

Oxfordshire Health Overview and Scrutiny Committee

Date of Meeting: 11 June 2026	Agenda item:
--------------------------------------	---------------------

Title of Paper: NHS Dental services in Oxfordshire

Paper is for: (Please ✓)	Discussion	✘	Decision		Information	
---------------------------------	-------------------	---	-----------------	--	--------------------	--

<p>Executive Summary</p> <p>This paper provides an update of dentistry services across Buckinghamshire, Oxfordshire and Berkshire West following the item previously presented to Oxfordshire HOSC in April 2024.</p> <p>It provides</p> <ol style="list-style-type: none"> 1) an update on recommendations from HOSC April 2024 – Appendix 2 2) an update on dental access including delivery across Oxfordshire (p7) 3) data on an improvement in urgent dental access (p 11), and increase in the population seen by a dentist (p5) 4) an update on the ICBs commissioning initiatives and how these have reached groups of greatest need (p9) 5) information about our children’s oral health programme (p13) 6) the Golden hello campaign to incentivise recruitment (p14) 7) our plans to implement the new dental contract during 26/27
--

<p>Action Required</p> <p>Oxfordshire HOSC is asked to note the update and progress made to improve access to dental services</p>
--

Author: Julie Dandridge, Associate Director – Primary Care

Date of Paper: 27 May 2026

NHS Dental services in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB

Report to:

Oxfordshire Health Overview and Scrutiny Committee

Hugh O’Keeffe, Head of Pharmacy, Optometry and Dental Services

Julie Dandridge, Associate Director – Primary Care

May 2026

Contents

	Page
1. Introduction	3
1.1 Commissioning arrangements	3
1.2 Dental services	3
2. Access to services	5
3. Contract Delivery	6
4. Actions to address challenges	8
4.1 Replacing lost activity	8
4.2 Support for patients who have faced challenges accessing services	9
4.3 Urgent Access	11
4.4 Children's Oral Health Improvement	13
4.5 Blood Pressure Monitoring	14
4.6 Golden Hellos	15
5. Other Dental Services	15
6. Summary	17
Appendix 1	18

1. Introduction

1.1 Commissioning arrangements

In 2022, the 6 ICBs in NHS England South-East took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board Integrated Care Board (ICB) was one of these ICBs. The ICBs have an explicit purpose to improve health outcomes for their whole population, and the delegation allows the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

As part of its 10-year plan for the NHS ('Fit for the Future'), published in July 2025 the government advised of a new operating model for the NHS. This includes making the ICBs strategic commissioners of local healthcare services. The number of ICBs in the South-East was reduced to 4 on 1st April 2026. The Buckinghamshire, Oxfordshire, Berkshire West ICBs joined with the East Berkshire area of Frimley ICB to create the Thames Valley ICB.

Clinical engagement is currently achieved via a Local Dental Network (LDN) covering the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire West and East Berkshire). This is a clinically led group involving Dentists, Dental Public Consultants, representatives from NHS England, the Local Dental Committees and commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics. At the end of 2025, the ICB established a new MCN; the Children's Oral Health Improvement MCN to oversee the Children's Oral Health Improvement pilot project running until 31st March 2027.

This report will focus on the delivery of NHS services in BOB ICB over the last year, also taking account of the impact of organisational change on commissioning dental services in the Thames Valley area.

1.2 NHS Dental services

Patients are not registered with a dentist in the same way as they are with a GP. A dental practice is only responsible for a patient's care while in treatment, although many will maintain a list of regular patients so may only have the capacity to take on new patients when patients do not return for scheduled check-ups or advise they are moving away from the area.

Dental practices deliver services via cash limited contracts with the NHS through which they are required to deliver agreed levels of activity each year ('Units of Dental Activity' – UDAs).

The challenges facing NHS Dental services have been similar across the country with changes made to the national contract in 2022 and 2024 to try to address these challenges. This has included actions, such as:

- Incentivising practices to take on new patients through the new patient premium (2024-25).
- Increasing the amount the NHS could pay practices for contract delivery, allowing for payment for up 110% performance rather than 102%.
- Improving information for patients.
- Increasing the minimum Unit of Dental Activity (UDA) price from £23 (in 2022) and then £28 (2024).
- Increased payments for more complex Band 2 treatments.
- Personalised patient recall intervals.
- ‘Golden Hellos’ to support recruitment in areas facing greater challenges.
- A ‘Smile for Life’ programme to promote oral health.
- Deployment of mobile vans in identified underserved areas to support access.
- Consultation on expanding water fluoridation, initially in the north-east.
- Workforce changes, such as Dental Care Professionals to work to their full scope of practice.
- Increase training places for new Dentists and Dental Care Professionals.
- Making it easier for practices to recruit overseas Dentists who meet the UK’s regularity standards.
- ICBs were given powers to recurrently rebase financial allocations to practices if they persistently underperformed in delivering their contracted levels of activity. Previously, monies could only be recovered on a non-recurrent basis. This is due to take effect from 2026-27.

The most significant changes to the NHS contract since 2006 are being implemented from April 2026. The key features of the changes under the ‘NHS dentistry: quality and payment reforms contractual guidance’ are described in Appendix 1 .

The increased payments for urgent and non-urgent dental care have replaced the national and local schemes designed to support delivery of the national goal to increase urgent appointments by 700,000 in 2025-26. The additional 700,000 urgent appointments goal has been broadened to all appointments. The guidance that underpins access to urgent and non-urgent appointments is unchanged from 2025-26

<https://www.england.nhs.uk/long-read/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/>

Practices have received information about the minimum number of appointments they are required to deliver in 2026-27. If practices fall short of their minimum number of urgent appointments, financial recoveries will be made.

