

**LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH
SCRUTINY COMMITTEE: 17 July 2024**

**ACCESS TO DENTAL SERVICES FOR LEICESTER, LEICESTERSHIRE
AND RUTLAND**

REPORT OF THE CHIEF STRATEGY OFFICER

Purpose of report

1. The purpose of this report is to provide an update on dental services and future plans to improve dental access in Leicester, Leicestershire and Rutland.
2. The Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee received an 'information only' report on dental services in March 2024. This latest report provides a further update and gives Committee members the opportunity to ask questions at the public meeting.

Policy Framework and Previous Decisions

3. The Dental Recovery Plan published on 7th February 2024 announced plans to improve access to NHS Dentistry. Nationally, the plan could see up to 2.5 million additional NHS dental appointments delivered for patients over the next 12 months, including up to 1.5 million extra treatments being delivered, referenced in sections 9 and 10.

Background

4. NHS England was responsible for commissioning of NHS dental services until the end of March 2023. Since 1 April 2023, the East Midlands Integrated Care Boards (ICBs) have taken on the responsibility for commissioning NHS dental services e.g., primary, community and secondary dental care to meet the local population needs as part of delegation arrangements.
5. A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the five ICBs in the East Midlands) are enabled to deliver day-to-day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.
6. NHS England has recently published 2024/25 priorities and operational planning guidance on 28 March 2024 which identifies dental planning objectives for the ICB (see section 8.2 National Dental Contract Reform for further details relating to the plan to recover and reform NHS dentistry): -

- To increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
 - To implement dental checks within special residential schools during 2024/25, following engagement and market testing.
 - To apply a ringfence to NHS dentistry budget for 2024/25, to establish current and planned spend against the ringfenced allocation budget and to identify opportunities to support contractors to deliver additional capacity beyond their existing contractual requirements.
7. On 7 February 2024, NHS England and the Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access NHS dentistry. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity. It aims to:
- prevent poor oral health;
 - boost access and activity;
 - and support and develop the whole dental workforce.

Current Service Provision

8. Current service provision is as follows:

- NHS General Dental and Orthodontic Services
There are currently 133 general dental contracts across LLR. This includes 6 Specialist Orthodontic Practices, 13 GDS Practices that provide orthodontics and 7 Specialist Orthodontic Pathway Providers.

Extended hours, urgent dental care and out of hours

There are 5 contracts in LLR. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

9. Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Timescale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

10. If a person has a regular dental practice and requires urgent dental care:
- During surgery hours, they should contact their dental practice directly.

- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
 - For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.
11. If a person does not have a regular dental practice and requires urgent dental care, they can contact:
- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website.
 - NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay)
12. Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

Community (Special Care) Dental Service

13. Community Dental Services provide dental treatment to patients whose oral care needs cannot be met through NHS primary dental services due to their complex medical, physical or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer patients into the service. There are 5 Community Dental Service sites across LLR in: Melton Mowbray, Merlyn Vaz Leicester, Westcotes Health Centre Leicester, Hinckley and Loughborough.

Intermediate Minor Oral Surgery (IMOS) Service

14. The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the LLR system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 10 IMOS providers located across LLR. There is also 1 Acute Trust providing Orthodontics / Oral and Maxillofacial surgery.

NHS Dental Charges

15. Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:
- Emergency dental treatment –£26.80 which covers emergency dental care such as pain relief or a temporary filling.
 - Band 1 course of treatment – £26.80 which covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.

- Band 2 course of treatment – £73.50 which covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- Band 3 course of treatment – £319.10 which covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.
- More information on understanding NHS dental charges is available here (enter website details). All NHS dental practices have access to posters and leaflets that should be displayed prominently.

