

Exiting prototype arrangements

Advice for commissioners of prototype practices leaving the dental contract reform programme

Contents

Introduction	3
Advice for commissioners	4
Appendix 1: Checklist for commissioners	13
Flowchart for commissioners.....	15
Template letter to exit a practice from the programme	16
Template acknowledgement of notice from a practice to exit the programme	20
Annex A: Advice for practices	22
Appendix 1: Checklist for practices	30
Flowchart for practices.....	32
Managing patients through the transition from the prototype pathway to standard GDS/PDS	33
Advice for practices: Information for NHS patients	38

Introduction

The following suite of documents is aimed at commissioners and explains the process that commissioners and practices should follow when a practice exits from prototype arrangements under the dental contract reform programme.

The decision to leave prototype arrangements may be made by either the dental practice, by NHS England, or as a result of regulations, which provide the regulatory framework to allow prototyping, coming to an end. This pack contains the processes which may be followed in each situation.

The documentation contains template letters for commissioners to use and these can be amended and sent to practices as required. This document also includes advice for practices. Commissioners should note that this document as a whole has not yet been shared with prototype practices. However, commissioners will need to share Annex A of this document, “*Advice for practices*” as soon as possible once a decision has been made for a practice to exit prototype arrangements.

Commissioners may also find this a useful opportunity to open discussions with practices on the exit process.

Advice for commissioners

The purpose of this document is to assist commissioners to manage the transfer of practices operating under *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015* back to operating under *The National Health Service (General Dental Services Contracts) Regulations 2005* or, as the case may be, *The National Health Service (Personal Dental Services Agreements) Regulations 2005*. A checklist is appended to this section which commissioners may find helpful to ensure that practices have fully returned to providing standard GDS/PDS services under these regulations.

Notice to exit prototype arrangements may be given by either the practice or by NHS England. If an NHS England local office is to give notice to a practice to exit prototype arrangements, they must first discuss their intention to do so with the Secretary of State¹, via the dental contract reform programme at dentalcontractreform@pcc.nhs.uk.

NHS England may only exit a practice from prototype arrangements for the reasons set out in *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015 paragraph 10(2)*

It is recommended that the party on whom notice is served provides written confirmation that they have received notice and that, following the agreement of the exit date, NHS England provides a letter setting out the terms of exit from prototype arrangements.

¹ Section 10(1) *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015*

The minimum notice period that should be given to a practice to leave the prototype arrangements is three months but this can be amended by mutual agreement.

Commissioners must provide notice in writing to both the practice and the dental contract reform programme. Paragraph 10(2) of the directions states: “*The Board must give a period of not less than 3 months notice to the Secretary of State and a participant of any intention to withdraw from a prototype agreement.*” Where a shorter notice period is agreed, both parties should be assured that sufficient time has been allowed for the necessary preparations for a change to the contract to be made.

In addition commissioners should notify the dental contract reform programme as soon as they are aware of a potential practice exit via dentalcontractreform@pcc.nhs.uk.

Finally, practices may exit prototype arrangements on cessation of the Prototype Agreements Scheme. In this case, practices will return to their underlying GDS Contract or PDS Agreement, as appropriate².

² *This will be the contract that was in place immediately prior to the commencement of prototype arrangements, or in the case of practices who were operating as dental pilots before moving to prototype arrangements, the contract that was in place immediately prior to the commencement of dental pilot arrangements*

Contract

Practices have signed a variation to their main GDS Contract or PDS Agreement to enable them to operate under *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015*. On exiting prototype arrangements contractors will revert to their underlying GDS Contract or PDS Agreement. No additional variation documents are required to remove prototype provisions from the GDS Contract or PDS Agreement.

Timing

It is advised that exit dates should be discussed and agreed with practices to ensure a mutually convenient date of exit from prototype arrangements.

In order to keep the process as administratively straightforward as possible, it is recommended that the return to non-prototype contractual arrangements takes effect from the 1st of the month.

If the practice ceases to be a prototype because of the cessation of the Prototype Agreements Scheme, the practice will automatically revert to their GDS Contract or PDS Agreement the day after the directions cease to have effect.

Documentation

As stated above, practices entered into prototype arrangements by way of a contract variation. To exit prototype arrangements the relevant notice will need to be provided. This will remove the prototype provisions from the contract and return it to its underlying GDS Contract or PDS Agreement. A draft letter of notice is enclosed

with this document. No further contract variations are required to return the contract to its underlying GDS Contract or PDS Agreement.

Activity

Practices will return to their underlying GDS Contract or PDS Agreement on the same terms and conditions as they had prior to entering prototype arrangements (ie with the same contract value and UDA requirement).

If the practice exits prototype arrangements at any point other than 1 April, as with any other mid-year contract start, commissioners will need to agree the delivery requirement with the provider for the remainder of the financial year.

Commissioners are expected to work closely with the national programme in agreeing the terms of the individual transition, recognising that there are differences in the metrics of prototype arrangements and those of GDS contracts and PDS agreements.

Stayed UDAs also need to be added back to the UDA requirement and a suggested approach on how to manage these can be found under the 'CoMPASS' heading later in this section.

It is recommended that commissioners agree the approach to UDA targets and stayed UDAs with practices following a decision to exit from prototype arrangements.

Where a practice is returning to their underlying GDS Contract or PDS Agreement on 1st April, the expected UDA delivery for the year would not automatically be reduced. If, however, there are extenuating circumstances as to why this may be appropriate, this should be discussed with the practice at an early stage.

