

Provider news round-up

June 2018

Below is a list of the communications that were sent to prototype practices from the dental contract reform programme during the month of June.

Please note that it is the responsibility of the contract holder to ensure that the information contained in these emails has been communicated to relevant members of the practice team and acted upon.

Monthly survey – sent May 23 at 23.41

The deadline for completion of the monthly survey for May was Friday 22 June.

Avoidance of doubt article – Provision of phased treatment

All NHS primary care dental practices have received guidance from NHS England that clarifies when it may be appropriate to provide phased treatment spanning over several courses of treatment. This guidance is relevant, in particular, to the cohort of adult patients with high treatment needs who also have additional health and social needs.

The programme can confirm that the guidance is applicable to both non-prototype and prototype practices as the care pathway followed by prototype practices, is founded on a phased treatment approach. In addition, the care pathway also offers prototype practices the additional option of interim care appointments which may be a more clinically appropriate option in some cases.

A reminder that expected activity levels for prototype practices reflects time spent on prevention

The programme receives a number of queries in regard to the activity measure included in prototype remuneration. During the pilot phase of testing no count of the activity that was delivered was included in the remuneration model. On review, it was clear that a system where capitation is the only measure, does not provide the right balance of incentives needed to ensure that both prevention and treatment are appropriately addressed. An activity measure was therefore introduced at the inception of prototyping.

The focus of the care pathway adopted by prototype practices is prevention. The programme recognises this takes longer and fewer treatments will be delivered as a result. Therefore when setting the expected minimum activity level (EMA) for each prototype practice, the activity measure is reduced by 20% for Band 2 and by 30% for band 3 associated UDAs.