



Directors of Primary Care – all Health Boards
Health Board Primary Care leads – for distribution to all NHS dental providers
British Dental Association Wales

3 March 2022

Dear Colleagues,

NHS DENTISTRY: RESTART OF CONTRACT REFORM FROM APRIL 2022

Firstly, we want to thank everyone for all you have been doing in response to the pandemic and, prior to that, in the system and contract reform programme.

Prior to the pandemic some 40% of all dental practices holding NHS dental contracts in Wales were engaged in or had signed up to be part of contract reform. The pandemic paused that progress but we have been using the learning from the reform programme and have also been testing alternative measures during the recovery and reset from Covid-19.

This work has prepared the ground for contract reform to re-start using many of the ways of working and measures used over the past two years. From April 2022 we want to continue with the action learning approach adopted for the reform programme, and details for 2022-23 are included in the attached paper at annex A.

You will see that there is a choice for practices. Either to be part of the reform programme and deliver measures based on learning so far, or a return to contractual arrangements based wholly on delivery of Units of Dental Activity (UDA). The expected UDA target for these practices will be 95% of pre-Covid/pre-reform level.

With continuing uncertainty around Covid-19 it hasn't been possible to set out detailed proposals before now and I appreciate that timescales are tight. However, you will see we are not asking dental teams signing up to reform to practice differently or significantly change the way they work. The proposals see a continued move away from UDAs in line with the principles of dental reform.

We want to use 2022-23 to continue with these alternative measures and take the time to assess the impact - a 'test and modify' approach to ensure change is taking us in the direction needed. Reform has to be fair for dental teams, health boards and patients.



The Welsh Government's Programme for Government, which sets out our priorities up to 2026, makes a commitment to reform primary care dentistry and also increase access to dentists. The Minister for Health and Social Services has stated she wants to move forward collaboratively with the programme in 2022 and does not want to see a drift back to previous ways of measuring activity when we have made such improvements using more clinically meaningful measures. The Minister also wants us to reach a position where anyone who wants access to NHS dental care is able to receive it.

We would like to thank you for your continued support of the dental reform programme. This is a significant opportunity to be part of the transformation needed to deliver better and fairer outcomes and I would encourage dental teams, health boards and related organisations to be part of the transition to new ways of working in dentistry.

We would also like to take the opportunity in this letter to provide an update on a number of additional changes from April 2022.

Orthodontics

Orthodontic contracts will revert back to 100% of their normal Unit of Orthodontic Activity (UOA) targets from April 2022. Health Boards will have discretion to apply a tolerance of 5% reduction in the UOA target if there is reason to believe for example constraints of the premises or other significant mitigating factors that the Health Board consider are causing reduced patient throughput (the tolerance is aligned to the General Dental Service adjustment for on-going IPC requirements for practices not participating in the reform programme).

We believe this will only be applicable to a small minority of premises and most orthodontic procedures do not pose an Aerosol Generating Procedure risk. This 5% is over and above the normal 5% tolerance.

Signing of patient declaration and/or medical history forms

To reduce the risk of infection, during the pandemic the requirement for patient (or their representatives) signatures on NHS dental forms was temporarily suspended. This arrangement is due to cease and from 1 April 2022 patients (or their representatives) will again be required to sign relevant dental forms.

Yours sincerely,



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cc: Paul Gray & Grant Burnip – NHS Business Services Authority – Dental Services

CONTRACT REFORM RESTART FROM 1 APRIL 2022

Contract Variation for the financial year beginning 1 April 2022 – New measures

Background

The oral health and dental services response to A Healthier Wales set out a whole system change approach in dentistry to facilitate a step up in needs-led preventive care. At the heart of this policy direction is meeting need and improving outcomes for patients through evidence informed preventive models of care, supported by contract reform.

Whilst Covid-19 paused the planned progress to increase dental practice participation in the reform programme, learning from the programme has been used to support practices during the recovery period. This has seen a shift to delivering evidence informed, preventive care and treatment, coupled with a suspension of Unit of Dental Activity (UDA) targets for 2020-21 and 2021-22.