Following learning from the former pilot exiting the programme, the following parameters have been agreed between DH and NHS England:

- prototypes exiting would need a minimum of 1 year and maximum of 2 years to re-establish themselves in the UDA system
- UDA targets within this timeframe to be agreed at local level and based on individual practice circumstances
- the issuing of remedial and breach notices to practices to be waived by local teams during this period - for audit purposes commissioners will need to ensure local governance processes are followed

Finance

Practices will be returning to their underlying GDS Contract or PDS Agreement on exit from the prototype arrangements. Therefore there should be no change to their contract value. The only changes that may be required are detailed below:

- If, at the time they commenced the prototype arrangements (or the pilot arrangements for those practices who were dental pilots before moving to prototypes) the practice performed any additional services that were removed from the total contract value (TCV) on CoMPASS and paid via the

additional payment codes that were set up for the purposes of the dental contract reform programme, commissioners may need to ensure that these additional payments received DDRB uplift for the period the practice was in the prototype scheme;

- Commissioners should manage any additional payments that were removed from the TCV before the prototype arrangements in the same manner as they manage these payments for other GDS contracts and PDS agreements.

Mid-year/year-end following exit

In accordance with the SFE, when a practice exits prototype arrangements, adjustments for capitation, activity and DQOF will be made on a pro rata basis³. In accordance with the SFE (Paragraph 4.1) adjustments will be calculated in month 15 regardless of when the practice leaves the prototype arrangements.

The dental contract reform programme will carry out any calculations required by the SFE;

- Once the relevant calculations have been finalised, these will be provided to NHS England local offices;
- NHS England local offices should inform practices of any financial adjustments that are required following their exit from the programme

Where the adjustment for capitation and activity results in an overall delivery percentage of over 96% the value of carry forward will need to be converted to UDAs by NHS England local offices by using the current UDA value for the practice:

³ Paragraph 17(2)(a) Prototype Agreement Scheme Statement of Financial Entitlements

$$\frac{\text{Value of carry forward from prototype period}}{\text{Current UDA value}} = \frac{\text{Number of UDAs to carry forward}}{\text{Current UDA value}}$$

NHS England local offices should make any necessary adjustments to CoMPASS in accordance with the NHS England year-end policy. If a prototype exits during the financial year NHS England local office will also need to assess UDA delivery for the period of the financial year that the practice operated under the UDA system. In accordance with GDS / PDS regulations UDA allocation is based on the completion date of treatment. Therefore, commissioners should ensure they download the appropriate reports via CoMPASS to assess delivery for this period. Further details on the reports to use can be requested from NHSBSA.

For mid-year exits therefore, two calculations will be undertaken to establish the overall year-end position; one on the basis of prototype delivery and one on UDA delivery.

CoMPASS

Following a practice's exit from prototype arrangements, commissioners should update the following on CoMPASS:

- Contracted UDAs should be entered on a pro-rata basis for the remainder of the financial year (if applicable)
- Annual commissioned contracted UDAs should be recorded on CoMPASS in line with the agreed levels on exit.
- Stayed UDAs should be entered onto CoMPASS as a carry forward, to be completed either:
 - in the financial year the practice exits prototype arrangements; or

- in the first full financial year after the practice exits prototype arrangements; or
- split across the remaining financial year and the first full financial year, whichever is the most appropriate
- The TCV and activity should include any additional services activity which was removed prior to the practice entering prototype arrangements
- Financial recovery (if applicable) should be entered once it has been agreed with the practice
- Carry forward value from prototype period (if applicable) which has been converted to UDAs should be recorded on CoMPASS
- The 'pilot' flag on CoMPASS is turned off

Commissioners need to ensure that “pilot” flag is turned off on the actual date the practice exits the programme. This is to ensure that NHSBSA is not inappropriately processing prototype data, including private data after the practice exits prototype arrangements.

Prototype data including private data for appointments that took place during the time that the practice were operating under the prototype regulations will still be processed by NHSBSA as practices may still transmit data for a period of time after the exit the prototypes

Practice software

Practices have been using a different version of their practice software while taking part in the prototype arrangements. This software is specifically designed to assist practices in a more preventative, pathway approach to patient care. This software

can only be “switched off” by the relevant software supplier with the prior agreement of the practice.

Commissioners will need to be mindful that some practices may wish to retain elements of the pathway approach after they have exited the prototype arrangements, including the practice software. This is a matter for the practice and their software supplier. However, commissioners will want to assure themselves that practices are able to meet the relevant reporting requirements and that the practice has ceased to levy the patient charges in Band 1A courses of treatment, where the appointment occurs after the practice has exited the Prototype arrangements (this is a legal requirement, as Band 1A does not exist outside of prototype arrangements). Any supplier charges associated with reverting to non-prototype software are the responsibility of the practice. The software “switch off” date does not need to coincide with the exit date as long as the requirements of the UDA contract can be met.

Dental assurance framework

Some practices (mainly former pilots) will not be familiar with the details on how the dental assurance framework (DAF) process works as they may not have been part of it to date. Commissioners will need to inform practices of the DAF process and how their contract will be managed in future.

Support available to practices and patients

Further information can be found in the appendix to this document. This should be shared with practices to enable them to prepare to exit prototype arrangements.

