



# 2026

## **Making sense of change in NHS dentistry**

***PatientPlanDirect***

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# Making sense of change in NHS dentistry

In NHS dentistry, **2026 is emerging as a defining moment** for practice owners reassessing their long-term position.

The pressures are something most in the profession recognise, whether that is the challenge of meeting targets, limited flexibility in how care is delivered, or the ongoing strain on time and resources. As a result, the decision to step away from the NHS is rarely an easy one. It carries professional, personal and practical weight, and often takes time to work through.

What is different is how well NHS to private conversion is now understood in practice. **On average, converting around 40% of an NHS patient base is enough to support a viable model.** In some cases, this can be lower depending on the practice's patient demographic and contract/UDA value, with most practices reaching their target within a relatively short period. Patient response is also more consistent and positive than many expect, particularly where patient communication is clear and well-timed.

**By necessity, more practices are beginning to explore their options, with both full and phased approaches offering realistic ways forward, depending on what feels right for the practice and the people within it.** There is no single route, and no expectation that change happens all at once, particularly when the decision carries so much weight for both the team and the patients.

Timing also plays an important role, as starting earlier can give practices more breathing space to think things through, to communicate clearly with patients and to move at a pace that feels manageable, rather than pressured.

With all this in mind, this report brings together the latest data, practical insight and real-life experience to support a clearer understanding of that decision, from patient behaviour and realistic timelines through to the different routes practices are taking in moving away from the NHS.

# A moment of decision for NHS practice owners

Across the dental profession, 2026 is beginning to feel like a year where something may need to change. The pressures have been building for some time, with policy reform or revision, economic strain and day-to-day challenges now coming together in a way that is harder to ignore.

Findings from PPD's recent pulse survey, designed to improve understanding of current sentiment and the barriers shaping NHS to private conversion, reflect this, with **61% of respondents viewing the shift towards longer NHS recall intervals as negative for their practice.**

A broader change can also be seen in the survey findings, with almost two-thirds (63%) of respondents saying that the current NHS landscape has made them more open to conversion or pushed them to think more seriously about their next steps.

For instance, in December 2025, reforms to the NHS dental contract in England were confirmed, with implementation beginning in April 2026. While change has been expected for some time, this latest round is prompting many to step back and take a more considered view of what the future

really looks like. This goes beyond adapting to a revised contract and moves into questioning whether the NHS model still works, both clinically and commercially, for the practice, the team and the patients they serve.

While awareness of these changes is high, it is not universal. **Survey data shows that 3% of respondents were not aware of the April 2026 NHS contract reforms at all**, a small but important reminder that not all practices are equally positioned to respond to change.

At the same time, the financial picture has become very clear. A BBC investigation published in March 2026 reported that £900 million of NHS dental funding was returned as clawback over two years, meaning £1 in every £7 paid to NHS dentists was handed back\*. The British Dental Association has described the system as broken, reinforcing what many in practice have already been experiencing.

For practice owners, this is reflected in the reality of trying to deliver high-quality care within a system that can limit time, flexibility and clinical choice. Many continue to do this well, but it often

comes with increased pressure, tighter margins and difficult compromises that are becoming tougher to sustain.

As a result, more practice owners are now asking what comes next, even if they are not yet ready to act. For some, that means quietly exploring alternatives, while, for others, it means beginning to think more seriously about how a different model might work in practice. **This growing level of activity can be seen in PPD's survey findings, where 65% of practice principals report that they are actively considering, planning or exploring NHS to private conversion in 2026.**

At PPD, we recognise that this is rarely a straightforward decision. For many dentists, the NHS is closely tied to a sense

of professional identity and responsibility to their community, which makes the idea of stepping away feel significant and, at times, uncomfortable. It is not simply a business decision, as it carries real consequences, both professionally and personally, and tends to be worked through over time rather than all at once.

Against this backdrop, 2026 is bringing a level of clarity that has been missing in previous years. What lies ahead is becoming clearer, and more practice owners are starting to take a closer look at their position, even if that simply begins with a few honest questions about what the future of their practice could look like.