All practices have been collecting oral health risk and need of patients treated. These data are being reported to Health Boards and practices, which is contributing to the longer term change we want to see.

During the 2021-22 financial year we have been continuing to build on learning from contract reform, the pandemic response, and consolidating familiarity with a need/risk led preventive and evidenced informed provision of primary care dentistry. Focus has been placed on the recovery and reset of dental services including increased access, particularly to those most at risk.

The pandemic has not altered the vision of contract reform and the journey towards that will restart from April 2022. The principles of the reform programme will continue to be adopted as part of the new metrics for the 2022-23 financial year.

Until the NHS General Dental Services contract regulations are amended, UDAs continue as part of the contractual framework. However, for those practices that adopt the variation and new metrics outlined below, there will be a substantially reduced UDA target (UDAs will continue to be earned from all qualifying activity, including fulfilling the new metrics) which will allow dental teams to focus on providing quality care to both their historic patients and new patients.

The modelling and metrics have factored in ongoing IPC requirements and potential periodic disruption caused by Covid-19.

ACORN and FP17W data will be collected during the year to allow refinement, identify issues and any unintended consequences as a result of this new way of working. It should be stated from the outset that this is not the new contract, it is the restart of the reform programme, but learning from this will help shape a future new NHS dental contract for Wales.

Worked example of a contract variation for 2022-23

The following example is illustrative and based on a notional GDS contract that currently has a contract value (ACV) of £170K and UDA target of 6,800 at £25 per UDA.

The Health Board and contractor will need to agree that, for the 2022-23 financial year only, the UDA target and the contract value allocated to UDA performance are both materially reduced in return for performance against new metrics developed from those adopted during the reform programme and the pandemic. The example contract would, through an agreed variation, be varied so that:

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| Maximum contract value remains the same £170,000 | | | |
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| UDA element | 25% / £42,500 allocated to existing metrics (UDAs) (this value would be the ACV for the purposes of the SFEs) 1,700 UDAs | 75% / £127,500 allocated to new metrics (details below): Fluoride varnish (5%) New patient target (25%) Supply of mandatory General Dental Services to (and completion of ACORNs for) existing patients (40%) Recall intervals (5%) | New metrics |

Metrics for 2022-23

Whilst the ACV will be reduced, the contractor will be able to receive the balance of the contract value (£127,500) if they achieve all of the following metrics in full. The metrics purely determine whether there is an entitlement to the related payments. Failure to achieve a metric will not, on its own, be a breach of contract, although where the failure to achieve a metric results in/from a breach of other provisions of the contract the Health Board would have the usual rights/remedies available to it.

Fluoride varnish

In order to be entitled to the payment for this metric:

- At least 80%* of all Adult FP17Ws that indicate a caries risk of red or amber support the application of fluoride varnish as part of the treatment provided; and
- At least 80%* of all FP17Ws for Child patients aged 3 and over as well as for Child patients aged under the age of 3 with a risk of caries (caries risk of red or amber) support the application of fluoride varnish as part of the treatment provided

*A 5% tolerance is allowed i.e. the target is 75%.

5% of the maximum contract value (£8,500) earned if fluoride is applied to 75% or more of all of the patient groups above. No payment will be made if there is a failure to reach that level.

New patient target

In order to be entitled to full payment for this metric, the contractor must accept (undertake an ACORN for and, where appropriate, provide appropriate mandatory services / a course of treatment for) at least 260 New Patients per year (5 New Patients per week) for this contract value. It would be proportionately higher/lower for higher/lower contract values.

A “New Patient” is someone in relation to whom the contractor has not submitted an FP17W in the four years preceding the appointment.

Practices will be able to agree with Health Boards that the Health Board will refer new patients (and/or urgent patients) to the practice. In these circumstances if the Health Board cannot provide the number of new (or urgent) patients required, this will be taken into account at end year reconciliation. A new urgent patient will need to have an examination and Course of Treatment to count towards the new patient target.

