

Quality and payment reforms: care pathways

30 June 2026



Clinical Philosophy

Two Principal Non-Communicable Diseases

One Combined Clinical Approach

Minimally Interventive Oral Care

Determine - Disease risk

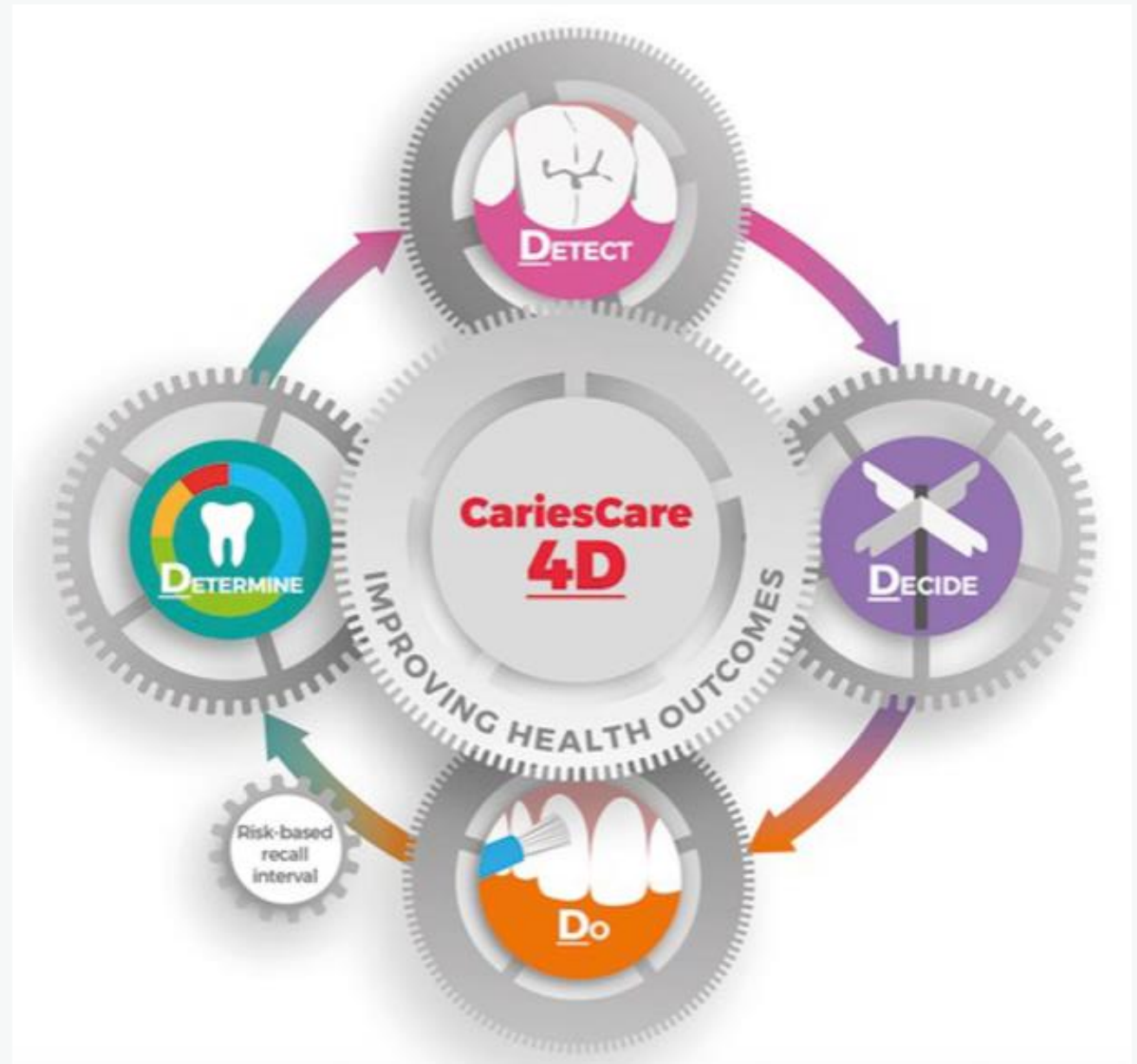
Detect - Staging & Grading

Decide - Personalised Care Plan

Do - Minimally interventive treatment

Barriers under current contractual system

- Numerous courses of treatment
- Increased level of patient charges
- Risk of flagging high numbers of CoT



Minimally Interventive Oral Care



2019

**CariesCare Practice Guide:
Consensus on evidence into
practice**

Martignon, Pitts Goffin et. al.

