NHS ENGLAND · 2026/27

NHS Dental Quality Improvement Guidance

A visual guide to understanding and implementing the NHS Dental QI programme — Year 1 topic: dental recall intervals.

- April 2026 – March 2027
- Topic: Dental Recall Intervals
- Voluntary Participation
- 3-Year Structured Programme

Contractual Guidance

Year 1 Topic Guidance (NICE Recalls)

3

Year structured programme

Year 1 Topic

NICE Recalls

NICE CG19 Guidance

PROGRAMME OVERVIEW

Eligibility, Participation & Sign-up

QI contractual guidance

ELIGIBLE CONTRACTS

- GDS contracts or PDS agreements providing mandatory services
- Contracted for **100 or more UDAs** annually

NOT ELIGIBLE

- Non-mandatory services or fewer than 100 UDAs
- Children-only (pre-April 2006), Community Dental Services, prison or dental public health services exclusively

SIGN-UP & PARTICIPATION

- **Voluntary** — eligible contractors opt in annually
- Commissioner writes to eligible contractors confirming sign-up period
- Deadline: **8 May 2026 (6pm)** — cannot join mid-year after this date
- Sign up via the **Contract Management and Payment System**
- Can **withdraw at any time** with written notice to Commissioner

Contract Management and Payment System

QI Programme Requirements

Participating practices must complete all 6 elements in sequence and be able to provide evidence on request.

QI programme requirements

1

Identify a QI Lead

Designate a suitably experienced/trained internal lead to manage timescales, engage the team and attend peer group meetings.

2

Use Data for Internal Review

Review national data packs in a team meeting to identify improvement opportunities and inform your QI plan.

3

Develop a QI Plan

Use the national template. Include SMART objectives, improvement activities, timescales and team sign-off.

4

External Peer Review

Attend **2 peer review meetings** per year. Minimum 3 practices per group. Notify Commissioner of group membership by 31 May.

5

Produce a QI Report

Complete using the national template. Captures internal review findings, improvement activities and outcomes. Must be available if requested by Commissioner.

6

Year-End Declaration

Submit via Contract Management and Payment System by **6pm on 31 May 2027**. Late submissions result in full UDA recovery.

The Improvement Method

PDSA CYCLE

Complete the four steps in sequence. Each builds on the last.

STEP 1

PLAN

1

- Nominate a QI Lead based in the practice
- Access and review baseline data pack (March 2026)
- Hold internal practice meeting to discuss data
- Set your practice aim (aspirational and specific)
- Develop QI plan using the Annex 1 national template

Annex 1 national template

Appendix 1 - NICE Recall Clinical Guidance

STEP 2

DO

2

- Implement QI plan across the whole team
- Attend External Peer Meeting 1 (June–Sept 2026)
- Share learning and data findings with the team
- Track progress using monthly data packs

Appendix 3 (Peer Review)

STEP 3

STUDY

3

- Review monthly data packs throughout the year
- Hold internal review meeting to discuss findings
- Attend External Peer Meeting 2 (Feb–Mar 2027)
- Share outcomes and compare against baseline

STEP 4

ACT

4

- Review results and identify remaining gaps
- Embed successful changes as standard practice
- Complete QI Report using Annex 2 template
- Submit year-end declaration by 31 May 2027

Annex 2 template

YEAR 1 · 2026/27

Year 1 QI programme — NICE Dental Recalls

Background, measurement, planning, peer review and the programme checklist for the recall-intervals topic.

KEY DATES

Key Dates

Programme Timeline 2026/27 — milestones and deadlines across the Year 1 cycle.

Mar 2026 — **Sign-up opens. Baseline data pack available.**

Commissioner writes to eligible contractors.

8 May 2026 — **Sign-up deadline — 6pm** DEADLINE

Cannot join the programme after this date.

31 May 2026 — **Notify Commissioner of peer group membership**

In writing. Identify QI Lead.

Jun–Sep 2026 — **External Peer Meeting 1**

Share data findings, explore variation, identify improvement activities.

Apr–Jan 2027 — **Implement QI plan**

Monitor monthly data packs. Hold internal review meetings.

Feb–Mar 2027 — **External Peer Meeting 2**

Share changes made, outcomes and learning.

31 May 2027 — **Year-end declaration deadline — 6pm** DEADLINE

Submit via Contract Management and Payment System. QI Report must be available.

BACKGROUND

Why Recall Intervals?