16. Exemption from NHS charges is when patients do not have to pay these costs, for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

Local Authority	Population	All Pop Accessing NHS Dentistry July - Dec 23	% All Pop Accessing NHS Dentistry July - Dec 23	Adults Accessing NHS Dentistry July - Dec 2023	% Adults Accessing NHS Dentistry July - Dec 2023	0-17 Accessing NHS Dentistry July - Dec 2023	% 0-17 Accessing NHS Dentistry July - Dec 2023
Blaby	102,933	35,411	34.40	23,917	29.41	11,501	53.30
Charnwood	183,978	50,561	27.48	33,565	22.49	17,006	48.95
Harborough	97,631	33,501	34.31	23,183	29.74	10,324	52.47
Hinckley and Bosworth	113,640	37,789	33.25	26,643	29.12	11,149	50.34
Leicester	368,569	99,430	26.98	58,282	20.71	41,200	47.29
Melton	51,751	12,841	24.81	7,670	18.34	5,174	52.14
North West Leicestershire	104,706	32,236	30.79	21,724	25.92	10,515	50.29
Oadby and Wigston	57,753	19,616	33.96	13,236	28.85	6,385	53.78
Rutland	41,050	8,166	19.89	5,166	15.52	3,052	37.72

The tables below show the latest dental access and commissioning data (July – December 2023) for LLR, further broken down by local authority.

Local Authority	IMD Decile	Ave Distance Travelled	UDAs Commissioned per head Population 23/24	UDA Performance Target 23/24	UDA Delivered 23/24	UDA % Delivered 23/24	UDAs Delivered per head Population 23/24
Blaby	9	4.3	1.33	136,712	128,927	94.31	1.25
Charnwood	8	5.4	1.70	313,356	235,850	75.27	1.28
Harborough	10	6.4	1.31	128,161	113,889	88.86	1.17
Hinckley and Bosworth	8	6.6	1.40	158,903	121,482	76.45	1.07
Leicester	2	3.6	1.70	625,644	583,010	93.19	1.58
Melton	8	9.1	0.67	34,624	29,570	85.4	0.57
North West Leicestershire	7	5.9	0.98	102,536	103,387	100.83	0.99
Oadby and Wigston	8	4.5	1.39	80,228	76,566	95.45	1.33
Rutland	10	6.9	1.13	46,464	34,390	74.01	0.84

Figure 1 - Delivery trend for LLR ICB since the pandemic (April 2021 to June 2024)

