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NHS dentistry: quality and payment reforms contractual guidance

Version 2, updated June 2026

[Publication \(/publication\)](#)

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1. Introduction

The NHS dental contract quality and payment reforms mark a significant step in improving both access to NHS dentistry and the care people receive.

These reforms will help dental teams provide care that better reflects the diverse oral health needs of people across England. The changes also respond to concerns raised by dental professionals about aspects of previous contractual arrangements that they felt limited their ability to provide optimal care.

Several important amendments are being introduced as part of these reforms. These include:

- a new Urgent Care safety net, helping people get rapid access to NHS care when they need it most
- increased support for preventative care and oral health stabilisation, with a particular focus on patient groups identified as having the greatest need
- preventative oral health measures for children, ensuring improved long-term outcomes through early intervention
- promotion of good quality, evidence-based care, underpinned by the latest clinical guidelines and best practices
- a new quality improvement programme
- support for staff motivation and development, recognising the vital role of dental teams in delivering high-quality care

This publication is intended for Dental Contractors, Dental Teams and Commissioners.

It provides information on the contractual changes to the General Dental Services (GDS) contract and Personal Dental Services (PDS) agreement that come into force from the 2026/27 financial year. It includes details on:

- eligibility
- relevant service requirements
- actions to be taken
- payment arrangements and reconciliation processes

Readers should refer to this publication in conjunction with the Regulations and [Statements of Financial Entitlements](https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions) (<https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions>) (as defined below) and [Policy book for primary dental services](https://www.england.nhs.uk/publication/policy-book-for-primary-dental-services/) (<https://www.england.nhs.uk/publication/policy-book-for-primary-dental-services/>), to ensure full compliance and understanding of the contractual framework.

For clarity, all payments (credits) referenced in this publication form part of a Dental Contractor's contract value.

Overview of updates to this version of the document

We have made the following amendments to the previous version of this document, as highlighted in yellow:

- added clarity on how the Commissioner should deal with contracts that start or end mid-year in terms of calculating the urgent care requirement
- amended the description of fluoride varnish to clarify that a prescription is needed from the dentist who examined the child, so that a suitably competent dental nurse will be able to apply fluoride varnish without a dental examination
- removed the use of "Nominal UDA Value" and replaced it with "Monetary Value of a UDA" to accurately reflect how dental payments will be calculated
- replaced reference to 'prisons' with a new definition of secure and detained estates

New sections (section 4 and 5) have been added to this updated publication for the Complex Care Pathways and Denture Modification reforms, which apply from 23 June 2026. A new [section 10](#) has been added to this updated publication for the discretionary payments which will apply from September 2026.

2. Defined terms

In this document:

- **"Appraiser"** means the eligible dental professional who has had an annual appraisal during the relevant financial year
- **"Appraiser"** means the person conducting the annual appraisal for the Appraiser
- **"Commissioner"** means the relevant integrated care board (ICB) that holds the NHS dental contractual agreement with the Dental Contractor
- **"Community Dental Services"** has the meaning as provided in regulation 5 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
- **"Complex Care Pathway (CCP)"** means a course of treatment consisting of all the required dental services specified in Table C in Schedule 2 to the GDS Contract regulations and PDS Agreement regulations, relevant to the specific Complex Care Pathway 1, 2 or 3 under which a patient is receiving care
- **"Complex Care Pathway Payment (CCP Payment)"** means the total financial value of a Complex Care Pathway as outlined in the Statement of Financial Entitlements
- **"Contract Management and Payment System"** means the system operated by the NHS Business Service Authority (NHS BSA) to support contract management and payment to Dental Practices (currently Compass), or its subsequent replacement
- **"Declaration"** means a submission made by the Dental Contractor to confirm the status of the Complex Care Pathway and prompt the associated Declaration Credit
- **"Declaration Credit"** means the UDAs credited in instalments against each submitted declaration over the length of the Complex Care Pathway
- **"Dental Care Professional (DCP)"** means a person qualified to deliver certain aspects of dental care (including dental nurses, dental hygienists and dental technicians) and is engaged or employed to do so by the Dental Contractor
- **"Dental Contractor"** means the individual (or individuals) who hold(s) an NHS dental contract that delivers mandatory services
- **"Dental Practice"** means the business operated by the contractor for the purpose of delivering services under the contract and the Dental Team working together for this purpose
- **"Dental Public Health Services"** means services provided by the contractor by virtue of section 16CB(4)(c) of the Act (dental public health)
- **"Dental Team"** means a group of individuals working together in a Dental Practice who provide services under the contract. This may include, but is not limited to, the Dental Contractor(s), dentists, dental nurses, dental hygienists and dental therapists
- **"Denture Modification"** means the relining or rebasing of dentures, including soft linings and/or the addition of a tooth, clasp, labial or buccal flange to dentures, as specified in Part 1A of Schedule 2 to the GDS Contract regulations and Part 21A of Schedule 2 of the PDS Agreement regulations
- **"Directory of Service"** means the national database of validated, up-to-date NHS service information in England, working with NHS Pathways to provide real-time guidance that directs patients to the most appropriate service based on clinical need and local availability

- **“General Dental Services (GDS) contract”** means the contract for services provided under the National Health Service (General Dental Services Contracts) Regulations 2005 (S.I. 2005/3361)
- **“GDS Contract regulations”** means the National Health Service (General Dental Services Contracts) Regulations 2005 (S.I. 2005/3361)
- **“Monetary Value of a Unit of Dental Activity”** means the relevant contract value divided by the total number of units of dental activity to be provided by the contractor in a financial year, but excluding those units of dental activity that relate to sedation services and domiciliary services
- **“Negotiated Annual Contract Value (NACV)”** means the annual payment paid to the contractor in respect of the agreed number of UDAs and UOAs to be delivered over a financial year under a GDS contract
- **“Negotiated Annual Agreement Value (NAAV)”** means the annual payment paid to the contractor in respect of the services to be provided in a financial year under the PDS agreement
- **“Patient”** means a person to whom the Dental Contractor is providing services under the contract and where applicable as defined in relevant chapters of this document
- **“Personal Dental Services (PDS) agreement”** means the contract for services provided under the National Health Service (Personal Dental Services Agreements) Regulations 2005 (S.I. 2005/3373)
- **“PDS Agreement regulations”** means the National Health Service (Personal Dental Services Agreements) Regulations 2005 (S.I. 2005/3373)
- **“QI Lead”** means the person identified from within the Dental Practice to lead the quality improvement programme on behalf of the Dental Practice
- **“Relevant Contract Value (RCV)”** means the NACV or NAAV exclusive of any payments related to Dental Public Health Services, orthodontic services, sedation services, and domiciliary services
- **“Regulations”** means the National Health Service (General Dental Services Contracts) Regulations 2005 (S.I. 2005/3361), the National Health Service (Personal Dental Services Agreements) Regulations 2005 (S.I. 2005/3373) and the National Health Service (Dental Charges) Regulations 2005 (S.I. 2005/3477), as amended
- **“Required Number of Urgent Treatments”** means the required number of Band 1 urgent FP17 claims the contractor must complete in each financial year, in accordance with regulation 17A(1) and (2) of the GDS Contract regulations or regulation 13A(1) and (2) of the PDS Agreement regulations, as applicable
- **“Secure and Detained Estates”** means prisons and other accommodation set out in regulation 10(2)(b) to (e) of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
- **“Statement of Financial Entitlements”** means the [General Dental Services Statement of Financial Entitlements 2013](https://www.gov.uk/government/publications/dental-services-statements-of-financial-entitlements-2013) (<https://www.gov.uk/government/publications/dental-services-statements-of-financial-entitlements-2013>), and the [Personal Dental Services Statement of Financial Entitlements 2013](https://assets.publishing.service.gov.uk/media/659be7b0c23a10000d8d0c64/PDS_SFE_2013.pdf) (https://assets.publishing.service.gov.uk/media/659be7b0c23a10000d8d0c64/PDS_SFE_2013.pdf) as amended
- **“Unit of Dental Activity (UDA)”** is the expression of the amount and measure of contracted activity for the provision of, mandatory services and advanced mandatory services provided under the contract, in accordance with Part 1, Schedule 2 to the GDS Contract Regulations or the PDS Agreement regulations, as applicable
- **“Urgent Care”** means emergency, urgent and non-urgent unscheduled dental need requiring clinical care within 60 minutes, 24 hours or 7 days respectively, unless the condition worsens, and includes the dental services specified in as defined in Schedule 4 to the Charges Regulations and as detailed in the [Clinical guidance: unscheduled urgent and non-urgent dental care](https://www.england.nhs.uk/long-read/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/) (<https://www.england.nhs.uk/long-read/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/>)
- **“Urgent Course(s) of Treatment”** means a Band 1 urgent course of treatment for the provision of Urgent Care
- **“Urgent Treatment”** means dental treatment required to meet the clinical Urgent Care needs of a patient following triage

3. Urgent care

3.1 Background

The NHS has a responsibility to ensure people have timely and appropriate access to Urgent Care.

Urgent Care should be of high quality, and individuals with urgent dental needs should be seen in the right place, by the right person delivering the right care at the right time.

This care should be provided in line with the Regulations and the [Clinical guidance: unscheduled urgent and non-urgent dental care](https://www.england.nhs.uk/publication/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/) (NHS England) (<https://www.england.nhs.uk/publication/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/>).

However, many patients still struggle to access Urgent Care, especially those without a regular dentist. 2 separate factors have been identified as contributing to the access difficulties for patients with urgent or unscheduled care.

First, practices under the pre-existing contractual arrangements have not been under any contractual obligation to provide a minimum level of Urgent Care, so Dental Practices have been able to decide whether to provide Urgent Care appointments; second, feedback from the profession has indicated that the payment available has not adequately supported optimal

clinical delivery.

To address these issues and ensure Urgent Care is prioritised, from 1 April 2026, contractual changes will be introduced that:

- require high street Dental Contractors, as defined in [section 3.3](#), to provide a proportion of their contract to patients with Urgent Care needs
- amend the payment arrangements for all Dental Contractors previously covered by 1.2 UDAs. This will be replaced by one of the following (and converted to UDAs):
 - a £15 fixed and £60 activity payment for those Dental Contractors required to prioritise part of their contract for Urgent Care and in respect of their Required Number of Urgent Treatments
 - a £75 activity payment for those Dental Contractors not required to provide a proportion of their contract for Urgent Care

3.2 Patients eligible for Urgent Care and Dental Contractor service requirements

All patients who have an Urgent Care need are eligible to receive treatment in line with Schedule 4 of the NHS Charges Regulations (urgent treatment under Band 1 charge) and the [Clinical guidance: unscheduled urgent and non-urgent dental care \(NHS England\)](https://www.england.nhs.uk/publication/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/) (<https://www.england.nhs.uk/publication/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/>).

The Regulations and clinical guidance set out the definition of Urgent Treatment, which includes those requiring:

- emergency unscheduled care (immediately life threatening and oral and dental conditions) clinical triage within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition*
- unscheduled urgent dental treatment within 24 hours
- unscheduled non-urgent dental treatment within the next 7 days

[*Providers should be prepared to consider undertaking emergency unscheduled dental treatment where dental teams are sufficiently skilled and competent to do so; however, in most instances, these cases will be managed through other pathways.]

Care must be accessible to everyone – children, adults and people with additional needs – whether or not they are already receiving treatment in primary dental services or are already known to the practice. Patients must not be denied access to an available Urgent Care appointment because they do not have an NHS number, GP registration or current permanent address.

Dental Contractors with a Required Number of Urgent Treatments should meet the following service requirements when providing Urgent Care, which include:

- delivery of Urgent Treatment must be in accordance with Schedule 4 of the NHS Charges Regulations and contractors must have regard to the Clinical guidance: unscheduled urgent and non-urgent dental care (NHS England).
- the availability of appointments for urgent treatment and how patients can access these must be included in the patient information leaflet and, where applicable, on the contractor's website.
- information must be kept up to date on the contractor's Directory of Services profile and the Dental Contractor must inform the Commissioner of any change in information within 2 working days of identifying a need for such change.
- the contractor must make use of all available capacity to provide urgent treatment to patients who either make direct contact with the practice, or who are referred or signposted to it by helpline services.

Failure to comply with these service requirements may result in a contract breach.

3.3 Dental contractors for whom the Required Number of Urgent Treatments applies

Dental Contracts for the provision of mandatory services under a GDS contract or PDS agreement and are contracted for 100 or more units of dental activity (UDAs) every financial year will be required to provide a specified number of Urgent Courses of Treatment ("Required Number of Urgent Treatments").

The Required Number of Urgent Treatments does not apply to contracts for the provision of:

- non-mandatory services
- 99 or less units of dental activity every financial year
- dental services to children only under a pre-2006 child-only contract, where the agreement was entered into before 1 April 2006
- Community Dental Services only
- dental services in secure and detained estates only
- Dental Public Health Services only

Commissioners will notify contractors whether they have a Required Number of Urgent Treatments or whether no such requirement applies to their contract.

3.4 Calculation for the Required Number of Urgent Treatments

For each eligible Dental Contractor, the Required Number of Urgent Treatments is calculated nationally as 8.2% of the Relevant Contract Value (RCV).

The RCV is the negotiated annual contract value (NACV) or negotiated annual agreement value (NAAV), as applicable, after subtracting payments for:

- Dental Public Health Services
- orthodontic services
- sedation services
- domiciliary services

The 8.2% requirement equates to 11 Urgent Courses of Treatment for every £10,000 of RCV, rounded up to the nearest integer. This is calculated as:

Required Number of Urgent Treatments = RCV divided by £10,000, multiplied by 11

The examples below show how this calculation works at contract level and how the final number should be rounded up to the nearest whole course of treatment.

Example 1

Dental Contractor A has a RCV of £30,000. The Required Number of Urgent Treatments is 33. This is calculated as follows:

- £30,000 divided by £10,000 equals 3
- $3 \times 11 = 33$
- the requirement is 33 Urgent Courses of Treatment

Example 2

Dental Contractor B has a RCV of £510,500. The Required Number of Urgent Treatments is 562. This is calculated as follows:

- £510,500 divided by £10,000 = 51.05
- $51.05 \times 11 = 561.55$
- rounded up, the requirement is 562 Urgent Courses of Treatment

Example 3

Dental contractor C has an NACV of £1,200,000. This includes £100,000 for orthodontic services, £50,000 for sedation services and £50,000 for public health services. The Required Number of Urgent Treatments is 1,100.

- $£1,200,000 - (£100,000 + £50,000 + £50,000) = £1,000,000$ (the RCV)
- £1,000,000 divided by £10,000 = 100
- $100 \times 11 = 1,100$
- the requirement is 1,100 Urgent Courses of Treatment

Commissioners must calculate the Required Number of Urgent Treatments for each Dental Contractor using the formula set out in this section (and in regulation 17A(2) of the GDS Contract regulations and regulation 13A(2) to the PDS Agreement regulations.

The Required Number of Urgent Treatments **should be communicated, in writing, to the Dental Contractor by 15 March each year** (or closest working day prior to 15 March). A template letter for this purpose is available on the [NHS England dental contract reform webpage \(https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/\)](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/).

Once the Required Number of Urgent Treatments has been calculated and communicated in writing to the Dental Contractor, the Commissioner must update the Contract Management and Payment System as outlined in [section 3.6](#).

