



## Dental contract reform programme

### Introduction to prototypes Activity

- The prototypes are based on a blended remuneration system where a practice's contract value and remuneration for mandatory services is split between:
  - a **capitation element** for which the practice is expected to have a minimum number of capitated patients on their list
  - an **activity element** for which the practice is expected to deliver a minimum level of activity
- At the start of prototype arrangements the contractor will be given their expected minimum activity (EMA). This is the contract measure that reflects the activity delivered under the contract and is counted differently for each blend
- For prototype practices the activity element is known as a prototype UDA
- The expected minimum activity level (EMA) is based on a practice's UDA delivery in the financial year 1 April 2016 to 31 March 2017 (2016/17) with adjustments for:
  - referrals
  - urgent treatment
  - charge exempt courses of treatment
  - any changes in commissioned levels of UDAs
- The programme recognises that prevention takes time and fewer treatments will be delivered as a result. Therefore an adjustment is applied to reflect this and expected activity levels will be reduced by:
  - 20% for Band 2
  - 30% for Band 3

- Expected activity levels will depend on the prototype blend the practice is allocated:
  - Blend A activity allocation
    - Band 2 = 2 UDAs
    - Band 3 = 11 UDAs
    - Capitation covers all band 1 courses of treatment
  - Blend B activity allocation
    - Band 3 = 9 UDAs
    - Capitation covers all band 1 and 2 courses of treatment
  
- In both blends urgent care provided to non-capitated patients generates UDAs (1.2 UDAs)
  
- A practice's expected activity level excludes activity delivered by a foundation trainee (FT)
  
- As the treatment needs of the practice population change over time there is flexibility within the prototype remuneration system which allows a practice to compensate for the lower activity requirements of their patients by seeing more patients. This is referred to as the exchange mechanism. There is a modelling tool and further details on the exchange mechanism available on the website to assist practices in calculating the number of patients they need to see in exchange for the number of prototype UDAs they will not deliver. It should be noted however, that practices are expected to carry out all treatments that their patients require based on the dentist's clinical judgement.