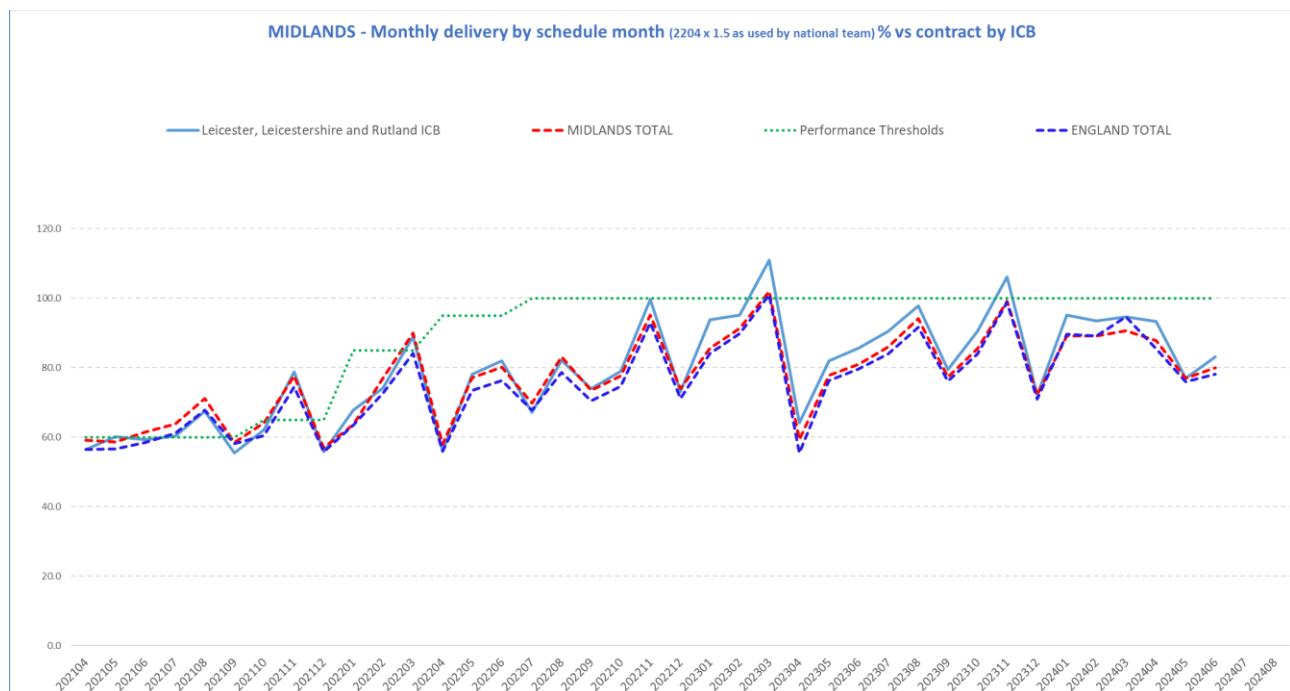


Figure 1 shows the percentage of contracted dentistry delivery per month across LLR. As shown above there has been a gradual increase in the average monthly delivery since the pandemic.

Figure 2 The Number of Unique Dental Patients Seen (March 2018 – May 2024)

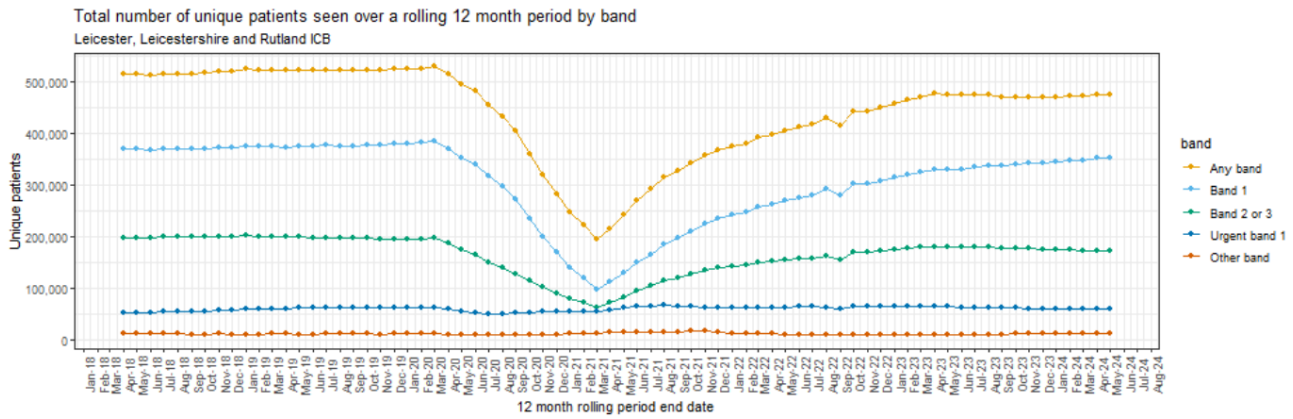


Figure 2 shows the number of unique patients seen over a 12 month rolling period which currently stands at around 92% of pre-pandemic levels. A unique patient refers to if a patient is seen more than once during the reporting period, then for purposes of measurement that patient is only counted once.

Figure 3 The Number of New Patients Seen (April 2022 – May 2024)

