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Dyddiad / Date: 19<sup>th</sup> March 2025

**Letter to Dental Contractors**

This alert has been cascaded to the following:

**All Wales Dental Practices**

*FAO GDS Contract Holders*

*Please find attached an updated Wales NHS Dental Contract Case Studies – Understanding the Segmented Contract. This replaces the document issued in November 2025 and hopefully clarifies a number of issues that have been raised in the intervening period”.*

Thanks  
Andrew

# Wales NHS Dental Contract Case Studies – Understanding the Segmented Contract

2026



# The Remuneration Model

The 2026 NHS Wales GDS contract builds on the stability and fairness established since 2022, offering a clearer and more predictable framework for practices. It moves decisively away from the volatility of the historic UDA system, recognising clinical complexity, supporting prevention, and preserving the professional autonomy that practitioners value. Its components operate as a single, coherent model designed to reduce uncertainty, strengthen professional judgement, and ensure that practices serving high-need populations are not disadvantaged. Teams across Wales have already demonstrated the benefits of this approach; the 2026 framework consolidates that progress and provides the stability required for confident long-term planning.

A central focus of negotiations was the future remuneration model for NHS dentistry. NHS Wales, Welsh Government, and the Welsh General Dental Practice Committee shared a clear view that the UDA system should be replaced with a fairer and more transparent mechanism. Although fee-for-item (FFI) arrangements offer theoretical transparency and remain familiar to many within the profession, they inherently incentivise treatment rather than prevention. This makes FFI incompatible with a modern, risk-based preventive policy direction and unsuitable as a sustainable basis for improving population oral health.

Following detailed consideration of the interim arrangements and alternative weighted capitation models, there was agreement that a care-package approach—linking payment to the complexity and time associated with common treatments—provides the most balanced and future-proof solution. This document sets out the proposed fee structure and explains how the new contract operates at practice level.

The illustrative vignettes included here are intended to support clinical teams in planning care under the new model. They are guidance tools, not substitutes for national, evidence-based clinical standards. A separate patient-facing guide provides public transparency, while this document is designed to support professional understanding and confident implementation.

# 1 Care packages

## Renumeration models

### 1. Simple restorative care package (SRCP) £72.06

This includes permanent fillings, temporary/intermediate crowns, Hall crowns, and extractions up to a maximum of four teeth

### 2. Extensive restorative care package (ERCP) £137.50

As per simple restorative care package (SCRCP) for patients who need treatment on 5 to 8 teeth

*Note – For both restorative care packages composite material should be used for anterior teeth (canine to canine). Posterior teeth to use clinically appropriate materials, which include both amalgam and amalgam alternatives*

**Note:** *Once the treatment required exceeds four teeth, the extensive package is claimed, it is not permitted to claim multiple simple restorative care packages, for example a patient needing eight teeth treated would be managed under one extensive restorative package, not two simple caries packages. For nine teeth it would be one simple and one extensive. For sixteen teeth it would be two extensive packages and so on. Contemporaneous record keeping of the treatment required will be essential to evidence claiming.*

### 3. New patient assessment £54.41

To include global health and clinical assessment (including soft tissue), intraoral radiography, special tests, and removal of plaque retentive factors.

Prevention, as per Delivering Better Oral Health (DBOH) guidance to support patients that are ready to change

### KEY POINTS

- The contract is no longer activity based, signaling the end of UDAs as a means for remunerating dental care.
- Care packages are additive - based on patient need – depending on the clinical assessment.
- The principle of care packages is based on time to deliver care, not activity.
- Prevention is integral to care packages and covered by a capitated 5% ACV payment.
- The segmented aspect of this contract will support skill mix.
- ACORN will continue to be the risk and need assessment tool, but the data points will be automatically generated to the NHSBSA.

their oral health behaviours and include:

- Improving oral hygiene (includes oral hygiene instructions and removal of plaque retentive factors)
- Optimising exposure to fluoride
- Reducing sugar intake and healthier eating
- Stopping smoking and tobacco use
- Reducing harmful alcohol consumption

Referral to appropriate services like Help Me Quit (if agreed by the patient) is also a part of the prevention.

Topical fluoride application, high concentration fluoride toothpaste prescription, and fissure sealants (for enamel caries) as appropriate.

**Note** - Following a new patient assessment, if treatment is identified an appropriate care package is claimed

**Note** - A global oral health assessment refers to a comprehensive evaluation of oral health status, needs, and risk determinants (see q.35 on page 35). Please refer to DBOH toolkit for detailed guidance.

#### 4. Periodontal care package £97.06

Entry assessed on engagement from assessment, but patient must achieve satisfactory plaque scores by third OHE visit as advised by BSP guidance. To include plaque score and tailored Oral Hygiene Instructions, 6 Point Pocket Chart, Removal of Plaque Retentive Factors and Pocket debridement. The care package is for a single course of periodontal treatment. Up to two care packages can be claimed in a financial year per patient.

Contractor will be expected to follow national guidance on managing patients with periodontal disease:  
[https://www.bsperio.org.uk/assets/downloads/Delivering\\_stepwise\\_Care\\_version\\_2\\_7th\\_August\\_2025.pdf](https://www.bsperio.org.uk/assets/downloads/Delivering_stepwise_Care_version_2_7th_August_2025.pdf)

#### 5. Denture care package £172.79

Excludes laboratory fees (which will be paid directly by the patient, unless exempt from NHS charges). Includes upper and lower dentures, including Cobalt Chrome dentures if clinically indicated. This includes all denture work provided in this care package and can be a

- 3% of the ACV is for recalling low need patients. Practices will be expected to recall 80% of their adult active patients who were given a recall of 18+ months at their previous visit. Failure to achieve could incur a financial sanction and/or a contractual breach notice.
- All decisions on Associate remuneration will continue to be the responsibility of the contract holder.
- There will be cases which may need to be extended over different financial years, which is allowable under the care package framework.
- Non-exempt patients will pay 50% of the care package fees up to a maximum of £384 (lab bills are in addition) per course of treatment.
- The amount of permanent crown, bridge, inlay, onlay and veneer care packages are capped at 10% of the ACV. Health Board permission must be sought and gained to go over this.

combination of metal and acrylic dentures.

All laboratory items such as special trays, study models should be included in the final laboratory bill. Dentures will be warranty for a period of 2 years at the point of fitting. Easing and adjustments will be free of charge for the 2-year period, and no care package will be claimable.

When fitting immediate dentures, only easing or adjustments for 2 months post fitting will be provided free of charge.

Lost and misplaced dentures will not be covered under the warranty period and replacement will be subject to the appropriate care package

Digital impression techniques are included in the care package

#### **6. Stabilisation care package £150**

For patients with unstable dental disease who present with 7+ carious teeth, where at least two of the teeth have caries extending to proximity or into pulp and the patient is keen to engage.

This will include extractions, Delivering Better Oral Health prevention, Glass Ionomer intermediate restorations, pulp extirpation, removal of plaque retentive factors.

#### **7. Anterior root canal package £182.35**

For up to two teeth (1-3) and includes any permanent restorations. For cases that require a laboratory made temporary crown the patient will be required to pay the laboratory bill to the practice. For exempt patients this will be re-imbursed using the tariff.

Clinicians will be expected to follow national guidelines, including placement of rubber dam. Deviation of the guidance will require clinical justification.

#### **8. Posterior root canal package £365.44**

Molar and pre-molar root canal package, for up to two teeth. This includes second molars if the tooth is

- 5% of the ACV is for adaptive commissioning. Health boards, by mutual agreement, will have the discretion to use this financial segment of the contract to commission a service. For example, a diabetic periodontal disease pathway, or in-practice quality improvement project.
- Failure to achieve a mutually agreeable use of the 5% will result in the funding being added to the ACV segments.

strategically necessary to maintain function (eg; patients who have a lack of posterior support, a medical reason to retain etc). Clinicians will be expected to follow national guidelines, including placement of rubber dam. Deviation of the guidance will require clinical justification recorded in the clinical notes.

For cases that require a laboratory made temporary crown then the patient will pay the appropriate laboratory fee. For exempt patients this will be reimbursed using the tariff.

*NOTE: Temporary chairside crowns, temporary and permanent fillings are included in the anterior and posterior root canal package. If a patient is reviewed at a subsequent visit and requires cuspal coverage (such as a crown) then an additional crown and bridge care package can be claimed. If a crown is placed within the endodontic care package no additional care package is claimable, but the laboratory bill is still applied for non-exempt patients (or re-imbursed for exempt patients).*

#### **9. Recall examination £50 per visit**

Patients having a recall examination will be put on a recall interval aligned to NICE guidance. The number of recall intervals should reflect the risk and need of the patient. A robust clinical monitoring process will take place to confirm that the patient is on the appropriate risk assessed recall package. The recall visit includes a full oral health assessment including a basic periodontal examination, radiographs, soft tissue, fluoride application, removal of plaque retentive factors, prevention etc where appropriate.