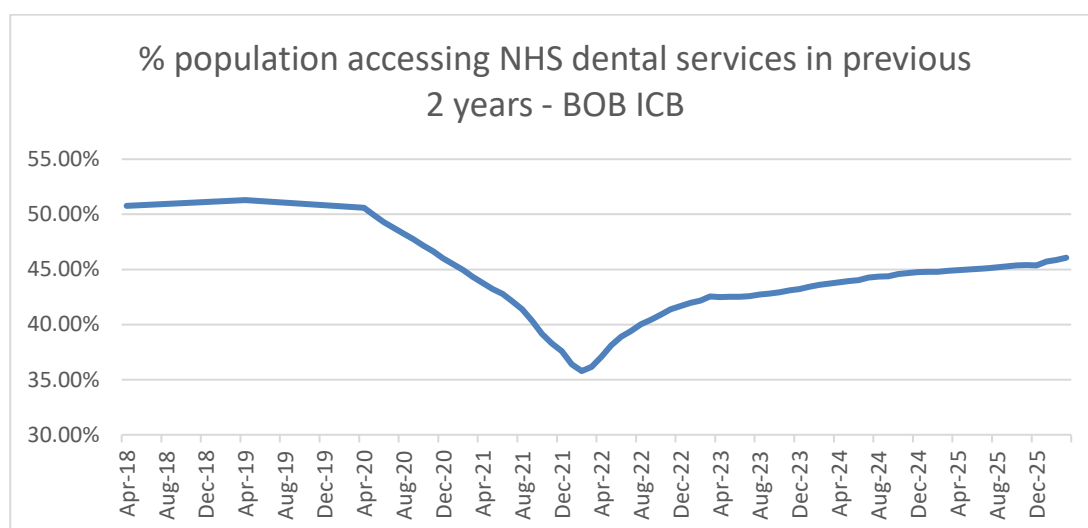
The expectation nationally is that these changes will increase the level of activity delivered by about 10% per annum. This means that some practices are likely to overperform on their commissioned levels of activity. The ICB has therefore written to practices to advise that performance reviews will be carried at the end of quarters 1 and 2 to assess whether increase need to be made to contract values. The ICB has also advised that it will enact its powers to recurrently rebase financial allocations during 2026-27 if practices have persistently underperformed in delivering their contracted levels of activity.

2. Access to NHS dental services

Access to primary care dental services is measured based on the number of unique patients attending over a 2 year period. The introduction of the current dental contract in 2006 was accompanied by a programme of ringfenced financial investment under the Dental Access Programme designed to recover NHS dental access which had fallen significantly following the introduction of the 1992 contract. Access to NHS Dentistry in the Thames Valley (BOB plus East Berkshire) increased from about 43% of the population in 2008 to just over 51% in 2019 (an increase of about 250,000 people; 25%).

The impact of the pandemic was such that by early 2022, the number of patients attending BOB ICB dental practices in the previous 2 years fell to below 36%. Since then, there has been a recovery in access. In March 2026, 46.05% of the BOB ICB resident population had attended an NHS dental practice in the previous 2 years (793,565 people, an increase of 176,957 compared to February 2022).

Chart 1 Access to NHS Dental services in BOB 2018 – 2026

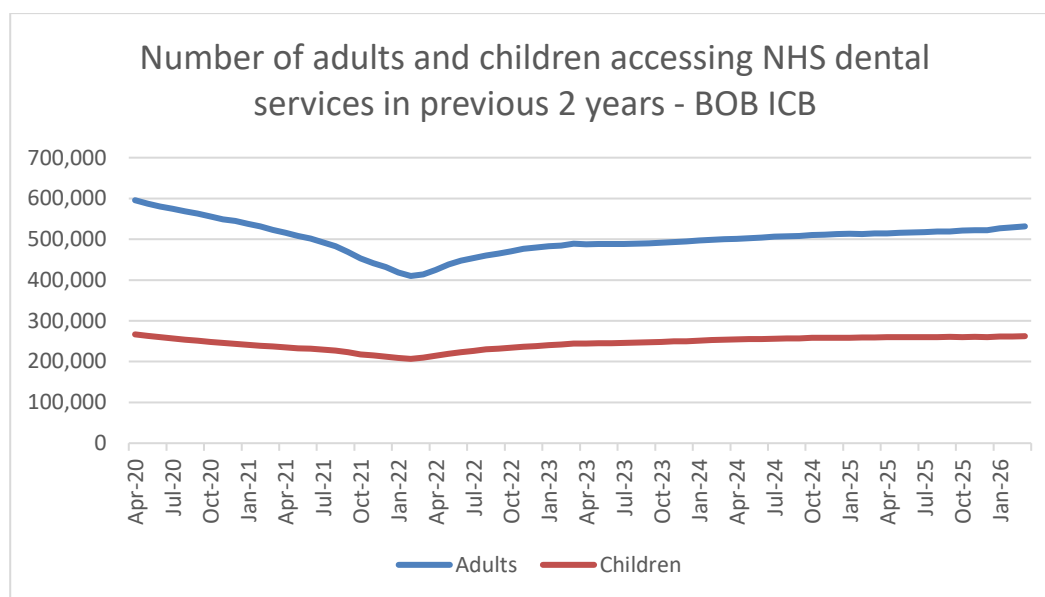


The rate of increased access has been similar for adults and children. The table and chart below detail the numbers of adults and children in BOB accessing NHS dental services in this period:

Table 1 Number of people accessing NHS Dental services in BOB February 2022 and August 2025

Patient group	Number attending Feb '22	Number attending Aug '25	Increase	% increase
Adults	409,943	531,293	121,350	29.60%
Children	206,665	262,272	55,607	26.91%
Total	616,608	793,565	176,957	28.70%

Chart 2 Number of adults and children accessing NHS Dental services 2020 - 2026



However, the number of unique patients attending is still some way below the pre-pandemic figure of 51.29%.

As capacity has been increased practices have been able to deliver more of their contracted activity. Practices are required to deliver an agreed number of Units of Dental Activity (UDAs) each year. The UDA payment bands relate to the patient treatment bands under the NHS Patient Charges Regulations 2005.

