

NHS Dental services in Buckinghamshire, Oxfordshire and Berkshire West

Report to:

The Reading Adult Social Care, Children's and Education
(ACE) Committee

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1. Introduction

1.1 Commissioning arrangements

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow 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.

The ICB discharges its responsibility for dental commissioning in partnership with NHS Frimley who host a Commissioning hub for Pharmacy, Optometry and Dental Services, providing operational leadership within ICB governance structures.

Clinical engagement is currently achieved via a Local Dental Network (LDN) covering the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire West and Berkshire East). This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

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. Plans have since been announced about the ICB configuration from 1st April 2026. BOB will join with Berkshire East (Frimley ICB) to become the Thames Valley ICB from April 2026. Arrangements are currently being made to establish this new ICB. As part of the preparation, BOB and Berkshire East started to work on a cluster basis from 1st October.

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).

Since the onset of the pandemic dental services have faced major challenges. Enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity in the period March 2020 to July 2022. Their capacity was gradually increased as infection rates have dropped, under strict guidance aimed at keeping patients and staff safe. In July 2022 practices returned to full capacity.

Although the gradual increase improved access to dental care there remained backlog of care from earlier in the pandemic. The rate of recovery was impacted by the greater oral health needs of patients due to gaps in their attendance with treatment plans taking longer to complete and some practices have decided to cease NHS provision. This has impacted primary care dental services and referral services including hospital and a range of community-based services.

One of the most significant impacts was on whether dental practices continued to provide services under the NHS. Between 2021-24, 6% of NHS capacity was lost due to contract handbacks and reductions.

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 20226-27

In 2025-26, ICBs were asked by the new government to increase the number of urgent appointments they commissioned in line with the manifesto commitment to commission 700,000 additional appointments.

The ICB has also carried out local actions to address some of these challenges, including:

- Re-commissioning activity that had been lost due to contract handbacks, with about half of the activity (67,000 UDAs) was recommissioned from local practices from April 2024. The balance is being commissioned via procurement of new practices, with the main focus on Oxfordshire which has lost 75% of the total activity lost in BOB due to contract handbacks and reductions.
- Flexible Commissioning where practices can convert a proportion of their activity from delivering UDA targets to providing access to more vulnerable patient groups. This scheme started in June 2023.
- Children's Oral Health Improvement services via the new practices in Oxfordshire with other practices being invited to take part in a pilot due to commence later in 2025-26.

There are further changes proposed to the national contract from April 2026. These are more substantial in that they propose to strengthen incentives for practices to provide on-going management of patients' oral health rather than just pay for episodes of care and to require all practices to provide urgent care. The aim of these incentives is to increase the extent to which dental

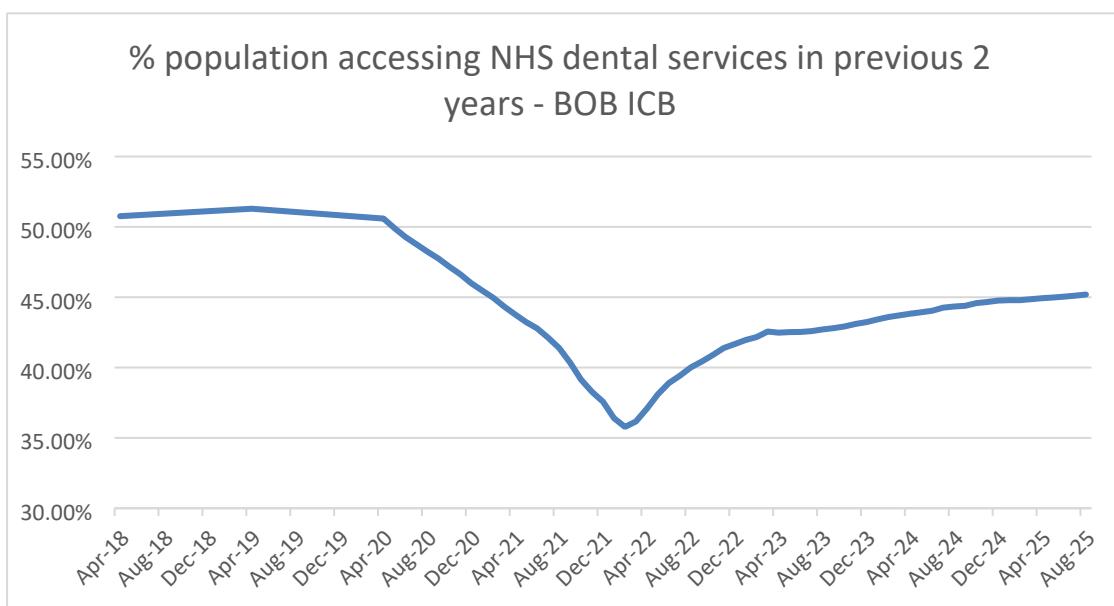
practices take on new patients and reduce recalls for patients who are by and large dentally fit. A consultation on the proposed changes was carried out with the profession and other stakeholders in July and August with a response due in October.