#### **10. Permanent Crown, bridge, inlay, onlay, and veneer care package for permanent teeth £280.88**

Up to a 3 unit bridge (unit is defined as retainer and pontic) or up to two crowns or, where a crown and bridge are both provided, a single cantilever bridge and single crown would count to a single care package. This package includes study models, diagnostic wax ups, face

bow recordings, posts and cores etc. A simple cantilever bridge and a single crown will generate a single care package. A four-unit bridge would count as two care packages and so on. The package will include all tooth preparation types necessary for the crown, bridge, inlay, onlay, and veneer that the patient has consented to. Excludes laboratory fees (which is patient funded, unless exempt). A comprehensive laboratory reimbursement tariff will be published, subject to annual DDRB uplift.

Digital impression techniques are included in the package.

All luting cements and techniques are included in the package.

Any clinical photos to determine shades are also included in the care package

#### **11. Urgent care package £75**

Urgent appointments will include an oral health assessment (including soft tissue) and onward referral where appropriate.

Urgent care should provide relief from pain and/or prevent significant deterioration of a particular problem, with an onward referral if required. This care should normally be done in a way that provides, whenever possible, a long-term solution.

Where appropriate, and with the patient's consent, urgent care should consist of permanent definitive treatment, including restorations. When definitive treatment is contraindicated or not possible, justification for any treatment or care provided will be recorded in the patient's clinical record.

For patients that do not currently have an existing relationship with the practice, the patient should be made aware of their responsibilities and requirement to seek further care to resolve the urgent issue or prevent a recurrence. When routine treatment is needed, they should be advised to enrol on the Dental Access Portal.

Treatment provided for new urgent patients under an urgent care slot is warranted for a period of 12 months from the initial appointment. A patient can directly contact the practice if they continue to have issues with the same tooth. No further care package or patient charge can be generated.

The urgent care package fee is only paid for patients who are not historic patients of the practice

The number of urgent slots agreed are calculated based on the £75 financial value.

## **12. Miscellaneous care package £50**

For treatment and interventions for patients that fall outside a current care package or outside the warranty period ie;

- Denture repair/addition/re-line (see denture care package regarding immediate dentures) for dentures not provided by the contract holder in the last 2 years.
- Denture ease (up to two per financial year for dentures older than 2 years or made by another contract holder and for immediate dentures fitted more than 2 months ago)
- Study models (not part of another care package and one claim per year)
- Bite raising appliance (includes study models). A two-year warranty applies
- Biopsy per site (includes sutures, pathology report, follow up and post-operative complications/management)
- Repair/Recement of a crown, bridge, or veneer (one year warranty)
- Removal of sutures for procedures external to the practice (eg an extraction carried out by specialist services)
- Pericoronitis. Only one miscellaneous care package can be claimed relating to the same tooth per episode regardless of the number of visits
- ANUG per episode. Only one miscellaneous care package can be claimed per episode regardless

- of the number of visits.
- Orthodontic urgent issues when the patient's own orthodontist is unavailable. Only one miscellaneous care package can be claimed within a 3-month period.
  - Arrest of haemorrhage (for extractions carried outside of a care package, includes sutures and removal) regardless of the number of visits to manage the same site only one miscellaneous care package can be claimed
  - Dry socket (for extractions carried outside of a care package). Regardless of the number of visits for the same site only one miscellaneous care package can be claimed
  - Splinting of mobile teeth per episode of care (up to four teeth and warranted for 12 months)
  - Trauma related injury (includes all necessary review appointments, pulp sensibility tests, radiographs, and all other necessary tests)

*Note - Excludes any laboratory fee which is patient funded, unless exempt.*

*Note – sports gum shields / sports guards are not available under the NHS for any age group.*

### **13. Child new patient assessment**

- Under 1 £80
- Age 1-4 £75
- Age 5-12 £70
- Age 13-17 £60

Recall examination £55 (maximum of 4 per year or 3 following initial new patient assessment fee).

# 2 Care packages Worked Examples

## SCENARIO 1

Mr Jones is a new non-exempt patient and booked to see Dr A. Following an examination, he requires a molar root canal therapy and four fillings.

### *What care package(s) does this generate?*

1. New patient assessment **£54.41**
2. Simple restorative care package **£72.06**
3. Posterior tooth endodontic care package **£365.44**

Mr Jones will be invoiced for his NHS dental charge (PCR) based on treatment provided.

### *What else can Mr Jones expect following his examination?*

Dr A either himself or using an appropriately qualified member of his team will ensure that Mr Jones receives comprehensive preventive advice as detailed in Delivering Better Oral Health, under the 5% prevention capitated payment.

*Mr Jones successfully completes his treatment and, following an oral health risk assessment, it is decided that he needs a 6-month recall.*

Mr Jones returns 6 months later. This generates a **£50** recall payment. However, it is noted that the endodontically treated molar now needs a crown for cuspal coverage, which attracts an additional Crown care package of **£280.88**. Mr Jones will pay the crown laboratory bill direct to the practice. Mr Jones will be invoiced separately for his NHS dental charge (PCR)

In total for the year this generates a total practice payment of **£822.79**

Mr Jones unfortunately returns 2 months as one of his new fillings fallen out.

### *What care package(s) does this generate?*

None - no further payment is allowable. Under the warranty the contract holder will need to fix the tooth.

## SCENARIO 2

Mrs Evans is experiencing toothache; she doesn't have a regular dentist. She calls NHS111 (some health boards have a direct number) and explains her symptoms. 111 pass the details onto the health board who arrange an appointment for an urgent care package GDS at Dr A's practice.

Dr A sees Mrs Evans and identifies a grossly carious upper first premolar tooth and decides that the tooth needs to be extracted. The tooth is extracted.

### ***What care package(s) does this generate?***

Urgent care package **£75**

*If Mrs Evans fails to attend the appointment **£75** is still paid*

## SCENARIO 3

Ms Lewis has swelling, and pain associated with a molar tooth. She doesn't have a dentist. She calls 111 and is directed to the health board who arrange a timely appointment at Dr A's practice via an available urgent slot.

Dr A examined Ms Lewis and identified that the tooth could not be saved. Unfortunately, due to the active infection present, he is unable to achieve adequate anaesthesia. Dr A prescribes antibiotics and arranges for Ms Lewis to return for a second appointment. On the second appointment Dr A removes the tooth successfully.

### ***What care package(s) does this generate?***

Urgent care patient care package **£75**

Dr A noticed that Ms Lewis would benefit from additional dental treatment which Dr A has identified as a priority. Ms Lewis is keen to improve her oral health. Instead of returning to the DAP, Dr A can ask the HB if he can accept Ms Lewis as a new patient outside the normal new patient DAP process.

## SCENARIO 4

Dr A puts in a request for new patients to the health board. Mrs Owen has been on the DAP for 1 year and is notified that Dr A can offer her a routine examination appointment, she

accepts the offer and shortly afterwards is contacted by Dr A's dental practice with an appointment.

Mrs Owen has an examination and is identified as having active periodontal disease stage 2, grade B, with poor plaque control. She also has two carious teeth that are restorable. Mrs Owen is very engaged and wishes to improve her oral health and keep as many teeth as possible. Dr A, following initial treatment, concludes that a 3-month recall is appropriate based on his clinical opinion and risk factors.

***What care package(s) does this generate?***

New patient assessment **£54.41**

Simple restorative care package **£72.06**

Periodontal care package **£97.06 (maximum of 2 periodontal packages per financial year, but each periodontal care package where clinically appropriate may be carried out over more than one visit)**

Recall examination **£50 per visit**

*How might this work in practice? (This is only an approximate example for payment purposes and should not be taken as clinical guidance - for further guidance and management please refer to the BSP guidance on managing periodontal disease – Appendix 3)*

- Extensive preventive advice as per DBOH which is part of the **5% ACV** contract payment (capitation type arrangement). This could be delivered, for example, by the dental nurse trained in oral health education.
- Once plaque control is satisfactory the patient then has initial periodontal treatment, a more detailed assessment and possible restorative treatment.
- The Patient is put on a 3-month recall interval which will include further advanced periodontal treatment following re-assessment.
- Total payment **£273.53**, excluding capitation payment.
- The hygienist could carry out the periodontal package, or
- The dental therapist could carry out the periodontal package, 3 months recall visits and simple restorative package, or
- The preventive advice could be carried out by the dental nurse, hygienist, therapist, or dentist.