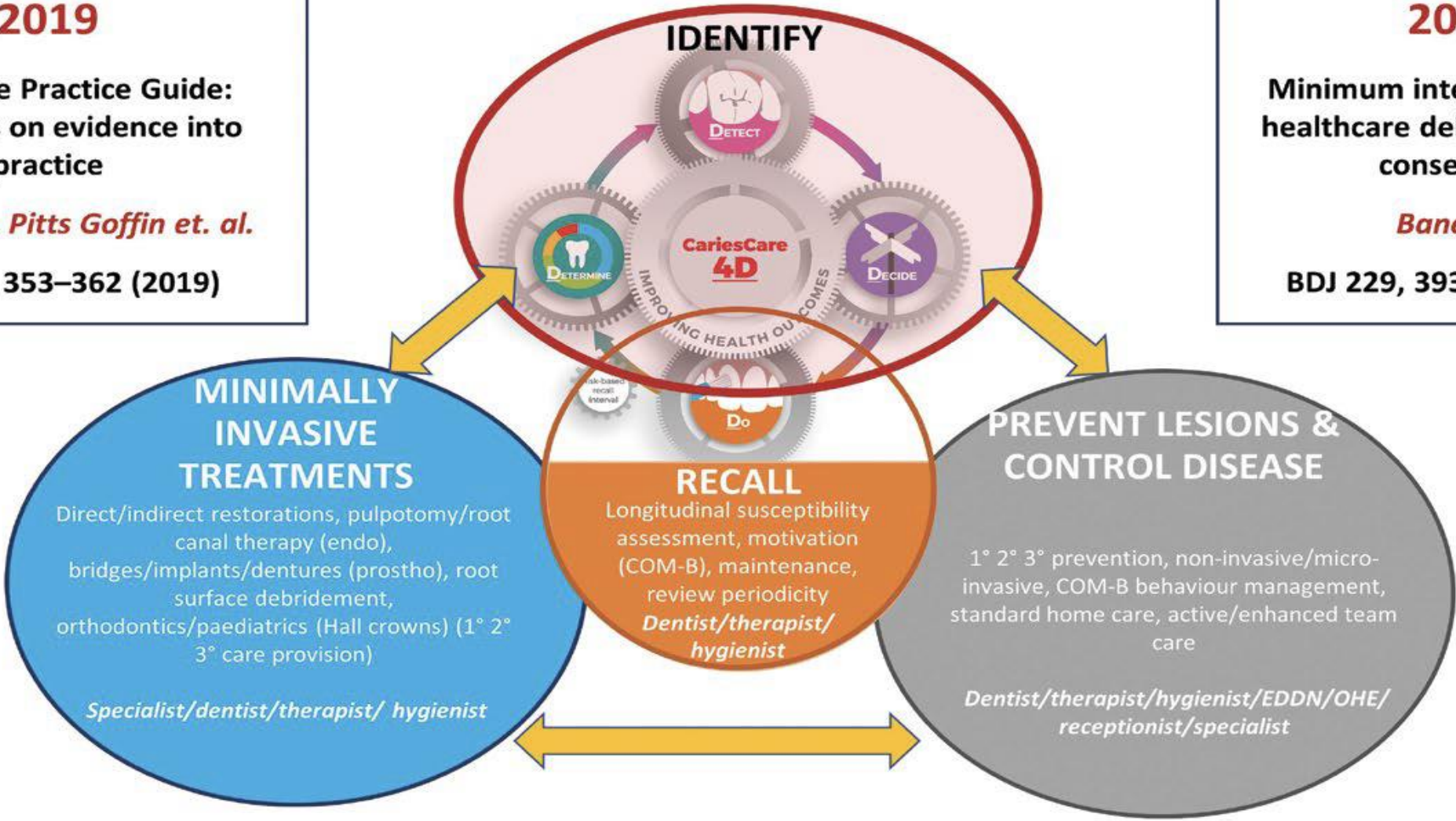
BDJ 227, 353–362 (2019)

