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EDITION 45

# EAST MIDLANDS LDN NEWSLETTER

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## WELCOME

The past month has seen a flurry of activity regarding the upcoming NHS dental contract reform which is due to come into effect on 1st April 2026. This reform will see the more significant changes in 20 years.

Whilst some of the details are still unconfirmed, there is a lot of information from a variety of sources to explain the changes and what they will mean to dental practices.

This edition of the newsletter will focus on the contract reform and will provide resources to help dental practices prepare.

I'd like to take this opportunity to congratulate dental colleagues who have been recognised in the King's New Year Honours this year; Tara Renton OBE, Chris Tredwin MBE, Kate Taylor-Weetman MBE and Elaine Simmons BEM.

This edition also includes an update on 2 week wait referral guidelines, as well as a host of CPD courses organised by NHS Workforce Training & Education.

Kind regards

Rami Khatib
LDN Chair for Derbyshire

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# Dental contract reform: summary for dental teams ahead of April

15 January 2026

From Jason Wong and Ali Sparke

**Click here for the full bulletin**

Dear colleague,

Improving patient access to NHS dental care and reducing oral health inequalities across England is a key NHS priority. This special focus bulletin outlines the upcoming reforms to the English dental contract, announced last December, which will be rolled out from April 2026. These reforms, consulted on between July and August 2025, represent the first steps in the government's commitment to fundamentally reform the dental contract and address issues raised by patients, the profession and representative groups.

The consultation demonstrated broad support, with agreement from the government that implementing these proposals would improve the current NHS dental contract and better serve the diverse oral health needs of our population.

Building on the initial contract reforms introduced in 2022, this package takes those principles further. It creates incentives for oral healthcare teams to deliver prevention and oral health stabilisation, embeds key clinical philosophy and supports colleagues to deliver best practice, evidence-based care.

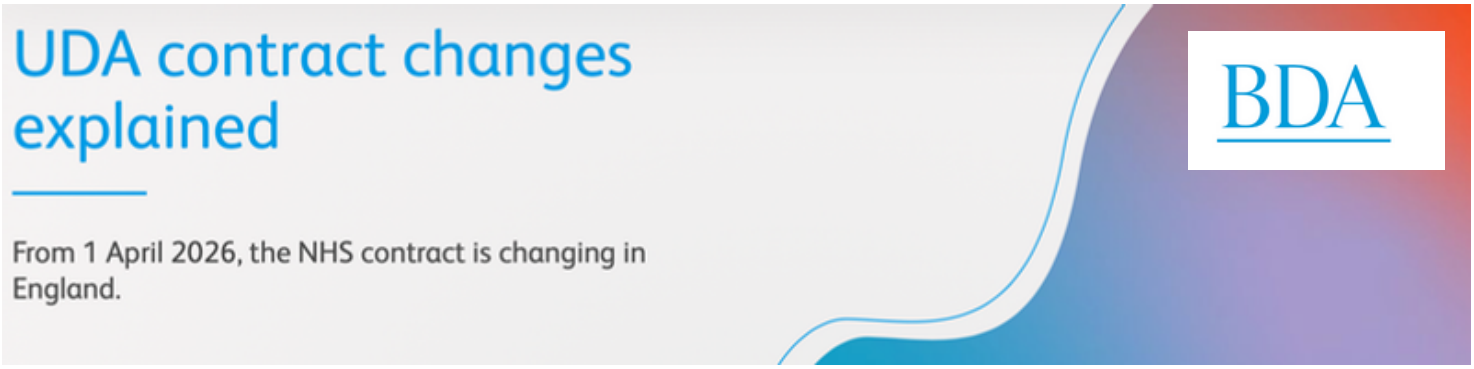
These changes, which will be introduced from April 2026 onwards, will help ensure that quality and treatment are provided effectively. They also lay the foundation for any future, more fundamental reforms to the dental system.

We look forward to continuing to work with patients and colleagues across the health and social care landscape to implement these changes. Further information on the planned reforms to the dental contract are detailed below.

