STATUTORY INSTRUMENTS

2026 No. 554

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Primary Dental Services and Dental Charges) (Amendment) (No. 2) Regulations 2026

Made - - - -	*20th May 2026*
Laid before Parliament	*21st May 2026*
Coming into force - -	*23rd June 2026*

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 99(5) and (6), 101, 104(1), (2) and (3), 109(1) and (3), 176(1) and (2)(a) and 272(7) and (8) of the National Health Service Act 2006(**a**).

PART 1

Introduction

Citation, commencement and extent

1.—(1) These Regulations may be cited as the National Health Service (Primary Dental Services and Dental Charges) (Amendment) (No. 2) Regulations 2026.

(2) These Regulations come into force on 23rd June 2026.

(3) These Regulations extend to England and Wales.

PART 2

Amendment of the National Health Service (General Dental Services Contracts) Regulations 2005

Amendment of the National Health Service (General Dental Services Contracts) Regulations 2005

2. The National Health Service (General Dental Services Contracts) Regulations 2005(**b**) are amended in accordance with regulations 3 to 10.

(**a**) 2006 c. 41. Section 104(3) was amended by section 55(1) of, and paragraph 46 of Schedule 4 to, the Health and Social Care Act 2012 (c. 7). Section 176 was amended by section 55(1) of, and paragraph 94(b) of Schedule 4 to, the Health and Social Care Act 2012 and by section 1(2) of, and paragraph 1(1) and (2) of Schedule 1 to, the Health and Care Act 2022 (c. 31). See section 275(1) of the National Health Service Act 2006 for the meaning given to "prescribed" and "regulations".

(**b**) S.I. 2005/3361; relevant amending instruments are S.I. 2013/364, 2014/443, 2022/1132, 2023/1071 and 2026/265.

Amendment to regulation 2 (interpretation)

3.—(1) Regulation 2 (interpretation) is amended as follows.

(2) In paragraph (1)—

(a) in the definition of "Band 2 course of treatment", after "a course of treatment" insert ", which is not a complex care pathway,";

(b) in the definition of "banded course of treatment", at the end insert ", and excludes a complex care pathway";

(c) in the definition of "course of treatment", in paragraph (b)—

(i) at the end of sub-paragraph (i) omit "or";

(ii) at the end of sub-paragraph (ii) insert "or";

(iii) after sub-paragraph (ii) insert—

"(iii) the treatment provided as part of a complex care pathway is terminated following a suspension,";

(d) omit the definition of "prison";

(e) in the appropriate places insert—

""caries into dentine" means tooth decay that has progressed beyond the enamel and into the underlying dentine layer of the tooth;";

""complex care pathway" means complex care pathway 1, complex care pathway 2 or complex care pathway 3;";

""complex care pathway 1" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""complex care pathway 2" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""complex care pathway 3" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""electronic submission" means the submission of information electronically via a computer system approved by NHS England;";

""intra-oral injury" means an injury not related to underlying unmanaged active disease, requiring reparative care;";

""modifiable risk factors" means behaviours or conditions that can be changed or managed to reduce a patient's risk of developing tooth decay or gum disease;";

""secure and detained estate" means a prison or other accommodation as described in regulation 10(2)(b) to (e) of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012(**a**);".

(3) In paragraph (2)(b) omit ", but does not include prescription forms".

(**a**) S.I. 2012/2996; relevant amending instruments are S.I. 2013/261, 2014/452 and 2025/245.

Substitution of references to "prison"

4.—(1) In the provisions listed in paragraph (2), for "prison" substitute "secure and detained estate".

(2) The provisions are—

(a) in regulation 2(1) in the definition of "domiciliary services", in paragraph (c);

(b) in regulation 17A(7)(d)(ii) in the definition of "relevant contractor";

(c) in Schedule 3—

(i) paragraph 1(5)(a);

(ii) paragraph 2(3)(a);

(iii) paragraph 44(3), in the words before sub-paragraph (a).

(3) In paragraph 34(3) of Schedule 3, for "prison" substitute "a secure and detained estate".

(4) In paragraph 44(3)(b) of Schedule 3—

(a) omit "prison";

(b) after "authorities" insert "for the secure and detained estate".

Amendment to regulation 17 (units of dental activity)

5. In regulation 17(2), for "Part 1" substitute "Parts 1 and 3".

Amendment to regulation 17A (required number of urgent treatments)

6. In regulation 17A(6), after "financial year," insert "except as a result of an annual uprating to the contract value as determined by the Secretary of State,".

Insertion of regulation 17B (complex care pathways)

7. After regulation 17A insert—

"Complex care pathways

17B.—(1) Where the contractor has determined that a patient satisfies the entry criteria for a complex care pathway as described in paragraphs (2) to (4) and should receive this course of treatment, the contractor must provide the patient with the dental services described in the appropriate entry of Table C in Schedule 2.

(2) The entry criteria for complex care pathway 1 are that the patient—

(a) is aged 16 years or older; and

(b) has five or more teeth with caries into dentine that require treatment.

(3) The entry criteria for complex care pathway 2 are that the patient—

(a) is aged 16 years or older;

(b) has five or more teeth with caries into dentine that require treatment;

(c) has generalised unstable disease affecting at least 30% of all teeth; and

(d) has unstable periodontal disease, as evidenced by one of the presentations described in paragraph (5).

(4) The entry criteria for complex care pathway 3 are that the patient—

(a) is aged 16 years or older;

(b) has a periodontal probing depth of—

(i) 5mm or more;

(ii) between 5mm and 4mm with bleeding on probing; or

(iii) less than 4mm and bleeding on probing with a first diagnosis of Stage I Grade C periodontal disease;

(c) has generalised unstable disease affecting at least 30% of all teeth; and

(d) has a first diagnosis of either—

(i) Stage III periodontal disease, which includes any of the grades of disease listed in paragraph (6); or

(ii) any of the diseases specified in paragraph (7).

(5) The presentations that evidence unstable periodontal disease are—

(a) periodontal probing depth of 5mm or more;

(b) periodontal probing depth of between 5mm and 4mm with bleeding on probing and a diagnosis of Stage II Grade B periodontitis, or of a higher classification; or

(c) periodontal probing depth of less than 4mm and bleeding on probing with a diagnosis of Stage I Grade C periodontitis.

(6) A reference to Stage III periodontal disease includes Stage III of either Grade A, Grade B or Grade C periodontal disease.

(7) The diseases referred to in paragraph (4)(d)(ii) are—

(a) Stage II Grade C;

(b) Stage IV Grade A;

(c) Stage IV Grade B;

(d) Stage IV Grade C.

(8) All references to stage and grade of periodontal disease in this regulation are to be read in accordance with the system of classification provided in the flowchart titled "Implementing the 2018 Classification of Periodontal Diseases to Reach a Diagnosis in Clinical Practice"(**a**), produced by the British Society of Periodontology and Implant Dentistry and published in 2024.

(9) The date of commencement of the complex care pathway is the date of the initial examination and assessment of the patient at which it is determined by the contractor that the patient satisfies the criteria for the complex care pathway and should receive this course of treatment.

(10) A contract must contain terms giving effect to what is specified in this regulation and in Schedule 2 in so far as those terms are relevant to complex care pathways.".

Amendment to regulation 19 (under provision of units of dental activity, units of orthodontic activity or required number of urgent treatments)

8. In paragraph (2)(a), omit the words after "activity" to the end.

(**a**) This flowchart can be accessed at https://www.bsperio.org.uk/assets/downloads/BSP_Flowchart_Implementing_the_2018_Classification.pdf. A hard copy of this document may be inspected on request at the Department of Health and Social Care, 39 Victoria Street, London SW1H 0EU.

Amendment to Schedule 2 (provision of services: units of dental activity and units of orthodontic activity)

9.—(1) Schedule 2 (provision of services: units of dental activity and units of orthodontic activity) is amended as follows.

