



England

# NHS Dental Quality and Payment Reforms

Webinar for commissioners  
and providers

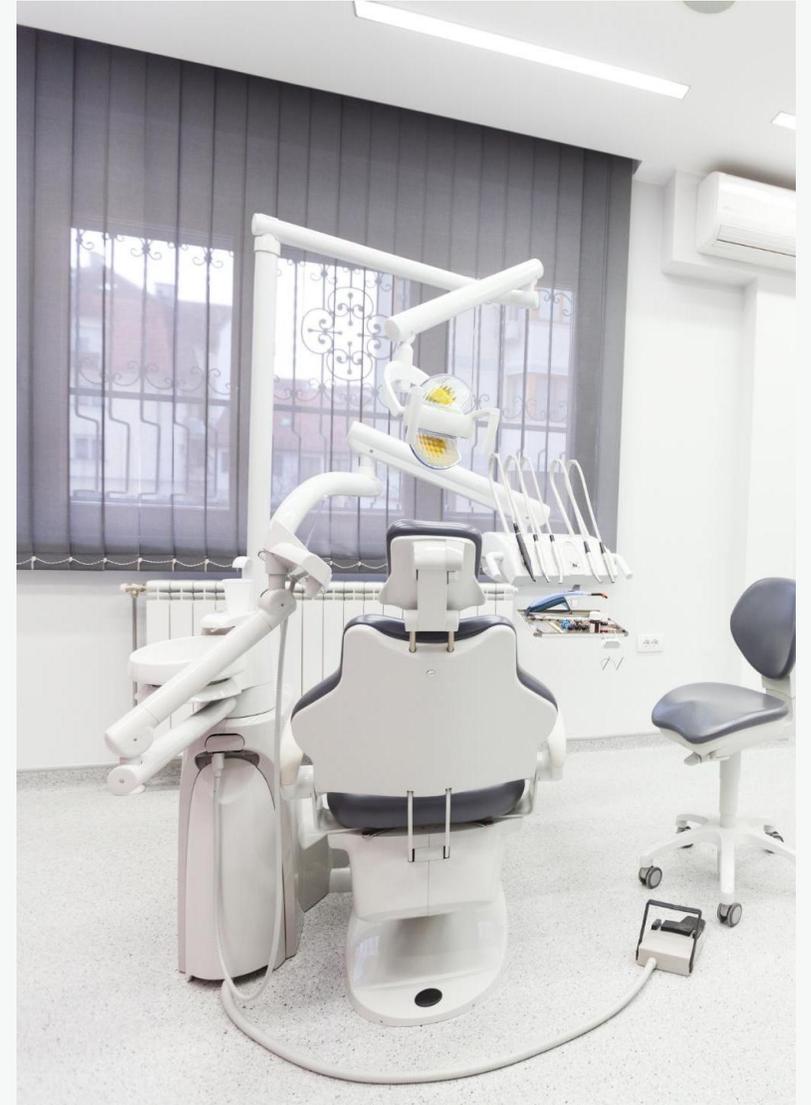
11 March 2026

# Purpose

Following the public consultation held in July 2025 and the government's response on 16 December, we are implementing the dental contract quality and payment reforms from April 2026.

Today we intend to:

- Provide updates on developments following the [3 March letter](#) to confirm the implementation timetable
- Share information on implementation approach and communications
- Set out immediate actions for providers and commissioners



# **2026 reforms: background and overview**

# NHS dentistry provision has continued to grow throughout 2025/26

NHS dentistry has been expanding over the past 4 years following the pandemic

- For the first 7 months of 25-26, compared to the corresponding pre-election baseline period (July '23 - June '24), there were 1.8m extra treatments delivered to patients, a 9% increase
- Underspends are down – a 90% reduction between 23/24 and 24/25 to only £36m (<1% of the ringfence) and we expect to spend all dental resources available to the NHS in 2025/26
- 24,543 dentists performed NHS activity, the highest number since 2019/20 (24,676)

This has been driven by a range of factors

- Increased flexibility for ICBs to support higher performing contractors to award additional activity
- Specific improvements to strengthen the urgent care safety net, particularly in 2025/26, with significant progress made to improve 111 access routes, and to commission significant additional urgent care capacity – over 1m new appointments across the year
- Reforms in 2022/23 to introduce minimum UDA rates, to create fairer sub-bands within Band 2 treatment, and to support Dental Care Professionals to deliver more NHS care (8% of courses of treatment now DCP led in Nov 2025, with over 10% of Band 2s therapist led in the same month)