2020

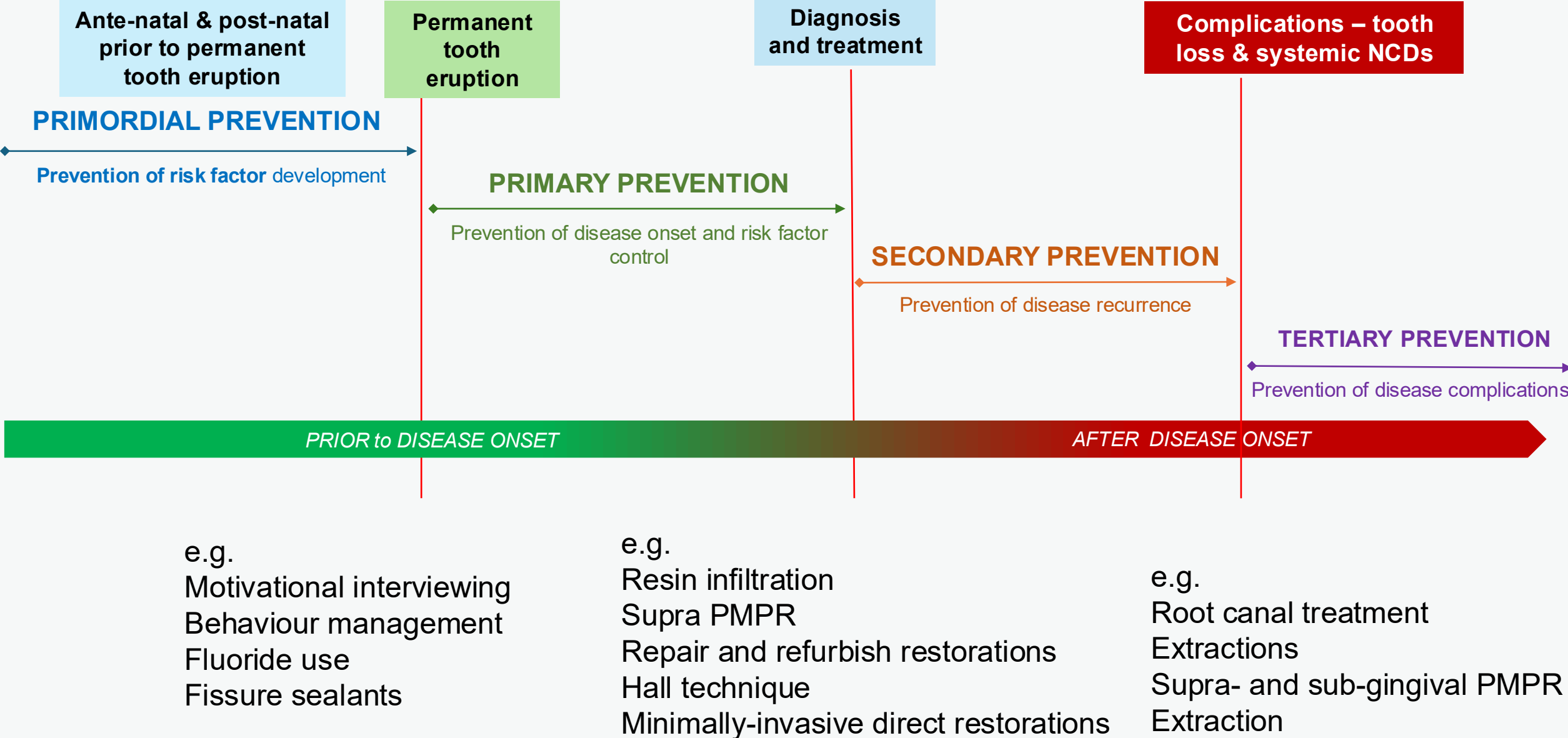
**Minimum intervention oral
healthcare delivery- is there
consensus?**