**Note:** if further treatment is required excluding warranted interventions, then additional care packages are allowable, for example if a further tooth is identified as needing to be extracted, the patient will fall into an additional simple caries package.

- The segregation of packages allows a simple remuneration system to calculate relevant pay for the individual members of the dental team.
- It may be possible to provide remote preventive advice using secure digital technology or record such interactions allowing patients to watch the advice again.

## SCENARIO 5

Mrs Kaur attends Dr A's practice for her routine 12-month recall and asks if she can arrange an appointment for her newborn son Harjinder who is 10 months old. Dr A welcomes Harjinder to the practice and the receptionist says that they have a 30 mins slot available now if that works for Mrs Kaur? Mrs Kaur accepts.

### ***What care package(s) does this generate?***

Harjinder is under 1 so **£80** is paid from the initial assessment care package for children

### *What is expected?*

Full prevention and dietary advice as per Delivering Better Oral Health guidance. This should include a comprehensive discussion including relevant topics such as supervised toothbrushing, breast feeding, pacifiers, digit sucking, weaning and the oral health of other children in the family etc. It is estimated that this will take around 20 to 30 mins.

### *Who can provide this advice?*

Dental nurse trained in oral health education, hygienist, dental therapist, or dentist. It may be possible to carry out this discussion at a separate appointment using digital technology.

In this instance there is concern about poor oral hygiene and diet and therefore Harjinder is put into the 6 months recall interval which, **this equates to £55 per recall examination visit.**

For a 12-month period the payment excluding the capitation element of prevention within the ACV will be **£190 (initial assessment care package plus two recall examinations).**

## SCENARIO 6

Dr A's practice makes a request to the health board for new patients. Steven Lewis is 15 years old, having just moved to Wales, and his parent is contacted to offer Steven a new patient appointment with Dr A's practice after being on the DAP for 2 months. Steven's parent accepts his appointment and attends Dr A's practice.

On examination, Steven needs seven fillings which are all restorable. Dr A advises that a 6-month recall is appropriate.

### ***What care package(s) does this generate?***

Initial new child patient assessment **£60**

Extended restorative care package **£137.50**

*What is expected?*

In addition to the examination, radiographs and restorative treatment, comprehensive prevention advice as per DBOH guidance is provided. As in previous examples this is paid in addition to the care package payments as part of the 5% capitation payment in the ACV. Remote digital prevention is acceptable by any qualified member of the dental team.

For 12 months including the next two examination recalls, the **total payment generated is £307.50**

## **SCENARIO 7**

Mr Stokes is an active patient of Dr A's practice and needs an urgent appointment for toothache. He had received a simple restorative care package 9 months ago. Dr A arranges a timely appointment to see Mr Stokes. Mr Stokes is identified as needing another filling in a tooth that was not part of the previous simple restorative care package.

***What care package(s) does this generate?***

A simple restorative care package of **£72.06**

## **SCENARIO 8**

James Roberts is 14 years old, a known patient at Dr A's practice. James had received a simple restorative package 6 months ago but has now fallen over and fractured his front tooth. James's mother phones the practice and Dr A arranges a timely appointment.

Following assessment James needs root canal therapy.

***What care package(s) does this generate?***

Anterior root canal package **£182.35**

**Note:** An urgent fee cannot be claimed as James was not placed into an urgent care appointment by the health board. However, if James is due for his 6 months recall it may be appropriate to claim the recall fee or defer.

## **SCENARIO 9**

Ms Powell has broken her back molar tooth; she attended Dr A's practice 4 months ago and had a simple restorative care package. Ms Powell phones the practice and Dr A's practice arranges a timely appointment.

Dr A identifies that a crown is now needed and Ms Powell consents to treatment.

***What care package(s) does this generate?***

A crown and bridge care package is allowable **£280.88**

**SCENARIO 10**

Mr Levi is on a 9-month recall and attends Dr A's practice for his recall appointment. Following examination, it is identified that three of his upper anterior teeth have become nonvital. Mr Levi recalls banging his front teeth a few months ago but didn't see the need to get urgent care.

Mr Levi consents to three root canal treatments

***What care package(s) does this generate?***

As this exceeds the upper limit of two teeth within a single anterior root canals this would mean two anterior root care packages are claimable **£182.35 plus £182.35**  
Plus, the 9 months recall fee **£50**

Total payment generated **£414.70**

**SCENARIO 11**

Unfortunately, Mr Levi from scenario 10 returns with acute pain and infection associated with one of the root fillings. He requests extraction and an immediate denture.

***What care package(s) does this generate?***

The extraction will not generate a fee as this will be covered as part of the warranty. The denture care package is allowed generating a fee of **£172.79**. Mr Levi is not exempt so will need to directly pay the laboratory bill and any associated NHS patient charge

Total payment generated **£172.79**

**SCENARIO 12**

Ms Roundtree has lost a filling causing significant sensitivity/pain but does not have a regular dentist. She calls 111 who pass the information onto the relevant health board. The health board arrange for Ms Roundtree to see Dr A in 2 days' time as he has slots free that day and is the nearest practice.

Dr A examines Ms Roundtree and places a temporary filling into the tooth. He advises Ms Roundtree to place her name on the DAP if she wishes to receive ongoing NHS dental care.

***What care package(s) does this generate?***

New urgent patient care package **£75**

Total payment generated **£75**

## **SCENARIO 13**

Ms Roundtree returns 5 weeks later as the temporary filling has fallen out.

***What care package(s) does this generate?***

If a filling should have been provided as definitive treatment at the urgent appointment as this was the most clinically appropriate treatment then no care package is claimable.

***At the second visit Dr A decides to place a permanent restoration to reduce the chance of the patient returning for a third unpaid visit.***

## **SCENARIO 14**

Mr Cleverly attends for his 12 months recall to Dr A's practice. Following examination, a tooth with a large lost filling is discovered with little remaining tooth structure. Dr A advises that a crown is required, but Mr Cleverly only wishes a filling to be placed. In this scenario Dr A must clearly state the recommended treatment and be able to clinically justify that a crown was the best and sensible option. The notes should be clear for NHSBSA and other relevant clinical policy advisors to also come to the same conclusion, based on a reasonable average evidence-based opinion.

***What care package(s) does this generate?***

Recall examination fee **£50**

Simple restorative care package **£72.06**

Total payment generated **£122.06**

## **SCENARIO 15**

Mr Cleverly's filling falls out 1 month later and he rings up Dr A's practice. Dr A arranges a timely appointment and explains again that the tooth ideally requires a crown. Dr A has the following options to consider:

1. If Mr Cleverly decides to go ahead with the crown, then Dr A can claim the crown and bridge care package **£253** (Mr Cleverly will pay the lab bill as not exempt, plus patient charge)
2. If Mr Cleverly wishes to have the tooth extracted, then Dr A cannot claim an additional care package as this comes under the 2-year warranty and is covered under the simple caries package. **No fee**
3. Attempt to restore the tooth **No fee** (repair/replace)

4. Option for treatment on a private basis outside the NHS (personal choice)

## SCENARIO 16

Mr Hamilton returns for his 12-month recall in January to see Dr A. On examination it is identified that he needs the upper right premolar tooth crowned. Dr A is aware that he has reached 10% of the ACV value for high value care packages.

### ***What care package(s) does this generate?***

Crown and bridge care package **£280.80**

12 months recall examination fee **£50**

Total payment generated **£330.80**

Mr Hamilton would ideally like the crown done on the NHS and ASAP as his son is getting married in 2 months' time.

### **Possible options to consider (in order):**

- a) Dr A contacts the health board with a request for additional funding approval within the current financial year
- b) Dr A defers treatment until the next financial year
- c) Mr Hamilton pays privately for the crown

## SCENARIO 17

Mrs Chan is a new patient allocated to Dr A's practice from the DAP. Dr A's reception staff books Mrs Chan for a routine examination.

Following examination Mrs Chan has extensive caries due to having eaten copious amounts of honey and using a non-fluoridated toothpaste once daily. Plaque levels are moderate. Mrs Chan clearly presents with unstable disease.

Dr A notes nine cavities with two requiring endodontic treatment. An additional two teeth require extractions. Mrs Chan is very keen and engaged to improve her oral health and follow advice.

### ***What care package(s) does this generate?***

New patient assessment **£54.41**

Stabilisation care package **£150**

Total payment generated (excluding prevention capitation payment) **£194.41**

### ***What is expected for these care packages?***

- Comprehensive preventive advice following DBOH guidance. This can be given by any member of the dental team who is suitably qualified, such as dental nurse with oral

health education, hygienist, dental therapist, and dentist. It may be possible to provide this using a digital platform, such as attend anywhere software.

