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January 2026

Via email Andrew.Dickenson@gov.wales

Dear Andrew

North Wales LDC proposal re: April introduction of NHS GDS contract

Many thanks again for coming up to Bangor on 3rd November to meet with the dental community up in North Wales regarding the proposed NHS GDS contract (or contract variation) scheduled for introduction in April 2026.

Following that engagement, the North Wales LDC met formally on 8th December to consider in detail the proposals, including the published vignettes and supporting materials.

The Committee recognises the strategic direction set by Welsh Government – it is clear that you and your team see the contents of this new contract as the future of GDS provision across Wales. However, the views of LDC members vary, with the majority pessimistic and a minority cautiously optimistic. It is important to record that the proposed contract introduces an entirely new and untested remuneration mechanism for NHS dentistry in Wales. The care-package-based payment system constitutes a fundamental departure from all previous NHS dental remuneration models and has not been piloted or otherwise validated at scale. As a result, there is currently no established operational baseline against which achievability, behavioural response, workforce impact or unintended consequences can be assessed with confidence. From a governance perspective, this creates a foreseeable implementation risk.

This risk is not theoretical. Dental practices and their teams have been subject to sustained contractual change over recent years, including repeated reform iterations, shifting performance measures and evolving delivery expectations. The cumulative effect of this change has contributed to recognised workforce fatigue at a time when recruitment and retention remain fragile, particularly in rural and high-needs areas such as North Wales.

We note that Welsh Government policy places clear emphasis on workforce wellbeing, retention, sustainable service models and psychological safety during periods of system change. In that context, the introduction of a wholly new mechanism of pay, without adequate transition and assurance arrangements, gives rise to a material risk of destabilising services and accelerating workforce attrition.

In addition, the operational complexity of the new contract will require substantial

training and system familiarisation across clinical, administrative and financial functions. As with any reform of this scale, a degree of early-stage variability and error is both foreseeable and unavoidable, arising from system novelty rather than provider failure or non-compliance. We believe that it is important to distinguish, as a matter of fairness and defensibility, between learning-phase system effects and genuine performance failure.

Against this background, **the LDC formally requests a defined transition and implementation period of 2 years during which financial recovery, clawback and penalty mechanisms are not applied** whilst practices try to implement what is a significantly different vision in terms of delivering care to patients. We see this as the only sufficient measure to safeguard the wellbeing of dental teams and patients from April 2026.

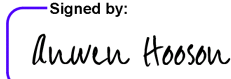
For the avoidance of doubt, this request is made to support safe and proportionate implementation within the proposed framework and is not intended to reopen or renegotiate the underlying policy intent or structure of the contract. Further, this proposal does not seek to remove accountability – practices would be expected to remain appropriately staffed, engage openly and transparently with LHBs and continue to prioritise patient safety and risk-based recall.

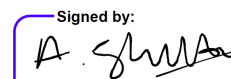
We consider that providing structured transition space materially increases the likelihood that the new contract will embed successfully, allowing new delivery models to emerge, be tested and refined, and then shared more widely. Conversely, the immediate application of financial recovery mechanisms to an immature payment system risks foreseeable adverse consequences, including workforce exit, contract handbacks and destabilisation of NHS provision.

From our perspective, a time-limited, safeguarded assurance, transition and implementation learning period represents a defensible and auditable approach to implementing a novel contractual framework. It aligns strategic ambition with workforce reality, mitigates known risks and supports the long-term success of NHS dentistry in Wales.

We raise these matters in good faith and in the interests of sound governance, system stability and shared responsibility for the success of this reform. We would welcome your considered response.

Yours sincerely,

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The following members of the North Wales LDC and North Wales NHS GDS Providers / Performers:

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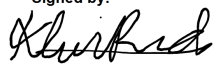
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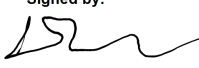
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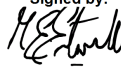
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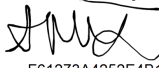
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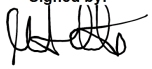
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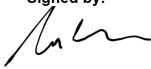
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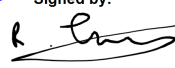
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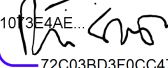
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