

Dental Contract Reform Explained

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Llywodraeth Cymru
Welsh Government

www.gov.wales

Contribution to A Healthier Wales

4 Themes within document



The oral and dental
services response

A Healthier Wales:
our Plan for Health and Social Care

Patients + the public at the heart of everything we do

A Step Up in Prevention

**Dental Services Fit for
Future Generations**

**Developing Dental Teams
and Networks**

Concentrates on 5 priority areas to support implementation – all are needed

- 1. Timely access to prevention focussed dental care*
- 2. Sustained & whole system change underpinned by contract reform***
- 3. Expanded teams that are trained, supported and delivering to scope of practice*
- 4. Oral health intelligence & evidence driving improvement and planning*
- 5. Improve population health and well-being*

Aims and Objectives of Contract Reform in Dentistry

Aim

- To explain the dental contract reform programme, the findings from evaluation to date, progress, and next steps

Objectives

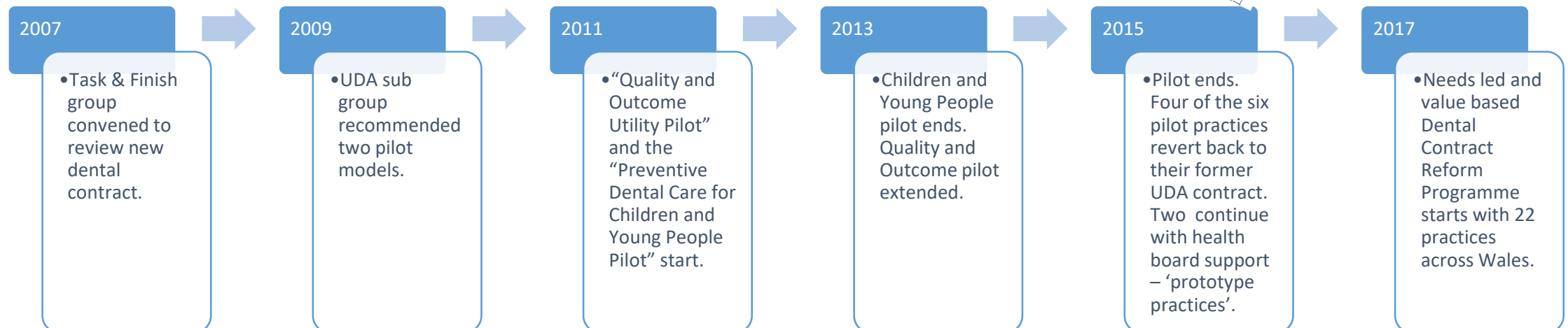
- Describe the philosophy and approach to contract reform
- Understand what is happening and who is involved
- Understand what support and tools have been developed
- Recognise how contract reform fits into wider transformation
- And finally, what's next?

Earlier pilots

There has been a commitment to reform the dental contract for a lengthy period of time.

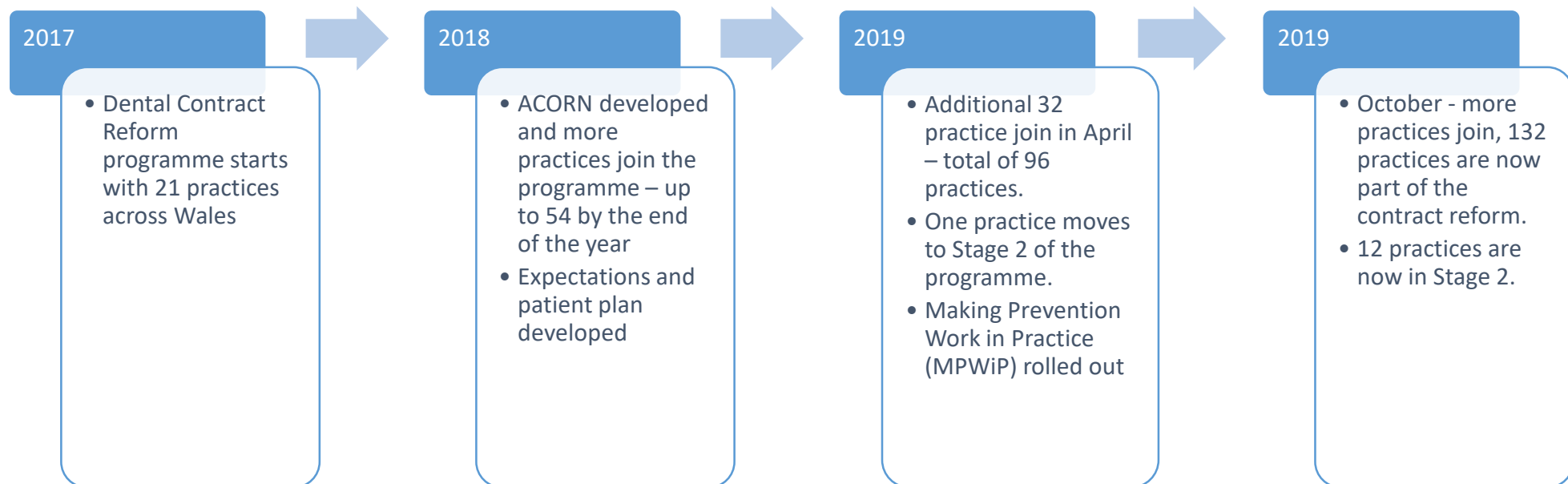
Learning has been used from earlier pilots to inform the work moving forward.

Patient numbers, Patient Charge Revenue and activity fell in the pilots, however the shortcomings of the Units of Dental Activity (UDA) system and the value of delivering prevention were key learning points.



Dental Contract Reform Programme 2017

- Consistent assessment of oral health need and risk (modifiable and non-modifiable) – ‘the ACORN’
- Co-production of a needs led annual prevention care & treatment plan – personalised advice and care
- A preventive and outcome focused approach which includes the skills of the whole team in the delivery of primary dental care



A Once for Wales approach has been adopted

Practice annual contract value remains the same – unless additional investment made by Health Board or through other schemes

Stage 1

Minimum UDA value to be £25, 10% reduction of treatment activity target (UDAs) to complete ACORN and share needs assessment findings with patients. Meet the following expectations.

- **That existing access is maintained - current patient numbers must not fall**
- Effective preventive intervention and advice is delivered which is appropriate to need, and follows programme expectations and evidence
- Development of knowledge and skills within the team
- Adoption of the support, training and tools being developed by clinical teams
- Provide feedback, participate in Quality Improvement and Evaluation

A phased approach is being utilised

Practice annual contract value remains the same – unless additional investment made by the Health Board or through other schemes