2. Access to 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 Berkshire East) 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 August 2025, 45.19% of the BOB ICB population had attended an NHS dental practice in the previous 2 years (778,903 people, an increase of 162,295 compared to February 2022). This is the second highest percentage in the South-East Region. NHS Frimley has the highest rate at 47.51%

Chart 1 Access to NHS Dental services in BOB 2018 – 2025

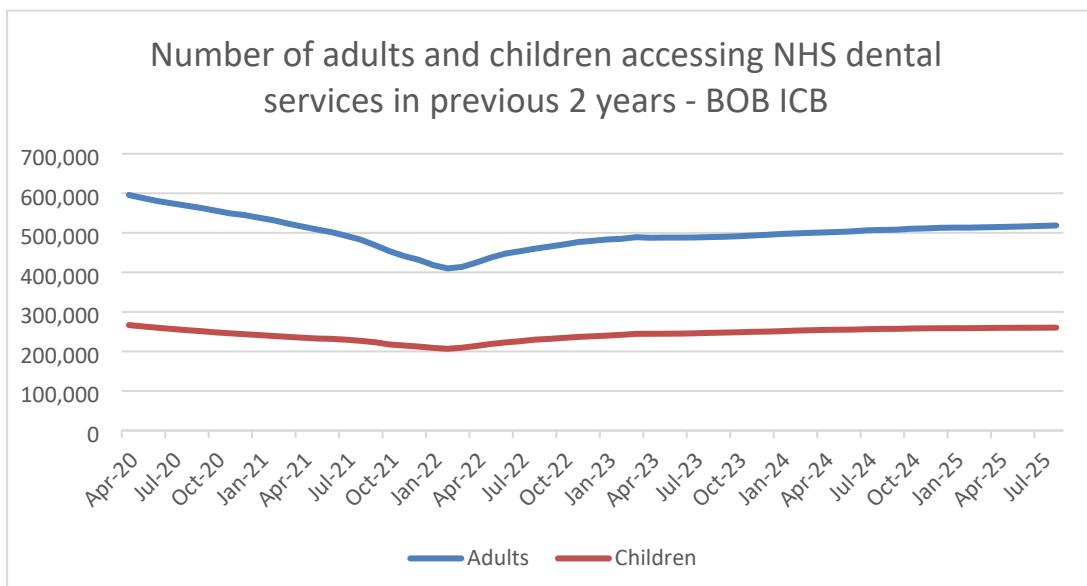


The rate of increased access has been similar for adults and children. The table and chart below detail the numbers of adults and children in BOB accessing NHS dental services in this period:

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	518,657	108,714	26.52%
Children	206,665	260,246	53,581	25.93%
Total	616,608	778,903	162,295	26.32%

Chart 2 Number of adults and children accessing NHS Dental services 2020 - 2025



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 95%. 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.

