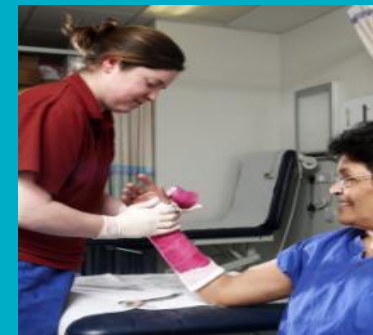


Dental Services

Camden



Primary Care Dental Services

Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements

- 1,116 providers across London (primary general and orthodontics services);
- 33 GDS providers in Camden; Total Contract Value £12,935,545; 351,210 UDAs
 - General Dental Services (GDS) providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
 - Personal Dental Services (PDS) agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Intermediate Minor Oral Surgery (IMOS))).
 - GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
 - Part of the dental practices contractual income is derived from patient charges
 - NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
 - Formal registration with NHS Dental Practices ceased on 31st March 2006 when the current contract was implemented. Patients although perceive they are 'registered' as they attend a practice regularly, however the obligation only extends to a course of treatment.

Contracted NHS General Dental Services (GDS) in North Central London 2024/25

Borough	No. of GDS Providers	Contract Value £(m)	Contracted Units of Dental Activity (UDAs)	Average UDA Value £
Barnet	46	13.3	384,123	34.67
Camden	33	12.8	353,108	36.14
Enfield	38	15.9	453,286	34.99
Haringey	43	15.5	410,268	37.44
Islington	19	10.9	294,593	37.05
Totals	179	68.4	1,895,378	36.06

Practice Activity Delivery – Camden

(All practices are given a target of UDAs (Units of Dental Activity))

Contracting Year	% of Practices achieving >96% of contracted activity
2020-21	100* (Contracting Year curtailed due to Pandemic)
2021-22	3* (COVID 19 Pandemic)
2022-23	48* (minimum contract threshold delivery was reduced to 90% by the NHS to aid the majority of practices who would have faced considerable financial hard-ship or insolvency had the usual threshold for delivery been maintained)
2023-24	58
2024-25	79