Where the NACV or NAAV is amended during the financial year, and consequently changes the RCV value the Commissioner must recalculate the Required Number of Urgent Treatments. This recalculation will follow the same formula outlined in this section. The Commissioner must inform the Dental Contractor of this change in writing and amend the information contained within the Contract Management and Payment System as outlined in [section 3.6](#).

Where the NACV or NAAV is amended during the financial year due to an uplift decided by government following a recommendation from the Doctors' and Dentists' Review Body (DDRB), the Required Number of Urgent Treatments will not be recalculated.

The RCV should not be recalculated where a Dental Contractor has an agreement to deliver up to 110% of the contract value during the financial year. For the avoidance of doubt, while an agreement with a Dental Contractor to deliver up to 110% of the contract value during the financial year does not itself trigger a recalculation, it does not exempt the contract from adjustments arising from changes to the underlying RCV – see example below where there is a change in the NACV due to a renegotiation of the contract value.

The following example shows how the Required Number of Urgent Treatments will be adjusted due to a change in NACV during the financial year.

Example

Dental Contractor D has a RCV of £50,000 at the start of 2026/27, giving a Required Number of Urgent Treatments of 55.

On 1 October 2026, their NACV increases through renegotiation to £75,000. This requires a recalculation of their Required Number of Urgent Treatments for the financial year.

- Recalculated Required Number of Urgent Treatments:
 - £75,000 divided by 10,000 = 7.50
 - 7.50 x 11 = 82.5
 - rounded up = 83 Required Number of Urgent Treatments

The percentage to determine the Required Number of Urgent Treatments will be reviewed nationally each year ahead of the new financial year. Where it is determined that this percentage would change, this section and the Regulations will be updated to reflect the revised percentage.

Any revision to the percentage for the coming financial year will determine the number of Urgent Courses of Treatment required per £10,000. Commissioners must recalculate the Required Number of Urgent Treatments and communicate this in writing to the Dental Contractor.

The Required Number of Urgent Treatments sets a minimum delivery requirement for each Dental Contractor. A Dental Contractor may deliver more than this required number, but this must be within their overall contracted activity (within their remaining 91.8% NACV or NAAV).

Delivery of Urgent Courses of Treatment above this required number does not create an automatic right for payment should the NACV be exceeded.

Delivery above the NACV or NAAV will not be paid for unless an agreement is made in advance with the Commissioner that they will fund additional activity (up to 110%).

For future years the Department of Health and Social Care and or NHS England will confirm in advance any changes to the 8.2% national urgent care requirement and update this guidance accordingly.

3.5 Commissioner discretion to reduce the Required Number of Urgent Treatments

Commissioners have discretion to reduce the Required Number of Urgent Treatments in each financial year by up to 15% per contract.

This discretion will only apply where there is evidence of insufficient demand and where contractors have taken reasonable steps to ensure that Urgent Care is accessible for patients, as set out below.

Commissioners may reduce the Required Number of Urgent Treatments at any time during the period from 30 October to 31 March in each financial year.

This reduction must not exceed 15% of the original Required Number of Urgent Treatments set at the start of the financial year (or at the start of the contract if it began part-way through the year). However, reductions do not need to be applied in a single adjustment; instead, a series of incremental reductions may be spread across the relevant period as long as the total decrease remains 15% or less.

Where the Commissioner applies this discretion, the reduction will be communicated in writing to the Dental Contractor. The Commissioner will also need to amend the information in the Payment and Management System as outlined in [section 3.6](#).

When considering any reduction to the Dental Contractor's Required Number of Urgent Treatments, Commissioners should have regard to whether all of the following are satisfied:

- that all the service requirements are being met by the Dental Contractor
- patient demand for Urgent Care in the locality is lower than the Required Number of Urgent Treatments, impacting the ability of the Dental Contractor to meet their required number
- patients can access the Urgent Care appointments, and the Dental Practice is not turning patients away from available appointments
- the Dental Practice is actively supporting a seamless patient journey for booking appointments – for example, addressing any issues that make appointments hard to book and taking steps to reduce missed appointments

When determining where to apply this discretion, Commissioners should consider a range of evidence, including but not limited to:

- contract management information
- FP17 Urgent Care data
- demand versus utilisation data
- NHS 111 or local helpline data
- patient feedback or complaints

Commissioners must have in place a process to:

- review contracts (by December each year) using the considerations and evidence above to support any decision to reduce a Dental Contractor's Required Number of Urgent Treatments, including the level of that reduction
- follow a governance process, considering system-wide Urgent Care delivery levels and the scale of other adjustments agreed, to provide assurance for any adjustment decisions
- inform the Dental Contractor of any reduction in the Required Number of Urgent Treatments within two working weeks after the decision is made, once there is clear evidence to support the reduction;
- amend the information in the Contract Management and Payment System as outlined in [section 3.6](#)

Example 4 in [section 3.8.1](#) demonstrates how the Required Number of Urgent Treatments could be adjusted due to Commissioner discretion.

Where there is a change in NACV or NAAV during the financial year, Commissioner discretion to reduce the Required Number of Urgent Treatment still applies as set out in this section 3.5. This discretion would apply to the revised Number of Required Urgent Treatments calculated as a result of the change in NACV or NAAV.

3.6 Adding or amending the Required Number of Urgent Treatments in the Contract Management and Payment System

For those Dental Contractors for whom a Required Number of Urgent Treatments applies, Commissioners must do all of the following:

- create within the Contract Management and Payment System the non-recurrent service line titled 'Unscheduled Mandatory Requirement' by mid-March each year, with a start and end date corresponding to the start and end of the financial year to which the contractual requirement applies
 - there may be a cut off before the end of March each year, where the Contract Management and Payment System will not allow any changes due to year-end processes
 - NHS BSA will communicate what this date will be if this is the case
- apply £1 to this service line and deduct £1 from another service line, ensuring this is done correctly so as not to impact the Monetary Value of a UDA
- add in the applicable Required Number of Urgent Treatments as calculated in accordance with [section 3.4](#)
- approve the new service line following the second user approval process

Further information on creating this service line is available on the [NHS BSA website](#) (<https://www.nhsbsa.nhs.uk/compass/compass-guidance-and-tutorials>) (see 'Commissioner guidance; 'Setting up service lines in Compass').

Where there is a change in the Required Number of Urgent Treatments in any financial year, due to either a change in the RCV or application of commissioner discretion, the 'Unscheduled Mandatory Requirement' service line must be amended in the Contract Management and Payment System.

This amendment will ensure the system correctly reflects the Required Number of Urgent Treatments and the related payments (see section 3.8). To make this amendment, Commissioners must complete all of the following:

- enter an end date for this service line
- create a new non-recurrent service line titled 'Unscheduled Mandatory Requirement' with a start date of the next day and an end date of the last day of the financial year to which it applies
- enter the revised annual Required Number of Urgent Treatments

Where a contract starts or ends part way through a financial year, the following will apply:

- **contract ending mid-year:** the Required Number of Urgent Treatments set at the start of the year should be treated as the annualised requirement. When the contract closes, the Contract Management and Payment System will then ensure that the requirement and payments are prorated accordingly.
- **contract starting mid-year:** the NACV (and therefore RCV) for the year will already reflect that it is a part-year contract; the Required Number of Urgent Treatments calculation will therefore be calculated on this basis, and no additional adjustments are necessary.

3.7 Claiming and reporting

There will be no change to the claiming process, and Dental Teams must submit Band 1 urgent FP17s as required and no later than 2 months after the date the Urgent Course of Treatment is completed, in accordance with paragraph 38, Part 5, Schedule 3 GDS Contract regulations or paragraph 39, Part 5, Schedule 3 the PDS Agreement regulations, as applicable.

The UDAs for Urgent Care will be reported in the Contract Management and Payment System for both the fixed (where applicable) and activity credits.

In paragraph 35, Part 5, Schedule 3 to paragraph 35 of the GDS Contract regulations and paragraph 36, Part 5, Schedule 3 the PDS Agreement regulations, Commissioners may request information from the Dental Contractor to support decisions on reducing the Required Number of Urgent Treatments by up to 15%, in accordance with section 3.5.

3.8 Crediting of UDAs

3.8.1 Crediting of UDAs for Dental Contractors with a Required Number of Urgent Treatments

This section sets out the crediting arrangements for Dental Contractors with a Required Number of Urgent Treatments, which will be split into fixed and activity credits.

Where the [DDRB \(https://www.gov.uk/government/organisations/review-body-on-doctors-and-dentists-remuneration\)](https://www.gov.uk/government/organisations/review-body-on-doctors-and-dentists-remuneration) makes a recommendation that the government accepts to increase the dental contract value, any changes to financial value of an Urgent Course of Treatment will be published in the Statement of Financial Entitlements and communicated accordingly.

Fixed credit

A £15 fixed credit for each of the Required Number of Urgent Treatments will be applied and calculated as:

- fixed credit = Required Number of Urgent Treatments x £15

The fixed credit will be credited monthly in equal parts and set out as a separate service line in the Contract Management and Payment System, in accordance with [section 3.6](#), marked as 'Unscheduled Mandatory Requirement'.

The credited UDAs will be applied retrospectively each month (i.e. UDAs for March will appear in the April schedule). Dental Contractors will be able to view the UDAs for this fixed credit in the relevant report in the Contract Management and Payment System. When viewing this report, it will show the UDAs credited to the date at which the report is viewed.

The fixed credit will be adjusted accordingly where either of the following applies:

- the Commissioner reduces the Required Number of Urgent Treatments by up to 15% in the financial year, in accordance with section 3.5
- the RCV is amended during the financial year, in accordance with [section 3.4](#)

This means the UDA credits (and financial value) will be adjusted to reflect the revised fixed credit and applied across the remainder of the financial year.

The adjustment will be applied within the Contract Management and Payment System once the Commissioner has amended the service line for 'Unscheduled Mandatory Requirement' in accordance with [section 3.6](#).

Commissioners should ensure that the Contract Management and Payment System is updated so that the adjustment applies only from the date it is made and onwards.

Activity credits

An activity credit will apply for each delivered Urgent Course of Treatment. This will be credited on submission of a Band 1 urgent FP17 and will be included in pay schedules.

Activity credits will apply as follows:

- each Urgent Course of Treatment delivered within the Required Number of Urgent Treatments will receive a £60 activity credit
- each Urgent Course of Treatment delivered above the Required Number of Urgent Treatments will receive a £75 activity credit

Examples of how total Urgent Care credits will be calculated

Dental Contractor E has a Required Number of Urgent Treatments of 100 and Monetary Value of a UDA of £35 per UDA.

This would result in a fixed amount of £1,500 credited monthly across the year and converted into 42.86 UDAs rounded up to the nearest 2 decimal places.

The total credits received will depend on delivery of Urgent Courses of Treatment through submitted Band 1 urgent FP17s.

The following provides examples of total credits dependant on whether the Required Number of Urgent Treatments are delivered.

It also includes an example of the change to total credits if Commissioner discretion is applied to reduce the Required Number of Urgent Treatments during the period 30 October to 31 March in the financial year.

Example 1: Under-delivery of the Required Number of Urgent Treatments

- Required Number of Urgent Treatments = 100
- Delivered Urgent Courses of Treatments = 80
- UDA credit:
 - Fixed monthly UDA credit = $\text{£}1500 / \text{£}35 / 12 \text{ months} = 3.58 \text{ UDAs}$, rounded up to nearest 2 decimal points
 - Activity credits per Course of Treatment = $\text{£}60 / \text{£}35 = 1.72 \text{ UDAs}$, rounded up to nearest 2 decimal points
 - Total UDAs = $(12 \text{ months} \times 3.58 \text{ fixed UDAs}) + (80 \text{ Courses of Treatment} \times 1.72 \text{ activity UDAs}) = 180.56 \text{ UDAs}$

Example 2: Full delivery of the Required Number of Urgent Treatments

- Required Number of Urgent Treatments = 100
- Delivered Urgent Courses of Treatment = 100
- Financial credit = $(100 \times \text{£}15) + (100 \times \text{£}60) = \text{£}7,500$
- UDA credit:
 - Fixed monthly UDA credit = $\text{£}1500 / \text{£}35 / 12 \text{ months} = 3.58 \text{ UDAs}$, rounded up to nearest 2 decimal points
 - Activity credits per Course of Treatment = $\text{£}60 / \text{£}35 = 1.72 \text{ UDAs}$, rounded up to nearest 2 decimal points
 - Total UDAs = $(12 \text{ months} \times 3.58 \text{ fixed UDAs}) + (100 \text{ Courses of Treatment} \times 1.72 \text{ activity UDAs}) = 214.96 \text{ UDAs}$

Example 3: Delivery above the Required Number of Urgent Treatments

- Required Number of Urgent Treatments = 100
- Delivered Urgent Courses of Treatment = 120
- UDA credit:
 - Fixed monthly UDA credit = $\text{£}1500 / \text{£}35 / 12 \text{ months} = 3.58 \text{ UDAs}$, rounded up to nearest 2 decimal places
 - Activity credits per Course of Treatment up to the Required Number of Urgent Treatments = $\text{£}60 / \text{£}35 = 1.72 \text{ UDAs}$, rounded up to nearest 2 decimal places
 - Activity credits per Course of Treatment above the Required Number of Urgent Treatments = $\text{£}75 / \text{£}35 = 2.15 \text{ UDAs}$, rounded up to nearest 2 decimal places
 - Total UDAs = $(12 \text{ months} \times 3.58 \text{ fixed UDAs}) + (100 \text{ Courses of Treatment} \times 1.72 \text{ activity UDAs}) + (20 \text{ Courses of Treatment} \times 2.15) = 257.96 \text{ UDAs}$

Example 4: Full Delivery where the Required Number of Urgent Treatments has been reduced during the financial year by 10%

- Required Number of Urgent Treatments = 100

- Amended Required Number of Urgent Treatments (applied in December) = 90
- Delivered Urgent Courses of Treatment = 90
- UDA credit:
 - Fixed monthly UDA credit = £1500 / £35 / 12 months = 3.58 UDAs, rounded up to nearest 2 decimal places
 - Activity credits per Course of Treatment up to the Required Number of Urgent Treatments = £60 / £35 = 1.72 UDAs, rounded up to nearest 2 decimal places
 - Total UDAs = (8 months x 3.58 fixed UDAs) + (4 months x 2.49 adjusted fixed UDAs) + (90 CoT x 1.72 activity UDAs) = 193.4 UDAs

3.8.2 Crediting of activity for Dental Contractors without a Required Number of Urgent Treatments

This section sets out the crediting of activity for Dental Contractors without a Required Number of Urgent Treatments. Payment will already be included within the monthly contract payments, so the relevant amount will be credited against the contract in accordance with this section.

Dental Contractors will receive a £75 activity credit per completed Urgent Course of Treatment. This will be credited on submission of a Band 1 urgent FP17 and converted into UDAs using the Monetary Value of a UDA, rounded up to 2 decimal places.

3.9 Reconciliation

3.9.1 Contract reconciliation for Dental Contractors with a Required Number of Urgent Treatments

This section sets out the mid-year and year-end reconciliation processes for Dental Contractors with a Required Number of Urgent Treatments.

This will be in accordance with paragraph 19, Part 5, and Part 8, Schedule 3 to the GDS Contract regulations, and paragraph 15, Part 5, and Part 8, Schedule 3 to the PDS Agreement regulations.

Mid-year reconciliation

At mid-year, the delivery of the Required Number of Urgent Treatments will first be reconciled separately from other dental activity. This determines whether the Dental Contractor has delivered less than 30% of the Required Number of Urgent Treatments.