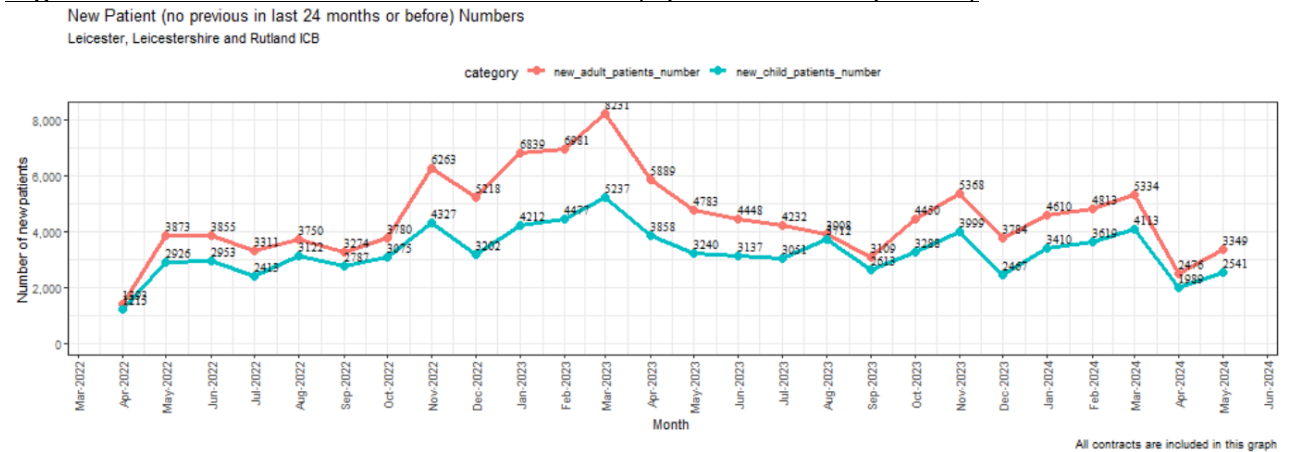


Figure 3 shows the number of new adult and child patients attending dental appointments who previously had no attendance in the last 24 months. For both adults and children, since April 2022, the number of new patients seen has increased with 3349 new adult patients and 2541 new child patients seen in May 2024.

Private Dentistry

- 17. Private dental services are not within the scope of responsibility for the LLR ICB. Therefore, the ICB is unable to provide any information on activity uptake within the private dentistry sector.
- 18. It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

19. Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the cost of living crisis. This may place additional pressure on NHS services at a time when capacity remains constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on. Paragraphs 23 to 27 below highlight some of the ways we are looking to improve access to NHS dentistry.

Dental contract hand-backs

20. Since February 2021, across LLR there have been 14 contract terminations. Locations of terminated practices include Melton Mowbray, Loughborough, Oakham, Leicester, Ashby de la Zouch and Uppingham.
21. As part of the dental termination process, any NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate signposting to other nearby practices who are able to take on new patients, to continue gaining access to NHS dental care. This provides assurance to the commissioner that there is no inappropriate/forced sign-up to private dental services and enables informed patient choice.
22. Any dental activity from a terminated contract will not be lost. The ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process. Any dental activity that has not currently been able to be dispersed will form part of a wider procurement exercise in 24/25, informed by an Oral Health Needs Assessment due to be released as detailed in section 10 below.

Future Plans to Improve Access/Oral Health

23. Work is underway nationally to transform the NHS Dental contract with the aim of ensuring patients most in need can access NHS dentistry, as set out in the Dental Recovery Plan. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.
24. Measures include:
- NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This commenced in March 2024 and is time limited to the end of financial year 2024/2025.
 - Targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to.
 - A further increase in the minimum indicative UDA value from the £23 announced in July 2022 to £28 from April 2024.
 - Improving access in underserved areas through the use of dental vans.

25. In addition to these activities, the plan announces a range of government-delivered public health initiatives to improve the oral health of children and recommit to the workforce growth and development outlined in the Long-Term Workforce Plan.
26. Further to the measures above, a water fluoridation programme will be rolled out by government, the aim of which is to reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation.
27. The East Midlands Primary Care Team, working on behalf of the five East Midlands NHS Integrated Care Boards have worked swiftly to meet national timeframes to enact the required changes to support contractors and patients through the new measures announced within the Dental Recovery Plan:

New Patient Premium

28. In accordance with the issued guidance criteria, the team identified LLR contracts and corresponded with contractors to advise them of their eligibility for the scheme between 1st March 2024 and 31st March 2024. Scheme criteria was reevaluated for 2024/25 extending the number of LLR contracts undertaking the scheme to a total of 137. The team will continue to review the impact of the scheme through monthly data monitoring.

ICB	Number of Contracts Eligible for the Scheme (1st April 2024 - 31st March 2025)	Number of contracts selected by provider to be opted out of the scheme (1st April 2024- 31st March 2025)
LLR	137	1

Increase in the minimum indicative UDA value

29. National guidance to commissioners were issued to support the process required to be undertaken to introduce the minimum indicative UDA value of £28 from 1st April 2024. This can be achieved through either:
1. A reduction to the number of a contractor's commissioned UDAs; or
 2. An increase to a contractor's Negotiated Annual Contract Value (NACV).
30. The team undertook a review of the NHSBSA data for contract eligibility to receive a change to their commissioned UDAs (option 1) or their NACV (option 2) due to an indicative UDA value of below £28. Eligibility consideration has been undertaken including historic contract delivery and any other local considerations to support the decision-making process on which option is appropriate for each contract.
31. The LLR ICB assessed the East Midlands Primary Care Team recommendations for contract eligibility and made decisions on whether to reduce activity or invest more money for all impacted contracts.

Table 1: Contracts identified to receive a change to annual commissioned UDAs

ICB	Number of contracts identified to receive change to annual commissioned UDAs (option 1)	Number of UDAs reduced per annum
LLR	8	10969

Table 2: Contracts identified to receive change to NACV

ICB	Number of contracts identified to receive change to NACV (option 2)	£ Increased investment required
LLR	38	£494,050.80

32. To enact contract changes in line with the 1 April 2024, providers were issued with appropriate contract variation notice for signature and return for counter signature by 15th March 2024. All returned CV's for East Midlands contractual changes have been actioned by NHSBSA in line with April 2024 Compass cutoff date.

Dental Recruitment Incentive Scheme 2024/25

33. The offer of incentive ('golden hello') payments has been used across different parts of the NHS to aid recruitment in areas of the country that have traditionally been hard to recruit to.
34. The aim of the Dental Recruitment Incentive Scheme (DRIS) is to offer a financial incentive to attract dentists to commit to work in parts of the country that are struggling to attract workforce through the usual recruitment routes. The scheme is designed to encourage relocation to these areas, attract new workforce to the NHS, and retain those who might otherwise have left the service.
35. The scheme is also open to the recruitment of dentists from overseas. The inclusion of overseas dentists widens the opportunity to attract dentists into areas with workforce challenge.
36. As announced on 13th May 2024, a 'golden hello' bonus payment of £20,000 will be offered per dentist for up to 240 dentists across England, 20 of which are allocated to the East Midlands. Each ICB across the East Midlands will receive 4 places each.

Flexible Commissioning

37. The flexible commissioning scheme aims to make NHS dental contracts more adaptable by allowing a proportion of UDAs to be filled through locally agreed schemes. Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity.

38. A framework was published on 9th October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.
<https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/>
39. LLR ICB is currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Winter 2024.

Oral Health Needs Assessment (OHNA)

40. An Oral Health Needs Assessment (OHNA) for LLR has now been drafted, looking to identify local groups of people who are at high risk of poor oral health, and to determine their likely needs. This has been developed in conjunction with the Dental Public Health Consultant and Local Dental Network (LDN) chair.
41. The review recommendations will inform the general dental services procurement programme and commissioning requirements for LLR ICB which will need to be incorporated into a workplan for 2024/25. This will support evidence-based commissioning decisions regarding future NHS dental provision.
42. The draft OHNA is currently being peer reviewed and is to be approved formally at tier 2 dental governance, ready to be circulated widely in August 2024.

Leicester City Oral Cancer Campaign

43. An investment of £10k was made to support an oral cancer campaign. Details of the project include:
- A social marketing campaign to raise awareness of the symptoms of oral cancer.
 - Messages that reach those at high risk of oral cancer
 - People living in Leicester City, especially in high incidence areas such as Belgrave, Beaumont Park and Rushey Mead;
 - Males and females, especially males aged 40-70;
 - Those who smoke or drink heavily (and especially those who do both);
 - People of all ethnic backgrounds and people who speak English as a first language and those who speak Gujarati or Punjabi as a first language.

The campaign is due to commence Autumn 2024.

Approved Commissioning Plans

44. A most suitable provider (MSP) procurement is set to commence September 2024, redistributing at least 10,000 UDA's in Rutland, as approved at dental governance in May 2024. A market engagement exercise will initially take place preceded by going

out for an expression of interest for the providers in the Rutland area to try and capture recurrent additional activity.

45. Additionally in May 2024, funding for 84 additional general anaesthetic sessions was awarded to Community Dental Services in Leicester for 24/25, in order to reduce the current waiting list. These sessions will be a mixture of comprehensive care sessions, and exodontia sessions. Comprehensive care lists are GA sessions where children with severe learning and physical disabilities, who are unable to accept dental treatment in the dental surgery, have all the dental treatment they require (i.e. x-rays, fillings, extractions) conducted in one general anaesthetic appointment.
46. The Community Dental Support Practice (CDS) scheme also received a 12 month extension until 31st March 2025. The scheme is designed to upskill general dental practices to provide high quality care for children, within the scope of a general practitioner, thus providing dedicated additional capacity to take pressure off CDS so enabling them to reduce the waiting times for the backlog of children needing care.

