

Changing NHS dentistry: Contract reform in Wales

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NHS 2026 GDS Contract – Overview

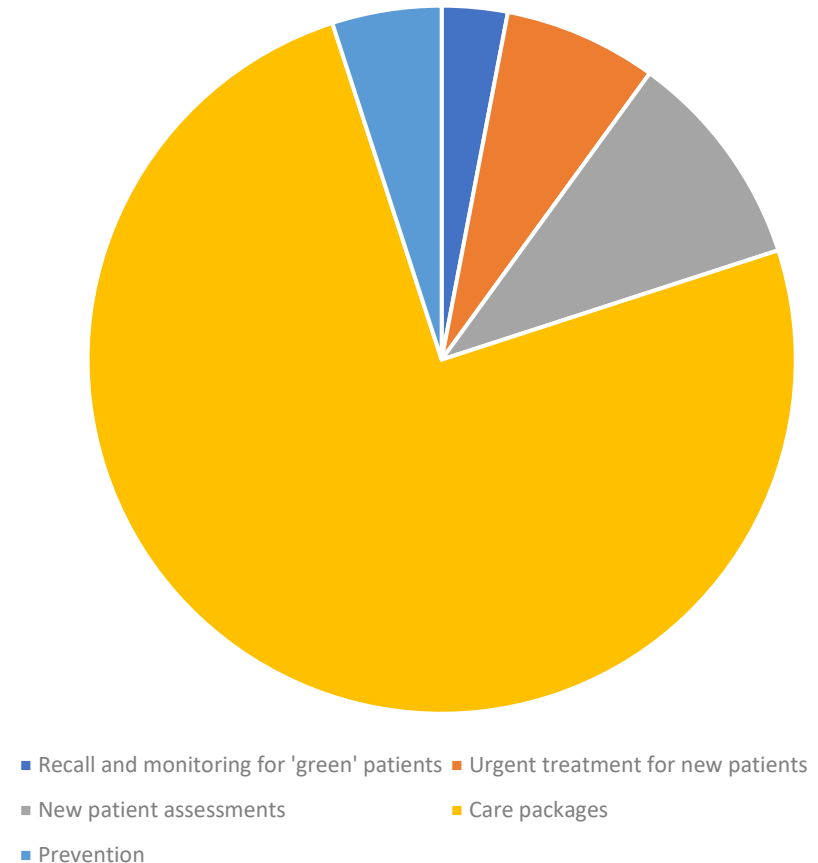
- Since 2006 BDA applying pressure in Senedd and media. COVID pressures prove a catalyst for change.
 - Following BDA pre-negotiations (2023), WGDPC negotiations (2023-24), and post-negotiation public consultation (2025), NHS general dentistry faced a rush to an arbitrary deadline.
 - Some of the worst excesses withdrawn as a result of campaign pressure
 - The 'new contract' requires a new way of delivering treatment packages, with a new patient flow system, and new ways of monitoring performance and payments for treatment.
 - Different contract – but same financial envelope.



Why the Welsh Government needs to
avoid a leap in the dark on NHS dentistry

How does the contract work?

- The contract is segmented, with 75% required to be delivered through care packages
- The remainder of the contract need to be delivered as a combination of prevention, recall for 'green patients', urgent care and new patient assessments.



How does the contract work?

- There are 13 care packages, which assign a few for delivering a set of treatments.

Simple restorative

includes permanent fillings, temporary/intermediate crowns, hall crowns, and extractions of up to four teeth.



£72.06

Extended restorative

includes permanent fillings, temporary/intermediate crowns, hall crowns, and extractions of between five and eight teeth.



£137.50

Recall examination

includes full oral health assessment including a basic periodontal examination, radiographs, soft tissue, fluoride application, removal of plaque retentive factors, and prevention where appropriate.



£50

Examples of current policy-based issues

- Mandatory guarantees for urgent and routine care - applied regardless of caries risk, oral hygiene adherence, diet, Bruxism etc
 - ❖ No distinction between Clinical failure and Disease Progression
 - ❖ Clinical Impact - Risk aversion, Reduced intervention scope, Increased antibiotics.
- Exempt Patient Lab Costs - Lab bills deducted directly from ACV. Top slice applied disproportionately in deprived areas.
- Paediatric Mandatory “Two Attempts” before Referral to Secondary Care.
 - ❖ Clinical Impact - Traumatic encounters, Safeguarding concerns, Moral injury to clinicians.

Delivering the NHS 2026 GDS Contract

THE KEY QUESTION - IS THE NEW SYSTEM WORKING?

- **Rushed rollout:** Contract introduced at the last minute with confusion over contract variations and information provided after the contract was already live, creating instability from day one.
- **IT and systems not ready:** NHS software has struggled to adapt, leaving practices confused and reliant on informal advice weeks after go-live.
- **Contract handbacks:** Over 10% of contracts returned in some areas, with remaining practices reducing activity as dentists consider leaving.
- **Funding:** Inadequate funding model, with patients facing large fee increases for complex care and the fees to practices not being sufficient to cover costs in all cases.
- **Access portal not functioning effectively:** Centralised patient allocation often mismatches location and need, limiting genuine improvements in access.

2026-27 Contract safety net

Given the scale and pace of change – and the untried and untested elements – we have proposed a safety net for this first financial year.

- This has been proposed multiple times...
- Each time ignored by the Welsh Government
- Finally in March - after further BDA pressure - Tripartite negotiations considered conditions for a moratorium on various elements for FY 2026-27 with mixed success.

Impacts on Patients

Our data suggests **Wales was already the worst place in Britain to be an NHS patient** – unmet need 1 in 3 adult population – now **set to go from bad to worse.**

- Reform more expenses, less frequent care
- Access will likely worsen with the number of contracts handed back.

'I glued my dentures waiting for an NHS dentist'



Key messages from the BDA

This is make or break for dentistry in Wales. We need a safety net.

- **An untested contract** – with dentists carrying all the risk.
- **Dentists kept in dark** Had to make profound business decisions with insufficient details in very short time frame. Lack of definitive, timely official information; lack of pilot; rushed training for new untested software, etc. causing extreme stress
- **Costs still not being covered** Dentists are angry that Jeremy Miles MS said they would receive increased payments - many elements incur real losses. WG wrong to say dentists earn £150 per hour – grossly inflated
- **Pushing practices over the edge** Some Local Health boards (ABUHB, Hywel Dda) experiencing contract hand backs and reductions of around 10% of their dental budget

Where are we now?

- Reform not over...
 - Dentistry was a **top election issue** in Wales.
 - Future of service has to be on the agenda for a new Government.

