



All Primary Care Dental Teams; and
Health Boards

22 May 2020

Dear Colleagues,

As we move into the next phase in the response to the COVID-19 virus, I thought it would be helpful to share the challenges and opportunities that present to us now in restoring dental services. The purpose of this letter is to explain what is proposed and to give dental teams in Wales time to prepare.

As indicated by Welsh Government in the publication ***Unlocking our society and economy: continuing the conversation***, “*There is no ‘quick fix’. Until there is a vaccine or effective treatments, we will have to live with COVID-19 and ensure we have measures to limit as far as possible the number of infections and deaths, while allowing our society and economy to function.*”

<https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf>

First, I want to express my sincere thanks to dental teams across Wales for their efforts and hard work during the course of the pandemic thus far. Your response has been agile and inspirational. You have demonstrated a real commitment in continuing to care for patients, managing those with severe dental problems by referring onto Urgent Dental Centres (UDCs), handling many thousands of telephone calls from people experiencing pain and providing urgent (non-Aerosol Generating Procedure) care in many dental practices. The information below details the level of work undertaken by practices and UDCs.



Activity in dental practices in Wales to date:

Period: 23rd March – 22nd May 2020	Number
Referrals to Urgent Dental Centres	953
Prescriptions issued	22,631
Patients seen in the practices for urgent assessment & non AGPs	6,933
Telephone calls taken	95,964
Remote advice provided	45,154

Restoring services is a complex process and we are part of an integrated approach to primary care services recovery across Wales. In dentistry, we need to take into consideration the risk of Aerosol Generating Procedures (AGPs) on COVID-19 transmission and the supply/availability of recommended PPE is also a consideration. There is a need to balance the oral health needs of patients against the requirement that we must continue to contribute to the wider context of COVID-19 virus to reduce the risk of community transmission in order to protect patients, dental teams and communities in Wales.

All the steps we take depend on continued widespread population compliance with Welsh Government advice to avoid the epidemic increasing. However, I wanted to write to you as early as possible to provide you with the structure and the timeframes of our staged return to service delivery in dentistry. I am very mindful of the impact that COVID-19 has had on many of you and your families. It has also had a significant impact on the provision of dentistry across Wales. At the forefront of any recovery plan, is the need to maintain the viability of your practices, whilst sustaining and improving the oral health in Wales. The structure of our COVID-19 response to restoration of dental services is a necessity, but it does present an opportunity to re-shape services and respond to some of the shortfalls of the current NHS contract, that have been articulated in the past.

COVID-19 has and will continue to affect the practice of both NHS and private dentistry for some months to come. The need to avoid AGPs will remain necessary for some time, and so to manage that risk, they will continue to be undertaken in UDCs.

Eventually designated dental practices, where facilities and equipment allow, will expand that network and capacity. In addition, we will need to actively implement social distancing measures in all practices. The combined effect of these two measures alone will substantially reduce the throughput of patients and the level of clinical treatment activity delivered across Wales. Therefore, I want to concentrate on what dental teams **can** do. It is essential that we move to a remuneration model that moves away from funding active treatment and towards one that rewards active *prevention* and ‘care’. The framework of our staged response is in the attached paper, where you will see each phase associated with differing levels of allowed activity. This will be subject to review, as we continue to adapt to the changing circumstances caused by COVID-19.

At the outset, I want to share the principles of the financial model. From 1 July to 30 September 2020, practices with NHS contracts will receive 90% of their Annual Contract Value (ACV). This reflects the reduced material and laboratory expenses, but we acknowledge that PPE could also present an additional cost, so we have provided an uplift from the current level of 80%. Going forward, some adjustment may be required in contracts that were underperforming due to recruitment difficulties prior to March 2020 and/or in those who have made staff redundant since March 2020.

We intend to remove the Units of Dental Activity (UDA) targets from NHS dental contracts during this period. These targets will cease to be the contract delivery or performance measure that we use in Wales. This process will cut the link between ‘treatment’ activity and payment. As such, it will move service provision towards a model based on the ‘care’ of the ‘practice population’ of patients, rather than one that incentivises clinical ‘treatment’ intervention and repeated recall visits over a given year. This is important in our response to COVID-19 as it will reduce the level of contact and travel for any given patient and underpins our strategic objectives for NHS dentistry¹ to promote the following values:

1. Encouraging access for all;
2. Evidence-based prevention;
3. Clinical care that is based on need; and
4. Care delivered by the most appropriate member of the dental team.

These values underpin our established contract reform programme, which requires each patient to have an Assessment of Clinical Oral Risk and Need (ACORN) and a personalised annual plan combining evidence-based prevention and care. Those with greatest need will be the priority in the first phase.

In the staged return from the Red Alert status, we will support practices with NHS contracts to 90% of their ACV in return for the following:

1. All practices with NHS contracts will open for more than remote telephone contact and urgent care from 1 July 2020;
2. All practices and staff will observe the COVID-19 Standard Operating Procedures (SOPs) attached to this letter;
3. All NHS patients in the ‘practice population’ will receive one ACORN before 31 March 2021 in phases according to need (caveated by wider context);
4. All patients will receive the appropriate level of evidence-based preventive intervention and care, based on their need (ACORN findings);
5. All patients will receive any necessary non-AGPs (undertaken in accordance with the SOPs);
6. All patients requiring urgent and non-urgent AGPs will continue to be referred to the Urgent Dental Centres or designated dental practices for treatment (this will be kept under review in accordance with the national COVID-19 response); and
7. That all staff (e.g. associate dentists and dental care professionals) who deliver NHS care, will be retained and their pay will be protected at previous levels to reflect their NHS work.

Currently 40% of practices with NHS contracts are already engaged in the contract reform programme. Each has a 10 or 20% reduction in UDA targets. Whilst this has been welcomed it has not allowed them to significantly transform care. The opportunity to expand the offer of reform across Wales and facilitate dental teams to ‘truly transform’ the way dentistry is offered and delivered, will not be lost. We intend to use this opportunity to support all practices with NHS contracts, whilst mitigating against the impact caused by the necessary restriction on AGPs and patient throughput. It will also encourage evidence-based prevention and clinical care that is based on need, using the skills of the whole dental team. It is clear that ‘normal’ routine dental activity, as we understand it, cannot resume in the short to even medium term. The uncertainty around the safety of providing AGPs in dentistry and the need to maintain social distancing,

¹ [The Oral Health and Dental Services Response to A Healthier Wales](#)

means that dental treatment, activity and patient throughput, at pre-COVID levels will not be possible.

The level of patient throughput will continue to reduce the level of Patient Charge Revenue (PCR) and this risk will need to be managed. To ensure equity, all practices with NHS contracts in Wales will benefit from the 90% level of funding, regardless of the PCR collected. There is a need to review and explore a PCR system that better reflects annualised planning and care of patients. We intend to consider, develop and explore a simpler, and possibly remote, payment for access to NHS dentistry per financial calendar year (for all adults who are eligible to pay).

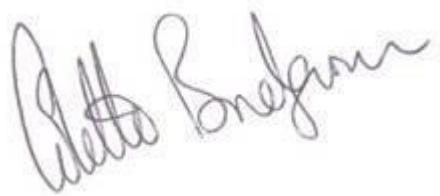
We can deliver radical change in how we provide primary dental care in Wales and in doing so, ensure the sustainability of the dental sector throughout this transitional period, both in clinical and economic terms. The reduced throughput of patients will allow for a slower more considered care-based approach to dentistry. It will give more time for the dental team to concentrate on prevention and personalised advice; as well as the provision of effective non-AGP treatment at first. In time, a considered re-provision of AGP treatment will resume driven by need and patient engagement rather than targets.

This approach shifts the focus of care provision away from the proxy treatment measure (Unit of Dental Activity - UDAs). Monitoring ‘cure-based’ activity rather than needs-based care would not be appropriate for the de-escalation phase, given its focus on courses of treatment and AGP treatment delivery. Effectively, the UDAs will become a Unit of Dental Assessment (UDAS) and will link directly to individual patients - the number of unique patients in a practice population. The Unit of Dental Assessment is neither a registration nor a capitation payment. They will reflect the numbers of unique patients seen by the practice in the two years prior to the end of March 2020. They will replace UDA activity with this proactive UDAS activity: individual needs assessment (ACORN), personalised preventive intervention and dental treatment activity to meet need and improve oral health. At mid and year-end contract review discussions, consideration can be given to the number of patients cared for, their needs and preventive delivery for the ACV, with obvious caveats on the context of the post-acute phase of COVID-19.

In summary, this represents a significant opportunity for dental teams in Wales. There is much to do to prepare practices and teams. Teams in Health Boards, Public Health Wales, Health Education and Improvement Wales, Healthcare Inspectorate Wales and Welsh Government will be working directly with you, albeit remotely, to ensure practice and service teams have support and necessary guidance in the coming weeks. Many practices already engaged in contract reform will be willing to collaborate with practices new to the programme.

This is a time for the dental community to come together and collectively care for the population’s oral health needs in this exceptional context. The collaborative teamwork in dentistry in Wales in response to Covid-19 pandemic is unparalleled and I have no doubt that will continue in the coming year.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Colette Bridgman".

Colette Bridgman
Prif Swyddog Deintyddol
Chief Dental Officer