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

3. Contract Delivery

NHS Dental practices are independent contractors and are paid to deliver an agreed level of activity each year. These levels are based on levels of activity commissioned at the point the current dental contract took effect in 2006 and any additional activity commissioned since then.

Practices are contractually required to deliver a minimum of 96% of contracted activity each year to avoid financial recoveries. If they fall below this threshold financial recoveries will be made. Prior to the pandemic the average annual delivery in the BOB area was about 94%. This fell to 28% in 2020-21 and has been increasing since then, recovering to 85.8% in 2023-24. The table below details contract delivery in 2024-25 and 2025-26.

Table 2 BOB ICB contract delivery 2024-25 and 2025-26*

Area	Number of practices 24-25	UDAs commissioned 24-25	UDAs delivered 24-25	% delivery 24-25	Number of practices 25-26	UDAs commissioned 25-26	UDAs delivered 25-26	% delivery 25-26
Bucks Central	10	144,154	129,974.60	90.16%	11	141,063	131,048.20	92.46%
Bucks East	14	80,810	77,233	95.57%	14	85,780	76,779.20	89.51%
Bucks North	4	48,246	36,753.8	76.18%	4	47,986	43,165.00	89.95%
Bucks South	16	119,172	110,237	92.50%	16	119,172	103,961.00	85.82%
Bucks West	22	199,295	189,664.60	95.17%	22	197,695	185,081.80	92.98%
Buckinghamshire	66	591,677	543,863	91.92%	67	591,696	540,035.20	90.66%
Cherwell	14	215,668	155,943.60	72.31%	15	215,256	170,951.20	79.57%
Oxford	19	256,790	246,608.20	96.03%	19	256,216	251,041.80	97.95%
South Oxon	19	149,380	141,853.20	94.96%	19	147,859	133,681.80	89.55%
Vale of the White Horse	11	95,930	80,026.80	83.42%	12	103,918	85,856.00	82.52%
West Oxon	15	114,285	100,588.20	88.02%	15	109,102	97,374.40	89.03%
Oxfordshire	78	832,053	725,020	87.14%	80	831,351	738,905.20	88.62%
Reading	16	202,846	200,366.80	98.78%	16	237,245	214,764.40	90.25%
West Berkshire	19	199,519	169,928.20	85.17%	19	179,165	153,611.20	85.41%
Wokingham	12	163,272	159,940.20	97.96%	12	178,070	171,958.20	95.53%
Berkshire West	47	565,637	530,235.20	93.74%	47	594,480	540,333.80	90.67%
Total	191	1,989,367	1,799,118.20	90.44%	194	2,017,707	1,829,274.20	90.17%

*Final figures for 2025-26 due in June 2026

During 2025-26 there was a slight increase in the number of UDAs commissioned and when final figures arrive for the year, they will indicate a slight increase in the number of UDAs delivered both as a total and as a % of activity commissioned. By year-end delivery should be about 91%. Prior to the pandemic annual delivery was about 94%.

The localities with the highest percentage delivery in 2025-26 were:

- Oxford 97.95%
- Wokingham 95.53%
- Bucks West 92.98%

4. Actions to address the access challenges

4.1 Replacing lost activity

To address the impact of contract handbacks and reductions, the ICB commissioned temporary UDAs for the period to 31st March 2024. The ICB has also been working to replace UDAs that have been lost due to contract handbacks and reductions. This is being pursued as a two-stage process. The first was to approach local practices to apply to provide additional activity to replace what has been lost in their area. If this fell short of the activity sought, the ICB would go out to procurement to seek new provision into the area.

The first stage of the process was completed, with increases implemented from 1st April 2024. During 2025-26, the ICB commissioned additional activity through the procurement of new practices.

Table 3 Number and locations of approved applications for additional activity

Local Authority	Number of contract handbacks and reductions	Number UDAs handed back since 2021	Additional UDAs commissioned from April 2024 – phase 1	Location(s)
Bucks Central	2	5,527	7,356	Haddenham and Aylesbury
Bucks East	2	3,606	0	
Bucks North	2	611	0	
Bucks South	1	760	117	Chalfont St Peter
Bucks West	1	446	12,082	High Wycombe, Wooburn Green and Loudwater
Buckinghamshire	8	10,930	19,555	
Cherwell	3	22,764	3,995	Bloxham and Banbury
Oxford	3	3,962	7,800	Cowley and Headington
South Oxfordshire	4	4,819	5,608	Thame, Henley and Didcot
Vale of the White Horse	3	31,310	35,993	Abingdon, Milton and Faringdon
West Oxfordshire	7	45,353	41,601	Chipping Norton and Witney
Oxfordshire	20	108,208	94,997	
Reading	3	9,888	13,250	Reading
West Berkshire	0	0	4,800	Newbury and Thatcham

Wokingham	2	13,690	14,047	Woodley, Wokingham and Twyford
Berkshire West	5	23,578	32,097	
BOB	33	142,716	146,649	

Since the pandemic 33 practices have handed back their contracts or reduced their NHS commitment resulting in a reduction of capacity of 142,716 UDAs (6.41%). The commissioning of 146,649 UDAs since April 2024 means that the lost capacity has been fully recovered. In Oxfordshire 4 new practices have opened in:

- Chipping Norton – West Oxfordshire (Bloxdent Smiles) – September 2025
- Milton – Vale of the White Horse (Damira Dental Studios Ltd) – November 2025
- Witney – West Oxfordshire (Haddenham DC Ltd) – February 2026
- Faringdon – Vale of the White Horse (Smile Care Oxford) – April 2026

Further to bidder representations in respect of the ICB contract award decision in Cherwell East, this procurement has not been pursued at this stage. It will be subject to review by the ICB at mid-year 2026-27 as part of the ICB review of the impact of the changes being made to the dental contract.