# 2026 quality and payment reforms - overview

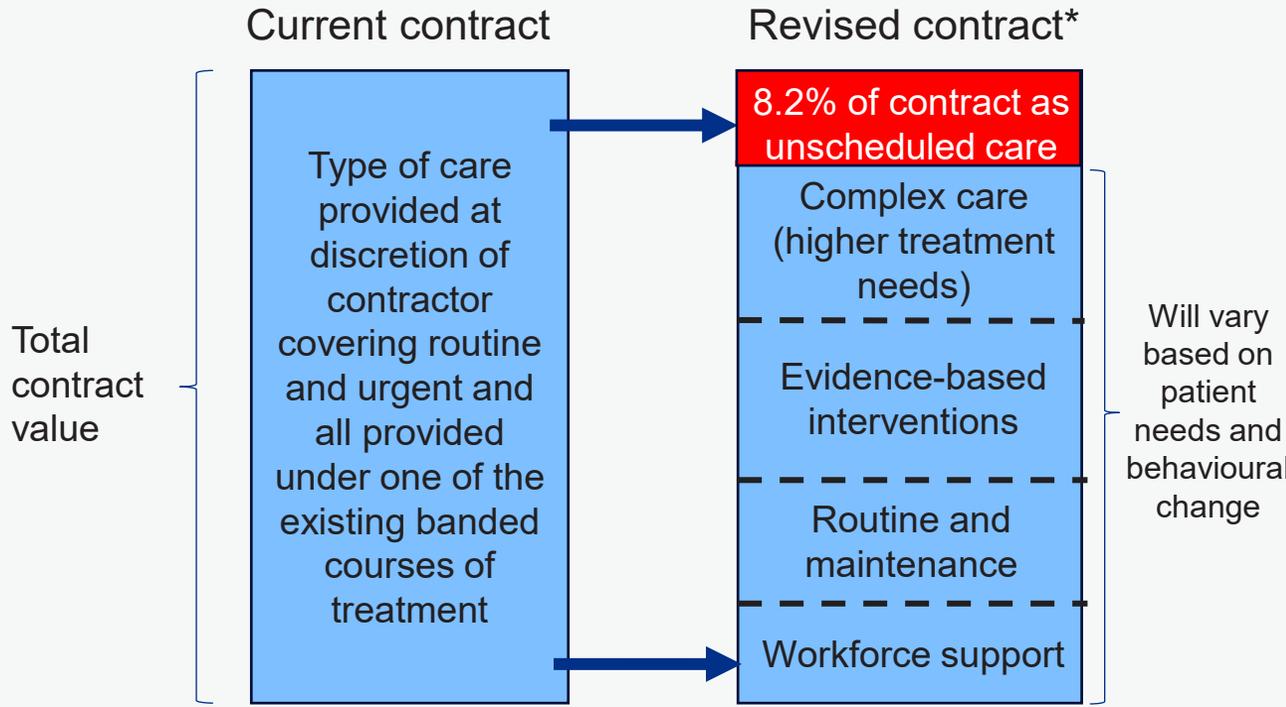
**Aim: to build on reforms to date to rebalance capacity towards patients who most need NHS care by providing fairer remuneration to support best practice clinical care, introducing support for quality improvement and professional development, and securing consistent provision of urgent care across England**

The proposals are not just about better tailoring of payment to address concerns about urgent care and the current system, but to address some of the issues in the current system in order to create a better working environment for NHS dental teams.