(2) In the shoulder reference after "Regulations 17" insert ", 17B".

(3) In paragraph 1(1), at the beginning, for "Where" substitute "Subject to paragraph 1A of this Schedule, where".

(4) After paragraph 1(1), insert—

"(1A) Subject to paragraph 1A of this Schedule, where a contractor provides a complex care pathway, the contractor provides the number of units of dental activity to be calculated in accordance with the appropriate row in Table D.".

(5) After paragraph 1(2), insert—

"(2A) Where the course of treatment provided is a complex care pathway and is commenced but not completed for any reason, the appropriate number of units of dental activity provided shall be calculated on the basis of the monthly declarations provided by the contractor, as described in paragraphs 38A to 38D of Schedule 3.".

(6) In paragraph 1(3), in the words after paragraph (b)—

(a) after "provide,", insert "or for a complex care pathway on the basis of declarations provided,";

(b) omit "banded".

(7) After paragraph 1, insert—

"1A.—(1) Where the contractor provides either or both of the treatments specified in sub-paragraph (4) in addition to one or more of the treatments set out in paragraphs 2A(a) to (k) and (n) to (t), 2B or 2C of this Schedule as part of a course of treatment, the contractor provides a maximum of 2.0 units of dental activity in addition to the number of units of dental activity specified in the appropriate row of Table A.

(2) Where the contractor provides a complex care pathway, they may provide—

(a) either or both of the treatments specified in sub-paragraph (4), in which case an additional 2 units of dental activity are provided;

(b) a repair of a dental appliance (denture), in which case the units of dental activity as specified in the first row of Table B are provided,

during the complex care pathway, but the additional units described in either (a) or (b) may only be provided once in addition to the number of units of dental activity for the complex care pathway to be calculated in accordance with the appropriate row of Table D.

(3) Where the contractor provides one or more of the treatments specified in sub-paragraph (4) during a Band 3 course of treatment, these will be provided as part of that banded course of treatment.

(4) The treatments referred to in sub-paragraphs (1) to (3) are—

(a) relining and rebasing dentures including soft linings;

(b) addition of tooth, clasp, labial or buccal flange to dentures.

(5) Where the contractor provides a repair of a dental appliance (denture) as specified in the first row of Table B during a Band 3 course of treatment, the denture repair will be provided as part of the Band 3 course of treatment.

(6) Where the contractor provides to a patient during, or within three months of the completion of, a complex care pathway, one or more of the treatments specified in sub-paragraph (7), and a Band 3 course of treatment, the contractor provides the units of dental activity as specified in the last row of Table A in addition to the units of dental activity for the complex care pathway as specified in the appropriate row of Table D.

(7) The treatments referred to in sub-paragraph (6) are—

(a) a repair of a dental appliance (denture) as specified in the first row of Table B;

(b) relining and rebasing dentures including soft linings;

(c) addition of tooth, clasp, labial or buccal flange to dentures.

1B.—(1) A reference to the sum specified for payment in the second entry of the third column (units of dental activity provided) of Table A is to the sum so specified for payment for an urgent course of treatment in directions given under section 103(1) of the 2006 Act.

(2) For the period of 1 April 2026 to 23 June 2026, the calculation of units of dental activity in the second entry of the third column (units of dental activity provided) of Table A for an urgent course of treatment is not affected by an annual uprating of the contract value as determined by the Secretary of State applied retrospectively to that period.".

(8) In Table A, in the second entry in the third column (units of dental activity provided), for "£75" substitute "the sum specified for payment".

(9) In Table B, in the first entry in the second column (units of dental activity provided), for "1.0" substitute "2.0".

(10) After Part 2 (units of orthodontic activity), insert—

"PART 3

COMPLEX CARE PATHWAYS

Care to be provided under a complex care pathway

4. Where the contractor provides a complex care pathway in accordance with regulation 17B, the dental services that must be provided under each complex care pathway, and the duration of each complex care pathway, is specified in the appropriate row of Table C.

Table C

Care to be provided under each complex care pathway

Type of complex care pathway	**Duration of complex care pathway**	**Dental services that must be provided under complex care pathway**
Complex care pathway 1	6 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of diagnosis and depth of active carious lesions (iii) Identification and recording of modifiable risk factors

Type of complex care pathway	Duration of complex care pathway	Dental services that must be provided under complex care pathway
		(iv) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient (v) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway (vi) Provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy (vii) Re-evaluation of the patient prior to completion of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (viii) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (vii) are complete
Complex care pathway 2	12 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of diagnosis and depth of active carious lesions (iii) Recording of the diagnosis statement for periodontitis (iv) Identification and recording of modifiable risk factors (v) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient (vi) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (vii) Provision of a minimum of 3 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care (viii) Provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy (ix) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (viii) are complete
Complex care pathway 3	6 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of the diagnosis statement for periodontitis

Type of complex care pathway	Duration of complex care pathway	Dental services that must be provided under complex care pathway
		(iii) Identification and recording of modifiable risk factors (iv) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient (v) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (vi) Provision of a minimum of 2 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care (vii) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (vi) are complete

Table D

Units of dental activity provided under the contract in respect of completed complex care pathways

Type of complex care pathway	Units of dental activity provided
Complex care pathway 1	the sum specified for payment for complex care pathway 1 divided by the monetary value of a unit of dental activity, rounded up to two decimal places
Complex care pathway 2	the sum specified for payment for complex care pathway 2 divided by the monetary value of a unit of dental activity, rounded up to two decimal places
Complex care pathway 3	the sum specified for payment for complex care pathway 3 divided by the monetary value of a unit of dental activity, rounded up to two decimal places

5. A reference to the sum specified for payment in Table D is to the sum so specified for the applicable complex care pathway in directions given under section 103(1) of the 2006 Act.".

Amendment to Schedule 3 (other contractual terms)

10.—(1) Schedule 3 (other contractual terms) is amended as follows.

(2) In paragraph 6(2), in the words before paragraph (a), after "course of treatment" insert "that is not a complex care pathway".

(3) After paragraph 6(2), insert—

"(2A) The contractor shall complete a course of treatment that is a complex care pathway in accordance with the time frame specified in the appropriate row in Table C in Schedule 2, unless the period for completion of the complex care pathway is extended in accordance with sub-paragraph (2B).

(2B) The period for completion of a course of treatment that is a complex care pathway may be extended beyond the period specified in the appropriate row in Table C in Schedule 2 where there has been a suspension in accordance with paragraph 38C, for the period of that suspension.".

(4) In paragraph 6(3), at the end insert ", unless the other services are provided as part of a complex care pathway and the urgent treatment is for an intra-oral injury which—

(a) occurs suddenly;

(b) is not related to caries or disease that is identified for the purposes of establishing eligibility for the complex care pathway; and

(c) is clinically assessed as requiring reparative care within 7 days"

(5) In paragraph 6(3A), at the end insert ", unless that other banded course of treatment is urgent treatment".

(6) In paragraph 6(5)—

(a) at the end of paragraph (b), omit "or";

(b) at the end of paragraph (c), insert "; or

(d) NHS England, where declarations for complex care pathways have been suspended for three months or more"

(7) In paragraph 8—

(a) in sub-paragraph (1), for "paragraph 38" substitute "paragraphs 38, 38B(4), 38C(6) or 38E(3);

(b) in sub-paragraph (2), in the words before paragraph (a), after "NHS England" insert "having considered the form mentioned in sub-paragraph (1) or the relevant declaration in the case of a complex care pathway".

(8) In paragraph 10—

(a) in sub-paragraph (1) for "sub-paragraph (2)" substitute "sub-paragraphs (2) and (2A)";

(b) after sub-paragraph (2) insert—

"(2A) A contractor who is providing to a patient a complex care pathway—

(a) may not provide privately any periodontal treatment; and

(b) may provide privately any other part of the course of treatment, provided that the contractor provides treatment under the contract to at least five carious teeth.".