4.2 Support for patients who have faced challenges accessing services

Between June 2023 and March 2026 the ICB commissioned a Flexible Commissioning service for patients who have faced challenges accessing dental care. If practices wished to take part, they could convert up to an agreed percentage of their contract value from delivery of activity targets to providing access sessions for patients who have struggled to access dental care. The scheme reduces overall capacity, but it allows more time for practices to treat patients with more complex needs.

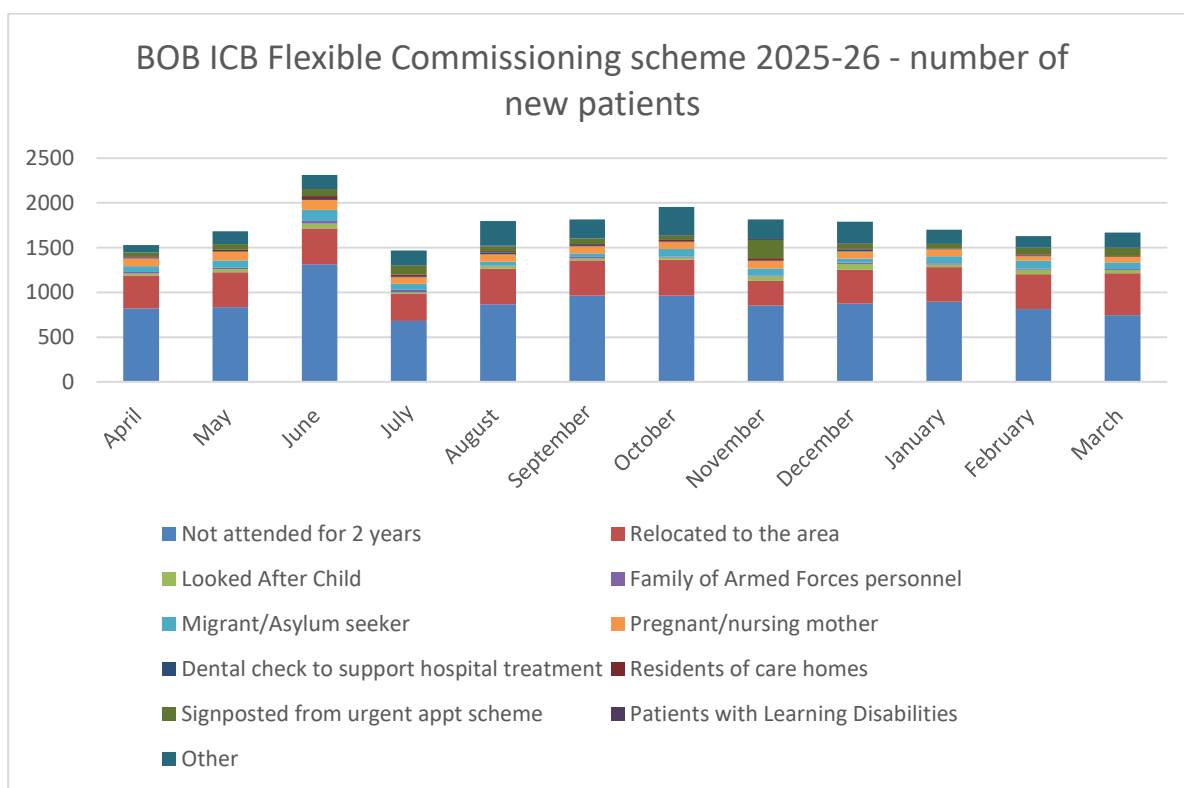
The following patient groups were identified in priority groups for the scheme:

- Those who have not attended the practice in the previous 2 years
- People relocating to the area who cannot access NHS services
- Looked After Children, who are very vulnerable and the responsibility of the local authorities
- Families of armed forces personnel especially due to large influxes of personnel into the area
- Asylum seekers, evacuees and refugees, who have never had dental services in this country and often do not know the language or knowledge of how they access NHS services
- Patients who need dental check ups in support of hospital treatment
- Pregnant and nursing mothers
- Residents of care homes with identified treatment need who are able to attend the dental practice for treatment

- Patients seen under Urgent and Non-Urgent Unscheduled Dental Access Appointments scheme who need and wish to attend for further non-urgent treatment and the practices don't have the capacity to treat the patients via their core contracts (introduced April 2025)
- Patients with Learning Disabilities (introduced July 2025)
- Other groups as identified by the practice

In 2025-26, 40 practices took part in the scheme with 25 from Oxfordshire, 9 from Buckinghamshire and 6 from Berkshire West with over 21,000 patients seen and more than 30,000 attendances.

Chart 3 Patients seen under the Flexible Commissioning scheme 2023 – 25



In 2026-27, the Flexible Commissioning scheme is being replaced by the Dental Access Service for Vulnerable patients. The service will focus on the following patient cohorts:

- Looked After Children, who are very vulnerable and the responsibility of the local authorities
- Families of armed forces personnel especially due to large influxes of personnel into the area
- Asylum seekers, evacuees and refugees, who have never had dental services in this country and often do not know the language or knowledge of how they access NHS services
- Patients who need dental check ups in support of hospital treatment
- Pregnant and nursing mothers

- Residents of care homes with identified treatment need who are able to attend the dental practice for treatment
- Patients with Learning Disabilities (introduced July 2025)
- Homeless patients (introduced April 2026)
- Other groups as identified by the practice

The changes are made due to the impact of the actions taken locally to restore the levels of activity commissioned to pre-pandemic levels and the impact of dental contract reform which requires practices to deliver a minimum number of urgent appointments, introduces complex care pathways for high needs patients and is likely to result in higher levels of contract delivery which means the ICB will need to optimise commissioning capacity.

4.3 Urgent Access

During 2025-26, there was a significant focus on access to urgent dental care with a national target to increase the number of urgent appointments by 700,000 (20%).

In 2024-25 there were 1.034m patient attendances in the BOB area, of which about 95,000 (9.1%) related to urgent treatment. There are services provided on evenings, weekends and bank holidays to treat patients who have an urgent treatment need (usually defined as pain, swelling or bleeding), but this only accounts for about 6% of urgent activity.

