**National service specification: urgent unscheduled and non-urgent unscheduled dental care**

**April 2025**

**Version 1.0**



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**Please note:**

Sections marked in [green] are for completion or amendment by the commissioner. All other content cannot be amended but can be added to.

1. Introduction
	1. The NHS has a responsibility to ensure people have timely and appropriate access to unscheduled dental care, both within and outside of working hours. Patients requiring unscheduled care should be clinically triaged into 1 of the following 3 categories, in line with [Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance:](https://www.sdcep.org.uk/media/ixlpeakb/sdcep-madp-guidance-march-2013.pdf)
		1. **emergency unscheduled care (immediately life threatening and oral and dental conditions)**[[1]](#footnote-2): patients who may require clinical triage by an appropriately trained clinical triage professional within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition;
		2. **urgent unscheduled care**: patients who may require clinical care within 24 hours or as soon as practically possible, unless the condition worsens; or
		3. **non-urgent unscheduled care**: patients requiring dental care within 7 days, unless the condition worsens.
	2. The NHS England [Clinical guidance: unscheduled urgent and non-urgent dental care](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/unscheduled-urgent-and-non-urgent-dental-care/) states:

“Unscheduled dental care should be of high quality and individuals with unscheduled dental needs should be seen in the right place, by the right person delivering the right care at the right time. Care must be accessible to all Patients, including children and adults, those with additional needs, and those not currently receiving treatment in primary dental services. Patients must not be denied access to an available unscheduled dental care appointment where they do not have an NHS number, GP registration or current permanent address. Patients must also be allowed access to an available unscheduled dental care appointment if they are not undergoing current treatment or are not known to a practice.”

* 1. This national service specification (Service) outlines the requirements and evidence-based protocols for the delivery of urgent and non-urgent unscheduled dental care to eligible Patients, as outlined in paragraph 6. This Service should be commissioned in accordance with the Directions and Regulations defined in paragraph 2. The requirements and evidence-based protocols in this Service apply, as a minimum, for both contracted working hours and out of hours. Emergency unscheduled dental care, as defined in paragraph 1.1.1, is, in most cases, not covered by this Service. Some emergency unscheduled care treatments may be appropriate to be provided under this Service, in line with clinical need and maintaining Patient safety as outlined in paragraph 6.3.
	2. The Dental Provider is required to comply with this Service in the provision of urgent and non-urgent unschduled care.
	3. This Service is subject to amendments from time to time and sets out the minimum requirements and standards, which cannot be varied locally. Commissioners may add to this Service locally.
1. Definitions
	1. This national service specification is referred to as this “Service”.
	2. In this Service:
		1. **"Commencement Date"** means [insert date];
		2. **“Clinical Disposition”** means the relevant clinical triage timings within which a Patient should access dental care aligned to either urgent unscheduled care need (24 hours) or non-urgent unscheduled care need (up to 7 days) under this Service;
		3. **“Clinical Guidance”** means NHS England’s publication titled [Clinical guidance: unscheduled urgent and non-urgent dental care](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/unscheduled-urgent-and-non-urgent-dental-care/)
		4. **“Commissioner”** means the relevant integrated care board (ICB) for the area within which the Site sits;
		5. **“Dental Care Professionals”** means any individual working under the GDC scope of practice, excluding dentists;
		6. **“Dental** **Provider**” means the provider who holds an NHS dental contract that delivers mandatory services;
		7. **“Directions”** means the GDS/PDS Statement of Financial Entitlement Directions, including any amendments;
		8. **“End Date”** means [DATE] or any such later date notified by the Commissioner in accordance with paragraph 3.2 unless terminated earlier in accordance with paragraph 3.4 or otherwise in accordance with this Service;
		9. **“Non-urgent Unscheduled Care”** means Patients that require dental care, in line with [SDCEP guidance](https://www.sdcep.org.uk/media/ixlpeakb/sdcep-madp-guidance-march-2013.pdf), as defined in paragraph 1.1.3;
		10. **“Patient”** means those patients eligible for unscheduled dental care as set out in paragraph 6;
		11. **“Regulations”** means the National Health Service (General Dental Services Contracts) Regulations 2005 No. 3361, the National Health Service (Personal Dental Services Agreements) Regulations 2005 No. 3373 and the National Health Service (Dental Charges) Regulations 2005 No. 3477, as amended;
		12. **“Service”** means the requirements as set out in this service specification and for which the Dental Provider is required to provide unscheduled dental care;
		13. **“Site"** means the Care Quality Commission (CQC) registered premises from which the Service will be provided;
		14. **“Terms of Service”** means the terms of service that the Dental Provider is required to adhere to as set out in the Regulations and this Service; and
		15. **"Urgent Unscheduled Care”** means Patients that require dental care, in line with [SDCEP guidance](https://www.sdcep.org.uk/media/ixlpeakb/sdcep-madp-guidance-march-2013.pdf), as defined in paragraph 1.1.2.
	3. In this Service, words importing the singular include the plural and vice versa.
	4. References to any body, organisation or office include reference to its applicable successor, if relevant.
2. Duration
	1. The Dental Provider shall provide this Service in accordance with its terms from the Commencement Date to the End Date unless it is terminated in accordance with paragraph 3.4.
	2. [The Commissioner may, on no less than 60 days' notice to the Dental Provider and no later than 60 days before the End Date, extend the Term by up to [X months]].
	3. The Service shall commence with effect from the Commencement Date.
	4. This Service may be terminated on any of the following events:
		1. by the Commissioner providing not less than 28 days’ written notice to the Dental Provider;
		2. by the Dental Provider providing not less than 28 days’ written notice to the Commissioner, unless otherwise agreed with the Commissioner;
		3. immediately on removal of either:
			1. the Dental Provider’s General Dental Council registration; or
			2. CQC registation for the Site at which this Service is provided from; or

immediately or on such notice as the Commissioner deems appropriate where the Dental Provider is unable to meet the requirements of this Service.

1. Collaboration requirements
	1. The Dental Provider will work in a collaborative manner and in accordance with the collaboration requirements of this Service to deliver all aspects of this specification.
	2. The Dental Provider will:
		1. comply with any reasonable request for information from the Commissioner relating to the provision of the services pursuant to this Service;
		2. have regard to all relevant guidance published by the Commissioner or referenced within this Service;
		3. have regard to and, where appropriate, comply with clinical collaboration guidance, including peer review and clinical audit;
		4. take reasonable steps to provide information (supplementary to national communications) to Patients about the services pursuant to this Service, including information on how to access the services and any changes to them; and
		5. ensure that it has in place suitable arrangements to enable the lawful sharing of data to support the delivery of the services, business administration and analysis activities.
2. Site and premises requirements
	1. The Site from which this Service is delivered must meet the minimum requirements, which include:
		1. being registered and compliant with the CQC;
		2. maintenance of infection preventions and control standards;
		3. being accessible to Patients; and
		4. access to appropriate radiographic facilities that meet the relevant legal requirements.
	2. The Dental Provider shall comply with any request from the Commissioner, General Dental Practice Advisor and/or other appropriate body to review and inspect the practice.
3. Patient eligibility
	1. The Dental Provider shall only provide this Service to Patients eligible to receive care, as outlined in this paragraph (paragraph 6).
	2. The Dental Provider must provide appropriate and relevant care to Patients who have expressed a need for care and have been clinically triaged in accordance with paragraphs 8 and 9, where the following non-exhaustive conditions apply:
		1. intra-oral bleeding that the Patient cannot control with local measures;
		2. avulsed permanent teeth;
		3. oro-facial swelling or infection that is spreading, recurrent or continuing, with lymphadenopathy (without airway or intracranial compromise);
		4. severe dental and facial pain (that is pain that cannot be controlled by the Patient following self-help advice including analgesia);
		5. dentoalveolar injuries, involving fractured teeth and severe luxation injuries, that affect oral function and/or are an airway risk;
		6. avulsed primary teeth;
		7. significant facial trauma requiring urgent referral or review;
		8. intra-oral bleeding that can be controlled with local measures;
		9. severe gingival bleeding requiring urgent treatment, or acute conditions of the gingivae or oral mucosa - including therapy for pericoronitis or for rapidly progressive or necrotising periodontal disease and viral lesions (for example, herpetic) - along with any necessary oral hygiene advice or coaching in connection with such treatment;
		10. mild or moderate pain that responds to pain-relief measures;
		11. minor dental trauma that may require a professional review without clinical intervention, such as concussion injuries involving the permanent teeth;
		12. post extraction bleeding that the Patient can control using self-help measures;
		13. loose or displaced crowns, bridges or veneers that are not a risk to the airway;
		14. fractured or ill-fitting dentures and other appliances that are affecting oral function and/or causing oral trauma;
		15. fractured posts;
		16. localised oro-facial swelling that is not spreading, recurrent or continuing (without airway or intracranial compromise, or lymphadenopathy)
		17. fractured, loose or displaced fillings;
		18. treatment of sensitive cementum or dentine;
		19. significantly loose teeth that are not a risk to the airway; or
		20. oral soft tissue infections or persistent lesions.
	3. The conditions outlined in paragraph 6.2 are not exhaustive and where, through clinical triage, it is determined that the Patient should be seen in an unscheduled care appointment, then the Patient should be provided access to an appointment under this Service in line with paragraphs 8 and 9. Practices should be prepared to consider other unscheduled treatment not covered by paragraph 6.2, including emergency unscheduled treatment appropriate under this Service in line with clinical need. Any emergency unscheduled treatment appropriate under this Service should be undertaken on a case-by-case basis, where dental teams are sufficiently skilled and competent to do so, to help maintain clinical outcomes and patient safety. For example, instances of tooth avulsion or spreading dental infection where timely intervention is critical.
4. Service description
	1. The Dental Provider must:
		1. comply with all relevant guidance and standard operating procedures for provision of evidence-based care in line with current good practice on unscheduled care and the [clinical guidance](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/unscheduled-urgent-and-non-urgent-dental-care/) to:
			1. address the nature of the care needs for the Patient in accordance with those outlined in paragraph 6.2; and
			2. ensure prevention principles delivered as part of initial disease management support improvements in oral health for Patients with generalised unmanaged progressive dental disease, facilitating greater control over their condition and to help prevent reattandance at unscheduled dental care services
	2. The Dental Provider must ensure that antimicrobials are only prescribed when there is a clear clinical indication, adhering to [antimicrobial stewardship, prescribing guidance](https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit) and [good practice guidelines](https://cgdent.uk/wp-content/uploads/securepdfs/2022/11/Antimicrobial-Prescribing-in-Dentistry-chairside-synopsis-version-1.0.pdf). The Dental Provider must ensure that antimicrobials are considered as an adjunct to clinical treatment and not used as a substitute for appropriate interventions in treating oral health conditions. The Dental Provider must also help Patients to understand when antibiotics are appropriate and prioritise pain relief over antimicrobials where suitable. The Dental Provider should conduct clinical audits to ensure compliance with these standards. Further information on patient assessment of dental infections is available in the [clinical guidance](https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/unscheduled-urgent-and-non-urgent-dental-care/).
	3. The Dental Provider should support or signpost the Patient to access general, intermediate and specialised dentistry to address any ongoing oral health needs identified and/or following the initial treatment or initial disease management.
	4. Where the Patient has oral health needs that are beyond the requirements set out within this Service, and the Dental Provider is contracted to provide the required care and able to do so outwith of this Service, then the Dental Provider may provide the relevant care in accordance with the terms of their General Dental Service or Personal Dental Service contract and where consented to by the Patient.
5. Patient access and service availability
	1. This Service must be accessible, appropriate and sensitive to the needs of all Patients.
	2. No Patient who meets the eligibility criteria outlined in paragraph 6 shall be excluded or experience particular difficulty in effectively accessing this Service, where appointments are available, due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age. Patients do not require an NHS number, GP registration or current permanent address and should not be denied access to an available urgent dental care appointment under this Service on this basis. Patients not known to the Dental Provider or not currently undergoing a course of treatment with the Dental Provider should not be denied access to an available urgent dental care appointment under this Service.
	3. The Dental Provider must agree with the Commissioner the set days and times that the Service will be available to Patients. The agreed appointment times must be shared with NHS111 and/or, where applicable, a local dental helpline.
	4. Where there are necessary changes to planned appointments or clinics, the Dental Provider shall work with the Commissioner and shall communicate any such changes to NHS111, and, where relevant, a single point of access stipulated by the Commissioner.
	5. Patient access to this Service should be managed through:
		1. a single point of access through NHS111 (telephone or online); and/or
		2. a single point of access through a local process as stipulated by the Commissioner, and
		3. contacting the Dental Provider directly.
	6. Where NHS111 is not available, a comparable local service should be commissioned. Further information is available in the [Integrated Urgent Care Service Specification](https://www.england.nhs.uk/urgent-emergency-care/nhs-111/nhs-111-service-specification/).
	7. Clinical triage should be undertaken by an appropriately trained clinical triage professional either at:
		1. the single point of access through NHS111 or local process; or
		2. when a Dental Provider is contacted directly.
	8. Patients should be booked into an available appointment following clinical triage, in line with the relevant Clinical Disposition.
	9. If applicable, the Dental Provider must ensure that it has suitable arrangements in place to prevent the disruption of other services and obligations of the Dental Provider under their GDS contract or other PDS contract(s).
6. Triage and Patient assessment
	1. Patients should be able to access urgent dental care in the most suitable environment in line with the [clinical guidance](https://nhs.sharepoint.com/sites/PCCSS/prcg/pccdo/Restricted%20document/Dental%20and%20Optom/Dental/2024/National%20Service%20Specification%20for%20Urgent%20and%20Non-urgent%20Unscheduled%20Dental%20Care).
	2. The Dental Provider must ensure that Patients are clinically assessed and triaged by an appropriately trained healthcare professional.
	3. Healthcare professionals assessing a Patient presenting with acute needs should identify the nature of the Patient’s problem to provide initial treatment and, where required, determine the appropriate provider of subsequent care. Decision support pathways should be used to [support management of acute dental problems](https://www.sdcep.org.uk/media/ixlpeakb/sdcep-madp-guidance-march-2013.pdf). Further information is available in the [clinical guidance](https://nhs.sharepoint.com/sites/PCCSS/prcg/pccdo/Restricted%20document/Dental%20and%20Optom/Dental/2024/National%20Service%20Specification%20for%20Urgent%20and%20Non-urgent%20Unscheduled%20Dental%20Care).
7. Patient consent
	1. The Dental Provider must:
		1. ensure that informed Patient consent is obtained before initiating assessment and/or treatment;
		2. ensure that informed Patient consent is recorded in accordance with law and guidance. Should the Patient decline treatment at any stage, this must also be recorded; and
		3. ensure that the Patient is informed about the handling of their information in relation to the provision of this Service, including advising the Patient that information may be anonymised and used by the Commissioner (or their agents) for the purpose of service delivery, payment, post-payment verifications, evaluation and research.
8. Initial disease management
	1. The Dental Provider should ensure that both the acute symptoms and the responsible risk factors are addressed during the treatment. This may involve an initial assessment with pain relief, management of active unmanaged progressive disease and initiation of preventive measures.
	2. The Dental Provider should ensure that initial disease management is delivered on a foundation of [minimum intervention oral care (MIOC)](https://www.nature.com/articles/s41415-024-7132-2) and [British Society of Periodontology](https://www.bsperio.org.uk/professionals/bsp-uk-clinical-practice-guidelines-for-the-treatment-of-periodontitis) (BSP) principles, adhering to best practice guidelines, and initiate both preventive measures and patient focused risk factor conversations to promote a movement towards stable oral health. Further information is available in the [clinical guidance](https://nhs.sharepoint.com/sites/PCCSS/prcg/pccdo/Restricted%20document/Dental%20and%20Optom/Dental/2024/National%20Service%20Specification%20for%20Urgent%20and%20Non-urgent%20Unscheduled%20Dental%20Care).
	3. Where a Patient requires a robust plan for further treatment, it may not be possible to produce the plan at the appointment under this Service. The Dental Provider should inform the Patient that further courses of treatment are advised, and tell the Patient that this may incur additional NHS dental charges (based on what further NHS treatment is required following detailed assessment and treatment planning). The Dental Provider should support or signpost the Patient to access general, intermediate and specialised dentistry to address any ongoing oral health needs.
	4. Where the Dental Provider can provide further courses of NHS treatment to the Patient, then this would be in accordance with the relevant banded course of treatment for the Patient as set out in the Regulations. Under the Regulations, a Dental Provider can provide a further banded course of treatment after an unscheduled care course of treatment but cannot provide a banded course of treatment during the unscheduled course of treatment.
9. Training
	1. All persons involved in the provision of this Service must adhere to all relevant professional standards, providing care described in paragraph 6.2 in accordance with their scope of practice and [building dental teams](https://www.england.nhs.uk/long-read/building-dental-teams-supporting-the-use-of-skill-mix-in-nhs-general-dental-practice-long-guidance/).
	2. The Service must be provided by an appropriately trained member of staff authorised under an appropriate legal mechanism. Foundation Dentists providing this Service as part of their training must be appropriately supervised.
	3. The Dental Provider must ensure that:
		1. all dentists and Dental Care Professionals (DCPs) are registered with the General Dental Council;
		2. dentists providing NHS dentistry are currently included on the [Dental Performers List for England](https://pcse.england.nhs.uk/services/performers-lists/dental-performers-list-for-england/); and
		3. all standards required by relevant regulators are met with respect to all members of the dental team.
	4. The Dental Provider must ensure that all practitioners involved in the provision of this Service have all relevant clinical experience and training to provide treatment as outlined in this Service (or are enabled to do so with additional training) and that they maintain the required skills through relevant continuing professional development and appropriate prescribing.
10. Monitoring, reporting and record keeping
11. 1. The Dental Provider must maintain up-to date contact details to ensure it receives information published by the Commissioner and to ensure key information in relation to the delivery of this Service can be communicated in a timely manner.
	2. The Dental Provider must monitor and report all activity information in accordance with the monitoring and reporting requirements set out in this pararaph (paragraph 13) and in accordance with its Terms of Service and relevant legislation.
	3. The Dental Provider must maintain appropriate records to ensure effective ongoing delivery and governance.
	4. The Dental Provider must comply with any reasonable request for information from the Commissioner relating to the provision of services under this arrangement. Including participation in evaluation of the service and Post Payment Verification (PPV) exercises.
	5. [The Dental Provider must submit activity data via submission of a FP17 [to/on XXX:
		1. XXX]

OR in exceptional circumstances, where this data cannot be submitted, via a FP17

[The Dental Provider must submit monthly reporting, via [XXXX], on:

* + 1. appointment utilisation (number of appointment slots booked and number of appointment slots not filled);
		2. number of courses of treatment delivered; and
		3. number of patients who did not attend for their scheduled appointment].
	1. The Dental Provider shall provide any further information reasonably required by the Commissioner for the purposes of monitoring delivery and quality outcomes.
	2. The Dental Provider is responsible for recording adverse events and providing the Patient with information on the process to follow if they experience an adverse event in the future after leaving the site.
1. Governance and accountability
	1. The Dental Provider must:
		1. assign responsibility for information governance to an appropriate member of staff for this Service;
		2. ensure all correspondence – email, telephone messages, transfers of Patient records and other communications – are conducted in a secure and confidential manner in line with relevant law and Regulations;
		3. have in place a policy that meets the Commissioner and CQC requirements for safeguarding children and young people; and
		4. have effective and robust arrangements in place to promote and safeguard the health and wellbeing of young people and vulnerable adults, ensuring all staff receive regular safeguarding training.
	2. The Dental Provider must report any Patient safety incidents in accordance with the clinical governance requirements of the Dental Provider’s Terms of Service or contract (as appropriate).
2. Payment arrangements
3. 1. [Section to be completed locally].
	2. The Dental Provider will collect the relevant urgent band patient charge revenue applicable to this Service, in accordance with the appropriate Regulations.
	3. Where a Foundation Dentist provides this Service, the payment under this Service will not apply.
4. Variations to this Service
	1. Variations to this Service will be published by NHS England and will take effect immediately on publication. The Dental Provider will also be notified of any changes by the Commissioner.
1. Examples of emergency unscheduled dental care includes oro-facial swelling that is spreading, dental conditions resulting in acute and severe systemic illness, oro-facial fractures, intra-oral bleeding that a patient cannot control with local measures and an avulsed permanent tooth. [↑](#footnote-ref-2)