EXPLANATORY MEMORANDUM TO

THE NATIONAL HEALTH SERVICE (PRIMARY DENTAL SERVICES AND DENTAL CHARGES) (AMENDMENT) (NO. 2) REGULATIONS 2026

2026 No. 554

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 Secondary Legislation Scrutiny Committee.

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 Megan Bradish and Linsey Craike, Deputy Directors for Dentistry and Dental Public Health at the Department of Health and Social Care, confirm that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Rachael Mackay at the Department of Health and Social Care can be contacted by email at the following address with any queries regarding the instrument at dentistryteam.mailbox@dhsc.gov.uk. Alternatively, the Department can be contacted by telephone: 0300 790 4007.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 The primary purpose of this instrument is to make changes to the standard terms of contracts and agreements for providing primary NHS dental services in England, the basis for which are set out in regulations (see Section 6). These changes seek to improve NHS dentistry, both for patients and providers. Amendments have also been made to the regulations that govern how NHS Dental Charges are applied.

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 Access to NHS dentistry remains challenging, particularly for patients who frequently experience health and social inequalities, and those in need of urgent dental care. The Government is committed to reforming the NHS dental contract to address these issues.

5.2 Following on from dental reforms in 2022 and 2023, the Department of Health and Social Care ("the Department") and NHS England engaged the dental profession, including the British Dental Association, to develop a set of reforms to be implemented from April 2026. There was a public consultation[1] on these reforms in July and August 2025. The Government published its response[2] to the consultation in December 2025 and set out the final proposals. Five of these proposals were implemented on 1 April 2026, through amendments to the regulations which form the legislative framework for NHS dentistry. This instrument delivers the legislative changes required to enable the remaining proposals.

5.3 The primary intended policy outcomes of the reforms being implemented in these regulations are to improve access to care for patients with complex care needs; to improve how providers are paid for delivering NHS dentistry; and to support them to improve the quality of their NHS services.

5.4 Most of the dental services that NHS dental patients access are described in the regulations as 'mandatory services'. These reforms introduce a new set of complex care pathways ("the care pathways") for providers of mandatory services in NHS dentistry to deliver care to patients meeting certain clinical criteria. The care pathways introduce a new option for longer-term treatment through NHS provision, with improved remuneration for those delivering the care, thus making treatment for those with more complex dental care needs more accessible.

5.5 The care pathways include an oral health assessment, provision of relevant treatment, and the provision of clinically evidenced preventative advice and support for the duration of the pathway. A total of three care pathways will be introduced:

- Complex care pathway 1 will treat patients aged 16 and over who have five or more teeth with tooth decay that has progressed beyond the enamel and into the underlying dentine layer of the tooth.
- Complex care pathway 2 will treat patients aged 16 and over who have five or more teeth with tooth decay that has progressed beyond the enamel and into the underlying dentine layer of the tooth, have unstable periodontal disease which is generalised unstable disease affecting at least 30% of all teeth.
- Complex care pathway 3 will treat patients aged 16 and over who have a first diagnosis of Stage III or unstable Grade C periodontal disease or of a higher classification, and generalised unstable gum disease affecting at least 30% of all teeth.

5.6 These regulations also allow a patient with four or fewer carious teeth to receive a band 2 course of treatment, followed by a complex care pathway 3 for periodontal treatment, while paying only a single patient charge. This ensures that patients who are not eligible for complex care pathway 2, because they do not meet the minimum threshold of five carious teeth, are not disadvantaged by having to pay two separate charges.

5.7 Providers will be better remunerated for a denture relining, rebasing, modification, and repairs in response to concerns raised by the NHS dental sector. These regulations increase the units of dental activity (UDA) for the repair of a denture from 1 UDA to 2 UDAs. An additional 2 UDAs will be credited to providers when a denture relining, rebasing or modification is delivered alongside another band 2 course of treatment, or

[1] https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms/nhs-dentistry-contract-quality-and-payment-reforms-consultation-document
[2] https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms

alongside or within 3 months of one of the care pathways. When a denture relining, rebasing or modification is delivered in isolation, providers will be credited 3 UDAs as part of a band 2a course of treatment. When these treatments are provided in combination with a band 3 course of treatment, the UDAs credited will be capped at 12 UDAs.

