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Health and Social Services Group
Y Gyfarwyddiaeth Gofal Sylfaenol a Gwyddor Iechyd
Directorate of Primary Care and Health Science

Llywodraeth Cymru
Welsh Government

All Primary Care Dental Teams in Wales

18 February 2021

Dear Colleagues,

It is good for all of us to hear that the numbers of new daily cases of Covid-19 in Wales appear to have decreased rapidly throughout January and February. They are now at their lowest level since late September 2020. The current rate is around 110 cases per 100,000. In addition over 25% of the population have received their first vaccine dose. This includes the majority of dental team members, who have taken up the opportunity to be vaccinated, given their healthcare and key worker status.

Despite this encouraging news there are around 2,200 Covid-related patients in Welsh hospitals. Although this is lower, than the peak in January, it is still nearly 50% more patients with coronavirus in hospital beds than at the peak of the first wave in April. So the NHS is still under a great deal of pressure. The response to the Covid-19 pandemic, and supportive management of the response in dental services, must therefore continue for some time. However, given the improving situation it is timely to consider plans for the 2021-22 financial year, with hopefully a recovery phase and contract reform restart later this year.

The purpose of this letter is to share reflections and learning drawn from the response to the pandemic to date for dentistry and oral health in Wales. I intend to share how that is shaping policy direction and approach. This letter also confirms requirements and benefits of NHS dental contract holders continuing to receive financial support in the first two quarters of the new financial year (1 April 2021 to 30 September). This gives assurance to dental providers in a challenging period and will assist practices and teams recover and plan for the future.

As I have indicated in previous CDO letters issued during the pandemic, Covid-19 has accelerated transformational change in many ways. For dentistry and oral health it has exposed inequalities in access and care delivery. It has also been a catalyst for change and it has reinforced the relevance of A Healthier Wales the national strategic approach. As we move into a 'post-Covid recovery' phase, A Healthier Wales and in particular for us, the Oral Health and Dental Response to the plan, continues to be our strategic

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framework for stepping up prevention, increasing access, developing and implementing new ways of working. It is, and remains, our national Oral Health and Dental Services plan.

Despite the challenges and intensity of the Covid-19 pandemic response, we want to continue to develop oral health improvement programmes and dental services which:

- promote the prevention of dental disease for individual and collective wellbeing;
- offer good value for investment made;
- prepare dental teams to meet population needs now and in the future; and
- contribute to a healthier and more equal Wales.

During the pandemic dental teams in Wales found the capacity and capability to 'remain open' for face to face assessment, if absolutely necessary, meet urgent dental treatment needs in practices, CDS clinics and in UDCs. In the current amber alert phase they have also begun to address the routine treatment backlog, whilst coping with implementing the stringent requirements of the SOPs necessary to keep dental teams and patients safe. The delivery of AGPs and patient through-put has continued to steadily rise in the amber phase of the Covid–19 response, apart from an expected dip over the Christmas period. The last 3 weeks have been the busiest weeks in terms of patients seen in practice and AGPs. In addition, remote advice has fallen to its lowest level and the proportion of urgent courses of treatment, in the total of all courses of treatment is beginning to return to pre-Covid-19 levels. All positive signs of recovery.

I again take the opportunity to thank all of you for the commitment and professionalism you have demonstrated through-out the pandemic. The dental community in Wales has much to be proud of and to build on over the next few months and years.

Despite all of the challenges we have not lost momentum in achieving our ambitions to make progress on system change; if anything the response to the Covid -19 pandemic has accelerated progress in some areas of work. The oral health and dental services response to A Healthier Wales set out the principle that patients and public interest must be at the heart of everything we aspire to do. It set out the aims in three themes, namely: a step up in prevention; having dental services fit for future generations; and developing dental teams and networks. It was noted at the time of publication that these themes are relevant to everyone who works in dentistry, regardless of their role or the setting they work in, and this remains equally the case post Covid-19.

The Covid-19 response has in many ways facilitated transformational change in how dental health services are being delivered. Many individuals with dental problems, who would have previously struggled, have been able to access care. Comprehensive risk and need assessment (using the ACORN) is now universally in place, and as a consequence, practices, patients and Health Boards better understand and focus on needs, prevention and access rather than the % of UDAs being generated.

