NHS Complex Care Pathways — Summary

Pathways at a Glance

Three longitudinal NHS dental care packages for patients with higher treatment needs (aged 16+)

THE THREE PATHWAYS

Pathway 1

£293.40

Caries Only

6 months | 6 declarations

£76.60 patient charge

ELIGIBILITY

≥5 carious teeth into dentine

Aged 16+

SERVICE REQUIREMENTS

- Oral exam, assessment & radiographs
- Record carious lesion diagnosis & depth
- Identify modifiable risk factors
- Treatment plan shared with patient
- Preventative advice throughout
- Restorations/extractions of ≥5 teeth (+endo if needed)
- Re-evaluation before completion
- Risk-based recall interval assessment

Pathway 2

£732.47

Caries + Perio

12 months | 12 declarations

£76.60 patient charge

ELIGIBILITY

≥5 carious teeth into dentine

Unstable perio (generalised >30% teeth)

Aged 16+ | Depth ≥5mm or ≥4mm + BOP

SERVICE REQUIREMENTS

- Oral exam, assessment & radiographs
- Record carious lesion & periodontitis diagnosis
- Identify modifiable risk factors
- Treatment plan shared with patient
- Preventative advice throughout
- Restorations/extractions of ≥5 teeth (+endo if needed)
- Min. 3 cycles of periodontal treatment (BSP S3)
- Clinical data at 6-month mid-point
- Risk-based recall interval assessment

Pathway 3

£256.21

Complex Perio

6 months | 6 declarations

£76.60 patient charge

ELIGIBILITY

Stage III/IV or unstable Grade C perio

Aged 16+ | No caries minimum

If <5 carious: Band 2 COT first, then enter pathway

SERVICE REQUIREMENTS

- Oral exam, assessment & radiographs
- Record periodontitis diagnosis statement
- Identify modifiable risk factors
- Treatment plan shared with patient
- Preventative advice throughout
- Min. 2 cycles of periodontal treatment (BSP S3)
- Risk-based recall interval assessment

CLINICAL GUIDANCE REFERENCES

Caries: ICCMS ™

- ICCMS™ Practitioner Guide (PDF)
- ICCMS™ Caries Pathway (BMC)
- CariesCare International Guide

Periodontics: BSP S3

- BSP UK Clinical Practice Guidelines
- S3 Treatment Guidelines overview
- BSP Publications library

Prevention: DBOH v4

- DBOH v4 — full toolkit (GOV.UK)
- DBOH v4 — Chapter 1: Introduction
- DBOH v4 overview (Oral Health Found.)

Key rules: Patient must be 16+ · Cannot be on two pathways simultaneously · Incomplete pathway cannot be reopened — a new COT must commence. · Patient charge fixed at commencement (Band 2 base, rising to Band 3 if lab work required) · £76.60 applies to Band 2 treatments; excludes urgent care (Band 1) and Band 3.

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Declarations & Timing

DECLARATION FLOW

Initial
Declaration 1
Start pathway

→

Interim ×N
Monthly (sequential)
Confirm ongoing care

→

Final
Last declaration
Confirm complete

Suspension (max 1)
Pause up to 3 months
Submit within 2 months of last declaration

Incomplete
Terminate early
Submit within 2 months of last treatment

TIMING BY PATHWAY

● Pathway 1 & 3 — 6 months / 6 declarations

Interim declarations	**4 (months 2–5)**
Initial decl. deadline	**Within 2 months of start**
Suspension cut-off	**Max month 4**
Auto-incomplete trigger	**Month 9**
Final decl. deadline	**Within 2 months of completion**

● Pathway 2 — 12 months / 12 declarations

Interim declarations	**10 (months 2–11)**
Initial decl. deadline	**Within 2 months of start**
Mid-point clinical data	**6-month declaration**
Suspension cut-off	**Max month 10**
Auto-incomplete trigger	**Month 15**
Final decl. deadline	**Within 2 months of completion**

REJECTION RISK: Declarations submitted before the 1st of the applicable calendar month, or out of numerical order, will be rejected. Late declarations can be submitted in bulk within the same month but must still be in order.

NHS Complex Care Pathways — Summary

UDA Crediting

UDA CREDITING FORMULA

Initial & Interim credits:

Credit = (Total pathway £ ÷ 6 or 12) ÷ Monetary Value of UDA [rounded up to 2dp]

Final (balancing) credit:

Credit = (Total pathway £ − UDAs paid to date × UDA value) ÷ UDA value [rounded up to 2dp]

Credits pause if a declaration is missed or suspension submitted; resume on next valid declaration.

ADDITIONAL UDAS — CONCURRENT & SUBSEQUENT TREATMENT

Treatment	When claimable	Additional UDAs	Patient charge
Denture repair	During pathway only	+2 UDAs	Charge exempt
Denture Modification	During or within 3 months post-completion	+2 UDAs	No additional charge
Denture repair + Modification	As above (one of each)	+4 UDAs	Band 2 for pathway
Band 3 COT	During or within 3 months post-completion	+12 UDAs	Max Band 3 charge
Band 3 + denture repair/mod	As above	Max +12 UDAs	Max Band 3 charge
Urgent COT (intra-oral injury only)	During pathway only	Relevant urgent UDAs	Band 1 urgent charge

Max limits per pathway period: 1 denture repair · 1 Denture Modification · 1 Band 3 COT · Urgent COT is ONLY valid for intra-oral injury — not disease processes identified at initial examination.

RELATED GUIDANCE LINKS

- What Band 2/3 covers (NHS BSA)
- Contractual guidance (NHS England)
- Clinical guidance: urgent & non-urgent care

NHS Complex Care Pathways — Summary

Patient Charges

PATIENT CHARGE RULES

Standard pathway (no lab work) Charge fixed at commencement; does not increase if pathway spans two financial years.	Band 2
Laboratory work required (Band 3 claimed during or within 3 months post-completion) Patient charged the difference between Band 3 and Band 2 at the point the Band 3 FP17 is submitted.	Band 3
Urgent COT during pathway (intra-oral injury only) In addition to pathway charge.	Band 1 Urgent
Denture repair Charge exempt regardless of pathway status.	Exempt
Denture Modification (during or within 3 months post-completion) No extra charge.	No extra charge
Band 1 or Band 2 COT started within 2 months of pathway completion Continuation rules apply.	No charge
Guaranteed item (Band 2) during pathway	No extra UDAs
Guaranteed item (Band 3) during or within 3 months of pathway	12 UDAs, no charge

Refunds: If a patient paid Band 2 and becomes liable for Band 3, the contractor charges the difference. If remission subsequently applies, the patient claims a refund from NHS BSA.

NHS Complex Care Pathways — Summary

Urgent Care

■ Urgent Care Within Complex Care Pathways

Urgent care that attracts a separate UDA credit within a Complex Care Pathway is restricted to INTRA-ORAL INJURY ONLY. Other urgent presentations are managed within the existing pathway treatment — no separate urgent FP17 or UDA credit.

REQUIRED NUMBER (URGENT COTS)

Contractors on GDS or PDS contracts with ≥100 UDAs have a Required Number of urgent COTs they must deliver. Set by commissioners annually.

Calculation Formula

RCV ÷ £10,000 × 11

≈ 8.2% of RCV, rounded up to nearest integer.
Commissioner may reduce by up to 15% (Oct 30–Mar 31 only).

Exempt from Required Number:

- Contracts with <100 UDAs
- Pre-2006 child-only contracts
- Community Dental Services (CDS) only
- Secure estates contracts
- DPHS-only contracts

PAYMENT FOR URGENT COTS

Scenario	Payment Component	Amount
With Required Number	Fixed credit per Required Number treatment (monthly)	£15
	Activity payment — treatment within Required Number	£62.49
	Activity payment — treatment above Required Number	£77.49
Without Required Number	Per completed urgent COT	£77.49

CLAIMING RULES

FP17 Submission

Submit a Band 1 urgent FP17 within 62 days of completion date. Mark as urgent COT. Do not duplicate within an active pathway unless the presentation is intra-oral injury.