(9) For paragraph 19, substitute—

"19.—(1) A prescriber shall order listed drugs, medicines or appliances (other than those supplied under paragraph 18) as are required for the treatment of any patient to whom it is providing services under the contract by issuing to the patient a prescription form.

(2) Every prescription form shall—

(a) be signed by a prescriber;

(b) be issued separately to each patient to whom the contractor is providing services under the contract; and

(c) be issued—

(i) to the patient as a non-electronic prescription form; or

(ii) as an electronic prescription form in accordance with sub-paragraph (3).

(3) A prescriber may order drugs, medicines or appliances by means of an electronic prescription form, except in circumstances where—

(a) the prescription is for a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act)(**a**); and

(b) the drug is not for the time being specified in Schedules 2 to 5 to the Misuse of Drugs Regulations 2001(**b**).

(4) Where a prescription is for—

(a) a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971; and

(b) the drug is not for the time being specified in Schedules 4 or 5 to the Misuse of Drugs Regulations 2001,

the words "for dental treatment only" must appear on the prescription form.

(5) For the purposes of this paragraph—

"advanced electronic signature" means an electronic signature which meets the following requirements—

(a) it is uniquely linked to the signatory;

(b) it is capable of identifying the signatory;

(c) it is created using electronic signature creation data that the signatory can, with a high level of confidence, use under the signatory's sole control; and

(d) it is linked to the data signed in such a way that any subsequent change in the data is detectable;

"electronic prescription form" means data created in an electronic form for the purpose of ordering a drug, medicine or appliance, which—

(a) is signed, or is to be signed, with a prescriber's advanced electronic signature;

(b) is transmitted, or is to be transmitted, via the NHS Electronic Prescription Service; and

(c) does not indicate that the drug, medicine or appliance ordered may be provided more than once;

"NHS Electronic Prescription Service" means the service of that name which is managed by NHS England;

"non-electronic prescription form" means a form that is not in an electronic format but which is for the purpose of ordering a drug, medicine or appliance and is supplied for the purposes of this paragraph by NHS England.".

(**a**) 1971 c. 38, amended by paragraphs 1 and 2 of Schedule 17 to the Police Reform and Social Responsibility Act 2011 (c. 13).

(**b**) S.I. 2001/3998, amended by S.I. 2003/1432, 2005/2864, 2007/2154, 2009/3136, 2011/448, 2012/973 and 1311, 2013/625, 2014/1275 and 3277, 2015/891, 2016/1125, 2018/1055 and 1383, 2020/559, 2023/1099 and 2024/248 and 1369.

(10) In paragraph 32(3)—

(a) at the end of sub-paragraph (d), omit "and";

(b) after sub-paragraph (d) insert—

"(da) where a declaration is to be submitted to NHS England in accordance with paragraphs 38A to 38E, a copy of the declaration; and".

(11) In paragraph 38—

(a) after sub-paragraph (4), insert—

"(4A) This paragraph does not apply to a course of treatment that is a complex care pathway.";

(b) omit sub-paragraph (5).

(12) After paragraph 38, insert—

"Complex care pathway initial declaration

38A.—(1) The contractor must, within two months of the date of commencement of a complex care pathway, as described in regulation 17B(9), submit an initial declaration to NHS England by means of electronic submission containing the information specified in sub-paragraph (2).

(2) The information referred to in sub-paragraph (1) is—

(a) details of the patient to whom the contractor is providing dental services under the complex care pathway;

(b) confirmation of the complex care pathway onto which the patient has been entered;

(c) confirmation that the patient meets the relevant entry criteria set out in regulation 17B(2) to (4) for that complex care pathway;

(d) the date of commencement of the complex care pathway;

(e) confirmation that the patient has been provided with a treatment plan in accordance with paragraph 7 of this Schedule and has agreed that treatment plan;

(f) details of any NHS Charge payable by that patient;

(g) in the case of a patient who is exempt from NHS Charges, confirmation that the patient has completed a written or electronic declaration in respect of the exemption made in accordance with regulation 7 of the NHS Charges Regulations;

(h) clinical data to support the recording of modifiable risk factors, including but not limited to—

(i) use of tobacco products or smoking;

(ii) alcohol consumption regularly exceeding 14 units per week;

(iii) high-frequency sugar or acid intake;

(iv) suboptimal fluoride exposure;

(v) poor oral hygiene resulting in inadequate plaque (biofilm) control and accumulation;

(vi) plaque retentive local factors and orthodontic appliances reducing cleanability;

(vii) dry mouth (xerostomia) due to medication, disease or radiation;

(viii) prolonged or intense exposure to high stress levels;

(ix) poorly controlled diabetes.

(3) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Complex care pathway interim declarations

38B.—(1) Except where the complex care pathway has been suspended in accordance with paragraph 38C, the contractor must submit an interim declaration to NHS England—

(a) subject to sub-paragraph (5), by means of an electronic submission;

(b) for each month of the duration of the complex care pathway, excluding the months in which a declaration is submitted pursuant to paragraphs 38A, 38C, 38D and 38E; and

(c) in date order,

regardless of whether the patient has received dental services in the month of submission.

(2) An interim declaration must contain the following information—

(a) confirmation that the contractor is actively providing dental services to the patient under the complex care pathway;

(b) where during the complex care pathway the contractor has completed a Band 3 course of treatment, confirmation that a notification of this Band 3 course of treatment will be submitted in accordance with paragraph 38 of this Schedule;

(c) where during the complex care pathway the contractor has completed a repair of a denture, confirmation that a notification of this course of treatment will be submitted in accordance with paragraph 38 of this Schedule;

(d) where during the complex care pathway the contractor has completed a denture relining, rebasing or modification in accordance with paragraph 1A(2) and (4) of Schedule 2, confirmation that the denture relining, rebasing or modification has been completed; and

(e) where the contractor has completed an urgent treatment for an intra-oral injury as described in paragraph 6(3) of this Schedule, confirmation that a notification of this urgent treatment will be submitted in accordance with paragraph 38 of this Schedule.

(3) Where the patient is entered onto complex care pathway 2, the sixth interim declaration submitted to NHS England must also contain—

(a) confirmation of the extent of the treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the interim declaration; and

(b) the information specified in paragraph 38A(2)(g) of this Schedule.

(4) If a contractor does not submit all interim declarations in accordance with this paragraph—

(a) in the case of complex care pathway 1 and complex care pathway 3, before the end of the period of 9 months beginning with the date of commencement of the complex care pathway; and

(b) in the case of complex care pathway 2, before the end of the period of 15 months beginning with the date of commencement of the complex care pathway;

the complex care pathway will be declared incomplete and terminated.

(5) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Suspension of complex care pathways

38C.—(1) Subject to sub-paragraph (4), the contractor may suspend a complex care pathway by submitting to NHS England a declaration of suspension by means of electronic submission containing the information specified in sub-paragraph (2).

(2) The information referred to in sub-paragraph (1) is—

(a) the reason for the suspension of the complex care pathway;

(b) the extent of treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the declaration of suspension; and

(c) the information set out at paragraph 38A(2)(g) of this Schedule.

(3) The contractor may only suspend the complex care pathway once and for a period of up to three months.

(4) A declaration of suspension must not be submitted after the expiry of the period of—

(a) in the case of dental services provided under complex care pathway 1 or complex care pathway 3, 6 months beginning with the date of commencement of the complex care pathway;

(b) in the case of dental services provided under complex care pathway 2, 12 months beginning with the date of commencement of the complex care pathway.

(5) Within three months of the date of submission of the declaration of suspension, the contractor must submit an interim declaration confirming that the provision of dental services under the complex care pathway has, or will be, resumed and the date of this resumption.

(6) If the contractor fails to submit an interim declaration in accordance with sub-paragraph (5), the complex care pathway will be declared incomplete and terminated.