The proposals are designed to deliver on shared priorities across the profession:

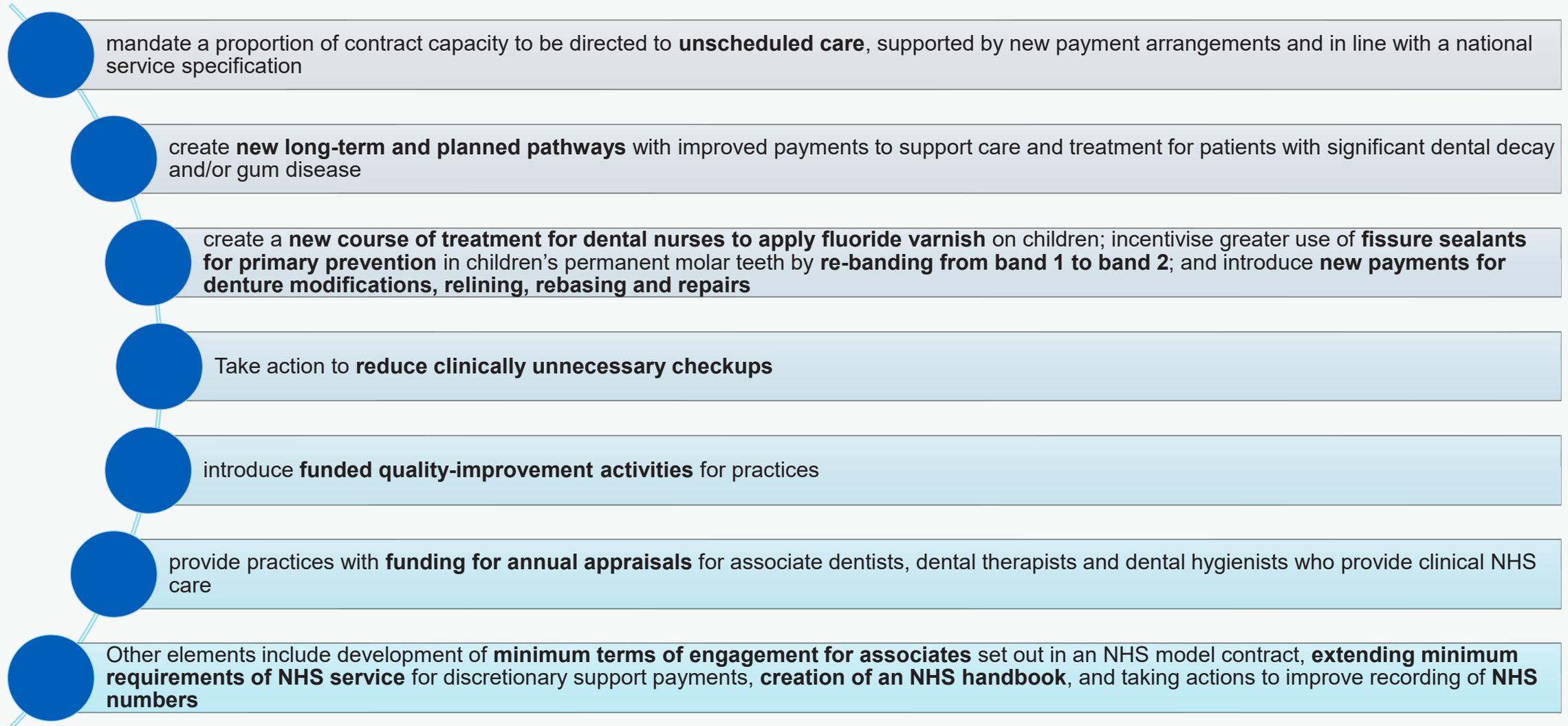
- Make full use of the dental budget
- Pay practices fairly to prioritise patients most in need
- Incentivise prevention activities, including where these can be performed by other members of the dental team
- Reducing unnecessary routine care, through implementation of evidence-based recall, to focus on patients with more complex care needs.