Appendix 1: Checklist for commissioners

The following may be used as a checklist to ensure that commissioners have completed the necessary steps when a practice leaves the prototype arrangements. The list is not exhaustive, and it is possible that steps may take place in a different order.

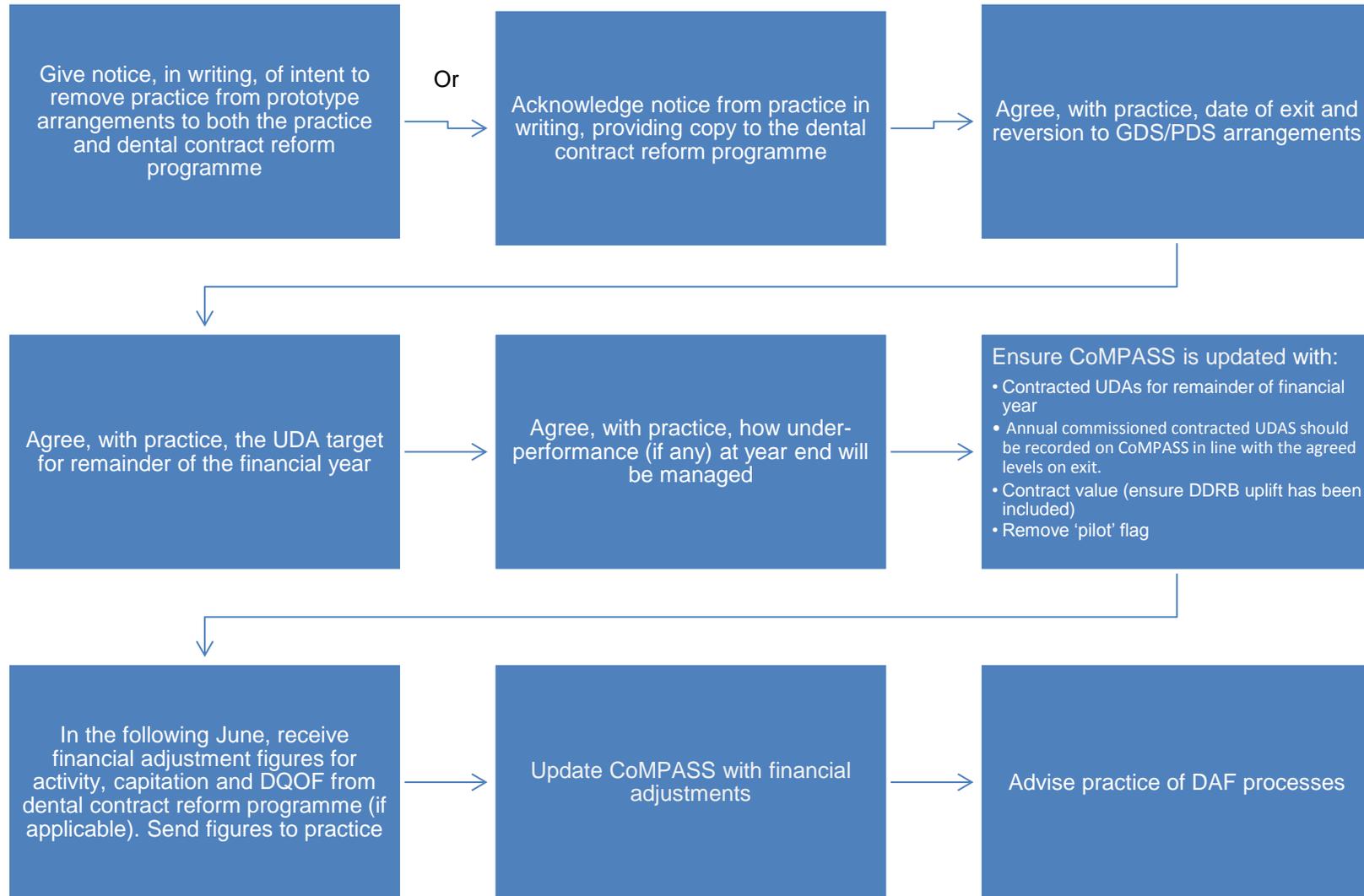
- Give notice, in writing, of intent to remove practice from prototype arrangements. This notice should be given to both the practice and the dental contract reform programme (NB notice period should be three months where possible and a copy should be sent to the dental contract reform programme)

Or

- Acknowledge notice from the practice of their intention to leave prototype arrangements in writing (to both the practice and the dental contract reform programme)
- Agree the date of exit and reversion to standard GDS/PDS arrangements with the practice
- Agree UDA target for remainder of financial year with practice
- Agree how under-performance (if any) will be managed
- Ensure CoMPASS is updated accordingly, considering;
 - Contracted UDAs for remaining financial year
 - Contracted UDAs for first full financial year
 - Contract value
 - Remove 'pilot' flag

- After June the following year, the commissioner will receive the financial adjustment figures for activity, capitation and DQOF from the dental contract reform programme (if applicable)
- Where the practice returned to the UDA system during the financial year, the commissioner will also need to assess UDA delivery between the date of return to the UDA system and 31 March. The UDAs measured in this period will be those completed during the period (in accordance with GDS / PDS regulations). Practices should be reminded of this at the point of return to the UDA system
- Send financial adjustment figures to practice
- Provide details of the conversion of carry forward value to UDAs (where applicable from prototype period)
- Update CoMPASS with financial adjustments
- Inform practice of DAF arrangements.

