

Navigating change at the top

Dental reform in 2026



Shiv Pabary, Chair, GDPC

The
moment
we're in....
And why
this matters
now



Two weeks until a key vote just down the M62



Contract reform has dragged on for 16+ years. Steele Review set the right direction; still not delivered



Political flux likely: new ministers, new faces : Risk: we get sent back to square one — again



Political faces change. The challenges facing NHS dentistry do not

The funding reality

NHS health spend up;
dentistry's share squeezed

Private dentistry now
subsidises NHS by ~£1bn

CMA: no evidence of
gouging; cuts are the driver

No clinician should deliver
NHS care at a loss.



Reform: What GPs told us



Make the contract practical and financially viable



Pay reflects real costs of delivery



Support prevention and good clinical practice



Avoid targets, treadmills, and clawback



Keep it simple and workable

The contract we need.... Blended, not Binary

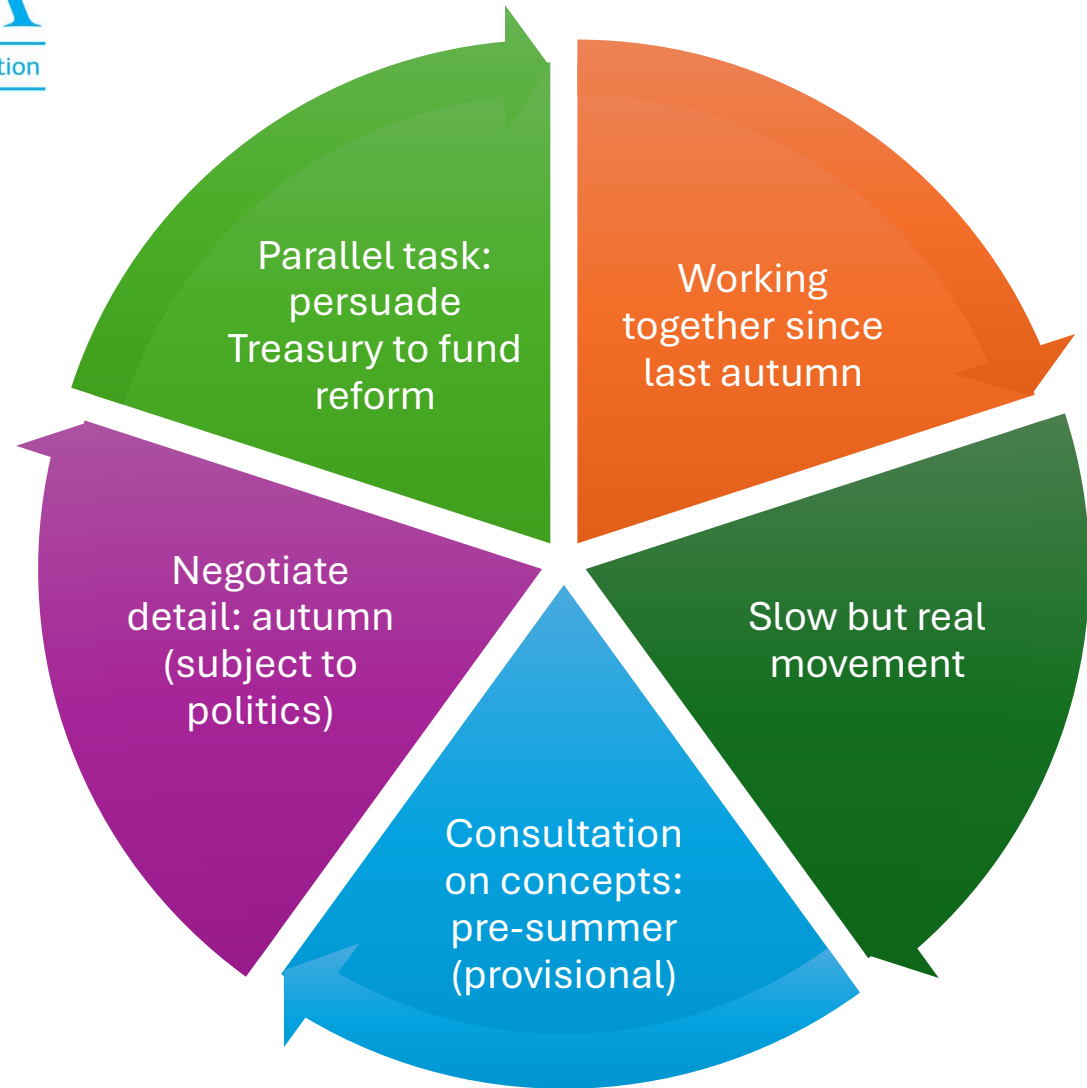
Capitation: continuing care
(exams, prevention)

