

Dentistry Simplified

Welsh Dental Contract Reform

This document was supported by an unrestricted educational grant from:

Practiceplan
The business of dentistry

Editor's note

After many years of discussion about a new contract – the Welsh government announced last summer that it would be introducing a new NHS dental contract. The announcement came after many years, much discussion, and even some tears. But the announcement of a new contract was not the end of the story – the consultation on proposals led to redrafts – and while politicians spoke of the motivation behind the initiative, and what it hopes to achieve, many of the details were ominously absent.

This has led to something of an information vacuum, which has over time detracted from some of the positivity the initial announcement enjoyed.

Many dentists are still unsure about some aspects of the contract – that is why *The Dentist* has put together this information sheet – we hope it is a handy resource that will summarise the key aspects of the changes being introduced, and provide signposting to help you find all the information you need about the new world of dentistry about to be welcomed to Wales.



Eddie MacKenzie
Editor of *The Dentist*

When?

The new contract comes into force
April 1, 2026

Why?

The reformed contract aims to:

- Improve access
- Provide equity of care
- Offer more personalised care
- And provide a simpler, fairer payment system

Background

The new contract, which will be introduced this April, is the biggest change in NHS dental provision in Wales for nearly 20 years. It marks an end to the General Dental Services contract first introduced in April 2006. From its inception the 2006 contract was heavily criticised, particularly for its use of units of dental activity (UDA) as the primary measure of performance. The UDA system rewards dental activity rather than preventative care of the improvement of health, and so was not seen to be in the best interest of patients. It also created a “treadmill” work environment which many within the profession disliked.

The new contract is intended to be a needs-based preventative model. When announcing the proposals Jeremy Miles, the Welsh government’s health secretary, explained, “Every person in Wales deserves quality dental care when they need it, regardless of where they live or their background. Change is needed, and our new dental contract is key in delivering what people want – a system which is fair and effective.”

Key changes for the patient:

- Improved access
- Personalised recall intervals
- Simplified patient charges

Key changes for practices:

- A new payment system for dentists
- Increased hourly rates
- Fixed rate rather than varying UDA rates

A post-UDA future

The new contract sees an end to the UDA system of payment. It will be replaced by a new model.

The standard proportions of mandatory services (other than urgent care for active patients) are:

(a) 7% for urgent treatment for new patients

(b) 3% recall appointments for low risk patients

(c) 10% for new patient assessment

(d) 70% to provide care packages

(e) 5% for prevention services

(f) 5% for national priorities

Urgent care for active patients must be delivered notwithstanding that the proportions set out have been achieved and is not included in the overall percentage.

A local health board may depart from the standard proportions if it is satisfied that there are different levels of need in its area which require the proportions to be adjusted in order to ensure that patients in its area are properly provided for.

Urgent care appointments for new patients

Each contractor must agree to provide a certain number of urgent care appointments for new patients annually. It must inform the local health board of what, if any, types of accessibility-enhanced dental services for urgent care appointments it is able to provide.

Urgent care appointments should prioritise relief from pain and the prevention of significant deterioration of the particular problem. When any necessary treatment cannot be completed

during the urgent care appointment, this must be recorded in the patient's clinical record and the practice should seek permission from the local health board to take on the patient as a new active patient before providing a further appointment.

Any patient seen at an urgent care appointment who is not already registered on the Dental Access Portal (DAP) should be advised to do so.

Low risk recalls

This remunerates practices for the recall of at least 80% of low-risk active patients who are subject to recall intervals

of between 18 and 24 months. Payments are made in equal monthly instalments throughout the year.

New patient assessments

A new patient assessment must include the following:

- The completion of an ACORN assessment
- A full review of the patient's medical, dental and lifestyle history
- An assessment of the patient's needs in relation to accessibility-enhanced dental services
- A clinical examination including periodontal assessment, caries detection and an oral soft tissue examination
- An inspection of each tooth for signs of cracks, wear, chips and caries
- An examination of existing restorations and prosthetics for integrity, fit and damage
- A radiographic examination (where need is clinically indicated)
- A risk allocation - between low, moderate or high categories
- An occlusion assessment including an orthodontic assessment for children when clinically indicated
- A temporomandibular joint examination (when clinically indicated)
- The provision of tailored preventative advice and oral health promotion using evidence-based guidance
- The formulation of a personalised care package or combination of care packages (where necessary)
- Comprehensive clinical records and outcome measures.

