

- To:
- Integrated care board:
 - chief executives
 - executive leads for dentistry
 - heads of primary care
 - dental commissioning leads
 - primary care finance leads

NHS England
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- cc.
- NHS England regional:
 - directors of primary care
 - executive leads for dentistry
 - heads of primary care and dental commissioners
 - finance directors
 - chief dental officer or clinical lead
 - NHS England Chief Dental Officer

Dear colleague

Broadening the 700,000 urgent care commitment

Thanks to efforts from integrated care boards (ICBs) and dental teams, overall access to dental care, including urgent care, has increased over the past year.

New capacity has been commissioned across the country and we have made strong progress in creating a safety net for patients, in line with updated guidance on urgent and unscheduled care treatment.

Commissioners have supplemented this new capacity by also making progress in ensuring 111 and other access points are directing patients in pain and with other unscheduled need to services that can rapidly treat them.

This is significant progress in ending the unacceptable situation where patients were unable to access urgent dental care from the NHS.

We are writing now to confirm next steps.

Rightly the government's priority has been ensuring that this safety net is in place, but whilst many have benefitted from the new appointments, we recognise the feedback from clinical teams and commissioners that for many patients the current definition of the national target, focused on clinically urgent care, is too narrow.

Many with the highest needs may initially require an urgent care appointment, but then their ongoing treatment cannot take place under the newly commissioned capacity. This risks patients who should be prioritised struggling to access care under the current arrangements.

The 2026 Quality and Payment Reforms will ensure a mandatory level of urgent care capacity is in place across every high street dental contractor. This will further strengthen the urgent care system, but we know commissioners will currently be reviewing their overall mix of commissioned capacity in response to these changes to ensure this is right for their population.

In order to recognise and act on this feedback, on the advice of the Chief Dental Officer for England, the government has now confirmed that the 700,000 commitment will be broadened with immediate effect to all dental appointments measured through courses of treatment.

What does the broadening of the 700,000 mean for commissioning teams?

With the broadening of this target, we are asking commissioning teams to review their local mix of capacity and to act now to maximise overall delivery and to more flexibly deploy resources to meet local need. In particular ICBs must:

- continue to ensure a full urgent care safety net. For the first time in decades, the NHS in England has a functioning and reliable urgent dental care system and this progress must not be reversed. All ICBs must ensure their dental system provides accessible urgent dental care, with 111 and other access routes working effectively, and aligns with the new mandatory minimum levels of urgent care required from all contractors. This will be set at 8.2% of contract value for 2026/27, as set out in [previous correspondence](#).
- review local evidence of demand across different settings and for different population cohorts
- repurpose or recommission specific urgent care capacity as needed where they determine this would improve overall access. This process should start now
- take steps in planning for 2026/27 to maximise dental activity and target resources as far as possible to the highest need groups. Prioritisation will be supported by the 2026

Quality and Payment Reforms introducing complex care pathways into the national NHS contract

The urgent dental care incentive (UDCI) scheme will continue unchanged until 31 March 2026.

ICBs should note that the restrictions on the dental ringfence remain in place. Any finance released through changes to the commissioning of urgent dental care should be diverted to expanding routine access.

We recognise that ICBs are now planning for delivery in 2026/27, and commissioners will be asked to continue to demonstrate that they have delivered overall increases in courses of treatment in line with their share of the 700,000, across routine and ongoing care as well as urgent care. We will engage with ICBs over the coming weeks on how we can build on the progress already made on this and set clear expectations for delivering improvements in access to highest need groups.

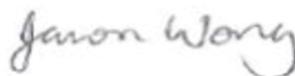
Thank you for all your work to increase access to dental care over this year and your continued commitment to patients and dental teams.

Yours sincerely,



Ali Sparke

Director for Dentistry, Community
Pharmacy and Optometry



Jason Wong

Chief Dental Officer