## How the proposed changes are designed to work



\*Not to scale

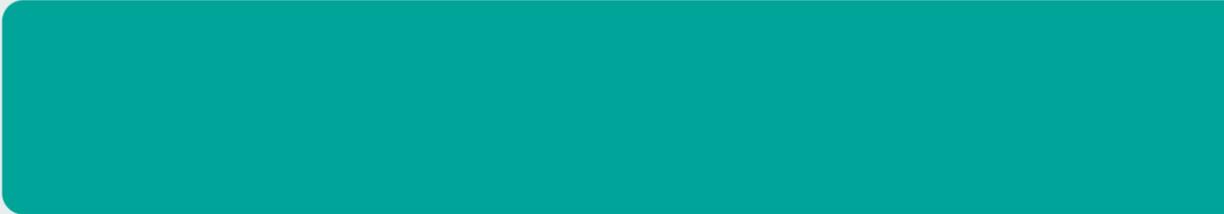
# Key elements of the reform package



# 2026 reforms – status and implementation timelines

- Government response to public consultation published in December 2025
- Detailed working groups established with commissioners and ongoing dialogue with BDA and other sector stakeholders including BSA and DPMS providers
- In February NHS England confirmed 8.2% urgent care commitment, designed to consolidate existing delivery and ensure consistent access across the country
- System letter published 3 March setting out implementation timelines
  - Confirmation that changes to support Urgent Care (new remuneration and 8.2% requirement), fluoride varnish, fissure sealants, appraisals and the new Quality Improvement scheme will come in **from 1 April 2026**
  - Introduction of changes to introduce complex care pathways, updated remuneration to support dentures, and changes to terms of service will be introduced into parliament in May in order to come into force **in June 2026**

# Changes from 1 April 2026



# **Urgent (unscheduled) care**



# Summary of changes



- The NHS has a responsibility to ensure people have timely and appropriate access to urgent (unscheduled) care.
- However, many patients struggle to access it, especially those without a regular dentist. This is because practices were under no contractual obligation to provide a minimum level and so can decide whether to provide urgent (unscheduled) care. Feedback from the profession also indicated remuneration did not adequately support optimal clinical delivery.
- To address this, contractual changes from 1 April 2026 will support in prioritising urgent (unscheduled) care through:
  - Dental providers with mandatory services contracts of 100 UDA or more will be required to deliver 8.2% of their contract value as urgent (unscheduled) care activity in 2026/27.
  - Payments for urgent care will rise by 76%, through a new £75 credit (converted to UDAs at the providers nominal UDA value) which will replace the current 1.2 UDAs for urgent (unscheduled) care.
  - For providers to whom the 8.2% applies, this will be credited in 2 parts:
    - a £15 fixed credit per required course of treatment credited monthly across the year
    - a £60 activity credit per delivered course of treatment.
  - Additional courses of treatment delivered above the required number will be credited at £75.
  - For providers excluded from the 8.2% requirement, who currently receive 1.2 UDAs for unscheduled care activity, a credit of £75 per delivered course of treatment will apply.

# Mandated level of unscheduled care

- The required number of urgent treatments equates to 11 courses of treatment per £10,000 of the relevant proportion of the negotiated annual contract value (NACV). This has been confirmed in a letter issued on 22 January 2026.
- The Relevant Contract Value (RCV) is calculated as the NACV, less any payments related to dental public health, orthodontic, sedation, and domiciliary services.
- The level of unscheduled care to be secured in high street contracts will be 8.2% in 2026/27.
- This will exclude care provided by foundation dental trainees.
- Commissioners will send letters to providers to confirm their requirement.

$$\text{Required number of urgent treatments}^* = \frac{\text{RCV}}{\text{£10,000}} \times 11$$

\*rounded up to the nearest integer

## Contracts that will receive a required number or urgent treatments (all of):

- Mandatory services
- GDS/PDS contract
- ≥100 contracted UDAs
- Recurrent
- Paid for by BSA

## Contracts that will not receive a required number or urgent treatments (any of):

- non-mandatory services
- <100 contracted UDAs
- Pre-1 April 2006 child only contract
- only for Community Dental Services, Secure and detained estates or Dental public health services
- Separately commissioned urgent care contracts

- To reduce the risk of unused capacity where there is an evidenced lack of demand, commissioners will have discretion to reduce the mandated urgent care capacity up to a maximum of 15% of the originally set requirement from 30 October. This will be on a contract-by-contract basis. Further details will be set out in the contractual guidance.
- Commissioners have been asked to support this through setup of a service line in Compass.

## These reforms do not change the clinical provision of urgent (unscheduled) care

### Care to be provided

- Delivery of care still in line with schedule 4 of the regulations and the [clinical guidance](#)
- These set out the definition of unscheduled care, which includes those requiring:
  - unscheduled urgent dental treatment within 24 hours; and
  - unscheduled non-urgent dental treatment within the next 7 days.

### Patient access and service availability

- Enable patients to access available urgent (unscheduled) care appointments either through direct contact with the dental practice or through being signposted.
- Communicate how patients can make an appointment in the patient leaflet and where applicable the dental practice's website.
- Maintain information in the dental contractor's Directory of Services profile by informing the commissioner of any changes.