Welsh Government investment for all dental practices (NHS and Private) in the digital technology Attend Anywhere, and funding for NHS dental providers to improve ventilation in surgeries, has been welcomed. It has enabled rapid service transformation and the continuation of essential dental services in a safe environment. DCPs are now more often delivering preventive interventions such as the application of fluoride varnish (as this activity is supported by HEIW MPWiP training resource and can be submitted on FP17Ws) and many team members are giving personalised advice remotely - hopefully using Attend Anywhere to do this. Dentists and team members, particularly DCTs and DCPs from OHI programmes have been redeployed to assist in ITUs, TTP

and in vaccination efforts. They have been excellent ambassadors for dentistry and the transferable skills of dental team members and the contribution they have made has been commented on and hugely appreciated by wider NHS colleagues and HBs. I also know that many of you who have capacity, over and above your core dental service commitments, will contribute to the vaccination effort and this is wholly supported by Welsh Government Dental Branch colleagues.

As we look towards the future, and to the recovery of dental services and programmes, we now have the opportunity to consolidate the progress we have made. The policy approach and direction is aimed at ensuring that wherever possible we learn from the pandemic response, and maintain the innovative practices and new ways of working that have been introduced.

Annex 1 sets out the requirements and expectations for the continuing financial support for NHS dental contract holders in Quarter 1 and Quarter 2 of the new financial year beginning 1 April 2021 running through to 30 September 2021. The principles of addressing priority needs and inequalities, stepping up preventive intervention and care, and making effective use of the resources we have, underpin the approach and policy direction.

To ensure Health Board contracting teams, clinicians and their teams are unhindered by processes or measures that would dis-incentivise this approach or slow progress, you will notice that UDAs and UOAs continue to be suspended as activity or performance measures. However, we are introducing alternative achievable measures. All other GDS contractual and PDS agreement requirements are unchanged such as opening hours, NHS commitment etc. During this period we intend to lock in the progress we have made and ensure that the innovative practices and new ways of working introduced in the pandemic response are sustained and supported.

For all service areas (GDS, PDS, CDS & all specialist services including primary care orthodontic practice) need and risk will drive access to and priority of care delivery. Assessment, treatment activity/case starts, proactive prevention and recall/assessment review intervals are expected to follow individual need assessment findings and priorities for treatment/case starts. The measures are aligned to support and encourage this to happen in practice. NHSBSA colleagues have worked to ensure data from FP17Ws is mainstreamed and available for providers and Health Boards on eDEN. Please ensure you login frequently and use eDEN to monitor and understand progress. Details of how to register and access eDEN reports are detailed in Annex 1.

One of the learning points from the independent evaluation team of the Contract Reform process was that dentists and their teams want ‘to be trusted’ and for collaboration to develop. The approach we are taking in Quarter 1 and Quarter 2 of 2021-22 is aimed at facilitating this to happen by offering NHS contract holders and Health Board contracting teams the system/contract support and environment for this to thrive.

In addition clinical team members from across Wales have been working on clinical pathway frameworks that are soon to be published and shared. This offers ‘permission’ and guidance for dental teams to focus on stabilising those individuals with active disease, through joint decision making and securing patient engagement, rather than focussing on large volumes of treatment activity in isolation of self-care and commitment from the patient.

Quarter 1 and Quarter 2 experience, and the contracting environment, will prepare practices, services and the system for a re-start of contract reform later in the year; if the pandemic is controlled. The expectations and thresholds do not require 'reform' in practice as such. What is expected is 'need and priority led' delivery of 'good preventive dentistry' and specialist services. Essentially delivering what we know works in prevention and an effective, efficient use of the resources invested in ACVs.

The Dental e-Referral Management System (eRMS) has supported us to understand 'what has been happening on the ground' in the Covid-19 response and will when appropriate revert to the eRMS core service. The understanding of the source and levels of complexity of referrals to specialist services is beginning to trigger conversations and projects about what can, and should be, delivered in primary care settings. These projects and plans will offer career progression and interest for many dentists in primary care. There will be opportunities to get involved, work alongside specialist and consultants in a primary care setting and it will also support secondary care colleagues to address treatment waiting list back log.