(7) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Declaration of incomplete complex care pathway

38D.—(1) If the complex care pathway is brought to an end before all the dental services set out in the appropriate entry in Table C of Schedule 2 have been completed, the contractor must submit a declaration of incomplete complex care pathway to NHS England by means of electronic submission containing the information specified in sub-paragraph (2), subject to sub-paragraph (4).

(2) The information referred to in sub-paragraph (1) is—

(a) the reason the complex care pathway is incomplete;

(b) the extent of treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the declaration of incomplete complex care pathway; and

(c) details of which modifiable risk factors have been addressed.

(3) The contractor must submit the declaration of incomplete complex care pathway within two months of—

(a) the date the contractor ceased to provide dental services under the complex care pathway; or

(b) the end of the—

(i) 6 month period beginning with the date of commencement of the complex care pathway, in the case of dental services provided under complex care pathway 1 or complex care pathway 3;

(ii) 12 month period beginning with the date of commencement of the complex care pathway, in the case of dental services provided under complex care pathway 2,

whichever is the earlier.

(4) A contractor must not submit a declaration of incomplete complex care pathway where—

(a) the patient has not been provided with any dental services under the complex care pathway following a period of suspension; or

(b) all interim declarations in accordance with paragraph 38B have been submitted.

(5) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Complex care pathway final declaration

38E.—(1) The contractor must, within two months of the date of completion of a complex care pathway and submission of all interim declarations, submit a final declaration to NHS England by means of electronic submission containing the information specified in sub-paragraph (2) and in accordance with paragraph 6(2A) and, if applicable, paragraph 6(2B).

(2) The information referred to in sub-paragraph (1) is—

(a) confirmation that the patient's treatment plan has been discharged and that all the treatment set out in the appropriate entry of Table C in Schedule 2 has been completed;

(b) where the contractor has completed a Band 3 course of treatment or a denture repair during the period of the complex care pathway, confirmation that a notification of this course of treatment will be submitted in accordance with paragraph 38 of this Schedule, unless this information has already been provided in an interim declaration;

(c) where during the period of the complex care pathway the contractor has also completed a denture relining, rebasing or modification in accordance with paragraph 1A(2) and (4) of Schedule 2, confirmation that this denture relining, rebasing or modification has been completed, unless this information has already been provided in an interim declaration;

(d) where during the period of the complex care pathway the contractor has also completed an urgent treatment for an intra-oral injury in accordance with paragraph 6(3) of this Schedule, confirmation that a notification of this urgent treatment will be submitted in accordance with paragraph 38 of this Schedule, unless this information has already been provided in an interim declaration; and

(e) where the patient is entered onto complex care pathway 3, confirmation that—

(i) the patient has been referred to a level 2 or level 3 service for treatment of periodontal disease;

(ii) the patient has not been referred to a level 2 or level 3 service for treatment of periodontal disease, because it is not clinically required; or

(iii) the patient has not been referred to a level 2 or level 3 service for treatment of periodontal disease, because a service is not available.

(3) Where a contractor fails to submit a final declaration in accordance with this paragraph, the complex care pathway will be treated as complete on the day after the date of submission of the last declaration.

(4) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

(5) For the purposes of this paragraph—

"level 2 service for treatment of periodontal disease" means a procedure for the treatment of complex periodontal disease which is provided by a dentist with validated enhanced skills or by an appropriately trained dental care professional;

"level 3 service for treatment of periodontal disease" means a procedure for the treatment of the most complex periodontal disease which is provided by a recognised specialist or a suitably registered consultant.".

PART 3

Amendment of the National Health Service (Personal Dental Services Agreements) Regulations 2005

Amendment of the National Health Service (Personal Dental Services Agreements) Regulations 2005

11. The National Health Service (Personal Dental Services Agreements) Regulations 2005(**a**) are amended in accordance with regulations 12 to 19.

Amendment to regulation 2 (interpretation)

12.—(1) Regulation 2 (interpretation) is amended as follows.

(2) In paragraph (1)—

(a) in the definition of "Band 2 course of treatment", after "a course of treatment" insert ", which is not a complex care pathway,";

(b) in the definition of "banded course of treatment", at the end insert ", and excludes a complex care pathway";

(c) in the definition of "course of treatment", in paragraph (b)—

(i) at the end of sub-paragraph (i) omit "or";

(ii) at the end of sub-paragraph (ii) insert "or";

(iii) after sub-paragraph (ii) insert—

"(iii) the treatment provided as part of a complex care pathway is terminated following a suspension,";

(d) omit the definition of "prison";

(e) in the appropriate places insert—

""caries into dentine" means tooth decay that has progressed beyond the enamel and into the underlying dentine layer of the tooth;";

(**a**) S.I. 2005/3373; relevant amending instruments are S.I. 2006/563, 2007/544, 2008/528, 2009/462 2010/22, 2011/1182, 2012/2273, 2013/364, 2014/443, 2015/1728, 2016/298, 2017/1056, 2020/351, 2022/1132, 2023/1071 and 2026/265.

""complex care pathway" means complex care pathway 1, complex care pathway 2 or complex care pathway 3;";

""complex care pathway 1" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""complex care pathway 2" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""complex care pathway 3" means a course of treatment consisting of all of the required dental services specified in the appropriate entry in Table C in Schedule 2;";

""electronic submission" means the submission of information electronically via a computer system approved by NHS England;";

""intra-oral injury" means an injury not related to underlying unmanaged active disease, requiring reparative care;";

""modifiable risk factors" means behaviours or conditions that can be changed or managed to reduce a patient's risk of developing tooth decay or gum disease;";

""secure and detained estate" means a prison or other accommodation as described in regulation 10(2)(b) to (e) of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012;".

(3) In paragraph (2)(b) omit ", but does not include prescription forms".

Substitution of references to "prison"

13.—(1) In the provisions listed in paragraph (2), for "prison" substitute "secure and detained estate".

(2) The provisions are—

(a) in regulation 2(1) in the definition of "domiciliary services", in paragraph (c);

(b) in regulation 17A(7)(d)(ii) in the definition of "relevant contractor";

(c) in Schedule 3—

(i) paragraph 1(5)(a);

(ii) paragraph 2(3)(a);

(iii) paragraph 44(3), in the words before sub-paragraph (a).

(3) In paragraph 35(3) of Schedule 3, for "prison" substitute "a secure and detained estate".

(4) In paragraph 44(3)(b) of Schedule 3—

(a) omit "prison";

(b) after "authorities" insert "for the secure and detained estate".

Amendment to regulation 13 (units of dental activity)

14. In regulation 13(2), for "Part 1" substitute "Parts 1 and 3".

Amendment to regulation 13A (required number of urgent treatments)

15. In regulation 13A(6), after "financial year," insert "except as a result of an annual uprating to the contract value as determined by the Secretary of State,".

Insertion of regulation 13B (complex care pathways)

16. After regulation 13A, insert—

"Complex care pathways

13B.—(1) Where the contractor has determined that a patient satisfies the entry criteria for a complex care pathway as described in paragraphs (2) to (4) and should receive this course of treatment, the contractor must provide the patient with the dental services described in the appropriate entry of Table C in Schedule 2.

(2) The entry criteria for complex care pathway 1 are that the patient—

(a) is aged 16 years or older; and

(b) has five or more teeth with caries into dentine that require treatment.

(3) The entry criteria for complex care pathway 2 are that the patient—

(a) is aged 16 years or older;

(b) has five or more teeth with caries into dentine that require treatment;

(c) has generalised unstable disease affecting at least 30% of all teeth; and

(d) has unstable periodontal disease, as evidenced by one of the presentations described in paragraph (5).