Confirmed GDS Contract Delivery 2024/25

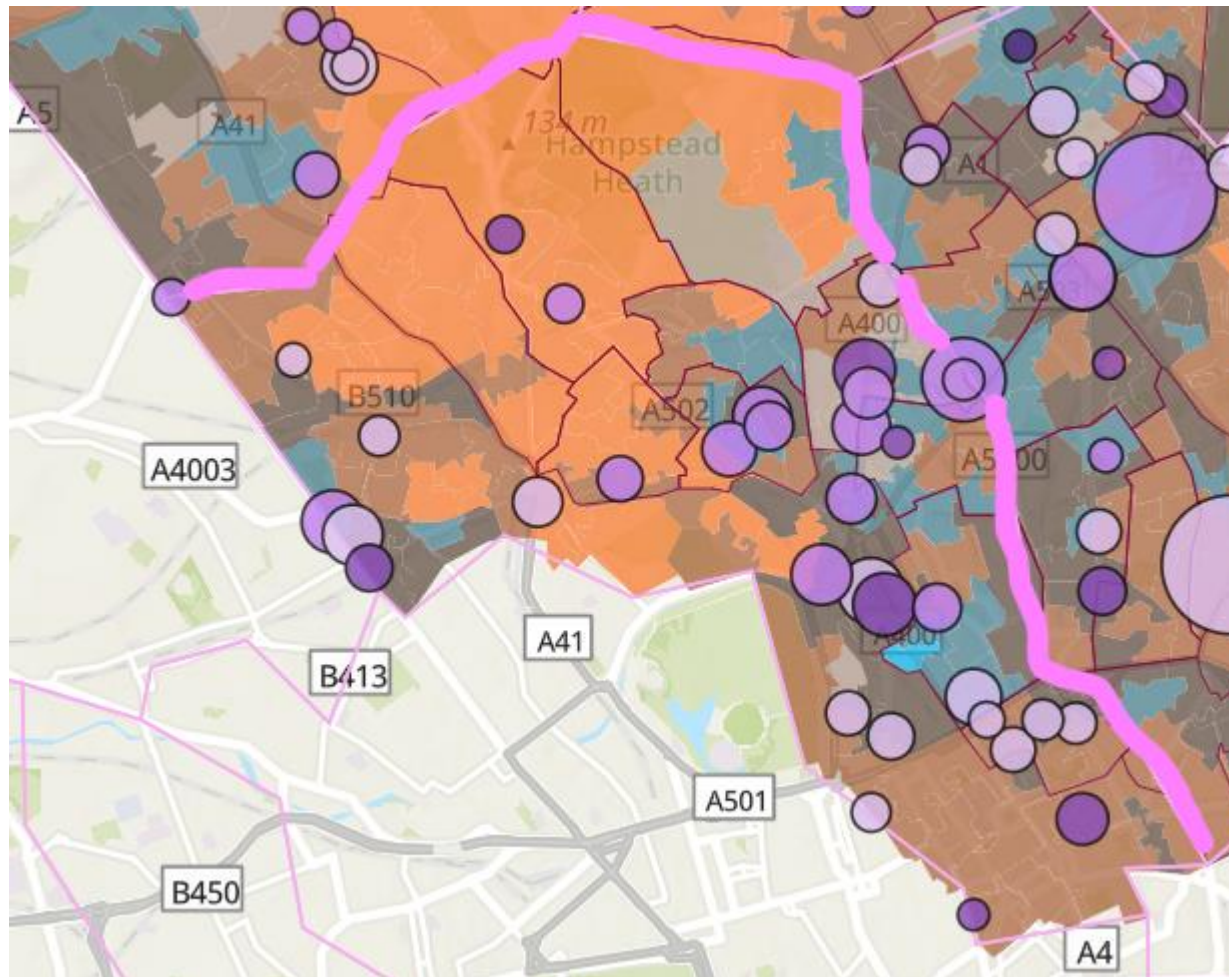
Borough	UDA Performance Target	UDA Delivered	Contract Delivery %		Forecast Contract Delivery £
Barnet	384,123	378,150	98.44%		
Camden	353,108	348,941	98.82%		
Enfield	453,286	435,590	96.10%		
Haringey	410,268	398,534	97.14%		
Islington	294,593	293,581	99.66%		
Totals	1,895,378	1,854,795	97.86%		

Urgent Dental Care Delivery - Camden

There is a well-established urgent dental care pathway for children and adults across London, accessed through NHS111, operating 7 days per week. Services are delivered in all borough across London and accessible to all London residents regardless of where they live, details of the provider in Westminster are:

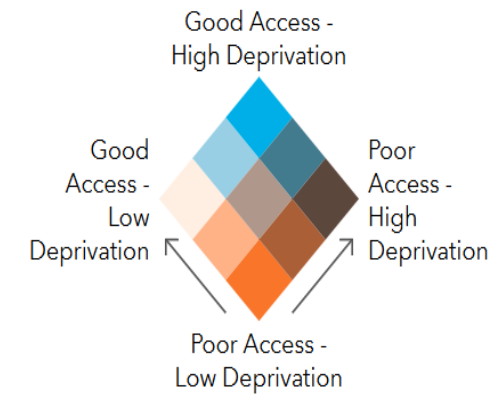
Provider	Address
Malmin Dental Group	79-80 High Holborn, London WC1V 6LS

Map of dental practices in Camden by deprivation and dental access



LatestRateAll

IMD_Score



Dental Contracts (Multi-year)



Up to 50%



> 50 - 75%



> 75 - 100%

 Local Authority Districts (LAD)

 Ward Boundaries

Dental Access Layer

Levels of Complexity in Dentistry

- Dental treatment is generally split into three categories of complexity:
- Level 1 – mandatory services delivered by any dentist. Typically, in the general dental (high-street) setting
- Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training, in the high-street setting. Also referred to as intermediate services
- Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3

Specialities in Dentistry

There are seven dental specialties but only a few hospitals or providers are commissioned to deliver all the services

- **Oral Surgery** (surgical extraction of teeth)
- **Restorative Dentistry** (endodontics, periodontics & prosthodontics)
- **Paediatric Dentistry** (all treatment options for children)
- **Orthodontics** (correction of malpositioned teeth and jaws)
- **Maxillofacial Surgery** (surgical treatment of face, jaw & mouth disorders)
- **Dental Medicine** (soft tissue diagnostics and disease management)
- **Special Care Dentistry** (adults with physical and / or mental disability)