Many of you will be aware of news from elsewhere in the UK regarding the interruption to the graduation of final year dental students. Prof Nicola Innes, Head of Cardiff Dental School assures us that she and the team at Cardiff Dental School are doing all they can to ensure as many of the Final Year Students as possible will reach the standard of safe beginner this year; albeit with extra clinical patient treatment sessions outside of traditional teaching times. This is encouraging news and a welcome effort for the students involved and DFTs.

Finally, the Contract Reform team have prepared a report on learning from the programme to date and explanatory notes for Q4. Both illustrating the assistance they can offer to teams now and future plans for the Contract Reform programme. You can read the report and helpful additional notes, attached to the email, accompanying this letter.

The Quarter 1 and Quarter 2 period of 2021-22 gives all of us some learning and reflective time before a re-start of the Contract Reform programme is initiated. Take this time to discuss within your teams what you can do to prepare and consider the opportunities involvement in the programme would offer going forward – hopefully it will re-start in October 2021.

Yours sincerely,

Colette Bridgman
Prif Swyddog Deintyddol
Chief Dental Officer

Annex 1

Continued Financial Support and Measures into 2021-22
(Quarter 1: 1 April – 30 June 2021; and Quarter 2: 1 July – 30 September 2021)

Given the current Covid-19 pandemic situation it is clear that the intended re-start of contract reform programme on 1 April 2021 requires review. The learning from the contract reform programme prior to March 2020 has helped to inform our response and the support to NHS dental contract holders and services during the pandemic to date.

Despite this enforced change to the re-start of the contract reform programme there is widespread support not to return to UDA monitoring of primary dental services. UDA targets have effectively been suspended for those contractors participating in the Covid-19 package of recovery in the 2020-21 financial year and this will continue into at least the first half of the 2021-22 financial year. However, measurement and accountability of public funds is necessary. Continuing to build on learning from the pandemic response, contract reform and with a need/risk led preventive and evidence informed provision of primary care dentistry, is the most appropriate way to support practices and benefit patients in the first six months of 2021-22 financial year.

Quarter 1 & Quarter 2 of 2021-22 (1 Apr to 30 Sept 2021) continued support, necessary measurement, underpinning requirements and principles:

Health Boards may wish to consider temporarily amalgamating Innovation Fund, other local initiatives and the ACV into a single sum and to apply the Quarter 1 and Quarter 2 measures below to the whole sum.

1) Mandatory use of and reporting of ACORN findings (8 data points) on FP17Ws.

A consistent, comprehensive need and risk assessment (ACORN) should be completed for every patient (including urgent cases) once per year with the 8 data points reported accurately on FP17Ws.

A consistent, ‘once well in a 12 month period’ comprehensive approach to ‘needs assessment’ and the ‘communication of findings in a personalised preventive plan to patients’ has been adopted by dentists and their teams, particularly in the last year. Latest data (January 2021) indicates an ACORN has been completed on 84.3% of unique patients treated. This is encouraging but the aim should be for 100% completion. Health Boards are able to access compliance with ACORN data capture as part of the NHS Business Services Authority Covid-19 Immediate Assurance Reports.

2) Dental Providers and Health Boards be familiar with and use eDEN reports within practice teams and in contract discussions.

eDEN is an online reporting suite designed to allow you quick and intuitive access to information about your contract(s) and the activity you and your team are submitting. The information available includes data on ACORN submissions, new patients, performer activity and prevention. Access to eDEN is currently not available to dental performers, only dental providers and practice managers, but NHSBSA plan to roll-out eDEN to all performers in the near future. You can register for eDEN by visiting this webpage: eDEN | NHSBSA

Practices can assist the registration process by ensuring they complete the eDEN registration form correctly. The most common problems encountered include:

1. Provider number is incorrect – please ensure you use the right Provider Number to register.
2. Contract numbers are incorrect – please ensure you include the right contract numbers that you need access to.
3. Partially or non-completed forms – to access eDEN you must complete the registration form, the NHSBSA cannot accept partially completed or email only requests for access.

Please see this PDF example of eDEN reporting for details on the types of information eDEN can provide for you. Note that eDEN is a live product and enhancements and changes are made to improve the content routinely.

3) Measures in the first 6 months of 2021-22 will build on those used in Quarter 4 of 2020-21 (1 Jan – 31 Mar 2021) and will include incentives and sanctions for non-compliance or poor delivery.

Quarter 1 and Quarter 2 of 2021-22 continues the recovery phase from Covid-19. It is not contract reform but supports the principles of A Healthier Wales and the oral health and dental services response to the Plan. Therefore the proposed measures used will be familiar to those practices who were previously part of contract reform and accustomed with new ways of working using the skills of the whole team. Other practices do not require significant change to their services to meet the requirements. Delivering evidence informed preventive interventions and advice is not new. Health Education and Improvement Wales are running Making Prevention Work In Practice (MPWiP) courses which practices will find helpful.

Care delivered will be measured and performance monitored against existing contractual requirements, 'expected good preventive dentistry' according to 'need' and the requirements outlined below. Delivering evidenced informed prevention i.e. 'what we know works' in the care and treatment of the historic patient base is not optional, and under or poor performance will be managed and appropriate sanctions applied. Adults with good oral health (no clinical need and low risk) do not need to see a dentist more than once a year.

Measures carried forward from Quarter 4 (1 Jan – 31 Mar) 2020-21

1. Aerosol Generating Procedures (AGPs): Practices carrying out AGPs in accordance with the SOP requirements – financial support offered is 90% ACV payments providing other requirements are met.

If a practice is not undertaking AGPs or is not complying with their contractual requirements (for example, by not maintaining opening hours), it will trigger a conversation with the Health Board and, among other things, could lead to reduced ACV payments depending on local decisions and circumstances. However, the default position will be that if a practice is otherwise compliant but is not undertaking any AGPs, financial support will reduce to a maximum of 70%.

Improved ventilation in surgeries: All practices need to submit evidence of air changes per hour (ACPH) and confirm the number of surgeries with natural and/or mechanical ventilation by the end of March 2021.

2. New patients: Some practices are already taking on new patients on referral from the Health Board dental helpline/NHS111. In addition to those agreed referrals, given the current situation, they and all NHS providers are asked to accept at least **two new patients per week** per £165k of contract value, new patients being defined as a patient who has not been seen in the practice in the previous 24 months (or 12 months for children) – measured on a monthly basis. For a practice with a £165k contract value this would be 8 per month – at least half of which should be adults whenever possible.

Patients can be directed to the practice by the Health Board and/or be self-referred. If practices exceed this measure then contract value can increase up to 100% of ACV if other measures/requirements are being met and where agreed in writing with the Health Board. Securing 'same day urgent access' and offering on-going treatment to prevent recurrent problems for the most vulnerable is the priority at present in NHS dental care.

Additional measures in Quarter 1 & Quarter 2 of 2021-22 (1 Apr - 30 Sept 2021)

Quarter 1, 2021-22 (1 Apr - 30 June) - Fluoride varnish (FP17Ws submitted):

Ideally ALL children (aged 3-18), along with 100% of adults and those children aged 18 months to 3 years who are at risk of decay (amber decay ACORN finding) or who have active decay (red decay ACORN finding), should be receiving fluoride varnish application and advice in every course of treatment. This is Delivering Better Oral Health evidence informed preventive advice and delivery will be monitored.

Measure: Fluoride varnish delivered in at least 80% of FP17Ws submitted, for ALL children and those adult patients with risk of (amber), or active decay (red).

80% is a level of delivery of fluoride varnish application notified on FP17Ws that a practice should not fall below. The 80% threshold rather than 100% allows for the FP17Ws of low risk under 3 year old children / refusals / allergies etc. If a practice fails to achieve 75% (a 5% tolerance is allowed) a 5% reduction in ACV monthly payment will be applied in the following quarter payments. The % of FP17W reporting fluoride varnish delivery a practice / performers achieve is updated monthly and can be tracked in eDEN.

Quarter 2, 2021/22 (1 July - 30 Sept 2021) – Patient numbers: In addition to existing measures from Quarter 4 2020-21 and Quarter 1 2021-22, patient numbers will be measured.

Measure: The % throughput of patients (compared against historic patient numbers, as increased to reflect the new patient requirements above) considered reasonable within Quarter 2 and any linked sanction for not meeting the measure will be confirmed following further assessment of the situation in Quarter 4 2020-21 and Quarter 1 2021-22, in addition to consideration of the situation with the pandemic and progress with the vaccination roll-out.