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**Delivering the 700,000 additional urgent NHS dental appointments**

On 6th March 2025, the All-Party Parliamentary Group for Dentistry & Oral Health and the All-Party Parliamentary Group for Health jointly hosted an online event to look at the best ways to implement the government’s pledge to provide 700,000 additional urgent NHS dental appointments.

Co-chaired by Yasmin Qureshi and Dr Simon Opher MPs, the event brought together ICB leads, MPs, dental experts, and key stakeholders. The discussion featured presentations from dentists and ICB leads who are already using innovative approaches to expand access to urgent dental care across the country.

Chair of the APPG for Dentistry & Oral Health, Yasmin Qureshi MP, kicked off the event outlining the current state of NHS dentistry, flagging recent YouGov polling which shows that 7% of adults have resorted to some form of DIY dentistry since March 2020 and stating that “this is simply unacceptable in 21st-century Britain”. Dr Opher, who is a working GP in addition to his MP duties, told us about the increasing number of patients visiting him with severe oral health pain. There was acknowledgement from both MPs that these additional appointments alone are not enough to tackle the challenges that millions of patients are experiencing when attempting to access NHS dental services, but an understanding that this is a first step, to use up the NHS dental underspend to help some of those in most need of care in the short term.

**West Yorkshire ICB**

The first presentation was delivered by Ian Holmes, Director of Strategy and Partnerships at West Yorkshire ICB, alongside Andrew Hobson, Deputy Director for Dental Commissioning for Yorkshire and Humber.

Ian highlighted the challenges inherited by the three Yorkshire and Humber ICBs when they assumed responsibility for NHS dental commissioning in April 2023, including a £20 million underspend due to a shortage of dentists willing to work under NHS contracts. Since then, the ICBs have allocated nearly all of their dental budget through a range of new initiatives focused on improving access and tackling inequalities, including flexible commissioning. While this approach has led to improvements, Ian acknowledged that this alone would not fully meet the needs of the population.

Success in West Yorkshire has been driven by effective collaboration with dental contractors, Local Dental Committees (LDCs), community dental services, and joint commissioning efforts. Ian praised the dedication and innovative ideas of local dentists, saying, "I was blown away by their commitment and ideas, and we’ve worked hard to put those ideas into practice and learn from what works."

A key strategy has been flexible commissioning, which substitutes the traditional Unit of Dental Activity (UDA) model for a sessional arrangement that better aligns with population needs. Ian emphasized the importance of innovation within the constraints of the national contract, noting that while the contract is not fit for purpose in its current form, the flexibility within it has been increased recently.

Andrew Hobson detailed initiatives aimed at improving NHS dental access across West Yorkshire, South Yorkshire and Humber and North Yorkshire ICBs, which aim to purchase more targeted dental care paid for on a sessional basis:

* The Targeted Access and Prevention scheme, which is due to launch next month, allows a range of health and social care professionals to make referrals for vulnerable and high needs patients. Care for these patients is commissioned on a sessional basis using flexible commissioning, by converting UDAs into set payments per session.
* Inclusion Health Access Sessions - is a similar scheme, dedicated to improving access for people experiencing homelessness, asylum seekers, refugees and traveller communities. The ICBs have seen great results here, both in terms of improving oral health outcomes of socially excluded groups and reducing oral health inequalities, but also increased job satisfaction from dental teams taking part, who feel they have really made a difference in someone’s life.
* Urgent Care and Stabilisation Sessions – are dedicated sessions delivering urgent care and stabilisation for patients booked through 111 following the urgent care pathway or identified locally as requiring urgent care. This is funded either through additional non-recurrent money (“clawback”) or substituted for UDA delivery through flexible commissioning.

Andrew explained these initiatives stemmed from an understanding that the national contract does not remunerate dental practices fairly for treating high needs patients, and this was their way to try to improve this within the constraints of the existing contract.