Fee-per-item: treatment when
needed

Sessional payments:
urgent/unscheduled care

Use the right payment
mechanism for the right type of
care.

Progress with DHSC



Red lines and principles



Payments must reflect costs



Prevention funded properly



End treadmill targets and clawback



Simplicity over bureaucracy



Treasury must fund what it expects

Honest public contract

Government can only buy
what it funds

Be transparent on what NHS
dentistry can deliver

You cannot reform your way
out of chronic underfunding

Buy only the dentistry you're
willing to fund.



Changes already live



Unscheduled care: 11 CoT/£10k; £15 UDA credit + £60 per CoT; above minimum paid at £75



Fissure sealants → Band 2 (3 or 5 UDAs)



Fluoride varnish by DNs in a separate CoT (0.5 UDA)



Appraisals: £213; Optional QI project: £3,200



Resources: recorded webinars and detailed guidance on BDA s

Fixing early teething issues

Compass visibility and
calc inconsistencies
raised

New performer-level
reporting via e-Den now
live

Principle: You can't
performance-manage
what you can't see.

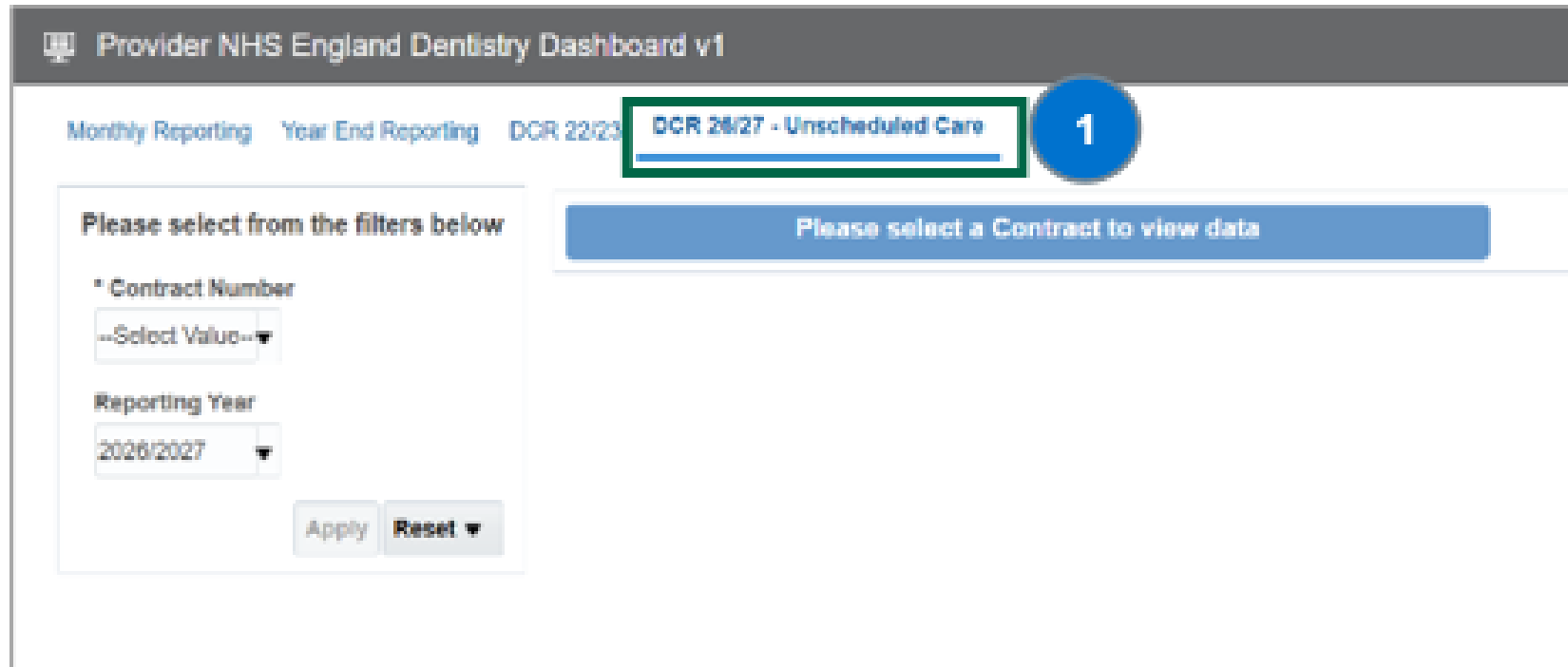
eDEN

Using eDEN for English Dental Providers



Accessing the DCR 26/27 data

1. Select the **DCR 26/27 – Unscheduled Care** tab within the Provider NHS England Dentistry Dashboard



The screenshot displays the 'Provider NHS England Dentistry Dashboard v1'. At the top, there are navigation tabs: 'Monthly Reporting', 'Year End Reporting', 'DCR 22/23', and 'DCR 26/27 - Unscheduled Care'. The 'DCR 26/27 - Unscheduled Care' tab is highlighted with a green border and a blue circle containing the number '1'. Below the tabs, there is a filter section on the left with the heading 'Please select from the filters below'. It includes a dropdown for '* Contract Number' (currently showing '--Select Value--'), a dropdown for 'Reporting Year' (currently showing '2026/2027'), and 'Apply' and 'Reset' buttons. To the right of the filters is a blue button that says 'Please select a Contract to view data'.