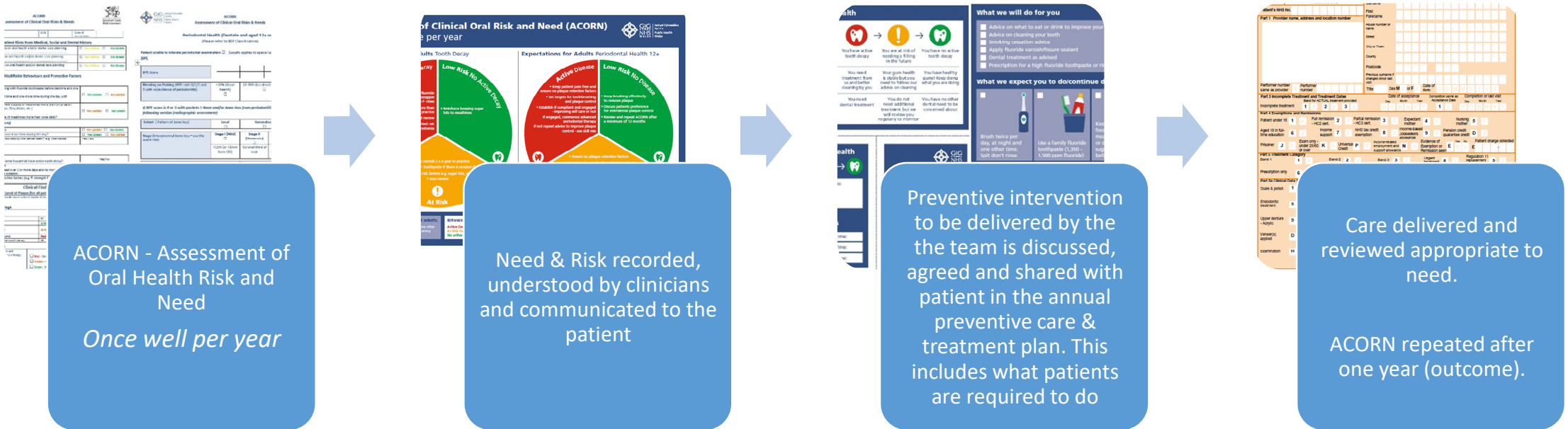
Stage 2

- 20% reduction of treatment actively target (UDAs) to meet programme 'expectations'
- **Number of patients begin to increase to reflect the need, risk and resources of practice**
- Comprehensive assessment & ACORN completed once well per year
- Lengthening recall intervals to one year for well patients allowing for new access
- Development of workforce and implement learning – leadership training, Shared Decision Making, Quality Improvement projects, Making Prevention Work in Practice

And moving beyond stage 2 - expectations

- Less reliance on UDAs as sole contract performance measure
- **KPIs and Outcome measures become contract currency at practice and HB level**
- Patient numbers have increased
- Access to NHS dentistry is open and reflects capacity
- Need of the practice population is understood
- Patients understand their Oral Health and receive personalised care and advice
- Recall intervals reflect need
- Patient Oral Health outcomes are recorded and communicated

Assessment of Clinical Oral Risks & Needs (ACORN) - patient journey / clinical pathway



This can be delivered in one visit (one FP17W) for adults with low risk and no disease or it can apply in a series of courses of treatment or appointments (therefore a number of FP17Ws in the year) for those with risk and/or disease. The journey is patient specific over any given year and described in a personalised annual plan. Flexibility in the UDA target, allowing practices to take on new patients who may have higher needs and DNAs

ACORN tool kit

Name	DOB	Date of Completion
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Inherent Patient Risks from Medical, Social and Dental history

Relevant medical history which impacts on oral health and/or dental care planning. Please specify	<input type="checkbox"/> Yes Yellow <input type="checkbox"/> No Green
Relevant social history which impacts on oral health and/or dental care planning Please specify	<input type="checkbox"/> Yes Yellow <input type="checkbox"/> No Green
Relevant dental history which impacts on oral health and/or dental care planning Please specify	<input type="checkbox"/> Yes Yellow <input type="checkbox"/> No Green

Key Modifiable Behaviours and Protective Factors

Tooth Decay Specific Risks

0-7 years only: supervised tooth brushing with fluoride toothpaste before bedtime and one more time during the day? OR >7years: Brushes (self or carer) at bed time and one more time during the day with fluoride toothpaste?	<input type="checkbox"/> Yes Green <input type="checkbox"/> No Amber
Consumes drinks other than water or milk outside of mealtimes more than once daily? (e.g. sports drinks, tea/coffee with sugar, fizzy drinks, etc.) And/or Eats sugary snacks, sweets, etc. outside of mealtimes more than once daily?	<input type="checkbox"/> Yes Amber <input type="checkbox"/> No Green

Periodontal Health Specific Risks (12+ only)

Smokes and/or use of tobacco products	<input type="checkbox"/> Yes Amber <input type="checkbox"/> No Green
Brushes (self or carer) at bed time and one more time during the day?	<input type="checkbox"/> Yes Green <input type="checkbox"/> No Amber
Uses (self or carer) inter-dental aids as advised by the dental team? e.g. interdental brushes	Yes / No

Other risks/protective factors

Household/family factors Siblings and/or family members in the same household have active tooth decay?	Yes/No
Alcohol use above recommended limit Hint: more than 14 units per week spread over 3 or more days and no more than 6 (female) and 8 (male) units in a single occasion.	Yes /No
Other risks (including dietary) or protective factors (e.g. ↑ strength F toothpaste use) Please specify	Yes/No

Clinical Findings

Soft Tissues Findings, dentures and Level of Plaque (for all patients)

Please specify findings (e.g. 2 x 2 cm suspected mouth cancer on lateral border of tongue on the right hand side, satisfactory full upper partial lower acrylic dentures, etc.)

Level of Plaque: low, moderate or high

Tooth Decay (for dentate only)

Total number of teeth in mouth	N*
No active tooth decay	Green <input type="checkbox"/>
Active tooth decay within enamel only	Amber <input type="checkbox"/> Or report Amber on FP17W if tooth decay risk is Amber.
Active tooth decay into dentine or beyond	Red <input type="checkbox"/>
If Red, total number of teeth with active tooth decay	dt DT

Other Dental Need (for all patients)

e.g. Tooth surface loss, dental trauma, repair and maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc.	Tick one only <input type="checkbox"/> Red – Dental treatment required <input type="checkbox"/> Amber – No treatment required but regular review required to monitor <input type="checkbox"/> Green – None
Diagnosis/diagnoses (please specify):	

Periodontal Health (Dentate and aged 12+ only)

(Please refer to BSP Classification)

Patient unable to tolerate periodontal examination ☐ (usually applies to special care dentistry patients)

BPE

BPE Score			
Bleeding on Probing (BPE code 0/1/2 and 3 with no evidence of periodontitis)	<10% (Good health) <input type="checkbox"/>	10-30% (Localised gingivitis) <input type="checkbox"/>	>30% (Generalised gingivitis) <input type="checkbox"/>

If BPE score is 4 or 3 with pockets ≥ 4mm and/or bone loss from periodontitis, please complete the following section (radiographic assessment)

Extent (Pattern of bone loss)	Local <input type="checkbox"/>	Generalised <input type="checkbox"/>	Molar-Incisor <input type="checkbox"/>	
Stage (Interproximal bone loss – use the worst site)	Stage I (Mild) <input type="checkbox"/> <15% (or <2mm from CEJ)	Stage II (Moderate) <input type="checkbox"/> Coronal third of root	Stage III (Severe) <input type="checkbox"/> Severe (Mid third of root)	Stage IV (Very Severe) <input type="checkbox"/> Very Severe (Apical third of root)
Grade (Rate of progression for the patient's age – use the worst site)	A (slow) <input type="checkbox"/>	B (moderate) <input type="checkbox"/>	C (Rapid) <input type="checkbox"/>	

Periodontitis	Red <input type="checkbox"/>	Currently unstable PPD ≥ 5mm or PDD ≥ 4mm and BoP at these sites
	Amber <input type="checkbox"/>	Currently in Remission BoP ≥ 10%; PPD ≤ 4mm No BoP at 4mm sites
	Green <input type="checkbox"/>	Currently Stable BoP < 10%; PPD ≤ 4mm No BoP at 4mm sites
No periodontitis	Green <input type="checkbox"/>	No periodontitis <input type="checkbox"/> Gingivitis only <input type="checkbox"/> Good perio health

Green unless any specific modifiable perio risks noted. Then recorded as Amber overall on FP17W.