Banerjee

BDJ 229, 393–395 (2020)



Stages of prevention of diseases

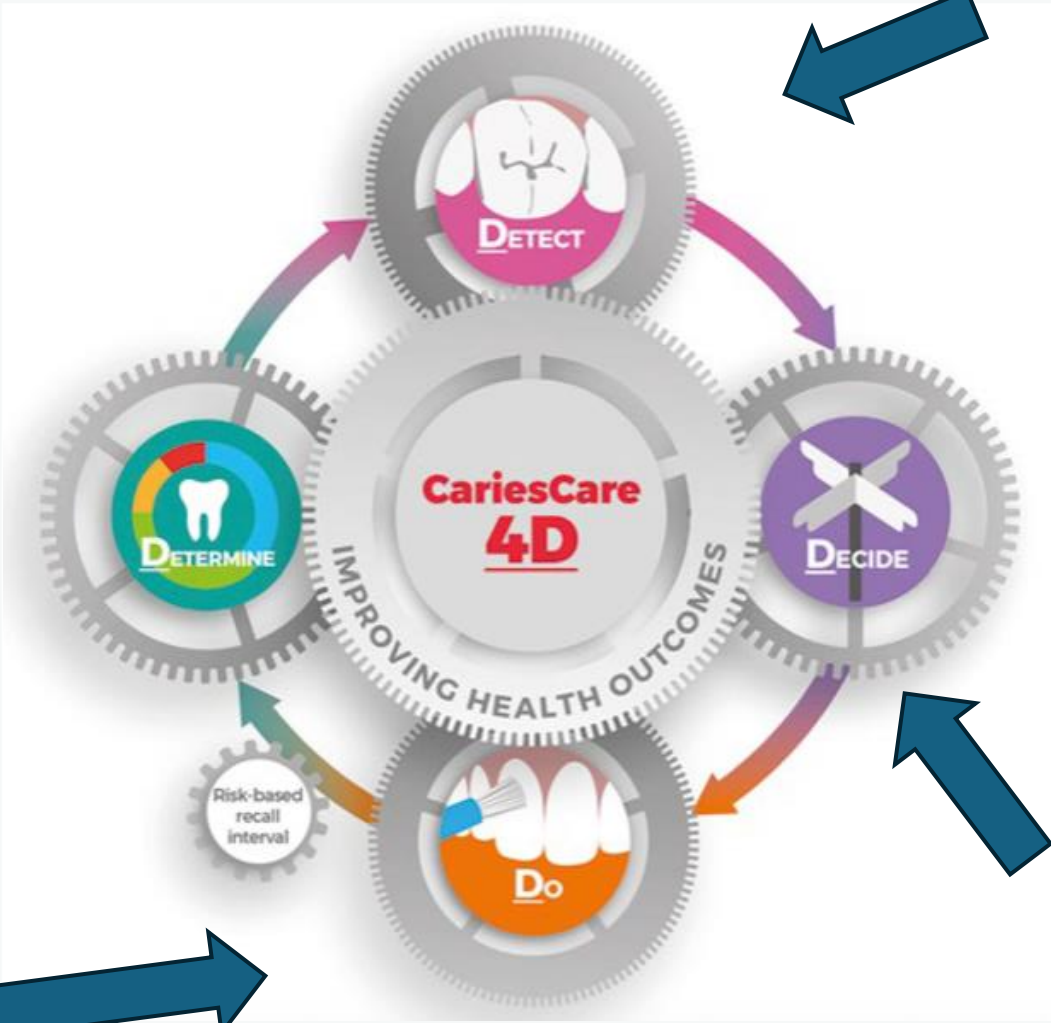


Use of Skillmix

Dentist, Therapist, Hygienist:
Risk-based recall determination



- Therapist, Hygienist, Dentist:
- Secondary/Tertiary prevention
 - Resin infiltration
 - Hall technique
 - PMPR
 - RCT
 - Extraction