Flowchart for commissioners



Template letter - Commissioner to exit a practice from the programme

[Name]

[Job title]

[Address]

Prototype ref: **[insert]**

Practice name: **[insert]**

CC: Dental contract reform programme

DD Month [YYYY]

Dear **[insert name]**

Notice to exit contract number [insert] from the Prototype Agreement Scheme

We are writing to you to give you notice of our intention to remove your contract from the Prototype Agreement Scheme.

This notice is given in accordance with paragraph 10 of The National Health Service (Dental Services) (Prototype Agreement) Direction 2015 which states:

10.—*(1) The Board must, before giving notice of its intention to withdraw from a prototype agreement in accordance with paragraph (2), discuss its intention to do so with the Secretary of State.*

(2) The Board must give a period of not less than 3 months notice to the Secretary of State and a participant of any intention to withdraw from a prototype agreement.

(3) Without prejudice to direction 11, the Board must make suitable provision for arrangements on termination of the prototype agreement.

(4) The participant may withdraw from a prototype agreement but must give a period of not less than 3 months notice to the Board and the Secretary of State of any intention to do so.

(5) The Board may, in particular, consider withdrawal from a prototype agreement in the circumstances set out in paragraph (6).

(6) The circumstances referred to in paragraph (5) are— (a) where, in the view of the Board, there has been a significant reduction in average weekly time given to appointments in which an element of NHS care is delivered and reported to the NHS Business Services Authority during the financial year;

(b) where a contractor's overall capitation and activity performance level is less than 90% at the end of the financial year, or where, during the financial year, it is forecast by the NHS Business Services Authority to be likely to be less than 90% at the end of the financial year;

(c) where, in the view of the Board, there has been a significant failure to return the information required under direction 13, or any other information required by the Board for the purposes of evaluating and managing the prototype agreement, or in the view of the Board, a significant number of late returns of such information;

(d) where the contractor has not continued to provide services under the prototype agreement to capitated patients for the duration of that prototype agreement as required under direction 15; or

(e) where a breach notice has been issued to the contractor in accordance with paragraph 73 of Schedule 3 to the GDS Contracts Regulations (other contractual terms – termination by the Board: remedial notices and breach notices) or paragraph 71 of Schedule 3 to the PDS Agreements Regulations (other contractual terms – termination by the Board: remedial notices and breach notices).

(2) Subject to direction 11, the Board must make suitable provision for arrangements on termination of the Prototype Agreement Scheme.

(3) The participant may withdraw from a Prototype Agreement Scheme but must give a period of not less than 3 months notice to the Board and the Secretary of State of any intention to do so.

In accordance with the above, your Prototype Agreement Scheme will terminate on **[insert date]**. This means that the terms and conditions of your **[General Dental Services Contract / Personal Dental Services Agreement]** **[delete as appropriate]**, that were stayed in accordance with **[regulation 24B of the National Health Service (General Dental Services Contracts) Regulations 2005 / regulation 20B of the National Health Service (Personal Dental Services Agreements) Regulations 2005]** **[delete as appropriate]** from **[insert date]**, will apply from **[insert date, which should be at least 3 months after the notice date]**.

For the avoidance of doubt, this notice has the effect of removing the following prototype provisions from your **GDS Contract / PDS Agreement** **[delete as appropriate]** and your contract will revert to your underlying GDS Contract/PDS Agreement. **[Delete as appropriate]**

The clauses set out in the Notice of Variation to your **[General Dental Services Contract/Personal Dental Services Agreement]** relating to the Prototype Agreements Scheme will cease to apply on exit from the programme

We will contact you in the next few days to arrange a convenient date to meet/speak **[delete as appropriate]** with you to discuss and agree the date of return to UDAs, your UDA target for the remainder of the year and also how to manage underperformance (if any) at the end of this financial year.

Following this meeting/telephone call **[delete as appropriate]** we will write to you again to confirm, in writing, the arrangements that have been agreed.

We would like to take this opportunity to thank you for participating in the dental contract reform programme. Your participation has helped shape the future of dentistry in the NHS, and we hope that you will keep in touch with the dental contract reform programme and its progress.

Yours sincerely

Name

Job title

Template letter - acknowledgement of notice to a practice to exit the programme

[Name]

[Job title]

[Address]

Prototype ref: **[insert]**

Practice name: **[insert]**

CC: Dental contract reform programme

DD Month YYYY

Dear **[insert name]**

Notice to exit contract number [insert] from the Prototype Agreement Scheme

We acknowledge receipt of your letter dated **[insert date]** giving notice of your intention to withdraw from the Prototype Agreement Scheme.

In accordance with direction 11(3) of The National Health Service (Dental Services) (Prototype Agreement) Direction 2015, the Prototype Agreement Scheme will terminate on **[insert date]**. This means that the terms and conditions of your [General Dental Services Contract] [Personal Dental Services Agreement] **[delete as appropriate]**, that were stayed in accordance with [regulation 24B of the National Health Service (General Dental Services

Contracts) Regulations 2005] or [regulation 20B of the National Health Service (Personal Dental Services Agreements) Regulations 2005] **[delete as appropriate]** from **[insert date]**, will apply from **[insert date, which should be at least 3 months after the notice date]**.

We will be in contact with you shortly to discuss the provision of the stayed UDAs in the current financial year, and any other issues that arise, to ensure that you can continue to provide primary dental services in accordance with your [GDS Contract] [PDS Agreement] **[delete as appropriate]** following the termination of your Prototype Agreement Scheme. Following these discussions, we will send you a final notice to outline any temporary changes (if required) to the terms of your [GDS Contract] [PDS Agreement] **[delete as appropriate]** for the remainder of the financial year.

We would like to take this opportunity to thank you for participating in the dental contract reform programme. Your participation has helped shape the future of dentistry in the NHS, and we hope that you will keep in touch with the dental contract reform programme and its progress.

Yours sincerely

Name

Job title

Annex A

Advice for practices

This paper has been prepared to assist practices during the change from prototype arrangements back to their underlying General Dental Services (GDS) Contract or their Primary Dental Services (PDS) Agreement. A useful checklist of steps to take can be found at Appendix 1.

Notice to leave the prototype arrangements may be given by either the practice or by NHS England. In either case, it is recommended that the party on whom notice is served provides written confirmation that they have received notice and that, following the agreement of the exit date, NHS England provides a final letter setting out the terms of exit from the prototype arrangements.

The minimum notice period that should be given to a practice to leave the prototype arrangements is three months, but this can be amended by mutual agreement. In situations where practices decide to withdraw from prototype arrangements, they should provide notice in writing to both their commissioner and the dental contract reform programme. Paragraph 10(4) of the directions states: *“The participant may withdraw from a prototype agreement but must give a period of not less than 3 months’ notice to the Board and the Secretary of State of any intention to do so.”*

Three months is suggested to give practices time to make the necessary changes to prepare their practice for the return to their underlying GDS Contract or PDS

Agreement, eg making the transition for patients moving from prototype arrangements back to standard GDS/PDS arrangements as smooth as possible. Where a shorter notice period is agreed, both parties should be assured that sufficient time is allowed for the necessary preparations for a change to the contract to be made.

Practices should notify the dental contract reform programme of their decision to withdraw from prototype arrangements via dentalcontractreform@pcc.nhs.uk.

Where a practice is a part of prototype arrangements at the time *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015* cease to be in force, the practice will automatically return to their underlying GDS Contract or PDS Agreement

Contract

Prototype practices operate under *The National Health Service (Dental Services) (Prototype Agreements) Directions 2015*. A variation to their GDS Contract or PDS Agreement was required to enable them to operate under these directions, and on the expiry of the contract variation, or following completion of the relevant notice period, the practice will revert to their underlying GDS Contract or PDS Agreement. Please note that no additional variation documents are required to remove these provisions from the GDS Contract or PDS Agreement apart from the relevant termination notice.

Timing

It is advised that exit dates are discussed and agreed with commissioners to ensure a mutually convenient date of exit from prototype arrangements.

In order to keep the process as administratively straightforward as possible, it is recommended that the return to underlying GDS contracts or PDS agreements should take effect from the 1st of the month.

Documentation

As mentioned above, practices entered into prototype arrangements by way of a contract variation. To exit prototype arrangements the relevant termination notice must be provided. This will remove the relevant provisions from the contract and return the contract to its underlying GDS Contract or PDS Agreement.

Activity

Practices will return to their underlying GDS Contract or PDS Agreement (ie with the same annual contract value and UDA requirement).

If the exit from prototype arrangements takes place during the financial year, the contracted Units of Dental Activity (UDA) may be adjusted accordingly. These should be agreed with the local commissioners. UDA delivery for this period will be measured at year-end. GDS / PDS regulations state that UDA allocation is based on the completion date of treatment, not the date the FP17 is scheduled by NHSBSA. Therefore UDA activity measured during this period will be those courses of

treatment that were completed after the date of return to the UDA system and before 31 March.

It is recommended that commissioners and contract holders agree the approach to take with UDAs which were stayed under the contract variation on commencement of prototype arrangements.

Practices should continue to submit their FP17's as normal, regardless of the exit date, to ensure that activity is correctly calculated and can be monitored in line with contract performance.

Clinical considerations

The accompanying document "*Managing patients through the transition from the prototype pathway to standard GDS/PDS*" sets out the process for reverting to underlying GDS contracts or PDS agreements. Practices should review this document for further information and advice on the clinical approach to take.

Finance

A practice's contract value will not change following their exit from prototype arrangements.

If, however, a practice provided additional services which were removed from the contract at the outset of the prototype arrangements (or the outset of pilot arrangements if the practice was a former pilot prior to moving to prototypes), the

commissioner will confirm the arrangements for payment of additional services to the contract.

Mid-year/Year-end following exit

In accordance with the *Prototype Agreement Scheme Statement of Financial Entitlements*, if the practice exits prototype arrangements during, or at the end of, the financial year, the relevant adjustments for activity, capitation and DQOF will be made in the following June. If the practice exits prototype arrangements during the financial year, adjustments for activity, capitation and DQOF will be made on a pro rata basis. There may also be an adjustment on the pro-rata UDA delivery for part of the year. Both UDA and prototype performance may be used to calculate your overall position for the year.

Commissioners, in conjunction with the dental contract reform programme, will provide you with the final calculations required under the SFE.

Any financial adjustments that are required following exit from the programme will be made in line with the national regulations, SFE, and NHS England's dental policy.

Practice software

Practices taking part in prototype arrangements are currently using a version of their practice software which is specially designed for the pathway approach. Practices will need to contact their software supplier to inform them of your exit from prototype arrangements.

