## Sample Contract 1

**Provider Name[[1]](#footnote-2)**

**Contract Number: xxxxxx/000x**

**Standard General Dental Services Contract Variation Notice – [DATE]**

Dear Sir/Madam

We give you notice under paragraph 60(2) of Schedule 3 to The National Health

Service (General Dental Services Agreements) Regulations 2005 (S.I. 2005/3361) that

the terms of your General Dental Services Contract dated [ ] are varied as set out

below with effect from [*insert here date on which variations will take effect. Where*

*reasonably practicable this should not be less than 14 days after the date on which this*

*notice is served. This is a regulatory requirement*.].

This General Dental Services Variation Noticedated **[DATE]** has been prepared by **[NAME]** Integrated Care Board (ICB) with delegated authority to sign on behalf of National Health Services Commissioning Board (NHSCB) under statutory delegation dated 1st April 2023.

This variation forms part of your General Dental Services Contract **[DATE CONTRACT COMMENCED]** and the contents within the variation document supersede the prior contracts clauses as from the date of agreed effectiveness or the date of the variation document if no timescale is contained within it. For the avoidance of doubt nothing in this notice shall affect accrued rights or liabilities up to the date of the variation.

[ICB ADDRESS]

[ICB CONTACT EMAIL ADDRESS]

[DATE]

**Private & Confidential**

Provider Name

Provider full Address

Dear Provider Name

**Re: General Dental Services Contract Variation Notice – [DATE]**

Notice of variation to your General Dental Services Contract dated **[DATE CONTRACT COMMENCED]** relating to Part 10: Further Services, Clause 168, 169 or 170:

**Clause 168** –“Reserved”.

Is replaced with the following:

**Clause 168** - “The Contractor shall provide the locally commissioned **Priority Pathway for Patients With A Diagnosis of Cancer** (referred to as *Priority Patient Cancer Pathway*) in accordance with the following points:

168.1 The *Priority Patient Cancer Pathway* shall be provided from [DATE].

168.2 Patients seen under the pathway named in clause 168.1 are those directed to the practice via the hospital team managing the delivery of cancer services. The patients are identified in the clinical guidance as:

* Patients with a diagnosis of head and neck cancer.
* Patients who will receive chemotherapy or immunotherapy for any cancer type and location.
* Patients that will undergo bone marrow transplantation.

168.3 The *Priority Patient Cancer Pathway* has been commissioned to ensure the practice will agree to protect an agreed amount of clinical time to provide care for patients as defined within 168.2.

168.4 A fee of [PRICE] will be paid for each appointment slot held. Volume and price as determined by the relevant commissioner.

168.5 Both parties acknowledge that any *units of dental activity* generated as direct result of the *Priority Patient Cancer Pathway* are submitted to the NHS Business Services Authority and will count towards the contracted *units of dental activity* delivery of the main NHS Contract.

168.6 Either party may terminate or amend this non-recurrent service by giving at least 12 weeks’ notice in writing to the other party at any time. At the end of the notice period, the contract would revert to its pre-variation level of contracted *units of dental activity*. The duration of the notice period protects patients already in the system.

Commencing from: [**DATE TO COMMENCE PRIORITY PATIENT CANCER PATHWAY**]

This variation is made to reflect the changes arising from change of circumstances to the Standard General Dental Services Contract that you hold. This is to ensure compliance with the terms of the Regulations and with the required terms arising from NHS Commissioning Board.

We request you to acknowledge receipt of this notice by signing and returning this contract variation.

Dated:

Signed:

Print Name:

On Behalf of: **[ICB NAME]**

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**Standard General Dental Services Contract Variation Notice – [COMMENCEMENT DATE OF VARIATION].**

We/I, [PROVIDER NAME] acknowledge receipt of the notice of variation dated [DATE]

We/I acknowledge that this notice took effect from [DATE]

Signed:

Print Name:

Date:

On behalf of: [PROVIDER NAME]

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1. Note: All details highlighted in yellow need to be specified in order to adapt this sample contract. [↑](#footnote-ref-2)