EXPLANATORY MEMORANDUM TO

THE NATIONAL HEALTH SERVICE (DENTAL CHARGES) (AMENDMENT) REGULATIONS 2025

2025 No. 310

1. Introduction

1.1 This explanatory memorandum has been prepared by the Department of Health and Social Care and is laid before Parliament by Command of His Majesty.

1.2 This memorandum contains information for the Joint Committee on Statutory Instruments.

2. Declaration

2.1 Stephen Kinnock, Minister of State for Care at the Department of Health and Social Care confirms that this Explanatory Memorandum meets the required standard.

2.2 Sarah Norton, Deputy Director for Dentistry, at the Department of Health and Social Care confirms that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Eleanor Maw at the Department of Health and Social Care Telephone: 020 7210 2812 or email: Eleanor.maw@dhsc.gov.uk can be contacted with any queries regarding the instrument.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 The National Health Service (Dental Charges) Regulations 2005 (S.I.2005/3477) ("the 2005 Regulations") provide for charges to be made and recovered from a patient, who is not exempt, for the provision of dental treatment, including urgent treatment and orthodontic treatment, and the supply of dental appliances by a provider of primary dental services. This instrument amends the 2005 Regulations to implement an uplift of 2.39% to these patient charges on 1 April 2025. This amendment will uplift NHS dental patient charges by 2.39% across all four of the NHS dental treatment bands.

Where does the legislation extend to, and apply?

4.2 The extent of this instrument (that is, the jurisdiction(s) which the instrument forms part of the law of) is England and Wales.

4.3 The territorial application of this instrument (that is, where the instrument produces a practical effect) is England only.

5. Policy Context

What is being done and why?

5.1 NHS patient charges have existed in dentistry and some other areas of the NHS since 1952. Many patients are exempt or entitled to remission of charges: all those under 18,

those under 19 in full time education, and new and expectant mothers are exempt; and adults on specified income related benefits are entitled to full remission of charges. Support is also available through the NHS Low Income Scheme for those patients who are not eligible for exemptions or full remission, providing they meet the income thresholds for eligibility for help with health costs. There will be no change to exempt groups.

5.2 In 2006, NHS dental treatments moved from a 'cost per treatment' payment system to a system of banded courses of treatment weighted for complexity. Different treatments are incorporated into one of the Bands, with a nationally set charge. The patient charge is collected on behalf of the NHS by the dental practice delivering the treatment and passed on to the NHS. The charges collected have no direct impact on the dentists' remuneration but are a contribution to the overall NHS healthcare budget. Details on the new charges are set out below in table 1.

Table 1: Dental treatment bands and applicable patient charge for 2024/25

Band	Description of treatment	New patient charge for 2025/26
1	This band includes examination, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically needed, and preventative care (e.g. applications of fluoride varnish or fissure sealant).	£27.40
2	This band covers everything listed in band 1, plus any further treatment such as fillings, root canal work or extractions.	£75.30
3	This band covers everything in bands 1 and 2, plus course of treatment including crowns, dentures, bridges and other laboratory work.	£326.70
Urgent	This band covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling.	£27.40

5.3 The amount raised through dental patient charges is defined as Patient Charge Revenue (PCR). PCR helps the NHS meet the cost of providing overall NHS services, including NHS Dental Services. It is not a direct contribution to the spend on dental services but shown as a proportion of that spend. It is estimated as equivalent to around 25% of the gross cost of funding primary care dental services.

5.4 Prior to 2016/17, these charges generally increased annually to take account of inflationary pressures. Any inflationary increase is usually in line with the Department's spending assumptions, which use the Government's preferred inflationary measure, the GDP deflator forecast.

5.5 Under the current dental remuneration system there is intentionally no link at contract level between the remuneration to the dentist for the care provided and the patient charges for that treatment. Patient charges are set nationally, while the amount paid to dentists for the provision of NHS dental services (known as the "contract value") is locally negotiated by NHS England. Individual contract values therefore vary. The patient charges raised make no direct contribution to the remuneration the dentist receives.

5.6 However, the analysis the Department has previously undertaken using national data and using appropriate assumptions continues to suggest that, at a national level, NHS dental charges payable by individual patients do not exceed the total cost of NHS treatment provided to those patients. While the percentage of the overall cost of treatment that the charge represents will vary by reference to the band in which the treatment falls and the remuneration agreed for individual contracts, there is not full

cost recovery in respect of NHS treatment provided, particularly in Bands 2 and 3, to any fee-paying patient. The proposed increase is not expected to change this.

5.7 This is because the cost to the NHS of providing a particular treatment is calculated by reference to the contract value, plus any additional payments specified in the statement of financial entitlement such as business rates, employers' superannuation payments, sickness, maternity or paternity allowance less any recoveries for under-delivered activity.

5.8 The uplift is intended to be an appropriate balance between the contribution to the costs of the overall NHS budget through patient charges and the costs met directly by the NHS through the contribution of taxpayers.

5.9 The proposed 2.39% uplift is a proportionate increase to dental charges for those who are not in the lowest incomes and therefore exempt from paying. Those who qualify for free dental treatment by virtue of being in receipt of specified benefits and those who are exempt from charges under the legislations will remain exempt. Those not entitled to exemptions from dental charges, but who are on low incomes, may also be eligible to receive other help with health costs.