A 5% tolerance is allowed.

25% of the maximum contract value (£42,500) earned if target met/exceeded. Pro-rata payment if the target is not met.

Supply of services to existing patients

In order to be entitled to full payment for this metric, patients seen in the 2022-23 financial year for whom the contractor has submitted an FP17W in the previous four financial years (“Historic Patients”) must be subject to an ACORN and, where appropriate, receive the appropriate mandatory services / Course of Treatment (CoT) in the financial year.

It is expected that a practice of the size used in this example would need to see a minimum of 1,280 Historic Patients. The target Historic Patient number used for this metric will therefore either be 1,280 (for this contract value) or proportionately higher or lower for higher or lower contract values.

A 5% tolerance is allowed.

40% of the maximum contract value (£68,000) earned if target met/exceeded. Pro-rata payment if target is not met.

Recall intervals

In order to be entitled to the payment for this metric:

- if, during the financial year, Historic Patients are offered a recall appointment on completion of a Course of Treatment, the applicable recall interval must be appropriate (and in line with NICE guidance); and
- no more than 20%* of patients seen (other than for urgent treatment) in the 2022-23 financial year that were allocated three Green scores in the “Key Modifiable Behaviours and Protective Factors” section of their last ACORN prior to that visit (the “Last ACORN”) shall have a gap of less than one year between their first appointment in 2022-23 (other than for urgent treatment) and the date of the Last ACORN.

*A 5% tolerance is allowed i.e. the target is 25%.

5% of the maximum contract value (£8,500) earned if 25% or less of these patients are seen within one year of their last ACORN. No payment if that threshold is exceeded.

Other requirements for 2022-23

- The contractual requirements in relation to providing urgent treatment will apply to all Historic Patients.
- ACORN forms must be completed for Historic Patients seen in the financial year.

These will be contractual obligations (so failure would give rise to the usual rights/remedies for breach) but there will be no additional payment attached to them (although failure to comply with this ACORN requirement may also adversely impact on the level of payment available for the new metric relating to existing patients).

Questions and Answers

1. The provider has missed the target for the historic patient base (1,280 patients for £170K of ACV) and the provider claims that they have seen a lot of high needs patients. What might the Health Board do?

For every contractor that adopts the new metrics, there will (regardless of the contractor's UDA performance) be a mid-year review of their performance against those metrics. Over the first half of the 2022-23 financial year, the all-Wales Clinical Leads Group will assess how the new metrics are working and guidance will be issued to Health Boards regarding whether (and, if so, in what circumstances) the metrics might be varied (e.g. for contractors whose position is exceptional) - but contractors should assume that the metrics will not be varied and will apply as stated above.

2. Can the Health Board sign-post new patients to the practice?

Yes this would seem the sensible option to help reduce any centrally held waiting lists and ensure equity for those seeking to be placed with a practice. Practices can also agree with Health Boards that new patients required to be seen will be referred directly by the Health Board.

3. What if the practice doesn't wish to sign up for the contract variation?

To be part of the reform programme from April 2022 contractors will need to opt in and sign the variation agreement. If they do not wish to participate in reform they will return to their pre-Covid and pre-reform contract i.e. any earlier reform agreements fall away. The expected UDA targets for these practices will be 95% of pre-Covid/pre-reform level for 100% of ACV. A 5% reduction to UDAs will be applied to reflect on-going IPC requirements – this reduction will be subject to review to reflect ongoing IPC requirements and any periodic disruption caused by Covid-19.

4. What about child only contracts?

If a contractor and Health Board agree to adopt the new metrics, but the underlying contract is limited to the provision of service to children only, then the metrics would still apply but the patients considered for the purposes of the metrics would only be children.

5. Does this apply to PDS contracts?

Our intention is the variation and new metrics could be applied to PDS agreements under which only mandatory services are provided, but it won't apply to agreements for specialist services

such as oral surgery contracts etc. (and it would need to be tailored appropriately for agreements that include, for example, a combination of mandatory and specialist services).