(4) The entry criteria for complex care pathway 3 are that the patient—

(a) is aged 16 years or older;

(b) has a periodontal probing depth of—

(i) 5mm or more;

(ii) between 5mm and 4mm with bleeding on probing; or

(iii) less than 4mm and bleeding on probing with a first diagnosis of Stage I Grade C periodontal disease;

(c) has generalised unstable disease affecting at least 30% of all teeth; and

(d) has a first diagnosis of either—

(i) Stage III periodontal disease, which includes any of the grades of disease listed in paragraph (6); or

(ii) any of the diseases specified in paragraph (7).

(5) The presentations that evidence unstable periodontal disease are—

(a) periodontal probing depth of 5mm or more;

(b) periodontal probing depth of between 5mm and 4mm with bleeding on probing with a diagnosis of Stage II Grade B periodontitis, or of a higher classification; or

(c) periodontal probing depth of less than 4mm and bleeding on probing with a diagnosis of Stage I Grade C periodontitis.

(6) A reference to Stage III periodontal disease includes Stage III of either Grade A, Grade B or Grade C periodontal disease.

(7) The diseases referred to in paragraph (4)(d)(ii) are—

(a) Stage II Grade C;

(b) Stage IV Grade A;

(c) Stage IV Grade B;

(d) Stage IV Grade C.

(8) All references to stage and grade of periodontal disease in this regulation are to be read in accordance with the system of classification provided in the flowchart titled "Implementing the 2018 Classification of Periodontal Diseases to Reach a Diagnosis in Clinical Practice" produced by the British Society of Periodontology and Implant Dentistry and published in 2024.

(9) The date of commencement of the complex care pathway is the date of the initial examination and assessment of the patient at which it is determined by the contractor that the patient satisfies the criteria for the complex care pathway and should receive this course of treatment.

(10) A contract for the provision of mandatory services must contain terms giving effect to what is specified in this regulation and in Schedule 2 in so far as those terms are relevant to complex care pathways.".

Amendment to regulation 15 (under-provision of units of dental activity, units of orthodontic activity or required number of urgent treatments)

17. In paragraph (2)(a), omit the words after "activity" to the end.

Amendment to Schedule 2 (provision of services: units of dental activity and units of orthodontic activity)

18.—(1) Schedule 2 (provision of services: units of dental activity and units of orthodontic activity) is amended as follows.

(2) In the shoulder reference, after "Regulations 13" insert ", 13B".

(3) In paragraph 1(1), at the beginning, for "Where" substitute "Subject to paragraph 1A of this Schedule, where".

(4) After paragraph 1(1), insert—

"(1A) Subject to paragraph 1A of this Schedule, where a contractor provides a complex care pathway the contractor provides the number of units of dental activity to be calculated in accordance with the appropriate row in Table D.".

(5) After paragraph 1(2), insert—

"(2A) Where the course of treatment provided is a complex care pathway and is commenced but not completed for any reason, the appropriate number of units of dental activity provided shall be calculated on the basis of the monthly declarations provided by the contractor, as described in paragraphs 39A to 39D of Schedule 3.".

(6) In paragraph 1(3), in the words after paragraph (b)—

(a) after "provide,", insert "or for a complex care pathway on the basis of declarations provided,";

(b) omit "banded".

(7) After paragraph 1, insert—

"1A.—(1) Where the contractor provides either or both of the treatments specified in sub-paragraph (4) in addition to one or more of the treatments set out in paragraphs

2A(a) to (k) and (n) to (t), 2B or 2C of this Schedule as part of a course of treatment, the contractor provides a maximum of 2.0 units of dental activity in addition to the number of units of dental activity specified in the appropriate row of Table A.

(2) Where the contractor provides a complex care pathway, they may provide—

(a) either or both of the treatments specified in sub-paragraph (4), in which case an additional 2 units of dental activity are provided;

(b) a repair of a dental appliance (denture), in which case the units of dental activity as specified in the first row of Table B are provided,

during the complex care pathway, but the additional units described in either (a) or (b) may only be provided once in addition to the number of units of dental activity for the complex care pathway to be calculated in accordance with the appropriate row of Table D.

(3) Where the contractor provides one or more of the treatments specified in sub-paragraph (4) during a Band 3 course of treatment, these will be provided as part of that banded course of treatment.

(4) The treatments referred to in sub-paragraphs (1) to (3) are—

(a) relining and rebasing dentures including soft linings;

(b) addition of tooth, clasp, labial or buccal flange to dentures.

(5) Where the contractor provides a repair of a dental appliance (denture) as specified in the first row of Table B during a Band 3 course of treatment, the denture repair will be provided as part of the Band 3 course of treatment.

(6) Where the contractor provides to a patient during, or within three months of the completion of, a complex care pathway, one or more of the treatments specified in sub-paragraph (7), and a Band 3 course of treatment, the contractor provides the units of dental activity as specified in the last row of Table A in addition to the units of dental activity for the complex care pathway as specified in the appropriate row of Table D.

(7) The treatments referred to in sub-paragraph 6 are—

(a) repair of a dental appliance (denture) as specified in the first row of Table B;

(b) relining and rebasing dentures including soft linings;

(c) addition of tooth, clasp, labial or buccal flange to dentures.

1B.—(1) A reference to the sum specified for payment in the second entry of the third column (units of dental activity provided) of Table A is to the sum so specified for payment for an urgent course of treatment in directions given under section 109(4) of the 2006 Act.

(2) For the period of 1 April 2026 to 23 June 2026, the calculation of units of dental activity in the second entry of the third column (units of dental activity provided) of Table A for an urgent course of treatment is not affected by an annual uprating of the contract value as determined by the Secretary of State applied retrospectively to that period.".

(8) In Table A, in the second entry in the third column (units of dental activity provided), for "£75" substitute "the sum specified for payment".

(9) In Table B, in the first entry in the second column (units of dental activity provided), for "1.0" substitute "2.0".

(10) After Part 2 (units of orthodontic activity), insert—

“PART 3

COMPLEX CARE PATHWAYS

Care to be provided under a complex care pathway

4. Where the contractor provides a complex care pathway in accordance with regulation 13B, the dental services that must be provided under each complex care pathway, and the duration of each complex care pathway, is specified in the appropriate row of Table C.

Table C

Care to be provided under each complex care pathway

Type of complex care pathway	**Duration of complex care pathway**	**Dental services that must be provided under complex care pathway**
Complex care pathway 1	6 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of diagnosis and depth of active carious lesions (iii) Identification and recording of modifiable risk factors (iv) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient (v) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway (vi) Provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy (vii) Re-evaluation of the patient prior to completion of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (viii) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (vii) are complete
Complex care pathway 2	12 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of diagnosis and depth of active carious lesions (iii) Recording of the diagnosis statement for periodontitis (iv) Identification and recording of modifiable risk factors (v) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient

Type of complex care pathway	Duration of complex care pathway	Dental services that must be provided under complex care pathway
		(vi) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (vii) Provision of a minimum of 3 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care (viii) Provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy (ix) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (viii) are complete
Complex care pathway 3	6 months from date of initial examination and assessment	(i) Oral health assessment including clinically appropriate radiographs (ii) Recording of the diagnosis statement for periodontitis (iii) Identification and recording of modifiable risk factors (iv) Development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient (v) Provision of clinically evidenced preventative advice and support for the duration of the complex care pathway, to include recording how the modifiable risk factors identified have been addressed (vi) Provision of minimum of 2 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care (vii) Assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (i) to (vi) are complete

Table D

Units of dental activity provided under the contract in respect of completed complex care pathways

Type of complex care pathway	Units of dental activity provided
Complex care pathway 1	the sum specified for payment for complex care pathway 1 divided by the monetary value of a unit of dental activity, rounded up to two decimal places

Type of complex care pathway	Units of dental activity provided
Complex care pathway 2	the sum specified for payment for complex care pathway 2 divided by the monetary value of a unit of dental activity, rounded up to two decimal places
Complex care pathway 3	the sum specified for payment for complex care pathway 3 divided by the monetary value of a unit of dental activity, rounded up to two decimal places

5. A reference to the sum specified for payment in Table D is to the sum so specified for the applicable complex care pathway in directions given under section 109(4) of the 2006 Act.".