Once this has been established, the overall contract will be reconciled in accordance with paragraphs 58 and 59, Part 8, Schedule 3 to the GDS Contract regulations and PDS Agreement regulations.

Where delivery of the Required Number of Urgent Treatments is less than 30% of the required number during the period 1 April to 30 September, the Commissioner should act in accordance with paragraph 59, Part 8, Schedule 3 to the GDS Contract regulations and PDS Agreement regulations.

Where delivery of the Required Number of Urgent Treatments is 30% or more, no specific action is needed with respect to this element. The overall contract should then be reconciled to determine whether the total delivery to date is above or below 30%.

Where overall delivery is less than 30% during the period 1 April to 30 September, the Commissioner should act in accordance with paragraph 59, Part 8, Schedule 3 to the GDS Contract regulations and PDS Agreement regulations.

Failure to deliver 30% of the Required Number of Urgent Treatments at mid-year alone does not constitute adequate grounds for Commissioners to exercise discretion to reduce this requirement. Section 3.5 specifies the necessary evidence to justify a discretionary reduction in the Required Number of Urgent Treatments.

Year-end reconciliation

At year-end, delivery of the Required Number of Urgent Treatments will first be reconciled separately from other contractual activity. This determines whether the Dental Contractor has delivered less than 96% of the Required Number of Urgent Treatments and whether recovery of unscheduled care activity payments* and the issuing of a breach notice are required.

Once this has been established, the overall contract will be reconciled in accordance with Regulation 19 to the GDS Contract regulations and Regulation 15 to the PDS Agreement regulations.

Where delivery of the Required Number of Urgent Treatments is:

- **less than 96% ('under-delivery'):**
 - **if overall contract delivery (including Urgent Care) is greater than or equal to 96%**, all activity payment associated with the undelivered number of Required Number of Urgent Treatments will be recovered, and a

breach notice may be issued. Any remaining undelivered UDAs above the 96% overall threshold will be carried over into the next financial year (these carried-over UDAs will not be limited to Urgent Care and can be used for any mandatory services)

- **if overall contract delivery (including Urgent Care) is less than 96%**, payment associated with all underdelivered UDAs* will be recovered in line with existing contract reconciliation processes and a single breach notice may be issued covering both the under-delivery of the Required Number of Urgent Treatments and overall contract
- **greater than or equal to 96%:**
 - **if overall contract delivery (including Urgent Care) is greater than or equal to 96%**, any undelivered UDAs above the 96% threshold will be carried over into the next financial year (these carried-over UDAs will not be limited to Urgent Care and can be used for any mandatory services)
 - **if overall contract delivery (including Urgent Care) is less than 96%**, payment associated with all underdelivered UDAs on overall contract delivery will be recovered in line with existing contract reconciliation processes, and single breach notice may be issued

*Note: where there is under-delivery of the Required Number of Urgent Treatments, payment for the associated underdelivered UDAs should be recovered. However, where there is also an under-delivery across the overall contract, only the difference in UDA under-delivery would be additionally recovered to avoid double-counting of UDAs in the recovery calculation.

Where the Dental Contractor does not deliver the Required Number of Urgent Treatments, the fixed credits (payment) will not be subject to financial recovery.

In a small number of cases, year-end reconciliation may result in both:

- recovery of UDAs for under-delivery of the Required Number of Urgent Treatments
- carry-over of UDAs for the contract as a whole

In the event of under-delivery of the Required Number of Urgent Treatments, the Commissioner reserves the right to treat this as a breach of contract. This may apply to either:

- an under-delivery of Urgent Care alone
- under-delivery of Urgent Care in combination with other concurrent contractual breaches (such as the under-performance of broader contract terms), allowing a single breach action to address all related issues arising at the same time

The Commissioner may then place the Dental Contractor in breach of contract, depending on the circumstances and the extent of non-compliance.

3.9.2 Contract reconciliation for Dental Contractors without a Required Number of Urgent Treatments

UDA credits for Band 1 urgent will count towards achieving contract delivery and will therefore be considered in mid-year review and year-end reconciliation processes.

This will be in accordance with paragraph 19, Part 5 and Part 8, Schedule 3 to the GDS Contract regulations, and paragraph 15, Part 5 and Part 8, Schedule 3 to the PDS Agreement regulations.

3.9.3 Contract rebasing

All Urgent Care activity will count towards overall contract delivery for the purposes of rebasing in accordance with paragraph 61A, Part 9, Schedule 3 to the GDS Contract regulations and PDS Agreement regulations. The [Policy book for primary dental services](https://www.england.nhs.uk/publication/policy-book-for-primary-dental-services/) (<https://www.england.nhs.uk/publication/policy-book-for-primary-dental-services/>) provides further information on contract rebasing.

4. Complex care pathways

4.1 Background

Many patients who struggle to access dental care have higher treatment needs. Dental Teams have reported that pre-2026 remuneration did not reflect the costs, clinical approach to delivering care and extended period over which these patients usually require treatment.

The 3 Complex Care Pathways, introduced from 23 June 2026, are for patients with significant caries (dental decay) and/or unstable and more severe periodontitis (gum disease). The Complex Care Pathways are intended to address these concerns.

The Complex Care Pathways are 6 or 12 month care packages. They support improved oral health outcomes through holistic care and treatment management, including the use of skill mix where appropriate, before the patient proceeds to routine care based on [NICE clinical recall guidance \(https://www.nice.org.uk/Guidance/CG19\)](https://www.nice.org.uk/Guidance/CG19).

The Complex Care Pathways provide more time to deliver care. This includes completing all restorative interventions and oral health prevention activities, including behavioural change support.

The decision to use a Complex Care Pathway rather than a banded course of treatment will be for a dentist to make, informed by:

- the care and treatment the patient will require
- the patient's willingness and ability to participate in a longer period of care

The Complex Care Pathways provide a clear legal basis for care to patients with more complex and progressive disease, adapting the treatment plan in line with the patient's response, and should be used instead of recording phased courses of treatment (in line with the guidance "Avoidance of Doubt: provision of phased treatments") for patients who meet the eligibility criteria for the pathways. Recording of phased courses of treatment for this group should end by 31 December 2026.

Read further Complex Care Pathway guidance which will be published on the [NHS England » Dental contract reform \(https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/\)](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/) webpage in due course, in conjunction with this contractual guidance.

An overview of the Complex Care Pathways, including clinical eligibility criteria, pathway length and patient charges, is provided in Appendix A.

4.2 Clinical eligibility criteria

4.2.1 General eligibility

A patient is eligible for treatment under a Complex Care Pathway if all of the following apply:

- they are aged 16 years or over
- they meet the clinical entry criteria set out in regulation 17B to the GDS Contract regulations and regulation 13B to the PDS Agreement regulations as set out below
- they consent to the pathway treatment plan
- the Dental Contractor is delivering mandatory services under a [GDS or PDS contract \(https://www.england.nhs.uk/about/equality/objectives-26-27/\)](https://www.england.nhs.uk/about/equality/objectives-26-27/)

To treat a patient under a Complex Care Pathway, a Dental Contractor must provide **either or both**:

- direct NHS care and treatment to at least 5 carious teeth (for Complex Care Pathways 1 and 2)
- the minimum number of periodontal treatment steps, as outlined in section 4.3 of this publication (for Complex Care Pathway 2 and 3)

Patients cannot be treated on more than 1 Complex Care Pathway at the same time.

Annex B

Complex Care Pathway 1: dental caries in 5 or more teeth

- Eligible patients must be aged 16 years or over and have 5 or more teeth with caries into dentine.

Complex Care Pathway 2: dental caries and unstable periodontal disease

- Eligible patients must be aged 16 years or over and have **both**:
 - 5 or more teeth with caries into dentine
 - unstable periodontal disease as defined by the [British Society of Periodontal Disease \(BSP\) classification \(https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf\)](https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf)
- Periodontal disease is to be evidenced by generalised unstable disease (not localised) affecting **more than 30%** of teeth on initial examination, and **either** of the following:
 - a periodontal probing depth of 5mm or more
 - a periodontal probing depth of 4mm or more and bleeding on probing, with a diagnosis of Stage II Grade B periodontitis and above; this means any of generalised unstable periodontal disease that is Stage II Grade B, Stage II Grade C, Stage I Grade C*, Stage III Grade B, Stage III Grade C, Stage IV Grade B, or Stage IV Grade C

- A patient with unstable Grade A periodontal disease may also be eligible for Complex Care Pathway 2, where modifying risk factors are present that increase the complexity and [grading of periodontitis under the BSP classification](https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf) (https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf).

Complex Care Pathway 3: first diagnosis of Stage III or unstable Grade C periodontal disease

- Patients must be aged 16 years or over and have **either**:
 - a first diagnosis of Stage III periodontal disease (Grade A, B or C)
 - unstable Grade C (including Stage I Grade C*, Stage II Grade C, Stage IV Grade A, B or C) periodontal disease as defined by the [British Society of Periodontal Disease \(BSP\) classification](https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf) (https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf)
- Periodontal disease is to be evidenced by generalised unstable disease (not localised) affecting **more than 30%** of teeth on initial examination and **either** of the following:
 - a periodontal probing depth of 5mm or more
 - a periodontal probing depth of 4mm or more and bleeding on probing

Exceptions

*A patient with Stage I Grade C unstable periodontal disease with a probing depth of **less than 4mm** would be eligible for:

- Complex Care Pathway 2 if they also have 5 or more teeth with caries into dentine
- Complex Care Pathway 3 if there are no caries into dentine, providing there is evidence of bleeding on probing, and the other clinical criteria are met

4.2.2 Re-entry and ongoing management for Complex Care Pathway 3

Complex Care Pathway 3 is limited to those with **a first diagnosis** of Stage III (Grade A, B or C) or unstable Grade C (including Stage I Grade C*, Stage II Grade C, Stage IV Grade A, B or C) periodontal disease. A patient is not eligible to re-enter Complex Care Pathway 3

After completing Complex Care Pathway 3, any localised deterioration should be managed through a relevant banded course of treatment as clinically indicated, with ongoing periodontal management through a Band 2a.

4.2.3 Patients with fewer than 5 carious teeth

Some patients may have fewer than 5 teeth with caries into dentine whilst also being eligible for Complex Care Pathway 3 to address their periodontal needs. In these cases:

- the Dental Contractor may provide the relevant care and treatment for the carious teeth through a Band 2 course of treatment before starting Complex Care Pathway 3
- a single Band 2 patient charge applies where Complex Care Pathway 3 starts within 3 months of completing the Band 2 course of treatment

4.3 Complex Care Pathway service requirements and length

Minimum service (care and treatment) requirements are set out below. These must be met to complete the pathway. This includes agreeing and sharing the treatment plan with the patient.

To receive the Complex Care Pathway payment (a tariff payment, see section 4.5, converted into UDAs), the Dental Contractor must:

- complete and submit all the service requirements, including all relevant and clinically appropriate restorations or extractions and/or periodontal treatment
- complete all declarations (see section 4.4)

The Dental Contractor must provide direct NHS care and treatment to at least 5 teeth with caries into dentine and/or the minimum number of periodontal treatment steps. Where additional periodontal steps are clinically indicated as necessary and can be delivered within the Complex Care Pathway timeframe, they should be offered to the patient.

Patients may be referred for advanced mandatory services as required during a Complex Care Pathway. However, if this referral reduces the number of carious teeth treated by the Dental Contractor to fewer than 5, the minimum entry criteria for Complex Care Pathways 1 and 2 will not be met. In these circumstances either:

- the patient should be treated under a relevant banded course of treatment if the pathway is just beginning or
- the Complex Care Pathway should be incompleting if already partway into the pathway

Patients on Complex Care Pathway 2 or 3 who require referral for specialist periodontal treatment remain eligible for these pathways. In such circumstances, the Dental Contractor must:

- for Complex Care Pathway 2, complete restoration of all carious teeth and deliver ongoing periodontal maintenance in accordance with BSP S3 guidelines
- for Complex Care Pathway 3, deliver ongoing periodontal maintenance in accordance with BSP S3 guidelines

Complex Care Pathways service requirements and length

Complex Care Pathway 1 (6 months)

Service (care and treatment) requirements to be provided over 6 months from the date of commencement (oral examination and assessment) are:

- oral examination and assessment, including clinically appropriate radiographs
- recording of diagnosis and depth of active carious lesions
- identification and recording of modifiable risk factors
- development of a treatment plan based on findings from the oral examination and assessment, shared with the patient
- provision of clinically evidenced preventative advice and support for the duration of the pathway
- provision of clinically appropriate restorations and/or extractions of all relevant teeth, including a minimum of 5 teeth, and endodontic therapy where required
- re-evaluation before completion of the pathway, including recording how the modifiable risk factors have been addressed
- assessment to determine the clinically appropriate interval for a risk-based recall on completion of this pathway

Complex Care Pathway 2 (12 months)

The service (care and treatment) requirements to be provided over 12 months from the date of commencement (oral examination and assessment) are:

- oral examination and assessment, including clinically appropriate radiographs
- recording of diagnosis and depth of active carious lesions
- recording of the diagnosis statement for periodontitis
- identification and recording of modifiable risk factors
- development of a treatment plan based on findings from the oral examination and assessment, shared with the patient
- provision of clinically evidenced preventative advice and support for the duration of the pathway, including recording of how the modifiable risk factors have been addressed
- provision of clinically appropriate restorations and/or extractions of all relevant teeth, including a minimum of 5 teeth, and endodontic therapy where required
- provision of a minimum of 3 cycles of periodontal treatment in line with the patient's treatment plan and clinically evidenced care
- assessment to determine the clinically appropriate interval for a risk-based recall on completion of this pathway

Complex Care Pathway 3 (6 months)

Service (care and treatment) requirements to be provided over 6 months from the date of commencement (oral examination and assessment) are:

- oral examination and assessment, including clinically appropriate radiographs
- recording of the diagnosis statement for periodontitis
- identification and recording of modifiable risk factors
- development of a treatment plan based on findings from the oral examination and assessment, shared with the patient
- provision of clinically evidenced preventative advice and support for the duration of the pathway, including recording of how the modifiable risk factors have been addressed
- provision of a minimum of 2 cycles of periodontal treatment in line with the patient's treatment plan and clinically evidenced care
- assessment to determine the clinically appropriate interval for a risk-based recall on completion of this pathway

The provision of care and treatment through the Complex Care Pathways could be delivered by a multidisciplinary team.

Where a member of the Dental Team is unable to complete treatment, the Dental Contractor must ensure a suitable clinician is nominated to take over the patient's care. This could be due to leaving the practice, long-term sickness, parental leave or a foundation dentist's contract ending.

4.4 Claiming and reporting

Consideration was given to how claiming should work for the Complex Care Pathways given activity will be provided over a longer duration. Crediting of activity at the end, like that for banded courses of treatment, would be unreasonable and make it harder for Dental Practices to plan against UDA target delivery. Crediting of activity at the beginning would require complicated recovery arrangements if a Complex Care Pathway did not complete or something unexpected occurred. To avoid these scenarios, crediting of activity will be via monthly declarations throughout each pathway (therefore between 6 and 12 depending on the length of pathway).