Community Dental Services In Camden

Community Dental Services (CDS) are provided by Whittington Health NHS Trust. Services provided for adults include:

- Special Care Dentistry – groups who have physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.
- Domiciliary Service for those patients who are unable to leave their homes to access care.
- Homeless Dental Service for rough sleepers
- Inhalation and Intravenous Sedation Services for those eligible for referral into CDS.
- Paediatric Dental Service – including children who have physical, sensory, intellectual, mental, medical, emotional or social impairment, highly anxious children or complex dental issues such as trauma, high caries rate or anomalies. There is option for treatment under inhalation and intravenous sedation where appropriate.
- Additional roles : Epidemiology and Oral Health Promotion

Community Dental Services in Camden

- Paediatric referrals into CDS have increased by 40% from pre-pandemic levels, not all referrals are retained by CDS as the most complex patients are referred into secondary staff, but this is a significant pressure
- Special Care Dentistry patients took longer to return to dentistry than other patient groups, due to this, their oral health has deteriorated more than other groups and their needs are now more complex, taking more time (and therefore more funding) to treat
- Older people are not receiving the oral care they require in care homes due to the pressures in social care. CDS provides training to care home staff, but this is often not implemented to a satisfactory standard. The demand for domiciliary dentistry will continue to increase as this population grows and there is increased scrutiny by the CQC in care home inspections
- CDS is working with local authorities to increase the offer of Supervised Tooth Brushing which is an evidenced based oral health promotion scheme and has been increased at a national level by DHSC
- The current CDS contracts end on 31/03/27 and part of the preparatory work for re-awarding them to the existing providers are reviews of the service specification, local oral health needs assessments, funding streams, capacity and forecasting the challenges the service will encounter over the duration of the contract

Community Dental Services in Camden

Community Dental Services (CDS) are providing regular Oral Health Promotion education events where resources are distributed. The range of community initiatives that are delivered is listed below. This supports vulnerable adult groups and children to access care and prevent dental decay and gum disease.

Supervised Toothbrushing	Staff Training & Capacity Building
Oral Health Education Sessions	Toothbrush & Toothpaste Distribution
Individualised Personal Dental Support (IPDS) for Children & Families. Families identified through health visitors, safeguarding teams, or community referrals. Children with visible decay, urgent dental need, or difficulty accessing care.	Monitoring, Evaluation & Data Reporting. Collection of data
Targeted Campaigns and Outreach. Promotion in: Food banks, libraries, family hubs, play schemes	Strategic Engagement. Support for borough public health teams on oral health strategy.

Secondary Care and Level 2 Complexity Dental Services

- Secondary Care Dentistry / Acute Dentistry is consultant led, hospital-based care
- London has four teaching hospitals, three for undergraduates; Guys & St Thomas', King's College Hospital and Barts Health and one for postgraduates University College London Hospitals (Eastman Dental Institute)
- North Central London is served by University College London Hospitals and Royal Free Hospital which combined, deliver all the dental specialties
- Camden patients have access to level 2 complexity endodontic (root canal treatment) and oral surgery in the primary care setting
- Level 2 complexity services are delivered in the primary care setting by dentists with enhanced skills/training in the specialty
- The provision of level 2 services prevents the need for patients to be referred to secondary care. This is more cost effective; treatment is delivered locally and waiting times are shorter
- There is scope to commission further specialist services which may ease the burden on secondary care and allow patients to access treatment closer to home in a timelier manner

