

**L & SC Integrated Care Board
Primary Care Contracts Sub-Committee**

Date of meeting	12 February 2026
Title of paper	Primary Care Dental – Contractual Reforms
Presented by	Peter Tinson – Director of Primary & Community Care David Armstrong - Senior Delivery Assurance Manager
Author	David Armstrong - Senior Delivery Assurance Manager
Agenda Item	5
Confidential	No

Purpose of the paper

The purpose of the paper is to present to the sub-committee a summary of the Government's response to the national consultation, in July 2025, regarding quality and payment reforms on the NHS dental contracts. The reforms are proposed to be implemented with effect from April 2026.

Executive Summary

The Department of Health and Social Care (DoHSC) is to implement a number of contractual changes to the primary care dental contracts with effect from 1st April 2026.

The contract reforms form part of the continuous development of the dental contracts, with these being part of an open consultation undertaken by the DoHSC in July 2025. Implementation will be mandatory once the appropriate legislation changes have been completed.

The contract reforms will impact on the following and are summarized in detail below in the body of the report. has been

- Unscheduled Care
- Patients with complex needs
- Skill mix and evidence-based clinical interventions
- Reducing clinically unnecessary check-ups
- Quality improvement
- Funded support for annual appraisals
- Supporting the workforce to feel part of the NHS

The ICB will be required to implement the reforms in full.

Recommendations				
<ul style="list-style-type: none"> Approve the full implementation of the reforms, pending confirmation of the necessary legislative changes required. 				
Governance and reporting (list other forums that have discussed this paper and any other engagement that has taken place)				
Meeting	Date			Outcomes
Conflicts of interest identified				
Implications				
<i>If yes, please provide a brief risk description and reference number</i>	YES	NO	N/A	Comments
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Privacy impact assessment completed			X	
Financial impact assessment completed			X	
Associated risks			X	
Are associated risks detailed on the ICS Risk Register?			X	
Report authorised by	Craig Harris, Chief Operating Officer and Chief Commissioner			

ICB Primary Care Contracts Sub Committee

12 February 2026

Primary Care Dental – Contract Reform Consultation – Government Response

1. Introduction

In July 2025 the Department of Health & Social Care (DoHSC) published an open consultation entitled *NHS dentistry contract- quality and payment reforms – consultation document*. The consultation was the latest stage in the ongoing contractual reforms to the primary care dental contract.

The consultation covered the following key areas: -

- Unscheduled Care
- Patients with complex needs
- Skill mix and evidence-based clinical interventions
- Reducing clinical unnecessary check-ups
- Quality improvement
- Funded support for annual appraisals
- Supporting the workforce to feel part of the NHS

The initial consultation document is attached in Appendix 1, the consultation was open, so submissions were requested from all stakeholders and interested parties. The consultation closed on the 19th August.

The results and the government response was published on the 16th December, attached in Appendix 2 and summarized below.

2. Reform proposals and the government response to the consultation.

The summary below will provide a brief description of the consultation proposals and what the government are proposing to implement into the GDS contract with effect from the 1st April 2026.

Unscheduled Care

The reforms proposed are to introduce contractual changes to mandate a proportion of the contracted activity to be dedicated to unscheduled care. Unscheduled care covers immediate conditions requiring care within a 24-hour period and care required within a 7-day period as defined within clinical guidance.

The reform proposed a set fee of £70 for each course of treatment provided and a fixed payment equivalent to £5 per appointment required to deliver the agreed number of mandated unscheduled care treatments.

The government intends to implement the proposal to mandate a proportion of the dental contract to unscheduled care. This is to support the delivery of 700k additional urgent / unscheduled dental appointments which is a key manifesto pledge of the current government, and key target for the ICBs to deliver.

NHS England, on 22 January 2026, confirmed the mandatory rate the ICB will be required to apply to all eligible contracts will be 8.2% of the contract value. This will be universally applied to all provider contracts, designed to deliver 11 urgent / unscheduled appointments per £10,000 of contract value.

The original total fee of £75 per course of treatment is considered to represent a fairer payment, however, to align to consultation responses the structure is to be changed to a fixed payment for every urgent course of treatment of £15 and the variable element changing to £60 per course of treatment.

Implementation will require legislative changes, but implementation is planned for 1st April 2026

Patient with Complex Care Needs

The reforms proposed to introduce 3 new complex care pathways, paid at a set fee per pathway as follows: -

- Pathway 1 - at least 5 teeth with caries (tooth decay) into dentine with no periodontal (gum) disease paid at set fee of £272 (possibly increasing to £284 when finalised)
- Pathway 2 - at least 5 teeth with caries (tooth decay) into dentine with currently unstable periodontal (gum) disease paid at set fee of £680 (Possibly increasing to £709 when finalised)
- Pathway 3 - a new diagnosis of grade C periodontal (gum) disease paid at a set fee of £238 (Possibly increasing to £248 when finalised)

The government intends to implement the three new pathways as detailed above for patients aged 16 and over. Treatment for children will continue unchanged in line with best clinical practice and guidance, although further reviews relating to children's pathway is expected in the new year.

The set fees for each pathway are in addition to the submission of a banded course of treatment, expected to be a Band 3, for each patient.

Implementation will require legislative changes, but implementation is planned for 1st April 2026

Skill Mix and evidence-based clinical interventions

The reforms proposed to introduce: -

- a new course of treatment for children for the application of fluoride varnish by suitably trained dental nurses on a risk-based timeline depending on the oral health of the children.
- The categorisation of resin-based fissure sealants was proposed to be changed from a Band 1 to Band 2, attracting either 3 or 5 UDAs depending on the number of teeth affected.
- A new sub-band within Band 2 claimed for any patient who requires a denture modification, repair or relining.