4.4.1 Declaration types

Declarations will record:

- the start of the Complex Care Pathway (initial declaration)
- that the patient remains under the practice's care throughout the pathway (interim declarations)
- when the pathway is closed (final declaration)
- clinical information at the start and close of a Complex Care Pathway, and at the mid-point of Complex Care Pathway²
- any claims made concurrently or subsequent to the Complex Care Pathway (see section 4.6)

This will be pulled from relevant patient and clinical information in systems as is currently the position for banded courses of treatment. In-between the initial and final declarations, Dental Contractors will need to confirm each month that the patient remains on the pathway. It is anticipated that this will be using pop-ups and/or tick-boxes in Contract Management and Payment Systems.

In addition to the routine declarations as set out above, there are 2 other types of declaration that can be used where specific circumstances occur:

- suspension declaration – confirms if a Complex Care Pathway is suspended
- incomplete declaration – confirms if a Complex Care Pathway is incomplete
- If a patient cannot complete the pathway, or the pathway needs to be paused for a short time, the relevant declaration must be used instead of the interim declaration.

4.4.2 How declarations are submitted

Declarations are submitted electronically through the Contract Management and Payment System. Paper submission is only permitted in exceptional circumstances, as reasonably determined by the Commissioner.

At the start of a Complex Care Pathway, patient and clinical information are captured in the initial declaration.

For the interim declarations, the clinician needs to tick the box to confirm the patient is still receiving treatment until the Complex Care Pathway completes.

4.4.3 Who submits declarations

Declarations should be submitted by the clinician whose ID is associated with the treatment (or by the clinician who has taken over a patient's care partway through the pathway).

4.4.4 Timing and order of declarations

Declarations must:

- be submitted monthly, after the 1st day of the relevant calendar month
- in numerical order until the end of the Complex Care Pathway

It is anticipated that clinical systems will use a check box for the Dental Contractor to confirm which patients are receiving ongoing treatment under the pathway. If declarations are submitted out of numerical order then they will be rejected. The clinician listed on the initial declaration will be notified and must follow the process for late declarations. It is anticipated that the sequencing of declarations will be managed by clinical systems.

Where 1 or more declarations have been missed, then multiple declarations can be submitted within the same month. Dental Contractors should submit these declarations in numerical order and should leave 24 hours between submissions to ensure they are received and processed correctly.

4.4.5 Information captured by the system

The wording for the Complex Care Pathway declarations is in Appendix B. The Contract Management and Payment System will also capture:

- the date of acceptance (or commencement) of the Complex Care Pathway
- details of any NHS patient charge payable or confirmation of a patient's exemption or remission status at the point of acceptance
- clinical data, including treatments provided
- modifiable risk factors

Clinical data and modifiable risk factors will be captured at specific points during a Complex Care Pathway. Modifiable risk factor collection will begin when the new Dental Services Portal goes live.

4.4.6 Initial declaration (sign-up)

Dental Contractors must submit an initial declaration when a patient starts on a Complex Care Pathway.

The initial declaration must include:

- patient details for the individual receiving services under the Complex Care Pathway
- the date of commencement of the Complex Care Pathway
- confirmation of the Complex Care Pathway the patient is entering
- confirmation that the patient meets the clinical entry criteria
- recording of the modifiable risk factors identified, including but not limited to:
 - use of tobacco products or smoking
 - alcohol consumption regularly exceeding 14 units per week
 - high-frequency sugar or acid intake
 - suboptimal fluoride exposure
 - poor oral hygiene, resulting in inadequate plaque (biofilm) control and accumulation
 - plaque retentive local factors and orthodontic appliances reducing cleanability
 - dry mouth (xerostomia) due to medication, disease or radiation
 - prolonged or intense exposure to high-stress levels
 - poorly controlled diabetes
- confirmation that a treatment plan has been provided and shared with the patient
- details of any NHS charge payable by the patient, or confirmation that the patient is exempt, including completion of the appropriate written or electronic declaration

The initial declaration must be submitted **within 2 months of the date of commencement** to start the crediting of UDAs for the Complex Care Pathway.

Initial declarations submitted later than 2 months from the date of commencement of the Complex Care Pathway will be recorded, but **no Declaration Credit will be applied**.

In exceptional circumstances, Commissioners may authorise a UDA credit for a late initial declaration where it is considered reasonable and will need to request a late submission override to apply the UDA credit.

4.4.7 Interim declarations

The Dental Contractor must submit 1 declaration each month, in numerical order, during the Complex Care Pathway. These declarations confirm the patient is continuing to receive care and treatment under the Complex Care Pathway.

Interim declarations must be submitted throughout the pathway until the Complex Care Pathway is completed, suspended or declared incomplete. This applies to each month regardless of whether the patient had an appointment in the month of submission, as appointments will be planned throughout the pathway.

The interim declaration must include:

- confirmation that the Dental Contractor is actively providing treatment to the patient
- where applicable, and in the relevant month/s interim declaration/s, confirmation of any concurrent claims for:
 - denture repair
 - Denture Modification
 - a Band 3 and/or Urgent Course of Treatment

At the mid-point for Complex Care Pathway 2, clinical data is to be submitted as part of the 6-month declaration. This clinical data will record the extent of treatment delivered to date and supports monitoring of the patient's care plan.

Where a monthly declaration is not submitted, no Declaration Credit will apply for that month.

The Dental Contractor may submit a late interim declaration alongside subsequent declarations, or where appropriate, alongside a suspension, incomplete or final declaration. In these circumstances:

- Declaration Credits will be applied for the late interim declaration and any subsequent declarations
- submissions must still be received in the correct numerical order in order for Declaration Credits to be applied

The Dental Contractor must submit all interim declarations within the following timeframes:

- within 9 months of the date of commencement for Complex Care Pathway 1 and 3
- within 15 months of the date of commencement for Complex Care Pathway 2

If all the required interim declarations are not submitted within these timeframes, the Contract Management and Payment system will declare the Complex Care Pathway incomplete and terminated. Where this occurs, no further Declaration Credits will be made in respect of that course of treatment.

4.4.8 Final declaration

A final (complete) declaration is required to complete a Complex Care Pathway.

The Dental Contractor must **submit the final declaration within 2 months of the completion date** for the final Declaration Credit for the Complex Care Pathway to be applied.

A final (complete) declaration must include:

- confirmation that the treatment plan has been discharged and that all of the treatment has been provided as detailed in the Complex Care Pathways service requirements and length (section 4.3)
- the recorded modifiable risk factors that have been addressed
- the clinical data relevant to the treatment provided during the Complex Care Pathway
- confirmation of any concurrent claims for:
 - a denture repair
 - a Denture Modification
 - a Band 3 or Urgent Course of Treatment
- confirmation of any subsequent claims for a Denture Modification or a Band 3 course of treatment
- where relevant, confirmation of whether the patient:
 - has been referred for a level 2 or level 3 service for periodontal disease
 - has not been referred for a level 2 or level 3 service for periodontal disease, as it is not clinically required
 - has not been referred for a level 2 or level 3 service for periodontal disease, because no service is available

If the Dental Contractor does not submit a final declaration, then the final Declaration Credit will not apply.

In exceptional circumstances, Commissioners may authorise a UDA credit for a late final declaration where it is considered reasonable and will need to request a late submission override to apply the UDA credit.

4.4.9 Declaration of suspension

A declaration of suspension may be used where a patient cannot engage with treatment for a sustained period, or where the Dental Contractor is unable to deliver the planned care due to circumstances beyond their control. This may include, for example:

- a patient is in hospital or on holiday for more than a month
- a patient needing to rearrange an appointment that cannot easily be rescheduled within the Complex Care Pathway timeframe

In these circumstances, the Dental Contractor may submit a maximum of **1 declaration of suspension during a Complex Care Pathway**. This must:

- be submitted as soon as the Dental Contractor identifies the need for a suspension
- be submitted within 2 months of the date of the last declaration

The suspension is **valid for a maximum period of 3 months**. During this 3 month period:

- UDA crediting (Declaration Credits) will pause
- an interim declaration must be submitted to restart the pathway

This interim declaration will trigger the resumption of the Declaration Credits.

However, if no interim declaration is submitted within the 3-month period from the date of the declaration of suspension, the Contract Management and Payment System will automatically incomplete and terminate the Complex Care Pathway (see 'automatic incompleteness of a care pathway' below).

A declaration of suspension must include:

- the reason for the suspension
- the extent of treatment provided to the patient, up to and including the date of the declaration of the suspension
- the recorded modifiable risk factors that have been addressed up to and including the date of the declaration of the suspension

A declaration of suspension **cannot** be:

- submitted as the final declaration
- submitted after 4 months from the date of commencement for Complex Care Pathway 1 and 3
- submitted after 10 months from the date of commencement for Complex Care Pathway 2

4.4.10 Incomplete declaration

A declaration of incomplete Complex Care Pathway (or 'incomplete declaration') is used where a patient does not complete a Complex Care Pathway. This could occur where the patient:

- no longer wishes to receive care
- stops attending appointments

Where this occurs, the Dental Contractor can submit an incomplete declaration to terminate the Complex Care Pathway.

Patients should be made aware of the circumstances that can lead to them being removed from the pathway. The Dental Contractor should follow the process outlined in section 4.9 to manage non-attendance or missed appointments and encourage patients to engage in the pathway.

Where the Dental Contractor submits an incomplete declaration, the Complex Care Pathway will end and a Declaration Credit will be applied to that declaration.

The Dental Contractor must submit an incomplete declaration as soon as possible and **no later than 2 months after** of the date the Dental Contractor ceased to provide dental services under the Complex Care Pathway.

An incomplete declaration cannot be submitted as the final declaration in month 6 for Complex Care Pathways 1 and 3, or month 12 for Complex Care Pathway 2.

An incomplete declaration is not required (and if submitted would be rejected) following a suspension declaration. Suspended Complex Care Pathways will be automatically deemed incomplete if they are not restarted by submitting an interim declaration within 3 months of the suspension (as described below). An incomplete declaration must include:

- the reason for the incompleteness of the Complex Care Pathway
- the extent of treatment provided to the patient, up to and including the date of the declaration of the suspension
- the recorded modifiable risk factors that have been addressed up to and including the date of the declaration of the suspension

Automatic incompleteness of a Complex Care Pathway

The Contract Management and Payment System will automatically incomplete a Complex Care Pathway in the following circumstances:

- **3 months after a suspension declaration has been submitted**, where no interim declaration has been submitted to resume the pathway within this period
- **at month 9 from the commencement date of Complex Care Pathways 1 or 3**, where a final or incomplete declaration has not been submitted, taking into account a maximum 3-month suspension
- **at month 15 from the commencement date of Complex Care Pathway 2**, where a final or incomplete declaration has not been submitted, taking into account a maximum 3-month suspension

Dental Contractors will receive a notification 1 month before automatic incompleteness of a Complex Care Pathway, reminding them to submit an interim declaration to resume the Declaration Credits if the patient has restarted care. No Declaration Credits will be applied when a Complex Care Pathway is closed automatically.

Where a Complex Care Pathway has been auto-incompleted, for example following a suspension, the reasons why this course of treatment was not completed should be provided to the Commissioner. Further details will be provided in due course.

4.4.11 Declaration examples

The following examples show how declarations operate. In the examples, all Complex Care Pathways begin on 1 July.

Example 1: Complex Care Pathway 2 completed as planned

Declarations are submitted as follows:

- July – initial declaration (declaration 1), 1st Declaration Credit
- August – interim declaration (declaration 2), 2nd Declaration Credit
- September – interim declaration (declaration 3), 3rd Declaration Credit
- October – interim declaration (declaration 4), 4th Declaration Credit
- November – interim declaration (declaration 5), 5th Declaration Credit
- December – interim declaration (declaration 6), 6th Declaration Credit
- January 2027 – interim declaration (declaration 7), 7th Declaration Credit
- February – interim declaration (declaration 8), 8th Declaration Credit
- March – interim declaration (declaration 9), 9th Declaration Credit
- April – interim declaration (declaration 10), 10th Declaration Credit
- May – interim declaration (declaration 11), 11th Declaration Credit
- June – final declaration (declaration 12 to complete), 12th Declaration Credit

Example 2: Complex Care Pathway 1 with a suspension

A patient had a hospital stay from October to November, suspending care. Declarations are submitted as follows:

- July – initial declaration (declaration 1), 1st Declaration Credit
- August – interim declaration (declaration 2), 2nd Declaration Credit
- September – suspension declaration (declaration 3), 3rd Declaration Credit
- October – no declaration and no Declaration Credit
- November – no declaration and no Declaration Credit
- December – interim declaration (declaration 4), 4th Declaration Credit
- January – interim declaration (declaration 5), 5th Declaration Credit
- February – final declaration (declaration 6 to complete), 6th Declaration Credit

Example 3: Complex Care Pathway 3 ends early

The patient does not attend in month 3; the Dental Contractor contacts the patient, who no longer wants to receive dental care on the pathway. Declarations are submitted as follows:

- July – initial declaration (declaration 1), 1st Declaration Credit
- August – interim declaration (declaration 2), 2nd Declaration Credit
- September – incomplete declaration (declaration 3), 3rd and final Declaration Credit

The following examples explain what happens when there are **late declarations** for a Complex Care Pathway. In the examples, all Complex Care Pathways begin in October.

Example 1: Complex Care Pathway 1 with 2 late interim declarations

2 interim declarations are submitted late before the pathway is completed. The following occurs:

- October – initial declaration (declaration 1), 1st Declaration Credit
- November – interim declaration missed (declaration 2), no Declaration Credit
- December – interim declaration missed (declaration 3), no Declaration Credit
- January – interim declarations for November and December submitted late, plus January interim declaration (declarations 2, 3 and 4), 2nd, 3rd and 4th Declaration Credits
- February – interim declaration (declaration 5), 5th Declaration Credit
- March – final declaration (declaration 6), 6th Declaration Credit

Example 2: Complex Care Pathway 2 ends early with a late declaration

The patient withdraws in January after 1 late declaration. The following occurs:

- October – initial declaration (declaration 1), 1st Declaration Credit
- November – interim declaration (declaration 2), 2nd Declaration Credit
- December – interim declaration missed (declaration 3), no Declaration Credit
- January – interim declaration for December submitted late and incomplete declaration for January submitted (declarations 3 and 4), 3rd and 4th Declaration Credits, pathway terminated

Example 3: Complex Care Pathway 3 completed with a late interim declaration

There is 1 late declaration, and the pathway continues to complete in March. The following occurs:

- October – initial declaration (declaration 1), 1st Declaration Credit
- November – interim declaration (declaration 2), 2nd Declaration Credit
- December – interim declaration missed (declaration 3), no Declaration Credit
- January – interim declaration for December submitted late and January interim declaration (declarations 3 and 4), 3rd and 4th Declaration Credits
- February – interim declaration (declaration 5), 5th Declaration Credit
- March – final declaration (declaration 6), 6th Declaration Credit, pathway completes

Example 4: Complex Care Pathway 1 with a late final declaration

There are 2 late declarations, including the final declaration. The following occurs:

- October – initial declaration (declaration 1), 1st Declaration Credit
- November – interim declaration (declaration 2), 2nd Declaration Credit
- December – interim declaration missed (declaration 3), no Declaration Credit
- January – interim declaration submitted late for December and January interim declaration (declarations 3 and 4), 3rd and 4th Declaration Credits
- February – interim declaration (declaration 5), 5th Declaration Credit
- March – final declaration not submitted (declaration 6), no Declaration Credit (unless the Commissioner otherwise agrees to apply the final credit), pathway completes

4.5 Crediting of Complex Care Pathway Units of Dental Activity

Each Complex Care Pathway has a set financial value (tariff) defined in the [Statement of Financial Entitlements](https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions) (<https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions>). These financial values are known as the Complex Care Pathway payment (“CCP Payment”). The financial values are:

- Complex Care Pathway 1 is £293.40
- Complex Care Pathway 2 is £732.47
- Complex Care Pathway 3 is £256.21

The CCP Payment will be converted into UDAs and credited in instalments against each submitted declaration over the course of the Complex Care Pathway. These instalments are known as the Declaration Credits. Each Declaration Credit is calculated in UDAs and applied to the contract.