Amendment to Schedule 3 (other contractual terms)

19.—(1) Schedule 3 (other contractual terms) is amended as follows.

(2) In paragraph 7(2), in the words before paragraph (a), after "course of treatment" insert "that is not a complex care pathway".

(3) After paragraph 7(2), insert—

"(2A) The contractor shall complete a course of treatment that is a complex care pathway in accordance with the time frame specified in the appropriate row in Table C in Schedule 2, unless the period for completion of the complex care pathway is extended in accordance with sub-paragraph (2B).

(2B) The period for completion of a course of treatment that is a complex care pathway may be extended beyond the period specified in the appropriate row in Table C in Schedule 2 where there has been a suspension in accordance with paragraph 39C, for the period of that suspension.".

(4) In paragraph 7(3), at the end insert ", unless the other services are provided as part of a complex care pathway and the urgent treatment is for an intra-oral injury which—

(a) occurs suddenly;

(b) is not related to caries or disease that is identified for the purposes of establishing eligibility for the complex care pathway; and

(c) is clinically assessed as requiring reparative care within 7 days".

(5) In paragraph 7(3A), at the end insert ", unless that other banded course of treatment is urgent treatment".

(6) In paragraph 7(5)—

(a) at the end of paragraph (b), omit "or";

(b) at the end of paragraph (c), insert "; or

(d) NHS England, where declarations for complex care pathways have been suspended for three months or more".

(7) In paragraph 9—

(a) in sub-paragraph (1), for "paragraph 39" substitute "paragraphs 39, 39B(4), 39C(6) or 39E(3);

(b) in sub-paragraph (2), in the words before paragraph (a), after "NHS England" insert "having considered the form mentioned in sub-paragraph (1) or the relevant declaration in the case of a complex care pathway".

(8) In paragraph 11—

(a) in sub-paragraph (1), for "sub-paragraph (2)" substitute "sub-paragraphs (2) and (2A)";

(b) after sub-paragraph (2) insert—

"(2A) A contractor who is providing to a patient a complex care pathway—

(a) may not provide privately any periodontal treatment; and

(b) may provide privately any other part of the course of treatment, provided that the contractor provides treatment under the contract to at least five carious teeth.".

(9) For paragraph 20, substitute—

"20.—(1) A prescriber shall order listed drugs, medicines or appliances (other than those supplied under paragraph 19) as are required for the treatment of any patient to whom it is providing services under the contract by issuing to the patient a prescription form.

(2) Every prescription form shall—

(a) be signed by a prescriber;

(b) be issued separately to each patient to whom the contractor is providing services under the contract; and

(c) be issued—

(i) to the patient as a non-electronic prescription form; or

(ii) as an electronic prescription form in accordance with sub-paragraph (3).

(3) A prescriber may order drugs, medicines or appliances by means of an electronic prescription form, except in circumstances where—

(a) the prescription is for a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act); and

(b) the drug is not for the time being specified in Schedules 2 to 5 to the Misuse of Drugs Regulations 2001.

(4) Where a prescription is for—

(a) a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971; and

(b) the drug is not for the time being specified in Schedules 4 or 5 to the Misuse of Drugs Regulations 2001,

the words "for dental treatment only" must appear on the prescription form.

(5) For the purposes of this paragraph—

"advanced electronic signature" means an electronic signature which meets the following requirements—

(a) it is uniquely linked to the signatory;

(b) it is capable of identifying the signatory;

(c) it is created using electronic signature creation data that the signatory can, with a high level of confidence, use under the signatory's sole control; and

(d) it is linked to the data signed in such a way that any subsequent change in the data is detectable;

"electronic prescription form" means data created in an electronic form for the purpose of ordering a drug, medicine or appliance, which—

(a) is signed, or is to be signed, with a prescriber's advanced electronic signature;

(b) is transmitted, or is to be transmitted, via the NHS Electronic Prescription Service; and

(c) does not indicate that the drug, medicine or appliance ordered may be provided more than once;

"NHS Electronic Prescription Service" means the service of that name which is managed by NHS England;

"non-electronic prescription form" means a form that is not in an electronic format but which is for the purpose of ordering a drug, medicine or appliance and is supplied for the purposes of this paragraph by NHS England.".

(10) In paragraph 33(3)—

(a) at the end of sub-paragraph (d), omit "and";

(b) after sub-paragraph (d) insert—

"(da) where a declaration is to be submitted to NHS England in accordance with paragraphs 39A to 39E, a copy of the declaration; and".

(11) In paragraph 39—

(a) after sub-paragraph (5), insert—

"(5A) This paragraph does not apply to a course of treatment that is a complex care pathway.";

(b) omit sub-paragraph (6).

(12) After paragraph 39, insert—

"Complex care pathway initial declaration

39A.—(1) The contractor must, within two months of the date of commencement of a complex care pathway, as described in regulation 13B(9), submit an initial declaration to NHS England by means of electronic submission containing the information specified in sub-paragraph (2).

(2) The information referred to in sub-paragraph (1) is—

(a) details of the patient to whom the contractor is providing dental services under the complex care pathway;

(b) confirmation of the complex care pathway onto which the patient has been entered;

(c) confirmation that the patient meets the relevant entry criteria set out in regulation 13B(2) to (4) for that complex care pathway;

(d) the date of commencement of the complex care pathway;

(e) confirmation that the patient has been provided with a treatment plan in accordance with paragraph 7 of this Schedule and has agreed that treatment plan;

(f) details of any NHS Charge payable by that patient;

(g) in the case of a patient who is exempt from NHS Charges, confirmation that the patient has completed a written or electronic declaration in respect of the exemption made in accordance with regulation 7 of the NHS Charges Regulations;

(h) clinical data to support the recording of modifiable risk factors, including but not limited to—

(i) use of tobacco products or smoking;

(ii) alcohol consumption regularly exceeding 14 units per week;

(iii) high-frequency sugar or acid intake;

(iv) suboptimal fluoride exposure;

(v) poor oral hygiene resulting in inadequate plaque (biofilm) control and accumulation;

(vi) plaque retentive local factors and orthodontic appliances reducing cleanability;

(vii) dry mouth (xerostomia) due to medication, disease or radiation;

(viii) prolonged or intense exposure to high stress levels;

(ix) poorly controlled diabetes.

(3) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Complex care pathway interim declarations

39B.—(1) Except where the complex care pathway has been suspended in accordance with paragraph 39C, the contractor must submit an interim declaration to NHS England—

(a) subject to sub-paragraph (5), by means of an electronic submission;

(b) for each month of the duration of the complex care pathway excluding the months in which a declaration is submitted pursuant to paragraphs 39A, 39C, 39D and 39E; and

(c) in date order,

regardless of whether the patient has received dental services in the month of submission.

(2) An interim declaration must contain the following information—

(a) confirmation that the contractor is actively providing dental services to the patient under the complex care pathway;

(b) where during the complex care pathway the contractor has completed a Band 3 course of treatment, confirmation that a notification of this Band 3 course of treatment will be submitted in accordance with paragraph 39 of this Schedule;

(c) where during the complex care pathway the contractor has completed a repair of a denture, confirmation that a notification of this course of treatment will be submitted in accordance with paragraph 39 of this Schedule;

(d) where during the complex care pathway the contractor has completed a denture relining, rebasing or modification in accordance with paragraph 1A(2) and (4) of Schedule 2, confirmation that the denture relining, rebasing or modification has been completed; and

(e) where the contractor has completed an urgent treatment for an intra-oral injury as described in paragraph 7(3) of this Schedule, confirmation that a notification of this urgent treatment will be submitted in accordance with paragraph 39 of this Schedule.

