



All Primary Care Dental Teams in Wales

6 July 2021

Dear Colleagues,

This is my final CDO letter to you as I am soon to retire. Being the CDO in Wales has been a privilege. It is an experience I have enjoyed and that I will look back on with pride and affection. I have found the enthusiasm and passion of dental teams and those associated with them for improving oral health and making things better for the people of Wales, inspiring. The collaboration that exists in Wales across dental professional boundaries has assisted us to make progress in system reform but as ever there is more to do.

The Welsh Government has begun the recruitment process to appoint a successor. The Deputy CDOs will continue to offer professional leadership and advice in the interim and they will be assisted in that cover by additional sessional input from two experienced and respected clinicians. Firstly, we want to thank everyone formally for all you have been doing in response to the pandemic and, prior to that, in the system and contract reform programme.

Thanks in particular to those who have been providing essential dental care in challenging circumstances - in Urgent Dental Centres; practices; and clinics across Wales. In addition to meeting the dental clinical challenges, many dental professionals together with Dental Core Trainees; General Dental Practice; Community Dental Service; Designed to Smile; Gwên am Byth; and Cardiff University Dental School staff have contributed to the wider NHS response by taking part in care delivery in Intensive Care Units in COVID-19 wards and in supporting the vaccination centres. You have advocated well for dentistry and supported the wider NHS in this unprecedented context.

Thanks are also due to those who work 'behind the clinical scenes' as mentioned in a previous Chief Dental Officer letter. It has been valued and appreciated. We are hopeful that the pressure will soon ease, given the success of the vaccination programme and therefore, it is timely to consider and share forward plans. Clinical teams are tired and will need continuing support while they re-establish routine dental care, services and

programmes. So too are health board teams, so 2021-22 is being viewed as a reset and recovery period. Dental teams need to continue to respond to COVID-19, as this virus will be with us for the foreseeable future. Therefore the contract component of system reform will not restart until April 2022.

We had the opportunity to meet the new Minister for Health and Social Services, Eluned Morgan MS. It was pleasing to hear her confirm commitment to A Healthier Wales. She endorsed the progress we have made to date in the dental system and contract reform programme and it was excellent to see that confirmed in the Written Statement issued on 1 July:

[Written Statement: NHS Dentistry – recovery and system reform \(1 July 2021\) | GOV.WALES](#)

This means we can keep going, build on progress made and continue to change the dental system for the better. COVID-19 is still present, so the context and plans will have an element of uncertainty. However, this is a time for clinical teams, health board dental contracting teams, primary care and policy leads to be flexible, agile and open minded.

We can continue to implement what we have learned and we will be challenged on what opportunities we have taken in dentistry to ensure that fairness and equality have been considered and adopted. It is our intention to build on existing progress and plans, rather than create new ones. Dental teams and health boards need some stability to work with, understand and use, the Oral Health Risk and Needs Assessment tool (the 'ACORN'). It underpins a 'value based' and 'needs led' health care approach implemented in the dental contract reform programme to date.

As the written statement confirms, Units of Dental Activity (UDAs) have been replaced with 'more clinically meaningful' measures this year. We can use this year to become familiar with alternative measures, to take time to try, agree details and assess the impact. System reform in dentistry, however, is about more than contract measures. Dentistry also needs to respond to longer term goals and commitments such as decarbonisation, the Well-being of Future Generations and the Health and Social Care (Quality and Engagement) Acts; all of which we can demonstrate a contribution to with strong partnership working.

Need/Outcome reports from ACORN completions and the clinical threshold measures are now available for practices and health boards on the NHS Business Services Authority (NHSBSA) eDEN online system. These data provide evidence of 'need and impact' and delivery as teams continue to recover, address the backlog of treatment and see patients waiting for routine assessment. Given the significant resources needed to manage wider pressures in the NHS, it is important that the ring-fenced dental budget invested in health boards is secured to ensure annual contract value (ACVs), dental service and programme budgets are assured. We need to make the best use of the resources we have in delivery of effective and efficient services and programmes. The emerging data from needs assessment will demonstrate if more investment is required.

A reminder of what the reform programme is all about, the progress that has been made so far and what are the next steps?

