EXPLANATORY MEMORANDUM TO

THE NATIONAL HEALTH SERVICE (PRIMARY DENTAL SERVICES AND DENTAL CHARGES) (AMENDMENT) REGULATIONS 2026

2026 No. 265

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 Louis Tulwa 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 been made to the regulations that govern how NHS Dental Charges are applied to set out how patients should be charged following these changes. These regulations have also been amended to introduce an inflation-based uplift of 1.66% to the NHS dental charges, in line with the regular pattern of annual uplifts to such charges.

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 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 on these reforms in July and August 2025. The Government published its response to the consultation in December 2025 and set out the final proposals. This instrument implements five of these proposals through amendments to the regulations which form the legislative framework for NHS dentistry.

5.3 The primary intended policy outcomes of these reforms are to improve access to urgent care; 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 general dental services that NHS dental patients' access, including urgent care, are described in the regulations as 'mandatory services'. Prior to these reforms there was no requirement to provide specified volumes of any specific type of care within these mandatory services. These reforms introduce a new requirement for providers of mandatory services in NHS dentistry to deliver a set amount of urgent care. This will ensure that urgent care becomes part of routine NHS provision and thus more accessible to patients. For 2026/27, the requirement will be to provide eleven urgent courses of treatment per £10,000 of a dental provider's Relevant Contract Value (RCV). The RCV is the agreed contract price for a certain amount of specified services to be provided by a dental provider in a financial year. The calculation for which excludes any payments for activity relating to dental public health services, orthodontic services, sedation services and domiciliary services. This will help ensure patients can access urgent dental care, one of the Government's key commitments. The urgent care requirement will be set at a national level for each financial year in accordance with a determination by the Secretary of State as a percentage of the contract in the GDS Contracts and PDS Agreements Regulations and will be based on predicted patient need. These reforms give NHS England the discretion, at any time during the period beginning with 30th October to the end of the financial year, to reduce the required volume of urgent care for a dental provider, by up to 15%. A small number of dental providers who meet certain criteria will be exempt from the requirement, including those which:

- are required to provide 99 or fewer units of dental activity every financial year;
- only provide community dental services;
- operate on contracts established before 2006 to only treat children;
- provide only dental public health services; or,
- provide only dental services in a prison.

5.5 Providers will receive a nationally set payment for delivering urgent care valued at £75 divided by the monetary value of a unit of dental activity, rounded up to two decimal places. Any urgent care delivered as part of or over the required number will be paid at the same amount per course of treatment delivered.

5.6 Providers will be better supported to make use of the skill mix of their team through a new standalone fluoride varnish treatment available for children to be delivered by dental nurses. Many dental nurses already have the skills needed to apply fluoride varnish, but nurses cannot provide the full examinations that are required to deliver this treatment at present. To address this, the new standalone fluoride varnish treatment will not require an examination. The standalone treatment will follow a previous course of treatment where a dental practitioner (dentist) has assessed the child patient and prescribed fluoride varnish to be applied in accordance with a schedule of care, detailing the number and frequency of treatments to be applied, by a dental nurse.

5.7 Fissure sealants are thin plastic coatings applied to permanent molar teeth of children with a history of dental decay in their baby teeth and/or in one or more of their first permanent (adult) molars. The conservation of deciduous (milk) teeth typically refers to the application of a steel crown (pre-formed crown) to a child's deciduous teeth where these are severely decayed. Application of these pre-formed crowns can play an important role in protecting the tooth and restoring function. Fissure sealants were remunerated at 1 unit of dental activity (UDA) and the application of steel crown at 3 UDAs. We have increased the number of UDAs for both treatments to 3 or 5, depending on the number of teeth being treated. This change better reflects the time and cost involved in providing these treatments and seeks to encourage dentists to deliver these treatments where clinically appropriate, which could help prevent patients developing additional dental needs in the future.

5.8 This instrument also seeks to uplift the NHS dental patient charges from 1 April 2026 by approximately 1.66% (with small variations due to rounding). This was the forecast GDP deflator in September 2025 when the rates of uplift are typically set by the Government. NHS dental patient charges are typically uplifted at the beginning of each financial year and uplifting the charges in line with inflation reflects the inflation-led rise in the cost of providing treatment.