- Mrs Chan will have her carious teeth stabilised using an appropriate temporary restorative material. Dr A may carry out extirpation and stabilisation of endodontically treated tooth if appropriate. In addition, extractions of the poor prognosis teeth are also allowable. Dr A may allocate Mrs Chan to his Foundation trainee (DFT) for the stabilisation phase as the practice would have this recognised against their contract.
- Once the team has completed the stabilisation and the patient shows compliance, and if suitable, Dr A can progress to definitive treatment using the care packages.

## SCENARIO 18

Mr Turner is a new patient and attends Dr A's practice via the DAP allocation process with the health board.

On examination Mr Turner needs his last nine remaining loose teeth extracted, five in the upper arch and four in the lower arch. He agrees to extraction and immediate fitting of dentures.

### ***What care package(s) does this generate?***

New patient assessment **£54.41**

Extensive restorative package **£137.50**

Simple restorative package **£72.06**

Denture care package **£172.79**

Total payment generated **£436.76**

When Mr Turner returns for the 3-month examination, he may require new dentures or re-lining depending upon bone resorption post healing.

### ***What care package(s) does this generate?***

3 months recall fee £50

*If a new denture is needed, a further denture care package is allowable*

*If a simple relining is needed, a miscellaneous package is allowable, if this is a laboratory relining then the patient pays the lab cost, or the practice receives the set fee for an exempt patient*

## SCENARIO 19

Mrs Robinson attends as a new patient to see Dr A. Dr A identifies two fillings and arranges a further appointment.

### ***What care package(s) does this generate?***

Patient assessment **£54.41**

Simple restorative care package **£72.06**

Unfortunately, Mrs Robinson fails to attend the filling appointment on two occasions. The simple restorative care package has not started and so only the new patient assessment can be claimed. If one of the fillings had been done, then the full care package is claimable.

Practices will be expected to follow the all-Wales DNAs policy and return Mrs Robinson to the DAP.

## **SCENARIO 20**

Mrs Hughes, age 44, has not seen a dentist for 20 years and is embarrassed by the appearance of her teeth. She has enrolled on the DAP but developed severe toothache and contacted 111. The health board has allocated her to a vacant urgent care slot with Dr A. She is apprehensive but keen to not only be out of pain but also to improve her oral health.

On examination she has an unrestorable first premolar with an acute abscess and request an extraction. Dr A identifies that Mrs Hughes is likely to also require six non-complicated restorations, two simple extractions and one root elevation, a crown, basic periodontal therapy, and a partial denture.

### ***What care package(s) does this generate?***

Urgent care package, including an extraction **£75**

Dr A has capacity to accept Mrs Hughes as a new patient and seeks prior approval with the HB. Once approved Mrs Hughes is invited back for formal examination and assessment.

New patient assessment **£54.41**

High needs stabilisation care package **£150**

Extended restorative care package **£137.50**

Periodontal care package **£97.06**

Crown and Bridge care package **£280.88**

Denture care package **£172.79**

**Total payment generated (excluding prevention capitation payment) £967.64**

**Note:** The treatment clock stops once the initial treatment plan has been delivered in full. At this point the patient charge (for non-exempt patients) is calculated which in this case will be capped at £384 plus any laboratory items. Separate patient charges will apply for any future recall examinations or treatment.

## **SCENARIO 21 – New contract remuneration compared to the UDA contract**

Mr Adams is offered a new patient appointment after being on the DAP for 5 months and is booked into to see Dr A's associate dentist called Dr B.

Dr B examines Mr Adams, carrying out a full examination and history including charting, BPE and soft tissue examination, he also takes two bite wing radiographs.

Mr Adams has average oral hygiene and frequently snacks on sugary foods.

Dr B reports on the radiographs and notes seven class two cavities which are not obvious to the patient. The UL5 is likely to be non-vital and so he carries out pulp sensibility tests and takes a periapical Xray confirming that the tooth is non vital. Dr B risk assesses Mr Adams as red for caries.

After a full discussion with Mr Adams, he consents to treatment.

Dr B asks the receptionist to book Mr Adams in with the dental nurse for comprehensive preventive advice, he also prescribes a high strength toothpaste to use in the meantime and applies duraphat varnish at the chairside.

At the next appointment Mr Adams sees the dental nurse through a video consultation and receives a 20 mins appointment aligned to delivering better oral health. He is clearly engaged and following a face-to-face review appointment with the dental nurse his oral hygiene is excellent, and the sugary snacks have been stopped. The dental nurse asks the receptionist to book Mr Adams in with Dr B for restorative fillings, after two visits all the fillings are complete, and Mr Adams is keen to save his premolar tooth.

Dr B arranges a further visit to carry out root canal therapy of the asymptomatic premolar tooth. Following a second visit the root canal therapy is completed.

Dr B advises a 6 month recall due to the initial risk factors, but factoring in the improvement in oral hygiene

Mr Adams attends 6 months later with the cusp fractured off the root filled molar tooth, his diet and oral hygiene remain good, and he is keen to keep the tooth. Following an examination with Dr B and a PA radiograph, the tooth is restorable and apical healing is satisfactory.

Mr Adams returns for his crown prep and a week later his crown his fitted. Mr Adams is not exempt and pays for the laboratory bill direct to the practice

Mr Adams books for a 6-month recall examination appointment

At the next recall appointment. Mr Adams has no problems, his oral hygiene is excellent, and diet remains healthy with little to no sugary snacks.

Dr B now explains to Mr Adams that their risk factors have reduced, and he can now be seen every 12 months. Mr Adams now goes into a 12-month care package.

Remuneration for the 12-months:

Claim 1 -

- Initial new patient assessment **£54.41**
- Extended restorative package **£137.50**
- Molar endodontic package **£365.44**
- Prevention included in the **5% ACV**

Claim 2

- Recall examination **£50**
- Crown and bridge package **£280.88**

Total payment generated (excluding capitation prevention) **£888.23**

Under the UDA contract with an average £30 UDA value, this would have generated:

- Band 2
- Band 3
- Band 1
- Band 1

**Total £510** less the laboratory bill

Assuming the lab bill was £75, this would only have generated **£435**

***Under the new contract the practice receives an additional £453.23. This figure is higher as the contract also contains 5% ACV for prevention.***

## **SCENARIO 22: New contract remuneration compared to UDA model**

Danielle is 14 years old; she attends Dr A's practice and sees Ms Smith the dental therapist under direct access. Following a full examination Ms Smith takes BW radiographs and diagnoses five small class 2 cavities all extending into dentine. Ms Smith discusses the finding with Danielle and her parents and explains that she will need two more appointments to complete the treatment, but first he needs to arrange an appointment with the practice dental

nurse for preventive advice. Danielle's mother books two appointments to see Ms Smith and has a virtual preventive session booked with the dental nurse.

The dental nurse using video consultation software provides comprehensive preventive advice including toothbrush demonstration and follows the DBOH guidance. Two weeks later Danielle returns to have their fillings done with Ms Smith who reinforces the preventive advice and additionally applies fluoride varnish, Ms Smith also by mutual consent agrees to place fissure sealants on the posterior molars.

Danielle returns the following week to complete the fillings. Danielle is considered a risk for caries, and a file note is made that at the 6-month recall examination, Danielle will also receive a further fluoride application. Danielle returns for their recall appointment to see Ms Smith and no new cavities are detected; an application of fluoride is applied along with preventive advice.

Remuneration for the 12-month time period under the new contract:

- Initial new child patient assessment £60
- Extensive restorative care package £137.50
- Recall examination £55
- Prevention included in the 5% ACV

Total payment generated (excluding 5% ACV prevention) **£252.50**

Under the UDA contract with an average £30 UDA value, this would have generated:

- Band 1
- Band 2
- Band 1

**Total £150**

***Under the new contract the practice receives an additional £102.50. This figure is higher as the contract also contains 5% ACV for prevention.***

## **SCENARIO 23**

Mr Hoffman attends and is booked in to see Dr A, he is a regular patient attending for his 9-month recall. He mentions to Dr A that his simple cantilever bridge is loose. Dr A pulls the bridge off and after cleaning the bridge and examining the retainer, he informs Mr Hoffman that he can simply recement the bridge.

***What care package(s) does this generate?***

Recall examination **£50**

Miscellaneous care package **£50**

## SCENARIO 24

Stephen is 5 years old and attends with his mother as a new patient to Ms Smith the dental therapist. Stephen's mother explains that he has a bad back tooth. Ms Smith notices that he has a carious LRE which would benefit from a stainless-steel crown.