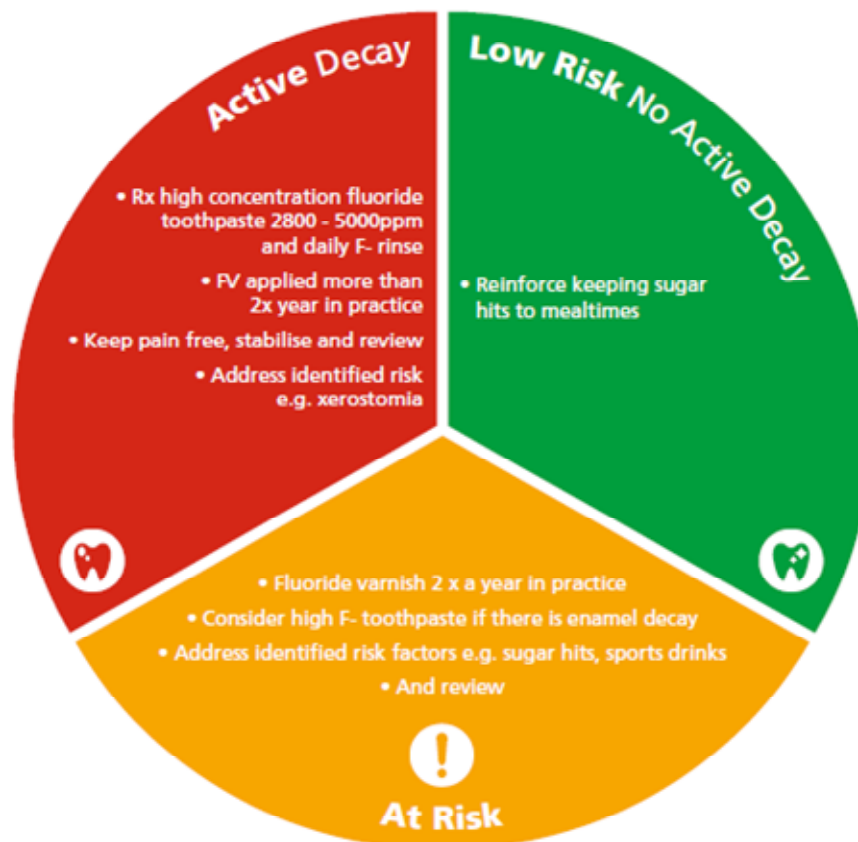
Diagnosis Statement: Extent – Periodontitis – Stage – Grade - Stability- Risk Factors or localised/generalised gingivitis only or good periodontal health

e.g. Generalised periodontitis, Stage 3 Grade B – currently unstable-risk(s) smoker 15/day

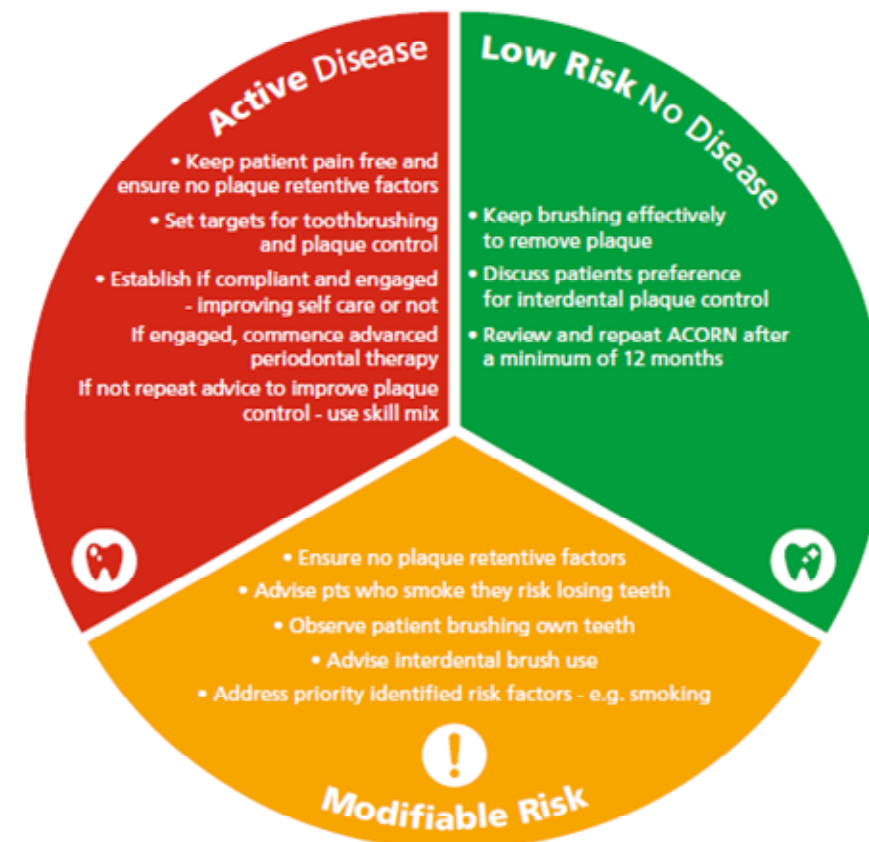
Adult Expectations Perio& Decay

Assessment of Clinical Oral Risk and Need (ACORN) Do it well once per year

Expectations for Adults Tooth Decay



Expectations for Adults Periodontal Health 12+



Toothbrushing advice for all adults

Brush effectively last thing at night and one other time daily using fluoride toothpaste containing 1,350 - 1,500ppm fluoride

Bitewing radiograph for all Adults

Active Decay and/or Active Periodontal Disease Posterior bitewings at six-month intervals PLUS Radiographs (periapicals) of code 4 sextants
At Risk Decay and/or Periodontal Disease Posterior bitewings at one-year intervals
No active Disease /Low Risk Decay and /or Periodontal Disease – Posterior bitewings at two-year intervals

Child Expectations Decay

Assessment of Clinical Oral Risk and Need (ACORN) Do it well once per year

Expectations Tooth Decay - Children



Toothbrushing advice for all

- Brush their teeth for them until age 7 - last thing at night and one other time daily using family fluoride toothpaste containing 1,350 - 1,500ppm fluoride
- Under 3 yrs. a smear of toothpaste; 3+ pea-sized amount
- Spit don't rinse after brushing
- Reinforce keeping sugar hits to mealtimes
- Nothing sugary to eat or drink in the hour before bed
- Keep the child happy



Radiographic Assessment for all

Indications for bitewings:
Children age 4+ if cooperative

FGDP radiography guidelines on frequency of bitewings:

High risk: 6-12 months

All children:
12-18 months (primary teeth)
24 months (permanent teeth)

Contraindications:
Lack of compliance,
spaced dentition



Prevention plan

Your dental health

Tooth decay		→		→	
Gum health					
Other problems of the mouth					

Your dental health



What you need to do:

Your next appointments

Date:	Time:
Date:	Time:
Date:	Time:

Your Prevention Plan



Name:

Date:

What we will do for you

- ☐ Advice on what to eat or drink to improve your oral health
- ☐ Advice on cleaning your teeth
- ☐ Smoking cessation advice
- ☐ Apply fluoride varnish/fissure sealant
- ☐ Dental treatment as advised
- ☐ Prescription for a high fluoride toothpaste or rinse

What we expect you to do/continue doing



Brush twice per day, at night and one other time. Spit don't rinse.



Use a family fluoride toothpaste (1,350 – 1,500 ppm fluoride)



Keep sugary food and drinks to mealtimes. Don't eat or drink anything sugary in the hour before bed.