6. I already look after a large historic patient base and can't see any more patients?

It is not expected that practices will see all historic patients in any 12 month period. If the recall intervals for historic patients are determined appropriately, the new metrics should be achievable for all practices. However, as mentioned above, there will be a review of how the metrics are working over the first half of 2022-23 and further guidance will be issued to Health Boards in advance of the mid-year reviews.

7. What if I cannot find enough new patients?

This seems unlikely but practices can agree with Health Boards for them to refer new patients (and/or urgent patients) to the practice.

8. Will Patient Charges be affected?

Patient charges should continue to be collected as they currently are. It is expected that the total level of patient charge revenue will continue to be below pre-Covid levels. Further clarity will be issued by Welsh Government to Health Boards on how this will be addressed.

9. What about mid-year reviews?

All practices that agree to this variation for 2022-23 will participate in a mid-year review, as stated above. Obviously, this mid-year review will also incorporate the usual mid-year review process where that is triggered by UDA underperformance, although that should be unlikely given the revised UDA targets.

10. Can practices opt out during the year?

The contract variation will apply for the whole financial year and practices would only be able to opt-out during the financial year if that is agreed between the practice and the Health Board.

11. What is the provider's responsibility for seeing urgent patients?

The extent of the treatment to be provided remains the same, but those practices that agree to the variation will be required to provide the proper and necessary urgent treatment needed to meet the reasonable needs of its Historic Patients. Practices can also agree with Health Boards to see 'new' urgent patients i.e. that is patients requiring urgent treatment who are not the practice's Historic Patients. This might be through a local agreed funding arrangement or, if the urgent patient is new to the practice as per the four year rule, then as long as an exam and Course of Treatment is provided this will count towards the new patient target.

12. Is ACORN still important?

ACORN remains a vital component of reforming dentistry and will be required to be completed once well for each Historic Patient seen in the financial year. The data collected will additionally help shape services and any future contract for Wales. As of 1 April 2022 FP17Ws transmitted that do not include the 8 data ACORN points will be rejected.

Practices not participating in the reform programme will still be required to complete the ACORN data set on the FP17W although they do not have to undertake the full ACORN toolkit.

13. Why do I have fluoride target?

This is an important preventive intervention and is aligned to “Delivering better oral health”. Responding to feed-back received, green low risk children aged 3 and below will not count towards the fluoride metric.

14. Will the contractor holder be required to sign a contract variation?

Yes, to be part of the reform programme going forward, they will need to sign a contract variation if they want to adopt the UDA reduction and new metrics. The details within this paper provide a summary of the metrics which will be included in greater detail in the contract variation.

15. Is training available?

Yes HEIW will provide a number of resources and there will be a planned event and workshop for the profession.

16. Does this mean that contract reform is finished?

Quite the opposite. This represent the restart of the reform process and the developments from April 2022 fit well with the principles and direction of the programme so far. The pandemic has given the opportunity for all NHS dental practices to learn how to use ACORN and deliver more prevention. We have already been using Fluoride Varnish, appropriate recall and new patients as measures during the pandemic. The metrics for 2022-23 build on these and continue with the principles of contract reform, being very much aligned towards more clinically meaningful measures. This is the next step on that journey.

17. What about the philosophy of care pathways?

Work is ongoing with the pathways that are designed to be supportive for clinicians and facilitate good common sense dentistry

18. How will I pay my associate dentists?

As independent contractors it will be up to providers to decide how they remunerate any staff. However, it is thought these new metrics will not be particularly problematic for the contract holder to work out a method of payment. The BDA may also be able to provide advice on this matter for those that are BDA members.

19. Will this cause issues with NHS pensions?

NHS BSA have confirmed that the proposed changes will not impact on the way in which pension contributions and calculations are made.

21. Are pro-rata payments available where the fluoride metric and recall interval targets are missed?

No. Failure to achieve the target will result in there being no payment in relation to that metric.