The full financial value of each Complex Care Pathway is payable only when the pathway is completed and all service requirements have been provided.

4.5.1 How Declaration Credits are applied

Declaration Credits begin when the initial declaration is submitted for the relevant Complex Care Pathway. Further Declaration Credits are applied on submission of each interim declaration, until the submission of the final declaration to complete the Complex Care Pathway.

4.5.2 How declaration credits are calculated

Initial and interim Declaration Credits

For each Complex Care Pathway, the total financial value for the pathway (in pounds) is split into equal monthly amounts:

- for Complex Care Pathways 1 and 3: divide the total payment by 6
- for Complex Care Pathway 2: divide the total payment by 12

Each monthly amount is converted to UDAs by dividing it by the Monetary Value of a UDA. The Declaration Credit, calculated in UDAs, is rounded up to 2 decimal places.

Final Declaration Credit (balancing credit)

The final Declaration Credit (balancing credit) ensures that the total UDAs paid match the full Complex Care Pathway value.

This is calculated by:

- taking the total Complex Care Pathway financial value (in pounds)
- subtracting the value of UDAs paid to date (calculated by multiplying the total UDAs paid to date by the Monetary Value of a UDA)
- converting the remaining amount into UDAs by dividing it by the Monetary Value of a UDA

This is rounded up to 2 decimal places.

$$\text{Total CCP } \pounds - (\text{total UDAs paid to date} * \text{Monetary Value of a UDA})$$

Monetary Value of a UDA

4.5.3 Pausing and stopping Declaration Credits

Where an interim declaration is not submitted, then the Declaration Credit will be paused until the next interim declaration is submitted.

If a suspension declaration is submitted:

- Declaration Credits will be paused
- they will restart when the next interim declaration is submitted in numerical order

If no further interim declarations are submitted after a suspension declaration, the Contract Management and Payment System will automatically record the Complex Care Pathway as incomplete. No further Declaration Credits will apply. If an incomplete declaration is submitted after a suspension, it will not be processed.

Where an incomplete declaration is submitted, a Declaration Credit, calculated as UDAs, will be applied. No further Declaration Credits will be made following incompleteness of a Complex Care Pathway.

4.5.4 Changes to financial values

Any changes to the financial values for the Complex Care Pathways will be communicated accordingly.

Where a contract value uplift following a DDRB recommendation is applied, it will apply to the period of the Complex Care Pathway that falls within the relevant financial year. The uplift will not be backdated to the commencement date of the Complex Care Pathway.

Further information on how the uplift will be applied and calculated will be provided in due course.

4.6 Concurrent or subsequent treatment to a Complex Care Pathway

The Dental Contractor may need to provide Denture Modifications and/or laboratory constructed restorations to a patient receiving care under a Complex Care Pathway.

This treatment may be required:

- during a Complex Care Pathway (concurrent)
- within 3 months of the completion of a Complex Care Pathway (subsequent)

Where this is required, the relevant declaration must include information on what concurrent or subsequent treatment is being claimed.

The following additional treatments can be claimed during (concurrently to) a Complex Care Pathway:

- 1 denture repair (see also section 5)
- 1 Denture Modification (see also section 5)
- 1 Band 3 course of treatment
- Urgent Course of Treatment which meet the criteria set out in section 4.7

The following additional treatments can be claimed within 3 months of the completion of a Complex Care Pathway:

- 1 Denture Modification (see also section 5)

- 1 Band 3 course of treatment

To claim the additional UDAs as per section 4.6.1, the Dental Contractor must:

- for a **denture repair**: submit a charge-exempt denture repair, and complete the relevant declaration
- for a **Denture Modification**: submit a Band 2 FP17, indicating the Denture Modification treatment provided, and complete the relevant declaration
- for a **Band 3 course of treatment**: submit a Band 3 FP17, indicating the Band 3 treatment provided, and complete the relevant declaration
- Denture repair, Denture Modification and Band 3 UDA crediting

Where a Dental Contractor provides a denture repair during a Complex Care Pathway, then 2 UDAs can be claimed for the denture repair in addition to the UDAs credited for the Complex Care Pathway.

Where a Dental Contractor provides a Denture Modification during or within 3 months of the completion of a Complex Care Pathway, 2 UDAs can be claimed for the Denture Modification in addition to the UDAs credited for the Complex Care Pathway.

Where a Dental Contractor provides both a denture repair and a Denture Modification as described above, then 4 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway. Only 1 claim of each treatment type may be made in these circumstances.

Where a Dental Contractor provides a denture repair and/or Denture Modification and a Band 3 course of treatment during or within 3 months of the completion of a Complex Care Pathway, then a maximum of 12 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway.

Where a Dental Contractor provides a Band 3 course of treatment during a Complex Care Pathway, or within 3 months of its completion, then 12 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway. This is limited to one Band 3 claim in addition to the Complex Care Pathway.

Table 1 shows the maximum UDAs that can be claimed and the applicable patient charge where:

- a denture repair is provided during a Complex Care Pathway
- Denture Modification or Band 3 course of treatment is provided during a Complex Care Pathway or within 3 months of its completion

Table 1: overview of maximum UDAs claimable for denture treatments and/or Band 3 course of treatment

Treatment provided	Maximum UDAs that can be claimed (in addition to Complex Care Pathway Credits)	Patient charge (where applicable)
Denture repair only during a Complex Care Pathway	2 UDAs	Band 2 for Complex Care Pathway, no additional charge
Denture Modification only	2 UDAs	Band 2 for the Complex Care Pathway, no additional charge
Denture repair and Denture Modification (Note: only 1 claim of each treatment type may be made in these circumstances)	4 UDAs	Band 2 for Complex Care Pathway, no additional charge
Denture repair, Denture Modification and Band 3	12 UDAs	Maximum Band 3 charge
Band 3 only	12 UDAs	Maximum Band 3 charge

The following examples show how additional treatment may be provided alongside a Complex Care Pathway, and how Declaration Credits and patient charges apply. A maximum of 12 UDAs may be claimed in addition to the Complex Care Pathway payment for other care. Depending upon the order in which this is claimed and to avoid reclaiming previously awarded UDAs, a Band 3 course of treatment may not appear as 12 UDAs.

In the examples, all Complex Care Pathways begin in October and show how the Declaration Credits apply in practice.

Example 1: denture repair during the Complex Care Pathway and Denture Modification after completion

The patient requires:

- a denture repair during month 3 of the Complex Care Pathway
- a Denture Modification 2 months after the Complex Care Pathway completes

The Dental Contractor can claim, in addition to the Complex Care Pathway payment:

- 2 UDAs for the denture repair, by submitting a denture repair charge-exempt claim and complete the relevant interim declaration
- 2 UDAs for the Denture Modification, by submitting a Band 2 claim indicating the Denture Modification treatment provided and confirmation of a subsequent Denture Modification in the final declaration

The patient would pay a Band 2 charge, unless exempt. See section 4.11 for further details.

Example 2: Band 3 treatment during the Complex Care Pathway

The patient requires a Band 3 course of treatment at 5 months into the pathway.

The Dental Contractor can claim, in addition to the Complex Care Pathway payment, 12 UDAs through the submission of a Band 3 FP17 and indicate this on the relevant interim declaration.

The patient would pay a Band 3 charge in total, unless exempt. See section 4.11 for further details.

Example 3: Denture Modification during the Complex Care Pathway and Band 3 treatment after completion

The patient requires:

- a Denture Modification at month 6
- a Band 3 course of treatment 2 months after the pathway completes

The Dental Contractor can claim, in addition to the Complex Care Pathway payment:

- 2 UDAs for the Denture Modification, by submitting a Band 2 claim indicating the Denture Modification treatment provided and confirmation of a concurrent Denture Modification in the relevant interim declaration
- 12 UDAs for the Band 3 course of treatment, less 2 UDAs to take account of those which have already been credited for the Denture Modification, through submission of a Band 3 FP17 and confirmation of a subsequent Band 3 in the final declaration

The patient would pay a Band 3 charge in total if not exempt. See section 4.11 for further details.

Example 4: denture repair, Denture Modification and Band 3 treatment

The patient requires:

- a denture repair in month 1
- a Denture Modification at month 6
- a Band 3 course of treatment 2 months after the pathway completes

The Dental Contractor can claim, in addition to the Complex Care Pathway payment:

- 2 UDAs for the denture repair, by submitting a denture repair charge exempt claim
- 2 UDAs for the Denture Modification, by submitting a Band 2 claim indicating the Denture Modification treatment provided and confirmation of a concurrent Denture Modification in the relevant interim declaration
- 12 UDAs for the Band 3 course of treatment, less 4 UDAs to take account of those which have already been credited (2 UDAs for the denture repair and 2 UDAs for the Denture Modification), through submission of a Band 3 FP17 and confirmation of a subsequent Band 3 in the final declaration

The patient would pay a Band 3 charge in total, unless exempt. See section 4.11 for further details.

4.7 Urgent care provision during a Complex Care Pathway

A concurrent claim for an Urgent Course of Treatment may only be claimed during a Complex Care Pathway where the patient has suffered an intra-oral injury. This cannot relate to any disease (such as early-stage caries) identified during the initial examination and assessment for the Complex Care Pathway.

An intra-oral injury means an injury that:

- is not related to underlying unmanaged active disease

- requires reparative care
- was not identified in the initial examination and assessment

It is typically a sudden injury that may originate:

- outside the mouth, for example, a direct blow to the head or neck, causing dental damage
- inside the mouth, where injury causes damage to the tooth structures, soft tissues or, in rare instances, bone (for instance, biting forcefully on a hard object)

Where a patient presents with an intra-oral injury during the Complex Care Pathway, a Band 1 Urgent Course of Treatment may be claimed by submitting a Band 1 Urgent FP17.

Where a patient is not exempt, or a remission does not apply, then a Band 1 Urgent patient charge will apply as outlined in section 4.11.

4.7.1 Urgent care crediting

Where a Dental Contractor provides an Urgent Course of Treatment, a Band 1 Urgent FP17 can be submitted. The Dental Contractor will be credited with the relevant UDAs for the provision of this Urgent Course of Treatment.

An Urgent Course of Treatment provided during a Complex Care Pathway will count towards a Dental Contractor's Required Number of Urgent Treatments.

4.8 Guaranteed items

The same principles for claiming guaranteed items (repairs or replacement of restorations as per paragraph 11, Part 2 of Schedule 3 to the GDS Contract regulations and paragraph 12, Part 2 of Schedule 3 to the PDS Agreement regulations) apply during a Complex Care Pathway as for banded courses of treatment. This includes where the guaranteed item is provided as part of the Complex Care Pathway.

There are, however, some specific rules:

- where the guaranteed item relates to a Band 2 course of treatment provided during a Complex Care Pathway, then no additional UDAs will apply
- where the guaranteed item is for a Band 3 course of treatment provided during a Complex Care Pathway, or within 3 months of its completion, and this is **the only Band 3 course of treatment** being claimed, 12 UDAs will apply, and there is no patient charge
- where the guaranteed item is a Band 3 course of treatment provided during a Complex Care Pathway, or within 3 months of its completion, and the other Band 3 course of treatment is or will be claimed concurrently or subsequently, then a maximum of 12 UDAs will apply

The following examples illustrate how guaranteed items apply during a Complex Care Pathway.

Example 1: Band 2 guaranteed item within the Complex Care Pathway

A patient on Complex Care Pathway 2 receives 6 fillings in months 1 and 2 as part of the pathway treatment plan. One of the fillings fails in month 9 and is replaced by the Dental Contractor.

The replacement is within the Complex Care Pathway payment and is marked as a guaranteed item. No additional UDAs apply.

Example 2: Band 3 guaranteed item with no other Band 3 course of treatment

A patient is on Complex Care Pathway 3. At month 3, the patient requires a replacement restoration for a Band 3 course of treatment originally provided 9 months earlier. The Dental Contractor replaces the restoration as a guaranteed item. No other Band 3 course of treatment is provided.

The Dental Contractor receives 12 UDAs for the guaranteed item.

Example 3: Band 3 guaranteed item with additional Band 3 course of treatment

A patient is on Complex Care Pathway 3. At month 3, the patient requires a replacement restoration for a Band 3 course of treatment originally provided 9 months earlier. This is provided during the Complex Care Pathway as a guaranteed item.

The patient also receives Band 3 course of treatment, as part of the Complex Care Pathway, 2 months after the completion of the pathway. The Dental Contractor receives 12 UDAs for both the guaranteed item and the additional Band 3 course of treatment.

4.9 Managing non-attendance and short notice cancellations

The Dental Contractor should inform the patient of the circumstances that may result in them being removed from the Complex Care Pathway. This may form part of the discussion when agreeing the treatment plan and obtaining patient consent under a Complex Care Pathway.

The Dental Contractor should take steps to reduce patient non-attendance, known as fail to attend (FTAs) and short notice cancellations. This may include:

- appointment reminders
- easy rebooking options
- attendance monitoring

If a patient does not attend an appointment, a rescheduled appointment should be made as soon as possible.

In circumstances where a patient's rescheduled appointment is unable to be made within the same declaration month, the Complex Care Pathway should be suspended and restarted when the rescheduled appointment can take place.

The Dental Contractor should:

- have a written FTA policy aligned with NHS regulations, which is accessible to patients
- apply FTA procedures fairly and consistently
- ensure patients are appropriately informed if they are removed from a Complex Care Pathway, providing the reason for the removal
- have due regard to relevant equalities legislation

If the patient does not want to complete treatment, the Dental Contractor should:

- try to ascertain and record the reason why
- submit an incomplete care declaration **within 2 months** of the date the Dental Contractor ceased to provide dental services under the pathway

4.10 Re-entry into a Complex Care Pathway

An incomplete Complex Care Pathway cannot be reopened. If a patient returns after a Complex Care Pathway has been recorded as incomplete, a new course of treatment will have to be started. A new patient charge may apply in this circumstance unless the patient is exempt at the start of treatment or the continuation rules apply as per regulation 6 to the NHS Charges Regulations.

A patient can only start (or restart) on a new Complex Care Pathway if they meet the clinical entry criteria (see section 4.2). If a patient no longer meets the clinical entry criteria, they should be offered a banded course of treatment as clinically indicated.

Once a patient has completed any of the pathways, any ongoing care and treatment should be provided as a banded course of treatment. Patient entry into a new pathway in future would only apply if the clinical entry criteria were met.

4.11 Patient charges

The patient charge for the Complex Care Pathways is a Band 2 charge. This is set at the start of the Complex Care Pathway and will cover all services provided under it. It will therefore not increase if the Complex Care Pathway is over more than 1 financial year. The Dental Contractor will determine at what point during the Complex Care Pathway is appropriate to collect the patient charge.

If a patient requires any laboratory work and the Dental Contractor claims a Band 3 course of treatment during a Complex Care Pathway, or within 3 months of its completion, the patient charge will increase to a Band 3 charge in total.