5.8 New provisions to allow Electronic Prescription Services (EPS) are included in these regulations. This will support any potential development and roll-out of this service to primary care dentistry in the future.

5.9 Following the introduction on 1 April 2026 of a requirement on primary care dental providers to deliver a minimum number of urgent treatments, this amendment will further clarify that nationally applied annual uplifts to the value of contracts for NHS dental services will not impact on the required number of urgent treatments.

What was the previous policy, how is this different?

5.10 Since 2006, delivery of services within NHS dental contracts has been measured primarily in UDAs, the indicative value of a unit varying according to the value of each contract and the number of UDAs to be provided, which is individually negotiated between Integrated Care Boards (in accordance with their delegated arrangements with NHS England) and dental providers.

5.11 Mandatory dental services were arranged into three bands (bands 1, 2, 3 which include sub-bands), and each banded course of treatment is assigned a number of UDAs to reflect the complexity and cost of delivering them. Urgent care is a sub-band of band 1, which typically includes the less complex treatments, and since April 2026, has a set cash value, which is converted into an equivalent number of UDAs for the purposes of reconciliation. Band 2 covers a wide range of treatments of varying cost and complexity. In 2022, this was split into three sub-bands attracting varying numbers of UDAs to provide fairer remuneration for the more complex treatments within band 2.

5.12 Following on from reforms in 2022, 2023, and in April 2026, the changes in this instrument represent the next step in improving the NHS dental contract and are focused on addressing several issues raised by patients, the dental profession and those representing these groups. The reforms make further amendments to the UDA values of some treatments, whilst introducing nationally set monetary values for urgent care and complex care pathways. The care pathways will better remunerate dentists for treating patients with complex needs over a longer time period as a single course of treatment, rather than requiring them to return for several courses of treatment. In addition to the regulations, amendments to payment directions will be introduced to provide new payments to support practices to improve the quality of their services.

6. Legislative and Legal Context

How has the law changed?

6.1 The National Health Service (General Dental Services Contracts) Regulations 2005 ("the GDS Contracts Regulations"), National Health Service (Personal Dental Services Agreements) Regulations 2005 ("the PDS Agreements Regulations") and National Health Service (Dental Charges) Regulations 2005 ("the Charges Regulations") set out the legal framework for NHS primary care dentistry in England.

6.2 The GDS Contract Regulations and the PDS Agreement Regulations set out the required contract terms for the GDS contracts and PDS arrangements, respectively, which are the primary mechanism for commissioning NHS dentistry in England. The Charges Regulations set out the patient charges applicable to the various treatments delivered as part of primary care dentistry. Further, they describe some of the circumstances in which patients may be charge exempt.

6.3 The amendments to both the GDS Contracts Regulations, PDS Agreements Regulations and the Charges Regulations are as follows:

- Introduce the care pathways as a course of treatment that can be delivered as a mandatory service.
- Specify the expected timeframes for the care pathways and that these may be extended in certain circumstances.
- Require declarations to provide specified information and be submitted on a monthly basis during the duration of the care pathways.
- Specify that urgent care relating to intra-oral injury can be provided during an active care pathway.
- Specify that the care pathways have a band 2 patient charge.
- Introduce a new additional payment, valued at 2 UDAs, for denture modification, relining and rebasing when it is delivered alongside another band 2 course of treatment or the care pathways.
- Introduce provisions to only apply a single charge where a band 2 course of treatment is followed by a complex care pathway 3 within three months, for patients who meet the complex care pathway 3 criteria and have four or fewer teeth with tooth decay that has progressed beyond the enamel and into the underlying dentine layer of the tooth.
- Increase the UDA payment from 1 UDA to 2 UDAs, for the repair of a denture.
- Introduce provision to allow the use of electronic prescription forms.
- Provide that the required number of urgent treatments (RNUT) be assessed separately for the purposes of monitoring delivery and recovery of money linked to urgent treatment, but that overall reconciliation is applied where performance for urgent care and all other mandatory services is mixed.
- Remove the fixed payment of £75 for an urgent course of treatment from the regulations and replace this with a reference to the payment as set out in directions.
- Provide that the calculation of the number of UDAs for an urgent course of treatment is not impacted between the period of 1 April 2026 and 23 June 2026 by the annual contract value uplift applied retrospectively from 1 April 2026.
- Within the GDS Contracts Regulations and PDS Agreements Regulations, omit all references to a “prison” and substitute with a reference to “secure and detained estate”.