Patient Charge

Urgent COTs attract a Band 1 patient charge (unless patient is exempt). Charge applies even if the patient is on an active Complex Care Pathway.

GUIDANCE

■ Clinical Guidance: Unscheduled, Urgent and Non-Urgent Dental Care (NHS England)

■ 2026/27 Urgent Care Activity Requirements (NHS England)

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Dentures

SCENARIOS

Scenario A

During other Band 2 treatment

A maximum of 2 UDAs can be claimed in addition to the UDAs for the Band 2 course of treatment.
The patient charge is a single Band 2 charge — no additional charge is collected.

Applies to: Denture repair & Denture Modification

Scenario B

During / within 3 months of a Complex Care Pathway

A maximum of 2 UDAs can be claimed in addition to the UDAs credited for the Complex Care Pathway.
The patient charge is a Band 2 or Band 3 charge in accordance with the pathway charge rules (s.4.11).

Applies to: Denture repair & Denture Modification

UDA & CHARGE REFERENCE

Situation	Additional UDAs	Patient Charge	Limit
Repair or Modification — during Band 2 COT	+2 UDAs	Single Band 2 charge	Max 1 of each
Repair or Modification — during or within 3 months of CC	+2 UDAs	Band 2 or Band 3 per s.4.11	Max 1 of each
Repair + Modification — both during CCP	+4 UDAs	Band 2 or Band 3 per s.4.11	1 repair + 1 mod
Repair and/or Modification — during Band 3 COT	No additional UDAs	Existing Band 3 charge	Existing regs
Repair + Modification + Band 3 — during CCP or within 3 months	12 UDAs total	Band 3 charge	Max 1 of each

COMBINED CLAIMS DURING A COMPLEX CARE PATHWAY

Repair + Modification during CCP

Where both a denture repair and a Denture Modification are provided during a Complex Care Pathway, the contractor is entitled to a total of 4 UDAs (2 for the repair + 2 for the modification) in addition to the UDAs credited for the pathway.

+4 UDAs additional to CCP UDAs

Repair + Modification + Band 3 during/post CCP

Where a denture repair, a Denture Modification, and a Band 3 COT are all claimed during a Complex Care Pathway or within 3 months of its completion, the contractor can claim a total of 12 UDAs in addition to the pathway UDAs.

12 UDAs total additional to CCP UDAs

Band 3 COT: No additional UDAs are claimable for denture repairs or Denture Modifications if they are part of a Band 3 course of treatment. This remains in line with existing regulatory arrangements.

Maximum claims per pathway period: 1 denture repair · 1 Denture Modification · 1 Band 3 COT

Definitions — Denture repair: restoring a broken or damaged denture to its original form. Denture Modification: altering an existing denture to accommodate changes in the mouth (e.g. addition of tooth, relining, rebasing). Neither constitutes a new denture, which would require a Band 3 COT.

No Complex Care Pathways for patients under 16. Complex Care Pathways are only available for patients aged 16 and over. Children cannot be entered into a pathway regardless of their level of disease.

Managing High Levels of Disease in Children

Where a child has a high level of dental disease, this can be managed through either:

BANDED CARE
Standard NHS banded courses of treatment (Band 1, 2 or 3) can be used to address high levels of disease in children.

PHASED TREATMENT APPROACH

A phased treatment approach allows care to be structured across multiple courses of treatment, enabling complex or extensive treatment needs to be managed in a planned, staged way.

Note: The phased treatment guidance is currently under revision. Practitioners should check for updated guidance before applying phased treatment arrangements.

PREVENTION & MANAGEMENT OF DENTAL CARIES IN CHILDREN

SDCEP — Prevention and Management of Dental Caries in Children (2nd edition) **Delivering Better Oral Health v4 (DBOH) — GOV.UK**
PHASED TREATMENT GUIDANCE *(under revision)*

NHS England — Avoidance of Doubt: Provision of Phased Treatments

Key principle: The absence of a pathway for children does not remove the clinical obligation to provide appropriate, timely and evidence-based care for children with high levels of dental disease. Prevention should remain central to all child dental care, in line with DBOH v4 and SDCEP guidance.