



# Dental Contract Reform Programme

## Early Findings: Opportunity to give feedback

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# EXECUTIVE SUMMARY

## NHS DENTAL CONTRACT REFORM – AT A GLANCE

The coalition government has said it will develop a new NHS dental contract based on capitation, quality and registration. The government sees the development as a key route to achieving its twin goals of improving oral health and increasing access to NHS dentistry. A focus on quality and improving outcomes will be at the centre of the new contract.

The government also made a commitment to piloting the development of this contract. This began in 2011 with 70 practices. The second phase started in April 2013 with some 20 extra practices; all the original ones remained in the programme.

The pilots are testing a prevention based primary care pathway. Department of Health ministers announced last autumn that the pathway approach would be the centre of the new contract. Further work is underway to refine and develop this pathway.

A dental quality and outcomes framework is also under development.

The new contract will aim to support patients to understand their own oral health status and how and what they as individuals can do to improve and maintain it.

A capitation model for paying NHS dentists is another central part of contract development.

The overall aim of the contract development programme is a new contract that delivers high quality, prevention-based care of patients, can work for dentists within the framework of the contractor provided NHS service and is suitable for commissioning by NHS England.

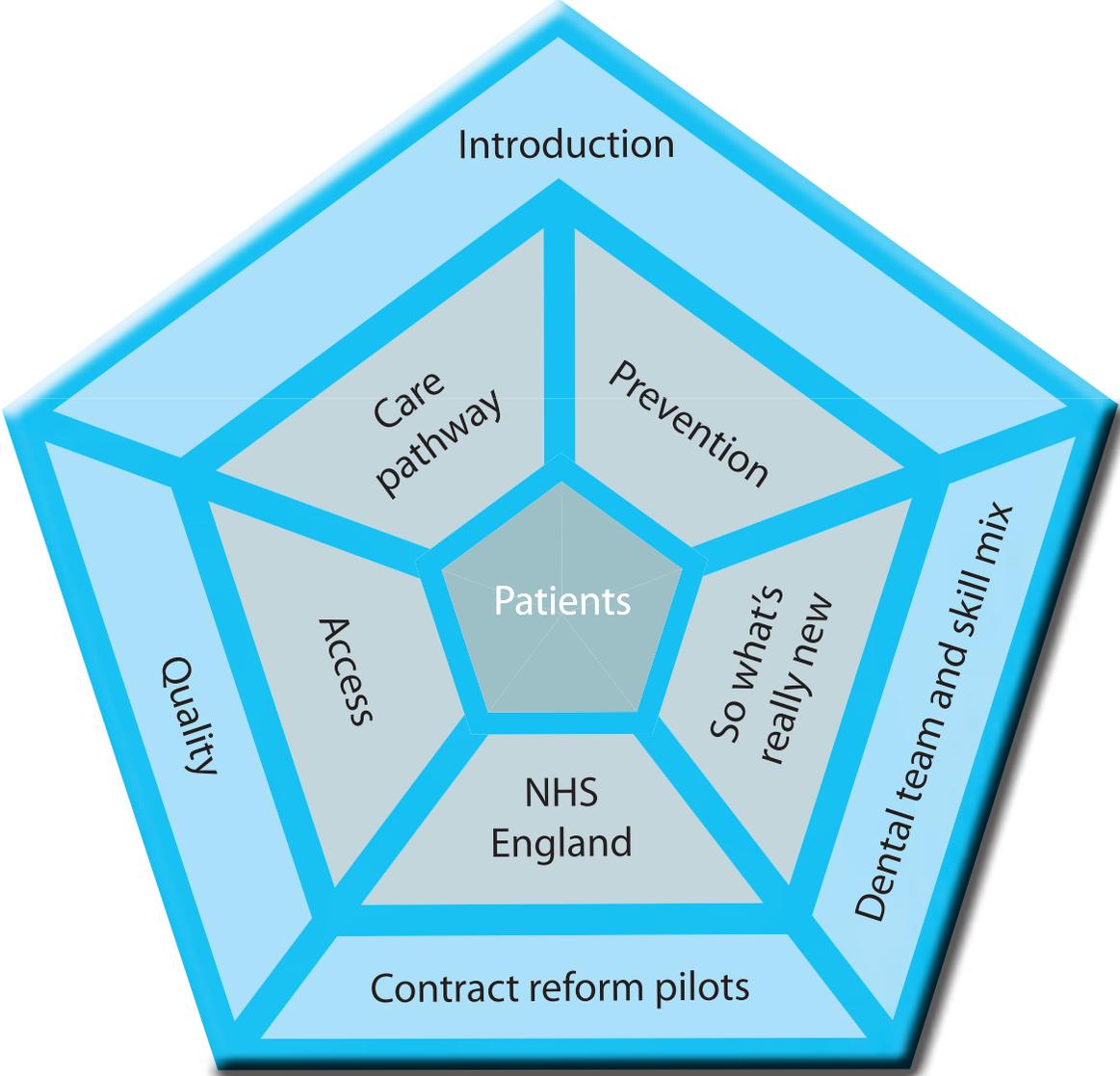
Since April 2013 all dental activity in the NHS is being directly commissioned by NHS England. NHS England is closely involved in developing the new contract.

Work on the contract so far involves a wide range of interests – the pilot dentists themselves, representatives from the BDA, dental public health and from clinical academics.

We do not have a go-live date for the new contract yet. It is important that we spend enough time developing it to get it right – and it is a complex undertaking.

There will be a consultation exercise but this is not likely to be until 2014.

Use the fast links in the sections below for more information



# WHAT THIS DOCUMENT IS FOR

The purpose of this document is to update you on the progress in developing a new **NHS dental contract reform**.

The Coalition Agreement committed the Government to introducing NHS dental contract reform based on registration, capitation and quality with the aim of improving oral health and increasing access to NHS dentistry.