Dental Contractors must declare the relevant patient charge on the initial declaration (date of acceptance into the Complex Care Pathway). The patient charge for each Complex Care Pathway defaults to a Band 2 charge, unless the Dental Contractor declares the patient is exempt from charges.

This Band 2 charge will always be recovered by the Contract Management and Payment System against the monthly contract payment. This will be applied when the earliest of a complete, an incomplete or a suspension declaration is submitted.

Where a patient requires a Band 3 course of treatment, the difference between the Band 3 and Band 2 charge will be recovered:

- **during a Complex Care Pathway:** at the point the Band 3 FP17 is submitted, and the relevant information is completed in the interim declaration
- **within 3 months of a Complex Care Pathway completion:** at the point the Band 3 FP17 is submitted, and providing the relevant information was completed in the final declaration

Where a patient requires Urgent Treatment during a Complex Care Pathway, a Band 1 urgent patient charge will apply unless the patient is exempt. This is in addition to the patient charge for the Complex Care Pathway.

The following examples show how the patient charge will apply where a Band 3 course of treatment or Urgent Course of Treatment is provided during the Complex Care Pathway.

Example 1: Band 3 course of treatment during the Complex Care Pathway

A patient starts on Complex Care Pathway 1 and has a Band 3 course of treatment at 5 months into the pathway:

- the Band 3 course of treatment is declared with the submission of the 5th interim declaration and the Band 3 FP17 is submitted
- the difference between the Band 3 and Band 2 charge is collected against the contract payment in the month the Band 3 FP17 is submitted
- the balance of the Band 2 patient charge is collected against the contract payment in the month within which the final declaration is submitted

Example 2: Band 3 course of treatment after Complex Care Pathway completion

A patient starts on Complex Care Pathway 2 and has a Band 3 course of treatment at 2 months after the pathway was completed:

- the final declaration records that a Band 3 course of treatment is to be provided
- the Band 2 charge is collected against the contract payment in the month when the final declaration is submitted
- the Band 3 FP17 is submitted 2 months after the pathway completed, and the difference between the Band 3 and Band 2 charge is collected against the contract payment in the month the Band 3 FP17 is submitted

Example 3: Urgent Treatment during the Complex Care Pathway

A patient starts on Complex Care Pathway 2 and requires Urgent Treatment (in line with the criteria set out in section 4.7) at 4 months into the pathway:

- the Dental Contractor provides the relevant Urgent Course of Treatment and applies a Band 1 urgent patient charge
- the Band 1 Urgent FP17 is submitted
- the Band 1 Urgent charge is collected against the contract payment in the month the Band 1 Urgent FP17 is submitted
- the Band 2 charge is collected against the contract payment in the month when the final declaration is submitted

If a patient paid a Band 2 charge, and then becomes liable for the Band 3 charge, the Dental Contractor will need to charge the patient the difference accordingly.

If a patient has paid a Band 2 or Band 3 charge, and then a remission applies, the patient will need to claim the relevant refund from the NHS BSA.

No additional patient charge will apply for:

- any Denture Modifications provided during a Complex Care Pathway, or within 3 months of its completion
- for a denture repair (as this is a charge-exempt treatment)

Where a Band 1 or Band 2 course of treatment is started within 2 months of a Complex Care Pathway being completed, continuation rules apply, and no additional patient charge is payable. However, this should be exceptional, as all treatment should normally be delivered within the Complex Care Pathway.

Where a patient receives treatment for a guaranteed item (repair or replacement) during a Complex Care Pathway, or within 3 months of its completion, no additional patient charge applies.

(<https://www.legislation.gov.uk/ukdsi/2005/0110736400/contents>)

4.12 Reconciliation

Declaration Credits for Complex Care Pathways count towards overall contract delivery. They are therefore considered in mid-year review and year-end reconciliation processes. This will be in accordance with paragraph 19 of Part 5, and Part 8 of Schedule 3 to the GDS Contract regulations and paragraph 16 of Part 5 and Part 8 of Schedule 3 to the PDS Agreement regulations.

4.13 Managing patients in active treatment if an NHS dental contract ends

If an NHS dental contract ends before a patient completes a Complex Care Pathway, Commissioners should ensure continuity of care by transferring the patient in active treatment to another NHS Dental Practice with an open contract.

5. Denture modifications, relining, rebasing and repairs

5.1 Background

Many patients require denture repairs or Denture Modifications rather than a full denture replacement. Remuneration changes have been made to better reflect the clinical time and costs involved in providing this care.

5.2 Changes to UDAs for denture repairs or Denture Modifications

1.

From 23 June 2026, the UDAs associated with denture repairs is increasing from 1 to 2 UDAs. Changes are also being made to the UDAs associated with Denture Modifications when claimed during some courses of treatment, as outlined in Schedule 2 to the GDS Contract regulations and PDS Agreement regulations.

5.3 Claiming and reporting

1.

Denture repairs will continue to be claimed by submitting a charge exempt treatment claim. Where the denture repair is being claimed during a Complex Care Pathway, the Dental Contractor must submit the charge exempt denture repair claim.

Denture Modifications will be claimed by submitting a Band 2 FP17 indicating the relevant denture treatment provided. Where the Denture Modification is being claimed:

- **during a Band 2 course of treatment**, the Dental Contractor must include in the Band 2 FP17 the denture treatment provided
- **during a Complex Care Pathway**, the Dental Contractor must submit a Band 2 FP17 indicating the denture treatment provided and complete the relevant information in the interim declaration at the time the Denture Modification care was provided (see section 4.6)
- **within 3 months of the completion of a Complex Care Pathway**, the Dental Contractor must submit a Band 2 FP17 indicating the denture treatment provided and complete the relevant information in the final declaration (see section 4.6)

5.4 Crediting of UDAs

From 23 June 2026, the UDAs for a denture repair will be 2 UDAs. This will remain a charge exempt treatment. This can be claimed through the submission of a charge exempt treatment claim.

A denture repair can be claimed during a Band 2 course of treatment or a Complex Care Pathway. Where this is required, then:

- 1 denture repair can be claimed during a Band 2 course of treatment and 2 UDAs can be claimed in addition to the UDAs for the Band 2 course of treatment; the patient charge remains a Band 2 charge
- 1 denture repair can be claimed during a Complex Care Pathway and 2 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway; the patient charge is a Band 2 or Band 3 charge in accordance with section 4.11 for the Complex Care Pathway

Denture Modifications remain a Band 2a course of treatment where this is the only Band 2 treatment being claimed. The patient charge remains at a Band 2.

From 23 June 2026, if Denture Modification treatment is provided:

- **during other Band 2 treatment**, a maximum of 2 UDAs can be claimed in addition to the UDAs for the Band 2 course of treatment. The patient charge is a single Band 2 charge
- **during, or within 3 months of the completion of, a Complex Care Pathway**, a maximum of 2 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway; the patient charge is a Band 2 or Band 3 charge in accordance with section 4.11 for the Complex Care Pathway

No additional UDAs will be claimable for denture repairs or Denture Modifications if part of a Band 3 course of treatment. This remains in line with existing regulatory arrangements.

A maximum of 1 denture repair and 1 Denture Modification, when provided during a Complex Care Pathway, may be claimed in addition to the UDAs credited for the Complex Care Pathway. Where this occurs, the Dental Contractor will be entitled to a total of 4 UDAs, (2 UDAs for the dental repair and 2 UDAs for the Denture Modification) in addition to the UDAs credited for the Complex Care Pathway.

A maximum of 1 denture repair, 1 Denture Modification and 1 Band 3 course of treatment can be claimed during a Complex Care Pathway or within 3 months of its completion. Where this occurs, the Dental Contractor can claim a total of 12 UDAs and the UDAs credited for the Complex Care Pathway.

This means that, at any point during a Complex Care Pathway or within 3 months of its completion, where denture repair, Denture Modification or Band 3 course of treatment is provided, the maximum UDAs that can be claimed in addition to those for the Complex Care Pathway is 12 UDAs.

6. Fissure sealants

6.1 Background

Fissure sealants protect against the onset of cavities and dental decay, providing an effective preventative treatment. They are used in children with a recent history of decay in their baby teeth and/or in 1 or more first permanent molars, to help prevent tooth decay in their adult teeth.

[Delivering better oral health \(https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention\)](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention) recommends the use of resin sealants on permanent molar teeth when they erupt in children aged 7 years and over, and young people up to 18, where there is a higher risk of dental caries. This does not apply to all children but for those with a higher risk of dental caries.

Despite the clinical and cost effectiveness of this preventative treatment, it is underused for both primary and secondary prevention.

6.2 Re-banding of fissure sealants

To support the use of fissure sealants in children with a history of decay, all fissure sealants will be classified as Band 2 treatment from April 2026 and can be claimed accordingly.

6.3 Claiming and reporting

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.

6.4 Crediting of UDAs

With the reclassification of fissure sealants as a Band 2 course of treatment, the relevant UDAs will be dependent on whether it is calculated to be part of a Band 2a or Band 2b course of treatment.

The relevant UDAs will be included in pay schedules for the Dental Contractor and members of the Dental Team who undertook the treatment.

For a Band 2a course of treatment, this will be 3 UDAs, where a fissure sealant is applied to 2 teeth or fewer as:

- fissure sealant treatment only, or
- in combination with another fissure sealant treatment, filling or extraction.

For a Band 2b course of treatment this will be 5 UDAs, where a fissure sealant is applied to 3 or more teeth as:

- fissure sealant treatment only, or
- in combination with fissure sealant treatment, fillings and/or extractions

6.5 Reconciliation

UDA credits for Band 2 fissure sealants will count towards achievement of contract delivery and will therefore be considered as part of mid-year review and year-end reconciliation processes.

7. Fluoride varnish treatment by dental nurses

7.1 Background

Fluoride varnish is a highly effective preventative treatment for dental caries in both permanent and primary teeth.

Delivering Better Oral Health (<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>) recommends routine application of fluoride varnish in children. Specifically, it is recommended that those identified as being at higher risk of dental caries receive fluoride varnish treatments at least 4 times per year.

Similarly, children at lower risk of caries are advised to have fluoride varnish applied 2 times per year. These recommendations aim to support consistent, comprehensive caries prevention across all risk groups, thereby promoting improved oral health outcomes for children and adolescents.

To support Dental Practices in providing this treatment to children aged 16 and under, suitably competent dental nurses will be able to apply fluoride varnish under a prescription (patient specific direction) from the dentist who examined the patient, without a dental examination from 1 April 2026. This will be introduced as a new Band 1 (standalone fluoride varnish) course of treatment

Fluoride varnish can still be provided by dentists, hygienists and therapists as part of a Band 1 course of treatment, outside of the 3-month window before or after a fluoride varnish treatment delivered by a dental nurse (see section 7.3 for further detail).

However, this contract change will allow Dental Practices to make greater use of their skill-mix. It supports the efficient, higher-volume delivery of this preventative measure by dental nurses at times convenient to families with children, for example, evenings or weekends in addition to normal surgery hours.

7.2 Setup of dental nurses in the Contract Management and Payment System

Dental nurses will be allowed to act as direct access Dental Care Professionals (DCPs) for the provision of fluoride varnish under a prescription. This will enable dental nurses to independently open and close this Band 1 course of treatment in systems for children up to 16 years old.

Dental nurses providing this course of treatment must have a personal identification number (PIN) and be added to the list of clinicians employed on the contract in the Contract Management and Payment System.

The process for assigning a PIN is the same as for hygienists, therapists and dental clinical technicians providing direct patient care under the contract.

This process must be undertaken by the Dental Contractor and authorised by the Commissioner before a dental nurse can provide this course of treatment.

The Dental Contractor will be required to create a DCP record on the Contract Management and Payment System by creating a new DCP clinician and inputting the required information.

Once the DCP record is created, the Dental Contractor can add the dental nurse to their contract.

Commissioners must then ensure that all DCPs are correctly created and authorised within the Contract Management and Payment System.

For detailed instructions on creating and authorising DCP records, refer to the [guidance available on the NHSBSA customer self-service portal](https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-28923/en-us) (<https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-28923/en-us>).

Before adding the dental nurse to the list of clinicians employed on the contract, the Dental Contractor must ensure all of the following:

- the dental nurse is registered with the General Dental Council (GDC)
- the dental nurse is trained and competent in fluoride varnish application
- there are adequate indemnity arrangements for the dental nurse providing this treatment

7.3 Scheduling and delivery of fluoride varnish treatment by dental nurses

Following the completion of an initial assessment and examination within a banded course of treatment, the dentist, hygienist or therapist is responsible for establishing a schedule for fluoride varnish application through a care plan.

This care plan should specify regular intervals for treatment, ensuring continuity in preventative oral care for children.

Once the care plan has been created, and a dental prescriber in the Dental Practice has issued a prescription, the dental nurse is authorised to administer fluoride varnish in accordance with the plan.

The dental nurse may carry out these applications independently, without requiring additional examinations or assessments for each fluoride varnish application set out in the plan.

Clinicians should take into account the guidance on the validity of a Patient Specific Direction (as described on the [Specialist Pharmacy Services webpage \(https://www.sps.nhs.uk/articles/patient-specific-directions-psd/#:~:text=There%20is%20no%20legally%20valid%20period%20for,given%20and%20the%20dosage%20intervals%20as%20when%20considering%20the%20start%20and%20finish%20date%20of%20the%20direction.](https://www.sps.nhs.uk/articles/patient-specific-directions-psd/#:~:text=There%20is%20no%20legally%20valid%20period%20for,given%20and%20the%20dosage%20intervals%20as%20when%20considering%20the%20start%20and%20finish%20date%20of%20the%20direction.)

The intervals for the fluoride varnish care plan must adhere to the recommendations outlined in [Delivering Better Oral Health \(https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention\)](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention), as well as the [NICE guidelines \(https://www.nice.org.uk/Guidance/CG19\)](https://www.nice.org.uk/Guidance/CG19) concerning dental recall intervals.

These are to be set between routine examinations conducted under a banded course of treatment, ensuring that the intervals in the care plan are at least 3 months apart.

The frequency of intervals in the care plan should be based on the child's clinical risk assessment for oral health. For example:

- for children assessed at lower risk of dental decay and placed on a 12-month recall, fluoride varnish should be applied every 6 months. This involves:
 - 1 application during the banded course of treatment
 - 1 application by the dental nurse at the 6-month interval
- for children identified at higher risk of dental decay and scheduled for a 6-month recall, fluoride varnish should be applied every 3 months. This involves:
 - 2 applications during the banded courses of treatment
 - 2 additional applications by the dental nurse

7.4 Claiming and reporting

A new Band 1 sub-Band will be introduced for this activity. It will be claimed by recording all the following codes:

- 9151 (nurse-applied fluoride varnish)
- 9302 (clinical code for fluoride varnish)
- 9160 (charge exempt items)
- 9182 with value 3 (Direct Access DCP – Nurse)

A Band 1 (standalone fluoride varnish) claim cannot be submitted during, or within 3 months of, either a banded course of treatment or another Band 1 (standalone fluoride varnish) claim.

There is no restriction on submitting a claim for a banded course of treatment after a Band 1 (standalone fluoride varnish) has been claimed. However, if a banded course of treatment is claimed within 3 months of this, the UDAs will be adjusted in line with section 7.5.