Future Commissioning Plans

47. A joint East Midlands Planning Day took place on 10 May 2024 to discuss the future commissioning intentions for each ICB across the East Midlands. Based on discussions a commissioning plan on a page for LLR was drafted, informed by the draft Oral Health Needs Assessment.
48. A series of commissioning principles were also agreed to underpin any future commissioning plans. These included:
 - The 2024/25 budget plans have been developed on the basis to achieve a balanced plan;
 - To fully utilise the Dental budget ring fenced allocation to improve access to NHS Dental Services;
 - To implement the Dental Recovery Plan initiatives in 2024-25 e.g., Unit of dental activity uplift to minimum of £28, New patient premium and Golden Hello scheme;
 - To target investments to areas of greatest need and reduce inequalities within the East Midlands to improve access and reduce waiting lists as soon as possible aligned to the Oral Health Needs Assessment, within resources available;
 - Commissioning investment demonstrates value for money, improves quality and patient access;
 - To develop an East Midlands Quality Framework with a menu of outcome focussed options to support with implementation of flexible commissioning;
 - Decision Tree to support implementation of East Midlands Quality Framework to identify the most appropriate commissioning approach;
 - To focus on identified key priorities (determined by priority grouping) in 2024/25 detailed in the Dental Commissioning plan aligned to the Oral Health Needs Assessment;
 - Undertake a review of fixed term resources required to support delivery of 3-year dental commissioning plan and seek governance approval.
49. The plans will be prioritised to enable LLR ICB to consider whether to support in which financial year.

Priority Group	Priorities	ICBs Determination
One	Mandatory National Directive e.g., Dental Recovery Plan or urgent need/planned recommissioning to maintain access	All to implement
Two	Aspirational if funding available or medium issue or concern, time to plan recommission in next 12-18 months e.g., 110% over performance	LLR ICB to determine at local level on need within resources available
Three	Low issues or concerns or time to plan future recommissioning in year 3	LLR ICB to determine at local level to meet need within resources available

50. To support future commissioning, a decision tree has been produced. The flow chart below offers the user several scenarios providing commissioning options depending on their contractual circumstances allowing commissioning decisions to be best placed whilst also offering local flexibility.

