AGENDA ITEM
6.8

QUALITY & SAFETY COMMITTEE

NHS DENTISTRY: RESTART OF CONTRACT REFORM

Date of meeting	19th July 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
	GDS- General Dental Service ACV- Annual Contract Value UDAs – Units of Dental Activity ACORN – Assessment of Clinical Oral Risk and Need SFE – Statement of Financial Entitlement

1. SITUATION/BACKGROUND

1.1 NHS Dental Services are provided by independent practitioners through what is referred to as a GDS (General Dental Services) contract, which was put in place in 2006. Independent Dental Contractors are able to provide a combination of private dental services and NHS dental services or solely one or the other. Welsh Government's Programme for Government has made a commitment to reform primary care NHS dentistry and this is currently being implemented. This paper is focused on the changes and implications to NHS Dental Services.

Pre-pandemic

1.2 Prior to the Covid-19 pandemic approximately 40% of NHS dental practices in Wales were participating in the dental contract reform programme. The programme was first introduced in September 2017 and every 6 months there was an increase in participating dental practices. The aim of the reform was to increase the focus of provision on prevention, ensure there is a balance of skill mix and provide a focus on delivery of care based on need.

1.3 Within CTM, 25 of 53 practices (47%) were approved to participate in the dental contract reform programme. Whilst Covid-19 paused the progress of the reform programme, the learning from previous years has been utilised to support practices during the Covid-19 recovery period. This involved the suspension of the traditional measures, which were focused on dental activity, e.g. Units of Dental Activity otherwise referred to as UDAs (1 unit is a check-up, 3 units is a filling/s, extractions, root fillings etc. and 12 units for laboratory work e.g. a crown/s, denture/s etc.) for 2020-21 and 2021-22. Instead, the focus has continued to be on moving to delivering preventive care and treatment in line with the prioritisation of the patients defined risk and need.

1.4 A significant introduction during this period was a requirement for all practices to collect public health information from the patients they see and treat, via a standard form called an ACORN (Assessment of Clinical Oral Risk and Need).

Recovery

1.5 The Minister for Health and Social Services is determined to move forward with the programme in 2022 and does not want to return to previous ways of measuring activity. On the 3rd of March 2022, Welsh

Government announced that the contract reform programme would re-start as of the 1st April, using many of the measures utilised over the previous 2 years. All GDS practices were given the opportunity to either engage in the contract reform programme or revert to their previous GDS UDA contract.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Contract Reform:

2.1 The intention of the dental contract reform programme is to continue using alternative measures and utilise an action based learning approach to ensure any changes are fair for patients, dental teams and health boards in the development of a new GDS contract. However, until the NHS Dental Services Contract Regulations are amended, UDAs will continue to form part of the contractual framework, and is still underpinned by the current GDS contract and associated legislation.

2.3 To overcome this, during 2022-23, the Health Board and Dental Practices have been asked to agree contract variations for one year only. The UDA target being reduced in return for performance against a new set of metrics. And these are detailed as follows:

1. UDA element – this remains but with a the new target of 25% UDAs to be achieved (formerly was 95%)
2. At least 80% of adults and children (identified with a need) to receive an application of Fluoride varnish, as the focus is on preventative care – there is a 5% tolerance target.
3. New patients - Practices should accept at least 260 new patients a year. Target is 45%. A new patient is regarded as being someone who has not attended a practice for 4 years. There is a 25% tolerance target. As there is no dental registration, this metric is designed to support access to dental care for those patients who have not received a course of treatment at the practice in the previous 4 years.
4. Historical patient care – Practices will deliver ongoing and urgent care for those patients who are classed as historic patients (seen within the last 4 years) 40% target to be achieved.
5. Recall intervals – No more than 20% of patients who are identified with 'no needs' should be recalled in a year. Instead patient recalls much be in line with NICE guidance and therefore based on clinical needs of the patients.

Health Board Position:

2.5 The following table shows the number of practices that have opted for a UDA contract v's contract reform which demonstrates the favourable position in CTM UHB compared to other Health Boards. [The information reflects the 2 contracts ending in July/August, which reduces the number of NHS contracts from 54 to 52 in CTM]:

Contract Choice:	Number of Contracts [52]:	% of Contracts:
UDA Contract	5	10%
CR and working with HB	37	71%
CR sourcing own patients	10	19%

2.6 Since these decisions were made in April, 2 practices (one in Aberdare and another in Bridgend) have chosen to serve notice on their NHS contract and to instead focus on private work only. These NHS contracts will end in the months July and August 2022 respectively. To ensure continued delivery of dental provision the Health Board is taking the following to ensure continued access for patients:

- **Aberdare** based contract. A small NHS Contract, approximately 3,573 patients reported to regularly receive treatment. The activity will be reallocated between 2 neighbouring practices that have agreed to pick up the additional patients, with effect from the 1 August.