The vast majority is provided in dental practices. In its election manifesto in 2024 the government made a commitment to commission an additional 700,000 urgent appointments across the country. This equated to a target of 15,454 additional appointments in BOB, increasing the total number of urgent attendances to 110,457 per annum.

The ICB piloted a scheme for practices to deliver additional urgent appointments, which went live in the BOB in January 2025 with 34 practices taking part. The practices involved have submitted details of the days on which they provide the sessions which has been forwarded to NHS 111 who can direct patients as appropriate.

This continued into 2025-26 with 36 practices providing an additional 2,576 sessions. The table below details where the additional sessions are being provided:

Table 4 Number and locations of Additional Urgent Appointment sessions

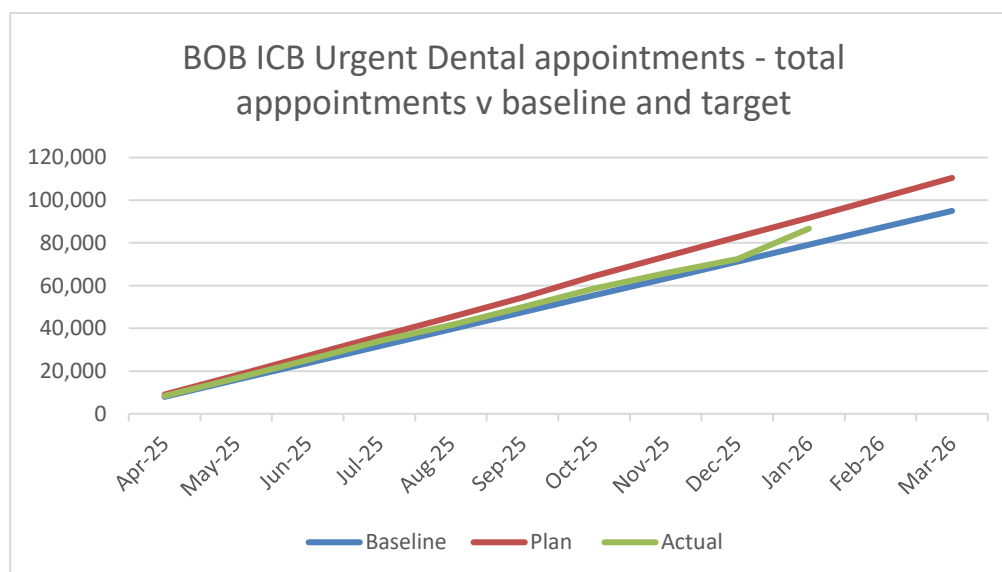
Health system	Number of practices	Number of sessions	Planned number of attendances
Buckinghamshire			
Bucks East	1	10	60
Bucks Central/North	2	321	1,926

Bucks West	5	515	3,090
Total	8	846	5,076
Oxfordshire			
Cherwell	5	239	1,434
Oxford	6	412	2,472
South Oxfordshire	6	221	1,326
Vale of the White Horse/ West Oxfordshire	2	164	984
Total	19	1,036	6,216
Berkshire West			
Reading	4	310	1,860
West Berkshire	3	229	1,374
Wokingham	2	156	936
Total	9	695	4,170
BOB	36	2,576	15,462

In September 2025, the government introduced the Urgent Dental Care Incentive Scheme to incentivise all dental practices to increase the number of urgent appointments they delivered.

The chart below reports on the ICB's performance to January 2026:

Chart 4: ICB delivery against Urgent Appointment target 2025-26



Whilst falling short of its target to deliver the number of urgent appointments planned (in line with every ICB in the country), the ICB exceeded its baseline and in the period to the end of March 100,311 urgent appointments were delivered. This target was altered in guidance issued in February 2026 ('Broadening the 700,000 urgent care commitment') with the focus to be on increasing the overall number of appointments and practices to deliver a minimum number of urgent appointments each year.

4.4 Children's Oral Health Improvement

Prior to the coronavirus pandemic, the ICB was part of the national 'Starting Well' programme designed to encourage children to attend the Dentist at an early age as possible (as part of the national 'Dental Check By One' campaign). The scheme involved practice engagement with a range of stakeholders to encourage attendance. The scheme was put on hold due to the pandemic. In December 2025, the ICB started to test the provision of a Children's Oral Health Improvement service along the lines of Starting Well. The service is being tested in the 4 new practices in Oxfordshire and 12 others across the ICB have joined the scheme.

The following practices are taking part in the pilot:

Practice name	Practice address	Local area
Haddenham Dental Ltd	Banks Cottage, Banks Road Haddenham, HP17 8EE	Bucks Central
Cambridge Street Dental Practice	27 Cambridge Street, Aylesbury, HP20 1RP	Bucks Central
The Chesham Dentist	Chess Medical Centre, 260 – 290 Berkhamstead Road, Chesham, HP 5 3EZ	Bucks East
Brocklehurst Dental Practice	202 White Lion Road, Little Chalfont, Amersham, HP7 9NU	Bucks East
Scandic Dental Practice	The Clockhouse, Frogmoor, High Wycombe, HP13 5DL	Bucks West
Valley Dental Care	205 Desborough Road, High Wycombe, HP11 2QL	Bucks West
Westbridge Dental Practice	127 Pound Way, Templars Square, Oxford, OX4 3XH	Oxford
Busby House Dental Practice	13 Hagbourne Road, Didcot, OX11 8DP	South Oxfordshire
Wootton Dental Care	Besselsleigh Road, Abingdon, OX13 6DN	Vale of the White Horse
Damira Dental Studios	Unit 10, Park Square, Milton Park Milton, OX14 4RR	Vale of the White Horse
Smile Dental Care	18 and 18A Market Place Faringdon, SN7 7HP	Vale of the White Horse
Haddenham Dental Ltd	2 Corn Street, Witney, OX28 6BL	West Oxfordshire
Bloxdent Smiles	Unit 14, Rounday House, Cromwell Business Park, Chipping Norton, OX17 6BL	West Oxfordshire
Bespoke Dental	6 Chapel Hill, Tilehurst, RG31 5DG	Reading
Newbury Dental Practice	4 The Courtyard, London Road, Newbury, RG14 1JX	West Berkshire
Loddon Bridge Rd Dental Practice	281 Loddon Bridge Road, Woodley, RG5 4BE	Wokingham

