



Directors of Primary Care – all Health Boards
Health Board Primary Care leads – for distribution to all NHS dental providers
British Dental Association Wales

21 December 2022

Dear Colleagues,

NHS DENTISTRY: CONFIRMATION OF CONTRACT REFORM VOLUME METRICS FOR 2023-24

Firstly, we want to thank everyone for all your hard work so far this year on the front line of recovering NHS dental services following the Covid-19 pandemic.

Prior to the pandemic some 40% of all dental practices holding NHS dental contracts in Wales were engaged in or had signed up to be part of contract reform. We were really pleased that this increased to 78% from April this year and hope that this will increase further for next year.

We would also extend our thanks to the many of you that have engaged with the dental reform programme this year through our engagement and listening events. Your input has been invaluable in shaping the direction of reform moving forwards.

2023-24 will be our second and hopefully last contract reform action learning year. As with 2022-23 you will have a choice either to be part of the reform programme and deliver measures based on learning so far, or a return to contractual arrangements based wholly on delivery of Units of Dental Activity (UDA). The expected UDA target for these practices will be 95% of pre-Covid/pre-reform level.

Many themes emerged from the listening events held over the autumn but one issue that came through clearly was the need to make the variation offer for 2023-24 as early as possible so that contract holders have sufficient time to consider and make their decision. We committed to doing this before the end of 2022 and we are pleased to be able to offer the volume metrics attached in Annex A for the 2023-24 dental contract reform variation. We have not included a FAQ document at this stage but will do so as we receive queries on this offer. A detailed FAQ document was issued last year and many of the responses remain the same. We also have an engagement event planned for 24 January 2023 which will give you the opportunity to raise any issues with us directly.



This is a significant opportunity to be part of the transformation needed to deliver better and fairer outcomes and I would encourage dental teams, Health Boards and related organisations to be part of the transition to new ways of working in dentistry.

We would also like to take the opportunity in this letter to provide an update on a number of additional changes from April 2022.

Orthodontics

Orthodontic contracts reverted to 100% of their normal Unit of Orthodontic Activity (UOA) targets from April 2022 and this will continue from April 2023. Health Boards will again have discretion to apply a tolerance of 5% reduction in the UOA target if there are justified reasons for reduced patient throughput.

This 5% is additional to the normal 5% tolerance.

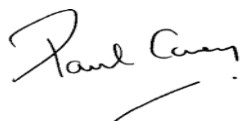
2022-23 End of Year Guidance

Many of you attended the modelling workshops we held in recent months where we have shown our approach to using the dental activity data to shape our reform approach. Again, through our engagement with you we've heard that the treatment needs of the population has increased and that contract reform needs to take this into account when managing contract performance. The data does confirm this trend and we are working hard to develop a method that takes this into account when managing contract performance. We are committed to developing a contract that is fair for all parties.

Guidance on this has been prepared, however, it will not be issued until the first week in the New Year. We appreciate that this a slight delay to the date initially given for issuing the guidance but we need to give Health Boards time over the Christmas period to consider their approach to implementation. We have shared the draft with the British Dental Association, so this slight delay also gives them some additional time to provide constructive feedback. Please be assured though, there will be no further delay as we fully appreciate the interdependency between this and the volume metrics when making your decision for 2023-24.

Thank you again for your continued support of the dental reform programme and we wish you a Merry Christmas and a happy New Year.

Yours sincerely,



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CONTRACT REFORM VOLUME METRICS 2023-24

Worked example of a contract variation for 2023-24

The following example is illustrative and based on a notional GDS contract that currently has a contract value (ACV) of £177.65K and UDA target of 6,800 at £26.13 per UDA.

As in 2022-23 the Health Board and contractor will need to agree that for the 2023-24 financial year, the UDA target and the contract value allocated to UDA performance are both materially reduced in return for performance against slightly revised metrics for 2023-24. The example contract would, through an agreed variation, be varied so that:

Maximum contract value remains the same £177,650			
UDA element	25% / £44,412 allocated to existing metrics (UDAs) (this value would be the ACV for the purposes of the SFEs) 1,700 UDAs	75% / £133,238 allocated to new metrics (details below): Fluoride varnish (10%) New/Urgent patient target (25%) Supply of mandatory General Dental Services to (and completion of ACORNs for) existing patients (40%)	New metrics

Metrics for 2023-24

Whilst the ACV will be reduced, the contractor will be able to receive the balance of the contract value (£133,238) if they achieve all of the following metrics in full. The metrics purely determine whether there is an entitlement to the related payments. Failure to achieve a metric will not, on its own, be a breach of contract, although where the failure to achieve a metric results in/from a breach of other provisions of the contract the Health Board would have the usual rights/remedies available to it.