# Claiming, reporting and reconciliation for urgent (unscheduled) care

## Claiming

- There is no change to claiming from current practice.
  - Dental teams are to submit Band 1 urgent FP17s (also known as a Band 4 FP17) as required and within 2 months (62 days) of the date of completion of the urgent (unscheduled) care course of treatment.

## Reporting

- The UDAs for urgent (unscheduled) care will be reported within the contract management and payment system (Compass) for both the fixed (where applicable) and activity credits. For the fixed credits this will be via a report in the system and for the activity credits it will be included in pay schedules.
- We are committed to ensuring practice owners have the information they need to support their relationships with associates and are working with NHS BSA to help ensure activity reports will contain information on courses of treatment delivered by associates following implementation.
- Commissioners may request information from the dental contractor to support a decision on reducing the required number of urgent treatments by up to 15%.

## Reconciliation changes

- The mandated unscheduled care activity will be reconciled separately but through a similar process to the current reconciliation by applying the 96% rules.
- The usual year-end reconciliation process will exclude mandated unscheduled care activity but include any unscheduled care activity delivered above the mandated requirement.
- The fixed element will not be subject to reconciliation.

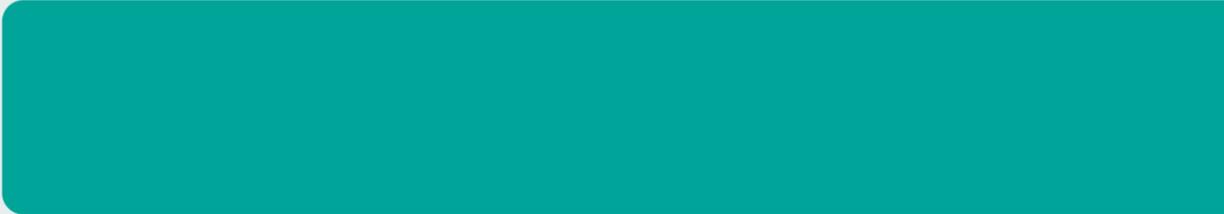
# What happens next?

## Provider actions

- Review urgent (unscheduled) care letter and contract variation once received in next week
- After 1 April, follow the process set out by their commissioners to sign their contract variation
- Start to plan any operational changes required to deliver their mandated proportion of urgent care

## Commissioner actions

- Create a new service line in Compass for each of their 'high street' contracts which will be named "Unscheduled mandatory requirement" and will detail the required number of urgent treatments
- **Over the next week**, send out letters to all contracts either:
  - to high street contracts confirming their required number of urgent treatments and the new payment arrangement, or
  - to other contracts confirming that they will **not** receive a required number of urgent treatments, and their new payment arrangements (if this applies).
- Send out contract variations **from 1 April** to all providers.



# **Fissure sealants and fluoride varnish**



# Fissure sealants



- To support increased use of fissure sealants for both primary and secondary prevention, fissure sealants will now be classified as a Band 2 treatment.
- UDAs applicable will be dependant on whether the fissure sealant treatment falls within a Band 2a or Band 2b course of treatment, being either 3 or 5 UDAs. For example:
  - Band 2a would apply where 2 or less teeth require:
    - fissure sealant treatment only, or
    - a combination of treatment of fillings and/or extractions and fissure sealants.
  - Band 2b would apply where 3 or more teeth require:
    - Fissure sealant treatment only, or
    - A combination of treatment of fillings and/or extraction and fissure sealants.

## Claiming

- Members of the dental team who apply fissure sealants will claim for this as a Band 2 course of treatment as per the usual process within the contract management and payment system.

# Fluoride varnish



- To support preventative care in line with Delivering Better Oral Health and NICE guidance a new course of treatment for children (aged 16 and under) will be introduced for fluoride varnish application without a dental examination.
- This will be for suitably qualified dental nurses only and will enable them to open and close this course of treatment.
- It will attract 0.5 UDAs.
- This change is intended to support practices to deliver preventative care in different ways.

## Claiming

- Dental nurses must have a Personal ID number (PIN) and be added to the list of clinicians employed on the contract in Compass before they are able to provide this treatment. This is required to enable dental nurses to submit claims / open and close courses of treatment when delivering fluoride varnish applications.
- A claim cannot be submitted within three months of a previous Band 1, Band 2, or Band 3 course of treatment, or following a Nurse-applied fluoride varnish.