BDA

British Dental Association

From 23 June — further changes

Three care pathways introduced

UDAs for denture modifications adjusted

NHS hospital service now counts toward maternity eligibility

Care pathways — Potential vs Practicality



Aim: pay closer to true costs; enable long-term preventive care



Our tests: clinical sense, financial value, practical delivery



Optional by design; Band 2 remains available



Concern: bureaucracy must not outweigh benefits

What
practices
can do now

Monitor unscheduled care credits
via e-Den/Compass

Use pathways only when they work
clinically and financially

Share real-world data and cases
with GDPC/BDA

Brief local MPs with BDA evidence

Doorstep reality



Patients: access, affordability, availability



Dentistry is now a doorstep issue across the UK



Collective advocacy put it there — and keeps it there

Patient quote....

‘Following correspondence from XXXXX Dental Clinic we were already aware that we could no longer be NHS patients and would have to become private patients. I attach no blame whatsoever to X XXXX Dental Clinic for this sorry situation.

After listening to dentists across the country for a number of years now on Radio 4, from seeing clips on TV and reading newspaper articles, it is absolutely clear where the blame lies. It is most definitely not with the dentists – who have often been very emotional when giving their testimonies. When I have listened to their accounts, it is abundantly clear that under-funding over many years for NHS dentistry has made it completely unsustainable for dentists to provide NHS services.’

Other quotes.....



53rd LDC Conference 2004

BDA response to new proposals in 2004...

The bottom line



Patients need reform. Practices need reform.



Twenty years is long enough.



We won't let reform be kicked into the long grass.



Closing: With your help, we turn NHS dentistry around.

Feedback channel: shivpabary@nhs.net