Following radiographic assessment, she arranges for Stephen to return where he and his mother get comprehensive prevention advice, fluoride varnish, and acclimatisation. Stephen returns for a second visit and has the LRE restored with a stainless-steel crown.

### ***What care package(s) does this generate?***

Initial assessment fee 5-12 **£70**

Simple restorative package **£72.06**

Total payment generated **£142.06** (excluding 5% prevention ACV)

## SCENARIO 25

Mr Christopher Thomas is booked into see Dr A, he is 8 years old and is a new patient at the practice. His father explains that he has a "bad" back tooth. Dr A can see that Christopher has a non-vital LRE with a sinus and cavities in his LRD and LLD. Dr A decides and obtains consent to extract the LRE and fill the LRD and LLD. His father says that he has had a baby tooth removed before and co-operates well.

Dr A arranges for Mr Christopher Thomas and his father to receive comprehensive prevention advice with one of his suitably qualified dental nurses and asks Mr Thomas to bring Christopher back for a further two appointments where he completes the treatment including fluoride varnish application.

### ***What care package(s) does this generate?***

Initial assessment fee **£70**

Simple restorative package **£72.06**

Total payment generated **£142.06**

When Christopher returns 6 months later, one of the fillings has fallen out.

### ***What care package(s) does this generate?***

6 months recall **£55**

***The filling will need to be replaced by the practice as it will fall under the warranty period and was included in the original simple caries package***

## SCENARIO 26

Mrs Bragg is a new patient of the practice and attends for her initial assessment with Dr A. She has a full upper denture and a partial lower denture. She has a small amount of calculus and mentions that her lower denture has been rubbing recently. Dr A notices some ulceration related to the denture. He removes the plaque retentive factors, provides prevention advice, places some fluoride varnish on an early enamel lesion and eases the denture. He arranges for Mrs Bragg to return a week later to review the ulceration and is pleased to see that it has all resolved. Mrs Bragg is placed on a 12-month risk assessed recall interval. You may notice that the regulations refer to scale and polish, this can be interpreted as removal of plaque retentive factors including overhangs/calculus. You are not mandated to polish the teeth although this can be included at the clinician's discretion but no additional fee is generated

### ***What care package(s) does this generate?***

New patient assessment **£54.41**

Miscellaneous care package **£50**

Total payment generated **£104.41**

## SCENARIO 27

Mr Conradi calls Dr A's practice explaining that the new front crown that was done last year has fallen off. The practice arranges a timely appointment for Mr Conradi who is also due his 9 months recall appointment. On examination Dr A observes that the tooth has fractured inside the crown and that the tooth is no longer restorable. He explains that the root will need to be removed. Mr Conradi doesn't want a gap and asks if he can have a denture.

Following an informed, shared decision-making, conversation Mr Conradi consents for an immediate partial denture which will also fill some pre-molar gaps.

Dr A at further visits removes the root and places an immediate denture.

### ***What care package(s) does this generate?***

Denture care package **£172.79**

Recall fee **£50**

Total payment generated **£222.79**

**Note:** *The extraction is included in the crown and bridge care package warranty*

## SCENARIO 28

Mr Bold calls Dr A's practice explaining that his Lower right molar tooth has lost a filling. He was only in the practice last week for his routine 12-month recall and no treatment need was

identified at that appointment. As the tooth is currently asymptomatic, Dr A books him for 3 weeks' time.

Mr Bold attends his appointment and Dr A restores the tooth with composite. The tooth was last filled by Dr A 5 years ago

***What care package(s) does this generate?***

A simple restorative care package would be applied, (although filled 5 years ago this is outside the warranty period) **£72.06**

Total payment generated **£72.06**

## **SCENARIO 29**

Mx Jones has pain from their erupting wisdom tooth; they call Dr A's practice, and they arrange to see them in a timely fashion.

Mx Jones is not due a recall visit and has never had any treatment at the practice. Dr A diagnoses acute pericoronitis and appropriately prescribes antibiotics, in addition he provides preventive advice. In this scenario the treatment provided comes under the miscellaneous care package.

***What care package(s) does this generate?***

Miscellaneous care package **£50**

Total payment generated **£50**

## **SCENARIO 30**

Mrs Boon attends as a new patient to see Dr A. Dr A following a full examination including radiographs, explains that she needs five fillings, Mrs Boon would also like her old partial chrome denture replaced as its 15 years old. Dr A agrees that she would benefit from a new denture and that a chrome denture would be the optimum choice, however her tooth brushing needs to improve and although she has no significant periodontal disease, there is marked gingivitis, and it is obvious that the denture is being slept in.

Mrs Boon is very engaged and is booked in with the dental nurse for comprehensive prevention and fluoride varnish application, she then books an appointment with the dental therapist who removes all plaque retentive factors. On the third visit she again sees the dental therapist who starts the restorative treatment and notices the marked improvement in the brushing. Following a further visit she completes the last of her fillings and is booked in with Dr A for a new chrome denture.

***What care package(s) does this generate?***

New patient assessment **£54.41**

Extensive restorative care package **£137.50**

Denture care package **£172.79**

Total payment generated (excluding 5% ACV prevention) **£364.70**

Mrs Boon calls the practice a month later as the denture is rubbing. Dr A sees Mrs Boon and adjusts the denture.

***What care package(s) does this generate?***

No fee as comes under a denture care package. Mrs Boon is exempt from NHS dental charges. The practice will pay the laboratory direct and receive payment back through the ACV.

**SCENARIO 31**

Mrs Pole is an active patient of Dr A. She was referred to oral surgery for a complex impacted 8. She had the tooth surgically removed yesterday and calls Dr A's practice because she thinks that the socket is bleeding. She is otherwise fit and well.

Dr A is happy to see Mrs Pole and on examination agrees that the socket is oozing and controls the bleeding with an additional suture and bite packs.

***What care package(s) does this generate?***

Miscellaneous care package **£50**

Total payment generated **£50**

**SCENARIO 32**

Mr Smyth had a tooth removed yesterday with one of Dr A's associates as part of a simple restorative care package. He calls the practice as he has noticed that the socket is bleeding despite using local measures. Dr A sees Mr Smyth and controls the bleeding using a suture and a haemostatic dressing,

***What care package(s) does this generate?***

No package because this comes under post-operative care within the simple restorative care package.

***Packages are contract specific and are not dependant on the which clinician within the practice has carried out the treatment.***

**SCENARIO 33**

Mr Lowe is a regular patient of Dr A; he is minimal risk for oral disease, and his risk profile is green. He attends for his 18-month routine recall.

***What care package(s) does this generate?***

At his last appointment Mr Lowe was classified as a Green low risk existing patient and given a recall appoint interval of 18 months. As such **No** recall fee is claimable as this is included in the 3% capitated ACV payment for green existing patients of the practice. However, should any treatment need be identified this would allow an appropriate care package to be claimed.

If the patient is non-exempt for NHS dental treatment, then the patient charge will be generated for a recall appointment (£25).

# 3 Worked Examples Using The Wider Team

## **Utilising the team considerations**

The contract breaks treatment types into distinct packages of care. This unique system allows a contract holder to identify which team member has carried out each package of care.

### **SKILL MIX SCENARIO**

A new patient is assessed by Dr A who identifies three fillings, and the need for a new crown. Dr A arranges for the patient to have the fillings done by the dental therapist and the associate does the crown. The dental nurse with extended duties training will take the radiographs and provide preventative advice based on Delivering Better Oral Health. From a financial perspective the contract holder can easily see what remuneration is generated because of each member of the team's contribution to the patient's overall care:

- The dental therapist completes a **simple restorative** package (**£72.06**)
- The dental nurse contributes to the **5% prevention** element of the ACV
- The associate completes a **crown and bridge** care package (**£280.88**)
- Dr A completes a **new patient assessment** package (**£54.41**)

The recall package can then be assigned to an appropriate member of the team. If two members of the team complete an individual care package, it will still be possible to pro-rata the care package remuneration as appropriate.

## SHARED CARE APPROACH SCENARIO

A 13-year-old patient is routinely reviewed by Dr A who identifies an orthodontic need. However, there is marginal gingivitis with moderate plaque control. There is also early cervical demineralisation but no active caries. Dr A advises a session with the oral health educator, and hygienist before referral to a local orthodontic specialist.

The dental nurse with OHE experience provides preventative advice based on delivering better oral health.

The hygienist arranges two sessions, with fluoride varnish applications, and is satisfied with the improvement in plaque control.

