

Dental Contract Reform: Frequently Asked Questions

Is contract reform going to happen and when?

The commitment to reform the current NHS dental contract has been a well-established aim of successive governments. It was also repeated in the conservative 2017 manifesto. No decisions have yet been taken on national roll out.

What is the sample size of the prototypes?

There are currently 99 dental practices and 3 community dental services (CDS) in the programme. Numbers fluctuate occasionally if an individual practice decides to leave or a further practice is recruited. The current list (end of September 19) can be found at <https://www.gov.uk/government/publications/list-of-dental-prototypes>

In the event of a roll out, would joining the new system be compulsory?

The current intention is that conversion would be gradual and by mutual agreement.

What are the criteria that will be used to work out contract values?

No final decisions have yet been taken by NHS England, but we do not expect total contract value to change under the reformed contract. We expect practices to still receive their contract value in 12 monthly instalments. What is expected to change is the metrics to be delivered in return for that value i.e. capitated and non-capitated activity. Reference will be made to the numbers of patients and UDAs contracted and delivered in preceding years in setting these metrics and a standard methodology will be used to calculate the number of capitated patients and the activity elements of the contract offered.

Will the capitation element of the contract be weighted by demographics?

No final decisions have been taken. The programme is currently modelling the impact of introducing weighted capitation. The factors being used are age, sex (adults only) and patient postcode (deprivation). The aim is to fairly reward dentists for seeing patients with higher needs.

Is there any additional funding for dentistry as a result of the reformed contract?

Contract values are not expected to change and additional funding is not expected.

The prototypes are testing two different remuneration Blends (Blend A and Blend B). What Blend is going to be rolled out?

No decision has been made on rolling out Blend A, Blend B or both.

Will I be subjected to 'clawback'?

Contract achievement will be dependent on the delivery of agreed numbers of capitated patients and non-capitated activity. The contract will, as now, provide for contract sanctions for under delivery, subject to a defined tolerance. Under delivery below the tolerance value will result in recovery.

How will contracts be monitored?

Contracts will continue to be managed through the NHS BSA systems. The aim will be that both contractors and commissioners are able to monitor contract delivery.

Has the testing of the new approach been evaluated?

Yes. We are continuously evaluating the programme, involving key stakeholders, including the British Dental Association. The evaluation from the first year of prototyping is available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709555/evaluation-report-2016-2017.pdf

Can we be assured that the outcomes demonstrated in the prototypes are deliverable on a wider footprint?

The prototypes are a self-selected group of practices; however they cover a wide range of practice types, patient demographics and geographic areas. Work is continuing in the Evaluation programme to identify the impact of these factors and their applicability to the non-prototype practices.

Is the workforce ready for DCR?

The prototype approach makes greater use of the full range of dental care professionals in delivering patient care. Feedback from monthly surveys of the prototype practices shows that the workforce currently engaged in testing, generally like the new model of care. Health Education England is undertaking a review of the workforce and workforce requirements through the Advancing Dental Care programme. This will be important in ensuring that an appropriate range and volume of dental professionals are trained for the future.

Further information about the Advancing Dental Care programme can be found here: <https://www.hee.nhs.uk/our-work/advancing-dental-care>

Will the remuneration package retain the current dentist workforce?

Feedback from clinicians testing the new approach shows that the new clinical pathway is generally accepted as a more rewarding, though no less demanding, way of practicing and delivering dentistry. The focus on prevention and personalised treatment planning is in line with current academic teaching and some providers are requesting to move to the prototype arrangements as they believe it will improve recruitment and retention, making better use of the whole dental workforce.