The government intend to implement the reforms in line with the consultation with a minor adjustment. The reforms will re-categorise all fissure sealants to band 2, not just resin-based as differentiating between materials added unnecessary complexity. Further clinical guidance will be published to support the implementation of this reform.

Implementation will require legislative changes, but implementation is planned for 1st April 2026.

Reducing clinically unnecessary check-ups

The reforms proposed to fully implement the NICE guidance on recall intervals which state that healthy adults with good oral health need to see a dentist every 2 years and a child once every year.

The government intends to implement the reforms but will consider further how to best support public education for patients and provide a risk assessment tool for providers to assess the oral health of individual patients.

Quality Improvement

The reforms proposed to introduce funding of £3400 per year for dental providers to participate in quality improvement activities, with a focus on clinical audit and peer reviews.

The government intends to implement the reforms on a voluntary basis and may propose an alternative payment model. The topic for the first set of quality improvement activities will be to support practices to follow the NICE guidance on recall intervals. Further guidance will be published on how to participate in this reform.

Funded support for annual appraisals

The reforms proposed to provide practice funding, within the existing contract envelope, for contractor led annual appraisals for associate dentists, dental therapists and dental hygienists who provide clinical services to NHS patients at a rate of 6 UDAs per eligible individual.

The government intends to implement the reforms but is amending the rate. To ensure the value of the reform is equitable across all providers a fixed “cash payment” rate of £213 per eligible individual will be implemented. The original

rate of 6 UDAs was deemed inequitable as every provider has a different UDA tariff. The reform will be implemented for every self-employed member of staff delivering NHS services within each provider. Members of staff employed by dental practice should receive appraisals as part of their normal employment.

Supporting the workforce to feel part of the NHS

The reforms proposed 3 ways to address some of the issues that affect whether dental teams feel part of the NHSE as follows: -

- prospectively enable all continuous NHS service, and not just time on the dental Performers List, to contribute to the calculation of 2 years' service to be eligible for discretionary support payments, such as long-term sick leave.
- seek views on developing an NHS model contract and minimum terms of engagement for self-employed dentists.
- publish an NHS handbook for dental teams clarifying the support available to them from the NHS, how the contract works and signposting to other helpful resources.

The government intends to implement the reforms to improve the attractiveness of NHS dentistry and increase recruitment and retention of the workforce.

Implementation considerations

The reforms considered GDP's routinely including patient NHS numbers on payment claims

The government will further consider the most efficient method for GDPs to acquire NHS numbers for patients, noting the reform would currently be an admin burden for providers and possibly raising a risk to access for patients.

3. Next Steps to the consultation.

The government acknowledged that the responses to the consultation were overall positive and intends to implement the proposals set out in the consultation with the amendments detailed to reflect the feedback received through the consultation process.

The government will introduce the necessary legislation to support the implementation of the reforms from April 2026.

The government has identified that the process of reform is ongoing and has reiterated its ambition to deliver fundamental contract reform before the end of this parliament.

4. Impact expectations

The reforms proposed by the government are designed to have positive impact on patients and the profession which are detailed below to provide additional context and justifications for the proposals.

Access to dentistry remains challenging, complex patients are often under-treated as the contract fails to remunerate adequately, whilst patients with good oral health are unnecessarily recalled too often by practices.

The package of changes is intended to:

- Improve access to urgent and unscheduled dental care.
- Improve care and treatment for patient with complex care needs, and reduce excessive patient charges.
- Improve preventative oral care for children
- Improve recall times for orally fit patients

The profession has long highlighted concerns with the current dental contract, advising it is not attractive to dentists and dental care professionals, it does not incentivise practices to treat those who are most in need of NHS care and does not always encourage practices to make the best use of the whole dental team.

The reform package is intended to:

- provide fairer funding for patient with complex care needs.
- support providers to deliver their contractual target through fairer funding,
- support providers to utilise more of the dental team in the delivery of evidence-based preventative care for children, and release dentists' time to enable them to undertake more complex work,
- support, sustain and improve care quality

Overall the reform proposals as expected to:

- improve oral health inequalities due to an increase in the numbers of patients with more complex needs being able to access NHS dental care and a decrease in unnecessary check-ups
- more consistent delivery of evidence-based care through the new holistic care pathways, which will integrate treatment and prevention,
- an increase in unscheduled care provision, incorporating the government's commitment to deliver 700,000 additional urgent appointments,
- an increase in proactive preventative actions to secure children's oral health for the future,
- increased dental contract delivery, improved job satisfaction and a more stable dental sector on which we can build longer term .

The ICB has integrated the reforms in the financial plans for the forth coming years and will be setting budgets to manage the planned impacts of the reforms, whilst still allowing for continue implementation of the ICB Dental Commissioning Plan 2025-30.

4. Conclusions

Further to the DoHSC consultation in July 2025 regarding proposed contractual reforms. All elements of the proposed reforms will be implemented, although the DoHSC has reviewed the consultation responses and made a number of updates to reflect views provided. The contract reforms will be implemented on the 1st April 2026, although a number of changes will required legislative changes prior to implementation.

5. Recommendations

The sub-committee is asked to:

- Approve the full implementation of the reforms, pending confirmation of the necessary legislative changes required.

David Armstrong

Senior Delivery Assurance Manager

Appendix 1 – NHS dentistry contract: quality and payment reforms - consultation document



NHS dentistry
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Consultation Webin

Appendix 2 - Government response to consultation on NHS dentistry contract: quality and payment reforms



Government
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