London Acute/Hospital Dental Contract Values

ICB	Trust	Contract Value	ICB Value
North West	Chelsea & Westminster NHSFT	£4,630,913	£22,366,409
	The Hillingdon Hospitals NHSFT	£2,013,492	
	Imperial College Healthcare NHST	£1,251,586	
	London North West University Healthcare NHST	£14,470,418	
North Central	Royal Free London NHSFT	£8,366,852	£38,181,017
	University College London Hospitals NHSFT	£29,814,165	
North East	Barking, Havering & Redbridge University Hospitals NHST	£1,681,632	£29,160,686
	Barts Health NHST	£22,746,890	
	Homerton University Hospital NHSFT	£4,732,164	
South East	Guy's & St Thomas' NHSFT	£34,486,378	£69,761,627
	King's College Hospital NHSFT	£35,275,249	
South West	Croydon Health Services NHST	£5,327,813	£20,311,364
	Epsom & St Helier University Hospitals NHST	£2,432,778	
	Kingston Hospital NHSFT	£3,359,401	
	St George's University Hospitals NHSFT	£9,191,372	
Out of Region	Ashford & St Peter's Hospitals NHSFT	£1,681,632	£2,008,693
	Queen Victoria Hospital NHSFT	£327,061	
Total			£181,789,796

ICB Secondary Dental Patient Flows - Provider Landing

View Point: Host Provider

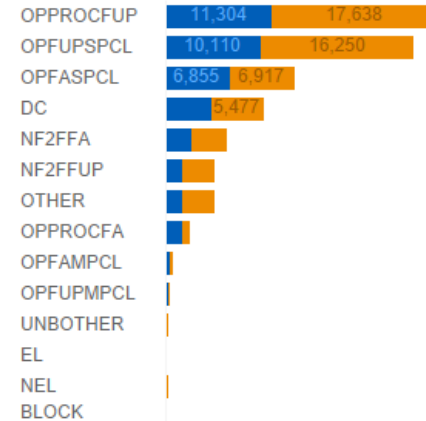


The map below displays Activity levels for NHS North Central London Integrated Care Board providers, where patients accessing services within the ICB but are registered to a GP Practice outside of the ICB.

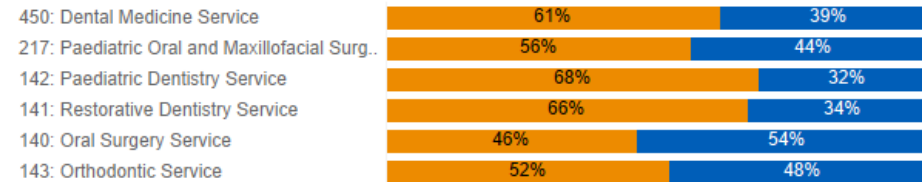
Total Provider flow for NHS North Central London Integrated Care Board: All



Attendance Type Summary



Percentage of activity undertaken for in area patients vs out of area patients



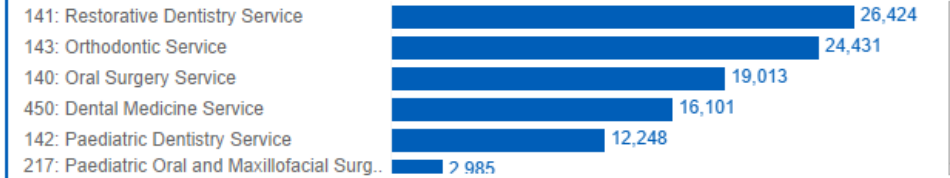
Out of Area In Area

Provider Summary

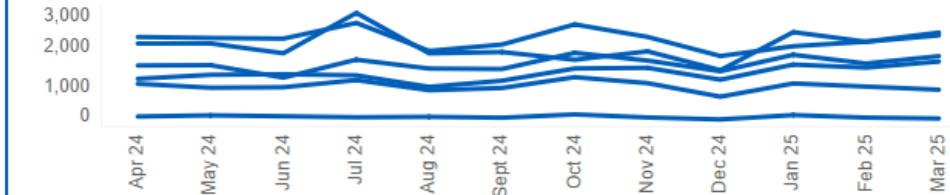


Treatment Function Code (TFC) for all Activity

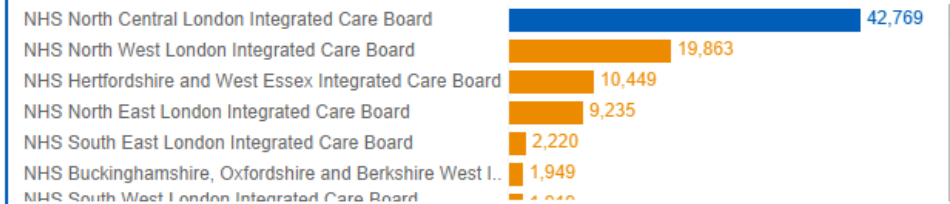
Select a TFC to highlight the monthly trend below



TFC Monthly Trend for all Activity



Patients coming into NHS North Central London Integrated Care Board to Access Service



- Due to coding complexities of Maxillofacial activity, this specialty is not included, therefore, actual patient numbers will be higher than reported
- 38,753 NCL patient attendances at UCLH, 3,465 NCL patient attendances at Royal Free, 42,769 in total
- 19,863 attendances for NWL patients
- 10,449 attendances for Hertfordshire and West Essex ICB patients
- 9,235 attendances for NEL patients
- Total of 54,976 attendances for patients outside SEL ICB

ICB Secondary Dental Patient Flows - ICB of Patient

View Point: Patient's Resident ICB



Total Number of Activity undertaken by NHS North Central London Integrated Care Board

65,679

Total Activity within the NHS North Central London Integrated Care Board

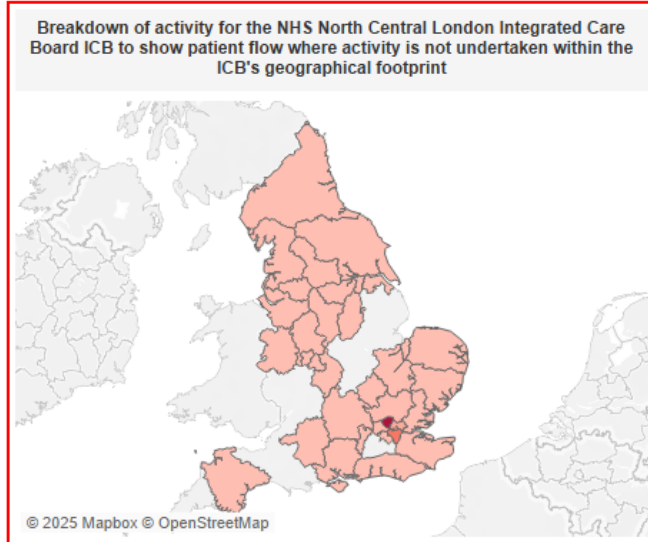
42,769

Total Activity for patients from the NHS North Central London Integrated Care Board, treated in other ICB's

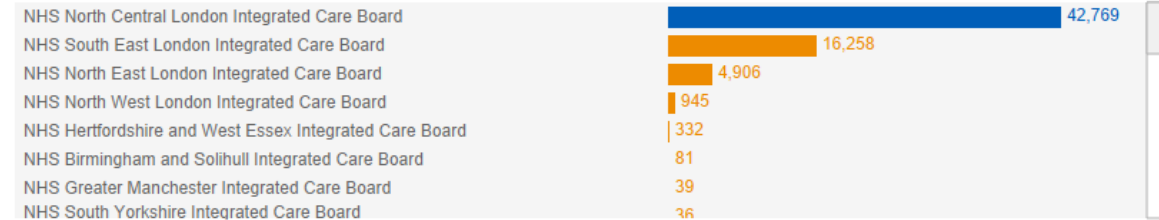
22,910

■ In Area ■ Out of Area

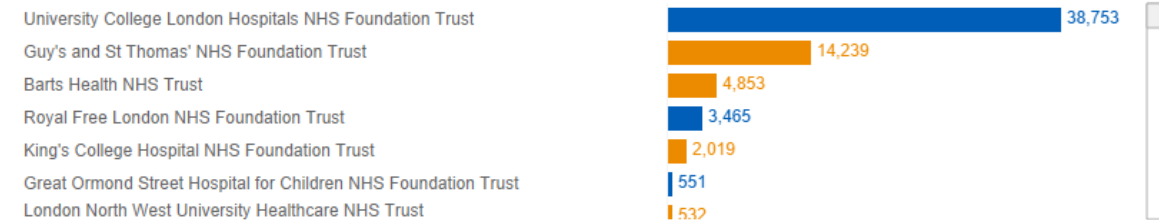
Percentage of activity within the NHS North Central London Integrated Care Board



Breakdown of total activity for patients from the NHS North Central London Integrated Care Board, treated in other ICB's



Provider Summary for all NHS North Central London Integrated Care Board Activity

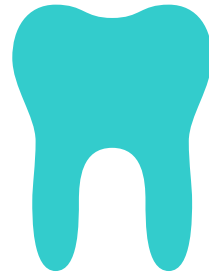


65,679 attendances for NCL patients
 42,769 of which delivered in ICB (65%)
 22,910 delivered in alternative ICBs (35%)
 814 attendances provided by ICBs outside London Region

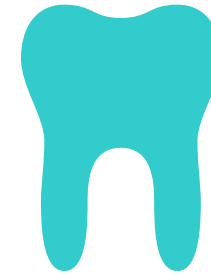
Where are we now?



Urgent Dental Care (UDC) Hubs and Dental Triage have now been procured through to 2029. Triage operates on a 24/7 basis, UDCs operational between 8am -2am across London, hours operation vary from site to site



General Dental Activity has returned to pre-pandemic levels

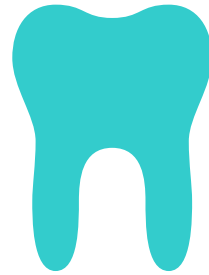


Roadmap for Dental Services
Ongoing with a plan for 3-5 years

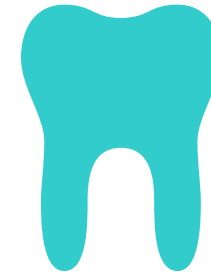
Where are we now?



