

Quick guide to NHS Dental Contract Reform

- The Government is committed to introducing a new prevention focussed NHS dental contract which increases access to NHS dental services whilst preventing as well as treating dental disease.
- We are currently testing this new approach in 102 dental practices, known as *dental prototype practices*, across the country.
- The list of current prototype practices can be found at: <https://www.gov.uk/government/publications/list-of-dental-prototypes>

Clinical approach

- Dentists follow a preventative patient pathway which is supported by chairside IT, which prompts them to complete a standardised comprehensive Oral Health Assessment for each patient. The clinical information entered then produces a RAG rating based on the patient's future risk of disease (traffic lighted as Red, Amber or Green).
- Dentists discuss the results with patients, focussing particularly on what the patient can do to improve their own oral health and prevent future dental disease. They are also given a self-care plan to take away.
- Patients may be asked to return for Oral Health Reviews, where their progress is discussed, and any interim treatments offered, such as the provision of fluoride varnish.
- The clinical approach is widely accepted by dentists as the right approach and in line with training at dental school and patients like the extra time taken with them by the dental team.
- Evaluations of the clinical pathway during testing of the prototype approach has shown that patient's oral health improves, and their risk of dental disease changes. With some patients moving from red to amber or from amber to green over successive periods.
- The capitation focussed contract is also encouraging compliance with NICE guidelines on the appropriate time for returning for an oral health review (check-ups) with 95% of low risk adults being planned for a review between 12 and 24 months, creating additional capacity for new patients.

Remuneration system

- The prototype practices are testing the pathway alongside a new remuneration system which is a blend of capitation and non-capitated activity. Under the prototype scheme two remuneration variants are being tested (Blend A and Blend

B); in one, capitation makes up 80% of payment and in the other, around 55%, with the remainder being payments for treatments delivered.

- One important element of the new contract is that practices may move a proportion of 'non-capitated activity' into seeing 'new patients'. This functionality is known as the 'exchange mechanism' which enables contract holders to transfer unused treatment activity (UDAs) to see new NHS patients. This methodology has been embraced by almost all prototype practices and is evidenced, quantitatively, as a contractual lever to deliver on contract targets.
- Following the initial evaluation of the prototype model introduced in 2016, work was undertaken to propose adjustments to the payment model to improve sustainability for dental practices. The Finance Reference Group, working with the British Dental Association (BDA), has completed the development of a weighted capitated model which would be used in any proposed reformed national contract. Capitation values are adjusted according to individual patient's age, sex and deprivation to acknowledge the level of patients need.

Is the approach proving successful?

- The evaluation of the dental prototype scheme is continuous and led by the clinical lead for the programme, Professor Eric Rooney (Deputy Chief Dental Officer for England). There is an external reference group which includes representatives drawn from the profession, the BDA, academia and staff working in practices testing the new model. The first formal evaluation report on the prototypes was produced on the first year of data and published in 2018. It can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709555/evaluation-report-2016-2017.pdf
- The findings from the second year of prototyping are being finalised ready for publication and continue to show positive results.
- There have been some dental practices who have found working under the prototype arrangements difficult. This has been for a number of reasons, including difficulties in recruiting and retaining dentists which has been a factor seen outside of the contract reform programme. These practices have been supported by the programme and the learning gathered from their experiences has been fed into the evaluation of the programme, where one output has been the development of the weighted capitation model, mentioned above.

When will the new system be rolled out?

- 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.