NICE guidelines (CG19) recommend risk-based recall intervals of **3 months to 24 months** for adults. Analysis of national FP17 data (April 2025–February 2026) shows that 13% of patients identified as low risk were assigned a recall of 12 months or more — below what clinical evidence supports.

Practices in the NHS Prototype programme demonstrated what's possible: **47% assigned 12-month recalls** and **48% assigned 24-month recalls** to low-risk patients. This programme aims to help all practices close that gap.

> Please note the above percentages are **NOT the required targets** dental practices should follow, practices should discuss and develop their own realistic and achievable targets, based on the patient demographics, the internal peer review meetings will set these practice specific targets, which can then be calibrated and reviewed as part of external peer review meetings with local practices.

NICE guidance

NHS QI - Year 1

NICE INTERVAL review

Case Studies

> **Note:** Recall intervals identified within this QI programme may increase or decrease in frequency, based on reviewing risk assessments.

Clinical Guidance

MEASUREMENT

The Two QI Metrics for Year 1

METRIC 1

Low-Risk Patients — Extended Recall

Adults with **no new decay** AND **BPE score 0 or 1**, who were assigned a routine recall of **12 months or more**.

NUMERATOR

FP17s for low-risk adults with recall ≥ 12 months

DENOMINATOR

All FP17s for low-risk adults with any recorded recall

METRIC 2

High-Risk Patients — Shorter Recall

Adults with **evidence of decay** AND **BPE score 3 or 4**, who were assigned a routine recall of **less than 12 months**.

NUMERATOR

FP17s for high-risk adults with recall < 12 months

DENOMINATOR

All FP17s for high-risk adults with any recorded recall

IMPROVEMENT PLANNING

Areas to Consider in Your QI Plan

1

Knowledge & NICE Guidelines

Is the team familiar with NICE CG19? Does the risk assessment approach align with the NICE recall checklist?

Appendix 1 (Clinical Guidance) ↓

2

Standardised Approach

Does the practice have a recall interval SOP? Are intervals reviewed at each oral health review per NICE guidance?

3

Patient Communications

How are recall changes communicated? Is the team confident? Are patient info tools (leaflets, posters) available?

Appendix 2 (Patient Resources) ↓

4

Appointment Systems

Is there a default recall approach? Does it support personalised risk-based recall? Can defaults be changed?

5

Case Studies

Are there examples from other practices (e.g. Park View Family Dental, Gateshead) you can adapt?

Case Studies

6

Skill Mix

How is skill mix currently used? Could broader involvement better support NICE guideline adherence?

Skill Mix

PROGRAMME CHECKLIST

Requirements Tracker

Important: Non-Submission Penalty

Failure to submit the year-end declaration by **6pm on 31 May 2027** will result in **full financial recovery of all UDAs attributed to QI** and an adjustment to the dental contractor's delivered activity. This may trigger financial recovery if overall delivery falls below 96%.

1. ☐ Sign up via Contract Management and Payment System by 8 May 2026
2. ☐ Nominate a QI Lead based in the practice
3. ☐ Access and review baseline data pack (March 2026)
4. ☐ Hold internal practice meeting to discuss data
5. ☐ Set practice aim (aspirational, practice-specific)
6. ☐ Develop QI plan using Annex 1 national template
7. ☐ Notify Commissioner of peer group by 31 May 2026
8. ☐ Implement QI plan and engage whole team
9. ☐ Attend External Peer Meeting 1 (June–Sept 2026)
10. ☐ Monitor monthly data packs throughout the year
11. ☐ Attend External Peer Meeting 2 (Feb–Mar 2027)
12. ☐ Complete QI Report using Annex 2 national template
13. ☐ Share QI Report with the whole dental team
14. ☐ Submit year-end declaration by 31 May 2027 — 6pm

APPENDIX 1

Appendix 1 — Clinical Guidance

Risk assessment, the 5-step recall interval selection process, and the BPE / NHS QI metrics that underpin the Year 1 programme.

NICE guidelines on recall intervals

NICE dental recall appendices

Adults: 3–24 months

Under 18: 3–12 months

Chairside Risk Assessment — 10-Domain Checklist (NICE CG19 Full Guideline, Appendix G, p.101)

> *Source: NICE Clinical Guideline 19 (2004), Full Guideline, Appendix G, pages 101 (checklist) and 103–108 (rationale and evidence). Updated September 2020 to reflect 2016 BPE guidelines (British Society of Periodontology).*

For each factor, consider whether it is present (YES) or absent (NO). Factors marked YES increase risk and should shorten the recall interval. Fluoride factors are protective — YES supports longer intervals.

1 Medical History

Conditions where dental disease could put general health at risk
e.g. CV disease, bleeding disorders, immunosuppression

Conditions increasing risk of dental disease
e.g. diabetes, xerostomia, epilepsy / phenytoin, long-term medications containing glucose, sucrose or fructose

Conditions complicating treatment / oral health maintenance
e.g. special needs, dental anxiety or phobia

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 103–104 (G1.2.1 rationale).

2 Social History

Caries in mother or siblings (children only)

Tobacco use (most significant modifiable periodontal risk factor)

Excessive alcohol use (>21–28 units/week men; >14–21 units/week women)

Family history of chronic or aggressive / early-onset periodontitis

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 105 (evidence: Ch.3 §3.2.3 periodontal, §3.3.3 oral cancer).

3 Dietary Habits

High / frequent sugar intake (>3 sugary intakes per day = elevated risk)

High / frequent dietary acid intake (soft drinks, acidic foods)

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 106 (evidence: Ch.3 §3.1.1; Faculty of Dental Surgery National Clinical Guidelines 1997).

4 Fluoride Exposure PROTECTIVE

Regular use of fluoride toothpaste? **YES = protective factor**

Living in a fluoridated water area? **YES = protective factor**

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 106 (evidence: McDonagh et al. 2000; Marinho et al. Cochrane 2003 & 2004).

5 Recent & Previous Caries Experience

New caries lesions since last check-up (most consistent predictor of caries risk)

Anterior caries or restorations

Premature extractions due to caries

Root caries or large number of exposed root surfaces

Heavily restored dentition

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 106 (evidence: Ch.3 §3.1.1; FGDP 1998; Kidd 1998; SIGN 2000).

6 Periodontal Disease Experience

Previous history of periodontal disease

Evidence of gingivitis / bleeding on probing

Periodontal pockets present: BPE Code 3 or 4

Furcation involvement or advanced attachment loss: BPE Code *

*Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 107 (evidence: Ch.3 §3.2; BSP BPE — Mosedale et al. 2001). BPE * entry updated September 2020 to align with the 2016 BSP BPE guidelines.*

7 Mucosal Lesions

Any mucosal lesion — maintain HIGH index of suspicion

Erythroplakia — high malignant transformation potential

Leukoplakia — especially floor of mouth, lateral tongue, lower lip

Examine oral mucosa thoroughly at every oral health review

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 107 (evidence: Ch.3 §3.3.2 oral cancer survival, §3.3.3 risk factors, §3.3.6 potentially malignant lesions).

8 Plaque

Poor level of oral hygiene / high plaque scores

Plaque-retaining factors: orthodontic appliances, partial dentures, crowded teeth, deep fissures, poor existing restorations

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 108 (evidence: Ch.3 §3.1.1 caries; §3.2.3 periodontal).

9 Saliva

Low saliva flow rate / xerostomia

Review medications: anticholinergics, tricyclic anti-depressants, antipsychotics, tranquillizers, hypnotics, anti-hypertensives, diuretics, anti-parkinsonian drugs, appetite suppressants, muscle relaxants, expectorants
Common examples — see NICE CG19 Appendix G, p.103, for full list

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 103 (xerostomia / medications detail in G1.2.1) & p.108 (evidence: Ch.3 §3.1.1).

10 Erosion & Tooth Surface Loss

Clinical evidence of tooth wear (abrasion / attrition / erosion)

Assess aetiology; determine if stable or actively progressing

Review frequency should reflect rate of progression

Source: NICE CG19 Full Guideline, Appendix G — p.101 (checklist) & p. 108 (evidence: GDG expert opinion; Shaw 2003; cross-reference acid reflux on p.104).

5-Step Recall Interval Selection Process

NICE CG19 Appendix G1.4 — apply at every Oral Health Review.

1

STEP 1

Consider the patient's AGE

EXAMPLE:

- **Under 18 years:** recall interval range = 3 to 12 months
- **18 years or older:** recall interval range = 3 to 24 months
- Age sets the outer boundaries; risk factors determine the specific interval within that range.

2

STEP 2

Assess MODIFYING FACTORS

EXAMPLE:

- Work through the **10-domain checklist** above at every oral health review.
- Risk factors present → **shorten** interval. Protective factors (fluoride) → may support a **longer** interval.
- Build up a detailed picture of each patient's individual risk profile over time.