Table 2 BOB ICB contract delivery 2024-25

Area	Number of practices	UDAs commissioned	UDAs delivered	% delivery	UDAs delivered with NPP	% delivery
Bucks Central	10	144,154	129,974.60	90.16%	134,467.10	94.67%
Bucks East	14	80,810	77,233	95.57%	82,415.39	101.99%
Bucks North	4	48,246	36,753.8	76.18%	38,668.53	80.15%
Bucks South	16	119,172	110,237	92.50%	116,802.84	98.01%
Bucks West	22	199,295	189,664.60	95.17%	199,970.70	100.34%
Buckinghamshire	66	591,677	543,863	91.92%	574,324.56	97.07%
Cherwell	14	215,668	155,943.60	72.31%	161,538.94	74.90%
Oxford	19	256,790	246,608.20	96.03%	263,207.57	102.50%
South Oxon	19	149,380	141,853.20	94.96%	150,202.56	100.55%
Vale of the White Horse	11	95,930	80,026.80	83.42%	85,870.46	89.51%
West Oxon	15	114,285	100,588.20	88.02%	106,224.28	92.95%
Oxfordshire	78	832,053	725,020	87.14%	767,043.81	92.19%
Reading	16	202,846	200,366.80	98.78%	212,099.19	104.56%
West Berkshire	19	199,519	169,928.20	85.17%	179,978.53	90.21%
Wokingham	12	163,272	159,940.20	97.96%	170,679.59	104.54%
Berkshire West	47	565,637	530,235.20	93.74%	562,757.31	99.49%
Total	191	1,989,367	1,799,118.20	90.44%	1,904,125.68	95.72%

The number of UDAs delivered increased from 1,724,811 in 2023-24 to 1,799,118 in 2024-25 with % delivery increasing from 85.8% to 90.4%.

Delivery was boosted by the New Patient Premium (NPP) paid as activity credits to practices with an overall delivery of just 1.9m UDAs; 95.7% of the UDAs commissioned. The NPP scheme ended on 31st March 2025.

4. Actions to address the access challenges

4.1 Replacing the 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 as part of an NHS South-East programme to replace UDAs that have been lost due to contract handbacks and reductions. This is being pursued as a two-stage process. The first has been to approach local practices to apply to provide additional activity to replace what has been lost in their area. If this falls short of the activity sought, the ICB will go out to procurement to seek new provision into the area.

The first stage of the process has been completed, and additional activity has been commissioned from 1st April 2024 on the following basis:

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 total	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	3	1,719	4,500	Thame and Henley
Vale of the White Horse	3	31,310	0	
West Oxfordshire	6	43,494	789	Witney
Oxfordshire	18	103,249	17,084	
Reading	3	9,888	11,500	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	30,347	
BOB	31	137,757	66,986	

No applications were received for Bucks East, Bucks North or Vale of the White Horse.

The impact of this phase has been to increase the levels of provision to above pre-pandemic levels in Buckinghamshire and Berkshire West (prior to adjustments due to Flexible Commissioning), but gaps in provision have remained in Oxfordshire where there has been a more significant loss of capacity.

The next phase of the programme is focussing on Oxfordshire with a procurement programme which commenced in October 2024. There are plans for new provision in Cherwell, the Vale of the White Horse and West Oxfordshire with 5 new practices planned: total of 88,000 UDAs. One of the new practices opened in September 2025 with plans for the others to open later in the year.

4.2 Support for patients who have faced challenges accessing services

The ICB has also commissioned a Flexible Commissioning service for patients who have faced challenges access dental care. If practices wish to take part, they can convert up a % of their contract value from delivering 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 have been identified in priority groups for the scheme:

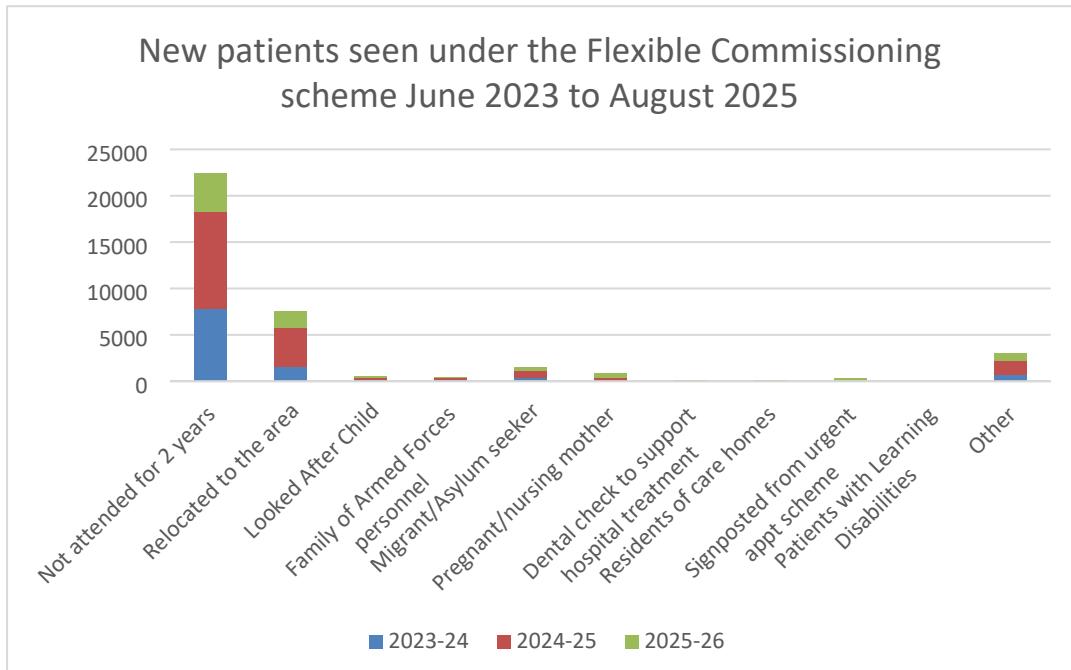
- Patients who have not attended a local dental practice for more than 2 years
- Patients relocating to the area
- Looked After Children
- Asylum seekers and refugees
- Families of Armed Forces personnel
- Pregnant and nursing mothers (introduced July 2024)
- Patients who need dental reviews as part of hospital treatment (introduced July 2024)
- Other groups as identified by the practice

In April 2025 residents of care homes and patients seen under the Urgent Dental Appointment scheme and requiring on-going treatment were added as patient cohorts. In July 2025, patients with learning disability were also added to the list of patients to be seen under the scheme.

There are now 40 practices who have opted to take part with 25 from Oxfordshire, 9 from Buckinghamshire and 6 from Berkshire West.

Since the scheme started, more than 37,000 new patients have attended with over 52,000 total attendances.

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



4.3 Urgent Access

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 equates to a target of just over 15,000 additional appointments in BOB, increasing the total number of urgent attendances to about 110,000 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 has been continued into 2025-26 with 36 practices providing an additional 2,576 sessions. The table below details where the additional sessions are being provided:

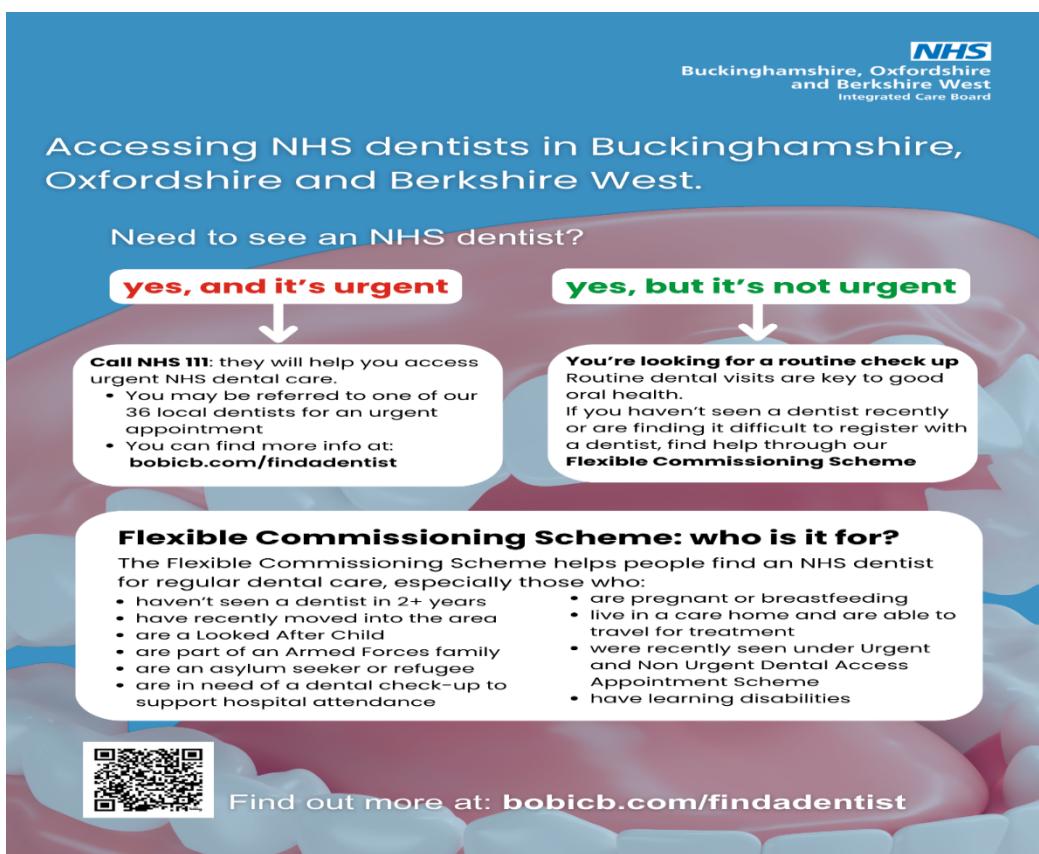
Table 4 Number and locations of Additional Urgent Appointment sessions

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	2	164	984

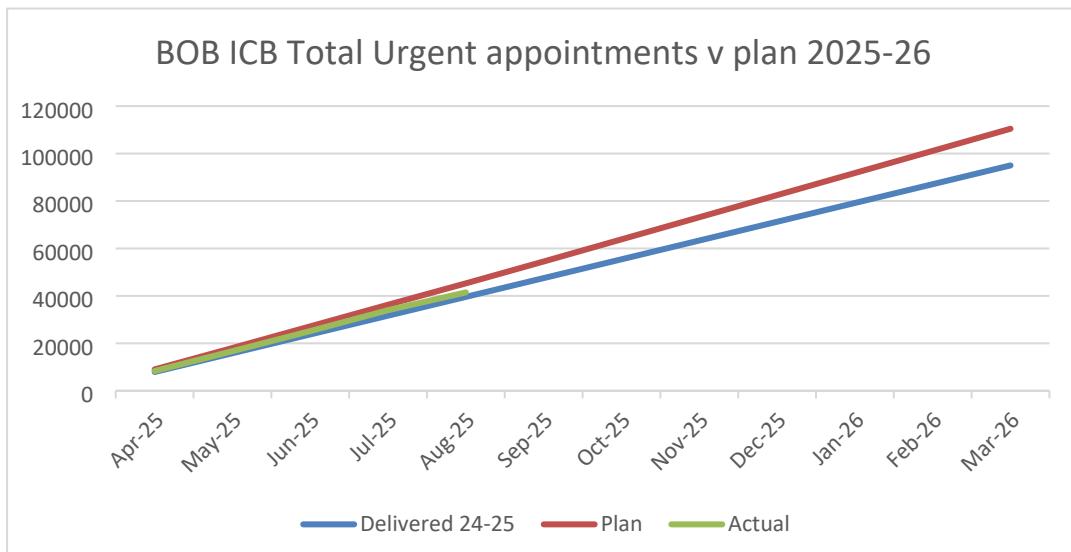
Oxfordshire			
Total	19	1,036	6,216
Berkshire West			
Reading	4	310	1,860
West Berkshire	3	229	1,374
Wokingham	2	156	936
Total	9	695	4,170
BOB	36	2,576	15,462

Patients can access these sessions via NHS 111 or by contacting the practices directly. More information about this service and the Flexible Commissioning scheme can be found on the ICB website at <https://www.bucksoxonberksw.icb.nhs.uk/your-health/dentists/>

The ICB has also developed a poster which has been shared with a range of stakeholders to provide 'at a glance' information about these services:



There has been an increase in the number of urgent appointments attended by BOB patients in 2025-26 (up by 4.75% compared to August 2024), but this is below the target that has been set for the ICB.



All ICBs nationally are below target in respect of their plans. In September 2025, the government introduced the Urgent Dental Care incentive scheme where individual practices will be incentivised to deliver more urgent appointments than they did in 2024-25. Arrangements are being made to introduce the scheme from October 2025.