Urgent care sessions are remunerated at a rate of £654 per session, with participating practices expected to see 5-7 patients seen per session. In 2024/25 Yorkshire and Humber ICBs have allocated £16.5m of additional money for these urgent care sessions, with further activity commissioned flexibly by substituting UDAs in existing contracts for sessional payments. That translates to nearly 30,000 urgent care sessions, with nearly 125,000 patients treated in the first 9 months of this financial year – almost double their share of the 700,000 target.

This is the way the three ICBs are planning to meet their allocation of the 700k additional urgent appointments, as it’s a model that works and is attractive to practices and patients, and is making a real difference. He raised some concerns, however, about the baseline against which the additional appointments will be measured, questioning whether the extra activity they have already been commissioning should be counted towards their allocation, as it would otherwise be a very stretching target for them.

**Suffolk and North East Essex ICB**Dr Ed Garratt, CEO of Suffolk and North East Essex ICB, shared his experience. When he first took on the role, approximately 40% of all 111 calls in his area were dental-related, with many appalling examples of DIY dental care.

To address this, his ICB launched the Dental Priority Access and Stabilisation Service (DPASS), which provides care to urgent and emergency patients, as well as at-risk groups such as care home residents, people with dementia, people with a learning disability, those experiencing homelessness and children in care. Patients can access this scheme by ringing 111, or by contacting the participating practices directly.

Funded through flexible commissioning, DPASS offers additional weekend, evening, and bank holiday dental sessions paid at a fixed rate of £500 for a 3.5-hour weekday session (7 patients) or £750 for a 5-hour weekend session: (10 patients). Alternatively, practices can opt to receive enhanced UDA rates (at £50) for seeing DPASS patients during regular hours. Eighteen practices currently participate in DPASS, and approximately 10,000 patients have already received care through the program this year. Providers responded well to the high-trust patient-centred approach the scheme is based on.

The ICB has also partnered with local universities to expand access. One of the 18 providers is a community interest company hosted by the University of Suffolk, which combines dental education with service delivery. Discussions are also ongoing with the University of Essex.

The ICB is confident it can meet its allocation of the 700k target by scaling up DPASS. Dr Garratt acknowledged some practices declined to participate due to workforce shortages, staff burnout, or historic distrust of commissioners, but overall he considers the scheme a success and says it’s been well received.

**Greater Manchester ICB**

Ben Squires, Director of Primary Care at Greater Manchester ICB was next to present, and from the outset outlined the importance of working collaboratively with dental providers. The ICB has established Urgent Dental Care Services which enable the provision of urgent dental care “in-hours”, during evenings, weekends and bank holidays across the region.

During and following the pandemic, Greater Manchester established Urgent Dental Care Hubs, a network of dental practices providing supplementary urgent care appointments commissioned outside of the general contract for NHS dentistry. While this initiative increased capacity, Ben noted that it also placed significant pressure on participating practices, as overwhelming demand means they were inundated with patients seeking appointments not just from Greater Manchester but from across the North West and even the Midlands.

Patients access these additional urgent dental care services through a single dedicated pan-Greater Manchester Urgent Dental Helpline which provides triage, advice and appointments.

Through collaborative working between the ICB and local dental providers, they established shared priorities with dental practices, and quickly realised that there was a mutual understanding that “when general access is challenged, the need for urgent access increases”. Ben explained that in addition to encouraging dental practices to become part of the urgent care network in Greater Manchester, the ICB also put more of an emphasis on improving routine access for new patients, to avoid them requiring urgent care services in the first place.

Approximately half of all dental practices in Greater Manchester have signed up to this discretionary Patient Access Quality Scheme, providing access to 106,000 new patients in addition to their core delivery, and providing approximately 96,000 extra urgent appointments over the course of the year. Between 800 and 1000 patients have also been supported with dental care so they can receive cancer treatment.

Ben stressed that the key message from Greater Manchester was that no practice is an island, and practices need to be supported together to do the right thing to increase access for both routine and urgent patients.

**A Dental Perspective**

And finally, Mark Green, a member of the BDA General Dental Practice Committee and a dentist delivering urgent care sessions, shared his perspective on the government’s pledge for additional urgent dental appointments.