Contact Help Me Quit 0800 085 2219 www.helpmequit.wales



Use interdental brushes.



Attend your appointments when advised. Inform the practice if you cannot attend.

You will need a review in:

- ☐ 3 months ☐ 6 months ☐ 12 months ☐ Other _____

MPWiP, All-Wales Faculty of Dental Care Professionals, QI and research groups supporting GDS Reform



Cyfadran Cymru Gyfan ar gyfer
Gweithwyr Proffesiynol Gofal Deintyddol
All-Wales Faculty for
Dental Care Professionals

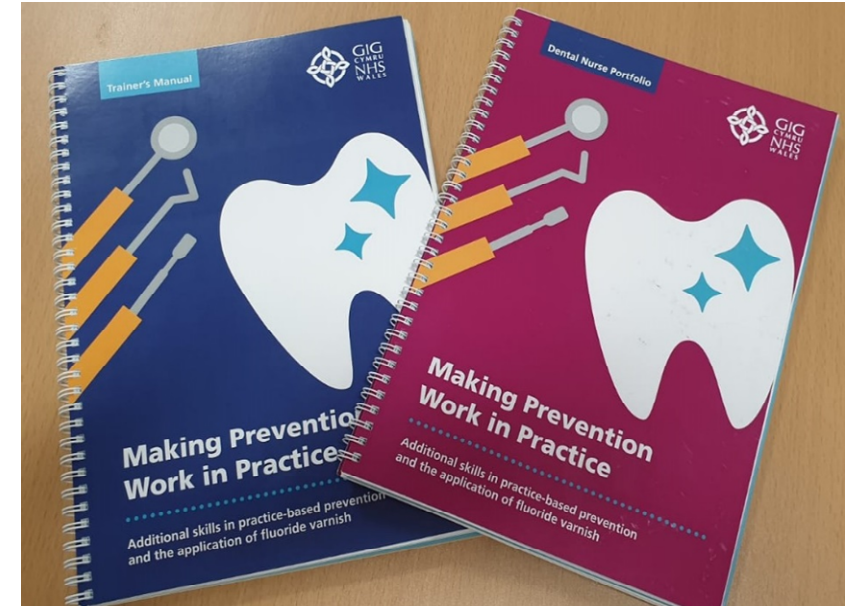


GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



Canolfan PRIME **Cymru**
PRIME Centre **Wales**



Evaluation & Impact

- Overall access has been maintained and has increased in more than half the contract reform practices. Child access is at an all time high.
- Fluoride varnish application in courses of treatment has doubled in adults (now 8%) and tripled in children (now 45%).
- 103 dentists trained in MPWiP by the end of 2019, with over 150 additional dental nurses now providing prevention in practice and developing portfolios.
- Quality Improvement Networks facilitated by HEIW set up in all Health Boards to support practice development.
- External realist evaluation programme in place.
- Over £1.5 million invested recurrently through the Innovation Fund in over 45 practices - to increase, capacity in DCPs, open access, facilitate prevention and support new ways of working.
- Associate innovator programme established in North Wales, with a view to rolling out Wales-wide in 2020.
- Need and outcome measures developed and beginning to be used in performance and contract monitoring.
- In contract reform practices the free examination for patients aged 18-25 and 60 and over, now includes radiographs and FV application where appropriate without incurring a charge.

A realist evaluation of NHS dental contract pilots across Wales



Annual Report General Dental Services Reform Programme 2019



Mid year programme monitoring report

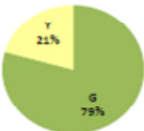
GDS Reform Programme Monitoring Report for Wales – Mid Year 2019/20

- Data refers to schedule period April to September 2019, where the date of completion on the FP17W is between April and September, unless otherwise specified.
- Data refers to contracts on the GDS Reform Programme as at April 2019, i.e. data for a Health Board (HB) refers solely to contracts on the programme in the HB, and data for Wales refers solely to contracts on the programme in Wales.
- ACORN data refers to counts of unique patients who received an ACORN assessment in the period.

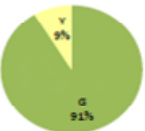
Oral Health Risks from Medical, Social, and Dental History

Wales	Medical History		Social History		Dental History	
	Green	Yellow	Green	Yellow	Green	Yellow
	79.4	20.6	91.3	8.7	76.2	23.8

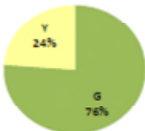
Medical History (All Ages = 158,121)



Social History (All Ages = 158,121)



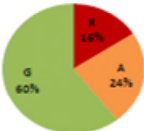
Dental History (All Ages = 158,121)



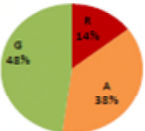
ACORN Profile: Oral Health Conditions: Tooth Decay, Periodontal, and Other Dental Conditions

Wales	Adult Tooth Decay			Adult Periodontal Health			Adult Other Dental		
	Red	Amber	Green	Red	Amber	Green	Red	Amber	Green
	15.9	23.6	60.4	14.6	37.6	47.8	14.4	18.3	67.3

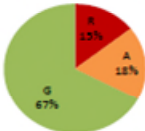
Adult Tooth Decay (114,631)



Adult Periodontal Health (114,631)

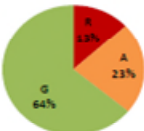


Adult Other Dental (114,631)

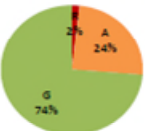


Wales	Child Tooth Decay			Child Periodontal Health			Child Other Dental		
	Red	Amber	Green	Red	Amber	Green	Red	Amber	Green
	13.2	22.9	64.0	1.8	24.5	73.7	5.5	12.9	81.6

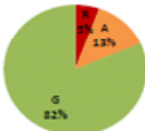
Child Tooth Decay (43,490)



Child Periodontal Health (14,379)



Child Other Dental (43,490)



Health boards receive individual reports at health board and practice level. Practices receive individual report quarterly.

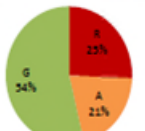
Needs, risks (modifiable and non-modifiable) understood.

ACORN Profile: Oral Health Conditions of Patients New to Contract

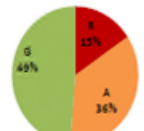
- New Adults are defined as patients not treated at the contract in the last 24 months, or with no previous visit to the contract.
- New Children are defined as patients not treated at the contract in the last 12 months, or with no previous visit to the contract.