5.9 Revenue from NHS Dental Patient Charges helps the NHS meet the cost of providing overall NHS services, including NHS Dental Services.

5.10 Table 1: Dental treatment bands and applicable patient charge for 2025/26 and the new charges for 2026/27

Band	Description of treatment	Patient Charge in 2025/26	New patient charge for 2026/27
1	This band includes examination, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically needed, and preventative care (e.g. applications of fluoride varnish).	£27.40	£27.90
2	This band covers everything listed in band 1, plus any further treatment such as fillings, root canal work or extractions[1].	£75.30	£76.60
3	This band covers everything in bands 1 and 2, plus course of treatment including crowns, dentures, bridges and other	£326.70	£332.10

[1] Fissure sealants will move from a band 1 to a band 2 charge from 1 April 2026. Fissure Sealants are primarily provided as a treatment to children, who are charge exempt.

	laboratory work.		
Urgent	This band covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling.	£27.40	£27.90

5.11 The impact of these changes will only affect those of working and pension age with incomes above the thresholds for eligibility for help with health costs. Almost half (49.3%) of NHS treatments in 2024/25 were delivered to patients who were exempt from the charges due to their age or income, or due to pregnancy or recent birth. Further help with health costs is available for those on low incomes, but who are not exempt. There are no changes to the exempt or qualifying groups for further support in April 2026.

5.12 Under the current dental remuneration system, there is no link at contract level between payment to the dentist for providing the care and the charge paid by non-charge exempt patients, collected by the practice on behalf of NHS Business Services Authority. The charge paid by patients does not exceed the sum paid to dentists for delivering NHS care and represents a contribution to the cost of their treatment.

5.13 To date, there is no evidence that take-up of services is changing among the charge paying group. NHS dental patient charges are reviewed annually, and we will monitor whether charges may be acting as a deterrent as part of this process.

What was the previous policy, how is this different?

5.14 Since 2006, performance within NHS dental contracts has been measured primarily in UDAs, the indicative value of which varies depending on the value of each contract, which is negotiated between Integrated Care Boards (in accordance with their delegated arrangements with NHS England) and dental providers.

5.15 Mandatory dental services are arranged into three bands (bands 1, 2, 3 which includes 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. 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.

5.16 Following on from reforms in 2022 and 2023, 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 others. Outside of the regulations, amendments to payment directions will introduce new payments to support practices to improve the quality of their services. The second Statutory Instrument (SI) of these reforms will introduce Complex Care Pathways, a new approach that will remunerate dentists for treating patients with complex needs over a longer time period, rather than requiring them to return for what would potentially be several courses of treatment.

5.17 NHS Dental patient charges are typically uplifted annually, often by inflation.

For 2025/26, they were uplifted by 2.39%, which was the forecast GDP deflator for 2025/26 when the rate of uplift was agreed. This instrument implements the continuation of this annual uplift policy by uplifting the charges by 1.66%, which was the forecast GDP deflator for 2026/27 when the rate of uplift was agreed.

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 Charges Regulations are as follows:

6.3.1 Introduce provisions for dental providers to deliver a minimum number of urgent courses of treatment, calculated using a dental providers' Relevant Contract Value (as described in paragraph 5.4). The previous 1.2 UDA value for an urgent care course of treatment is removed, and instead, dental providers will be paid the number of UDAs equivalent to £75. The definition of urgent treatment will be redefined to more closely align with existing clinical guidance[2], making it clearer that care in which treatment is required within 7 days, is included in this definition.

6.3.2 Introduce provisions to enable the delivery of a new standalone treatment for fluoride varnish by qualified dental nurses, outside of other banded courses of treatment with a value of 0.5 UDAs.

6.3.3 Increase the number of UDAs provided for fissure sealants by including this treatment in the list of treatments that comprise sub-band 2a.

6.3.4 Add provisions for the conservation of deciduous teeth to attract a greater number of UDAs as part of the sub-band 2b where the treatment is delivered, alone or in combination with other band 2b components, in relation to three or more teeth.