The consultation in respect of the dental contract changes from April 2026 proposes that these urgent appointments are built into core contracts with a requirement that all practices are available to see urgent patients. Presently, practices are only required to see patients in a current course of treatment. The proposal is to increase the payment made to the practices to see patients with an urgent treatment need.

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. The ICB is now seeking to test the provision of a Children's Oral Health Improvement service along the lines of Starting Well. The service will be tested with the 5 new practices opening in Oxfordshire in the period up to 31st March 2027. Their contracts will be flexed to enable this.

Earlier in the year, the government announced the launch of the local authority Supervised Toothbrushing with resources allocated to the following localities in BOB:

Local Authority	Popn 3-5 year olds in most deprived 20% LSOA	In setting toothbrush	In setting toothpaste	Take home toothbrush and toothpaste	Pallets
Oxfordshire	1,178	3,534	746	2,356	4
Reading	692	2,076	438	1,384	3
West Berks	88	264	56	176	2
Buckinghamshire	65	195	41	130	2

Further to the launch of this initiative the ICB has identified additional funding and approached all practices in the ICB to seek Expressions of Interest to take part in the Children's Oral Health Improvement scheme, with the aim of working alongside the Supervised Toothbrushing settings. The ICB is currently reviewing applications with training for those signing up to the scheme planned for November. The ICB will share details of the practices taking part in the scheme with the local authorities.

4.5 Blood Pressure Monitoring

As part of the drive to increase the number of patients with recorded blood pressures, NHS England has established a number of pilot sites across the country to test the delivery of a Blood Pressure monitoring services in Dental and Optometry practices. BOB is one of 11 dental pilot sites. There are referral pathways to Pharmacy and GPs if patients have a high reading in a dental practice. Just over 1,000 patients have had checks in dental practices in BOB since the scheme began. Results from the BOB area have been fed back nationally where an evaluation of the scheme will be carried with a report produced by the end of the year. This links closely to the ICB's intention to ensure residents can experience joined up care, with an increased focus on prevention, addressing inequalities

5. Other Dental Services

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

Table 5 Other Dental services commissioned in BOB ICB

Service	Name of provider	Contractual status	Key challenges
Orthodontics	16 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 Berkshire Healthcare NHS Foundation Trust	Time limited PDS contracts. NHS standard contracts for treatments provided in hospital setting. ICB has agreed to directly award under Provider Selection Regime regulations (2023) to 31 st March 2028.	Waiting times for treatment, particularly treatment under General Anaesthetic to review. Working with MCN to review
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	Rodericks Dental Ltd (Locations in Buckinghamshire, Oxfordshire and Berkshire West)	Time limited PDS contracts. ICB re-commissioning services with new contracts to take effect from 1 st April 2026.	Waiting times for treatment. Plans to increase in tier 2 capacity from April 2026.

Tier 2 Restorative	Mr A Rai (Locations in Buckinghamshire, Oxfordshire and Berkshire West)	Time limited PDS contracts. ICB re-commissioning services (Endodontic and Prosthodontic) with new contracts to take effect from 1 st April 2026.	Impact of proposed changes to dental contract on periodontal pathway. New contract proposing significant increase in periodontal provision in primary care.
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Apart from the Unscheduled Dental Care service, these services are all accessed on referral. There have been challenges in terms of waiting times and the ICB has been working with the providers to seek to reduce the numbers waiting, investing additional resource where needed.

The ICB is working in partnership with other ICBs across the South-East Region to re-commission several of these referral services from 2026 onwards.

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 proposed changes to the national contract from April 2026 are the most significant since the 2006 contract was introduced. They are designed to provide more support to practices to take on new patients and provide on-going care achieving improved oral health for those with greater oral health needs. 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. There should be more information about plans for implementation in the period after October 2025.

There are on-going challenges with access to specialist referral services. The ICB is carrying out programmes of review and re-commissioning to meet those challenges, particularly around waiting times for treatment.

The ICB has developed a primary care strategy, which includes dental services, with the aim of commissioning services to meet local needs in ways that are sustainable. A key focus of the ICB's primary care strategy is prevention. The recent investment in Supervised Toothbrushing and the ICB's

plans to pilot children's oral health improvement services should help closer working between the local authorities and ICB to strengthen oral health prevention services in the area. It will be important to continue work collaboratively and innovatively to maintain progress