Kind regards,
Jason Wong
Chief Dental Officer for England

Ali Sparke
Director for Dentistry, Community Pharmacy and Optometry, NHS England

**Click here for the full bulletin**




The Government's changes to the Units of Dental Activity (UDA) contract were consulted on over summer 2025, following years of discussion with our negotiators. These include meaningful improvements, but they can be better and are certainly not the final destination – phasing out the UDA entirely.

There are many areas of this package still to be finalised, and we are working with NHS England to secure the best possible outcome for the profession and your patients.

1. Care for high needs patients: Care packages
2. Care for high needs patients: Dentures
3. Prevention
4. Unscheduled care
5. Peer review and clinical audit
6. Making the NHS package more attractive: Appraisals
7. Making the NHS package more attractive: Benefits

Click here to read the full article




The amount you are paid individually will still be determined by your contract with the practice, and we will provide advice on this once the contract changes are confirmed.

For most associates who provide NHS dental services in England, payment will continue to be based on the number of UDAs you deliver. This part of the system is not changing. What will change is the way UDAs are attributed for the work you carry out.

**Urgent care**

**Fissure sealants**

**Denture modification**

**Fluoride varnish**

**Appraisal**

**Clinical audit and peer review**

Click here to read the full article

# CONFIRMATION OF URGENT/UNSCHEDULED CARE ACTIVITY REQUIREMENTS FOR NHS DENTAL CONTRACT HOLDERS FOR 2026/27

NHS England

Government has now confirmed that NHS dental contractors will be required to deliver 8.2% of their contract value as urgent/unscheduled activity in 2026/27. This follows its response to the public consultation on dental quality and payment contractual reforms on 16 December and the associated letter to systems of the same date.

This requirement will support wide geographical access to and more equitable distribution of unscheduled care capacity across practices.

**What does this mean for dental contractors?**

At the increased remuneration level of £75 for each urgent/unscheduled course of treatment, which is being introduced as part of the reform package from April 2026, the 8.2% requirement is equivalent to 11 urgent/unscheduled care courses of treatment per £10,000 of contract value.

Commissioners will need to communicate practice-level calculations in due course. In advance of this, contract holders can calculate the indicative level themselves by dividing their total contract value by £10,000 and then multiplying by 11, as shown in these worked examples:
Example 1:

Contract value of £30,000
- (£30,000 / £10,000) x 11 = 33 urgent band 1 CoT
- if all CoT are delivered, this would result in a payment of (33 x £75 =) £2,475

Example 2: Contract value of £500,000
- (£500,000 / £10,000) x 11 = 550 urgent band 1 courses of treatment
- if all CoT are delivered, this would result in a payment of (550 x £75 =) £41,250

Example 3: Contract value of £1,000,000
- (£1,000,000 / £10,000) x 11 = 1,100 urgent band 1 courses of treatment
- if all CoT are delivered, this would result in a payment of (1,100 x £75 =) £82,550

Many practices are already delivering more than their required urgent/unscheduled care courses of treatment so this may not represent a change to their operations. Other practices may need to consider how they can build delivery of this care into their operating procedures. Practices can deliver more unscheduled care than these minimum requirements if their local populations have a greater demand for unscheduled care. Courses of treatment over and above these requirements will be paid at £75.
All urgent/unscheduled care patients seen under a practice's general dentistry contract, irrespective of whether or not they have been to that practice before and whether they have been referred (for example, from 111) or present as a walk-in, will contribute to the required number of courses of treatment.

**Excluded contracts**

Contracts meeting the following criteria are excluded and will not receive a mandated amount for unscheduled care:

- historic (pre-2006) child-only contracts
- separate contracts for additional unscheduled care capacity, for example contracts for out of hours unscheduled care services
    - community dental services contracts
    - contracts for services delivered in secure/detained estates

If a contract is excluded, this requirement will be confirmed by your commissioner.

**Commissioner discretion**

We recognise that unscheduled care delivery is patient led and demand may vary over time. Where there is evidence that demand for unscheduled care is insufficient to fill the available capacity, commissioners will be given limited powers to reduce these requirements. More detailed information on this will be provided in due course.

**Next steps and provision of further information**

NHS England will provide commissioners with ICB-level data and further details on the requirements later this month.

NHS England will provide regular updates on the implementation of the quality and payment reforms in advance of implementation in April 2026. This will include a series of webinars in March and April and these will be open to all practice teams. Details of the webinars will follow. Colleagues are advised to sign up to the Oral Health Bulletin, the Primary Care Bulletin and to consult the NHS England dental contract reform webpage for the latest information and updates.

Thank you for your continued engagement and work in preparing for the 2026/27 quality and payment reforms to the NHS Dental Contract. Commissioners are asked to support the profession to understand this and other contract changes.

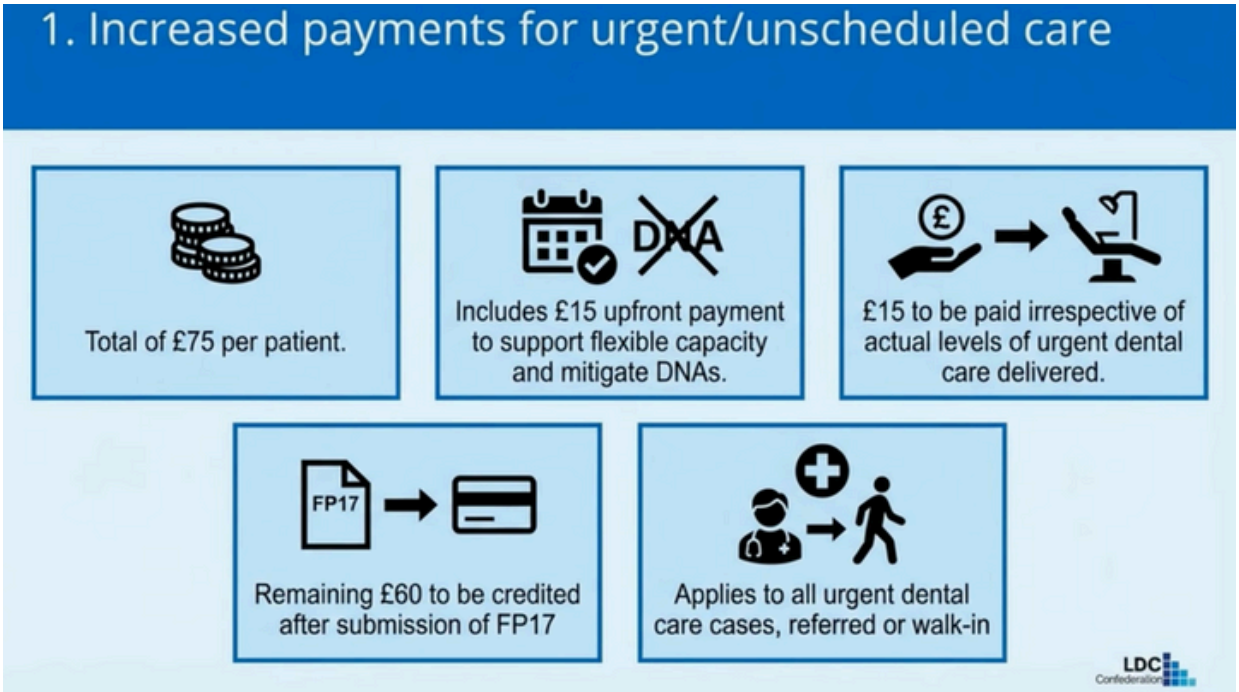
Yours sincerely,

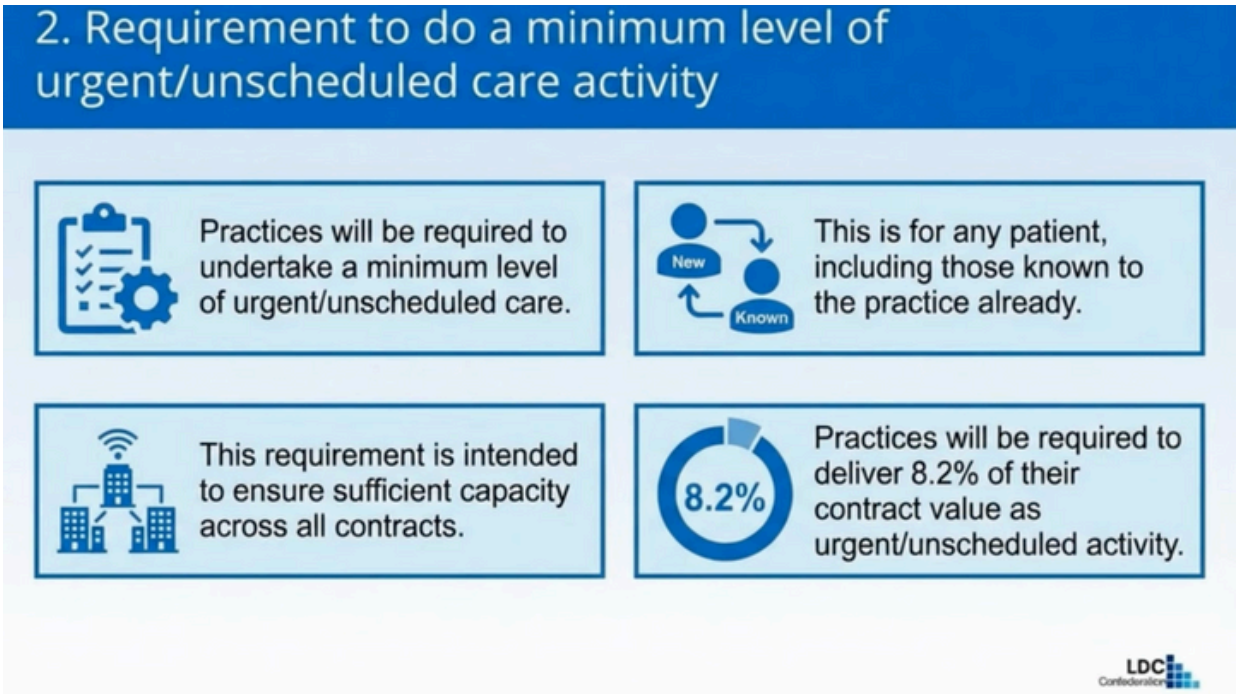
Ali Sparke, Director for Dentistry, Community Pharmacy and Optometry
Jason Wong, Chief Dental Officer

The LDC Confederation has compiled this overview of the information published up to 26 January 2026 about planned changes to the NHS dental contract from April 2026.

## Click here for the link to watch the video on YouTube

Below are some sscreenshots.



## 3. New complex care pathways to support practices to prioritise higher needs groups

### Who are the pathways for?

**Pathway 1**
Over 16s only. At least 5 teeth with caries into dentine with no unstable periodontal disease.
**Fee: £284** **Duration: 6 months**

**Pathway 2**
At least 5 teeth with caries into dentine with currently unstable periodontal disease.
**Fee: £709** **Duration: 12 months**

**Pathway 3**
A new diagnosis of grade C periodontal disease.
**Fee: £248** **Duration: 6 months**

### What does it mean?

- Where a patient also needs laboratory work, a single Band 3 will be claimable in addition to the pathway.
- Activity will be credited throughout the duration of the pathway, to ensure practices are aware of progress towards their contracts.
- The new pathways do not replace existing banded courses of treatment.
- Separate guidance on complex care pathways is being developed, but a dentist will need to use their judgement to determine whether to apply the new or old course to the patient.

LDC Confederation

## 4. Denture modification or relining alongside other Band 2 care will be eligible for an additional payment




An additional two UDAs will be available for denture modification or performing a reline, in addition to a complex care pathway.




Denture repairs will also generate 2 UDAs. Modifications are claimed in addition to a complex care pathway.

LDC Confederation

## 5 & 6. Fluoride Varnish and Fissure Sealants




New course of treatment at 0.5 UDAs. Allows suitable Dental Nurses to apply fluoride varnish without the patient needing a full dental examination.




Fissure sealants for prevention rebanded as Band 2.

LDC Confederation

## 7. Quality Improvement

Practices will be able to access funded quality improvement activities. Audit and peer review on a defined national topic or area of concern which will be determined annually.

Supported by local clinical leadership.

Not mandatory but will be funded at an annual average of £3,400 per participating practice.

Funding will count towards the practice's contracted UDAs. Exact remuneration arrangements will be confirmed in due course.

The initial topic is likely be applying NICE guidance on recall intervals.

## 8. Recall intervals

Recall decisions will continue to be based on clinical judgement of oral health risk at individual patient patient level.

Practices are asked, regardless of whether they take part in the funded QI scheme, to apply the NICE guidance rigorously, to ensure that NHS capacity is used appropriately and access is maximised.

## 9. Funded annual appraisals

£213 per eligible clinician.

Claimed by the clinician receiving the appraisal.

Count towards the practice's contracted UDAs.

Can be claimed once a year on completion of appraisal.

Does not apply to members of staff employed by practices who already have performance reviews and appraisals.

## 10. Increased use of "tariff" payments

Contract still based on UDAs. But a move to fixed payments - e.g. Urgent Dental Care and Complex Care.

Fixed payments will be translated back into UDAs at a practice's UDA rate.

£35.50 UDA value

For example, where a practice has an average UDA value of £35.50, a £284 payment for care pathway 1 will be credited to a practice at 8 UDAs.

→ £284 payment → 8 UDAs

LDC Confederation

## 11. Other changes

Introducing a handbook for NHS practices.

Increasing eligibility for discretionary support payments.

More support for associates through establishing minimum terms and conditions.

Further information will be provided in due course.

LDC Confederation

# CDO WEBINAR - CLINICAL GUIDANCE PUBLISHED IN SUPPORT OF CONTRACT REFORM




Tuesday, 24 February, 7:00 PM **Upcoming**

## CDO Webinar

**CDO Webinar – Tuesday 24 February 2026 from 7:00pm - 8:30pm**

Join us for a special webinar looking at the Clinical Guidance published in support of Contract Reform .

### Presenters (4)



**Jason Wong**
Chief Dental Officer for England

Jason is currently the Chief Dental Officer for England and represents the head of the dental profession in England,...



**Nick Barker**
DCDO for England

Nick qualified BDS from the Royal London Hospital in 1990 and has since gone on to gain distinction in the MSc in...



**Iain Chapple**
Professor of Periodontology and Consultant in Restorative Dentistry, University of Birmingham

Iain Chapple is Professor of Periodontology and Consultant in Restorative Dentistry at the University of Birmingham an...



**Avijit Banerjee**
Professor of Cariology & Operative Dentistry at KCL

Avijit Banerjee is Professor of Cariology & Operative Dentistry / Hon. Consultant and Clinical Lead, Restorative...

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22 January 2026

Dear Colleague

**2 Week Wait Referral Pathway Guidelines**

We are writing to you regarding the oral 2 week wait referral pathway into secondary care Oral and Maxillofacial Surgery, to advise on the current position and provide supporting guidance for managing any suspected oral cancer cases.

The number of referrals via the oral 2 week wait pathway has been increasing significantly. Although the Trusts are managing patients within the 2 week wait pathway timescales, there is a concern this may potentially lead to delays in diagnosis and treatment of patients with oral cancer.

As you are aware, only suspected oral cancer cases may be referred via the 2 week wait pathway. All referrals not related to oral cancer, regardless of the urgency, must be referred via the normal pathways.

To assist with managing referrals via the 2 week wait pathway, please find below guidance to support identifying the "Red Flag" signs of Oral Cancer:

1. Non-healing single ulcer for greater than 2 weeks
2. Persistent red patch for greater than 2 weeks
3. Persistent new white patch for greater than 2 weeks
4. Enlarging white patch following previous benign diagnosis
5. Bleeding from an existing white or red patch
6. Persistent or enlarging firm lump
7. Lump in the neck greater than 2 weeks
8. Pain or difficulty swallowing greater than 2 weeks
9. Alteration in sensation which persists greater than 2 weeks
10. Alteration in facial nerve function

Whilst this is not an exhaustive list of worrying signs, they are suggestive of potential neoplasm.