(3) Where the patient is entered onto complex care pathway 2, the sixth interim declaration submitted to NHS England must also contain—

(a) confirmation of the extent of the treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the interim declaration; and

(b) the information specified in paragraph 39A(2)(g) of this Schedule.

(4) If a contractor does not submit all interim declarations in accordance with this paragraph—

(a) in the case of complex care pathway 1 and complex care pathway 3, before the end of the period of 9 months beginning with the date of commencement of the complex care pathway; and

(b) in the case of complex care pathway 2, before the end of the period of 15 months beginning with the date of commencement of the complex care pathway;

the complex care pathway will be declared incomplete and terminated.

(5) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Suspension of complex care pathways

39C.—(1) Subject to sub-paragraph (4), the contractor may suspend a complex care pathway by submitting to NHS England a declaration of suspension by means of electronic submission containing the information specified in sub-paragraph (2).

(2) The information referred to in sub-paragraph (1) is—

(a) the reason for the suspension of the complex care pathway;

(b) the extent of treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the declaration of suspension; and

(c) the information set out at paragraph 39A(2)(g) of this Schedule.

(3) The contractor may only suspend the complex care pathway once and for a period of up to three months.

(4) A declaration of suspension must not be submitted after the expiry of the period of—

(a) in the case of dental services provided under complex care pathway 1 or complex care pathway 3, 6 months beginning with the date of commencement of the complex care pathway;

(b) in the case of dental services provided under complex care pathway 2, 12 months beginning with the date of commencement of the complex care pathway.

(5) Within three months of the date of submission of the declaration of suspension the contractor must submit an interim declaration confirming that the provision of dental services under the complex care pathway has, or will be, resumed and the date of this resumption.

(6) If the contractor fails to submit an interim declaration in accordance with sub-paragraph (5) the complex care pathway will be declared incomplete and terminated.

(7) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Declaration of incomplete complex care pathway

39D.—(1) If the complex care pathway is brought to an end before all the dental services set out in the appropriate entry in Table C of Schedule 2 have been completed, the contractor must submit a declaration of incomplete complex care pathway to NHS England by means of electronic submission containing the information specified in sub-paragraph (2), subject to sub-paragraph (4).

(2) The information referred to in sub-paragraph (1) is—

(a) the reason the complex care pathway is incomplete;

(b) the extent of treatment that has been provided to the patient as part of the complex care pathway up to and including the date of the declaration of incomplete complex care pathway; and

(c) details of which modifiable risk factors have been addressed.

(3) The contractor must submit the declaration of incomplete complex care pathway within two months of—

(a) the date the contractor ceased to provide dental services under the complex care pathway; or

(b) the end of the—

(i) 6 month period beginning with the date of commencement of the complex care pathway, in the case of dental services provided under complex care pathway 1 or complex care pathway 3;

(ii) 12 month period beginning with the date of commencement of the complex care pathway, in the case of dental services provided under complex care pathway 2,

whichever is the earlier.

(4) A contractor must not submit a declaration of incomplete complex care pathway where—

(a) the patient has not been provided with any dental services under the complex care pathway following a period of suspension; or

(b) all interim declarations in accordance with paragraph 39B have been submitted.

(5) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

Complex care pathway final declaration

39E.—(1) The contractor must, within two months of the date of completion of a complex care pathway and submission of all interim declarations, submit a final declaration to NHS England by means of electronic submission containing the information specified in sub-paragraph (2) and in accordance with paragraph 7(2A) and, if applicable, paragraph 7(2B).

(2) The information referred to in sub-paragraph (1) is—

(a) confirmation that the patient's treatment plan has been discharged and that all the treatment set out in the appropriate entry of Table C in Schedule 2 has been completed;

(b) where the contractor has completed a Band 3 course of treatment or a denture repair during the period of the complex care pathway, confirmation that a notification of this course of treatment will be submitted in accordance with

paragraph 39 of this Schedule, unless this information has already been provided in an interim declaration;

(c) where during the period of the complex care pathway the contractor has also completed a denture relining, rebasing or modification in accordance with paragraph 1A(2) and (4) of Schedule 2, confirmation that this denture relining, rebasing or modification has been completed, unless this information has already been provided in an interim declaration;

(d) where during the period of the complex care pathway the contractor has also completed an urgent treatment for an intra-oral injury in accordance with paragraph 7(3) of this Schedule, confirmation that a notification of this urgent treatment will be submitted in accordance with paragraph 39 of this Schedule, unless this information has already been provided in an interim declaration; and

(e) where the patient is entered onto complex care pathway 3, confirmation that—

(i) the patient has been referred to a level 2 or level 3 service for treatment of periodontal disease;

(ii) the patient has not been referred to a level 2 or level 3 service for treatment of periodontal disease, because it is not clinically required; or

(iii) the patient has not been referred to a level 2 or level 3 service for treatment of periodontal disease, because a service is not available.

(3) Where a contractor fails to submit a final declaration in accordance with this paragraph, the complex care pathway will be treated as complete on the day after the date of submission of the last declaration.

(4) NHS England may accept submission of the information in this paragraph in paper form in such exceptional circumstances as NHS England may reasonably determine.

(5) For the purposes of this paragraph—

"level 2 service for treatment of periodontal disease" means a procedure for the treatment of complex periodontal disease which is provided by a dentist with validated enhanced skills or by an appropriately trained dental care professional;

"level 3 service for treatment of periodontal disease" means a procedure for the treatment of the most complex periodontal disease which is provided by a recognised specialist or a suitably registered consultant.".

PART 4

Amendment of the National Health Service (Dental Charges) Regulations 2005

Amendment of the National Health Service (Dental Charges) Regulations 2005

20. The National Health Service (Dental Charges) Regulations 2005(**a**) are amended in accordance with regulations 21 to 26.

Amendment to regulation 2 (interpretation)

21.—(1) Regulation 2 (interpretation) is amended as follows.

(2) In paragraph (1)—

(a) in the definition of "course of treatment", in paragraph (b)—

(**a**) S.I. 2005/3477; relevant amending instruments are S.I. 2013/364, 2014/443, 2015/1728, 2023/1071 and 2026/265.

(i) at the end of sub-paragraph (i) omit "or";

(ii) at the end of sub-paragraph (ii) insert "or";

(iii) after sub-paragraph (ii) insert—

"(iii) the treatment provided as part of a complex care pathway is terminated following a suspension,";

(b) in the appropriate places insert—

""complex care pathway" means complex care pathway 1, complex care pathway 2 or complex care pathway 3;"

""complex care pathway 1" means a course of treatment consisting of all of the components specified under the appropriate heading of Schedule 4A;"

""complex care pathway 2" means a course of treatment consisting of all of the components specified under the appropriate heading of Schedule 4A;"

""complex care pathway 3" means a course of treatment consisting of all of the components specified under the appropriate heading of Schedule 4A;"

""modifiable risk factors" means behaviours or conditions that can be changed or managed to reduce a patient's risk of developing tooth decay or gum disease;".

Amendment to regulation 3 (charges for the provision of dental services)

22. In regulation 3(2), in the words after sub-paragraph (e), for "or 4" substitute ", 4 or 4A".

Amendment to regulation 4 (calculation of charges)

23.—(1) Regulation 4 (calculation of charges) is amended as follows.

(2) In paragraph (3), for "or 2" substitute ", 2 or 4A".

(3) After paragraph (5), insert—

"(5A) A Band 2 charge, that is to say a charge of £76.60, may be made and recovered in respect of any complex care pathway, the components of which are set out in Schedule 4A, provided as part of relevant primary dental services, irrespective of whether the components of the course of treatment are also set out in Schedule 1 or 2.";

(4) In paragraph (6), for "and (5)" substitute ", (5) and (5A)".