Delegation of Dental,
Optometry and Pharmacy
Commissioning to ICBs
in April 2023



National Dental
Recovery Plan
implemented March
2024

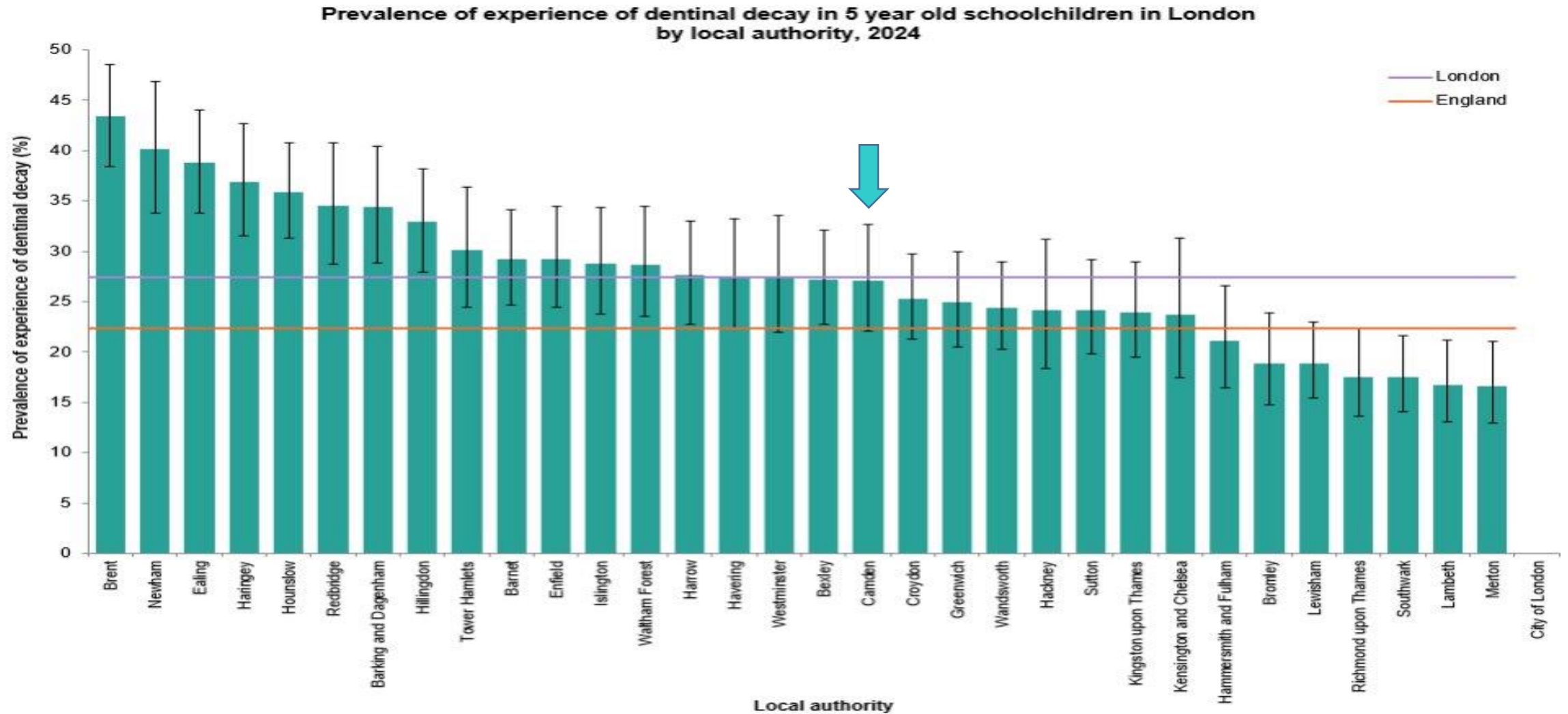


Very challenging financial
landscape post-
delegation

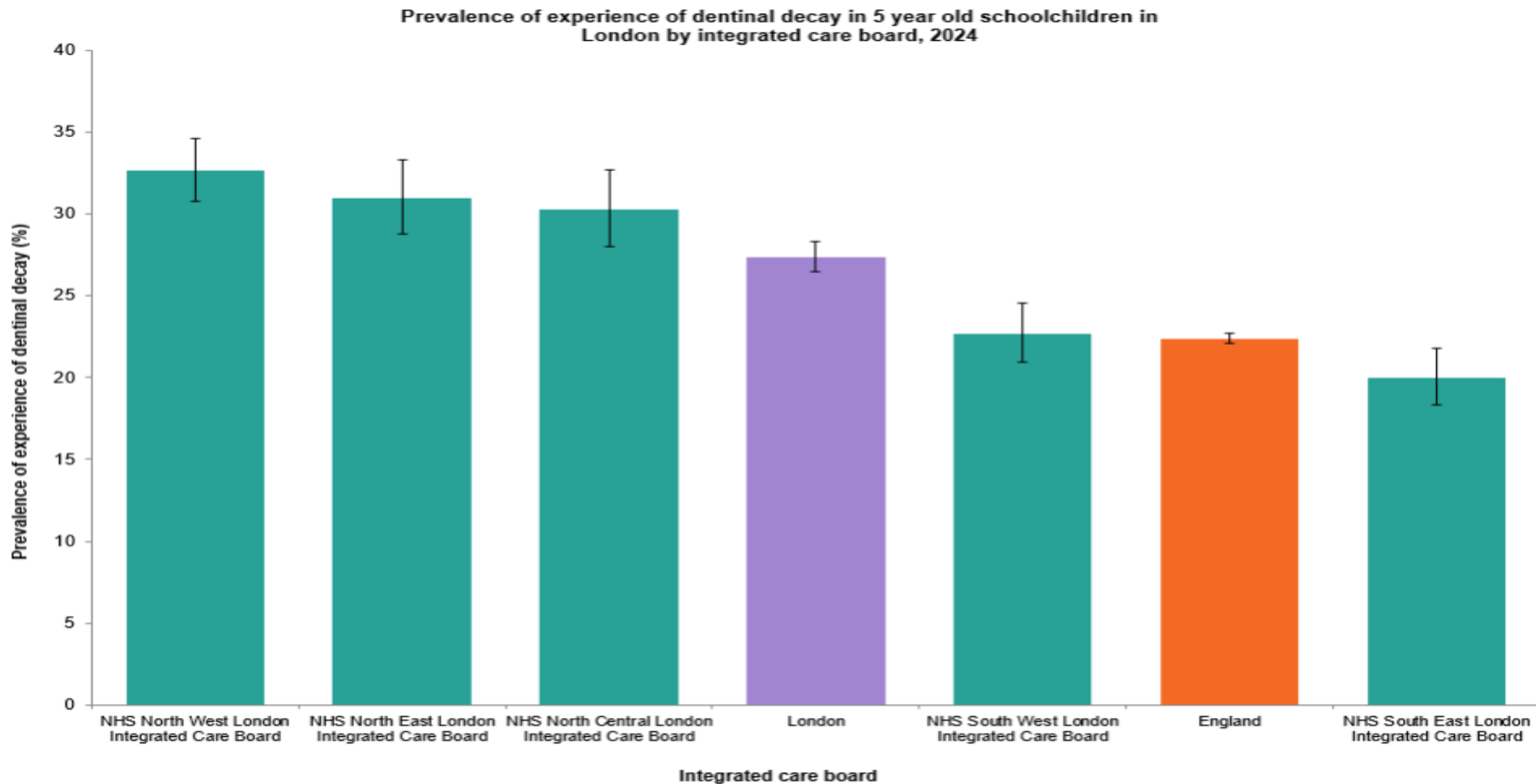
Roadmap to the Recovery of Dental Services