[\\*https://www.bbc.co.uk/news/articles/cpqwwvnp7z8o](https://www.bbc.co.uk/news/articles/cpqwwvnp7z8o)



**35%**

of practice principals cite financial risk as their primary concern when considering conversion

# The growing demand for NHS to private conversion

What is being felt within individual practices is now becoming visible at a wider market level. Across PPD, NHS conversion enquiry volumes are increasing at a pace that has not been seen before, offering a clear indication of how practice owners are responding to the current environment.

**In England, enquiry levels in the first quarter of 2026 were up by 30% compared to the same period in 2025.**

In Wales, enquiries have tripled since April 2025. While the scale differs, the underlying pattern is consistent, with more practice owners with an NHS contract actively exploring their options rather than continuing to absorb ongoing pressure.

This can also be seen in overall performance: Q1 2026 represents PPD's strongest quarter in its 17-year history, both in terms of new enquiries and the number of practices progressing through the conversion process, reflected in the highest volume of new patients added to a plan in a single quarter across PPD's client portfolio. The strength and consistency of this growth provide a clear signal of increasing engagement across the market.

This is also evident in how far many practices have already progressed. Among practice principals surveyed by PPD, nearly a quarter have already completed a conversion, with a further fifth having made the decision to do so. Taken together, this means that 45% are either already operating privately or have

committed to moving in that direction.

**Importantly, this activity is not confined to one type of practice.** Independent practices continue to account for a significant proportion of enquiries, but there is also growing interest from larger groups and dental service organisations (DSOs), many of which have traditionally been more cautious about moving away from NHS provision due to the guaranteed income and value attached to holding an NHS contract. This suggests that the pressures outlined earlier are being felt across the profession, regardless of size or structure.

There are also signs that the timing of these decisions is changing. **Conversion is no longer tied as closely to the NHS contract cycle, with enquiry patterns now more evenly distributed throughout the year.** Additional periods of increased activity are emerging in late spring and again in the autumn, reflecting a shift towards decisions being driven by individual circumstances rather than fixed deadlines.

**Overall, these trends position PPD as a useful indicator of wider market behaviour.** For many practice owners, making an enquiry is simply the starting point in working through their options, but the volume and consistency of interest suggest that more are moving beyond early-stage thinking and beginning to engage more actively with what change could look like in practice.

# Overcoming the barriers that can make conversion feel difficult

Understanding what is driving interest in NHS to private conversion is only part of the picture. What matters just as much is understanding what is making the decision feel difficult in the first place.

While a growing number of practice owners are now actively considering their options, many are still pausing at the same point. This is not because the direction is unclear, but because the risks can feel significant.

To explore this further, PPD surveyed dental professionals across the UK in April 2026, including practice principals, associates and practice managers. Where findings relate to conversion decisions, they reflect the responses of the practice principals and owners within the group.

What emerges is a clear and consistent picture of what is holding practices back, and where perception and reality do not always line up.

## The biggest concern is financial

For many practice owners, the question at the heart of conversion is a simple one. Will the numbers work?

Among practice principals considering conversion, 35% identified financial risk as their single biggest concern. This reflects the worry that private income will not adequately replace what the NHS contract provides. A further 12% cited financial risk alongside patient retention, meaning that for close to half of respondents (47%), the decision ultimately comes down to financial confidence.

This is entirely understandable. Moving away from a guaranteed NHS income is a significant step, and one that carries both short-term uncertainty and long-term implications. At the same time, it is a practical question and one that can be answered. Increasingly, for some practices, the greater financial risk may lie not in

leaving the NHS, but in remaining within a model that is becoming more challenging to sustain commercially. As a result, the decision is less about whether conversion is possible and more about understanding how it works in real terms.

### **Patient retention feels uncertain but is often overestimated**

Concerns around patients remain central to how the decision feels. In the survey, 15% of practice principals identified patient retention as their single biggest concern. More broadly, questions around how patients will respond, how many will stay and what it means for continuity of care are present in almost every early conversation about conversion.

What the data also shows, however, is that the threshold many practice owners set for themselves is often higher than necessary. When asked what proportion of their NHS patient base they would need to retain for conversion to be commercially viable, 43% of principals said they believed they would need to keep more than half their patients.

In practice, long-term conversion data shows that around **40% of an active patient base is typically sufficient to support a viable model**, with some practices achieving viability with a lower proportion depending on their structure and income mix. That gap between expectation and reality can make the decision feel riskier than it is, particularly before any detailed planning begins.

