

LLR ICB – Dental Progress Report

LLR Joint Scrutiny Commission

Date of meeting: 27/11/2025

Lead director/officer: Dr Nil Sanganee, Chief Medical
Officer

Useful information

■ Ward(s) affected: All

■ Report author: Jo Grizzell, Senior Planning Manager, Leicester, Leicestershire and Rutland ICB

Lewis Parker, Commissioning Manager, East Midlands Primary Car Team

■ Author contact details: jo.grizzell@nhs.net

■ Report version number: Version 1.0

1. Summary

NHS dental commissioning in the East Midlands transferred from NHS England to local Integrated Care Boards (ICBs) in April 2023, enabling more responsive, locally driven planning supported by a central operational team. In Leicester, Leicestershire, and Rutland (LLR), mid-year activity for 2025/26 shows improved performance, with nearly half of commissioned Units of Dental Activity (UDA) already delivered. Significant expansion in urgent care has been achieved, exceeding national targets and supported by financial incentives to increase capacity further. A three-year dental plan is now in place to improve access and reduce inequalities, featuring a new procurement for oral surgery (Intermediate Minor Oral Surgery [IMOS]), schemes enabling providers to deliver additional activity, contract rebasing to reinvest underused funding, expanded General Anaesthetic capacity for paediatrics, and targeted pilots for high-needs patients and care home staff.

2. Recommendation(s) to scrutiny:

The Leicester, Leicestershire and Rutland (LLR) Joint Health Overview and Scrutiny Committee (HOSC) are invited to note the contents of the report, providing information on current dental service provision and the future plans to improve dental access

3. Detailed report

A. Commissioning Responsibility and Governance

Members are advised that NHS England was responsible for the commissioning of NHS dental services until 31 March 2023. Effective 1 April 2023, responsibility for commissioning NHS dental services including primary, community, and secondary dental care was formally delegated to the East Midlands Integrated Care Boards (ICBs). This transition empowers the ICBs to address local population needs through localised commissioning which are aligned to its Oral Health Needs Assessment (OHNA).

A robust governance structure has been established to delineate responsibilities. This structure enables the ICB to determine its annual plan and strategic direction for the dental function and make appropriate local decisions. Concurrently, the operational dental commissioning team, which is hosted by the Nottingham and Nottinghamshire ICB on behalf of the five East Midlands ICBs, is responsible for the day-to-day delivery of contracting and commissioning functions. This dual-level approach has been designed to ensure minimal disruption and a smooth transition to support both service providers and patients.

B. Patient Access and Prioritisation

It is important to acknowledge that the concept of patient registration with an NHS dentist has been superseded since 2006. While many practices maintain a list of NHS patients for recall purposes, patients are unable to register with an NHS dentist in the same manner as with a General Practitioner (GP). Dentists are commissioned to deliver a defined level of dental activity (e.g., Units of Dental Activity - UDAs) rather than to provide care for a specific cohort of registered patients.

In the context of service demand, dentists may need to prioritise patients presenting with acute dental problems over routine check-ups. Furthermore, it should be noted that a six-monthly review is not routinely required. Clinical guidance recommends that adult patients with good oral health be reviewed less frequently, typically on an annual or biennial basis, while the recommended interval for children is between three and twelve months.

C. Current Provision and Performance (LLR)

Within Leicester, Leicestershire, and Rutland (LLR), there are currently 133 general dental contracts in place. This total comprises:

- 6 Specialist Orthodontic Practices
- 13 General Dental Service (GDS) Practices providing orthodontics
- 7 Specialist Orthodontic Pathway Providers

1. Activity Delivery (2025/26)

Performance data for the 2025/26 financial year indicates a delivery of 802,791 Units of Dental Activity (UDAs) to date across LLR. This represents 49.82% of the total activity commissioned for the region.

- Comparative Performance: For the same period in 2024/25, 47.63% of commissioned activity was delivered, demonstrating a marginal improvement in delivery figures for 2025/26. This improvement has been achieved despite the cessation of the National New Patient Premium scheme which was introduced as part of the Government's National Dental Reform.
- Annual Projection: In 2024/25, the total commissioned activity delivered was 88.05%. Current in-year performance trajectory suggests that the overall UDA delivery for 2025/26 will exceed the previous year's figure.

D. Urgent Care Provision

Following the Government's announcement in February 2025 to increase urgent appointments nationally by 700,000, each ICB received a specific target for provision.

The East Midlands Primary Care Team acted with significant expediency to procure this additional capacity. The target set for LLR was 10,137 appointments. However, procurement exceeded this, resulting in 13,968 additional urgent care appointments being made available.

- Service Delivery: Five providers were commissioned to deliver the additional appointments across LLR. Patients can access these services either by contacting

NHS 111 for signposting to the nearest available urgent care site or by liaising directly with a participating practice.

- Existing Capacity: LLR also benefits from five additional urgent care services operating between 8am and 8pm, 365 days per year. Practices delivering urgent care are able to provide subsequent treatment for patients following an urgent appointment.

1. Urgent Care Incentive Scheme

For the remainder of the 2025/26 financial year, ICBs across England have been instructed to invite contractors to deliver an increase of 25% in urgent care Courses of Treatment (CoTs), benchmarked against their estimated baseline delivery from the first four months of the financial year (as calculated by NHS England).