- **Bridgend** based contract. A large NHS Contract, approximately 15,000 patients reported to regularly receive treatment. Neighbouring GP practices are not willing to take additional activity due to large numbers of patients. Therefore work is ongoing to scope/establish a new dental practice and this will give the opportunity to influence the location of the new practice based on need. Interim arrangements are currently being discussed to ensure

patients continue to have access to NHS dentistry whilst a new practice is established, which would likely take a minimum 12-18 months to set up.

3. KEY RISKS/MATTERS FOR ESCALATION TO COMMITTEE

3.1 Since the re-introduction of contract reform there are significant challenges to note and which carry some risks.

3.2 Challenges include:

- The Health Board is seeking further clarity from WG in relation to the planned changes to contractual arrangements from April 2023.
- There are significant National workforce challenges for dentists and nurses (particularly in areas of high deprivation and associated high level of need and therefore high workloads, i.e. CTM). Work is being undertaken on a national level in Health Education Improvement Wales (HEIW) to look at nurse training. The Health Board is also looking to see how the Dental Teaching Unit can play a role in developing a local workforce.
- Limited identification of skill-mix within the current legislative framework. This is being addressed as part of the national negotiations.
- Inconsistencies of data capture and lag in information provision relating to the new metrics. This is being flagged to Welsh Government.
- The mixed economy of private and NHS dental provision within independent practice, leading to challenges of patient expectations and communication of what services are available. A robust communications plan is required locally and nationally.
- Historical patients who are used to having routine visits to a dentist will now have to wait extended periods of time, while practices focus on the new patients and those with the highest risk and need. This will require national and local education campaigns for the population to help them understand the change of focus of delivery of care.
- A significant proportion of patients within CTM do not routinely access preventative dental care and only look to access urgent only/ ad hoc care. The current reform model does not provide an appropriate solution for this cohort of patients.

3.2 The following risks and mitigation have been identified and highlighted below:

Risk	Impact	Mitigation
Inequitable access to dental care across the CTM footprint.	Patients unable to access care close to home and having to travel across CTM to access NHS care.	Urgent Dental Hub has been established and a central NHS patient waiting list is being kept. Patients on this list are allocated to practices who are working with the HB to source new patients. To date the central waiting list has been cleared on a quarterly basis.
Access to Urgent Dental care.	Practices opting for a UDA contract/ not working with HB under CR contract from April'22 reduced the number of urgent appointments available	Engagement with practices who have agreed to work with the Health Board on urgent dental care and the commissioning of additional appointments.
Further loss of GDS contract capacity i.e. more practices serve notice on their NHS contracts	Loss of further NHS contracts will increase the limitations on timely access to NHS dental services with an increase of patient numbers on the HB waiting list and waiting times to be allocated to a practice	Continuous engagement with the Dental Practices and LDC to provide assurance and prevent surprise contact hand backs. Alongside this ongoing discussions with WG on the need for clarity in contractual arrangements.
Communication with patients	With multiple contractual arrangements in place, clear communication to patients is challenging, with the potential to lead to further concerns being raised.	A communications plan is being worked through with the corporate communications team to ensure clear messaging to patients and other stakeholders e.g. local MP/SMs and Councillors.

		Engagement with WG to seek a central message which could be delivered nationally around what patients can expect from NHS dentistry.
Primary care team capacity	The contract only requires Dental practices to give 3 month notice for a contract resignation. This gives limited time for the Primary Care team and procurement to work together to find solutions and actively prepare a contract tendering process.	Close liaison between the providers and the primary care team, focused on interim solutions to ensure immediate urgent care delivery is maintained.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	• Some patients [particularly in the Bridgend area] will experience longer waiting times to be allocated a dental practice • Routine patients may experience extended waiting times while those with the highest risk are prioritised.
Related Health and Care standard(s)	Safe Care
	Practices will continue to work under the guidance and processes issued via WG
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.

Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Revenue funding implications if WG do not cover the shortfall in PCR and the risk sits with HB. National recruitment issues, practices struggling to recruit dentists and dental nurses, which has an impact on delivery of services
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

The Committee is asked to **note** the changing landscape of dental provision while the contract reform process is ongoing and the work currently being undertaken to ensure patients have continued access to NHS dental services