### **Not knowing where to start**

For some, the barrier is less about patients or finances and more about the process itself.

Around 19% of practice principals highlighted the perceived complexity of conversion as their primary concern. Questions around where to begin, how long it will take and what is involved can make the process feel unfamiliar and, at times, overwhelming.

This is particularly true for those who have not yet had a structured conversation about what conversion looks like in practice. Without that, it is easy for the process to feel more complicated than it typically proves to be.

Much of this supposed complexity comes down to a lack of visibility rather than the process itself. With the right data, planning and guidance, the pathway becomes clearer and more manageable, which is why practices that take the time to explore their options in detail often move forward with greater confidence.

Drawing on extensive experience supporting conversions, PPD works alongside practices to bring structure and clarity to this process, helping teams understand what is involved and how it can be approached in a way that feels controlled and achievable.

## How the decision will be perceived

Alongside the practical and financial considerations sits a more personal concern about how the decision will be viewed.

For 18% of practice principals, perception was the primary barrier. This indicates a level of concern about how patients, peers or the wider community might respond to a move away from NHS provision.

As mentioned earlier and reinforced by the data here, this reflects something deeper than a purely commercial decision. For many, the NHS is closely tied to professional identity and a sense of responsibility to their community, which is why stepping away can feel significant and, at times, uncomfortable.

At the same time, the broader direction of travel is becoming increasingly clear. As noted earlier, **63% of respondents said the current NHS landscape has either made them more open to conversion or accelerated their thinking**, while just 3% said it had strengthened their commitment to staying within the NHS.

This shift in mindset is now translating into action, **with 65% of practice principals actively considering, planning or exploring conversion in 2026.**

## What would make the difference?

What stands out across all these concerns is a clear sense of what would help practices move forward. The survey responses suggest that many of these barriers are linked to uncertainty around how conversion works in practice. As that uncertainty is reduced, the decision becomes more grounded and manageable, allowing practices to better understand what is realistically achievable and how it could work for them.

Practice principals point consistently towards the same things: a clear financial model, real-world data on patient retention, and a better understanding of the process and timeline. These are the areas where greater visibility can make a meaningful difference, helping to turn a difficult decision into a more structured and manageable one.

These are not unreasonable expectations, as they point to a profession that is willing to make significant decisions once there is enough clarity around what is involved and what outcomes can realistically be achieved. With the right information in place, the focus moves from uncertainty to understanding what is achievable in practice.



# 76%

of respondents say patients are more likely to engage early when communication is clear and timely

## Survey findings at a glance

In April 2026, PPD asked dental professionals across the UK what they were thinking, feeling and planning as NHS reform took effect.

**63%** of respondents say the NHS landscape has made them more open to conversion or accelerated their thinking

**65%** of practice principals are actively considering, planning or exploring NHS to private conversion in 2026

**35%** of practice principals cite financial risk as their biggest concern, not patient retention

**43%** of practice principals believe they need to retain more than half their patients for conversion to be viable, while long-term data shows the average is around 40% or less

**61%** view the shift towards longer NHS recall intervals as negative for their practice

**3%** of respondents are not aware of the April 2026 NHS contract changes

**3%** of respondents say the NHS landscape has made them more committed to staying within the NHS, in contrast to the 63% whose thinking has shifted towards change

# Understanding the numbers behind conversion

One of the most consistent patterns across NHS to private conversion is the gap between what practice owners expect and what typically happens. Assumptions around how many patients need to stay, how long the process will take and how difficult it will be to reach a stable position often shape early thinking, even before any detailed planning begins.

What makes this gap particularly important is how consistently it shows up in both perception and data. Many practice owners assume they will need to retain a majority of their NHS patients for conversion to be commercially viable.

**In practice, long-term conversion data suggests that a significantly smaller proportion of an active patient base is often sufficient to support a viable model.** This will vary depending on the composition of the practice, including patient volumes, contract value and patient demographic (such as fee-paying adults, children and exempt patients), as well as wider factors such as hygiene provision, associate pay and overall overheads. Even so, the threshold is frequently lower than expected.

This also shapes how patient behaviour plays out in practice. Only a defined proportion of the existing NHS patient base will secure a place on a plan, helping to create a more structured transition, rather than requiring the majority of patients to move across.