Meanwhile the orthodontist requests the extraction of first premolar teeth but notices a small occlusal cavity that needs a composite filling. Dr A has two part-time Associate Dentists working at the practice and to avoid deferring the start of the orthodontic treatment books the patient to see both Associates:

- Dr A completes a child 6-month review (**£55**)
- The dental nurse and hygienist contribute to the **5%** prevention element of the ACV
- One Associate completes the simple cavity\*
- The second Associate completes the orthodontic extractions\*

*\*Note: This part of the segmented care package would generate an extensive restorative package fee of £137.50. The contractor would need to agree how this is divided between the two Associate Dentists.*

The recall package can then be assigned to any appropriate member of the team during the orthodontic therapy.

This illustrates that if two members of the dental team divide up different care packages during a single course of treatment it is feasible to pro-rata the care package fees to calculate the Associate payments.

## THE TRAUMA PATIENT

### ***Example 1***

Mrs Browne has been hit playing a sport and notices one of her central incisors are loose and in an odd position. She doesn't have a dentist and calls NHS 111 and is directed to the HB who arrange a timely appointment at Dr A's practice via an available urgent slot.

Dr A examines Mrs Browne and identifies an extrusive luxation injury, following the relevant guidance Dr A repositions the tooth and applies a splint. Mrs Browne requires removal of this splint in 2 weeks and then subsequent follow ups in line with IADT/BSPD guidelines.

***What care package(s) does this generate?***

*Urgent Care Package (includes splinting) £75*

*Miscellaneous care package (trauma review) £50*

At the 12-week review Dr A identifies that the tooth has devitalised and now requires a root canal and composite build-up. Dr A contacts the HB to ask if they can accept Mrs Browne as a new patient outside the normal new patient DAP process.

***What care package(s) does this generate?***

*New patient examination £54.41*

*Anterior root canal package £182.45*

***Example 2***

Mr White is a known patient to Dr A's practice. He comes in for an urgent assessment following an accident that knocked his front tooth out. Mr White has only just had a routine examination done a few weeks ago and no treatment was identified

Dr A examines Mr White and identifies an avulsion, following the relevant guidance Dr A reimplants the tooth and applies a splint. Mr White requires removal of this splint in 2 weeks and then subsequent follow ups in line with IADT guidelines.

***What care package(s) does this generate?***

*Miscellaneous care package, splinting of tooth £50*

*Miscellaneous care package, trauma £50*

**NOTE:** Once he becomes due for his routine recall any additional recall fee can be claimed at the appropriate interval. If further treatment is required, then the appropriate care package is initiated. For laboratory made splints the laboratory bill is paid directly for non-exempt patients

# 4 Care packages Clarifications

## **1. If a patient fails to complete all the treatment in a care package, do I get paid anything?**

Yes, the care package is paid so long as treatment has commenced within the care package, excluding initial assessments and urgent care packages. New urgent patient slots are paid regardless of if a patient attends or not. If a patient subsequently returns any remaining treatment will be apportioned to the relevant care package and normal patient charges will be applicable. This means that patients who fail to attend and are managed according to all Wales DNA policy and are not exempt from dental charges may end up paying twice for the same care package. Alternatively, where appropriate and in line with the All-Wales DNA policy practices may wish to place the patient back onto the DAP.

## **2. When can I claim a stabilisation care package?**

For patients who present with 7+ carious teeth, where at least two of the teeth have caries in or within proximity to the pulp and the patient clearly has unstable disease. The patients should express a desire to engage and improve their oral health.

The clinical notes should be sufficient to justify the claim in the event of a clinical record card audit. It is anticipated that this care package will be infrequent.

## **3. What prevention should I do?**

Prevention should be tailored to the needs of the individual patient; contract holders will be expected to follow best practice as provided by the Delivering Better Oral Health guidance. The contract receives a 5% ACV capitation payment to cover this. This will be monitored by health boards and the NHSBSA. Failure to provide prevention will result in a contractual breach.

## **4. Can I claim multiple care packages?**

Yes, where appropriate to do so, for example if a patient needs ten fillings, then an extensive and simple caries packages can be claimed. Please note that for the two

restorative packages (extensive and simple), the combination will be made up of the minimum number of combinations.

If a patient needs three crowns, then two crown and bridge packages could be claimed. A two-unit bridge and one crown will come under a single crown and bridge package.

**5. I am a contract holder and one of my dentists struggles with taking routine teeth out. Is it ok for them to refer to a specialist service?**

The contractor holder is responsible for ensuring that all level 1 procedures are carried out within the practice, if none of the clinicians on the performers list working under the contract within the practice are capable of doing the level 1 procedure then a referral can be made in order to facilitate the care of the patient, however this could result in a breach of contract notice so an early conversation with the health board should be arranged to discuss how the contract holder can prevent the need to refer to specialist services for routine mandatory services.

**6. What happens if I run out of funding to provide care packages?**

It is the responsibility of the contractor holder to ensure that their activity and funding is managed throughout the financial year. Any issues with predicted under or over delivery needs to be discussed with the health board, however there should be no expectation that additional funding can or will be made available.

**7. Is there a limit on what an NHS patient can pay for their lab bill?**

Exempt patients will be remunerated at a nationally agreed maximum tariff (see page 38). Fee paying patient may decide on a lower laboratory bill or pay something more expensive. NHSBSA will audit laboratory bills to verify alignment between patient payments, reimbursements, and invoices. It is important that all relevant documentation (e.g., clinical records, laboratory invoices) are retained if audited by NHSBSA or the Health Board. Failure to produce information such as clinical records, laboratory invoices etc. will be taken seriously and maybe considered as a probity or professional issue.

**8. How will patient charges be collected?**

There is no change to the method of patient charges at this stage. The practice will need to collect both the patient charge and laboratory fee elements.

**9. Can I claim anything if one of my fillings fails?**

- Care package treatment is under warranty for **24 months**
- Urgent care packages for **12 months**

This applies for any treatment on a particular tooth completed within a care package, for example a filling done in a simple caries package that fails regardless of the reason (excluding trauma as described) within the 24-month period will be sorted at the practice expense and no care package is claimable. If the tooth requires treatment

that is covered in a separate care package, for example the tooth now requires endodontic treatment or a crown then a care package becomes applicable and can be claimed.

**10. Can I carry out preventive advice using remote digital technology?**

Some patients may prefer this, and so long as appropriate consent and digital governance is in place this is acceptable. Contract holders will be able to tailor this advice to individual patient need.

**11. I don't understand why the initial assessment fee is so much for a newborn baby compared to an adult.**

We know that if prevention is embedded at the start of a child's life through education and best practice prevention, we can prevent the main dental diseases. You will be expected to spend approximately 30 minutes with the new parent/guardian providing comprehensive advice covering everything in Delivering Better Oral Health. Good prevention improves population oral health in the longer term and is cost effective.

**12. What if a patient fails to attend for a new urgent appointment?**

This will be recorded and will count as urgent activity. The contract holder will receive the payment regardless of if the patient attends or not.

**13. Can I have a children's only contract?**

This will be a local health board decision

**14. Why can't I pick my own new patients?**

To reduce inequality in access and align to the rest of healthcare, new patients will be supplied through the dental access portal from the health board. You will be able to ask your health board for new patients, and they will send you the details. Health boards will be prioritising children. **Practices must not keep their own new NHS patient waiting lists.**

**15. If I see a new urgent patient who obviously needs additional care can I see them as a new patient?**

Yes, with prior approval of the health board. This will then attract a new patient fee plus the prescribed care packages. Health Boards will have the autonomy to decide how this is achieved, for example a Health Board could agree that up to a set number of new urgent patients could be taken directly without going through the DAP allocation process.

**16. Can I see new child patients who are in pain and walk into the practice without going through regular pathways?**

If a child in pain is brought to the practice by a parent or guardian, then care can be provided without going through 111 or the health boards dental urgent line. The health board will need to be notified within 7 working days.

**17. If a new adult patient turns up at the practice in pain, can I see them as a new urgent patient?**

Under normal circumstances the patient should be instructed to telephone 111. There maybe a few clinical scenarios when a patient presents with a true dental emergency that it is ethically inappropriate to delay their care. If a new urgent patient is seen outside of the normal pathway, then the health board should be informed within 7 working days to ensure that appropriate remuneration against the contract is confirmed.

**18. I keep underperforming more by more than 5%. What happens?**

The new contract will allow health boards where justifiable to reduce a contract value. Normal appeal processes will still exist.

**19. Can I still carry out private treatment on a patient?**

Yes, through fully informed evidence based shared decision-making consent process. For laboratory work patients now pay directly for the types of crowns etc that were previously paid for on a private basis as the NHS is paying for the clinical time. Any NHS patient that opts for private treatment which is available on the NHS must have the reasons fully explained within the clinical records, the notes should provide total clarity if this comes under scrutiny such as a patient challenge or because of a clinical record card audit.