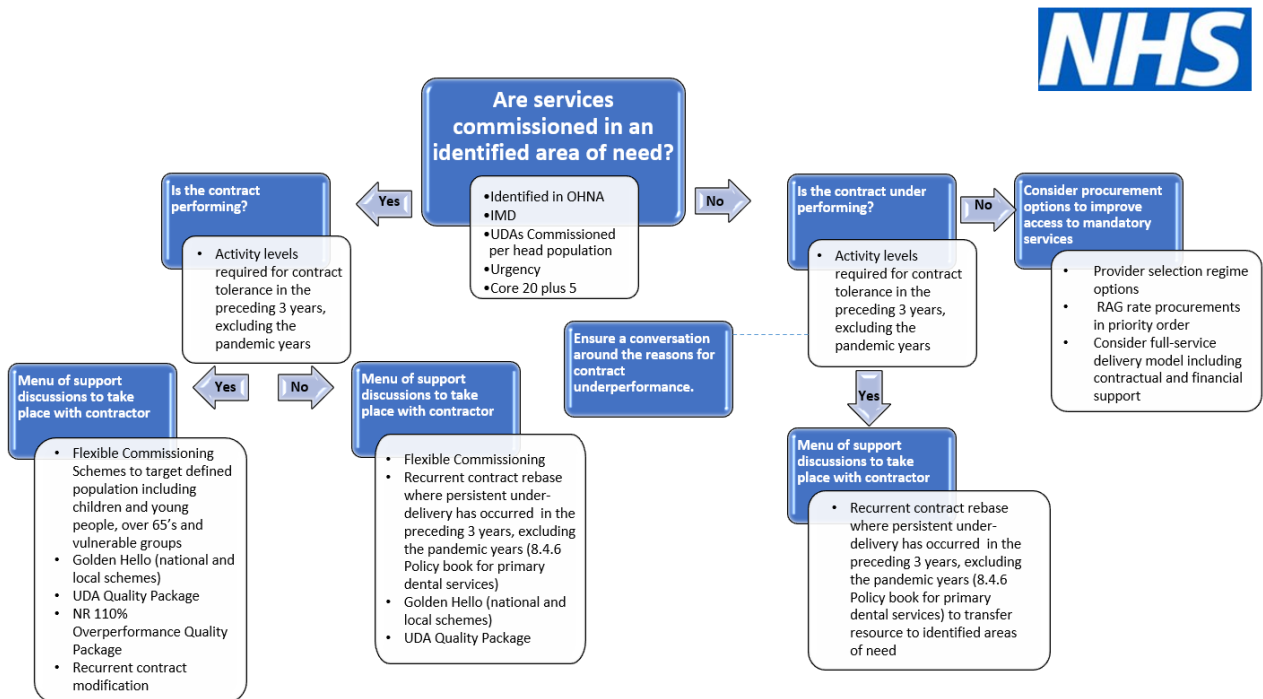


Figure 1 – Decision Tree

51. Additionally, to implement the increase in UDAs and support additional funding for Dental Practices in 2024/25, a robust methodology has been developed and will be used for all contracts where the increase in UDAs is being considered.

52. The use of the Quality Framework will enable Commissioners to apply additional quality indicators when considering an increased UDA rate. The four pillars of the framework have been developed to ensure the contractor is meeting the deliverables of their contractual obligation as well as providing additional assurances.



Figure 2 – Quality Framework

53. The Decision Tree and Quality Framework have been shared with the East Midlands Primary Care POD Quality and Risk Sharing Group to seek feedback to be incorporated into the final version.

Next Steps

Action	June	July	August	September
Oral Health Needs Assessments (OHNAs) Engagement and review of feedback				
OHNA Governance submission to seek sign off				
110% over performance review and governance paper for Julys tier 2 dental governance meeting				
Continued collaborative working to finalise the LLR ICB Dental Operational Commissioning Plans: <ul style="list-style-type: none"> Review OHNAs to align and agree prioritisation. Cost and Risk analysis Engagement with LDN Chairs and dental profession 				
ICB Dental Operational Commissioning Plans submission via ICBS internal governance process				

East Midlands Dental Operational Commissioning Plans submitted to tier 2 dental governance for formal sign off

Non-Recurrent Investments 24/25

54. Work is currently underway to look at non-recurrent investment options for 2024/25 across LLR, following a dental contract baseline review identifying unallocated units of dental activity and non-recurrent funding available for 2024/25 from terminations. These plans include non-recurrent dental activity awards in areas of highlighted need along with recommendations to support the 110% overperformance scheme and flexible commissioning. A paper will be taken to tier 2 governance for approval in July to ratify the plans.

Procurement Regulations

55. The Provider Selection Regime (PSR) regulations came into force on 1st January 2024. This meant that NHS services were decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.
56. The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

Training and Education

57. As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development.

Future Plans Timeline Summary

- New Patient Premium – completed.
- Increase in the minimum indicative UDA value – completed.
- Flexible Commissioning – to be completed Winter 2024
- The Dental Recruitment Scheme – to be completed 24/25
- Oral Health Needs Assessment – completed.
- Commissioning Plans 24/25, 25/26 – Ongoing, sign off September 2024
- Training and Education – TBC following national guidance.

*Timelines may be subject to change

Background papers

2. [Dental recovery plan: everything you need to know. - Department of Health and Social Care Media Centre \(blog.gov.uk\)](#)

Equality Implications

58. Equality Health Quality Impact Assessments are completed as part of pre-procurement planning process. Due consideration has been undertaken as part of developing commissioning intentions. This will be revisited and refreshed where required prior to relaunching the procurement process.

Human Rights Implications

59. There are no human rights implications arising from this report.

Other Relevant Impact Assessments

Health Implications

60. As part of pre-procurement planning processes an Equality Health Quality Impact Assessment is completed.

Officer(s) to Contact

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