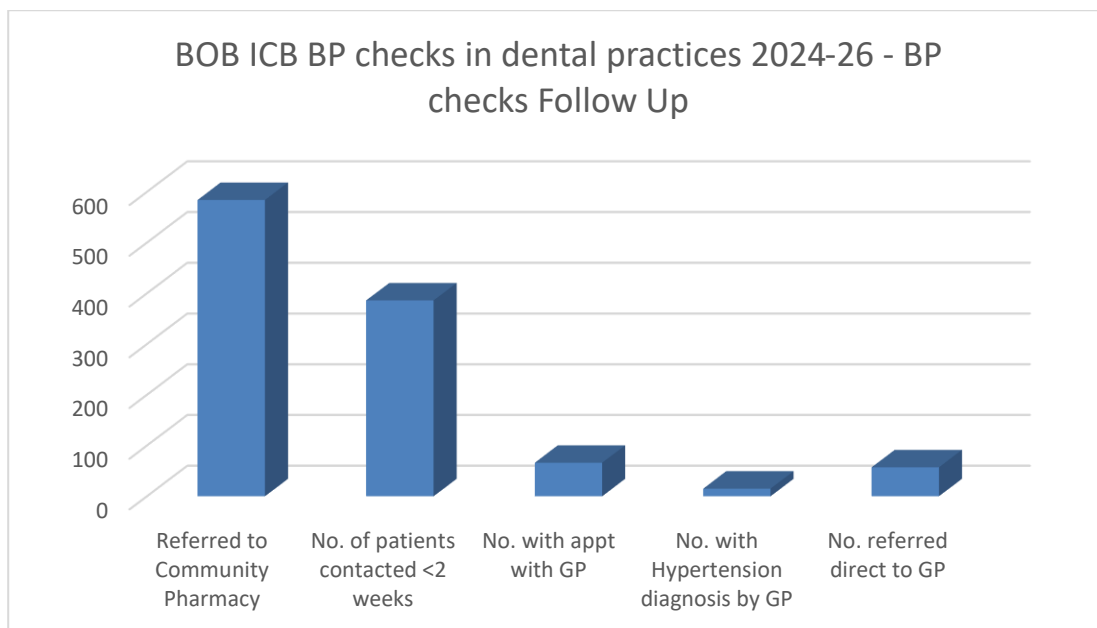
The ICB is in the process of recruiting more practices from East Berkshire to take part in the pilot which will run to 31st March 2027. A Children's Oral Health Improvement Managed Clinical Network has been established to review progress with the pilot, enable practices to share ideas and engage with other stakeholders. The Network will receive quarterly reports on progress with the scheme with first reports to be provided for the period to 31st March 2026.

In 2025, the government announced the launch of the local authority Supervised Toothbrushing with resources allocated to the local authorities to underpin delivery. The ICB scheme aims to link with the Supervised Toothbrushing schemes providing expert support as required and encouraging dental attendance amongst children from an early age.

4.5 Blood Pressure Monitoring

As part of the drive to increase the number of patients with recorded blood pressures, NHS England established several pilot sites across the country to test the delivery of a Blood Pressure monitoring services in Dental and Optometry practices. BOB was one of 11 dental pilot sites. There were referral pathways to Pharmacy and GPs if patients have a high reading in a dental practice. The pilot schemes, which received national funding ran until 31st March 2026. In BOB, more than 2,400 patients have had checks in dental practices in BOB since the scheme began. The chart below reports on the outcomes of those checks, also noting they resulted in a Hypertension diagnosis for 15 patients.

Chart 5: Outcome of Blood Pressure monitoring checks in dental practices



Results have been fed back within the ICB and nationally. An evaluation of the scheme nationally has been completed. This links closely to the ICB's intention to ensure residents can experience joined up care, with an increased focus on prevention, addressing inequalities. As Neighbourhoods develop, with a focus on prevention and primary care integration this pilot demonstrates that an effective service can be provided by dental practices as part of a prevention agenda that is wider than just oral health.

4.6 Golden Hellos

In 2024-25 3 practices recruited Dentists under the Golden Hello scheme in support of recruitment in areas where this has been more challenging. The scheme has been pursued in line with national guidance:

<https://www.england.nhs.uk/long-read/dental-recruitment-incentive-scheme-2024-25/>

In 2025-26, it was agreed the ICB would re-run the scheme with an increase in payment, increasing it from £20k to £30k phased over 3 years in line with the national guidance with £10k paid per Dentist in each of the 3 years.

The 2025-26 scheme has focussed on recruitment in the more rural parts of the ICB with practices with an annual UDA target of more than 10,000 UDAs in the following local areas eligible to take part in the scheme:

- Bucks North
- Cherwell
- South Oxfordshire
- Vale of the White Horse
- West Oxfordshire
- West Berkshire

The ICB approached practices in early November to seek Expressions of Interest. In December the ICB wrote to the following practices to confirm approval of their applications (17 practices):

The practices have been advised that they have until 31st March 2027 to recruit Dentists under this scheme. To date a total of 3 Dentists have been recruited under the scheme running until 31st March 2027.