Wales	New Adult Tooth Decay			New Adult Periodontal Health			New Adult Other Dental		
	Red	Amber	Green	Red	Amber	Green	Red	Amber	Green
	25.6	20.6	53.8	15.6	35.6	48.8	18.4	18.3	63.3

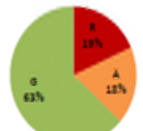
New Adult Tooth Decay (22,838)



New Adult Periodontal Health (22,838)

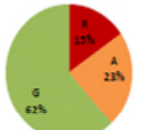


New Adult Other Dental (22,838)

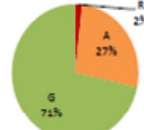


Wales	New Child Tooth Decay			New Child Periodontal Health			New Child Other Dental		
	Red	Amber	Green	Red	Amber	Green	Red	Amber	Green
	15.4	22.9	61.7	1.8	26.6	71.6	5.5	12.1	82.5

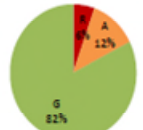
New Child Tooth Decay (14,933)



New Child Periodontal Health (4,342)



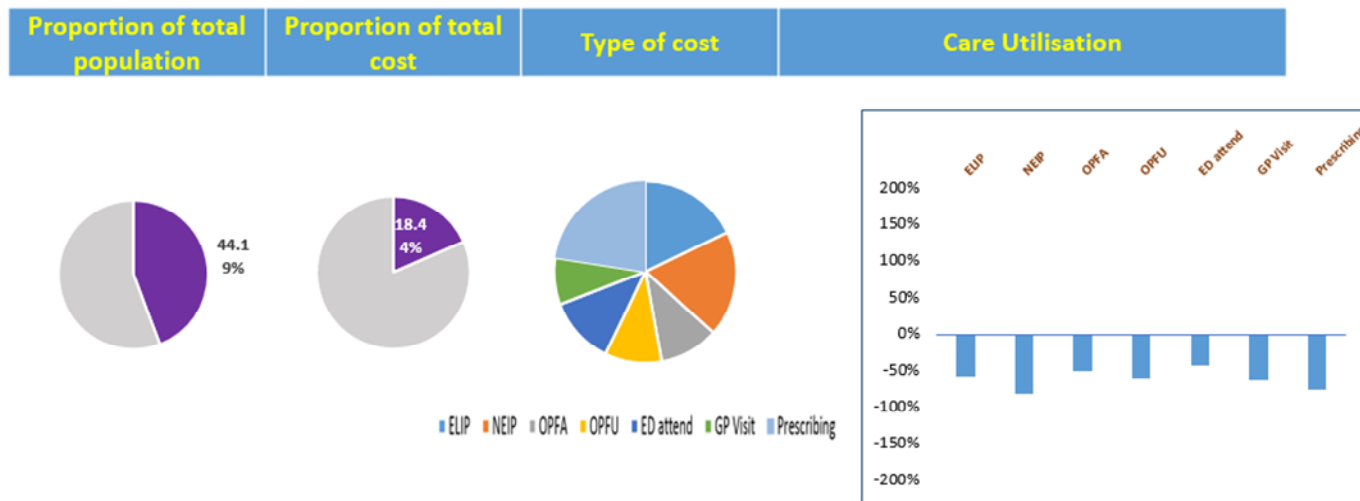
New Child Other Dental (14,933)



New patient data analysed separately confirming new patients may have higher needs than routine attenders, but majority are no need, low risk.

Many GMS Clusters have profiled patient groups – see a sample profile for 18-64 year olds in figure below.

Generally well adults 18-64 were found to make low use of NHS medical care. However this group makes high use of NHS Dental services



- ✓ **Assessment** – generally well adults
- ✓ **Care utilisation** – generally low care use across all settings

- Many adults attend NHS Dental services for routine check ups in any given year.
- This presents an opportunity for wider Primary Prevention beyond oral health for apparently well adults.
- Therefore GDS Reform supports retaining an annual contact with NHS Dentistry - but expect dentists to complete a need and risk assessment once well per year
- There is no need for 'six month check up' for most of this group

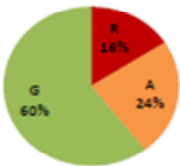
eDen data can be used to assess if recall intervals are reflecting 'need' profile of the practice population

NHS BSA eDen Recall Interval Monitoring

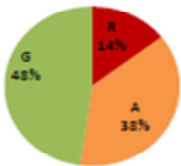
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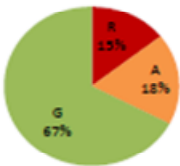
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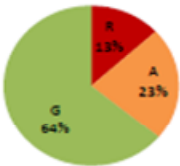


Adult Other Dental (114,631)



	Child Tooth Decay			Child Periodontal Health			Child Other Dental		
	Red	Amber	Green	Red	Amber	Green	Red	Amber	Green
Wales	13.2	22.9	64.0	1.8	24.5	73.7	5.5	12.9	81.6

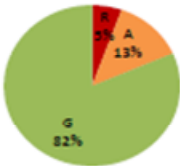
Child Tooth Decay (43,490)



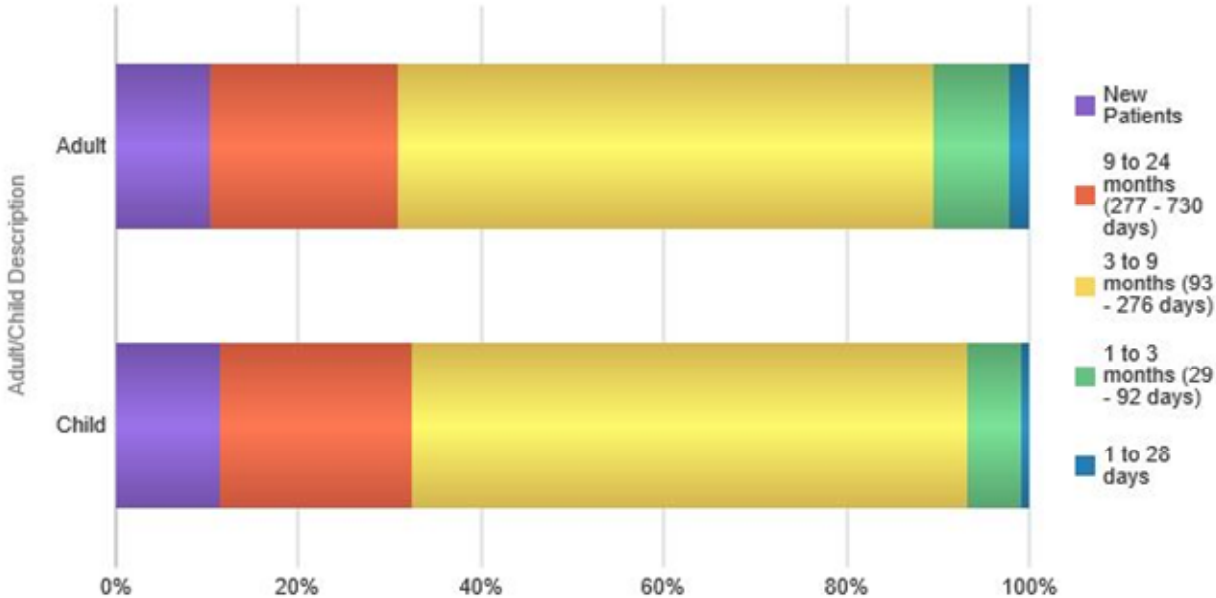
Child Periodontal Health (14,379)



Child Other Dental (43,490)



General forms for the same Patient ID (Re-attendance) Adult/Child
Current Year to date



Is Oral Health improving under contract reform?

What matters most to patients and clinical teams is that oral health is maintained and improved.

Early signs are encouraging within this Value Based approach.

The programme is based on individual needs assessment, patient engagement, whole team working and the review of outcomes.

The following slides illustrate needs and outcomes at programme level but will be available at practice/performer level in time, allowing opportunities for peer review, clinical audit and continual improvement.

This is the first publication of results on the health outcome of primary dental care.

These data are more meaningful in assessing performance and the value of investment in primary dental care than looking at activity data and UDAs alone.

Analysis of patient need and outcome

Includes patients with at least two linked ACORNs 10-12mths apart

1st ACORN Oral Health Needs Assessment (OHNA)

2nd ACORN captures Outcome of patient journey

Analysis

- Analysis examined **unique patients** who have had two ACORN assessments at least ten months apart between 1 June 2018 and 31 October 2019.

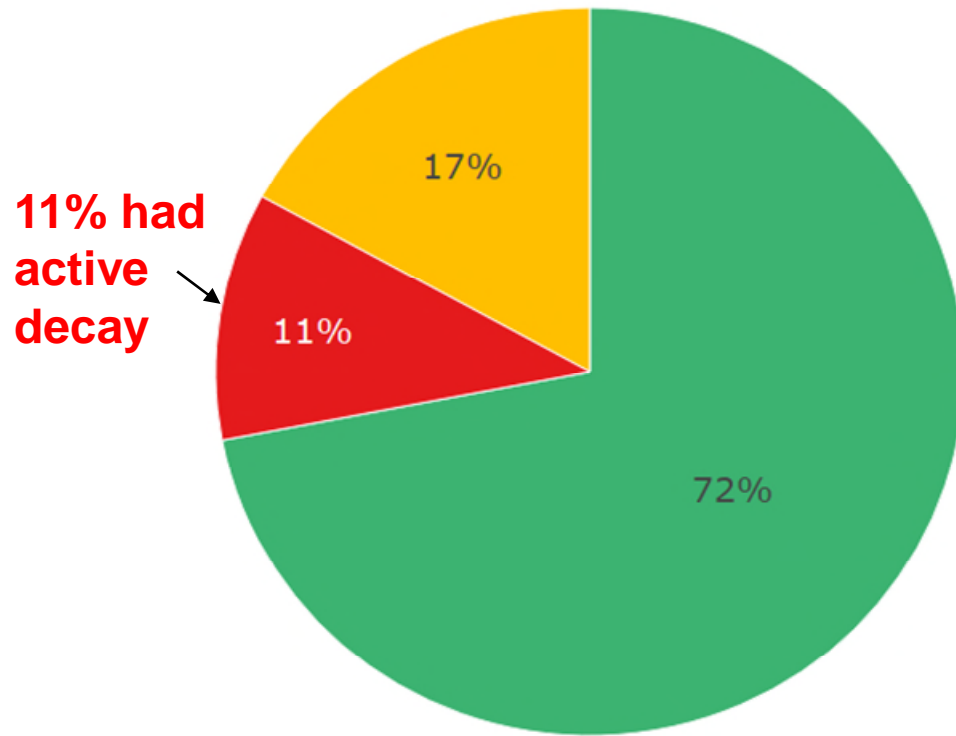
Sample Size

- **10,207 patients** were included in the analysis: 2,778 children and 7,429 adults. Only patients aged 12 years and above were included in the periodontal health analysis.

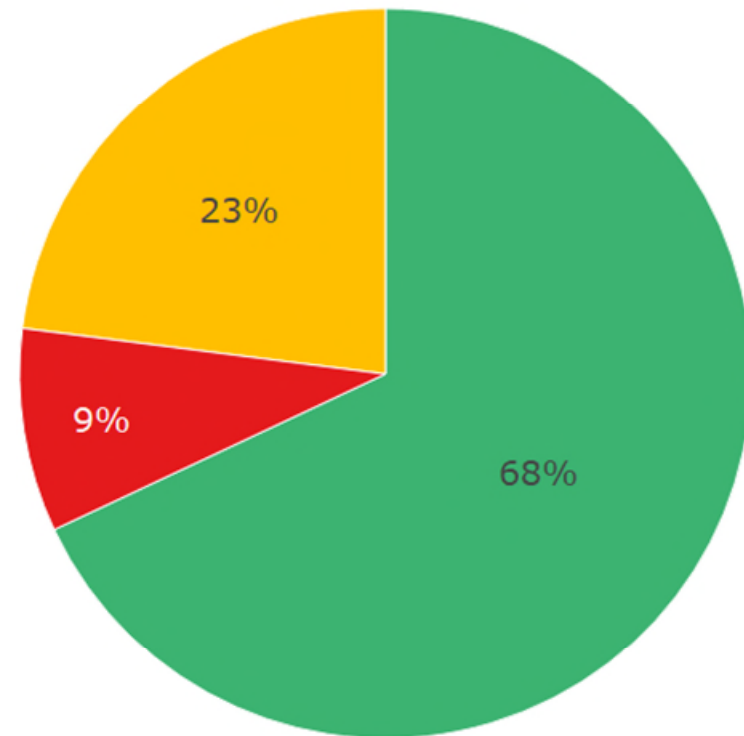
First ACORN vs Second ACORN – 10-12mths later

Tooth Decay – in 2,778 Children

First ACORN - OHNA



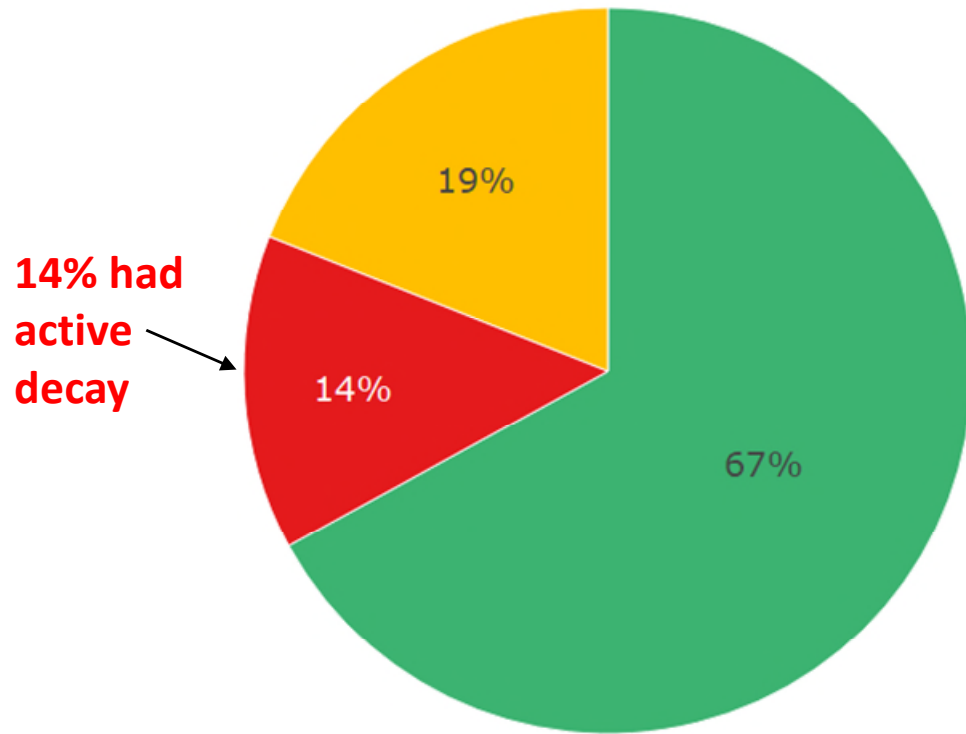
Second ACORN - Outcome



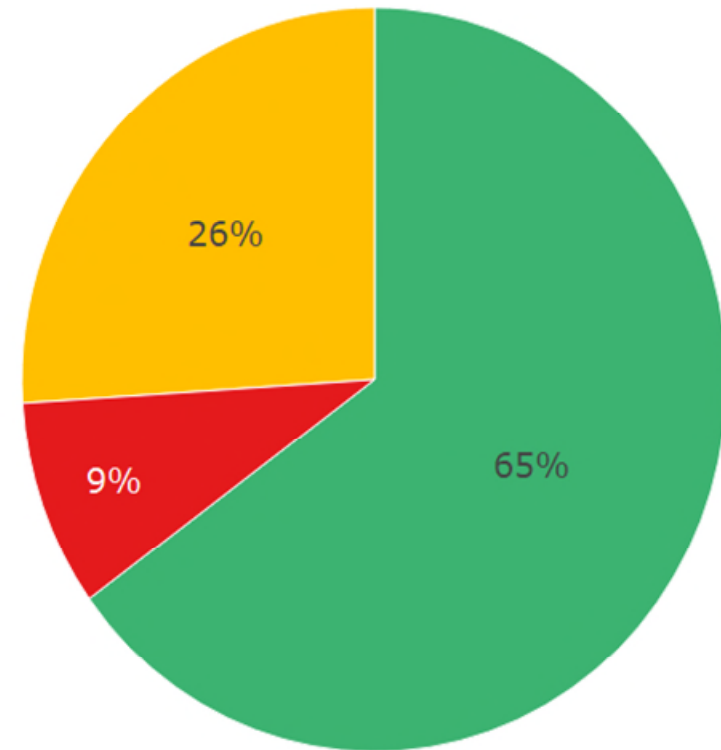
First ACORN vs Second ACORN – around a year later