(5) In paragraph (7)—

(a) in sub-paragraph (a) for "a patient voluntarily withdraws from, or is withdrawn by the provider from, treatment; and" substitute "—

(i) a patient voluntarily withdraws from treatment;

(ii) a patient is withdrawn by the provider from treatment; or

(iii) in the case of a course of treatment that is a complex care pathway, the complex care pathway is declared incomplete and terminated; and";

(b) in the words after sub-paragraph (b), for "and (5)" substitute ", (5) and (5A)".

(6) In paragraph (8)—

(a) for "4" substitute "4A";

(b) for "(5)" substitute "(5A)".

Amendment to regulation 6 (circumstances in which charges cannot be made for treatment that occurs after a course of treatment is completed)

24.—(1) In regulation 6(4), after "paragraphs (1) to (4)" insert "and (5A)";

(2) After paragraph (4), insert—

"(4A) Where a provider completes a Band 2 course of treatment for a patient and within 3 months of completion the provider commences a complex care pathway 3 for the patient, no charge may be made or recovered in respect of that complex care pathway.".

Amendment to regulation 8 (making and recovery of charges)

25. In regulation 8(2), for "or (5)" substitute ", (5) or (5A)".

Insertion of Schedule 4A

26. After Schedule 4 (Urgent Treatment under Band 1 Charge), insert—

"SCHEDULE 4A

Regulation 4(5A)

Complex Care Pathways under a Band 2 Charge

Complex care pathway 1

(a) oral health assessment including clinically appropriate radiographs;

(b) recording of diagnosis and depth of active carious lesions;

(c) identification and recording of modifiable risk factors;

(d) development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient;

(e) provision of clinically evidenced preventative advice and support for the duration of the complex care pathway;

(f) provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy;

(g) re-evaluation of the patient prior to completion of the complex care pathway;

(h) assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (a) to (g) are complete.

Complex care pathway 2

(a) oral health assessment including clinically appropriate radiographs;

(b) recording of diagnosis and depth of active carious lesions;

(c) recording of the diagnosis statement for periodontitis;

(d) identification and recording of modifiable risk factors;

(e) development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient;

(f) provision of clinically evidenced preventative advice and support for the duration of the complex care pathway;

(g) provision of a minimum of 3 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care;

(h) provision of clinically appropriate restorations of all relevant and a minimum of 5 teeth and, if required, endodontic therapy;

(i) assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (a) to (h) are complete.

Complex care pathway 3

(a) oral health assessment including clinically appropriate radiographs;

(b) recording of the diagnosis statement for periodontitis;

(c) identification and recording of modifiable risk factors;

(d) development of a treatment plan in line with findings from the oral health assessment, which must be shared with the patient;

(e) provision of clinically evidenced preventative advice and support for the duration of the complex care pathway;

(f) provision of a minimum of 2 cycles of periodontal treatment to address periodontitis, in line with the patient's treatment plan and clinically evidenced care;

(g) assessment to determine the clinically appropriate interval for a risk-based recall after the dental services in (a) to (f) are complete.".

Signed by authority of the Secretary of State for Health and Social Care

Stephen Kinnock
Minister of State
Department of Health and Social Care

20th May 2026

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (General Dental Services Contracts) Regulations 2005 (S.I. 2005/3361) ("the GDS Contracts Regulations"), the National Health Service (Personal Dental Services Agreements) Regulations 2005 (S.I. 2005/3373) ("the PDS Agreements Regulations") and the National Health Service (Dental Charges) Regulations 2005 (S.I. 2005/3477) ("the NHS Charges Regulations").

Part 2 contains the following amendments to the GDS Contracts Regulations which relate to general dental services contractors.

Regulation 3 amends definitions in regulation 2 of the GDS Contracts Regulations and inserts new definitions in relation to complex care pathway courses of treatment.

Regulation 4 replaces all references in the Regulations to the term "prison" and replaces this with "secure and detained estate".

Regulation 6 amends regulation 17A so that an in-year contract uplift does not require a recalculation of the required number of urgent treatments a contractor must provide.

Regulation 7 inserts a new regulation 17B providing that where a patient is assessed as satisfying specified entry criteria the contractor may enter that patient onto one of three complex care pathways. The contract must contain terms that have the same effect as those specified in regulation 17B and in Schedule 2 of the GDS Contracts Regulations in so far as they are relevant to complex care pathways.

Regulation 8 amends regulation 19 so that the delivery of units of dental activity for services including the units for the required number of urgent treatments is assessed as a whole as part of the contract reconciliation process. Performance in respect of urgent treatment continues to be assessed separately for the purposes of monitoring delivery and recovery of monies linked to urgent treatment.

Regulation 9 makes amendments to Schedule 2:

- Regulation 9(7) inserts new provision so that a contractor provides an additional two units of dental activity (UDA) where it carries out a denture relining, rebasing or modification alongside a Band 2 course of treatment or a complex care pathway.
- Amendments are also made to provide that the sum specified for the payment of an urgent course of treatment is that given in payment directions under s103(1) of the National Health Service Act 2006 (c. 41) ("the NHS Act 2006"), and to confirm that for the period of 1 April 2026 to 23 June 2026 the calculation of the number of UDAs for an urgent course of treatment is not affected by any contract uplift applied retrospectively for that period.
- Regulation 9(9) increases the UDAs provided for a denture repair from 1 UDA to 2 UDAs.
- Regulation 9(10) inserts a new Part 3 to Schedule 2 to make provision for complex care pathways. Table C sets out the dental services that must be provided under each of the three pathways. Table D provides a formula for the calculation of the number of UDAs provided for each complex care pathway, by reference to the directions given under s103(1) of the NHS Act 2006.

Regulation 10 makes a number of amendments to Schedule 3 in relation to complex care pathways, in particular:

- Regulation 10(3) inserts new provisions requiring the contractor to complete a complex care pathway in accordance with the periods of duration set out in Table C of Schedule 2, except where the complex care pathway has been suspended meaning the period may be extended by a maximum of three months.
- Regulation 10(4) amends paragraph 6(3) to provide that an urgent course of treatment may be provided during an active complex care pathway where an urgent need arises in respect of an intra-oral injury.
- Regulation 10(7) amends paragraph 8 to require the provision of information to enable NHS England to assess performance regarding incompletion of complex care pathways.
- Regulation 10(9) substitutes paragraph 19 of Schedule 3 to allow electronic prescribing. This sets out the circumstances in which a prescriber may order drugs, medicines or appliances by means of an electronic prescription via the NHS Electronic Prescription Service and inserts new definitions to support this.
- Regulation 10(12) inserts new paragraphs 38A to 38E providing for new notification requirements for complex care pathways and specifying the information to be included in declarations that must be submitted by the contractor throughout the duration of the complex care pathway.

Part 3 of this instrument (regulations 11 to 19) contains equivalent amendments to the PDS Agreements Regulations, which relate to personal dental services agreements.

Part 4 makes the following amendments to the NHS Charges Regulations.

Regulation 21 aligns definitions with those in the GDS Contracts Regulations and PDS Agreements Regulations in relation to complex care pathways.

Regulations 22 and 23 make amendments to introduce provisions relating to complex care pathways and provide that a Band 2 charge may be made and recovered in respect of a complex care pathway.

Regulation 24 amends regulation 6 to provide that only one patient charge will apply where a patient receives a complex care pathway 3 within three months of completing a Band 2 course of treatment and limits the dental charge a patient must pay where receiving a complex care pathway 3 treatment within three months of a Band 2 course of treatment.

Regulation 26 inserts a new Schedule 4A setting out the treatment to be provided under each of the three complex care pathways and which align with Table C in Schedule 2 of the GDS Contracts Regulations and of the PDS Agreements Regulations.

An Explanatory Memorandum is published alongside the instrument on www.legislation.gov.uk.

A full impact assessment of the effect of the amendments has been published on www.legislation.gov.uk.

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