

- To:
- Integrated care board:
 - chief executives
 - chief finance officers
 - executive lead for dentistry
 - heads of primary care /dental commissioners

NHS England
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- NHS England:
 - regional directors
 - regional finance directors
 - regional medical director
 - regional directors of primary care

- cc.
- Chief dental officer

Dear colleagues

Re: Arrangements for NHS urgent primary dental care during 2025/26 and confirmation of the closure of the New Patient Premium scheme

The Government's manifesto committed to securing 700,000 additional urgent dental care appointments per year for the duration of this parliament. Alongside this, NHS England has been reviewing current urgent dental care provision, with a focus on the underlying challenges in the provision of urgent care in the current contract, including issues related to payment and access for all patients. This analysis suggests that fundamental reform of the contractual approach to urgent care is required, alongside government's existing commitment to rebuild dentistry for the long term. However, these improvements will take time to ensure proper engagement and consultation, and there is a need to make progress on urgent care access more swiftly from April 2025. This letter sets out the detail and requirements of ICBs in securing additional urgent dental care, following its prioritisation in the NHS 2025/26 priorities and operational planning guidance.

ICBs in parts of England have already embarked on increasing unscheduled dental care access to meet the need in their areas. NHS England is therefore looking to build on this by asking ICBs, under the terms of the Delegation Agreement, to commission additional urgent dental care capacity between April 2025 and March 2026. This is to be funded from within dental allocations.

For 2025/26 ICBs will be required to purchase additional urgent care appointments over and above the ICB urgent dental care baseline. The baseline encompasses all urgent care activity in each ICB covering the 12 months to June 2024. The baseline figure will be confirmed for each ICB after further work with the NHS Business Services Authority (NHSBSA) to refine the 2023/24 dataset and ICB return which includes an ICB level report of unscheduled care activity not reported via an FP17 return.

The additional volume of urgent care appointments each ICB should secure as a minimum is detailed in Annex A. Annex A also includes information on how the distribution has been calculated. ICBs may wish to go beyond this where they consider this appropriate.

Whilst NHS England is not mandating an approach to the purchasing of these additional appointments, ICBs could consider the following options:

- buying more appointments through new or recommissioned contracts or modification of existing contracts, and/or
- using flexible commissioning ([NHS England » Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners](#))

ICBs will need to be able to report on this additional urgent care activity if contractors are not required to submit an FP17, and monthly reporting across 2025/26 will be put in place.

Under many local schemes, capacity has been commissioned and used for both immediate urgent care and for stabilisation of patients. Whilst stabilisation represents an important element of clinical care for the patient, this is a wider form of ongoing care which is usually encapsulated in band 2 and 3 claims. It therefore goes beyond the resolution of the immediate presenting complaint, that is, it is not urgent / unscheduled care. Accordingly, ICBs should only include urgent/unscheduled care (including initial disease management) in their reporting and exclude any capacity being used for long-term stabilisation.

A draft national service specification is attached, and clinical guidance will follow. These are intended to support development of local commissioning plans and the prioritisation of care. It is expected, where feasible, that any new services are commissioned to this specification and clinical guidance.

ICBs will be asked to complete a planning template, to be issued shortly and return this via the regional team. This will include a request for:

- historic urgent dental care activity that is not included in the national dataset so that the baseline can incorporate this alongside the national data
- plans for the commissioning of additional capacity in line with the ICB share of 700,000 appointments

Financial reporting through the Integrated Finance Report should capture the forecast costs associated with the additional capacity.

For the remainder of 2024/25, ICBs should continue to secure additional urgent care capacity and to offer contractors providing mandatory services additional funded activity up to 110% where feasible.

The Government is also committed to introducing a national supervised toothbrushing scheme in England, targeted at 3, 4 and 5 year olds most in need. The Department of Health and Social Care will set out plans for this shortly.

The New Patient Premium (NPP) scheme will come to end as planned on 31 March 2025. Treatments of eligible patients not completed by this date will not be eligible for a new patient premium credit. A communication regarding the end of the scheme will be cascaded via the primary care bulletin and NHSBSA in due course.

Should you have any questions or queries please contact the regional director of primary care.

Yours sincerely,



Dr Amanda Doyle
National Director for Primary Care and
Community Services
NHS England



Ali Sparke
Director for Pharmacy, Optometry,
Dentistry and the NHS Standard Contract
NHS England

Annex A: Distribution of 700k additional appointments

Method

When determining how to allocate the 700,000 appointments across ICBs, NHS England has considered the following factors: unmet need, population size and projected contract delivery at an ICB level in 2024/25.