For example, in cases where a practice only needs to retain around 20% of its NHS patients following viability analysis, the pathway to a successful conversion can become more straightforward, with patient uptake often building more quickly as a result.

This difference can significantly influence how the decision feels. A practice owner who believes they need to retain most of their patients is likely to view conversion as high-risk. When the baseline is lower, the route to a viable model becomes more achievable and more clearly defined.

Across long-term conversion data, including that held by PPD, a clearer picture emerges. Rather than relying on a large proportion of the patient base, successful transitions are typically built around a more focused group of engaged patients, supported by a combination of plan income and private treatment revenue.

**While the exact approach will vary from practice to practice, this reflects a shift away from list size as the primary driver of viability, towards a more balanced and sustainable approach.**

It is also important to recognise that plan income is only one part of the overall picture. A successful transition typically combines recurring monthly plan income with private treatment revenue, which together replace the NHS contract value.



The balance between the two will vary depending on the practice, its structure and clinical focus.

**Unlike the NHS model, where income is tied to a fixed contract value, a private model creates greater flexibility in how revenue is generated**, removing the limitations of a capped contract and allowing practices to respond more directly to patient demand and clinical priorities.

This growing need is further reinforced by wider financial insight from advisers working closely with dental practices, highlighting the increasing pressure on practice economics. Rising costs, including increases in National Minimum Wage and the need to retain skilled staff, continue to drive up operating expenses across the sector.

**‘Dental plans are the engine within a dental practice - they create the consistent, recurring income that keeps the business moving.’**

**Ross Martin**, Group Chairman, [Hive Business](#)

While figures will vary by practice, indicative benchmarks from Hive Business suggest that daily overheads can exceed £650 per surgery before associate costs are factored in, with revenue requirements rising significantly in recent years to maintain sustainable margins.

Together, these pressures have contributed to a growing recognition that long-term viability is less about volume alone and more about achieving the right balance between predictable plan income and higher-value private treatment. **In this context, plan income provides a stable financial foundation, while private treatment supports growth and overall profitability.**

Importantly, these two income streams are closely linked. A significant proportion of private treatment is typically delivered to patients already engaged through a dental plan, meaning that plan income does not simply provide stability, but also supports ongoing treatment uptake and clinical opportunity, helping to create a more sustainable and predictable revenue mix over time.

Encouragingly, the time taken to establish this foundation is also shorter than many anticipate. On average, practices reach their plan patient target within around

two months of submitting termination to the health board, with the timeframe improving from 11 weeks to seven weeks over the past three years across practices PPD has supported with conversions, as preparation has become more refined, communication more structured and processes increasingly supported by automation, including the use of online sign-up.

In some cases, the pace and scale of uptake can be significant. In one example, a PPD-supported practice secured 3,000 plan patients within just 12 days of launching its conversion, **demonstrating what can be achieved where there is clear communication, strong in-practice team alignment and a well-managed transition process.** This reflects an increasingly common pattern and provides a useful indication of how quickly patient uptake can build. While not typical of every conversion, it highlights what can be achieved in the right conditions. Patient behaviour also plays an important

role in how this momentum develops. Where communication is clear and timely, patients are more likely to engage early, particularly when there are strong, established relationships with the practice. In these cases, many choose to remain with a practice they trust, recognising that delaying a decision may mean losing their place.

Taken together, these figures help to reframe what conversion involves in practical terms. Rather than requiring most patients to stay, or a prolonged period of uncertainty, the data points towards a more defined and manageable transition, built around a smaller, engaged patient base and a relatively short timeframe to stability.

**While this does not remove the need for careful planning, it provides a more grounded understanding of what is required, allowing decisions to be shaped by experience rather than assumption.**



61%

of respondents view the shift towards longer NHS recall intervals as negative for their practice

# Understanding what happens to patients

For many practice owners, a big concern when considering NHS to private conversion is what will happen to their patients. Questions around retention, perception and continuity of care often sit at the heart of the decision, particularly where there are long-standing relationships and a strong sense of responsibility to the patient base and the wider community.

The good news is that patient behaviour tends to be more predictable than many expect. Where communication is clear and well-timed, a defined proportion of patients will choose to continue their care under a private plan, particularly when they understand what is being offered, why the change is taking place and that care can be accessed through manageable monthly payments.