- Incentive Payment: Contractors who achieve this target will be eligible to receive an incentive payment of £50 per additional CoT. A partial incentive payment is available for contractors who achieve 70% of the required additional activity. These payments are *in addition* to the agreed contract value.
- Capacity Requirement: Contractors must have sufficient capacity within their annual contracted UDAs. Where a contractor is projected to fully deliver their contract, the ICB may agree to a non-recurrent uplift, allowing the total annual contract activity to reach up to 110% of the regular contract amount, subject to feasibility and funding availability. This offer has been extended to providers across Leicester, Leicestershire and Rutland and 42 expressions of interest (EOIs) have been received. EOIs are currently being assessed with the outcome communicated to providers in November 2025 allowing providers to begin delivering the additional activity.

E. Dental Commissioning Plans

The ICB has developed a three-year dental plan which is aligned with the recommendations outlined in the LLR Oral Health Needs Assessment. The plan focuses on enhancing access for areas identified as having the greatest need. Key initiatives for 2025/26 and beyond include:

- IMOS Procurement (Integrated Minor Oral Surgery): Following the resolution of legal challenges related to the abandoned procurement in February 2025, the IMOS procurement was relaunched on 16 June 2025. New services are scheduled to commence on 1 May 2026 under a Personal Dental Service (PDS) agreement, with a seven-year contract term and an option for a three-year extension. Existing provider contracts have been extended to ensure service continuity during the live procurement process.
- 110% Over-Performance Scheme: All LLR providers have been invited to express an interest in delivering an additional 10% above their current NHS contract volume. The previous year's scheme resulted in an additional 33,394 UDAs being made available to LLR residents.
- Flexible Commissioning Scheme: The Expression of Interest process concluded on 24 October 2025, offering underperforming providers the opportunity to ring-fence protected time for specific target groups, including new patients and adults eligible for charge exemptions. Two successful applications based in Leicester City and Market Bosworth were approved, with the scheme commencing on 10 November 2025.

- **Contract Rebasing:** The East Midlands Primary Care team has formally notified dental providers who have consistently underperformed over the past three financial years of the ICB's intention to reduce their contract value unless performance demonstrates a sustained improvement. The rebasing process is currently in progress, with funding released from reduced contracts slated for reinvestment into the dental workstream.
- **Additional General Anaesthetic Sessions:** To address access issues for high-needs patients (e.g., those with learning difficulties, severe dental phobia, or very young children), who cannot be treated via other modalities, two additional General Anaesthetic (GA) sessions per week will be made available recurrently from 2026/27. This expansion is projected to treat 336 additional patients per year (8 patients per week / 84 sessions per annum).
- **High Needs Patient Pilot:** The LLR ICB has secured approval for a High Needs Patient Pilot. This initiative is designed to provide dental access to patients from high-needs groups who have not attended a dentist in over two years. In collaboration with local support services and charities, referred patients will be offered dental appointments for themselves and their family members. The scheme is expected to launch in early 2026, making 12,000 UDAs available.
- **Care Home Staff Oral Health Improvement Pilot:** This pilot aims to enhance the skills of care home workers to better support residents' oral health, including the identification of dental and oral disease symptoms. Where required a referral can be made to a designated practice. Following successful initial phases in Charnwood, Hinckley, and Bosworth and Rutland, plans are underway to extend the pilot to other areas within LLR.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

- All costs related to the initiatives set out within this report are funded through the ICBs allocated budget
- Recurrent costs (e.g., GA expansion, future IMOS contracts)
- Non-recurrent investments (urgent care uplift, pilots, contract uplifts)
- Recurrent savings (contract rebasing)
- Targeted reinvestment aimed at improving access in high-need areas

These implications are typical for a dental commissioning programme undergoing expansion and redesign.

Signed: Dr Nil Sanganee, Chief Medical Officer

Dated: 19th November 2025

4.2 Legal Implications

There are no legal implications

Signed: Dr Nil Sanganee, Chief Medical Officer

Dated: 19th November 2025

4.3 Equalities Implications

Several groups experience disproportionate challenges accessing NHS dental care, including:

- People with learning disabilities or autism

- People with severe dental phobia
- Children and very young families
- Older residents, particularly those in care homes
- People living in deprived areas
- Groups with language or cultural barriers
- Individuals who have not accessed dental care for over two years

The commissioning plans specifically target these groups through:

- Additional General Anaesthetic (GA) sessions
- The High Needs Patient Pilot
- Care Home Staff Oral Health Improvement Pilot
- Flexible commissioning aimed at new and charge-exempt patients

The LLR Oral Health Needs Assessment identifies significant variation in oral health outcomes across Leicester, Leicestershire and Rutland.

Targeted schemes, particularly flexible commissioning and contract rebasing will support reinvestment into areas with the highest levels of need.

This approach aligns with equality duties to reduce health inequalities for deprived and marginalised communities.

These initiatives are expected to reduce inequalities in access and outcomes.

- Urgent care expansion (13,968 additional appointments) improves access for people who struggle to obtain routine dental care

The ICB continues to meet its statutory obligations under:

- The Equality Act 2010, including the Public Sector Equality Duty (PSED)
 - The Health and Care Act 2022, which requires action on health inequalities
- An Equality Impact Assessment (EIA) will be completed or updated for major procurements such as IMOS and the High Needs Patient Pilot.

Signed: Dr Nil Sanganee, Chief Medical Officer

Dated: 19th November 2025

4.4 Climate Emergency Implications

There are no climate emergency implications.

Signed: Dr Nil Sanganee, Chief Medical Officer

Dated: 19th November 2025

4.5 Other Implications

None identified

Signed: Dr Nil Sanganee, Chief Medical Officer

Dated: 19th November 2025