Mark has been delivering urgent dental care in Yorkshire through flexible commissioning trials since November 2022. He praised his local ICB for adopting and expanding these initiatives, making them a valuable service for patients, commissioners, and GPs alike.

He highlighted the advantages of sessional payments, explaining that they free dentists from the constraints of UDAs, allowing them to provide comprehensive care tailored to patient needs. “Dentists are shackle-free of the UDA,” he said, “and they can do what is proper for the patient at the time.”

Mark pointed out that the target of 700k additional appointments “doesn’t touch the sides”, considering there are an estimated 2.2m people with an urgent care need.

He stressed the importance of urgent care schemes allowing dentists to stabilise the patient for the medium to long term. Providing immediate pain relief or antibiotics – often the only thing possible in an urgent appointment under the UDA system – means patients will need another urgent appointment soon when the tooth flares up again. Being able to use urgent care sessions to stabilise the patients is an important and valuable aspect of the Yorkshire urgent care scheme.

Patients have responded positively to these schemes, as they offer timely access to care, even if it requires travel. Mark urged other ICBs to adopt similar models rather than “reinventing the wheel”, emphasizing that the Yorkshire approach could be replicated nationwide.

He stressed the UDA which “everyone realizes is not the appropriate tool to measure dental output” has been deemed unfit for purpose since 2009, but said sessional arrangements were a sticking plaster as we wait for reform, helping practices tick over. Working this way has been a “godsend” and “refreshing” and he hopes the schemes will continue. He warned that without such schemes, many practices may return their NHS contracts, stating “this has allowed practices to remain viable and, more importantly, retain and attract staff.”

**Q&A**

The session concluded with a dynamic Q&A, addressing key concerns raised by attendees. Most notably, there was a question as to whether the additional work already undertaken by Integrated Care Boards (ICBs) would count towards their allocation of the 700,000 additional appointments. Tara Whitehall, a Department of Health and Social Care (DHSC) official, clarified that this would not be the case. Instead, she confirmed that *“the baseline encompasses all urgent care activity in the 12 months to June 2024.”*

Panellists, including Mark Green and Chair Dr Opher, expressed their disappointment, highlighting that the lack of additional funding for these extra appointments means the ICBs which had proactively implemented urgent care initiatives ahead of the national scheme would effectively be penalised, and might have to cut other valuable oral health activities to reach their targets, such as outreach programmes for people experiencing homelessness. Dr Opher went so far as to state that he would personally lobby the Minister for Dentistry on the matter to make sure it was done fairly.

Adam Dance MP challenged the panel on the ICBs’ ability to deliver this extra activity without the promised new funding. He highlighted improving access to NHS dentistry overall would require more money, mentioning most of the local school children he met earlier that day had not seen a dentist in the last year.

Also in attendance was Dr Peter Prinsley, MP for Bury St. Edmunds and an ENT surgeon, who provided a stark example of the growing crisis in oral health. He noted that he now frequently treats children with severe neck abscesses requiring emergency drainage — cases that were exceptionally rare just ten years ago. Emphasizing the severity of the situation, he stated, “the dental emergency is a political emergency”, concluding that “we do need to get on and reform the dental contract”. His firsthand experience as a surgeon underscores the urgent need for systemic reform.

**Conclusion**

While these additional urgent dental appointments are welcome, they equate to just two extra urgent cases per NHS dentist per month and address only a third of the unmet need for urgent dental care, which stands at 2.2 million cases, according to government data.

Nearly every expert at the event highlighted the inadequacies of the current NHS dental contract and the urgent need to move away from UDAs. Though additional urgent appointments alone will not resolve the NHS dental crisis, they are a first step towards ending the scandal of DIY dentistry, and the event showcased models of delivery based on flexible commissioning which other ICBs could use to fulfil their target.

As the government progresses with NHS dental contract reform, these innovative approaches provide a blueprint for expanding urgent dental care while working toward broader systemic change.

To watch the full event, click here: <https://www.bda.org/news-and-opinion/blog/how-can-we-make-urgent-care-work-for-practices-and-patients/>.