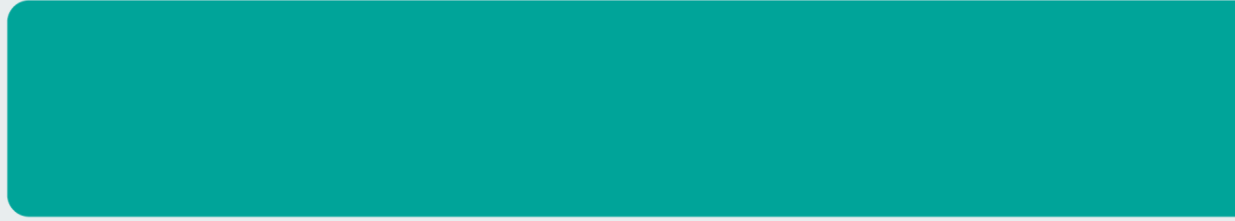


Dentist, Therapist, Hygienist,
Extended Duties Dental Nurse:

- Radiographs/photographs
- Plaque score
- Saliva testing
- Risk factors analysis
- Staging and grading current disease

Therapist, Hygienist, Extended
Duties Dental Nurse (Dentist):

- Prevent and control disease
 - Motivational interviewing
 - Oral health education
 - Topical fluoride application
 - Fissure sealants
 - PMPR



How the care pathways work in practice

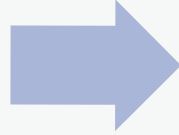


Care provision for the pathways

Care and oral health prevention activities during the pathway will be same as that provided now under banded courses of treatment. The number of appointments will be clinically determined in line with the care plan and where applicable, the number of periodontal care steps.

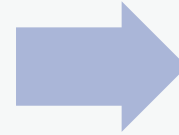
Start of the pathway (initial declaration)

- Oral examination and assessment
- Recording of diagnosis of disease (caries and/or periodontitis)
- Identification and recording of modifiable risk factors
- Development of care plan, agreed and shared with patient



During the pathway (interim declarations)

- Care – includes any band 2 treatment
- Preventative advice and support, including how modifiable risk factors are addressed
- Periodontal care - minimum of 3 or 2 steps
- Assessment and monitoring through the pathway



Pathway close (complete declaration)

- Any final care planned
- Assessment and clinically determined risk-based recall

In addition, practices can claim where appropriate:

- Denture or Band 3 treatment during, or up to 3 months after, a pathway.
- Urgent treatment for intra-oral injury any time during a pathway.

Care pathway 1: caries management

Example patient journey

Patient Presentation: Mr. H (42) - high caries risk and acute symptoms

Presentation: urgent appointment

- Severe pain (LR6), spontaneous, not resolved by over-the-counter analgesia

Assessment findings

- 5 dentinal caries - irreversible pulpitis of the LR6
- Mild gingivitis (BPE 122/221)
- Poor OH (plaque score 50%)
- High frequency sugar intake
- Irregular attendance, dental anxiety & low motivation
- Caries risk assessment: HIGH

Management approach

- Urgent care: appropriate vital pulp therapy or extirpation & provisional restoration of LR6
- CCP1: prevention + behaviour change

Oral health assessment and care provision

Step 1

- Oral health assessment → Poor oral hygiene & diet, 5 dentinal caries – High caries risk
- Prevention in line with Delivering Better Oral Health - SMART goals set
- Clinically appropriate restorations / sealants, extraction of hopeless prognosis teeth.
- ~ 4-6 weeks later remote consultation review risk factors and provide prevention advice and support

Reassessment

Step 2

- Remote consultation ~3 months post start of step 1 (Dentist or appropriate Dental Care Professional) - risk factor management review – OH coaching, diet advice reinforcement and emerging concerns addressed
- In the meantime, attends with a fractured cusp with no associated pathology- separate band 1 urgent claim

Reassessment

Step 3

- Reassessment ~ 6 months post start of step 1
- Bitewing radiographs (per FGDP guidance)
- Risk factor management review - improved OH → medium risk
- Replace existing restorations as needed
- Recall to a banded CoT appointment - typically 6 months in line with NICE guidance for medium risk; however, a 3-month recall is required to review endodontic healing and consider ongoing care