# What happens next?

## Provider actions

- Before the dental nurse provides this care, ensure that they are:
  - registered with the General Dental Council
  - trained and competent in fluoride varnish application
  - covered by adequate indemnity arrangements
  - in possession of a personal identity number (PIN)
- From 2 April, ensure dental nurses are added to the list of clinicians employed on the contract in the NHS BSA contract management and payment system by:
  - creating a new dental care professional (DCP) clinician and inputting the required information
  - adding the dental nurse to the contract

## Commissioner actions

- Authorise these DCP additions in the NHS BSA contract management and payment system

# Quality Improvement

# Overview of the QI programme



- Quality improvement is being introduced into the NHS dental contract as a 3-year voluntary programme starting from April 2026.
- The aim is to support improvements in care quality and implementation of evidence-based guidance across through reflective and shared learning.
- The QI programme will focus on engagement and participation in the improvement cycle with improvement activities undertaken across QI year. Each year of the programme will focus on a different nationally selected topic.
- The topic for 26/27 will focus on the **assigning of dental recall intervals in line with the National Institute for Health and Care Excellence (NICE) guidelines.**
- Adherence to NICE recall guidelines is important to enable dental teams to tackle health inequalities by focusing resources on providing care for those with more complex dental care needs, support access for new patients, and reduce clinically unnecessary check-ups for those with lower oral health risk.
- Analysis of national FP17 data between April 2025 and February 2026, shows that only 13% of patients deemed to be at low risk of oral disease, based upon recent history of decay and a BPE of 0-1, were assigned a recall interval of 12 months or more. This suggests there is scope for improvement to address variation in the assignment of recall intervals between oral health reviews.

# Eligibility



- Contractors eligible to participate in QI are those providing mandatory services under a GDS contract or PDS agreement that are contracted for a 100 or more units of dental activity every financial year.
- Contracts not eligible to participate in QI are those:
  - providing non-mandatory services
  - required to providing 99 or less units of dental activity every financial year
  - with a pre-2006 child-only contract, where the agreement was entered into before 1 April 2006 and who only provide dental services to children
  - with a contract only for the provision of Community Dental Services
  - with a contract only for the provision of dental services in secure and detained estates
  - with a contract only for the provision of dental public health services
- Where a dental contractor holds both an eligible and ineligible contract, the dental contractor is only able to participate in QI under an eligible contract.

# How do I participate in the QI programme?



- Practices wishing to participate in QI will be required to sign-up via the contract management and payment system.
- Commissioners will write to eligible dental contractors to invite them to participate in Year 1 of QI programme in 2026/27. A template for this will be provided to commissioners.
- A separate notification will be sent to dental contractors from NHS BSA to confirm when the sign-up window is open and where the sign-up form is located within the contract management and payment system.
- A data pack on the Year 1 topic will also be provided within contract management and payment system during March.
- **The sign-up deadline for Year 1 is Friday 8<sup>th</sup> May 2026. Dental contractors cannot join part way through a year and will be unable to sign-up post the deadline date.**
- Sign-up will be on an annual basis. Dental contractors can withdraw from the QI programme at any point during the financial year.

# What will participating contractors need to do?

Dental teams participating in the QI programme will be required to:

- Sign up to participate in QI by 8th May for 2026/27 (pre previous slide)
- Identify a practice lead for QI who is based within the practice
- Use national data packs to support internal peer discussions and identify areas of improvement
- Participate in in a minimum of two external peer discussions
- Develop a QI plan and implement improvement activities, monitoring progress against it
- Produce a QI report to capture QI work undertaken, impact and learning
- Submit a year-end declaration confirming that all requirements have been met

## What support will be available?

- In addition to the contract guidance, separate guidance on the topic area will be provided to support participating practice with how to run a quality improvement cycle. The topic guidance will include templates for developing the QI plan and QI report.
- All participating practices will be provided with a monthly data pack so they can monitor progress. This will be available from March 2026.
- QI webinar (to be held in April date tbc)

