NHS Dental Contract Reforms 2026 — FAQs

Unscheduled (Urgent) Care

What is the new definition of unscheduled care?

Unscheduled care is urgent treatment that is clinically necessary because a patient's oral health is likely to deteriorate significantly, or because they need treatment within seven days.

Treatment should only include what is necessary to manage the immediate problem or prevent deterioration.

Importantly, the previous requirement for "severe pain" has been removed. This means patients may qualify for urgent care for problems such as broken teeth, lost crowns, loose teeth or broken dentures, even if pain is not their main symptom.

Which patients does the unscheduled care requirement apply to?

It applies to all patients, including:

- existing practice patients;
- patients referred by NHS 111; and
- new patients contacting the practice directly.

A practice does not need to be accepting new NHS patients generally in order to provide unscheduled care.

Does this apply to children as well as adults?

Yes. The requirement applies to both adults and children.

What codes should we use for unscheduled care claims?

Dental software providers are updating systems to support the new claims process. If you are unsure which codes to use, contact your software provider or check current BSA guidance.

Some early software and Compass configuration issues were reported during rollout, so rejected claims may need to be resubmitted once updates are complete.

The 8.2% Unscheduled Care Requirement

Is the 8.2% target based on contract value or UDAs?

It is based on Relevant Contract Value (RCV), not the number of UDAs.

The formula is:

RCV ÷ 10,000 × 11

This calculates the expected number of unscheduled care appointments per year.

Is the 8.2% additional funding?

No. The 8.2% requirement comes from within the existing contract value. It is not additional funding.

Practices effectively have:

- an unscheduled care target (8.2%); and
- the remaining base contract activity (91.8%).

Both elements may be subject to clawback if underperformed.

Can the 8.2% target be reduced?

Potentially. NHS England guidance allows commissioners some flexibility to reduce the requirement in exceptional circumstances, usually where practices can provide evidence that the target is not realistically deliverable.

Practices should discuss this with their ICB.

What happens once we exceed the 8.2% target?

Once the threshold is exceeded, additional unscheduled care appointments are expected to attract a £75 payment value, converted into UDAs using the practice's own UDA rate.

Further operational guidance from the BSA and NHS England may clarify exactly how this is processed.

Payments for Unscheduled Care

How does the £75 payment work?

The £75 value is converted into UDAs using the practice's own UDA rate.

Software systems may temporarily display unscheduled care activity as 1.6 UDAs until reconciliation processes are completed.

What is the £15 failed-to-attend (FTA) payment?

The £15 payment is intended to offset the impact of missed unscheduled care appointments.

It is normally paid automatically to the practice as part of monthly contract payments and is not separately claimed.

How should associates be paid for unscheduled care?

This depends on the associate agreement.

In most cases, unscheduled care activity will appear on Compass as UDAs and associates are paid using their usual UDA percentage arrangements.

Practices should update associate agreements to explain:

- how unscheduled care is paid;
- whether the £15 FTA element is shared; and
- how any clawback risk is handled.

Managing Unscheduled Care Appointments

What treatment must be provided during an unscheduled care appointment?

Treatment must address the patient's presenting urgent problem.

Depending on clinical need, this could include:

- temporary or permanent restorations;

- extractions;
- recementing crowns;
- dressings; or
- pain management.

Clinical judgement determines what is appropriate.

Can I provide temporary treatment and bring the patient back later?

Yes.

For example, a temporary restoration may be provided during the urgent appointment, followed later by definitive treatment under a separate course of treatment if clinically appropriate.

Separate NHS charges may apply where separate courses of treatment are opened.

Are we required to accept urgent care patients onto our NHS list afterwards?

No.

There is no NHS patient registration system in general dental practice. Providing unscheduled care does not create an obligation to offer ongoing NHS treatment.

Complex Care Pathways (CCPs)

What are the new Complex Care Pathways?

Three Complex Care Pathways (CCPs) are expected to be introduced:

- CCP1: extensive caries management;
- CCP2: extensive caries plus unstable periodontal disease; and
- CCP3: newly diagnosed Grade C periodontal disease.

These pathways are designed to support stabilisation and preventive care over a defined period.

Some implementation details and operational guidance are still awaited.

Are Complex Care Pathways mandatory?

No. Participation is voluntary.

However, NHS England and the BDA have indicated that pathways are intended to replace repeated phased banded courses of treatment for suitable patients.

How are CCPs paid?

Pathway payments are expected to be made monthly over the duration of the pathway.

Payments stop if:

- the pathway ends; or
- the patient is removed from the pathway, for example because of repeated failed attendance.

Does definitive treatment still require a separate course of treatment?

Usually yes.

The pathways are intended mainly for stabilisation and disease management. Definitive restorative work such as crowns, bridges or complex endodontics would generally continue under a separate banded course of treatment.

Fluoride Varnish

How does standalone fluoride varnish work?

Standalone fluoride varnish applications for patients under 16 attract 0.5 UDAs.

Applications may be carried out by:

- dentists;
- therapists;
- hygienists; or
- appropriately trained dental nurses working to a dentist’s prescription.

Applications must be at least three months apart.

Appraisals

Are appraisals mandatory?

Yes. Appraisals are now becoming an actively implemented contractual requirement for eligible NHS clinicians.

This applies to dentists and, where applicable, therapists and hygienists delivering NHS care.

Is there a payment for appraisals?

Yes. Current guidance indicates a payment of around £213–£230 per appraisal.

Further local guidance may explain how claims are processed.

Quality Improvement and Recall Intervals

Are six-month recalls still available?

Not necessarily.

Recall intervals should follow NICE guidance and be based on clinical risk, rather than automatically recalling every patient every six months.

Low-risk patients may appropriately have longer recall intervals, up to 2 years.

What if a patient wants six-month recalls anyway?

Patient preference does not override clinical judgement or NICE guidance for NHS recall intervals.

Patients may choose to attend privately more frequently if they wish.

Future Contract Reform

Is a completely new NHS dental contract still planned?

Yes. The Government has stated that wider NHS dental contract reform remains planned during this Parliament.

Negotiations between NHS England and the BDA are ongoing, although future funding arrangements remain uncertain.