID Units of Dental Activity (UDA) or 70% of their pre-COVID Units of Orthodontic Activity (UOA) so they could continue to receive the full payment of their contract. This was eventually increased to 60% and 80% respectively between April 2021 and September 2021, and then 65% and 85% respectively, between October 2021 and December 2021.

Concerns continued to be raised regarding access to NHS dentistry in the area, and in September and November 2021, the Committee received reports providing an overview of the NHS dental services commissioned in the area, along with the impact that the ongoing pandemic had on accessing services. This also included steps being taken to restore service provision.

Given the concerns raised by the Committee, another report was received in June 2022 which showed that the situation had not improved in the region.

Over the course of these reports, the Committee highlighted the following points as areas of concern:

- NHS dental care was routinely accessed by 50% of the population and practices had a duty to see people who required treatment, but the number of people resorting to private services is unknown
- The work of Urgent Dental Centres was noted but these were limited and not widely advertised during the pandemic
- Schemes were offered by the NHS, but only commissioned if dentists chose to accept their current NHS commitment. In certain areas of our region, no dentist accepted new terms and these areas are therefore without longer hours or weekend opening.
- It was recognised that children's oral health and routine dental care had been significantly impacted by the pandemic, with the City of Leicester having the second highest childhood tooth decay levels in the region
- Regarding adult oral health and oral cancer checks, Leicester was seen as a hotspot, with detection and resulting deaths consistently higher than the national average, demonstrating links to tobacco use and deprivation.
- The Committee was disappointed to see that service performance showed dental practitioners were not delivering 60% UDAs, but they continued to receive 100% monies towards cost of operating services.
- There was also disappointment at the lack of clarity to address the backlog of patients who had missed out on routine appointments and non-urgent treatment, and it was noted that there was no time indicator yet of when there would be 100% restoration of services.
- The issue of people accessing private dental care provisions through lack of choice and out of necessity was raised and it was queried why private practice were able to continue providing routine appointments and treatment if they had to comply with the same government guidance. The lack of free dental services in the region was highlighted and it was queried why more was not being done to encourage dentists to take on more NHS patients.
- Concerns were expressed that not enough information was provided about what was being done to secure dental services for those within remote, rural areas of the region, such as in Rutland. It was also pointed out that one NHS practice in Rutland did not receive a replacement in provision after handing back their contract in June 2022. This contract amounted to 25% of the total provision for Rutland.
- There was consideration of the effects of deprivation, the economic diversity of the whole of Leicester, Leicestershire and Rutland and the health inequalities that were presenting and how these impacted on dental health, with people presenting at GP appointments and hospitals with dental issues.
- The Committee were of the view that the dental practice contracts needed revisions by the NHS to help improve accessing provision.

I would like to draw your attention to a report that was conducted by local Healthwatch services into [Access to Dentistry in Leicester and Leicestershire in February 2022](#), which corroborated the above findings and highlighted the outdated information online on how to find an NHS dental practice that were taking on new patients.

As such, it is the Committee's view that the current NHS dental contracts are not fit for purpose. Communities that were deprived and underserved, particularly those in the City of Leicester, were struggling from the effects of this failure. There is also little national guidance on how the commissioning of dental services under the new Integrated Care Systems will improve patient access and ease the backlog of growing dental needs, and whether there will be discretion for these systems to be able to improve the current dental contracts in accordance with the local needs of the area. The recent introduction of the Health and Care Act 2022 has brought about numerous guidance materials relating to social care and the NHS workforce, but there seems to be little information on how NHS dental services will be improved once commissioning responsibilities are transferred from NHS England and Improvement to Integrated Care Systems.

I would be grateful if you could provide details on:

- what guidance the government are planning to release to alleviate the immediate concerns with patient access to NHS dentistry
- how the current dental contracts will be improved to provide patient access and reflect appropriate compensation of services for dental practices, as these are currently not fit for purpose
- what your plans are to support the most deprived and underserved communities, given the failure of the current contract to do this.
- whether the commissioning of dental contracts will improve once these responsibilities are transferred to Integrated Care Systems, and whether this will allow these systems to flexibly commission services in accordance with the needs of the local population.

I look forward to receiving your response on these matters.

Yours sincerely

A handwritten signature in black ink, appearing to read 'E. Pantling', written in a cursive style.

Councillor Elaine Pantling  
Chair of the Leicester, Leicestershire, and Rutland Joint Health Scrutiny Committee