Fluoride varnish

10% of the maximum contract value (£17,765) earned if fluoride is applied to 75% or more of all of the patient groups below. No payment will be made if there is a failure to reach that level.

In order to be entitled to the payment for this metric:

- At least 80%* of all Adult FP17Ws that indicate a caries risk of red or amber support the application of fluoride varnish as part of the treatment provided; and
- At least 80%* of all FP17Ws for Child patients aged 3 and over as well as for Child patients aged under the age of 3 with a risk of caries (caries risk of red or amber) support the application of fluoride varnish as part of the treatment provided

*A 5% tolerance is allowed i.e. the target is 75%.

New/Urgent patient target

25% of the maximum contract value (£44,412.50) earned if target met/exceeded. Pro-rata payment if the target is not met.

In order to be entitled to full payment for this metric, the contractor must:

- accept (undertake an ACORN for and, where appropriate, provide appropriate mandatory services / a course of treatment for) at least 104 new patients per year (2 New Patients per week); **and**
- provide at least 156 urgent new patient appointments per year (3 appointments per week)

It would be proportionately higher/lower for higher/lower contract values.

A “New Patient” is someone in relation to whom the contractor has not submitted an FP17W with a completed COT in the four years preceding the appointment.

Practices will be able to agree with Health Boards that the Health Board will refer new patients (and/or urgent patients) to the practice. In these circumstances if the Health Board cannot provide the number of new (or urgent) patients required, this will be taken into account at end year reconciliation.

A new urgent patient will need to have an examination, but no ACORN, and receive definitive treatment to count towards the new patient target.

Practices can choose if they wish to accept more new patients instead of urgent appointments. For example, if a practice accepts 150 new patients and provides 110 urgent new patient appointments then this metric can be considered to have been met. Practices cannot though see more new urgent patients in lieu of accepting new patients.

A 5% tolerance is allowed.

Supply of services to existing patients

40% of the maximum contract value (£71,060) earned if target met/exceeded. Pro-rata payment if target is not met.

In order to be entitled to full payment for this metric, patients seen in the 2023-24 financial year for whom the contractor has submitted an FP17W in the previous four financial years (“Historic Patients”) must be subject to an ACORN and, where appropriate, receive the appropriate mandatory services / Course of Treatment (CoT) in the financial year.

It is expected that a practice of the size used in this example would need to see a minimum of 1,280 Historic Patients. The target Historic Patient number used for this metric will therefore either be 1,280 (for this contract value) or proportionately higher or lower for higher or lower contract values.

A 5% tolerance is allowed.

Other requirements for 2023-24

- NHS Number – the NHSBSA is currently engaged in a project that we hope will auto-populate around 70% of historic patient NHS numbers and provide a digital solution for that to be

uploaded into dental practice software via suppliers. For next year we are asking practices where possible to collect NHS numbers for the remaining 30%. There is no metric assigned to this but we hope practices will support the collection as there will be many benefits in the long term.

- Did not Attend (DNA) – We are aware that DNAs are placing pressure on practices. We would remind practices that the Attend Anywhere platform is available for use. We have seen examples, particularly with new patients, where a pre-appointment call has reduced their DNA rate significantly. This is an area we want to continue to explore so we would ask practices to maintain good records with regards to DNAs and document the things you have tried to reduce your DNA rate. We can then share any learning across Wales.
- The contractual requirements in relation to providing urgent treatment will apply to all Historic Patients.
- ACORN forms must be completed for Historic Patients seen in the financial year.

These will be contractual obligations (so failure would give rise to the usual rights/remedies for breach) but there will be no additional payment attached to them (although failure to comply with this ACORN requirement may also adversely impact on the level of payment available for the new metric relating to existing patients).

ACORN and FP17W data will continue to be collected and analysed during the year to allow refinement, identify issues and any unintended consequences as a result of this new way of working. To be clear this is not the new dental contract but a step on our journey to shaping a future contract that is fair and sustainable for all parties.