7.5 Crediting of UDAs

The Band 1 (standalone fluoride varnish) course of treatment will earn 0.5 UDAs and be included in pay schedules for the Dental Contractor and dental nurse, identified as 'nurse applied fluoride varnish' (rather than 'Band 1'), but it will not appear in the pay schedule of the clinician who prescribed the fluoride varnish.

If standalone fluoride varnish treatment is delivered during, or within 3 months of, another banded course of treatment, it will count as part of that banded course of treatment, and the extra 0.5 UDAs will not apply, except where it is an Urgent Course of Treatment.

Where this situation occurs, the Contract Management and Payment System will adjust the UDAs accordingly.

The same applies if a Band 1 (standalone fluoride varnish) claim is made within 3 months of each other, and the 0.5 UDAs will not apply.

7.6 Reconciliation

UDA credits for Band 1 (standalone fluoride varnish) will count toward contract delivery and will therefore be considered in mid-year review and year-end reconciliation processes.

8. Quality improvement

8.1 Background

Quality Improvement (QI) (<https://www.england.nhs.uk/nhsimpact/what-is-improvement/>) is a systematic approach to solving simple or complex issues by involving those closest to them. It focuses on:

- understanding the issue deeply
- developing ideas to support improvement
- testing these ideas using rapid cycles, using data to learn and adapt

The aim is to improve quality of care and support the adoption of evidence-based guidance through reflective and shared learning.

QI is being introduced in NHS dentistry from 2026/27 for eligible Dental Contractors. It will initially be a structured 3-year programme with a nationally determined topic each financial year.

The QI programme will focus on engagement and participation throughout the improvement cycle, with practices carrying out improvement activities across the QI year.

Section 8.4 outlines the full requirements of the QI programme and the activities participating practices will need to undertake.

This section sets out the contractual requirements for Dental Contractors who wish to participate in QI. It should be read alongside the specific topic guidance for each year, which will be published on the [NHS England dental contract reform webpage](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/) (<https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/>) before the start of the programme year.

8.2 Eligibility

Contracts eligible for QI are those that provide mandatory services under a GDS contract or PDS agreement that are contracted for 100 or more units of dental activity every financial year.

Contracts not eligible for QI are those for the provision of:

- non-mandatory services
- 99 or less units of dental activity every financial year
- dental services to children only under a pre-2006 child-only contract, entered into before 1 April 2006
- Community Dental Services only
- dental services in secure and detained estates only
- Dental Public Health Services only

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.

8.3 Participation and sign-up process

Participation in QI is voluntary for eligible Dental Contractors and takes place through an annual sign-up process.

Commissioners must write to all eligible Dental Contractors to confirm the sign-up period. A template letter is provided in [Annex A](https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1) (<https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1>). If a Dental Contractor does not receive a letter but believes they are eligible, they should contact their Commissioner.

Dental Contractors need to sign up by early May in any year they wish to take part. The deadlines for each QI year will be confirmed in that year's topic guidance.

This guidance will be published in advance of the start of the QI year on the [NHS England dental contract reform webpage](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/) (<https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/>).

For the **2026/27** QI year, contractors must sign up by **6pm on Friday 8 May 2026**.

Dental Contractors sign up by completing and submitting the online form, which confirms their intention to participate in QI and that their contract is eligible.

The sign-up form will be available within the Contract Management and Payment System.

NHS BSA will send a notification to all Dental Contractors to advise them of when the sign-up window opens and provide information on where to find the data pack.

Commissioners must do both of the following by the end of the sign-up period:

- review the list of Dental Contractors who have opted in for that year
- confirm in writing to the Dental Contractor by 6pm on the last working day of May their eligibility to participate

Dental Contractors cannot join partway through a year and will be unable to sign up post the deadline date each year.

Dental Contractors can withdraw from the QI programme at any point during the financial year. Further information on exiting the QI programme is provided in section 8.8.

8.4 QI programme requirements

Dental Practices should refer to the specific topic guidance for each year.

This topic guidance will support Dental Teams with completing the QI requirements and provide further detail on each step of the improvement cycle.

The requirements of the QI programme have been designed as practice-based activities, with the intention that these will involve members from across the whole Dental Team who support the delivery of NHS dental care.

Dental Practices participating in QI must complete the requirements set out in this section and be able to evidence that they have done so.

8.4.1 Identify a lead for QI

The Dental Practice must identify a suitable lead for QI that is based within the Dental Practice. The role of the QI lead is to do all of the following:

- understand the requirements of the QI programme and ensure these are met within the required timescales
- engage other members of the Dental Team that support delivery of NHS dental care in the QI topic area and improvement activities and ensure that learning is shared
- participate in external peer group meetings on behalf of the Dental Practice

8.4.2 Use data to support internal practice review and discussion on the topic area

A first step in QI is to identify opportunities for improvement.

National data packs on the QI topic will be provided to support the Dental Practice in reviewing and discussing, within the Dental Team, what the data is showing and identifying areas for improvement (changes) to test during the QI year.

The Dental Practice must complete all of the following:

- review the national data pack and consider what the data shows
- meet as a team to discuss the data and use the data to:
 - identify areas of improvement
 - inform the development of an improvement plan
 - monitor the impact of the QI activities

The attendees at the internal practice meetings should include:

- the QI lead
- other members of the Dental Team who support delivery of NHS dental care relevant to the QI topic
- the Dental Contractor(s), where possible

The specific topic guidance for each year will provide suggested discussion points for the internal meetings. The Dental Team should consider what the data shows, explore reasons for this and identify opportunities for improvement.

8.4.3 Develop and implement a QI plan

Once the Dental Team has identified areas of improvement and agreed the key actions, these should be developed into a QI plan using the national template provided.

The template will be available within the QI topic guidance for each year, on the [NHS England dental contract reform webpage \(https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/\)](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/). The QI plan must then be implemented and progress against it monitored.

The QI plan should cover all of the following:

- detail about the identified improvement activities the Dental Practice will carry out, how these will be implemented and timescales for doing so
- SMART objectives (specific, measurable, achievable, relevant and timebound)
- agreement by members of the Dental Team, including the Dental Contractor(s)

8.4.4 Participate in external peer review

A key benefit of QI is participation in peer review and sharing of learning.

Peer review provides a structured, collaborative process where Dental Teams both within and across Dental Practices can identify strengths and weaknesses and share best practice and learning.

The aim is to improve care, maintain quality standards, reduce unwarranted variations in care and support evidence-based practice.

Dental Practices are to determine the membership of the external peer group.

This should be done working collaboratively with input from the Regional Chief Dental Officer or chair of the Local Dental Network (LDN) and the Commissioner.

The size of external peer group can vary but should be a minimum of 3 Dental Practices per group, unless otherwise agreed with the Commissioner.

Consideration should be given to the following when determining the membership of external peer groups:

- whether there are any existing practice groupings that would be suitable
- the geographical location of the Dental Practices
- the demographics of the patients in each of the Dental Practices
- the local community

Once agreed, the Dental Practices should notify the Commissioner in writing of the membership of their peer review group. This must be done no later than **31 May each year**.

Peer review meetings can be held within smaller peer groups who meet separately, or as larger ICB wide peer review meetings with all participating Dental Practices.

Where a larger ICB wide peer review meeting is preferable, this should be supported by local dental clinical leads; for example, the Regional Chief Dental officer or chair of the Local Dental Network (LDN), and Commissioner.

Where there are any changes to the membership of the external peer group during the QI year, particularly where the structure is through smaller peer groups, consideration should be given as to whether the group remains viable with the remaining practices.

This may occur because a Dental Practice has withdrawn from the QI or due to the closure of a Dental Practice's contract during the QI year. Where it is determined that Dental Practices within the group should work with the Commissioner to help in finding another group.

A clinical lead for each external peer meeting must be identified; for example, this could be a local dental advisor. The role of the clinical lead is to facilitate the meeting and to do all of the following:

- produce an agenda for the meetings, guided by the topic guidance, and circulate it to the group in advance
- ensure a record of attendance for all meetings
- help the group members achieve the objectives identified for each meeting
- aid the discussion, ensuring the group members have explored the key discussion points
- encourage and support the group members to contribute to the discussion

External peer group meetings

Dental Practices should agree dates and timings of the external peer group meetings with the other members of the group and the clinical lead, aligning with the suggested timescales in the specific topic guidance for each QI year.

Where external peer groups are to be held within larger ICB events, dates and timings of the meetings will need to be co-ordinated with the Commissioner.

Peer review meetings can be held virtually or in person. The length of the meeting will depend on the size of the external peer group, but it should normally run for between 1 and 2 hours. Where meetings form part of a larger-scale event, additional time may be required.

Each external peer group will comprise a clinical facilitator, the QI lead for each Dental Practice and, if applicable, other relevant members of the Dental Practice's team.

If the QI lead does not have clinical experience, at least one clinical representative from the Dental Practice's team should also attend the external peer group meetings to ensure clinical representation in these discussions.

The Dental Practice must participate in 2 external peer review meetings and complete all of the following:

- contribute to peer discussions by sharing the findings and reflections from its data review
- explore and discuss identified quality improvement activities within the peer group
- share and discuss the observations and results each Dental Practice has seen, and consider how improvements will be embedded and sustained

Where there are exceptional and unforeseen circumstances which may impact on a Dental Practice's ability to participate in the 2 external peer review meetings, the Dental Contractor must notify the Commissioner of this as soon as possible, stating the reasons.

The first peer review meeting would usually focus on discussing the outputs of internal Dental Practice data reviews. This includes understanding the variation between Dental Practices, exploring reasons for this and sharing learning to support identification of improvement activities.

The second peer review meeting would usually focus on sharing the changes made by each Dental Practice. This includes discussing observations and results each Dental Practice has seen, and considering how improvements will be embedded and sustained.

Further information about external peer review, including suggested discussion points is provided in the specific QI topic guidance available on the [NHS England dental contract reform webpage \(https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/\)](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract-reform/).

8.4.5 Produce a QI Report

The Dental Practice must produce a QI report using the national template to capture all of the following:

- the findings of the internal practice review and discussion
- the areas identified for improvement
- the QI activities developed and how these were implemented
- the outcomes seen from testing the QI activities, considering both quantitative (for example, the data pack) and qualitative (for example, feedback from the Dental Team and patients) data
- the identified learning and how this has been shared and discussed across the Dental Team

The report findings must be shared and discussed with the Dental Team.

The Dental Practice must be able to provide a copy of the QI report if requested by the Commissioner for the purpose of post-payment verification.

8.4.6 Submit a year-end declaration

The Dental Contractor must submit a year-end declaration to confirm completion of the QI requirements. Further detail on the year-end declaration is provided in section 8.5 below.

8.5 Claiming and reporting

The Dental Contractor must submit a year-end declaration by 6pm on 31 May each year for the previous financial year's QI programme (for example, the 2026/27 QI programme must be claimed by 6pm on 31 May 2027).

This must be completed using the year-end 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 by the Commissioner.

Declarations cannot be submitted after this date. Non-submission of the declaration will result in full financial recovery of UDAs attributed to QI and an adjustment to the Dental Contractors delivered activity.

8.6 Crediting of UDAs

Dental Contractors will receive £3,400 per year for engagement and completion of all the QI requirements set out in section 8.4. This will be converted to UDAs using the Monetary Value of a UDA, rounded up to 2 decimal places.

The UDA credits for QI will be applied equally across the remaining months of the financial year, starting in the month after the sign-up deadline. The associated UDAs will be reported within the Contract Management and Payment System.

There is no UDA credit for partial completion of the QI requirements.

This credit will come from within contract value, and it is therefore the responsibility of the Dental Contractor to account for it within their contract capacity.

8.7 Contract reconciliation

The UDAs credited for QI will count toward contract delivery and be considered as part of the mid-year and year-end reconciliation processes.

Non-compliance with the programme requirements will result in full financial recovery of UDAs attributed to QI and an adjustment to the Dental Contractors delivered activity.

This could affect the Dental Contractor's overall contracted delivery position at year-end and may result in financial recovery where delivery falls below 96% of contracted activity.

NHS BSA will provide the Commissioner with information regarding any Dental Contractors who have not submitted their year-end declaration by the required date.

If a Dental Contractor misses this deadline, the UDAs attributed to QI will be reversed and their delivered activity will be adjusted, unless otherwise agreed by the Commissioner.

Commissioners have discretion to check compliance and to request evidence confirming completion of the QI requirements, using clinical input as appropriate.

This may include asking to see a copy of the QI report and written evidence of attendance at external peer review meetings, or reviewing these documents directly with the Contract Management and Payment System, where they are available.

8.8 Exiting the QI Programme

Dental Contractors can withdraw from the QI programme at any point during the financial year. Should a Dental Contractor withdraw, written notification must be provided to the Commissioner at the earliest opportunity.

Where a Dental Contractor has withdrawn from the QI programme, or the eligible dental contract under which the Dental Practice is participating in the QI programme is terminated during the financial year, the Commissioner must take action to notify NHS BSA.

This can be done either by directly notifying the NHS BSA via email to dsebncompsup@nhsbsa.nhs.uk (<mailto:dsebncompsup@nhsbsa.nhs.uk>) or by updating the Contract Management and Payment System, so that full removal of the attributed UDA credits can be initiated. The attributed UDAs will revert to contract activity available for the remainder of the financial year.

9. Appraisals

9.1 Background

Participation of dental practitioners in an appraisal process is a requirement of paragraph 30 of Schedule 3 to the GDS Contract and paragraph 31 of Schedule 3 to the PDS Agreement regulations.

This also is provided for under regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regs 2014.

Dental Contractors must ensure all those delivering services under the contract have the skills, knowledge and experience to deliver effective care and treatment under the contract and take part in appraisal.

Beginning in 2026, eligible dentists, dental therapists and dental hygienists (including Dental Contractors and locums) who deliver services to NHS patients, will be able to claim a financial contribution towards their annual appraisal.

This contribution is sourced from within the overall contract value and is specifically designed to encourage eligible individuals to undertake appraisals as a consistent, routine aspect of their work in NHS dental practices.

The intention behind this contractual change is to promote high-quality clinical care, thriving careers and professional development supported through regular engagement with the appraisal process. In doing so, appraisals will be an integral part of professional practice.

9.2 Purpose and objectives of an appraisal

An appraisal is a formal, structured opportunity for an appraisee to step back, reflect on their work and explore any personal or professional development they may need.

Annual appraisals play a vital role in supporting professional development and helping everyone understand and work towards the organisation's goals. They reinforce the concept of the NHS as a learning organisation.

They also create space for people to recognise how their roles are valued, what's working well and where improvements can be made, fostering a culture of continuous improvement.

Feeling valued in these ways can improve motivation, job satisfaction and overall performance.

The objectives of an appraisal may include:

- regularly reviewing an individual's work and performance, making sure their skills are used well and support service priorities
- considering how the individual contributes to the quality and improvement of services
- recognising individual achievements, assessing performance against agreed standards and providing constructive feedback
- identifying personal and professional development needs, agreeing plans for how these will be met and measured, and helping people progress in ways that fit their personal goals and the wider objectives and values of the Dental Practice
- providing an individual with the opportunity to talk about what they need to do their job well and feel supported and engaged in their work
- providing a safe space for individuals to constructively discuss any factors that may be impacting on the practice business plan, policies, procedures and performance of the appraisee
- identifying whether the working environment is adequately resourced to help the individual meet their objectives

[Annex B](#) provides further information on preparing for an appraisal.