Practices may wish to revert to non-pathway software once they exit prototype arrangements. This means that pathway functionality will be switched off by the software supplier. Whether or not it is switched off is a personal choice, but it is strongly recommended that practices consult their software supplier, who will be able to explain the implications (for example, software maintenance) and any associated costs.

Please note that:

- Whether practices revert to non-pathway software or not, practices will still be required to ensure the safe delivery of UDAs. It is likely that commissioners will want to be assured that practices are able to meet the relevant reporting requirements, so it is recommended that practices keep their commissioners informed of their progress in switching off the pathway software
- The date a practice's pathway software is "switched off" does not have to be the same as the date they exit prototype arrangements – see "Managing patients through the transition from the prototype pathway to standard GDS/PDS" for further information
- Once a practice exits prototype arrangements, they can no longer charge for Band 1A CoTs
- Once the practice exits prototype arrangements, they should no longer transmit Prototype appointment data to NHSBSA for appointments booked after the exit date, however appointment data for appointments booked prior to their exit date will still need to be submitted to NHSBSA.

The accompanying document “*Managing patients through the transition from the prototype pathway to standard GDS/PDS*” provides further information on managing the transition in terms of patient management and clinical processes.

Practice administrative tasks

Exiting the prototype arrangements is likely to require some operational changes within the practice. As a result, it is recommended that practice owners discuss their exit with practice staff as soon as possible. This will give staff time to adjust their working model and help the transition process. It will also allow members of staff time to familiarise themselves with any revised ways of working.

Patients

In addition to a new approach to work, a practice’s exit from prototype arrangements will also represent a change for patients. Practices who are exiting are free to retain whatever elements of the pathway approach they feel is practical and desirable within the standard UDA system. It is likely patients will notice some changes and it is recommended that practices inform them of their exit from prototype arrangements as soon as practically possible. Enclosed with this pack is a document (“*Advice for practices: Information for NHS patients*”) which provides suggested wording to help deliver the appropriate message to patients and to reassure them that they will continue to receive the same high standard of care as they did whilst the practice was part of the prototype programme.

From an administrative point of view, following their exit, a practice will need to update the patient literature to replace the prototype versions. New leaflets should be ordered and displayed in the practice, and are available from the Department of Health website from the following web address:

<https://www.gov.uk/government/publications/leaflet-and-posters-on-nhs-dental-services>

Fair processing notice (or 'privacy notice')

The issuing of the fair processing notice to eligible patients is a requirement that applies to practices operating under the prototype arrangements. Therefore, following exit from the prototype arrangements it will no longer be a requirement and practices will not have to issue or re-order these forms.

Appendix 1: Checklist for practices

The following may be used as a checklist to ensure that practices leaving the prototype arrangements have completed the necessary steps required prior to their return to standard UDA arrangements. The list is not exhaustive, and it is possible that steps may take place in a different order.

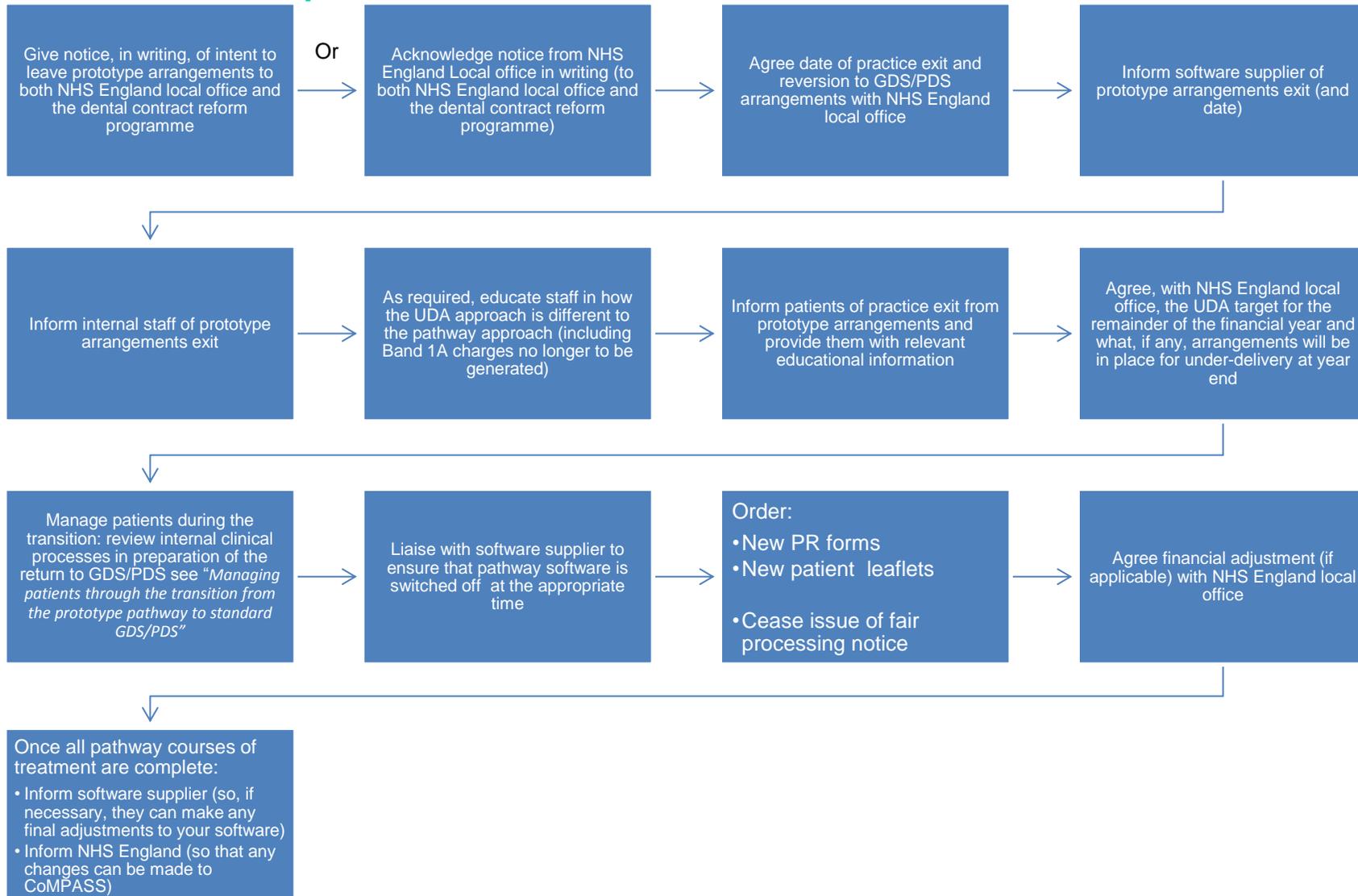
- Give notice, in writing, of intent to leave the prototype arrangements to both NHS England local office and the dental contract reform programme.
Participants should give a period of not less than 3 months' notice, but this notice period can be amended by mutual agreement.