# Crediting of activity

- Participating practices will be eligible to claim a credit to the equivalent UDA value of £3,400\* per year.
- This will be funded from within contract value and the credit will be applied equally across the remaining months during the financial year from the month after the sign-up deadline.
- Dental contractors must submit a year end declaration, using the declaration form in the contract management and payment system. This is to confirm that the QI requirements have been met and that evidence of completion can be provided upon request.
- There is no UDA credit for partial completion of the QI requirements.
- The UDAs associated with QI will count towards achievement of contract delivery and will therefore be considered within mid-year review and year-end reconciliation processes.
- Commissioners have discretion to check compliance and can request to view evidence to confirm completion of the QI requirements
- Non-compliance would result in UDAs attributed to QI being recovered at year end and an adjustment to the contractors overall delivered activity.
- Further details will be set out in the contractual guidance.

# What happens next?

## Provider actions

- Sign-up to participate in the year 1 quality improvement programme by the **8 May**, via the sign-up form on the NHS BSA contract management and payment system

## Commissioner actions

- Write to eligible dental contractors from **w/c 23 March** to invite them to participate in Year 1 of the QI programme and advise of the sign-up deadline.
- Check contractor eligibility to participate and notify NHS BSA of any corrections **by 29 May**
- Notify providers identified as not eligible to participate in year 1 QI, informing them that their sign-up will be removed **by 29 May**
- Issue contract variations to participating contracts (timing to be confirmed)

# Appraisal

# Overview



- Annual appraisals play a vital role in supporting professional development and organisational alignment.
- Beginning in 2026, eligible individuals delivering services to NHS patients will be able to claim a financial contribution towards their annual appraisal.
- This contractual change aims to support ongoing professional development and reinforce the importance of structured reflection and continuous improvement in NHS dental settings.
- Further information including guidance on appraisals and example templates will be provided in the contractual guidance.

# Eligibility



Funded time for an annual appraisal is available to eligible dentists, dental therapists and dental hygienists, including dental contractors and locums. To be eligible these individuals must:

- provide direct NHS dental care to patients as defined in the Regulations; and
- demonstrate that they spend a minimum time, equivalent to 2 whole working days per month or 12 days across a continuous 6-month period, delivering direct NHS dental care to patients for the duration of the financial year in which the payment is claimed; and
- have, within the last 26 weeks of this period, been in continuous employment or engagement that required the performance of dental services as part of the NHS.

The following are not eligible to claim for a funded appraisal as time for appraisal is already included within these contracts:

- salaried dentists that are on NHS Terms and Conditions, this includes dentists that are undertaking dental foundation training (DFT) and dental therapists undertaking dental therapy foundation training (DTFT) during their training period, and any salaried staff; and
- those working under contracts providing dental care in secure and detained estates.

# Crediting of self-declarations

## Crediting

- A credit of £213\* can be claimed per appraisal per eligible individual.
- This credit will be funded from within contract value and will therefore already be included in the monthly contractual payments across the year.
- The £213 will be converted into UDAs at the appropriate rate by the NHSBSA on claiming and count towards achievement of contract delivery and will therefore be considered within mid-year review and year-end reconciliation processes.

## Claims

- Claims will be submitted through the contract management and payment system with individuals required to self-declare that they have had an appraisal during the year in which they are submitting the claim and that they meet the eligibility criteria
- Eligible individuals must have a personal ID number (PIN) and be added to the list of clinicians employed on the contract in the contract management and payment system to self-declare for an annual appraisal.
- Appraisals are to be claimed for upon completion and submitted no later than 2 months after the date on which the annual appraisal was completed.
- Those eligible are only entitled to a maximum of **one claim** per year for a funded annual appraisal. Any subsequent claims submitted during the same financial year will be rejected. For any eligible individuals working on multiple contracts, it is recommended that claims are submitted under the contract on which most NHS activity is provided throughout the year to which the claim applies.

# What happens next?

## Provider actions

- Ensure eligible individuals who will have an appraisal are added to the list of clinicians employed on the contract in the NHS BSA contract management and payment system by:
  - creating a new clinician and inputting the required information

## Commissioner actions

- Authorise clinician additions in the NHS BSA contract management and payment system
- Eligible individuals must self-declare that their appraisal has taken place via the self-declaration form on NHS BSA contract management and payment system within 2 months of completion of the appraisal (once per year)

# Changes from June 2026

# What to expect of the changes that will come in from June (1/2)

Complex care pathways

New pathways designed to provide enhanced longitudinal care for patients with unmanaged caries and periodontal disease, including provision of advice on oral health and prevention to support patients to maintain good oral health and reduce the risk of further treatment.