Pandemic	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices are working between 95% for since April 2022 with huge backlogs. Urgent Dental Care Hubs (UDCHs) and 111 ongoing to ensure emergencies are seen via SAP to prevent Accident & Emergency attendances. Access issues in most area of London due to 3-month closure in 2020 during Covid.</p> <p>DI and non-recurrent funds allocated to practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services.</p> <p>Dental Recovery plan – Patient premium for new patients for 13 months till March 2025.</p> <p>Minimum UDA uplift to £28.00</p> <p>Dental Access via UDCH to ensure both UDCH and routine care is being carried out for all patients. (Procurement has taken place for UDC in 23/24) for service to go live from April 2024 . OOH Services as part of the UDCH will continue for the same period.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of Oral Health Services.</p> <p>Access issues reduced and patients able to see dentist within days for a check-up and treatment</p> <p>Innovative Commissioning including Prevention and flexible Commissioning schemes</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis. This is now version 4</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p>
<p>Intermediate: Currently Intermediate Minor Oral Surgery (IMOS) providers accepting direct referrals as per pre pandemic . Endodontic (Root Canal Treatment) providers accepting patients direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current P. Orthodontics working at 80% with many treatments delayed from 2020</p>	<p>Recurrent and non-recurrent funds to provide access in areas where provision has terminated or reduced.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p>	<p>Intermediate care: IMOS , Endo & Orthodontics (Braces) return to normal</p> <p>Review of all Dental Services and the possibility to reduce some of the UDC Services if calls have reduced for urgent treatment</p>	<p>Move to the ICB and separate budgets</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p>
<p>Community Dental Services: Capacity is currently reduced and access to General Anaesthetic (GA) continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p>	<p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care & backlog</p>	<p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p>	<p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams and size of workforce</p>
<p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are high priority within trusts causing issues with access to theatres & GA. Open bays causing capacity to be reduced in line with Aerosol Generating Procedures (AGPs) and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by dentists and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list</p>		

Prevalence of experience of dental decay in 5-year old school children in London by local authority; 2024



Prevalence of experience of dental decay in 5-year old school children in London by local integrated care board 2024



Pilots and additional funding

01

Restorative
Dentistry
Advice and
Guidance

02

Paediatric and
special care
patients GA
access

03

Additional GA
lists for Evelina
Children's
Hospital

04

Orthodontic
waiting list
validation

NHS Dental Charges 2025/26

Dental treatments are grouped into 3 bands, and each band has a different cost.

- Band 1 £27.40 examination, assessment and advice and X-rays
- Band 2 £75.30 fillings, root canal treatment, management of gum disease
- Band 3 £326.70 all treatments in Band 1 and 2 plus crowns, bridges and dentures
- Urgent care is charged at £27.40

Dental treatment is free for under 18's, pregnant women and those in receipt of certain benefits.

Other considerations

- The number of practices accepting patients changes daily. Practices are contractually obliged to ensure their NHS profiles are updated quarterly as a minimum.
- Waiting lists are held by practices and not monitored. Urgent cases are dealt with via NHS111 and triaged by the service. Where they are assessed as needing urgent treatment they are typically seen within 12 hours.
- Dental contracts recurrently commissioned, however where budgets allow, in-year additional funds released due to practice closures or underperformance of contracts can be used to recommission services.
- Staffing levels are not an issue in London and therefore have not required additional ICB input. London contractual performance has returned to pre-pandemic levels.