5. Other Dental Services

In addition to primary care dental services, the ICB commissions specialist services in community and hospital services. The services commissioned are detailed below:

Table 5 Other Dental services commissioned in Thames Valley ICB

Service	Name of provider	Contractual status	Key challenges
Orthodontics	21 practices	Time limited PDS contracts. ICB has agreed to extend to 31 st March 2029	Waiting times for treatment. Working with MCN to review.
Community Dental Service (for adults with additional needs and children)	Central and North-West London NHS Foundation Trust (Bucks) Oxford Health NHS Foundation Trust	Time limited PDS contracts. NHS standard contracts for treatments provided in hospital setting.	Waiting times for treatment, particularly treatment under General Anaesthetic where there are challenges accessing hospital theatres with all hospital specialties

	Berkshire Healthcare NHS Foundation Trust	ICB has agreed to directly award under Provider Selection Regime regulations (2023) to 31 st March 2028.	to address backlogs. The ICB is working with a range of stakeholders on short term and longer term solutions.
Unscheduled Dental Care (evenings, weekends and bank holidays)	Central and North-West London NHS Foundation Trust Oxford Health NHS Foundation Trust Berkshire Healthcare NHS Foundation Trust Drs Tariq and Kaur (Reading) DA Clinics (Thatcham)	Time limited PDS contracts. ICB has agreed to directly award under Provider Selection Regime regulations (2023) to 31 st March 2028.	Impact of proposed of changes to dental contract from April 2026.
Oral and Maxillofacial, Restorative and Orthodontic Services	Buckinghamshire Healthcare NHS Foundation Trust (spoke) Oxford University Hospitals NHS Foundation Trust (hub) Royal Berkshire Hospital NHS Foundation Trust (spoke)	Annually renewable NHS standard contracts.	Waiting times for treatment. Commissioning of community-based tier 2 services with required capacity to reduce pressure on hospital services.
Tier 2 Oral Surgery	Locations in Buckinghamshire, Oxfordshire, Berkshire East and Berkshire West	Time limited PDS contracts. ICB re-commissioning services with new contracts to take effect from 1 st September 2026. New service commissioned in Berkshire East from April 2026. New services to commence across the Thames Valley during 2026-27.	Waiting times for treatment. Plans to increase in tier 2 capacity following procurement of new services during 2026-27.
Tier 2 Restorative	Locations in Buckinghamshire, Oxfordshire, Berkshire East and Berkshire West	Time limited PDS contracts. ICB re-commissioning services (Endodontic and Prosthodontic) with new contracts to take effect during 2026-27. Bidders to be advised of the outcome of ICB decisions in May 2026.	Impact of Dental Contract Reform on periodontal pathway. New contract proposing significant increase in periodontal provision in primary care.

6. Summary

There have been significant improvements in access to and delivery of dental services since the peak of the coronavirus pandemic. Contract delivery and access to services has been increasing over the last few years.

Local actions such as allowing practices to deliver more activity; additional urgent capacity; the Flexible Commissioning scheme and replacing activity lost due to contract handbacks/reductions has helped to ease the pressures.

Significant challenges remain. The ICB has now restored the levels of activity to pre-pandemic levels. The changes to the national contract from April 2026 are the most significant since the 2006 contract was introduced. There has been recognition at national level that many of the schemes developed locally by the ICBs have been established to address gaps in the national contract. The changes are designed to provide more support for practices to take on new patients and provide on-going care achieving improved oral health for those with greater oral health needs.

The ICB has also been seeking to increase the emphasis on prevention, supporting patients who have struggled to access dental care through the Flexible Commissioning scheme (now Dental Access Service for vulnerable patients); the Children's Oral Health Improvement pilot and supporting the wider prevention agenda through participation in the national pilot on Blood Pressure checks in dental practices. The national contract changes through the increased payments and use of skill mix for children's oral health prevention should also strengthen prevention.

The financial support for practices to carry out Quality Improvement audits and appraisals recognises the importance of dental care teams being able to reflect on services provided at practice and professional levels.

There are on-going challenges with access to specialist referral services. The ICB is carrying out re-commissioning programmes to meet those challenges, particularly around waiting times for treatment. The ICB is planning to increase investment into these services.

At this stage it is difficult to assess the likely impact of the quality and payment reforms. These reforms aim to increase investment, improve access, strengthen prevention and improve the quality of services. The ICB is focussed on working with stakeholders to ensure these aims are realised.

Appendix 1 – Dental Contract reform 2026

Implementation from April 2026

Urgent/unscheduled care

Increased payments for urgent care/unscheduled care

Current arrangements	Arrangements from 1 st April 2026
Urgent care courses of treatment remunerated at 1.2 UDAs (£42.60 for the average practice).	Payment increased to £75. The equivalent of £15 per patient to be paid upfront to support management of flexible capacity and to recognise the risk. This portion will be paid irrespective of actual levels delivered.
	£60 to be paid/credited to the practice once the FP17 has been submitted
	This new payment applies to all urgent/unscheduled care patients seen under a practice's general dentistry contract, whether patients have been to that practice before or not, and irrespective of whether the patient has been referred (eg from 111) or presents as a walk-in.
	Practices will be required to undertake a minimum level of urgent/unscheduled care (as above, for any patient including those known to the practice already) – 8.2% of Total Annual Contract Value (or 11 courses per treatment per £10,000 of contract value).
	The minimum level of urgent activity will act as a target for the practice to achieve with monies to be recovered for underperformance. For any delivery over the minimum level of 8.2% practices will be paid at £75 per course of treatment.
	Where there is evidence that demand for unscheduled care is insufficient to fill the available capacity, commissioners will be given limited powers to reduce these requirements. Further guidance to follow.
	<p>Excluded contracts:</p> <p>Historic (pre-2006) Child Only contracts</p> <p>Separate contracts for additional unscheduled care capacity, for example contracts for out of hours unscheduled care services</p> <p>Community Dental Service contracts</p>

	Contracts for services delivered in secure/detained estates
	The new arrangements do not affect commissioned urgent care sessions or appointments which some practices may have been offered by ICBs under separate contracts, which will continue to be locally agreed by commissioners.

Oral Health Prevention

A suitably skilled and educated Dental Nurses to apply fluoride varnish without the patient needing a full dental examination.