Or

- Acknowledge notice from NHS England local office in writing (to both the NHS England local office and the dental contract reform programme)
- Agree date of exit and reversion to underlying GDS Contract or PDS Agreement with NHS England local office
- Inform software supplier of exit from prototype arrangements (and date)
- Inform internal staff of the practice's exit from prototype arrangements
- As required, educate staff in how the standard GDS/PDS approach is different to the pathway approach (including that Band 1A charges are no longer to be generated)
- Inform patients of the practice's exit from prototype arrangements and provide them with relevant educational information

- Agree, with NHS England local office, the UDA target for the remainder of the financial year and what, if any, arrangements will be in place for under-delivery at year end
- Managing patients during the transition: review internal clinical processes in preparation of the return to UDAs see “*Managing Patients through the transition from the prototype pathway to standard GDS/PDS*”
- Liaise with software supplier to ensure that pathway software is switched off at the appropriate time
- Order new PR forms
- Order new patient leaflets
- Cease issuing the fair processing notice (‘privacy notice’)
- Agree financial adjustment (if applicable) with NHS England local office
- Once all pathway CoT complete:
 - Inform software supplier (so, if necessary, they can make any final adjustments to your software)
 - Inform NHS England local office (so that changes can be made to CoMPASS)

Flowchart for practices



Managing patients through the transition from the prototype pathway to standard GDS/PDS

During the transition period back to GDS/PDS arrangements the aim is to transfer patients from pathways back to standard GDS/PDS smoothly whilst maintaining continuity of care. It is important to understand that the transition period will differ depending on your software provider.

The pathway software system cannot change open pathway courses of treatment (CoT) into non-pathway CoTs. It is therefore necessary to follow the steps outlined by your software provider to manage patients off pathway CoT's as smoothly as possible. The following advice applies to providers using any software type.

Managing patients during the notice period

From the effective date of notice (3 months before exit date):

- No new pathway CoTs should be opened (ie any new CoTs should be opened under standard UDA contracting arrangements)
- Any CoTs already open should be completed under pathway arrangements
- No new interim care (IC) courses of treatment (Band1A) should be scheduled as Band1A is only allowed under the Programme regulations.

Patients will be attending the practice to complete planned treatment (ie where a CoT is already open), or for a booked appointment – either an IC, oral health assessment (OHA) or oral health review (OHR). The general rule is that any CoTs

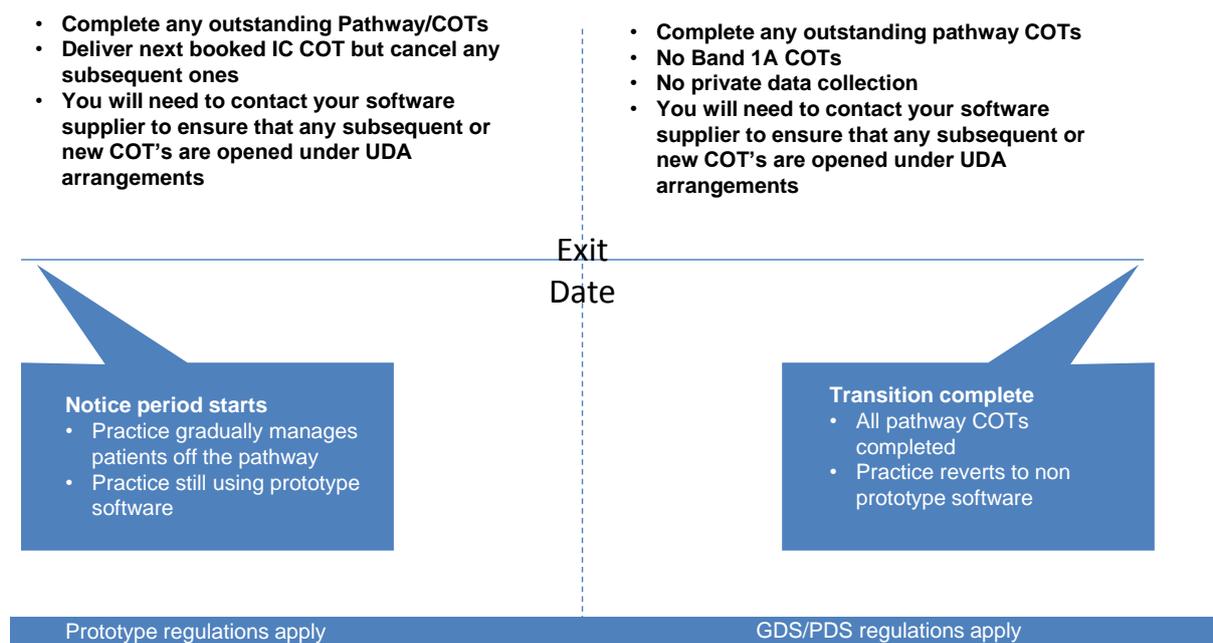
already open should be completed using usual pathway arrangements and any new CoTs should be opened under standard (UDA) contracting arrangements. Specific guidance on handling each of these scenarios can be provided by your software provider.