**This is reflected clearly in PPD's recent survey, where 76% of respondents report that patients are more likely to engage early when they are given clear and timely communication.** This insight, drawn directly from current practice experience, reinforces the importance of how and when the transition is introduced, and highlights the role that clarity plays in shaping patient response.

This matters because private dentistry is often assumed to be costly, when for many patients it is no more than other regular monthly commitments, such as a gym membership. What this shows is the importance of positioning the transition to the patient as a shift in how their care is delivered and supported, rather than a contractual change.

The role of timing becomes particularly important in this context. As already mentioned, only around 40% or less of the existing NHS patient base will typically secure a place on a plan. This introduces a natural element of scarcity, which has a direct impact on how patients respond. Those who are given clear information early are more likely to engage and decide promptly, while those who delay may find that places are no longer available.

This situation can lead to faster-than-expected uptake. In one recent example,

**43%**  
of practice principals overestimate the proportion of patients they need to retain to achieve a viable model



a Welsh practice reached 90% of its adult patient target within the first week of launching its conversion and exceeded this by 10% by the end of the second week, demonstrating how quickly patient engagement can build when communication, timing and team alignment are in place.

**While not every practice will experience this level of response, it reflects what PPD is seeing more consistently across recent conversions,** highlighting the responsiveness of patients when the proposition is clearly understood.

Patient behaviour is more often shaped by clarity, timing and trust. Where these elements are in place, practices can move through the transition with greater confidence in how their patient base is likely to respond.

**70%**

of conversions take place as full-practice transitions

# Choosing a route that works in practice

One of the common assumptions around NHS to private conversion is that it requires a single, decisive move. The data actually shows a more varied picture, with practices taking different approaches depending on their circumstances, desire for change, and long-term personal and professional goals.

**PPD's experience indicates that around 70% of conversions take place as full-practice transitions, where the NHS contract is brought to an end and the practice moves entirely to a private model.** The remaining 30% follow a phased or clinician-led approach, where part of the practice transitions initially, allowing time for the team and patient base to adjust.

This phased approach is often chosen by practices looking to reduce risk or build confidence over time. It allows clinicians to introduce private care gradually, test patient response and refine communication before making a broader commitment. For some, this provides a more manageable starting point, particularly where there is uncertainty around how the transition will be received. What is also notable is how often phased approaches lead to further change. Around 31% of practices that begin with a phased conversion go on to complete a full conversion within two years, with this trend continuing to increase year on

year. This suggests that, for a number of practices, initial caution gives way to greater confidence as the model is established.

There are also signs that this flexibility is becoming more relevant across different types of practice. Larger groups and DSOs, which have historically been more likely to retain NHS contracts, are increasingly exploring both phased and full conversion models. This reflects a broader shift in how sustainability and growth are being considered at scale, as well as at an individual practice level.

This is reflected in practice, where clinician-led and phased conversions can deliver strong results in their own right. In one recent example, a DSO that converted four practices from NHS to private care met or exceeded target numbers of plan patients in every case, with one practice achieving more than 40% above its target.

**These outcomes were achieved within a structured framework that carefully balances financial replacement with clinician capacity, diary structure, fee strategy and patient caps.** Target patient numbers are viewed within the broader context of each practice's financial goals, clinical capacity and long-term model, with

plan targets set to replace NHS income rather than reflect full diary capacity. This means practices can exceed targets where appropriate without compromising treatment availability, appointment access or the long-term sustainability of the private model. Taken together, this reinforces the role that clear communication, team alignment and a considered, structured approach play in driving successful outcomes.

For many practice owners, the decision is not only financial. Moving away from the NHS model can also create space to develop professionally, adopt new techniques and deliver care in a way that better reflects their clinical approach. This often leads to further investment, whether in new equipment, additional team

members or expanded treatment options, supporting both clinical development and long-term growth.

Looking at this more closely, these data patterns highlight that there is no single template for conversion. The best route for each practice will depend on a range of factors, including patient demographics, team structure and the priorities of the practice owner.

**This means creating a tailored approach and moving at a pace that feels right for the individual practice, rather than following a fixed model.** This is a key part of how PPD supports conversions, working closely with practice owners to understand their position and guide decisions over time.