Tooth Decay – in 7,429 Adults

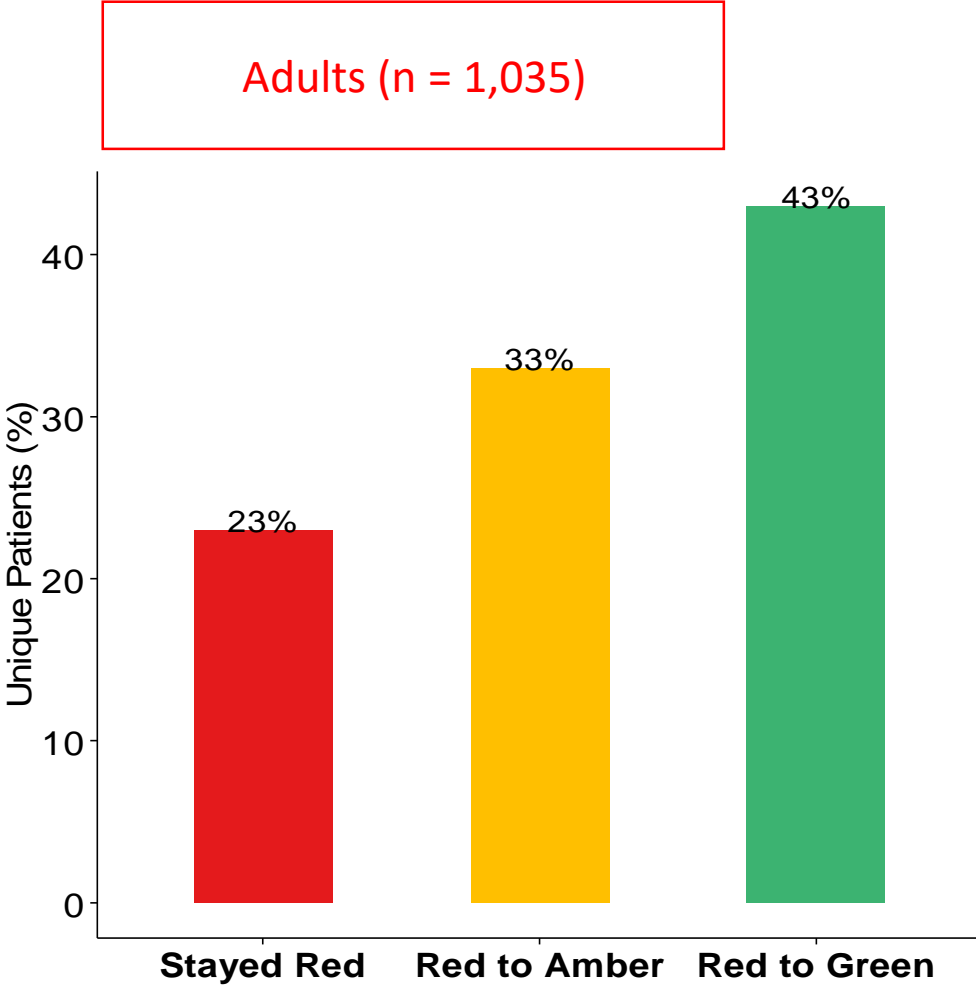
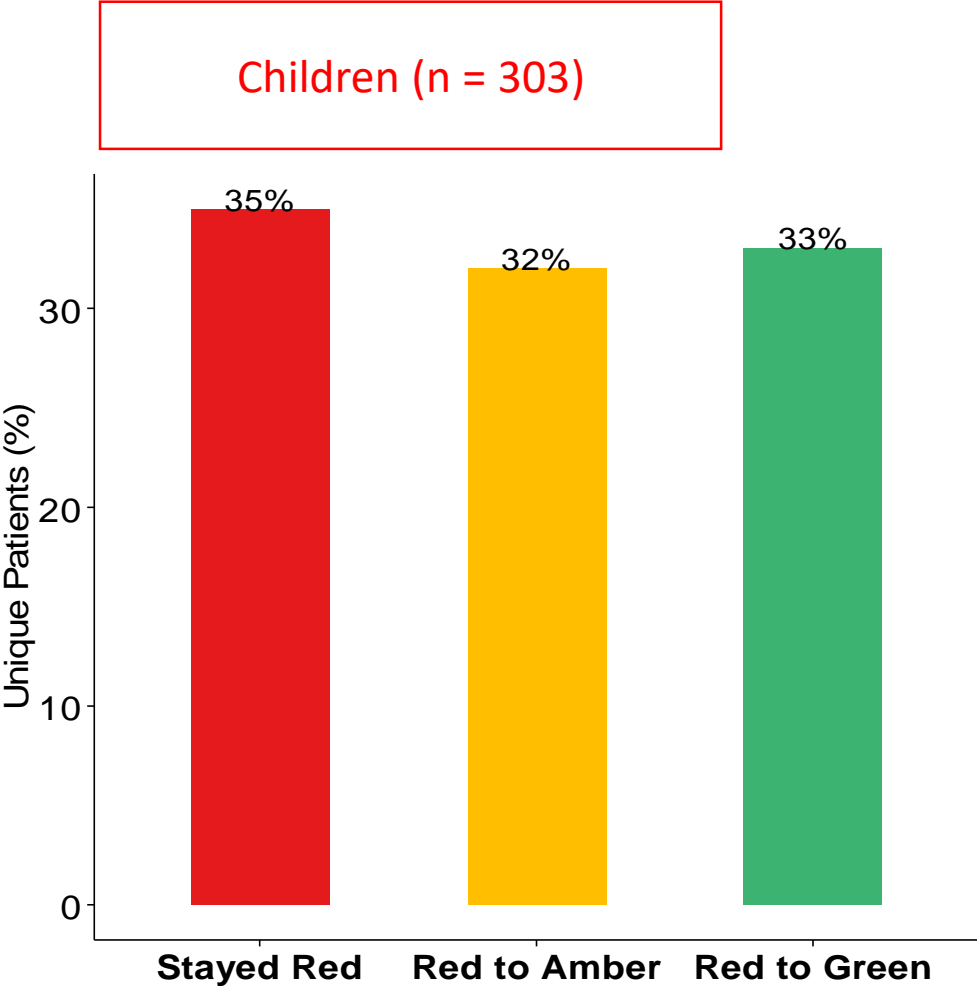
First ACORN - OHNA