Care packages

- **Simple restorative care package:** Includes fillings, temporary crowns, Hall crowns and extractions up to a total of four teeth.
- **Extensive restorative package:** As per simple restorative package but for five to eight teeth. Composite material for anterior teeth (canine to canine). Posterior teeth to use clinically appropriate materials, which include both amalgam and amalgam alternatives.
- **Periodontal care package:** Entry assessed on engagement from assessment, but patient must achieve minimum of 30 per cent plaque score by third OHE visit.
- **Denture care package:** Excludes laboratory fees (paid directly by the patient, unless exempt from NHS charges). Includes upper and lower 187 dentures, including cobalt chrome dentures if clinically indicated.
- **Stabilisation care package:** For patients who present with seven or more carious teeth, where at least two of the teeth have caries extending to close proximity or into the pulp and the patient is keen to engage. It includes extractions, DBOH prevention, glass ionomer intermediate restorations, pulp extirpation, removal of plaque retentive factors.
- **Anterior root canal package:** For up to two teeth (1-3), includes any permanent restorations.
- **Posterior root canal package:** Posterior and pre-molar root canal package is for up to two teeth. It includes second molars if the tooth is strategically necessary to maintain dentition.
- **Crown bridge, inlay, onlay and veneer care package:** Excludes temporary restorations. Up to a three unit bridge or up to two crowns or where a crown and bridge are both provided a single cantilever bridge and single crown would be provided under a single care package. Includes study models, posts and cores.
- **Miscellaneous care package:** For treatment and interventions for patients that fall outside a current care package or outside the guarantee period. Includes: denture repair/addition/reline, denture ease, study models, bite raising appliance, biopsy, repair/replacement of a crown, bridge or veneer, removal of sutures, pericoronitis, ANUG, orthodontic urgent issues, arrest of haemorrhage (for extractions carried outside of a care package), dry socket (for extractions carried outside of a care package).

Prevention services

This involves the provision of tailored preventative advice and interventions services.

It should be a part of every new patient assessment, part of every recall appointment, as an integral part of every care package, and as a standalone intervention where clinically indicated.

Prevention services must include advice and interventions relating to:

- Oral hygiene instruction
- Dietary advice
- Fluoride use
- Lifestyle factors

- Oral cancer awareness
- Trauma prevention
- Age-specific advice

Prevention services must be delivered in a way appropriate to the patient's age, understanding and communication needs, using clear language, with the involvement of parents, carers or guardians where appropriate. Key messages should be reinforced in writing where needed. Prevention services can be delivered face to face, through remote digital technology or through group education sessions.

Prevention services may be delivered by any appropriately trained member of the dental team.

National priorities

Where a local health board determines that the five per cent allocation for national priorities is not required, either in whole or in part, it may reallocate any unused proportion in number of ways. If this happens the local health board must notify the affected contractor or contractors in writing of the proportion,

the period of the reallocation, and the date from which it takes place (which must be at least 14 clear days after the date of notification).

Missed appointments

If during the course of a care package a patient fails to attend either two consecutive appointments, or three in total, then a practice can begin a de-listing process.

To do this it must notice the patient of the intention, including the reasons why, and allow the patient 14 days to respond.

A patient who is de-listed will return to the DAP for re-allocation.

DAP

Under the new contract the Dental Access Portal (DAP) will become the central mechanism for managing patient flow across all health boards. It replaces the individual waiting lists previously held by different practices and health boards with a single, centralised system.

Health boards will use the portal to allocate new patients to dental practices as capacity becomes available.

Patients can use the portal to track their application status, edit details, and accept or reject appointment offers.



**Scan here to view the
Dental Access Portal (DAP)**

Patient payments

50% patient contribution:

Patients pay 50 per cent of the total value of the specific packages.

Price cap:

Regardless of how many of the 19 packages are used, the total patient charge is capped at £384 per course of treatment.

Separate lab fees:

Costs for physical appliances (like crowns or dentures) are now separated from the clinical treatment fee to ensure transparency.

Around half the Welsh population is exempt from paying NHS dental charges, including children under 18, pregnant women, hospital dental patients, and people receiving certain benefits.

Patients can get free NHS dental treatment if when the treatment starts they:

- Are aged under 18
- Are aged 18 and in full time education
- Are pregnant or have had a baby within the 12 months before treatment starts
- Are an NHS in-patient and the treatment is carried out by the hospital dentist
- Are an NHS hospital dental service out-patient (there may be a charge for dentures and bridges)

Patients are also entitled to free dental treatment if when the treatment starts or when the charge is made:

- They or their partner receive certain benefits including:
 - Income support, or income-based Jobseeker's Allowance
 - Universal Credit
 - Income related employment and support allowance or pension credit guarantee credit
- They are on a low income
- They are entitled to, or named on, a valid NHS tax credit exemption certificate



Patients can use the NHS online checker to see if they are entitled to free care: <https://check-for-help-paying-nhs-costs.nhsbsa.nhs.uk/start>

This document was supported by an unrestricted educational grant from:



Practiceplan
The business of dentistry

The **Dentist** | DentalUpdate

Dentistry
Simplified



To keep up-to-date on the latest news in dentistry, visit our website www.the-dentist.co.uk