Care pathway 2: caries and periodontal management

Example patient journey

Patent Presentation: Ms. J (45) - high caries risk and unstable periodontitis

Presentation: routine appointment

- Denture is increasingly uncomfortable causing pain and discomfort
- Multiple caries + unstable periodontitis

Assessment findings

- 5 dentinal caries; LR7 irreversible pulpitis with normal PA health
- Periodontitis Stage II Grade B, unstable
- Plaque 47%, bleeding 39%
- Medical factors: Citalopram, Tramadol, Morphine and HRT
- Social factors: ex-smoker; alcohol <14 units/week; medications include
- Caries risk assessment: HIGH

Management approach

- This routine appointment constitutes part of CCP2 – denture adjusted

Oral health assessment and care provision

Step 1

- Urgent care- Pulpotomy LR7
- Preventive care follows - prevention in line with Delivering Better Oral Health
- SMART goals set
- Step 1 periodontal therapy (BSP S3 with PMPR) and detailed pocket chart
- Clinically appropriate restorations / sealants

Prevention and stabilisation

Step 2

- ~3 months post start of step 1 - risk factor management review - prevention in line with Delivering Better Oral Health
- Periodontal management guided by response - repeat Step 1 if no improvement, or progress to Step 2 periodontal therapy (BSP S3 with PMPR) with detailed pocket charting and subgingival instrumentation, where SMART goals met
- Replace existing restorations as needed and review pulp health LR7

Reassessment

Step 3

- Reassessment ~6 months post start of step 1 - radiographs (per FGDP guidance)
- Risk factor management review - prevention in line with Delivering Better Oral Health
- Periodontal care progresses to Step 3 (BSP S3) to manage non-responding sites if engaged
- Replace existing restorations as needed – review pulp health LR7

Reassessment

Step 4

- At 9–12 months - risk factor management review - prevention in line with Delivering Better Oral Health
- Periodontal care progresses to Step 4 (BSP S3) focussing on long-term maintenance and Step 3 of care (BSP S3) to manage any non-responding sites where appropriate
- Restorative care - ongoing review and optimisation of restorations in line with the 5 Rs
- A personalised NICE recall interval set at 4 months due to ongoing high caries and periodontal risk

Care pathway 3: advanced periodontal management

Example patient journey

Patient Presentation: Mr. S (58) - advanced periodontitis

Presentation: routine appointment

- Bleeding gums, mobility

Assessment findings

- Smoker (10/day)
- Hard tissue: Mild tooth wear; low caries risk; mobility UL1/UL2 prognosis guarded
- Plaque 55%, BOP 41%
- Generalised periodontitis, Stage IV Grade C, currently unstable with risk factors of poor plaque control and smoking, irregular attendance, behavioural barriers to maintenance and plaque-retentive factors
- Poor OH (no interdental cleaning)
- Periodontitis risk : HIGH

Management approach

- This routine appointment constitutes part of CCP3

Oral health
assessment and
care provision

Step 1

- Preventive care follows - prevention in line with Delivering Better Oral Health with SMART goals set
- Periodontal Step 1 care in line with BSP S3 guidance (including PMPR).
- A remote review at ~4 weeks (Dentist or appropriate Dental Care Professional) reinforces risk factor management and oral hygiene advice and addresses any emerging concerns

Evaluation and
restorative care

Step 2

- Reassessment at ~3/4 months - risk factor management review - prevention in line with Delivering Better Oral Health
- Periodontal management depends on progress: SMART goals not met, repeat Step 1 care; if improved, progress to Step 2 of BSP S3 guidance.

Reassessment

Step 3

- Reassessment at ~ 6 months post start of step 1 - risk factor management review - prevention in line with Delivering Better Oral Health - Detailed pocket charting
- Periodontal care progresses to Step 3 (BSP S3) to manage non-responding sites, depending on response to Step 2 for engaged patients.
- Recall to a banded CoT appointment ~3m