6.3.5 Provide increased clarity that the treatment components listed under band 2b meet the requirements for this sub-band where they are provided alone or in combination with other treatments listed in band 1 or 2a, or 2b, and where treatment is in relation to three or more teeth.

6.3.6 Amend the Charges Regulations to implement an uplift in NHS dental patient charges by 1.66% across all four of the NHS dental treatment bands.

Why was this approach taken to change the law?

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

[2] https://www.england.nhs.uk/long-read/clinical-guidance-unscheduled-urgent-and-non-urgent-dental-care/

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 on proposed reforms to the NHS dentistry contract in England. The consultation 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. The Government published a response to the consultation in December 2025[3] which outlined the final set of reforms.

7.3 There is no statutory duty to carry out consultations to uplift dental patient charges, and we have not previously consulted on the uplift. The Department has, however, considered any potential impact and is satisfied that access to dental care is unlikely to be adversely affected by uplifting these charges.

8. Applicable Guidance

8.1 NHS England has published information to support the changes for urgent care[4] and the implementation timetable of the wider reforms[5]. Commissioners of NHS dental services must notify dental contractors of changes to the regulations that will be incorporated into contracts in good time to allow these reforms to be implemented successfully, so guidance has been provided to them prior to laying the regulation changes. NHS England will publish clinical guidance for providers after this instrument has been laid and before 1 April 2026, when these changes come into force.

8.2 NHS dental contractors will be advised on the new NHS dental charges through a notification from the Department. NHS dental contractors are required to display posters provided by the Department in waiting rooms as a term of service. The information will also be available on the NHS website[6] from 1 April 2026.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 The Department has carried out a full Impact Assessment as part of the policy development process. In view of further modelling that is required to reflect the effect on urgent care provision on future years, the Department will be publishing the Impact Assessment as soon as practicable and will do so before 24 March 2026.

9.2 The NHS dental patient charges uplift is a routine uplift with no further changes to the policy, so no Impact Assessment on this element is required.

Impact on businesses, charities and voluntary bodies

9.3 There is no impact on charities or voluntary bodies.

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

[4] https://www.england.nhs.uk/publication/confirmation-of-urgent-unscheduled-care-activity-requirements-for-nhs-dental-contract-holders-for-26-27/

[5] https://www.england.nhs.uk/publication/preparing-for-nhs-dental-quality-and-payment-contract-reforms/

[6] https://www.nhs.uk/nhs-services/dentists/how-much-nhs-dental-treatment-costs/

9.4 The legislation affects businesses of all sizes that hold a contract to deliver NHS primary dental care services, with the main impact being the requirement to provide a proportion of their contract as urgent care. 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.

9.5 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. Some businesses contracted to deliver less than 100 UDAs per year will be exempt from the urgent care requirement.

9.6 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 could make it easier for patients to access urgent 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. It will continue to monitor any effect NHS dental patient charge uplifts have on access to NHS dental care in its annual review.

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[7].

11.2 This instrument will implement an initial set of reforms. A second Statutory Instrument (SI) is due to be laid before Parliament early in the 2026/27 financial year, which will introduce the remaining reforms that require amendments to the GDS, PDS and Charges Regulations.

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[8].

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. These reforms also more fairly remunerate dentists and their teams for preventative oral health measures aimed at children, such as the application of fissure sealants and fluoride varnish.

[7] https://questions-statements.parliament.uk/written-statements/detail/2025-12-16/hcws1172
[8] https://www.gov.uk/government/collections/primary-dental-services-statements-of-financial-entitlements-directions

11.5 The instrument makes provisions to increase in NHS dental patient charges, which are a form of fee and therefore may be of special interest to Parliament. The reasons for this increase are set out in section 5 of this Explanatory Memorandum.

11.6 A full Impact Assessment is not required for this legislation, but the Department committed to undertake one on the policy development of the reforms as best practice. In view of further modelling that is required to reflect the effect on urgent care provision on future years, the Department will be publishing the Impact Assessment as soon as practicable and will do so before 24 March 2026.

11.7 There are two correcting provisions in these regulations: the definition of "working day" will be omitted in the GDS Contracts Regulations and the PDS Agreements Regulations. Upon consultation with the SI Registrar, it has been deemed disproportionate to apply the free issue procedure to these regulations.

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”).