We are not starting afresh as system reform in dentistry is underway. The key guiding policy documents are:

- [Prudent Health Care](#)
- [A Healthier Wales: a long term plan for health and social care](#)
- [The Oral Health and Dental Services Response to A Healthier Wales](#)
- [The Well-being and Future Generations \(Wales\) Act](#); and
- [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act](#)

Contract reform is only one component of system reform. The overall aims of our system reform in dentistry is to:

- improve the oral health of the population;
- address persistent inequalities (in disease experience and access to NHS dental services);
- sustain, develop and value dental clinical teams;
- make efficient use of available resources by increasing the use of skill mix; and
- embed needs-led value based health care principles in dental care delivery.

There is recognition that UDA targets and performance monitoring, banded courses of treatment (CoTs) and patient charges drive behaviours in clinicians, patients and health board contracting teams that do not always support wider policy objectives. Contract reform prior to the pandemic aimed to test the impact of a needs led preventive approach to care delivery, willingness to expand skill mix and change.

To facilitate practices take part in contract reform 2017 to 2019, the number of UDAs assigned to their ACVs reduced by 10% or 20%. This modest reduction in UDAs facilitated dental clinical teams to:

- take part in contract reform but maintain historic access numbers;
- use a preventive, needs led approach to care planning;
- deliver evidence informed preventive interventions;
- ensure personalised advice for patients on their needs and self-care;
- increase the use of skill mix; and
- be resilient and economically viable.

At the core of a value based health care approach is understanding need, allocating resources fairly to meet need and assessing outcomes. The completion of a detailed OHNA (ACORN) is at the heart of our reform of dentistry.

The ACORN promotes a consistent, comprehensive assessment of oral health and it is expected to be carried out once well per annum. The ACORN findings should influence and guide 'an annual plan' for patients so that clinicians consider the care approach required beyond providing 'one course of treatment'. The planning and delivery of care and treatment within a preventive pathway philosophy (which is in development) is intended. The aim is to support clinicians better engage patients in what they need to do to maintain and improve their own oral health in response to personalised advice. When the ACORN is repeated after a year it is an outcome measure of the annual plan delivery. Essentially it measures the impact of care and patient engagement in any given year.

In response to the pandemic UDA targets and monitoring had to be suspended. Given the need to support clinical teams to understand what was happening in services and not lose momentum of the reform progress, the ACORN tool and reform learning was

shared and utilised by all practices. This has meant that all practices in Wales with NHS dental contracts have direct and current experience of completing ACORNs and reporting the findings on the FP17Ws data forms.

By March 2021 87% of patients accessing NHS dental care had an ACORN guided assessment. In addition, the dental e-referral management system (eRMS) was adapted to allow practices to report key service activity such as the number of patients accessing care, remote consultations and delivery of treatments procedures involving aerosol generating procedures. All more useful in monitoring than UDAs. This action has allowed timely reporting of service data and demonstrated the impact of the pandemic in dentistry. It has also allowed all practices delivering NHS dental care in Wales to experience contract reform learning and tools first hand. The Statements of Financial Entitlement (SFE) have been adapted to reflect the context.

The pandemic remains a public health concern and UDAs remain suspended in 2021-22 and beyond. As already confirmed, contract reform restart is now planned for April 2022. Instead of UDAs, which do not measure clinical quality, prevention or outcomes, four alternative measures are being developed and tested in this financial year. This work prepares the ground for contract reform re-start and it is intended these measures will be used over the next few years, without change, to give stability to practices and health boards. Re-starting contract reform in April 2022 with a familiar way of working and measures is the intention.

So what are the measures to be used in 2021/22 and beyond?

Q1 Prevention. Rate of application of Fluoride Varnish. It is expected that at least 80% of adults and children who are at risk of, or have active decay will receive this effective preventive intervention.

In 2018 NHSBSA activity showed only about 15% of children received FV applications but it tripled in contract reform to 45%. The latest figures to June 2021 - the quarter after it was introduced as a threshold measure - it is almost 86%. The adult rate has increased from 8% to 75%.

Q2 Number of Patients accessing (adjusted for need and in context of the practice ACV). New patients seen in addition to numbers of patients from the historic patient base accessing care.