Once notice period has expired

Once the relevant notice period has expired, the Prototype Regulations no longer apply, in particular the provisions regarding interim care. This means that it is no longer possible to deliver interim care CoTs.

Practices should also ensure that the private data collection element of the software is switched off on or before the last day of the contract variation.

An example of the practice actions during the transitional phase (both pre-and post-the formal exit date) are shown diagrammatically below:



Patient communications

Patients should be informed of the practice's exit from prototype arrangements and the impact on their delivery of care arrangements as soon as possible. This may be best explained face-to-face at the next scheduled (or unscheduled) appointment. A template patient leaflet (*"Advice for practices: Information for NHS patients"*) is included in this document suite, which practices can use.

There is no blanket requirement to contact patients ahead of their next appointment (except where a future IC appointment is being cancelled).

Messages should focus on the fact that whilst the way care is delivered will change, the range of care on offer remains the same. Patients should be reassured that there will be no adverse impact on their care/treatment as a result of the practice's exit from prototype arrangements, specifically:

- the scope of the NHS offer is unchanged
- NHS patient charges remain the same (except for Band 1A, which only exists for the Programme)
- they will still receive preventative care/advice, but may no longer be given a personalised self-care plan (it is up to practices to decide whether or not to do this)
- they will still receive a treatment plan (FP17DC) for any Band 2 or Band 3 treatments recommended.

Depending on whether the practice plans to change its skill mix, it may also be necessary to explain to patients that they may, in future, not see certain practice staff.

Software

Practices will need to liaise with their software supplier to “switch off” the pathway version of the software. When this is best done and what pathway functionality (if any) will remain in place varies between the suppliers and is dependent on whether the practice wishes to retain any pathway functionality.

FP17s/UDAs

Retaining the pathway software does not affect FP17/UDA reporting. All FP17s (regardless of whether they are “out of pathway”) are reported in the same way as on non-pathway software. UDAs continued to be reported in ‘shadow form’ during the prototype arrangements with practices receiving GDS schedules as they did pre the prototype period.

Dental regulations and interim care CoTs (Band 1A)

The regulations around reporting / recording CoTs and submitting FP17s are unchanged by the practice exit with the exception of Band 1A.

Please note that it is not possible to use the Band 1A arrangements once a practice has exited prototype arrangements. Legally, a Band 1A CoT is only available under regulations to practices which have a signed contract variation entering them into the prototype arrangements. This means that:

- any open Band 1A CoTs must be complete and closed before the date of exit from prototype arrangements
- any new IC CoTs planned to start on a date on or after the date of exit from prototype arrangements must either be cancelled or adapted to meet the standard requirements for a banded CoT (i.e. assessment, plus diagnosis, plus treatment planning as well as the care planned for the IC).

Advice for practices: Information for NHS patients

Background

Your dental practice has been participating in a national trial (referred to as the 'prototype' scheme) to support the development of new ways of delivering NHS dental care. The dental contract reform programme, and those practices taking part in the trial are testing the changes that might be made to the way NHS dental care is delivered and dentists are paid in England. From [insert date] the practice's involvement in the prototype scheme will end.

What does this mean for my NHS dental care and treatment?

There is no change to the range of dental care you are entitled to under the NHS. Your dentist will still be expected to give you the treatment you need to keep your mouth, teeth and gums healthy and free of pain.

Treatment plan

If your dentist recommends a Band 2 (£- *insert current rate*) or Band 3 (£- *insert current rate*) dental treatment, you will still receive a dental treatment plan setting out all the NHS treatments you are having and how much they will cost. Please note that treatment plans are usually not given for Band 1 (£-*insert rate*) dental treatments.

Preventative care

Your dentist will give you all the preventative care and advice you need to be able to maintain and improve your oral health.

What about dental charges?

There is no change to the 3 standard dental charges you may pay for the NHS treatment you receive if you are a charge payer. However you will not be charged separately for preventative care (known as “interim care”) as you may have been during the time the practice was part of the Prototype scheme.

If you have any concerns about this, please ask your dentist for further information.