**20. Can exempt patients pay for a top up on the laboratory bill.**

Exempt patients will have the option to pay the difference between the NHS and private laboratory costs directly to the practice. The practice will claim the NHS portion through NHSBSA.

**21. Can I stay on UDAs or contract variation?**

No, the new contract will replace the 2006 GDS UDA based contract. All extant UDA contracts will end on 31 March 2026

**22. What happens if a new patient fails to attend, do I still get paid?**

No, it is for the contract holder as an independent business to ensure that the fail to attend rate is as low as possible. However new urgent patient slots arranged with the health board will be paid for regardless of whether the patient attends or not.

**23. What happens if I have patients booked in after the 1<sup>st</sup> of April 2026 in the middle of treatment?**

Patients will pay the charge at the time of opening the course of treatment, for example a patient needing a band 2 on the 3<sup>rd</sup> March for 2 fillings will pay the pre 1<sup>st</sup> April 2026 band 2 charge, when the treatment is completed post April 1<sup>st</sup> the practice will send off the new FP17W and claim the appropriate care packages in this case a recall examination and simple caries package.

**24. When do I submit the FP17W?**

At the end of a course of treatment. This would normally comprise the recall examination plus any care packages provided. However, an FP17w for a new patient assessment must be submitted separately to the FP17w for any subsequent care packages to enable the associated fees to be credited to the appropriate service line. This will change when Compass is replaced and further guidance will be issued.

**25. Is there an All-Wales agreed failure to attend (DNA) policy?**

Yes, based on the NHS Social Charter principles aimed at improving access for high-need patients, enhancing patient engagement and satisfaction, and aligning to prudent healthcare principles. This is supported within the new dental contract.

**26. What if the health board runs out of new patients?**

In this unlikely scenario, health boards will have the ability to mutually agree a way forward with individual contract holders.

**27. Will specialist PDS contracts still be possible?**

Yes, for the provision of specialist services. The commissioning of which will be determined by individual health boards.

**28. What does the 5% local flexibility mean?**

Health boards will be able to locally commission. National and local priorities are currently being determined. In year one this 5% will be added to the care packages

**29. What will my opening hours be**

The health board will advise on what their expected core hours will be, but this is likely to be Monday to Friday 9am till 5pm

**30. Can I choose when I want to provide the urgent slots?**

While we would always encourage a mutual agreement, health boards will ultimately decide what is reasonable for their urgent service based on their knowledge of demand patterns across the health board area.

**31. Can I use amalgam?**

Amalgam is being phased out due to worldwide environmental considerations. For most patients, a plastic restoration will be equal or superior to an amalgam filling and should be the preferred option. Amalgam should not be the default option even for posterior restorations. Patients should not be offered posterior composites as a private only alternative. Assuming amalgam is available, this should only be used in situations where it has a clinically justifiable advantage.

**32. Can I refer children who are uncooperative?**

Yes, subject to the paediatric dental referral acceptance criteria for patients who are level 2 and level 3 complexity. For patients who are simply non-compliant, it is

expected that the contract holder will make reasonable attempts to acclimatise a child before making the referral. This will be closely monitored by NHS BSA and health boards who will have contractual responsibility to action any necessary remedial action if inappropriate referrals are identified.

**33. When can I claim the urgent care package?**

This can be claimed for new urgent patients sent to the practice as part of the urgent slot component of the contract, it is not an additional payment for new urgent patients but is the fee used to calculate the number of urgent slots allocated to a contract holder. The urgent care package contains a description of what is expected to be provided in an urgent care package. The total fee paid for a new urgent patient seen at the practice is £75. For active patients, the clinician should claim the relevant care package including the use of the miscellaneous package. The miscellaneous package includes conditions such as pericoronitis, ANUG etc. The practice will determine the urgency of the appointment through their robust triage process and must justify the time period that the patient is expected to wait. Patients for example experiencing continuous pain would be expected to be seen within a 24 hour timeframe.

**34. I am unsure what to claim, what should I do?**

If you are unsure, then speak to the health board or the NHSBSA. It is sensible to document and record the advice received so that there are no misunderstandings.

**35. What is expected from a 'global oral health assessment' when a new patient is allocated to my practice?**

A global dental assessment within the NHS framework is a structured, evidence-based evaluation of a patient's oral health, designed to inform preventive, diagnostic, and therapeutic care. According to clinical and NICE CG19 guidelines, it encompasses:

- Patient history (medical, dental, lifestyle)
- Clinical examination (extraoral and intraoral)
- Risk assessments (caries, periodontal disease, oral cancer)
- Radiographic and diagnostic investigations
- Functional and aesthetic evaluation
- Preventive advice and health promotion
- Personalised care planning (including risk-based recall)
- Documentation and outcome measures (e.g. PROMs, PREMs)

This holistic, needs-based, approach supports prevention, early diagnosis, and tailored treatment planning. The emphasis is on shared decision making with the patient based on their needs and risk profile.

**36. I constructed a new denture last year and the patient lost it. What happens next?**

If they wish a replacement denture then the patient will have to have another care package and be subject to the appropriate charges. Exempt patients will not be reimbursed by the laboratory bill and will incur full laboratory cost.

**37. I fitted a denture last month and the patient doesn't like the fit or colour of the teeth?**

The denture is under the 2 year warranty and no denture care package can be claimed. It is up to the clinician to ensure that the fit and colour of the denture is satisfactory.

**38. Can I change the ratio of new patients and new urgent patients?**

The contract is designed to be segmented and at an early stage if you would prefer to see for example more new patients, then this will need a conversation between the health board and the contract holder. If you find that new patients require significant treatment and you think that you cannot see additional new patients, then you will need to contact the health board to discuss reducing the proportion of ACV allocated to new patient assessment and moving the funding to the care packages.

**39. Will my software provider be aware of these changes?**

While the NHS and WG cannot be responsible for your individual software systems as an independent contractor, the NHSBSA speak on a regular basis with the major software suppliers and have an understanding to provide the required information for software changes in advance of any new contract. The NHSBSA have a backup system to electronically submit FP17Ws for practices that do not use a software system and if the software companies do not make the necessary changes in a timely manner. Ultimately it is for the contract holder to ensure that their systems are ready for the new contract requirements.

**40. I have a patient who has BPE scores of 2, but no significant pocketing, however they have a significant amount of calculus that will likely require two visits or an extended visit with possible local anesthetic. What can I claim?**

It is understood that some patients present in this manner and in such scenarios a periodontal care package is allowable. It is advised that clinical notes are contemporaneous and ideally clinical photos or radiographs (if justified) are available to demonstrate the amount of calculus present.

**41. After completing a course of treatment (care package), when does the treatment clock stop and patients need to pay a PCR for review appointments?**

PCR is calculated at the end of a course of treatment. See scenario 20.

**42. Can you explain what I need to do regarding dental collaboratives?**

The 2026 contract is an opportunity to become involved with the Dental Professional Collaboratives and the Accelerated Cluster Development (ACD) programme by engaging with several structured entry points that the system now provides. This is a significant shift from the historic GP-led cluster model and creates new opportunities

for dental teams to shape local planning, prevention priorities, and service development across Wales.

As the 2026 GDS contract embeds prevention, complexity, and population-health principles, dentistry's contribution to ACD becomes central to integrating oral health into wider healthcare. Involvement ensures that dental needs are understood, funded, and integrated into the wider system. To support this ambition funding will be available to practices to enable a dentist from the practice to participate in professional collaborative meetings. The requirement will be to attend 4 meetings annually for a payment of £1,200. Failure to attend meetings will result in a pro rata reduction of that payment (£300 per meeting missed).

**43. If I provide a temporary restoration, is that covered by the warranty?**

For the active patient there are no care packages that cover temporary restorations, only definitive restorations. There are times for example when a clinician sees a new urgent patients and may decide to extirpate the pulp and place a temporary restoration and advises the patient to go back to the DAP/Seek a regular dental practice as the patient presented with a viable tooth and wished to attempt endodontic treatment in this scenario no warranty is available if the patient needed urgent care again they would need to go through the normal health board urgent slot process. However, if a patient wished to have an extraction but for clinical reasons it could not be done at that appointment and the pulp was extirpated and temporary dressing was placed, this scenario would be covered by the warranty for new urgent patients.