Step 1 – Calculate level of unmet demand for NHS urgent dental care for England.

An estimated level of unmet demand for NHS urgent dental care was calculated by multiplying:

- the estimated number of people in each ICB who have tried and failed to get an NHS dentist appointment [source: 2024 GPPS data, multiplied by the population of the ICB], by
- the estimated proportion of appointments for new patients in each ICB that are not routine appointments, that is, the proportion of appointments where a band 2 or 3 course of treatment is delivered [source: New Patient Premium Data]

This calculation gives a total estimate of 2.2m people each year (3.5% of the population) who are currently unable to get an NHS dentist appointment, and who have a treatment need. It is assumed that these are the people who would require urgent care appointments.

Step 2 – Calculate level of unmet demand for NHS urgent dental care for each ICB as a proportion of the 700,000.

Step 3 – Adjust to reflect overall levels of contract delivery.

Where ICBs have a projected delivery $\geq 96\%$ of their commissioned UDAs we have reduced the indicative allocation at step 2 by 50% and re-assigned those appointments to ICBs delivering $< 90\%$ of contracted activity, according to their level of unmet demand as identified in step 2. The threshold has been set at 96% as on an individual contractor level this is the threshold required to avoid financial recovery.

For ICBs with delivery 90% to $< 96\%$ the proportion of the 700,000 remains as per the approach used in step 2.

Region	ICB	Additional Urgent care appts to be purchased
EAST OF ENGLAND	Bedfordshire, Luton and Milton Keynes ICB	6,041
EAST OF ENGLAND	Cambridgeshire and Peterborough ICB	14,195
EAST OF ENGLAND	Hertfordshire and West Essex ICB	5,712
EAST OF ENGLAND	Mid and South Essex ICB	6,098

EAST OF ENGLAND	Norfolk and Waveney ICB	21,520
EAST OF ENGLAND	Suffolk and North East Essex ICB	15,413
LONDON	North Central London ICB	8,976
LONDON	North East London ICB	17,452
LONDON	North West London ICB	11,445
LONDON	South East London ICB	8,616
LONDON	South West London ICB	6,402
MIDLANDS	Birmingham and Solihull ICB	9,005
MIDLANDS	Black Country ICB	14,473
MIDLANDS	Coventry and Warwickshire ICB	2,740
MIDLANDS	Derby and Derbyshire ICB	16,298
MIDLANDS	Herefordshire and Worcestershire ICB	12,970
MIDLANDS	Leicester, Leicestershire and Rutland ICB	10,137
MIDLANDS	Lincolnshire ICB	12,017
MIDLANDS	Northamptonshire ICB	17,826
MIDLANDS	Nottingham and Nottinghamshire ICB	24,360
MIDLANDS	Shropshire, Telford and Wrekin ICB	7,408
MIDLANDS	Staffordshire and Stoke-on-Trent ICB	16,190
NORTH EAST AND YORKSHIRE	Humber and North Yorkshire ICB	27,196
NORTH EAST AND YORKSHIRE	North East and North Cumbria ICB	57,559
NORTH EAST AND YORKSHIRE	South Yorkshire ICB	19,983
NORTH EAST AND YORKSHIRE	West Yorkshire ICB	32,312
NORTH WEST	Cheshire and Merseyside ICB	46,617
NORTH WEST	Greater Manchester ICB	17,897
NORTH WEST	Lancashire and South Cumbria ICB	20,822
SOUTH EAST	Buckinghamshire, Oxfordshire and Berkshire West ICB	15,454
SOUTH EAST	Frimley ICB	6,626
SOUTH EAST	Hampshire and Isle of Wight ICB	30,032

SOUTH EAST	Kent And Medway ICB	20,319
SOUTH EAST	Surrey Heartlands ICB	6,585
SOUTH EAST	Sussex ICB	26,546
SOUTH WEST	Bath and North East Somerset, Swindon and Wiltshire ICB	13,990
SOUTH WEST	Bristol, North Somerset and South Gloucestershire ICB	19,076
SOUTH WEST	Cornwall and the Isles of Scilly ICB	10,910
SOUTH WEST	Devon ICB	24,269
SOUTH WEST	Dorset ICB	13,569
SOUTH WEST	Gloucestershire ICB	11,464
SOUTH WEST	Somerset ICB	13,498
ENGLAND	Total	700,018