- NHS Derby and Derbyshire Integrated Care Board
- NHS Leicester, Leicestershire and Rutland Integrated Care Board
- NHS Lincolnshire Integrated Care Board
- NHS Northamptonshire Integrated Care Board
- NHS Nottingham and Nottinghamshire Integrated Care Board

Examples of referrals which should not be sent via 2 week wait referral;

- Simple lesions or aphthous ulcers
- Mucocele cysts
- Dentoalveolar infections, regardless of severity of symptoms or pain – if there is associated pain or swelling, then this should be managed by the dental practice to alleviate the acute symptoms prior to referral

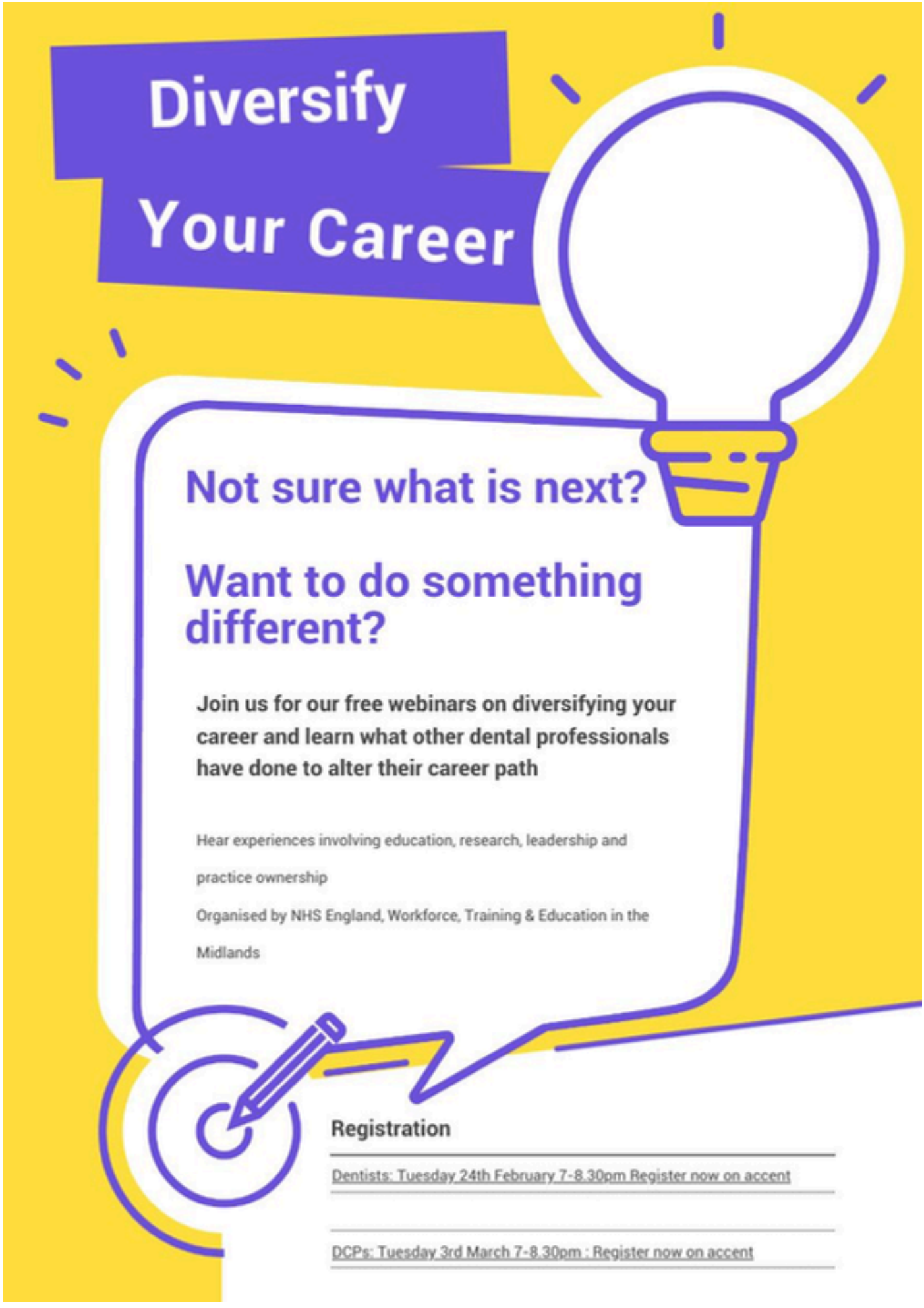
- Severe swelling or suspected sepsis;
  If a patient presents with severe swelling due to a suspected dentoalveolar infection, which cannot be managed in the dental practice, and which risks occluding the airway, or if there is suspected or risk of sepsis, then the patient should be advised to attend A&E immediately.

