Department of Health & Social Care

NHS England

Sir Geoffrey Clifton-Brown
Chair of Public Accounts Committee
House of Commons
London
SW1A 9NA

***Sent via email to**: pubaccom@parliament.uk*

18th March 2025

Dear Chair,

At the Public Accounts Committee (PAC) hearing, Fixing NHS Dentistry, held on 13 February 2025, you asked for:

- Further detail on "Golden Hellos" to provide clarity that money is going to where the need is, including: how they reach relevant areas, how the scheme worked and what the allocation process was;
- Information on the specifics of rebasing dental contracts annually and permanently; and
- A note with a timetable for the short term and long term actions the Department is taking to reform the dentistry contract.

We apologise for the delay in sending this letter.

Golden Hellos

Golden Hello Payments

The Dental Recovery Plan committed to 240 dental posts being supported with an incentive payment of £20,000 over three years. Indicative allocations for the posts were made at regional level. Posts were apportioned based on the number of contracts under-delivering by more than 4,000 Units of Dental Activity (UDAs) (based on 23/24 year end projections) within each ICB with a weighted rurality factor applied, aggregated to regional level. Under-delivery by 4,000 UDAs was used as a proxy for a vacancy. This resulted in the following distribution:

Region	Post allocation
East of England	41
London	8
Midlands	44
North East and Yorkshire	41
North West	21
South East	27
South West	58

NHSE has been working with ICBs and Consultants in Dental Public Health to determine areas of greatest need for the placement of these posts. They were provided with guidance as to the criteria to be considered including, location, access in an area, contract

performance and workforce. Interested practices were also required to demonstrate that they had been actively trying to recruit to a vacant dental post without success.

Guidance for interested dentists and practices was also published.
We are tracking delivery of the process of selecting posts and subsequent recruitment on a monthly basis.

Rebasing contracts

Rebasing of contracts is a term used to describe either a temporary or permanent amendment to a contract value and/or required activity. Prior to the amendments made to the regulations in 2023, this could only be achieved with contractor agreement. Full details are given in the Policy book for Primary Dental Services (NHS England » Policy book for primary dental services) but are also summarised below for ease.

Where contractors have not delivered 30% of their annual activity by 30 September each year, these issues can be temporarily addressed by commissioners in year. Commissioners will usually require the contractor to participate in a mid-year review, the purpose of which is to assure commissioners over the reasons for under-performance and plans the contractor has in place to improve performance. Depending on the contractor's response, commissioners will determine whether to withhold funding for the remainder of the year.

Where a contractor delivers 96% of their agreed activity the contract is deemed to have been met. Where they deliver less than 96% of the agreed activity, then the contract is deemed not to have been met and monies paid in advance to the contractor are recovered to reflect this. There are a small number of contractors who persistently under-deliver their required activity. The regulatory amendments made in 2023 gave ICBs additional powers to unilaterally and permanently reduce the contract value and associated activity to an achievable level, where contractors have delivered less than 96% of their contracted activity for three consecutive years. An achievable level has been defined in regulations as the highest contractual delivery across those three years. Prior to this amendment such a reduction would only have been possible if the contractor agreed to it, which was unlikely given the lack of incentive to do so. This resulted in monies continuing to be paid in advance to contractors who were unable to deliver. Making this amendment to the regulations allows ICBs to release resources on an ongoing basis to be used to commission dental care elsewhere to improve access.

Contract reform

We are committed to fundamentally reforming the dental contract and are progressing discussions with ministers on the options. There are no perfect payment models and careful consideration needs to be given to any potential changes to the complex dental system so that we deliver genuine improvements for patients and the profession.

Delivering additional urgent appointments

NHS planning guidance is now published for 2025/26 and confirms that improving access to urgent dental appointments is a key national priority. We are pressing forward with this work, including working with dental commissioning teams within ICBs, to ensure patients can start to access these additional appointments as soon as possible from April 2025, as well as encouraging ICBs to make full use of their dental budgets to deliver appointments

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in the rest of this financial year. We wrote to ICBs on 21 February 2025 providing further detail.

Initial proposals for reforms to current contractual framework

We acknowledge that the dental contract is in need of fundamental reform and recognise the urgency of the situation. We want to take the time to do this properly and we will work with representatives of the dental sector and patient groups to fully consider the options at pace. In the meantime, Ministers have agreed that there is further work that could be done within the existing contract to address some of the challenges that patients and dentists are facing, whilst fundamental reforms are being developed. We have been working on a series of initial proposals to improve the current NHS dental contract in the medium-term. Once this package has been agreed across Government, more detail will be set out on the package and timetable for the reforms to be implemented at pace.

Further engagement will be a core element of any improvements to the contract to ensure they have the anticipated impact and effect. At the same time, we understand that prevention is better than cure. We are working with local authorities and the NHS to introduce supervised tooth-brushing for 3- to 5-year-olds, in the most deprived communities. These programmes are proven to reduce tooth decay and to boost good practices at home. Following public consultation, Community Water Fluoridation is being expanded across the North-East of England, reaching an additional 1.6 million people.

I trust this has been helpful and provided you with the information you need but please do let us know if there is anything else we can assist with.

Yours sincerely,

Sir Chris Whitty
Interim Permanent Secretary
Department of Health and Social Care

Amanda Pritchard
Chief Executive Officer
NHS England