3

STEP 3

Integrate information & apply CLINICAL JUDGEMENT

EXAMPLE:

- **Past caries experience** is the strongest single predictor of future risk.
- For **new patients**: assign a conservative (shorter) interval initially, then extend progressively as evidence accumulates.
- Clinical judgement is at least as reliable as any formal risk-scoring tool.

4

STEP 4

DISCUSS with patient — record the agreed interval

EXAMPLE:

- Explain the rationale for the recommended recall interval clearly and sensitively.
- **Record the agreed interval on FP17.** If the patient declines the recommendation, document the reason.
- Patient communication is a key QI improvement area — proactively address the 6-monthly recall expectation.

5

STEP 5

REVIEW at next OHR — was the interval appropriate?

EXAMPLE:

- If new disease has developed → **shorten** the interval at next review.
- If oral health is well maintained → consider **extending** the interval (within the age-appropriate range).
- Recall interval selection is an ongoing, iterative, patient-centred process. Return to Step 2 at every review.

Recall Interval Spectrum & Key Factors

3 m	6 m	12 m	18 m	24 m

← More risk / shorter interval

Fewer risk factors / longer interval →

Adults (18+): 3–24 months | **Under 18:** 3–12 months only

▲ Factors that may shorten intervals if…

- **New caries lesions** since last review ★
- BPE 3, 4 or * (pockets / furcation involvement)
- Diabetes, xerostomia, immunosuppression
- Tobacco use / excessive alcohol
- Poor oral hygiene / plaque-retaining factors
- Any mucosal lesion present
- Tooth surface loss actively progressing

▼ Factors that may support longer intervals if…

- No new disease over successive reviews
- BPE 0 or 1, no active caries, well maintained
- Regular fluoride toothpaste / fluoridated water
- Consistent excellent oral hygiene

★ *Past caries experience = strongest single predictor of future risk.*

Quick Reference — BPE & NHS QI Metrics 2026/27

BPE Quick Reference

0	Healthy — no pockets, no bleeding
1	Bleeding on probing — oral hygiene instruction
2	Calculus / plaque retentive factors — scale + OHI
3	Pocket 3.5–5.5 mm — detailed assessment needed
4	Pocket ≥5.5 mm — complex periodontal treatment
*	Furcation involvement — complex Rx + more frequent recall

QI Metric 1 — Low-Risk Extended Recall

Who is low-risk?

- No new decay detected (FP17)
- BPE score 0 or 1

Assign a recall of:

12 months or more

Numerator: FP17s with recall ≥ 12m
Denominator: all low-risk adult FP17s

QI Metric 2 — High-Risk Shorter Recall

Who is high-risk?

- Evidence of decay detected (FP17)
- BPE score 3 or 4

Assign a recall of:

Less than 12 months

Numerator: FP17s with recall < 12m
Denominator: all high-risk adult FP17s

APPENDIX 2

Appendix 2 — Patient-Facing Resources

Supporting conversations with patients about risk-based recall intervals.

NHS Dental Practice Recall

You can find useful resources to support conversations with your patients by following this link.

> **Agreeing recall intervals with patients is highly recommended**, however dental teams should also be aware that under NHS regulations you should only provide care that is "*clinically needed to keep your mouth and teeth healthy*" and that you are **not expected to provide repeated NHS examinations purely on patient demand**.
>
> **Where there is disagreement between the clinician and the patient over the recall period, the reason for this is recorded in the patient's clinical records.**

What happens when you visit an NHS dentist

APPENDIX 3

Appendix 3 — Peer Review

Practical guidance for delivering effective internal and external peer review meetings as part of the QI programme.

i Form your peer group

Consider any existing practice groups or geographical factors to support a **minimum of 3 practices** taking part in the external peer review meeting (this can be based on patient demographics or local communities-linked practice support).

ii Nominate a Facilitator

Nominate a Facilitator who will guide discussions, for both the internal and external practice peer review meetings. Facilitators should: encourage participation, create a safe and open environment, keep conversations focused and balanced, prepare the agenda and provide a meeting report.

iii Plan the session

Confirm meeting dates and agendas in advance — circulate to all participating practices.

iv Peer review meeting

Confirm time afforded; discuss the topic and best practice; share experiences and learning across the group. Include simple minuting for audit trail and follow-up purposes.

v After the meeting

Confirm areas discussed and any learning with attendees; request feedback on the facilitator and the meeting itself.

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Read alongside: NHS Dentistry Quality & Payment Reforms Contractual Guidance (Section 8) · NICE Clinical Guideline CG19 (2004, updated 2020)