	Pathway 1	Pathway 2	Pathway 3
Eligibility (≥16 years of age)	≥5 teeth with caries into dentine	≥5 teeth with caries into dentine plus unstable periodontal disease	First diagnosis of Stage III or unstable Grade C periodontal disease or above
Total credit	£284	£709	£248
Length	6-months	12-months	6-months
Monthly crediting* across the pathway	1/6th of the total financial value over 6 months	1/12th of the total financial value over 12 months	1/6th of the total financial value over 6 months

- Supported by light-touch monthly declarations over the whole 6/12 months to confirm that ongoing care is being provided.
- There will be a mechanism to allow suspension of pathways/incompletion of pathways.
- The total credit will only apply for completion of a pathway and submission of all declarations.
- The patient charge will be a Band 2 for each pathway unless laboratory work is required and then the patient charge will increase to a Band 3.

\*converted to UDAs at the providers nominal UDA value

# What to expect of the changes that will come in from June (2/2)

## Denture modifications

- In recognition of the clinical time and costs involved in modifying, relining or rebasing a denture, new payments will be introduced. Revised UDAs will apply as follows:
  - 3 UDAs where this is the only treatment being provided under a Band 2a course of treatment
  - 2 UDAs plus the relevant UDAs for a Band 2 course of treatment where it is claimed alongside a Band 2 treatment
  - 2 UDAs plus the relevant complex care pathway payment where it is claimed alongside or within 3 months of the pathway (note this does not apply if a Band 3 is claimed alongside or within 3 months of a pathway).
- The UDAs for denture repairs will be increased to 2 UDAs. This can also be claimed alongside a Band 2 course of treatment or a complex care pathway. Note that where a Band 3 is claimed alongside a complex care pathway the additional 2 UDAs cannot be claimed.

## Discretionary payments

- Extended to include performers who have transitioned from an NHS secondary care setting into primary care as part of their continuous NHS service.
- Performers must provide documented NHS employment history when submitting an initial claim.
- The practice manager or contractor is responsible for verification of submitted details.
- Once verified, the practice manager/contractor will forward the information to the NHS BSA.
- NHS BSA will process the discretionary payment upon receipt of verified documentation.

- We will publish contractual and clinical guidance on these areas and hold further webinars in advance of the changes coming into force from June.
- System suppliers will be engaging with practices about the changes they are making to support implementation.



# **Working together in 2026/27**

# Key dates

Date	Action / deadline
13 March	Deadline for ICBs to send out letters to all providers on urgent (unscheduled) care
By end of March	NHSE publishes contractual guidance
w/c 23 March	ICBs write to eligible dental contractors to offer the QI programme and advise of the sign-up deadline
1 April	<ul style="list-style-type: none"><li>• New regulations come into force</li><li>• Unscheduled care, QI, appraisal, fissure sealant and fluoride varnish changes begin</li><li>• ICBs begin to send out contract variations for these changes</li></ul>
During April	QI webinar (details to be confirmed)
8 May	Provider deadline to sign-up to participate in the year 1 quality improvement programme via the sign-up form on the NHS BSA contract management and payment system
29 May	<ul style="list-style-type: none"><li>• Deadline for ICBs to check contractor eligibility to participate and notify NHS BSA of any corrections</li><li>• Deadline for ICBs to notify providers identified as not eligible to participate in year 1 QI, informing them that their sign-up will be removed</li></ul>
May/June	ICBs to issue contract variations to participating contracts

We are committed to reviewing roll-out of the changes and working with practices and the sector to ensure implementation is as smooth as possible.

- We are already working closely with commissioners, system suppliers, and colleagues across the sector to ensure these changes are fully explained and easy to implement.
- We want to hear feedback about anything that practices think can be improved, and are committed to working with the BSA to review early impacts and ensure we can provide the information dental teams need to ensure these changes create positive improvements for patients and the profession.
- We will publish further guidance and host relevant webinars to support providers and commissioners to prepare for:
  - the June changes
  - mid-year review and
  - year-end processes.
- Learning from these changes will inform further work with government to consider future reform.

# Q&A

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## Thank You



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