**63%**  
of survey respondents say the current NHS landscape has made them more open to conversion or prompted more serious thinking about their next steps

# Journeys into private practice

Behind the data and wider trends, NHS to private conversion is ultimately shaped by individual decisions, experiences and outcomes. For many practice owners, the process follows a gradual shift in thinking, often influenced by changing pressures, conversations with peers and a growing need to reassess what feels sustainable in the long term.

For Dr Jim Sykes, principal at Hexham Dental Clinic, that process developed over time. Like many practice owners, the decision to move away from the NHS was not immediate but built gradually as the realities of working within the system became harder to ignore.

Pressures around time, targets and the pace of delivery had begun to take their toll, not only on how care was delivered, but also on personal wellbeing and professional satisfaction. Like many working within the NHS, the increasing need to work faster to meet demands created a sense that the quality of care he wanted to provide was becoming harder to sustain.

**Working with PPD, that thinking was translated into a structured and carefully planned transition.** Rather than being encouraged towards a fixed outcome, the process began with a detailed review of the practice, including financial modelling and patient projections, helping to establish whether conversion was both viable and appropriate. This clarity proved critical in turning what initially felt like a significant risk into a

more informed and manageable decision.

While there were understandable concerns around patient response, team engagement and financial stability, the reality proved more straightforward than expected. With clear communication, strong team alignment and a well-prepared launch, patient uptake built steadily, supported by a model that allowed patients to access care through a predictable monthly plan.

Jim says: 'It's given me much more control over how I work day-to-day. I've got the time now to sit down with patients, talk things through properly and plan treatment in a way that feels right, rather than being constrained. It's also taken a lot of the pressure off from a business point of view, which means I can focus on delivering the best care I can, and I'm starting to enjoy dentistry again.'





**‘What changes things is not pressure or persuasion. It is clarity.’**

**Jayne Sproson**, founder of The Jayne Sproson Consultancy, is an independent advisor specialising in NHS-to-private practice transformation

[Jayne Sproson](#), owner of The Jayne Sproson Consultancy, explains: **‘What I see time and time again is dentists believing they need to retain far more patients than they actually do, and carrying a huge amount of fear about how patients or teams will react.’**

‘By the time many practice owners come to us, they are often exhausted. They are working incredibly hard, sometimes at a pace that no longer feels sustainable, and somewhere along the way they have lost the time to practise dentistry in the way they originally intended.’

‘What changes things is not pressure or persuasion. It is clarity. Once they properly understand their numbers, have a realistic plan in place and can see a pathway forward, the fear usually starts to lift. That is often the moment they begin to realise that a different future for both themselves and their patients is genuinely possible.’

While every practice is different, there is a consistent pattern, where a well-planned and well-supported approach can turn what initially feels like an overwhelming step into a controlled and achievable transition.



**31%**

of phased conversions progress to full conversion within two years

# Making the most of the current window of opportunity

There is a growing sense that timing matters as much as the decision itself. While there is rarely a perfect moment to make a significant change, the conditions shaping 2026 mean that when action is taken is becoming just as important as what that action looks like.

The introduction of contract reform, combined with the financial pressures already being felt across the profession, is narrowing the space for uncertainty. At the same time, the data explored throughout this report points to a clearer and more manageable transition than many expect, with defined patient thresholds, shorter timeframes and more predictable patient behaviour.

Timing also plays a practical role in how smoothly that transition can be managed. Practices that begin to explore their options earlier are often better placed to plan effectively, communicate

clearly with patients and move at a pace that suits their team. Where decisions are delayed, the process can become more compressed, with fewer opportunities to shape it on the practice's own terms. **This level of activity is also reflected in how support around conversion has evolved, with PPD's headcount having tripled over the past two years and further recruitment underway in 2026 to meet growing demand.** This reflects a growing infrastructure designed to support practices through what can initially be perceived as a complex transition.

None of this removes the need for careful consideration. Conversion remains a significant step, and one that benefits from a clear understanding of both the opportunities and the responsibilities it brings. What has changed is the level of insight now available, and the extent to which timing can influence the experience and outcome of that decision.

A no-obligation consultation provides a more detailed, practice-specific view, mapping out what conversion could look like based on your structure, patient base and overall goals.

To arrange this, practices can book directly [here](#) or scan the QR code to complete the online form and request contact from PPD. The team can then explain how they support practices at every stage of the transition - from the initial assessment through to patient communication and beyond.



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