For every £165,000 of ACV, 2 new patients are expected to be offered access every week. Any reconciliation at year end will take account of a three year period to March 2022 so the number of patients attending pre-pandemic is understood, together with the risk/need profile.

In addition to the 'expected number' of new patients to be seen, practices also have a responsibility to offer care to their historic patient base in the capacity that exists. The historic list is the number of patients for whom a FP17W was submitted in the financial years 2018/19 and 2019/20 for a banded course of treatment (excluding urgent CoTs) under the contract number.

The numbers will be viewed in the context of the ACORN findings so that health boards can take account of the 'needs' of the practice population if it is high compared with the average.

In Q3 Appropriate Recall Intervals. This measure is an assessment of the use of resources.

No more than 20% of adult patients who have an ACORN finding of 'low risk and no clinical need' (i.e. 3 x Green RAG status) should re-attend for routine assessment in the calendar year following the ACORN – with a 5% tolerance. This 20% threshold is to allow practices to manage patients, and avoid difficult conversations with some patients who have been used to a 6-month check and may have problems accepting and understanding the reason for the change. Patient education material is being developed to support the practices. Some patients may feel they are losing out or something is being taken from them when in reality their overuse of service is not required or evidenced and is denying access to others.

In Q4 Workforce WF & Outcomes.

Workforce. The Wales National Workforce Reporting System (WNWRS) is being expanded to include the additional areas of Dental, Ophthalmic and Pharmacy. The WNWRS was originally developed to provide a secure web based tool for GPs to capture all practice staff information – with returns and reports at a Wales, Health Board and Cluster level. Data on the type and number of staff will be collected for the workforce within NHS dental contracts.

Outcomes. In contract reform re-start from April 2022, the NHSBSA, given they have a patient based IT platform, will produce reports on clinical outcomes by analysing the changes when ACORNs are repeated after a year in each of the disease / condition categories of Periodontology, Decay and Other.

Positive: Sustained green, amber to green and red to amber or green.

Negative: Green to amber or red, amber to red and sustained red.

These Quarter 1, 2, 3 & 4 (2021/22) measures, together with ACORN outcome reporting and assessment of clinical data set (treatment activity - given need profile) will be the assessment and monitoring this year and what is needed to prompt and support the next phase of reform from April 2022. More detail on the measures and how the thresholds and performance monitoring will function will be shared soon.

Contract reform restart April 2022

These measures will be familiar to practices and health boards by March 2022. Our plan is that the reform restart will evaluate these measures. In addition, further work will be completed on the care pathways.

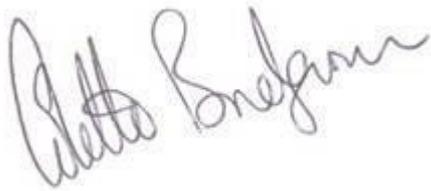
Many practices will find the philosophy of care outlined in the care pathways a helpful resource to move from a curative to a more preventive approach to care that engages patients in what they have to do to improve their oral health and get the best results from treatment provided. The measures will be refined and evaluated in 2022-23. The contract reform external evaluation team will continue to work alongside the programme. Wider system reform requirements such as increasing skill mix will also run in parallel.

We understand that all NHS dental contract holders will need assurance by April 2022 that their ACVs are secure in 'signing up' to contract reform restart. The delivery of care this year, patient numbers and meeting the thresholds in the clinical measures in 2021-22 will influence those decisions on ACVs. There may also be a need to have an option

to revert to existing contract conditions for a minority of providers not wishing or not selected to continue with current arrangements.

This is a significant opportunity and an unparalleled chance for dentistry in Wales. We sincerely hope and trust that clinicians, health boards and all associated organisations in Wales will get behind this break from the past and a much maligned contract and put their 'shoulders to the wheel' of system reform. We believe the foundations have been set for this to be a smooth and welcome transition to new ways of working in dentistry that will benefit patients, improve oral health and give clinical dental teams more rewarding, healthier and more satisfying working lives.

Yours sincerely,



Colette Bridgman
Prif Swyddog Deintyddol / Chief Dental Officer



Warren Tolley
Uwch Swyddog Deintyddol / Deputy Chief Dental Officer



Paul Brocklehurst
Uwch Swyddog Deintyddol / Deputy Chief Dental Officer