## APPENDIX 1 – Laboratory charges

Item Description	Scope	Description	Maximum Reimbursement
Full acrylic dentures	Inclusive of special trays/models and whether upper/lower (per denture)	Prosthetics	£150
Partial acrylic dentures	Inclusive of special trays/models and whether upper/lower (per denture)	Prosthetics	£90
Chrome dentures	Inclusive of special trays/models or whether upper/lower (per denture)	Prosthetics	£200
Repairs	Including minor modifications for example addition of a strengthener and repairs of restorative laboratory items	Prosthetics/ Restorative	£66
Additions	Addition of a tooth	Prosthetics	£60
Relines	Includes both hard and soft liners	Prosthetics	£64
Bite Guard/Bruxism	Soft or hard construction	Restorative	£39
Orthodontic retainer	Not applicable	Orthodontics	£33
Single Crown	Including precious metal, Zirconia, Emax, post and core	Restorative	£110
Single onlay/inlay/veneer	Porcelain, gold, composite	Restorative	£125
Fixed bridge per unit	Bonded/Zirconia	Restorative	£57
Adhesive bridge per unit	Standard construction including wings and pontics	Restorative	£50
Temporary Crown	Free choice per unit	Restorative	£39
Temporary Bridge	Free choice per unit	Restorative	£39
Study models	When used in isolation and not part of a restorative or prosthetic treatment per model	Not applicable	£18
Post and core not used as part of bridge/crown treatment plan		Restorative	£28

## **APPENDIX 2 - FAQs**

### **Recall Examination Fee**

A care package can be claimed without a recall examination fee. The care packages will expect an assessment of the patient to diagnose their specific problem including any necessary radiographs and special tests. If a patient attends between their risk-based recall date for a problem, then a recall can only be claimed if the patient attends within a maximum of 5 weeks of their recall visit. A maximum of 4 recall examination fees can be claimed in any financial year or for the case of new patients 3 recall examination fees plus the initial new patient examination with a minimum separation of 12 weeks between each claim (appointment) apart from a patient who attends in between their recall date as described above.

Patients who are at low risk for oral disease and on an 18 to 24 month recall interval will be included in the 3% capitation payment, and no additional recall fee can be claimed. If the patient is identified as needing treatment, then the appropriate care package can be claimed. Fee paying patients will still pay the routine examination fee (50% of the recall fee).

### **How are active patients defined?**

An adult patient becomes an active patient if they have received a banded course of treatment, a new patient examination, a recall examination or a care package in the last 3 years.

### **How has the New urgent slot been calculated?**

$7/100$  multiplied by the ACV divided by 75 equals the number of urgent slots per year. The times and days that the service needs to be provided will be determined and agreed by the health board

### **How has the new patient slot been calculated?**

$10\%$  ACV divided by new patient examination fee equals the number of new patients per year.

### **Patients on an 18 to 24 month recall capitated recall**

Check-up appointments fall within the 3% capitation payment. Any treatment required will be part of a care package(s). If the patient is non-exempt a PCR charge is required.

### **Contract Monitoring and Accountability**

Health Boards will employ a range of nationally agreed mechanisms to monitor the delivery of NHS dental contracts. These include the authority to request access to NHS clinical records where appropriate. The NHS Business Services Authority (NHSBSA)

will continue to support this process through data analysis and the implementation of clinical audit reviews.

Contract holders are expected to adhere to evidence-based clinical practice. Failure to comply with recognised guidance—such as *Delivering Better Oral Health*—may result in formal contractual breach and remedial action. If a breach notice is issued this may be accompanied by the imposition of financial sanctions, including the unilateral reduction of contract value by the Health Board.

### **Responsibilities of Contract Holders**

Contract holders are accountable for the provision of Level 1 NHS dental services within their practice, regardless of whether they personally deliver care to individual patients. Performer List regulations will continue to apply in parallel with contractual obligations.

In summary, contract holders have a duty of care to ensure that all members of the dental team operate to the standards expected under the terms of the contract. The care packages have been designed to ensure that NHS patients receive high-quality, evidence-based care.

### **Clarification - Warranty exemptions**

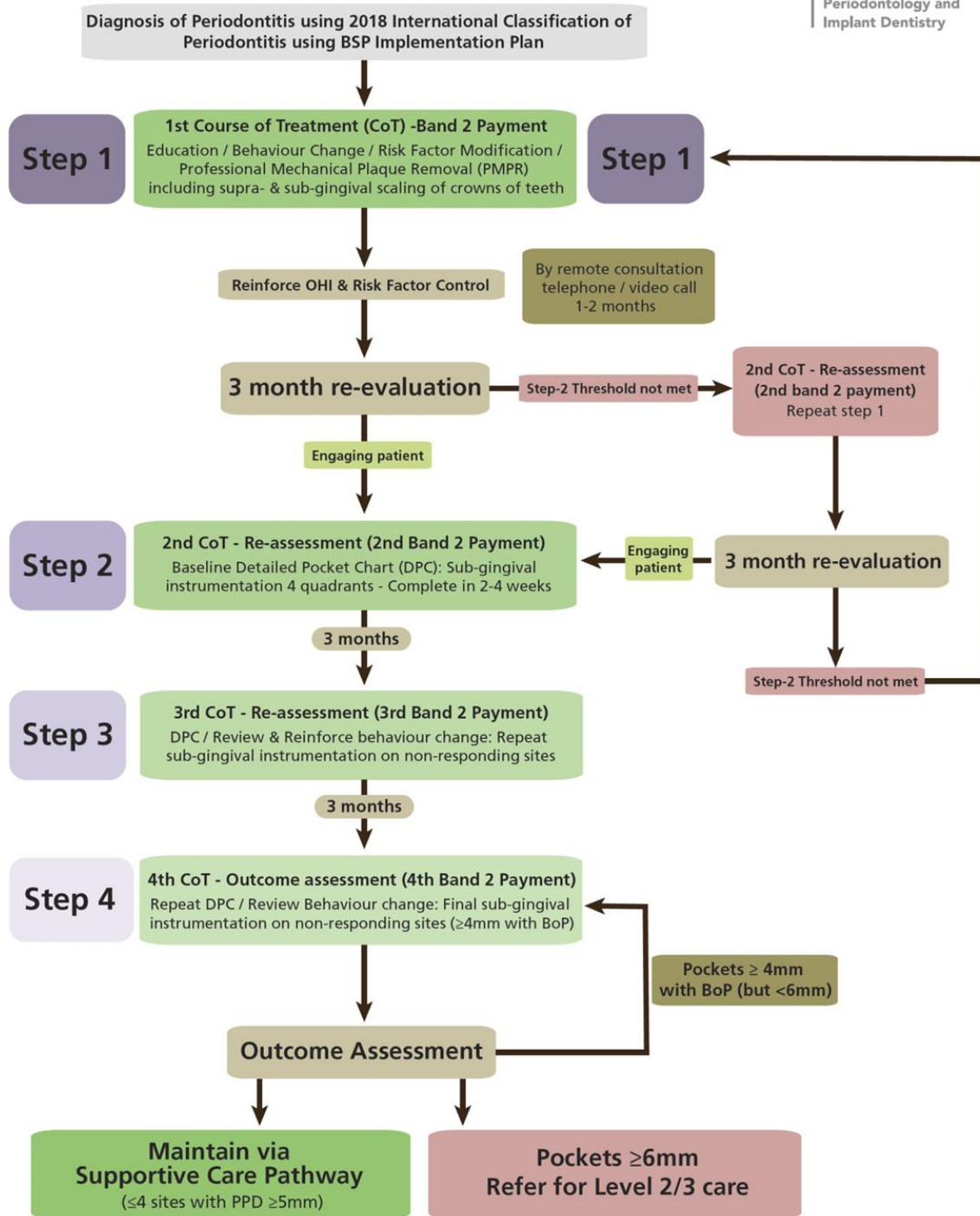
1. The need for endodontic treatment following placement of a crown or bridge where all reasonable tests had been done to determine the health of the pulp prior to fitting\*
2. External trauma, such as a blow to the face, resulting in fracture of the tooth (does not include biting on something hard or parafunctional activities)\*
3. Temporary procedures for some new urgent dental patients (see example in FAQ 43).

\* For such exemptions the appropriate care package can be claimed. Fee paying patients will be required to pay the charge. Contemporaneous notes should be recorded.

\*\* The care package interventions are for definitive restorations and do not include restorations intended to be temporary in nature.

## APPENDIX 3 – BSP GUIDELINES

### Stepwise Personalised Care Pathway in NHS General Dental Practice – Full Care Pathway adapted to UDA Banding



**Notes:**

Remote consultation by dentist / hygienist / therapist or oral health educator

Patients not at the step-2 threshold offered a 2nd band 2 STEP-1:

Attempt to engage, then 3/12ly Band 1 Step 1 until engage