Replacing the 2006 NHS contract is a major undertaking and to ensure providers, clinicians and staff are closely involved in its development, the coalition government made a commitment to piloting before introducing any contract reform. As well as learning from pilots there is a lot of other development work taking place, such as analysis of patient numbers and trends in dental disease.

**This is *not* an evaluation or consultation.**

This document has been written so you can print and read the 16 page overview or go into more detail online. It also gives you the opportunity to feedback to the development team.

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# The big challenge

*“Improving oral health and increasing dental access”*



*“How can a system improve oral health, deliver prevention, continuing care and advanced treatment, whilst paying dentists adequately, fairly, and provide an environment where all this can be achieved with minimal perverse incentives from any direction to enable the patient, the government and the profession to have confidence for the future?”*

Quote from John Milne Chair of BDA GDPC

# CONTRACT REFORM – WHAT WE KNOW SO FAR

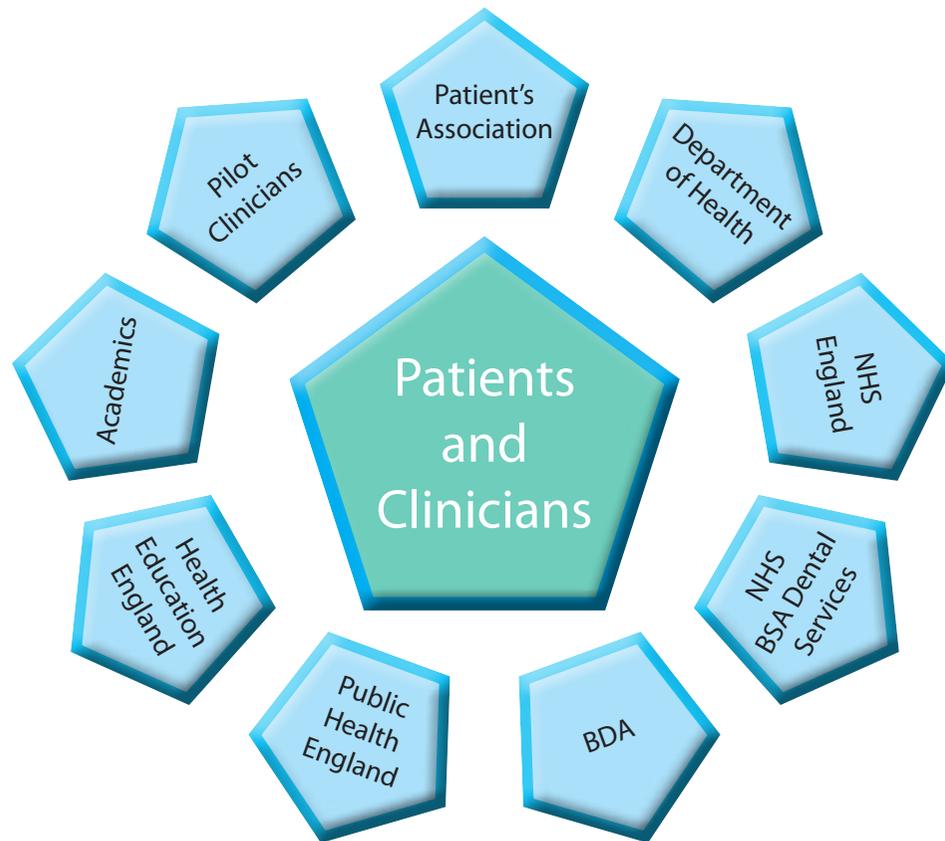
We are still some way off having a final version of NHS dental contract reform and there will be a process of consultation and negotiation with the profession before anything can be implemented. But there are some things we already know about the shape of the contract reform:

Now that [NHS England](#) is operational, dental services will be commissioned together for the first time, bringing greater integration between high street dentistry, salaried services, District General Hospitals and teaching hospitals.

- the patient experience must be at the heart of the service
- the contract must fit with the overall direction of the NHS
- there will be a single outcomes operating model
- there will be a nationally standardised approach to contract monitoring and performance management – with local flexibility where necessary
- we will follow a care pathway approach with a focus on prevention
- there will be a formal system of patient registration, ensuring patients will receive ongoing care as and when clinically needed.
- we must work within the confines of national finances
- we have to make sure we use the resources we have available, most efficiently

# WHO IS DEVELOPING THE CONTRACT

Department of Health (DH) is working with partners to develop contract reforms.



Eventually, implementation will sit within NHS England and as such they have been involved throughout the developmental process. The new Local Professional Networks will also be key to supporting the delivery of the new contract. A further key group of contributors are the actual pilots themselves – 90+ dental practices across England.

## National Steering Group

To consider matters of fundamental importance to achieving the right model of care and the right remuneration system, the Government has set up a National Steering Group chaired by the Department of Health and includes members from the profession (including the British Dental Association), patient groups and academics, NHS Commissioners and a dentist from one of the pilot practices.

[<<Who is on the NSG?>>](#)

# Who is in the Dental Reform National Steering Group

Elizabeth Lynam	Chair, Head of Dentistry and Eye Care Services (DH)
John Milne	Chair of GDPC (BDA)
Professor Jimmy Steele	Dean, Newcastle Dental School
Linda Wallace	Director of Policy and Public Affairs (BDA)
Peter Bateman	Salaried Services representative (BDA)
Barry Cockcroft	Chief Dental Officer, NHS England
Helen Miscampbell	Head of Dental Strategy (DH)
Elaine Maggs	Head of Regional Support Leads (Primary Care Commissioning)
Keith Ellis	DH Dental Team
Alice Benton	NHS England Regional Lead for London
David Geddes	Head of Primary Care Commissioning, NHS England
Henrik Overgaard-Nielson	Representative (BDA)
Paul Worskett	Amblecote Dental Practice (pilot site)
Hamid Butt	Dental Finance Policy Lead (DH)
Andrew Powell-Chandler	Welsh Government (Observer)
Serbjit Kaur	Deputy Chief Dental Officer (NHS England)
Marianne Scholes	DH Analysis Team
Ruth Gasser	Head of Dental Policy (NHS BSA)
James Viles	NHS BSA
Daisy Wild	DH Analysis Team
David Thomas	Welsh Government (Observer)
Michael Watson	Patient's Association
Sue Gregory	Director of Dental Public Health, Public Health England

# NHS ENGLAND – THE NEW COMMISSIONING SYSTEM

## Since 1 April 2013:

- The responsibility for commissioning, implementation and management of the contract will lie with NHS England. The contract reform is being developed with strong input from them.
- NHS England are actively working to improve commissioning now, whilst understanding the development of the new contract.
- Local Professional Networks (LPNs) will play a key role as we move towards implementation

DH and NHS England also work intrinsically with the other national health bodies:

### **Public Health England**

The dental public health system now resides in Public Health England.

### **Health Education England**

Health Education England is taking the lead on all clinical education issues including those for dentistry.

# PREVENTION AS WELL AS TREATMENT

- Major aim of the contract reform will be the shift in focus to emphasise prevention. The two most common dental diseases – tooth decay and gum disease, are almost entirely preventable
- Actions by the individuals themselves are essential to prevent dental disease
- The third edition of *Delivering better oral health*, currently in production, will include a new section on behaviour change and a patient facing version
- Public Health England are also exploring research on behavioural insights around oral health

## Implications for the future

- We will need services that:
  - Support preventive and non-interventionist care for younger, healthier patients
  - Meet the growing complex needs of those over 45 years of age
  - Address health inequalities
  - Develop a workforce appropriate to need, using skill mix well

# ACCESS

Access has improved considerably, with over 1.3 million more people now receiving NHS dental care in a two year period, than they were in May 2010.

Any contract reform must also make sure that we do not unintentionally reduce access to NHS services.

# QUALITY

The independent [Steele Review](#) of NHS dental services in England in 2009 recommended that a series of national indicators should be developed that can be used locally to measure the quality of processes and outcomes delivered by providers in a meaningful and appropriate way.

The dental contract reform will measure these outcomes through a Dental Quality and Outcomes Framework (DQOF).

The intention is that practices will be remunerated through this on the quality of care provided as well as the number of patients seen.

The DQOF that has been developed for use in the pilot dental practices makes 1000 DQOF points available to each practice and a proportion of each practice's remuneration is based on this score.

The indicators currently being used are for:

- patient safety
- clinical effectiveness
- patient experience.

[<< Piloting DQOF >>](#)

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# PILOTING DQOF

A practice is first guaranteed a level of remuneration based on their individual DQOF performance



<< DFOQ remuneration >>

# DQOF REMUNERATION

The DQOF remuneration adjustment mechanism means:

- A practice can be awarded an additional payment based on their DQOF performance as well as having a deduction applied
- Overall expenditure remains constant whilst ensuring those with better DQOF performance are remunerated more relative to those who perform less well on DQOF
- In the pilots we have designed the DQOF indicator thresholds in such a way that we expect the vast majority of practices should be able to score at least 800 DQOF points in which case the contract value at risk would be 2%
- We envisage the DQOF will continue to be developed by the experience of the pilots in terms of both the indicators and thresholds for scores

So far, the DQOF has not applied in the pilot remuneration system as the data has not been robust enough to give confidence that payments would fairly distinguish between relative performance.

# PATHWAY APPROACH TO IMPROVE QUALITY

Taking into account the evaluation from the first year of piloting, the Ministers have already made a commitment to using a pathway approach within the dental contract reform. Adopting this approach for all dental services will help ensure consistency in terms of service delivery, effectiveness, quality of care and patient outcomes. This sort of evidence-based pathway or ‘patient journey’ approach is increasingly used across all areas of healthcare in NHS.

Further details about the Primary Care Clinical pathway that is being developed, including a link to the review of the pathway used by the pilots in the first phase of piloting is below.

**With the move to effective preventive measures, NHS dental services aim to help people take control of their own oral health**

[Clinical Pathway Review Report](#)

[<< Basic elements of the Care pathway >>](#)

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# Basic elements of the care pathway

*This is an example only, and further changes will be made in the light of experience during 2013/14.*



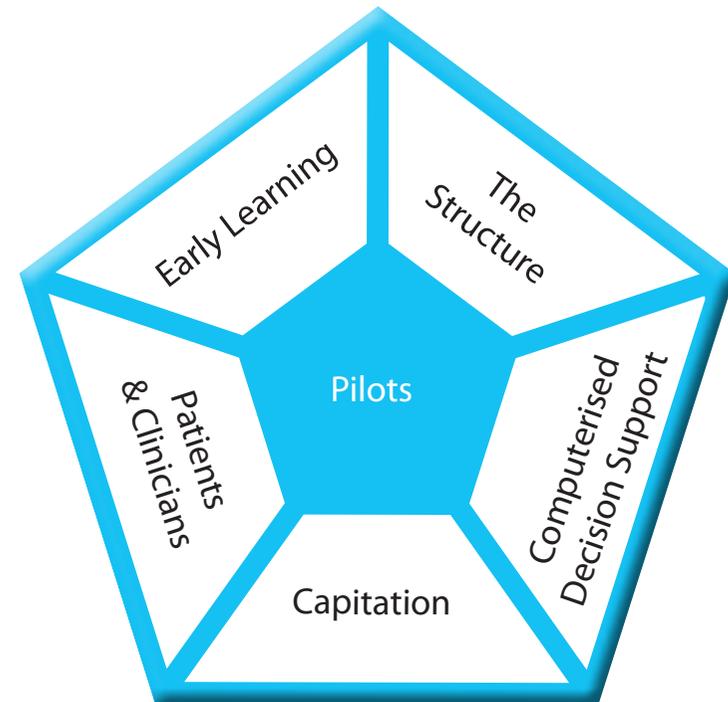
# CONTRACT REFORM PILOTS

The coalition government started the dental pilot programme in 2011 to test key elements needed to design a new contract reform, based on a capitation system for remuneration, with a strong focus on quality.

Since July 2011, 70 practices have been testing out three different variants of a capitation based remuneration system and have all been following a care pathway based approach to delivering primary dental care.

20 more practices have joined the programme for phase two, which began in April 2013. In this phase, we will focus on finding a workable way of delivering the pathway approach whilst maintaining access and giving all of those who work in NHS dentistry satisfying professional lives.

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## The structure

Three different types of pilot models were established to test key elements needed to design a contract reform. From working with the pilots, we recognise the final contract reform will not resemble any of these types specifically. However, at the centre of the model for all three is a primary care clinical pathway based on best evidence - i.e. we're not just testing behavioured response, we also need the differences in the approach to capitation and quality used in each:

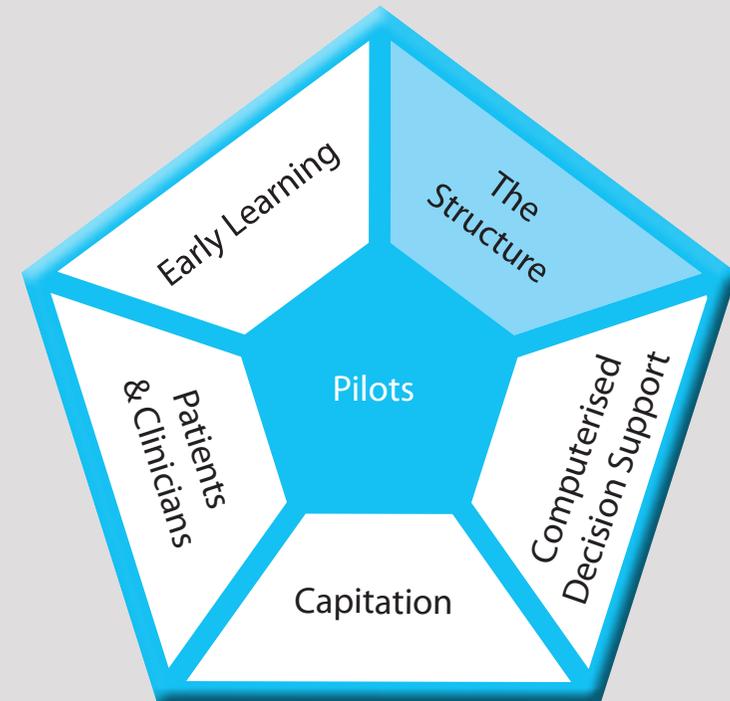
**Type 1** - guaranteed remuneration for guaranteed NHS commitment

**Type 2** - weighted capitation payments applied within tolerance of contract value with capitation payment covering all care

**Type 3** - weighted capitation model applied within tolerance of contract value with capitation payment covering only routine care and remaining contract value attributed to complex care guaranteed

The payment mechanisms for remuneration in all types of pilot were set out in the [Capitation and quality scheme: Statement of Financial Entitlements](#)

Use the fast links below for more information



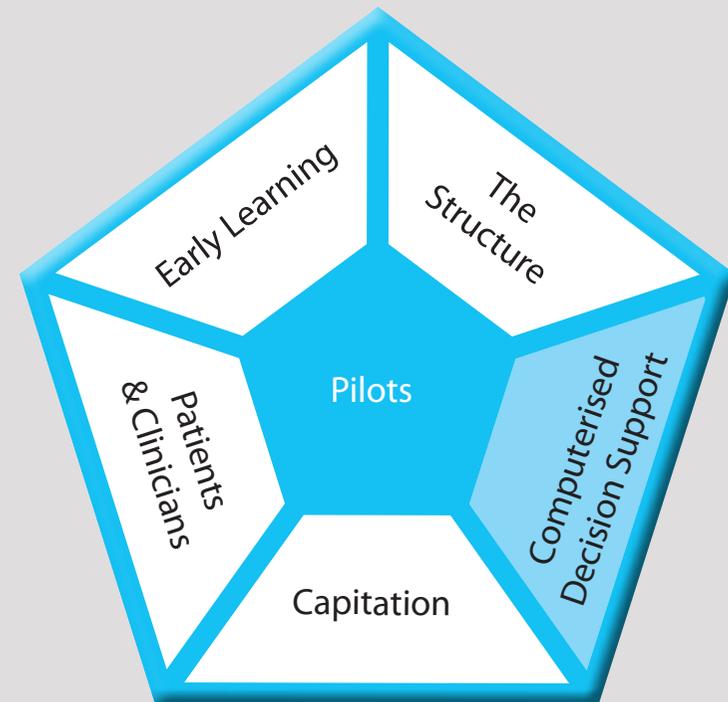
## Computerised decision support

Many dentists use computers in the surgery already, so it is important that these systems can support the way of working that the contract reform will propose. So far, five software companies have worked with us to develop systems to support the piloting of a preventive pathway approach.

Important messages have come back from the use of a computerised decision support system in the pilots:

- The contract reform is about putting clinicians, supported by their dental teams, in the driving seat
- This is not about 'dentistry by numbers' or just doing what the computer says
- It is about bringing a more consistent, high standard of NHS dental care across England

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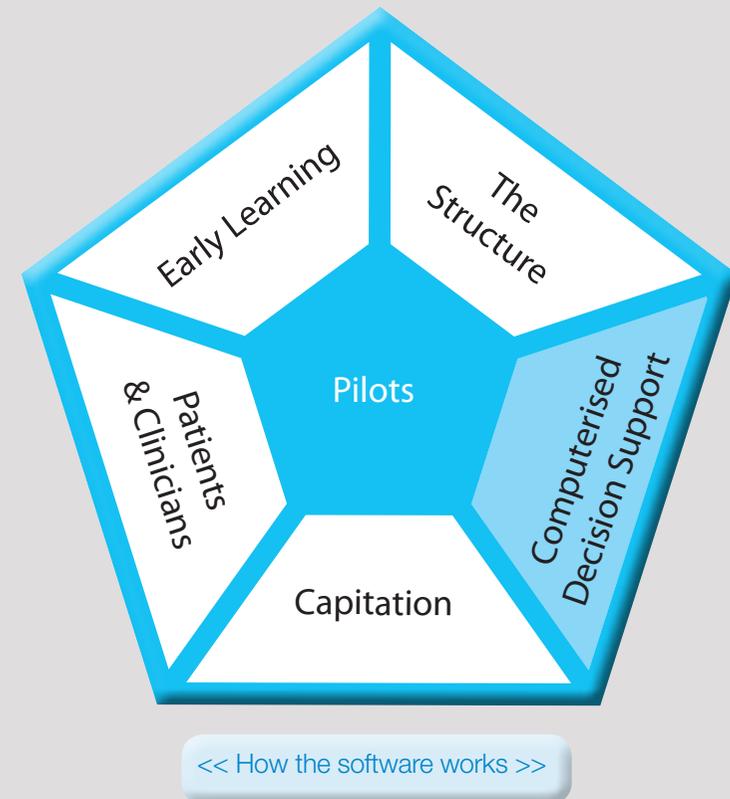
## Software development

Five software suppliers (Carestream, Dentsys, Pearl, Software of Excellence and Systems for Dentists) have been working with the Pilot programme. They have each adapted their current systems to support the pilot pathway approach and data system. The aim has been to develop a software that supports the application of the pathway and is easy to use.

Key changes that have been made since the start of the pilots include:

- Improved operational functionality in practices (recognising that since the pilot software is an “add on” to existing systems there will inevitably be continuing issues around user friendliness, which will need to be addressed before moving to national roll out)
- Incorporation of clinical changes identified through the clinical care pathway review
- Improvements to data structure to enhance learning from the pilots

Use the fast links below for more information



## How the software works

The pilot software is built around two key components: a set of matrices and a transmission specification.

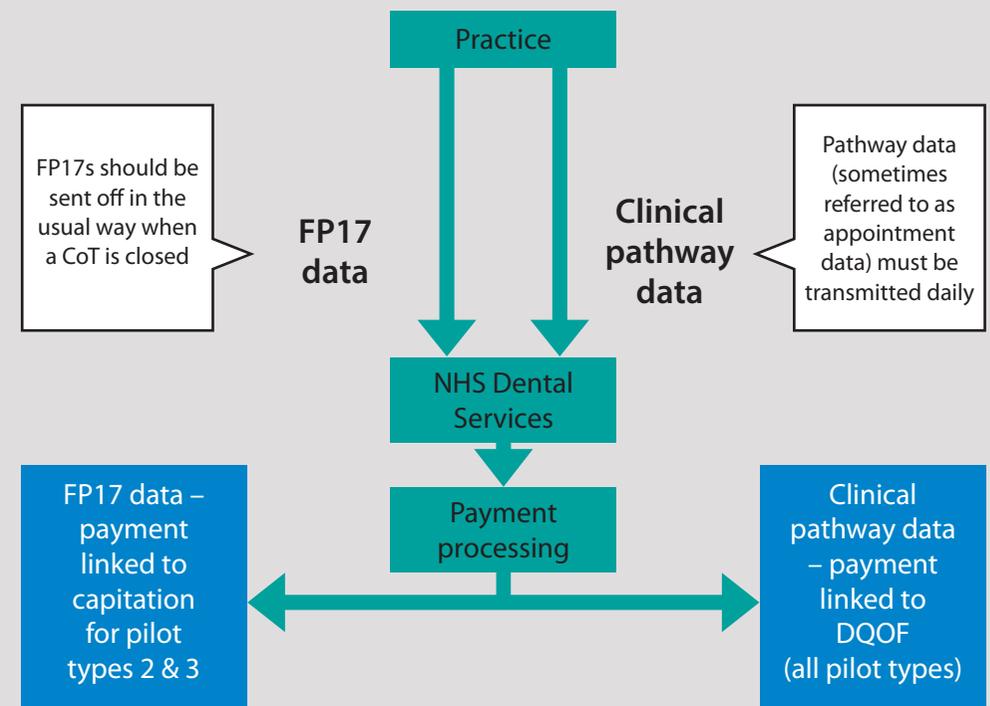
The matrices are effectively clinical algorithms, one for each of the four clinical domains: caries, perio, tooth surface loss (TSL) & soft tissue. The transmission specification determines what information is gathered and transmitted to NHS DS.

Oral Health Assessment (OHA) data is fed into the matrices, which generate:

- suggested patient Red-Amber-Green status
- suggested ICs and recall intervals
- patient and dental team actions

The software is simply intended to support clinical decision-making – to provide a set of prompts and guides based on accepted best practice, and to help ensure consistency. A clinician can override R-A-G status and the associated actions, as well as IC/recall intervals

The diagram shows the two separate data streams – care pathway data and FP17/treatment data – that pilots send to NHS DS. It also makes the link between each data stream and pilot remuneration:



## Capitation

Designing a capitation system is a complex undertaking. The pilots have only tested some possible aspects. There is more work to be done on modelling before we can share detailed proposals.

### What is meant by a capitation system?

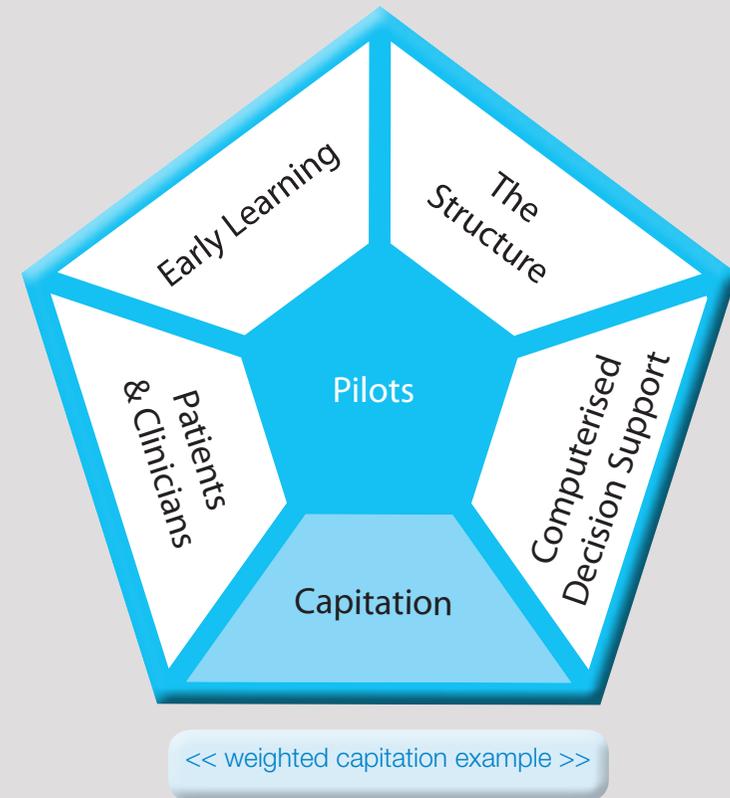
The current system rewards dentists for the amount of activity they undertake, and an agreed number of UDAs per annum (measured in Units of Dental Activity or UDAs).

**Capitation** is a remuneration system where payment is made according to an agreed number of patients seen, during a given period of time.

### What do we mean by weighted capitation?

Weightings are applied to the registered population, which aim to reflect the workload involved in meeting patient needs.

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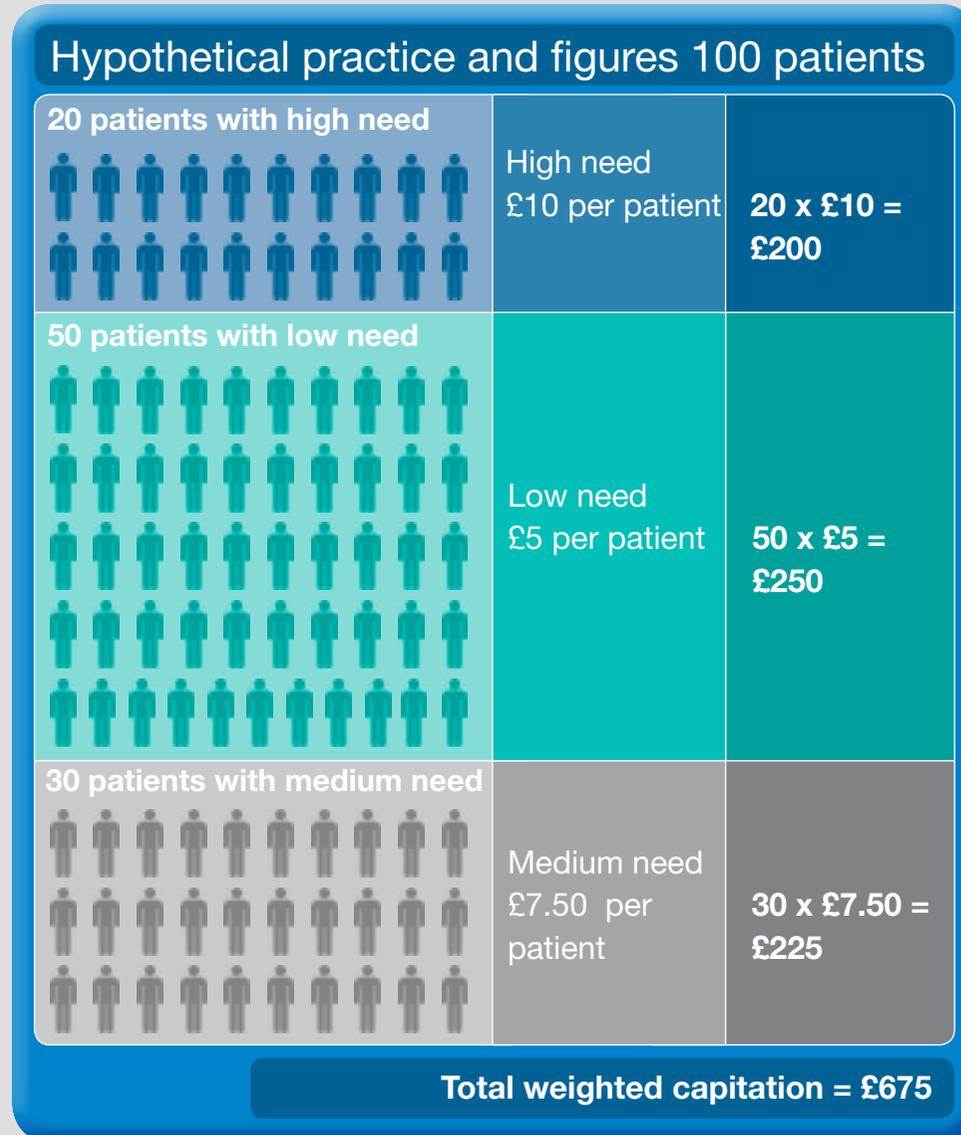


## Weighted capitation

### What would a capitation system mean for an individual dental practice?

In essence, instead of having a contract to deliver a specified number of units of dental activity, the practice would have a contract to look after an agreed list (number of patients). A contract value will be set and agreed with individual practices, whilst we expect weightings to be set nationally.

There will be an options appraisal as part of the future evidence base being developed as we head towards consultation phase.



## Patients and clinicians

### Patient comments from pilot practices

*“Since the pilot I have taken more notice of what I do after I leave and helps me to take better care of my own teeth”*

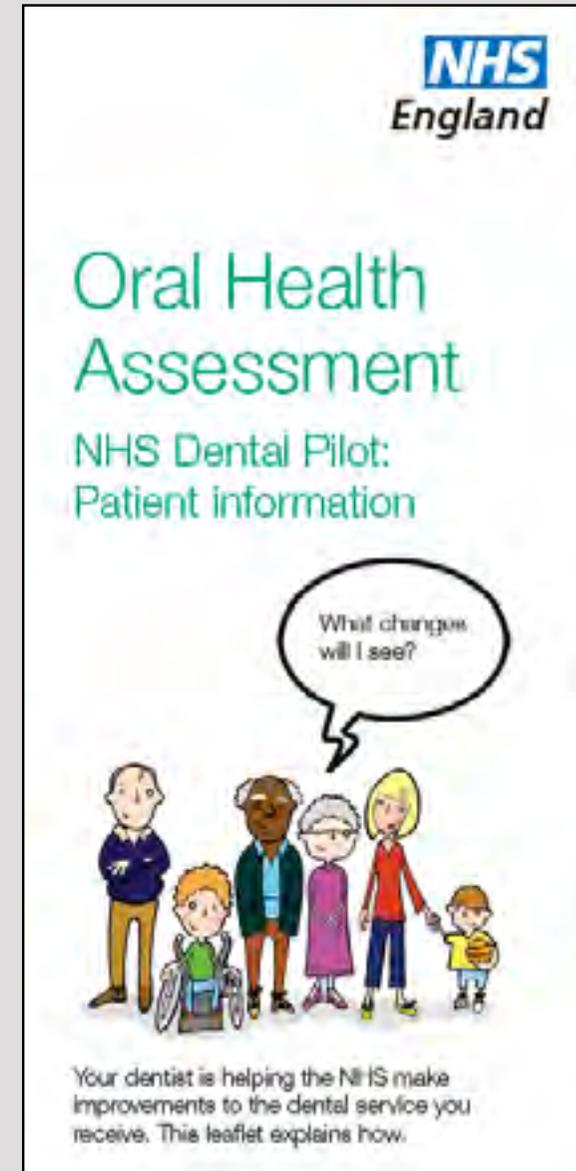
*“Given more information and advice since the pilot started”*

*“Great knowing things such as sugar and acids and information on mouthwashes using toothbrushes is great”*

*“Good if every practice worked this way people would benefit from extra information”*

*“Should be extended out to all practices”*

[<< Clinician comments from pilot practices >>](#)



## Clinician comments from pilot practices

*“The pilot Traffic light system is certainly proving a better way of patient care as there is great emphasis on prevention and attention to detail”*

*“The care pathway approach is certainly a better way of delivering better oral health compared to the nGDS system however it is only good for those patients who can actually access it...”*

*“The clinical staff have found things tricky as the system is so different and it takes time to change our habits and routines...”*

*“I am really keen that this should work and I still see it as the right and proper way forward to benefit patient care from cradle to grave.”*

*“There is a general feeling that we are putting our efforts into carrying out the Oral Health Assessments as they are planned to be, and in a lot of cases we are getting slicker at it”*

*“Any practice without a Hygienist/Therapist/spare dentist will struggle as any treatments, even the urgent ones will take a lot longer to be completed”*

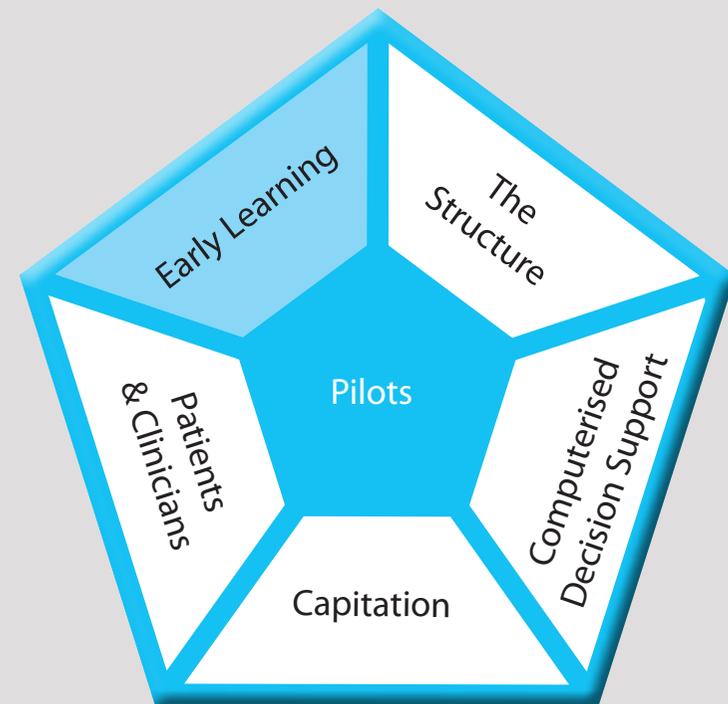
## Early learning

The early learning from the first twelve months of piloting was reviewed by a sub group of the Dental Reform National Steering Group. Their detailed [early findings](#) are set out in a report published in October 2012.

### 1st and 2nd proposal

- Dental contract reform [pilots evaluation](#) research report
- Proposals for [Stage 2 piloting](#)

Use the fast links below for more information



# PATIENT CARE

- Oral health has improved considerably in England since the mid 1970s
- Significant inequalities exist, with dental decay concentrated in 30% of the population
- There is a consistent link between levels of dental decay and socioeconomic deprivation and the wider determinants of health
- Improvements in oral health and retention of teeth have a further impact on the ageing population
- More older people retain their teeth, but with a high burden of previous restoration and a reduced ability to maintain their own oral hygiene, diet and an overall approach to prevention becomes ever more important
- The Oral Health Assessment will help bring a consistent, personalised service, tailored to patient needs and risks

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# Oral health in England now

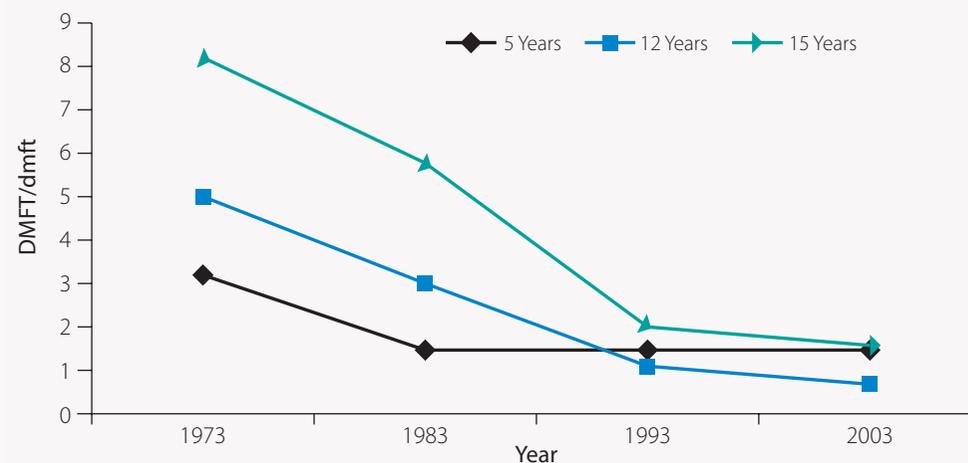
## Adults

- 86% of dentate adults had 21 or more natural teeth (out of 32)
- 72% adults had no visible coronal caries
- The average number of decayed or unsound teeth was 1.0, with only small variation across the ranges
- Only 6% of adults were edentate
- Caries prevalence has fallen from 46% to 28% since 1998
- But inequalities remain

Adult Dental Health Survey 2009

## Children

### Changes in Mean dmft/DMFT (decayed, missing, filled) over time for Children in UK



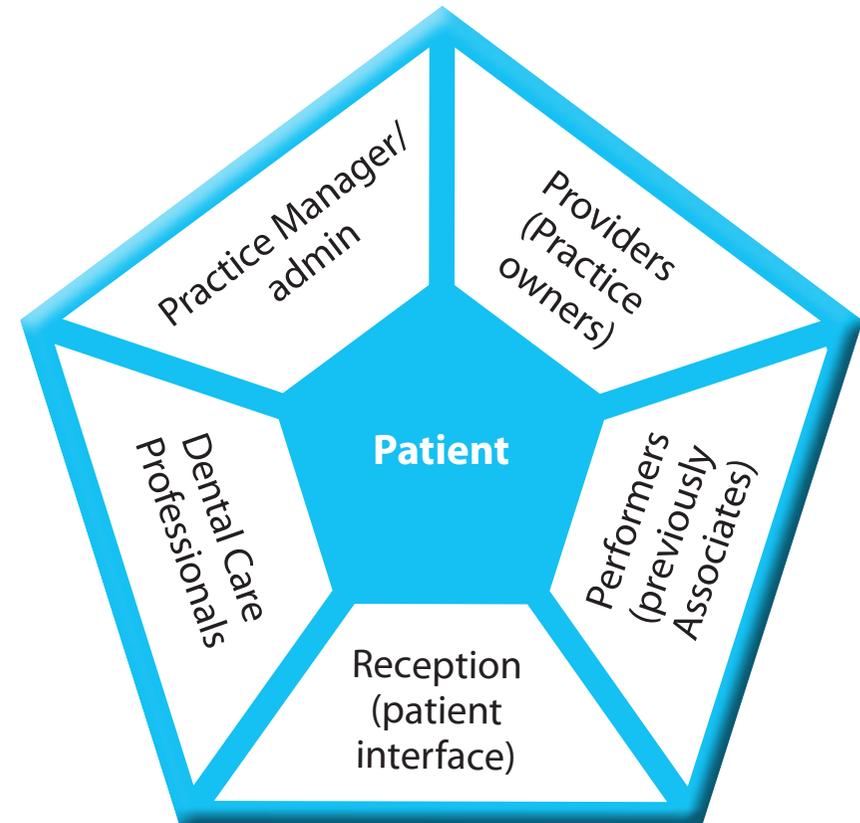
Source: National Children's Dental Health Surveys 1973 to 2003. Harker R and Morris J (2005). Office for National Statistics, London.

# DENTAL TEAM AND SKILL MIX

The new pathway approach places great emphasis on the whole dental team within the practice working together.

The pathway is designed to provide the opportunity and incentive for all team members to play a role in delivering care. The skill mix will vary from practice to practice.

This is going to be an important area for debate as we develop the contract reform.



# SO WHAT'S REALLY NEW

The contract reform is not about changing the clinical practice of dentistry. Many dentists already focus strongly on prevention.

It is about:

- Supporting dentists throughout the NHS to take a systematic, consistent approach to delivering patient care, based on the evidence of what works
- Putting patients and their oral health at the centre of NHS dentistry
- Enabling dentists to give the best care to patient needs

# OTHER CONSIDERATIONS

- **Why is this taking so long?**

The coalition government announced in 2010 that it would develop a new contract. But it is 2013 now and there is no implementation date so far. Why? This is not because the contract reform is off the agenda. The significant changes are a very big undertaking and piloting takes time.

Now that the overall changes to the Health and Social Care System have taken place, we hope to move towards consultation on at least some aspects of the contract reform in 2014.

- **What about orthodontics?**

NHS England will be looking at the commissioning of orthodontic services but we are not currently developing a contract reform for their delivery.

- **What about secondary care?**

All dental services including High Street practices, salaried services, District General Hospitals and dental schools and hospitals are now directly commissioned by NHS England. NHS England is working towards greater integration of services. This will ultimately require some reconfiguration of services, especially oral surgery and orthodontic services.

- **What about Advanced care?**

We will develop a care pathway approach to all areas of service including advanced care.

- **Will there be any changes to Patient charges?**

These will remain a feature of NHS dentistry. It is not yet clear whether contract reform will require changes to the current charging system but there are no plans for changes in the immediate future.

If there are other areas not covered, please feedback below.