Why was this approach taken to change the law?

6.4 This is the only possible approach to make the necessary change.

7. Consultation

Summary of consultation outcome and methodology

7.1 On behalf of the Secretary of State for Health and Social Care, the Department held a public consultation[3] on proposed reforms to the NHS dentistry contract in England. The consultation ran for 6 weeks, from 8 July to 19 August 2025, and was open to sector representative groups and the public.

7.2 There were 2,289 completed responses to the consultation, including 132 organisational responses. We also received responses from individuals sharing their personal and professional views, and we are content that we received broad and representative engagement to this consultation.

7.3 Overall, there was a positive response to the consultation, including an agreement that implementation of the proposals would improve the current NHS dentistry contract and support practices to deliver care to those who need it most. The Government[4] published a response to the consultation in December 2025 which outlined the final set of reforms.

8. Applicable Guidance

8.1 NHS England previously published guidance to contractors to support the changes made in April 2026[5]. NHS England will publish updated guidance for providers after this instrument has been laid and in June 2026, when these changes come into force. Commissioners of NHS dental services must notify dental contractors of changes to the regulations that will be incorporated into contracts in reasonable time to allow these reforms to be implemented successfully, so information was provided to the sector earlier this year to outline an expected delivery timetable[6] for the reforms.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 The Department carried out a full Impact Assessment on the reforms detailed in this instrument which accompanied the instrument laid on 10 March 2026. This impact assessment is available on the legislation.gov.uk website[7].

Impact on businesses, charities and voluntary bodies

9.2 There is no impact on charities or voluntary bodies.

9.3 The legislation affects businesses of all sizes that hold a contract to deliver NHS primary dental care services, with the main impact being the introduction of the care pathways as a new care option. This is anticipated to result in the prioritisation of services by providers, with more care made available to those with the greatest need rather than recalling patients for check-ups where not clinically necessary.

9.4 We want these changes to apply to all businesses, so we have not excluded small and micro businesses from the requirements of these regulation changes.

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[3] https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms/nhs-dentistry-contract-quality-and-payment-reforms-consultation-document

[4] https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms

[5] https://www.england.nhs.uk/long-read/nhs-dentistry-quality-payment-reforms-contractual-guidance/

[6] https://www.england.nhs.uk/long-read/preparing-for-nhs-dental-quality-and-payment-contract-reforms/

[7] https://www.legislation.gov.uk/uksi/2026/265/resources

9.5 The instrument is expected to have a positive impact on delivery of NHS dental services to the public by making NHS dental care more financially attractive to dentists and their teams and therefore making it easier for patients with complex care needs to access care.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 NHS England (on behalf of the Secretary of State for Health and Social Care) is responsible for monitoring the implementation of, and compliance with, this legislation. However, the Secretary of State is ultimately responsible for these regulations and the policy implemented.

10.2 The Department will monitor the impact of the reforms to the NHS dental contract post-implementation, including through the monitoring of annually published official statistics.

Part Three: Statements and Matters of Particular Interest to Parliament

11. Matters of special interest to Parliament

11.1 This instrument introduces part of a package of reforms to NHS dentistry that have previously been announced via a Written Ministerial Statement on 16 December 2025[8].

11.2 This instrument will implement a second set of reforms. The first SI was laid before Parliament on 10 March 2026 and introduced the first set of reforms that required amendments to the GDS, PDS and Charges Regulations[9].

11.3 Alongside amendments to the GDS, PDS and Charges Regulations, the Department will make amendments to the two relevant sets of payment directions, the GDS and the PDS Statement of Financial Entitlements 2013, to support these reforms[10].

11.4 Access to NHS dental care is often of interest to Parliament and these reforms seek to improve access for patients, particularly those with urgent and complex care needs.

12. European Convention on Human Rights

12.1 As the instrument is subject to negative 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").

[8] https://questions-statements.parliament.uk/written-statements/detail/2025-12-16/hcws1172
[9] https://www.legislation.gov.uk/uksi/2026/265/resources
[10] https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions