Equality Impact Assessment

Version One, Date: 27/03/2025

Introduction

In line with The Welsh Government's strategy *A Healthier Wales*[1], the fundamental objective of this reform is to support the physical and mental wellbeing of every citizen in Wales by ensuring healthcare services are high quality, effective and accessible to all. Ensuring the sustainability of these services is in the best interest of all people in Wales, irrespective of whether we currently possess a protected characteristic, as we will all make use of NHS services at certain points in our lives.

Individuals with protected characteristics are likely to make contact with health or social care services as a result of their protected characteristic[2], and dentistry is not an exception. Evidence submitted to the Sixth Senedd Health and Social Care Committee revealed that people living in the most deprived areas bear the largest burden of dental disease. There is a very strong and consistent association between socioeconomic status (income, occupation and educational level) and the prevalence and severity of oral diseases and conditions[3]. This is particularly significant considering the correlation between living in a deprived area and having protected characteristics in Wales[4]:

- **Gender**: Females are slightly more likely to live in deprived areas than males.
- **Age**: Younger people, especially those under 24, are more likely to live in deprived areas, with a higher percentage of young females in these areas.
- **Ethnicity**: Black, Asian, and Minority Ethnic people are more likely to live in deprived areas, particularly Black people, who are more than twice as likely as White people to live in these areas.
- **Disability**: Disabled individuals are also more likely to reside in deprived areas, making up a third of those in the most deprived areas.

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[1] Welsh Government: A Healthier Wales: The Oral Health and Dental Services Response, March 2019
https://www.gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf

[2] Welsh Government: A Healthier Wales: Equality Impact Assessment, April 2018
https://www.gov.wales/sites/default/files/publications/2019-05/a-healthier-wales-equality-impact-assessment.pdf

[3] World Health Organization: Global oral health status report: towards universal health coverage for oral health by 2030, November 2022.
https://www.who.int/news-room/fact-sheets/detail/oral-health

[4] Welsh Government: Analysis of protected characteristics by area deprivation 2017 to 2019, November 2020
https://www.gov.wales/analysis-protected-characteristics-area-deprivation-2017-2019

- **Sexual Identity**: LGBTQ+ individuals are slightly more likely to live in deprived areas compared to heterosexuals.
- **Religion**: Muslims are significantly more likely than Christians to live in deprived areas, despite Muslims making up a smaller portion of the population.
- **Marital Status**: Single people are much more likely to live in deprived areas compared to married individuals.

This Equality Impact Assessment explores the impact of the proposed reforms to the dental contract on those with protected characteristics, contributing to a fairer, more equal Wales. We define oral health inequalities as differences in levels of oral health that are avoidable and deemed to be unfair, unacceptable and unjust.

The Welsh Government is undertaking a reform of the General Dental Services (GDS) contract to enhance patient care by improving access, prevention, quality and contract monitoring. We anticipate that the proposed reforms, which seek to address inequalities directly by transitioning to a risk and needs based approach, will deliver positive outcomes for those with protected characteristics.

We understand that a healthy smile makes a powerful contribution to a person's wellbeing on both a physical and psychological level. The World Health Organisation describes oral health as a state which not only enables individuals to perform essential functions such as eating, breathing and speaking, but reinforces psychological dimensions such as self-confidence, well-being and the ability to socialise and work without pain, discomfort and embarrassment[5].

The Welsh Government is committed to reforming the provision of dental services in Wales to address these inequalities. This draft Equality Impact Assessment (EIA) accompanies a twelve-week consultation which outlines the details of the Welsh Governments proposals to reform dental services in primary care in Wales. The consultation, open to both the public and dental profession, ensures thoughts are considered on how new regulations may impact those with protected characteristics. This will inform future iterations of this impact assessment

The GDS contract reform is aligned with the key principles of the *Welsh Government's Strategic Equality Plan*. This plan sets out our equality aims and objectives over the next four years, along with key actions to achieve this. The proposed dental reform supports the Strategic Equality Plan's objectives, including those in which we want to create a Wales where:

1. **Everyone can prosper and we reduce poverty** through improving outcomes for low-income families

[5] World Health Organisation: Oral Health
https://www.who.int/health-topics/oral-health#tab=tab_1

2. **Everyone knows about services and can use them, gaining the same high-quality support** through removing barriers that stop people from using and getting the most from services.
3. **Everyone has fair and equal opportunities for employment and treated fairly at work** through ensuring there is no pay gaps and removing barriers that stop staff reaching goals

Furthermore, the consultation on Dental Reform in Wales supports the creation of a Wales where everyone knows about services, can use them, and has the same high-quality support. This consultation ensures everyone has a say on how services are designed and supported.

Unintended Impacts on Equality Under the Current UDA Model

Llais, the citizen voice body for health and social care, found that children, older people, pregnant people, and people with disabilities are experiencing the most difficulties accessing dental services[6]. This highlights the need to review the current system to address inequalities in access.

The current system operates on the Unit of Dental Activity (UDA) model. A UDA is a unit of activity which represents a fixed amount of dental work. Each treatment is allocated a certain number of UDAs based on its level of complexity. Practices can retain their NHS funding upon delivering a target number of UDAs. This target-based model favours quick and routine treatments which ultimately disincentivises practices to take on new patients and address those with more complex and urgent needs. The current model is based purely on activity and does not consider the unique needs of individuals, including those with protected characteristics, at the first point of contact. This prevents the development of clear pathways and care packages for high-need patients.

Research[7] from the British Dental Association on the impact on access for high-needs patients in Wales found that the UDA model had a detrimental impact on high needs patients, outlining:

> "The current dental contract creates an inverse care law. A dentist facing clawback could have worked longer hours and helped more patients with challenging ailments than a dentist who had completed their UDA targets ... One dentist could earn 20

[6] Llais: Our position on access to Dentistry in Wales, November 2024 https://www.llaiswales.org/how-your-feedback-helps/our-position-access-dentistry-wales

[7] British Dental Association: NHS general dentistry in Wales: evaluation of patient access and budget expenditure, June 2019 https://www.morgannwgldc.org.uk/wp-content/uploads/2019/10/Item-8d-BDA-paper-on-NHS-Dentistry-in-Wales.pdf

UDAs in five hours from 20, ten-minute examinations of healthy patients. Another dentist could earn three UDAs in five hours completing several extractions, fillings and root canals for a single patient with poor oral health. This means that patients with higher dental needs are a disadvantage to a dentist because practices are under intense pressure to hit their UDA targets, resulting in insufficient time to treat high needs patients. Over 90% of dentists say they believe that the 2006 contract has limited their capacity to treat patients with high needs."

The limitation to treat patients with higher needs is due to several factors

- **Capacity:** Where practices are working at full capacity with existing patients, accepting new patients who may require more time could reduce the number of UDAs completed in a day and impact the income for the practice. Following the pandemic, there may also be an increase in treatment need for historic patients. Where treatment need has increased, so has the pressure on capacity. This creates an incentive for the increased quantity of low-risk patients seen.
- **Geographical Inequalities:** Those living in rural areas may already have fewer dental practices to choose from, with the UDA system further limiting access. Practices in rural areas accepting new NHS patients may risk exceeding UDA caps which in turn can disincentivise new patients, particularly those with high needs. Additionally, populations in rural areas often have greater need, as this patient base is comparatively less economical to treat. As a result, practices are less likely to establish in area with lower socioeconomic income.
- **Socio-economic Disadvantage:** Those who cannot afford to opt for private dental care are disproportionately affected as they may struggle to find a dentist taking on new NHS patients. This is exacerbated in areas with high demand.

Analysis of Equality Impacts of the New GDS Contract

Public Health Wales outlines that people living in areas that are described as socially and economically disadvantaged are often at highest risk of poor oral health[8]. Recent reports from the Dental Epidemiology Programme for Wales found that the prevalence of 5-year-old children who have decayed, missing or filled teeth has reduced from 47.6% in 2007/08 to 32.4% in 2022/23[9]. The severity, which is the average number of teeth per child with are decayed, missing or filled, has fallen from 1.98 to 1.11 in the

[8] Public Health Wales: Adult Oral Health
https://phw.nhs.wales/services-and-teams/dental-public-health/adult-oral-health/

[9] Public Health Wales: Tooth decay rates in children in Wales fall, but issues remain, February 2024
https://phw.nhs.wales/news/tooth-decay-rates-in-children-in-wales-fall-but-issues-remain/

same time period. Despite this positive trend, the prevalence of decayed, missing or filled teeth remains substantially higher in the areas of highest deprivation. The prevalence rate in the most deprived areas is 43.4% compared to 20.7% in the least deprived areas.

Considering the correlation between living in a deprived area and having protected characteristics, this data highlights the need to improve access to primary care dentistry to improve prevention in the community, especially to those with the highest need.

Through prioritising prevention and incorporating a risk-based approach, the proposal to reform the GDS contract seeks to have a positive impact on groups with protected characteristics. Practically, this will be achieved through the creation of clearer pathways and ensuring timely intervention before dental problems escalate.

The Renumeration Model

The new contract proposes that the current UDA model be replaced with a new renumeration model to achieve a fairer and more transparent payment method to practices. Under the renumeration model, specific treatments (care packages) have been assigned values, and practices must deliver these treatments to an agreed level (contract segmentation, discussed below). The proposed cost breakdown of care packages can be seen in Annex A, **although this is yet to be finalised following consultation outcomes.**

The care package payment structure increases standardisation which ensures practices are fairly compensated for services. They create more visibility surrounding links between services delivered and payment received. Where the UDA model adversely prioritises high volumes of simpler treatments, care packages can be tailored to address specific patient needs through placing a higher value on more complex treatment. We anticipate that this will improve access to those who have the highest need for services, with research finding that deprived subgroups continue to experience relatively higher levels of disease[10].

The Fee Scale under the proposed renumeration model places a higher value on Care Packages delivered to children to incentivise child access, ongoing monitoring and preventative support. Should a child need active interventive treatment, they would transfer into a care package with the same payment applicable for an adult.

Patient Charges

[10] Richards, W., Ameen, J., Coll, A.M. and Filipponi, T: The balance between oral health needs and supply induced demand in welsh dental services, January 2021 https://mbmj.org/index.php/ijms/article/view/368#:~:text=A%20proportion%20of%20the%20general,by%20increasing%20dental%20workforce%20alone.

Firstly, there are no proposed changes to entitlement to free NHS dental examinations and treatment across certain groups. This includes children, older adults, pregnant people, those on low income, and those that receive certain benefits. More information on entitlement can be found on the Welsh Government website.

The new model aims to prioritise those with higher clinical needs, many of whom are exempt from charges. This supports the promotion of health equalities by ensuring resources are based on clinical necessity rather than the ability to pay. Many patients with complex and urgent dental needs can receive necessary treatment without cost barriers, where they may have been deterred by financial constraints as a result of a lack of access under the former model and the potential need to go through private avenues. This promotes stronger health equality by ensuring resources are allocated based on clinical necessity rather than the ability to pay, ensuring fair access for all.

Patient charges are currently split into four levels (Band 1, Band 2, Band 3, and Urgent). The current levels represent patients paying 61-66% of the payment made to practices for Bands 1-3 and 76% for urgent. The contract reforms aim to standardise patient charges to 60-70% of the cost of a care package, with the exception of care packages where dental appliances are required. The cost of dental appliances and laboratory items (such as crowns, dentures, and bridges). The Welsh Government would seek to implement a maximum cost to the patient as done in Scotland and Northern Ireland, which is set at £380. A breakdown of the proposed structure is in Annex A.

Under the new proposed system, some patients may pay slightly more for routine checkups and urgent care while others could pay significantly less for common treatments like single fillings, extractions, and single crowns. In the rare cases where there is a substantial difference, such as root canal on a front or back tooth as well as a crown on the same molar tooth (less than 1%), these costs may impact those who just miss out on exemption from NHS dental charges. More information on costs to patients can be found in the consultation document.

Contract Segmentation

The new model introduces segmentation of the Annual Contract Value to ensure funding is directed to specific areas on need, creating a more equitable system through promoting comprehensive and preventive care. This is a significant change from the original contract, where payments are based on the number of UDAs completed. How contract segmentation promotes equality is as follows:

- **Urgent Treatment for New Patients (10%)**

  Enabling those with immediate and severe dental needs receive timely NHS care. This reduces the reliance on, or avoidance of, private services which are less

accessible to vulnerable groups. This improves health and wellbeing outcomes surrounding prevention of worsening oral health.

- **Patient Assessments (10%)**

  Ensuring practices are incentivised to take on new NHS patients, where research[11] has found that those with protected characteristics face inequitable access to dentistry. By utilising the Dental Access Portal, this segmentation ensures that new patients, including those with protected characteristics, are systematically integrated into the care system by removing a practices ability to curate the type of patient that they provide care to. This supports prevention by identifying and addressing dental issues early and reducing long-term disparities.

- **Care Packages (70%)**

  With most funding allocated to care packages, practices can focus on delivering active treatment and on-going monitoring for those that need it. This is an important element on continuous access, in which high-risk patients will be seen by the same practice to ensure personalised and coordinated care. This continuity is less important for low-risk patients associated with regular check-ups, as is reflected in the Patient Flow diagram (Annex B).

- **Prevention (5%)**

  Early intervention strategies such as fluoride applications, tailored recall intervals, and comprehensive oral health education reduces the risk of advanced or emergency treatments. The inclusion of prevention within segmentation aligns with Welsh Government priorities to address the root causes of oral ill health and reduce the need for more complex and costly interventions. This inherently shifts the focus of care away from an individual focus to the population level, which helps in addressing health disparities by ensuring preventative care reaches all segments of the population.

- **Local and National Priorities (5%):**

  This area incorporates funding of Quality Improvement initiatives and annual self-assessment which ensures that practices are continuously improving the standard of care provided to all patients. It can also be used to support practices in areas that demonstrate higher than the median need, supporting practice sustainability in areas that typically have higher business risk.

[11] Llais: Llais calls for urgent action to ensure fair access for all, November 2024 https://www.llaiswales.org/news-and-reports/news/dental-care-crisis-wales-llais-calls-urgent-action-ensure-fair-access-all

Contract segmentation areas are variable according to a practice's profile and the need for new patient access in a particular location. More information on Contract Segmentation can be found in the Dental Reform Consultation Document.

Patient Flow:

A survey conducted by Public Health Wales in 2020 found that the primary reason for not using NHS dental services was that local NHS practices were not accepting new patients[12]. Variation arrangements put in place in April 2022 saw the implementation of the 'Dental Access Portal' (DAP) mechanism to ensure guaranteed access to NHS dental services for those not already in the dental system. Under the new dental contract, the DAP will become the only mechanism in which new patients will access routine care. The DAP does not allocate urgent appointments, for which Health Boards will have their own arrangements for managing patient flow, in conjunction with NHS111 for out-of-hours urgent access. Health boards will allocate patients from the portal to dental practices as appointments become available. Allocation through the DAP reduces the inequity in access for patients, introduces fairness into a complex system (reducing inequalities) and supports dental practices achieve their contract metrics.

Upon signing up for the DAP, a person will be assigned to a practice. This person will undergo a patient assessment. If no treatment is required (low risk/green patient), the person will be recalled in 18 – 24 months. If treatment or more regular monitoring is required, this patient will have an ongoing relationship with a practice until their risk status decreases and remains stable. This improves patient flow through practices, increasing the chances of high-risk patients being able to be captured by the system. Appendix B sets out the new patient journey under the proposed revied structure.

The DAP provides an opportunity to clarify the relationship patients have with a dental practice. This means ensuring that the relationship is based on oral health risk and need, enabling funding for NHS dentistry to be allocated to those who need it the most. We anticipate that this will have a positive impact on those with protected characteristics, where there is likely a higher oral-health risk which requires active treatment and on-going monitoring. Furthermore, the introduction of the DAP ensures that individuals not already in the system can gain access to NHS dental services without the inconvenience of having to source an appointment by themselves. This delivers beneficial outcomes for individuals with protected

[12] Public Health Wales: A public survey to inform the General Dental Services (GDS) Reform Programme in Wales: key findings, November 2020 primarycareone.nhs.wales/files/dental-engagement-and-insight-reports/gds-public-survey-key-findings-november-2020-pdf/

characteristics who have struggled to access services such as low-income families, children, older adults, concerned by financial costs or digitally excluded.

The information captured by the DAP will provide health boards with a clear understanding of need in their area and enable them to manage the allocation of people of people to dental practices. This removes the need for the public to contact multiple practices and creates a more equitable system of access.

The dental practices will be able to manage their patient flow by receiving new patients from the DAP, effectively utilising clinical capacity. At local health board discretion there will be the opportunity to adjust the number of new and review patients depending on local population need, which will remove the clinical treadmill effect imposed by the existing UDA system.

High Needs Patients:

High needs patients are considered as those who require 10 or more interventions, including endodontic treatment. These patients often have complex medical, dental or psychosocial issues that may require more extensive treatment although there is limited data that allows a clear definition of this group.

The greatest impact of a high-needs patient is the time element required to complete all the necessary care. Under the new contract, where a patient is classified as high needs following either an urgent or initial assessment, the patient will be referred to the Community Dental Service or Personal Dental Service pathway. These services are designed to provide specialised care for complex needs, within appropriate clinical facilities and not impacted by time constraints[13]. Under certain circumstances this also facilitates treatment under sedation or anaesthesia for anxious patients, a service which is not readily available in dental practices. This increases the opportunity for this group of patients to have their oral health needs addressed in a streamlined manner

Whilst waiting for the referral to be fulfilled, the GDS fee structure enables practices to provide a stabilisation course of treatment. This addresses immediate dental health issues, particularly pain relief, preparing them for future treatment. Once the patient has received their treatment through the CDS/PDS and is dentally fit, they can re-enter the GDS system through the DAP to continue to receive necessary dental care.

In identifying and referring high needs patients to specialised pathways, the proposed reforms ensure those with significant dental issues receive the appropriate

[13] Welsh Government: The Role of the Community Dental Service and Services for Vulnerable People, July 2019
https://www.gov.wales/sites/default/files/publications/2019-07/the-role-of-the-community-dental-service-and-services-for-vulnerable-people.pdf

care[14]. The CDS pathway is positioned to take a lead role in caring for the most vulnerable people, who are often at increased risk of dental and oral disease. Vulnerable people are likely to include those who are unable to: cooperate with routine dental care, understand the need for dental care, maintain good oral hygiene without assistance, and readily access dental services (for example, patients who require a hoist to transfer to the dental care). The CDS offers a multidisciplinary environment and can provide full holistic, preventive and dental care through the integrated use of dental hygienists and therapists. This provides the patient with a full care plan, delivered on a team approach, within a specialist setting. This reduces potential inequality in care as their treatment will be delivered through a team approach.

However, the consultation needs to seek the view of dental professionals on the definition of high needs. Currently there is limited data to clarify how to efficiently define a high needs patient, so to ensure every patient has an equal opportunity to receive the right care in the right setting, at the right time, by the right team the views of both profession and public needs to be sought within the consultation.

Did Not Attend (DNA) Appointments

Where patients fail to attend appointments, this is considered a DNA. DNAs result in both a cost and a loss of time to the dental practice. At present, all risk is carried by the dental contract holder. Some of this risk is shifted to by health boards taking responsibility for funding new urgent patients regardless of whether they attend or not.

To support dental practices manage DNAs, new patients allocated via the DAP who fail to attend their initial assessment on two occasions will be returned to the DAP. For patients receiving ongoing treatment, failing to attend two consecutive appointments or three appointments within their care plan will result in them being returned to the DAP. 50% of the care package fee will be paid for incomplete delivery. In placing patients back into the DAP, they will effectively be placed at the bottom of the list. This is important to support the dental practices against the financial losses incurred by broken appointments but raises awareness that DNA impacts on appointment availability.

Through implementing measures to manage DNAs, the proposed approach mitigates the occupation of slots that could be used by others, ensuring the fair distribution of resources to promote access to those who need services most. The proposal encourages an increased culture of accountability and respect for healthcare resources, aligned with prevention strategies.

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[14] The Welsh Government: The Role of the Community Dental Service and Services for Vulnerable People , January 2022
the-role-of-the-community-dental-service-and-services-for-vulnerable-people.pdf

There are, however, potential negatives to consider. Vulnerable patients may experience disproportionate barriers outside of their control causing them to miss their appointment. These may include transportation issues, work conflicts, or health problems. By allowing for a limited number of missed appointments, we consider the proposed approach is considered fair and proportionate.

Statement of Financial Entitlement

The Statement of Financial Entitlement (SfE) provides payments related to seniority, paternity, adoptive, and sick leave. These payments are calculated based on Net Pensionable Earnings Equivalent. The new contract proposes the introduction a maximum weekly payment, capped at £1,660 for a dental performer and £3,630.

StatsWales states there are a total of 1,398 Dental Performers, with 283 (20.3%) serving as Providing Performers. Of the 680 male Dental Performers (48.6% of the total), 196 (28.8%) are Providing Performers. In contrast, of the 718 female Dental Performers (51.4% of the total), only 87 (12.1%) are Providing Performers. Caps on SfEs could impact female performers who are more likely not to be in contracted roles and therefore more vulnerable to limited financial support during maternity leave or sickness. This may result in women facing disproportionate negative implications on work-life balance, career progression and gender pay-equality. This will not, however, have a material impact on the average earner.

Shared Parental Leave

The new contract proposes making the provision for Shared Parental Leave (SPL) based around time periods and payment levels for maternity pay in the SfE. This promotes equal opportunities for both parents, allowing shared responsibility of childcare and distribution of parental duties. It can also mitigate career interruptions traditionally experienced by women. SPL also supports dual-earner families, by potentially reducing the financial burden that typically falls on women when taking extended maternity leave.

Conclusion

The Welsh Government has considered the impact that the proposed reforms to the GDS contract have on equality, anticipating that outcomes will be largely beneficial to those with protected characteristics. The new framework reflects the overarching ambition set out in *A Healthier Wales* to deliver a high quality of care, and achieve more equal health outcomes, for everyone in Wales. These significant changes reflect an increased focus on prevention and early intervention within the community, lowering the risk of complex and emergency treatments. This can ultimately alleviate pressures across the whole healthcare system strengthening equality outcomes beyond those felt in primary care dentistry services.

The Welsh Government does not anticipate the proposal surrounding Dental reform in Wales will have a negative impact on individuals with protected characteristics. However, questions will be included in our accompanied Dental Reform Consultation in which respondents can make any concerns surrounding the proposals impact on people with protected characteristics heard.

A successful contract reform will achieve equitable, improved health outcomes. In the short term, we will consider the work a success if we see an increase in treatments received by patients. In the long term, we hope to see a reduction in treatments received by patients which will reflect a reduced need for dental services through prevention.

We will continue to review data collected by the Dental Epidemiology Programme for Wales to understand the new contracts impact on surveying the oral health of adults and children across Wales, including the gap between the most and least deprived communities on the prevalence and severity of dental caries.

The Assessment of Clinical Oral Risks and Needs (ACORN) Toolkit[15] will enable the Welsh Government and Health Boards to understand the risk and needs of individual patients, and ultimately the outcome of the care patients receive. This can support health boards and the Welsh Government to monitor trends and evaluate the effectiveness of reforms alongside health policies.

[15] Public Health Wales: Assessment of Clinical Oral Risks and Needs (ACORN) Toolkit, December 2021 primarycareone.nhs.wales/files/acorn-and-expectations/acorn-guidance-version-1-3-06-12-2021-pdf/

Record of Impacts by protected characteristic:

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Age (think about different age groups)	Positive - Higher values for children's care packages incentivises access, monitoring and the promotion of preventative care. Enhanced coverage for complex age-related dental issues. Negative - Higher costs for comprehensive dental care may not be fully covered leading to higher financial burden on patients.	A Healthier Wales: The Oral Health and Dental Services Response Llais: People's experience of getting to see a Dentist in Wales. Programme for Government 2021 – 2026 Public Health Wales, Public survey to inform the General Dental Services (GDS) Reform Programme in Wales: key findings. Nov 2020	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Disability (consider the social model of disability[16] and the way in which your proposal could	Positive – Proposed new GDS fee structure enables practices to provide a stabilisation course of treatment for those awaiting referral to Community Dental	A Healthier Wales: The Oral Health and Dental Services Response Llais: People's experience of getting	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.

[16] Welsh Government uses the social model of disability. We understand that disabled people are not disabled by their impairments but by barriers that they encounter in society. Ensuring that your proposal removes barriers, rather than creating them, is the best way to improve equality for disabled people. For more information, go to the intranet and search 'social model'.

inadvertently cause, or could be used to proactively remove, the barriers that disable people with different types of impairments)	Services, which provide specialised care for individuals, including those with disabilities. This immediate dental health issues, particularly pain relief, preparing patients for future treatment.	to see a Dentist in Wales. Social Model of Disability Welsh Government. Welsh Health Circular: The role of the Community Dental Service and services for the vulnerable people	
Gender Reassignment (the act of transitioning and Transgender people)	The intention of the proposal is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on transgender people.	A Healthier Wales: The Oral Health and Dental Services Response Programme for Government 2021 - 2026	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Pregnancy and maternity	Positive – improved access to high risk patients, including pregnant people who have an increased risk of dental problems	A Healthier Wales: The Oral Health and Dental Services Response Public Health Wales – Oral health from pregnancy to 5 years. Programme for Government 2021 - 2026	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Race (include different ethnic minorities, Gypsies and Travellers and	The intention of the proposal is that it applies equally to all and therefore it is not anticipated at this point that it would	A Healthier Wales: The Oral Health and Dental Services Response	No need for mitigation. However, we will continuously monitor the impact of the new contract

Migrants, Asylum seekers and Refugees)	have any specific impact on a person based on their race.	Programme for Government 2021 - 2026	once the regulations coming into force.
Religion, belief and non-belief	The intention of the proposal is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person based on their region, belief, or non-belief.	A Healthier Wales: The Oral Health and Dental Services Response Programme for Government 2021 - 2026	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Sex / Gender	The intention of the proposal is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person based on their sex/gender	A Healthier Wales: The Oral Health and Dental Services Response Programme for Government 2021 - 2026	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Sexual orientation (Lesbian, Gay and Bisexual)	The intention of the proposal is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person based on their sexual orientation	A Healthier Wales: The Oral Health and Dental Services Response Programme for Government 2021 - 2026	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.
Marriage and civil partnership	Positive - Shared Parental Leave promotes equal opportunities for both	A Healthier Wales: The Oral Health and Dental Services Response	No need for mitigation. However, we will continuously monitor the impact of

	parents, allowing shared responsibility of childcare and distribution of parental duties. It can also mitigate career interruptions traditionally experienced by women. SPL also supports dual-earner families, by potentially reducing the financial burden that typically falls on women when taking extended maternity leave.	Programme for Government 2021 - 2026	the new contract once the regulations coming into force.
Children and young people up to the age of 18	Positive - Higher values for children's care packages incentivises access, monitoring and the promotion of preventative care. Enhanced coverage for complex age-related dental issues.	A Healthier Wales: The Oral Health and Dental Services Response Programme for Government 2021 - 2026 Picture of Oral Health 2023 – Dental epidemiological inspection of school year one (5-year-old) children in Wales 2022/23 Public Health Wales, Public survey to inform the General Dental Services (GDS) Reform Programme in Wales: key findings. Nov 2020	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.

Low-income households	Positive - The new model aims to prioritize those with higher clinical needs. Low-income households are exempt from charges. This supports the promotion of health equalities by ensuring resources are based on clinical necessity rather than the ability to pay. Many patients with complex and urgent dental needs can receive necessary treatment without cost barriers, where they may have been deterred by financial constraints as a result of a lack of access under the former model and the potential need to go through private avenues. This promotes stronger health equality by ensuring resources are allocated based on clinical necessity rather than the ability to pay, ensuring fair access for all.	A Healthier Wales Programme for Government 2021 - 2026 Public Health Wales, Public survey to inform the General Dental Services (GDS) Reform Programme in Wales: key findings. Nov 2020	No need for mitigation. However, we will continuously monitor the impact of the new contract once the regulations coming into force.

Human Rights and UN Conventions

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative Impacts?
	Central to this proposal is to improve access to NHS Dental Services in Wales to those with the highest need, reducing health disparities and promoting equality. By placing an emphasis on prevention, the proposal anticipates that health outcomes will be improved. This is particularly important to vulnerable people and people with protected characteristics, thereby generating a positive impact on people's human rights.	Analysis within: A Healthier Wales: our Plan for Health and Social Care Programme for Government 2025 - 2028	There is no need for mitigation. We will monitor the implementation of the new contract for 12 months following the date that regulations coming into force

Annex

Annex A – Current and new fee structure

Summary of Current NHS Dental Charges and Exemptions in Wales
The Welsh Government sets NHS dental charges in Wales under a three-band system, plus an additional urgent band, to reflect the type and complexity of treatment. Certain groups, such as those under 18, pregnant women, and recipients of qualifying benefits, may be exempt from these charges. Additional information and further details on exemptions can be found on the Welsh Government website.

Band	Treatment Coverage	Patient Charge
Band 1	Examination, diagnosis (including X-rays), advice on prevention, and, if required, a scale and polish	£20
Band 2	All Band 1 treatments plus additional procedures such as fillings, root canal treatments, and extractions	£60
Band 3	All Band 1 and Band 2 treatments plus more complex procedures, such as crowns, dentures, and bridges	£260

Exemptions
Individuals who qualify for certain exemptions do not pay NHS dental charges. These include:

- Children under 18 years of age
- 18-year-olds in full-time education
- Pregnant women or those who have given birth in the last 12 months
- Individuals in receipt of qualifying social security benefits or tax credits

Patients who believe they qualify for an exemption should provide evidence of their entitlement to the dental practice. Further details on exemptions and how to claim help with health costs are available on the Welsh Government's official website.

Proposed new structure

Under the proposed reforms, the longstanding Unit of Dental Activity (UDA) approach would be replaced by a care package model. This model sets out specific fees for a range of common dental treatments based on their complexity and the time required, rather than purely on the volume of activity.

Key Features of the New Care Package Model

1. **Adult Fee Scale**
    - A schedule of 14 different care packages covers everything from urgent care (Care Package 1) through to restorative treatments, root

canal therapy, and various recall intervals (e.g., 3, 6, 9, or 12-month appointments).

- **High-Value Treatment Thresholds:** To prevent over-delivery of the costliest treatments (Posterior Root Canal – Package 7, Crown/Bridge – Package 8), there is a maximum threshold of 10% (within the 70% care-package segment of a contract) for these categories unless otherwise agreed by the Health Board.

Care Package	Description	Revised Adult Fee
1	Urgent	£75
2	Patient Assessment	£49
3	Simple Caries	£65
4	Extended Restorative	£124
5	Perio	£187
6	Anterior RCT	£164
7	Posterior RCT	£329
8	Crown/Bridge	£253
9	Denture	£156
10	Very High Needs Stabilisation	£135
11	3 Month Recall	£180
12	6 Month Recall	£90
13	9 Month Recall	£67.50
14	12 Month Recall	£45

2. **Child Fee Scale**
    - Higher values apply to child assessments (Packages 15–19) to encourage practices to accept and retain younger patients, providing comprehensive preventive support from an early age.
    - If children need more extensive treatment, they will transfer into the corresponding adult care package category.

Care Package	Description	Revised Child Fee
15	Initial Assessment (Under 1 year)	£80
16	Initial Assessment (1–4 years)	£75

17	Initial Assessment (5–12 years)	£70
18	Initial Assessment (13–17 years)	£60
19	6 Month Recall	£110

What This Means in Practice for Patients
Under the new care package model, charges for each course of NHS treatment would be set at 60–70% of the total package cost, rather than being divided into the current Band 1–3 system. This equates to a lower contribution than in other areas of the UK—for example, Scottish patients generally pay around 80%. Any extra laboratory work (e.g., crowns, bridges, or dentures) would have a separate but capped fee, ensuring patients are protected from excessive additional costs.

Importantly, these changes shift the focus toward preventing oral health problems before they become serious. Dentists must deliver a broad range of preventive and routine care, rather than investing too heavily in high-cost treatments. For individuals needing those more complex or urgent procedures, a dedicated referral pathway will ensure they receive the necessary level of specialist care in a timely manner. Meanwhile, an online payment system run by the NHSBSA will simplify billing and remove the administrative burden of debt recovery from local practices, ultimately making the patient journey more streamlined and transparent.

Appendix B Proposed New Patient Flow Diagram

The diagram below sets out the new patient journey under the proposed revised structure.