5.10 Overall, this policy will enable the NHS to generate revenue of approximately £812m in a year in which contracts operate at the same activity level as 2023-24. The distribution of number of treatments delivered in each band are also assumed to be the same as in 2023-24. The revenue generated can be found in Table 2 below:

Table 2: Predicted PCR by Band for 2025/26

£million	Additional revenue arising from a 2.39% uplift in a full non-COVID-19 year	
	Estimated Patient Charge Revenue	Change in PCR (compared to estimated 24/25 revenue)
Band 1	£276m	£6m
Band 2	£296m	£7m
Band 3	£184m	£4m
Urgent	£55m	£1m
Total	£812m	£19m

The 2.39% uplift is being implemented consistently across each of the Bands of charges. The new applicable patient charge for each Band, in addition to the charge levels for the previous five uplifts, is set out in Table 3 below:

	2018/ 19	**2019/ 20**	**2020/ 21**	**2021/ 22**	**2022/ 23**	**2023/ 24**	**2024/ 25**	**2025/ 26**
Band 1	£21.60	£22.70	£23.80	£23.80	£23.80	£25.80	£26.80	£27.40
Band 2	£59.10	£62.10	£65.20	£65.20	£65.20	£70.70	£73.50	£75.30
Band 3	£256.50	£269.30	£282.80	£282.80	£282.80	£306.80	£319.10	£326.70
Urgent	£21.60	£22.70	£23.80	£23.80	£23.80	£25.80	£26.80	£27.40

5.11 In 2023/24, of the total number of NHS courses of treatment delivered, 51.4% were for paying adults. This means the remaining 48.6% of courses of treatment were

delivered to non-paying adults and children, all of whom are exempt from paying NHS dental charges. Safeguards are in place to ensure that costs are not a barrier to accessing NHS dental care for those that are least able to afford it.

5.12 In line with previous years, we consider it right that those who can contribute continue to do so, whilst maintaining exemptions and help with health costs for those who are most likely to experience financial hardship. The impact of these changes will only affect those of working and pension age with incomes above the thresholds for eligibility for help with health and care costs. We therefore consider that the proposed uplifts in charges are fair and proportionate and play an important role in continuing to support the provision of NHS services. For further information on exemptions from dental charges and help with health costs that may be available to patients, please refer to the Equality Analysis which is published alongside the Explanatory Memorandum on the Legislation.gov.uk website.

5.13 We continue to monitor for signs that the increases in charges, despite being relatively modest, are deterring take-up among charge payers. There is, so far, no sign that take-up of services is changing among the charge payer group specifically. Any change in demand for NHS dental services by charge paying patients, however, will continue to be monitored as an indicator that charges may be acting as a deterrent.

What was the previous policy, how is this different?

5.14 This instrument uplifts the dental patient charges across all treatment bands by 2.39% from 1 April 2025, with no change to those who are exempt from charges. The policy behind the current SI is in line with previous policy, with uplifts to NHS dental patient charges frequently made on an annual basis. For more detail on this, see paragraph 5.1 above.

6. Legislative and Legal Context

How has the law changed?

6.1 This amendment uplifts the values for NHS dental treatment by 2.39%. The new dental patient charges are shown in Table 1 above.

Why was this approach taken to change the law?

6.2 NHS dental patient charges are set out through The National Health Service (Dental Charges) Regulations 2005. As such, it is necessary to amend them with an amending SI such as this.

7. Consultation

Summary of consultation outcome and methodology

7.1 No formal consultation has taken place for this instrument.

7.2 There is no statutory duty to carry out consultations to uplift dental patient charges, nor an expectation to do so based upon precedence. The Department of Health and Social Care has undertaken analysis and assessment to ensure that access to NHS dental care will not be adversely affected by uplifting the dental patient charges.

8. Applicable Guidance

8.1 NHS dental contractors and NHS England will be advised of the new charges by way of a notification from the Department of Health and Social Care.

8.2 Patients will be informed of the increase in dental charges through the NHS website and waiting room notices. NHS dental contractors are required to display waiting room notices as a term of service.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 A full Impact Assessment has not been prepared for this instrument because this is a routine uplift that is in line with inflation. There is no further change to the policy, and exemptions to the charges have not changed. As such, it is not necessary to complete an Impact Assessment in this case.

Impact on businesses, charities and voluntary bodies

9.2 There is no, or no significant, impact on business, charities or voluntary bodies as a result of the proposed patient charge uplifts as the uplift is proportional to inflationary increases and is not a departure from previous policy. There is no historical evidence of significant impacts on these organisations because of increases to NHS dental patient charges.

9.3 The legislation does not impact small or micro businesses.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 The approach to monitoring the dental patient charges aspect of this legislation is for the Department of Health and Social Care to continue to monitor and review annually.

Part Three: Statements and Matters of Particular Interest to Parliament

11. Matters of special interest to Parliament

11.1 As the instrument is subject to negative resolution procedure there are no matters relevant to Standing Orders Nos 83P and 83T of the Standing Orders of the House of Commons relating to Public Business at this stage.

11.2 The overall increase to patient charges since 2019/20 has hitherto been below the rate of inflation, as measured by GDP.

12. European Convention on Human Rights

12.1 As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

13. The Relevant European Union Acts

13.1 This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023 (“relevant European Union Acts”).