Current arrangements	Arrangements from 1 st April 2026
No payment.	A new course of treatment will be introduced at 0.5 UDAs.

Quality Improvement

Opportunity to access a new Quality Improvement (QI) domain in the contract

Current arrangements	Arrangements from 1 st April 2026
No payment	Practices will be able to opt into in funded quality improvement activities with a focus on participation in audit and peer review on a defined national topic or area of concern which will be determined annually. This will be supported by local clinical leadership and will lead to improved data on care quality in dentistry and evidence of change. This is not mandatory but for those taking part it will be funded at an average of £3,400 per participating practice per year, which will count towards the practice's contractual UDA requirement. The exact remuneration arrangements will be confirmed in due course.
	The initial topic is likely to focus on applying NICE guidance on recall intervals, with the goal of reducing unnecessary check-ups in those who are orally fit.

Recall intervals will still be set by individual dentists

- Recall decisions will continue to be based on clinical judgement of oral health risk at individual patient level.
- Practices are asked regardless of whether they take part in the funded QI scheme to apply the NICE guidance rigorously, in order to ensure NHS capacity is used appropriately and access is maximised.

Annual appraisals will be funded for associate dentists, dental therapists and dental hygienists providing clinical services to NHS patients

Current arrangements	Arrangements from 1 st April 2026
No payment	This will be funded at £213 per eligible clinician and will be claimed by the clinician receiving the appraisal. As with the new QI domain, this appraisal activity will count towards the practice's contractual UDA requirement. The clinician will be able to claim this payment once a year, once an appraisal is completed. The proposal excludes members of staff normally employed by practices, for whom performance reviews and appraisals will already be provided as part of their employment

Expected implementation from June 2026

Complex care pathways

The ability to treat patients under three new complex care pathways, remunerated at higher levels to support practices to prioritise higher needs groups

Pathway 1 - at least 5 teeth with caries into dentine with no unstable periodontal disease (6 months duration). Set fee £284.

Pathway 2 - at least 5 teeth with caries into dentine with currently unstable periodontal disease (12 months duration). Set fee £709.

Pathway 3 - a new diagnosis of grade C periodontal disease (6 months duration). Set fee £248.

Current arrangements	Arrangements from 1 st April 2026
Payment of Band 1,2 or 3 based on treatment provided.	These pathways are only available for adults (over 16s)
	Where a patient also needs laboratory work that would otherwise require a Band 3 Course of

	Treatment, a single Band 3 will be able to be claimed in addition to the pathway.
	Once a practice has confirmed that a patient has been accepted onto a pathway, activity will be credited throughout the duration of the pathway, to ensure practices are aware of progress towards their contracts
	For avoidance of doubt, these new pathways do not replace existing banded courses of treatment, and decisions about whether to use an existing course of treatment or a new complex care pathway where applicable will be taken based on the dentist's professional judgement. Separate guidance on complex care pathways is in development and will be published in due course

Denture modification or relining alongside other Band 2 care

Current arrangements	Arrangements from 1st April 2026
No payment.	<p>Eligible for an additional payment of 2 UDAs.</p> <p>These additional two UDAs will also be available when doing a modification or relining of a denture in addition to one of the new complex care pathways set out above. Denture repairs will also be remunerated at 2 UDAs, an increase on the current remuneration of 1 UDA. Like a Band 3 course of treatment, denture modifications will be able to be claimed in addition to a complex care pathway.</p>

Appendix 2

Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

HOSC Recommendation April 24	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale. (June 24)	Update May 2026
<p>1. It is reiterated that underspends should be spent in Oxfordshire, and that priority is given to areas within Oxfordshire that have experienced the worst shortfall in capacity. It is recommended that the ICB prioritises areas within Oxfordshire in light of the increased need within the County relative to other areas under the BOB footprint.</p>	<p>Rejected</p>	<p>BOB ICB is the delegated commissioner for dental services across the footprint. With this comes a BOB level budget for provision of services The ICB does not receive separate budgets for each county.</p> <p>However, the first principle being pursued is that the levels of activity should be re-commissioned, at the very least to the levels that have been lost as a result of contract handbacks and reductions. There has been a loss of 91,049 UDAs in Oxfordshire since April 2021 and BOB ICB is actively looking to replace these.</p>	<p>Final position for dental ring fence budget for 2025/26 is an underspend of approx. £71k</p>

		The ICB will prioritise areas of greatest need across the whole footprint.	
2. To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.	Accepted	The ICB has agreed to commission 5 new NHS practices (in Abingdon, Bicester, Carterton, Faringdon and Witney). The re-commissioning of services in these areas is being carried out as part of an NHS South-East programme. Significant levels of activity have been handed back in all SE ICBs. The Commissioning Hub for Dental services (hosted by the Frimley ICB) is working with each of the ICBs to understand proposed levels of activity to be commissioned with the aim of commencing the process in late 2024. The BOB ICB is investigating how it may move the programme forward more quickly if necessary.	Addressed in the report
3. That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to people; and that where groups are targeted	Accepted	The ICB has carried out a review of practices' reporting new patient acceptance on https://www.nhs.uk/service-search/find-a-dentist in June 2024. This information is available to all patients.	https://www.nhs.uk/service-search/find-a-dentist has been updated to reflect the requirements of the new dental contract 2026. All practices now offer urgent dental appointments

<p>for help, they can benefit from an effective outreach.</p>		<p>In Oxfordshire:</p> <ul style="list-style-type: none"> • 25 practices are advising they open to all new patients (when availability allows). • 4 practices are open children only • 28 practices are not open to new practices. <p>The ICB has written to these practices who have not recently updated their profile to seek confirmation of their plans to update their information.</p>	
<p>4. For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.</p>	<p>Partially accepted</p>	<p>The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government.</p> <p>The ICB has not considered water fluoridation, but officers are aware of the benefits for the oral health of the local population and the potential to reduce oral health inequalities.</p>	<p>The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government.</p>