If you refer a patient via the 2 week wait pathway, you must inform patient they are being referred due to suspected cancer and you will need to confirm that you have informed the patient of this on the REGO form prior to referral submission - the patient will receive a letter advising them of this.

We would like to thank you for your continued support with managing suspected oral cancer cases.

Dr Rami Khatib
Interim Chair, Oral Surgery Managed Clinical Network
LDN Chair for Derbyshire

- NHS Derby and Derbyshire Integrated Care Board
- NHS Leicester, Leicestershire and Rutland Integrated Care Board
- NHS Lincolnshire Integrated Care Board
- NHS Northamptonshire Integrated Care Board
- NHS Nottingham and Nottinghamshire Integrated Care Board


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Organised by NHS England, Workforce, Training & Education in the Midlands
Registration
Dentists: Tuesday 24th February 7-8.30pm Register now on accent
DCPs: Tuesday 3rd March 7-8.30pm : Register now on accent

## Upcoming Courses

- **24th February 2026: Dental Radiography and Radiation Protection for GDPs and DCPs with a Radiography Qualification**
  - Audience: Dentists & DCPs with a Radiography Qualification
  - Duration: 6 hrs
- **27.02.26: Contemporary Hands-On Non Surgical Perio Disease Management**
  - Audience: Dentist, Dental Therapist, Dental Hygienist
  - Duration: 6 hrs
- **27.02.26: Clinical restorative procedures for the Dental Therapist - practical skills refresher**
  - Audience: Dental Therapist
  - Duration: 6 hrs
- **7th March 2026: Dental Technician & CDT Study Morning**
  - Audience: Dental Technicians & CDTs
  - Duration: 4.5 hrs
- **13th March 2026: Contemporary Periodontics for Hygienists & Therapists**
  - Audience: Dental Hygienists & Dental Therapists
  - Duration: 12 hrs
- **13th March 2026: Practical Skills Refresher - Aesthetic Posterior Composite Restorations**
  - Audience: Dentist and Therapist
  - Duration: 6 hrs
- **19th March 2026: Dental Nurse Leadership in Early Years Dental Training**
  - Audience: Dental Nurse
  - Duration: 6 hrs
- **26th March 2026: NHS Rules & Regulations**
  - Audience: Dentist
  - Duration: 12 hrs
- **27th March 2026: Practical Skills Refresher - Crown & Bridge Masterclass**
  - Audience: Dentist
  - Duration: 6 hrs

## Overseas Dentist Page

We have a dedicated area for our Overseas Dentists, which has been populated with a wealth of resources designed to assist and guide overseas dentists through the process of registering and working as a dentist within the UK. If you would like access to this page, please complete the form here.

**As always, visiting the PGVLE and overview of all dental courses section is the best place to see what opportunities are available.**
**If you encounter any DWD problems, please email england.dwd.midlands@nhs.net. and for any PGVLE-related issues, please contact us here england.pgvledental.midlands@nhs.net**