9.3 Eligibility for claiming a contribution towards an annual appraisal

Funded time for an annual appraisal is available to dentists, dental therapists and dental hygienists, including Dental Contractors and locums. To be eligible individuals must do all of the following:

- provide direct NHS dental care to patients as defined in the Regulations
- 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
- 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:

- 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
- those working under contracts providing dental care in secure and detained estates

9.4 The appraisal process

The appraisal must focus solely on NHS aspects of the individual's or appraisee's role and include the content outlined within [Annex B](#).

Appraisal discussions should be conducted in confidence between the appraiser and appraisee. The key points of the discussion and any outcomes, including any agreed objectives and training or development, must be fully documented.

An example appraisal template is provided in [Annex C](#) (<https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1>).

9.5 Setup of dental care professionals in the Contract Management and Payment System

Eligible individuals for a funded appraisal 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.

The process for setting up a DCP PIN must be undertaken by the Dental Contractor and authorised by the Commissioner. This process is required only when the eligible individual does not already have a PIN.

The Dental Contractor will be required to create a DCP record on the Contract Management and Payment System by creating a new DCP clinician and inputting the required information.

Once the DCP record is created, the Dental Contractor can add the eligible individual to their contract. Commissioners must then ensure that all DCPs are correctly created and authorised within the Contract Management and Payment System.

For detailed instructions on creating and authorising DCP records, refer to the [guidance available on the NHS BSA customer self-service portal \(https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-28923/en-us\)](https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-28923/en-us).

9.6 Claiming and reporting

Eligible dentists, dental therapists and dental hygienists will be required to self-declare that an appraisal has taken place during the year to which the claim applies.

This self-declaration claim will serve to confirm that the individual is both eligible to make the claim and has completed an appraisal.

The self-declaration claim form will be available and submitted within the Contract Management and Payment System.

Only 1 claim can be made per financial year for each eligible dentist, dental therapist and dental hygienist. For any eligible individuals working across multiple contracts, it is recommended that claims are submitted under the contract where they provide the most NHS activity for the year the claim applies to.

Claims are to be submitted promptly by the eligible individual via the Contract Management and Payment System on completion of the appraisal.

Claims must be submitted **no later than 2 months after the date the appraisal was completed**.

Late claims submitted after this period will not be credited.

Commissioners have discretion to allow for the credit to be made where reasonable circumstances apply, for example, Contract Management and Payment System failure or a period of absence.

Each eligible individual and their appraiser must keep an accurate record of the appraisal discussion, including any agreed objectives and training or development.

When available, the Contract Management and Payment System will allow uploading this record if agreed between the appraiser and the DCP, but this is not a requirement.

9.7 Crediting of UDAs

Payment for annual appraisals will be included in the contract value. It is therefore the responsibility of the Dental Contractor and the eligible dentist, dental therapist and dental hygienist to account for this within their contract capacity.

Each self-declared annual appraisal will be credited a fixed sum of £213. It will be converted into UDAs at the Dental Practice's Monetary Value of a UDA (rounded up to the nearest 2 decimal places) within the Contract Management and Payment System and credited against the contract value.

The associated UDAs will be reported within the Contract Management and Payment System.

Any earnings related to funded appraisal would be subject to superannuation contributions for individuals participating in the NHS pension scheme.

It is anticipated that, as a minimum, the Dental Contractor will pass on to the eligible DCP the proportion of UDAs equivalent to that set out in their contract of engagement.

9.8 Reconciliation

The UDA credits for appraisal will count towards achieving contract delivery and will therefore be considered in mid-year review and year-end reconciliation processes.

As part of the post-payment verification processes, the Commissioner has discretion to request information to verify the claim and to confirm that the appraisal took place.

10. Discretionary payments

10.1 Background

The Statement of Financial Entitlements sets the discretionary payments payable under a GDS contract or PDS agreement. These include payments in respect of:

- maternity, paternity and adoption leave
- long-term sickness leave

To be eligible for these payments, one of the criteria is that the dentist must have been on the Performer Dental List for at least 2 years, meaning that only time spent working in NHS primary dental care is included.

10.2 Change to criteria for 2 years' service

From September 2026, the eligibility criteria for working in NHS dentistry to qualify for these payments will be amended to count all NHS dental service towards the eligibility requirement for at least 2 years' service. This means that time spent working in secondary NHS dental care and primary NHS dental care will now count towards the 2-year requirement.

10.3 Evidence required and verification

Dentists must provide documented NHS employment history and references when submitting a claim for a discretionary payment.

The Dental Contractor will be responsible for verifying the provided employment history and references. Once verified, the Dental Contractor will forward the information to the NHSBSA. The NHSBSA will process the relevant payments being claimed accordingly.

11. Ethnicity recording

11.1 Background

Changes are being made to the ethnicity categories within the Contract Management and Payment System to support accurate data capture in line with census categories.

11.2 Changes to ethnicity descriptions

The 16 existing ethnicity categories have had their descriptions updated as shown in table 1. Please note that some of these updates are simply a punctuation change.

Table 1: updates to existing ethnicity categories

Value	Updated description	Explanation of change
1	White: English or Welsh or Scottish or Northern Irish or British	Formerly White British
2	White: Irish	Formerly no colon
3	White: Any other White background	Formerly White Other
4	Mixed multiple ethnic groups: White and Black Caribbean	Formerly White and Black Caribbean
5	Mixed multiple ethnic groups: White and Black African	Formerly White and Black African

Value	Updated description	Explanation of change
6	Mixed multiple ethnic groups: White and Asian	Formerly White and Asian
7	Mixed multiple ethnic groups: any other Mixed or Multiple ethnic background	Formerly other mixed background
8	Asian or Asian British: Indian	Formerly no colon
9	Asian or Asian British: Pakistani	Formerly no colon
10	Asian or Asian British: Bangladeshi	Formerly no colon
11	Asian or Asian British: any other Asian background	Formerly other Asian background
12	Black or African or Caribbean or Black British: Caribbean	Formerly Black or Black British Caribbean
13	Black or African or Caribbean or Black British: African	Formerly Black or Black British African
14	Black or African or Caribbean or Black British: Other Black or African or Caribbean background	Formerly other Black background
15	Asian or Asian British: Chinese	Formerly Chinese
16	Other Ethnic Group: any other Ethnic Group	Formerly any other ethnic group

11.3 New values to accompany code 9025

Two new values have been added to the list of values to accompany code 9025 (Ethnic Group) in the Contract Management and Payment System as per table 2.

Table 2: values to accompany code 9025

Value	Description
17	White: Gypsy or Irish Traveller
18	Other Ethnic Group: Arab

11.4 Replacement options for 'patient declined'

There are 2 new options that will replace the current "Patient Declined" option 99 in the Contract Management and Payment System as shown in table 3.

Table 3: values to accompany code 9025

Value	Description
97	Ethnicity Not Stated (Indicates the patient was asked but declined)
98	Patient Ethnicity Unknown (means the practice has not asked)

Annex A: template quality improvement offer communication to eligible dental contractors

A letter template in MS Word format can be accessed and downloaded from the [NHS England website](https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1) (<https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1>).

Annex B: the appraisal process

Preparation for the appraisal

A successful annual appraisal works best when both the appraiser and appraisee fully participate in the process. Openness on both sides is essential.

Both parties should set aside enough time before the appraisal meeting to prepare for the discussion.

The purpose and objectives of the appraisal are outlined in [section 9.2](#).

An example appraisal template is provided in Annex C. This guide will help you structure the meeting by providing recommended areas for discussion. It can also help you record the discussion. However, completing the form should not restrict the flow of the conversation.

Where the Dental Practice has its own appraisal documentation, they may choose to continue using it instead of the national template.

The appraiser should agree a time which is mutually convenient and gives all parties sufficient time to prepare for the appraisal meeting. The appraiser should:

- advise on the appraisal discussion structure and approach
- inform the appraisee if they need to provide any information
- share the appraisal documentation in advance; best practice is to do this at least 2 weeks before the appraisal date

Before the appraisal meeting, the appraiser should gather relevant information. Where a third party may need to contribute to the appraisal, this should also be discussed and agreed well in advance.

The appraisal discussion should be based on accurate, relevant, up-to-date and available information. This should be supplemented by any information generated as part of regular monitoring. For example:

- any notes from regular 1-to-1 conversations
- feedback from other members of the Dental Team
- 360 feedback
- patient feedback

In preparation for the appraisal, the appraisee should:

- identify the areas they wish to discuss in their appraisal
- reflect on any specific objectives or previously set goals
- reflect on key successes or achievements over the last 12 months, gathering specific examples
- identify areas for improvement – are there any goals that have not been met? Are there things that could have gone better?
- reflect on any significant changes which might have arisen over the last 12 months

- consider future personal development goals, including any development needs or support needs
- review any appraisal documentation provided

The appraisal conversation should cover the following areas as a minimum:

- **achievements** – reflecting on what has gone well over the past year, considering examples of achievements and feedback from patients, carers or colleagues
- **challenges** – reflecting on any challenges over the last 12 months, what the challenges related to, what factors contributed to these challenges, and learning from these
- **goals and objectives** – setting specific measurable goals for the next 12 months, which are important to the individual and the dental team
- **support and enablers** – what support is needed to achieve identified goals and objectives, and any barriers preventing the achievement of these
- **professional development** – review of continuing professional development (CPD) activities, learning objectives achieved, and maintenance of professional competencies
- **development of a personal development plan (PDP)** – covering area(s) for development, development need(s) and how these align with goals and objectives, how the need(s) will be met and target date(s) for completion

Discussion prompts on the above areas are provided within the example appraisal template in Annex C.

Outcomes of the appraisal

Time should be given at the end of the appraisal to share final thoughts and reflections on the discussion.

The aim throughout the discussion should be to set future goals and objectives and identify areas for development to support the achievement of these.

Key discussion points and any outcomes should be mutually agreed and documented, using the template provided in Annex C or an equivalent appraisal documentation.

The appraisal documentation and PDP development should be completed soon after the appraisal conversation.

The eligible dentist, dental therapist or dental hygienist should then begin making progress on the agreed actions, goals and development plan.

Section 9.6 sets out the process and timescales for claiming and reporting of completed annual appraisals.

Annex C: appraisal template

A full appraisal template in MS Word format – including CPD, post-appraisal form and personal development plan – can be accessed and downloaded from the [NHS England website \(https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1\)](https://www.england.nhs.uk/publication/nhs-dental-quality-and-payment-reforms-guidance/#heading-1).

Appendix A: overview of Complex Care Pathways

Complex Care Pathway and clinical eligibility criteria	Pathway length	Patient charge	CCP payment (2026/27)
Complex Care Pathway 1: patients eligible must be aged 16 years and over with 5 or more teeth with caries into dentine	6 months	Band 2 charge*	£293.40

Complex Care Pathway and clinical eligibility criteria	Pathway length	Patient charge	CCP payment (2026/27)
Complex Care Pathway 2: patients eligible must be aged 16 years and over with 5 or more teeth with caries into dentine and unstable periodontal disease as defined by as defined by the BSP classification (https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf). Periodontal disease is to be evidenced by generalised unstable disease (not localised) affecting >30% of teeth on initial examination, and either a periodontal probing depth of ≥5mm, or ≥4mm and bleeding on probing, with a diagnosis of Stage II Grade B periodontitis and above. This means any of generalised unstable periodontal disease that is Stage II Grade B, Stage II Grade C, Stage I Grade C*, Stage III Grade B, Stage III Grade C, Stage IV Grade B, or Stage IV Grade C	12 months	Band 2 charge*	£732.47
Complex Care Pathway 3: patients eligible must be aged 16 years or over with a first diagnosis of Stage III (Grade A, B or C) or unstable Grade C (including Stage I Grade C*, Stage II Grade C, Stage IV Grade A, B or C) periodontal disease as defined by the BSP classification (https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf). Periodontal disease is to be evidenced by generalised unstable disease (not localised) affecting >30% of teeth on initial examination and either a periodontal probing depth of ≥5mm, or ≥4mm and bleeding on probing	6 months	Band 2 charge*	£256.21

*Unless Band 3 treatment is provided during, or within 3 months of the completion of, a Complex Care Pathway, then the patient charge increases to a maximum of a Band 3 charge. See section 4.8.

Appendix B: Complex Care Pathway declaration wordin

Initial declarations for complex care pathway sign-up
I declare that I am properly entitled to practise under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purposes of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.
I declare that this patient has been identified as having caries into dentine in five or more teeth. This patient meets the entry criteria for Pathway 1 and I declare that this patient has agreed to the treatment plan.
I declare that this patient has been identified as having caries into dentine in five or more teeth, and unstable periodontitis as defined by the British Society of Periodontal Disease (BSP) classification of periodontal disease, evidenced by periodontal probing depth $\geq$ 5mm or periodontal probing depth $\geq$ 4mm and bleeding on probing, with a diagnosis of Stage II Grade B periodontitis or above and generalised unstable disease. This patient meets the entry criteria for Complex Care Pathway 2 and I declare that this patient has agreed to the treatment plan.
I declare that this patient has been identified as having a first diagnosis of Stage III Grade C periodontitis or above as defined by the British Society of Periodontal Disease (BSP) classification of periodontal disease, evidenced by periodontal probing depth $\geq$ 5mm or periodontal probing depth $\geq$ 4mm and bleeding on probing and generalised disease affecting $>30\%$ of teeth. This patient meets the entry criteria for Complex Care Pathway 3 and I declare that this patient has agreed to the treatment plan.
Interim declarations for submission during a complex care pathway
I declare that this patient is being treated at this practice and is still receiving care
I declare a concurrent claim for a denture modification and confirm that the denture has been fitted
I declare a concurrent claim for a Band 3 restoration (Band 3 course of treatment) and confirm that the restoration has been fitted
Declaration for submission of incompleteness, suspension or completion of a complex care pathway, and where subsequent treatment is being claimed
I declare that all the treatment specified has not been provided to the patient (for incomplete declaration only)
I declare that the patient's Complex Care Pathway has been suspended
Complex Care Pathway 1 I declare that the patient's care plan and all the required services have been discharged and: all caries have been treated, preventative advice and support has been provided throughout the pathway, and modifiable risk factors have been identified and addressed.
Complex Care Pathway 2 I declare that the patient's care plan and all the required services have been discharged and: all caries have been treated, at least 3 cycles of periodontal treatment have been provided, preventative advice and support has been provided throughout the pathway, and modifiable risk factors have been identified and addressed.
Complex Care Pathway 3 I declare that the patient's care plan and all the required services have been discharged and: 2 cycles of periodontal treatment have been provided, preventative advice and support has been provided throughout the pathway, and modifiable risk factors have been identified and addressed.
Complex Care Pathway 3 – additional pathway 3 declarations I declare that the patient has been referred for a level 2 or 3 service for treatment of periodontal disease. I declare that the patient has not been referred for a level 2 or level 3 service for treatment of periodontal disease, because it is not clinically required I declare that the patient has not been referred for a level 2 or 3 service for treatment of periodontal disease because a service is not available.
I declare a concurrent claim for a denture modification and confirm that the denture has been fitted
I declare a concurrent claim for a Band 3 restoration (Band 3 course of treatment) and confirm that the restoration has been fitted
I declare a subsequent claim for a laboratory restoration and confirm that all will be fitted within 3 months of completion of treatment (Band 3 course of treatment)

Declaration for a concurrent claim for a complex care pathway

I declare a concurrent claim for a complex care pathway

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