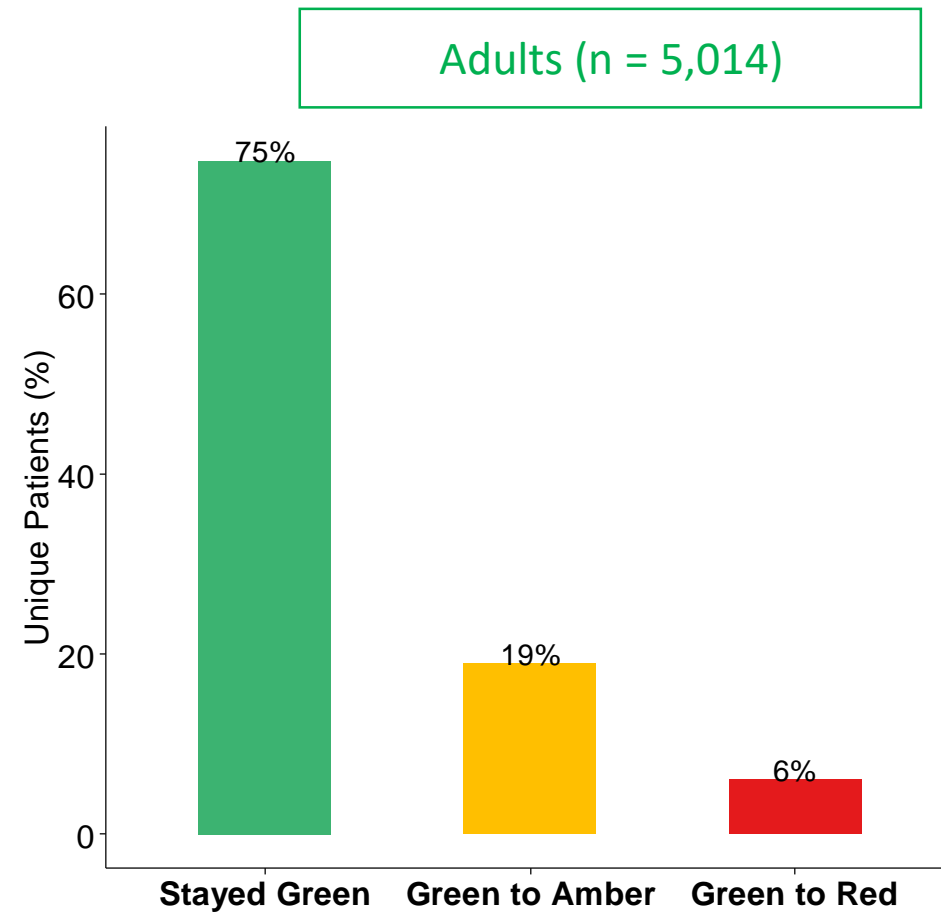
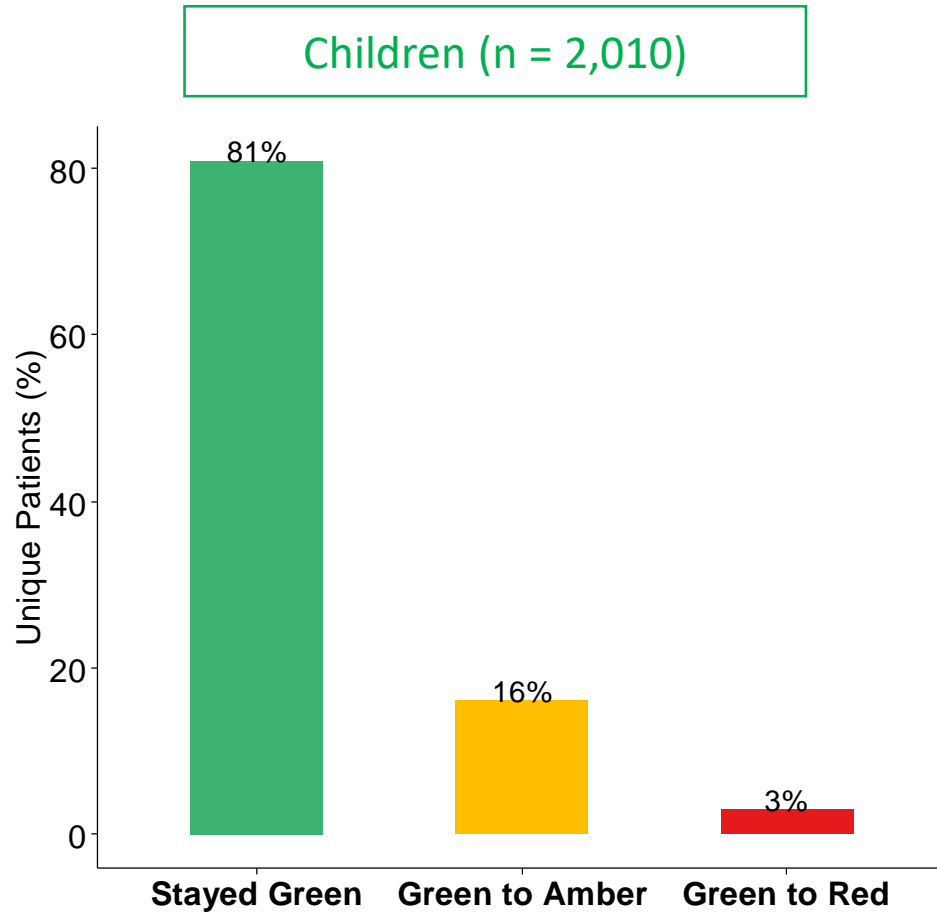
Second ACORN - Outcome



Of the **11%** (children) and **14%** (adults) who had active disease - tooth decay - at 1st ACORN, 65% of these children & 76% of these adults **improved** within the year!



In the group who had no active disease & deemed to be low risk - tooth decay – was there any change? Of the **72%** (children) and **67%** (adults) who had no decay diagnosed at 1st ACORN, some did deteriorate

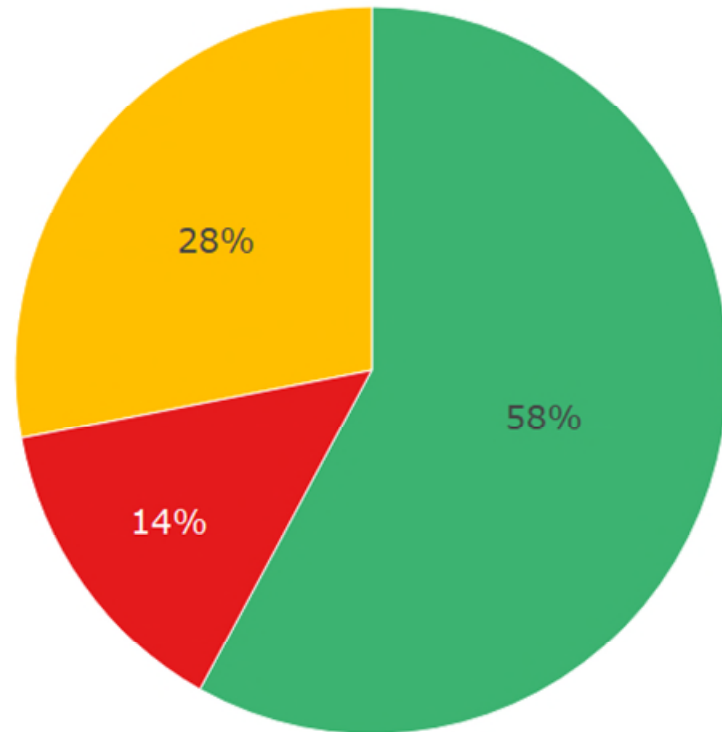


Clinical teams can inform and support, but daily oral health maintenance and care is key and is the responsibility of the patient, parents and carers.

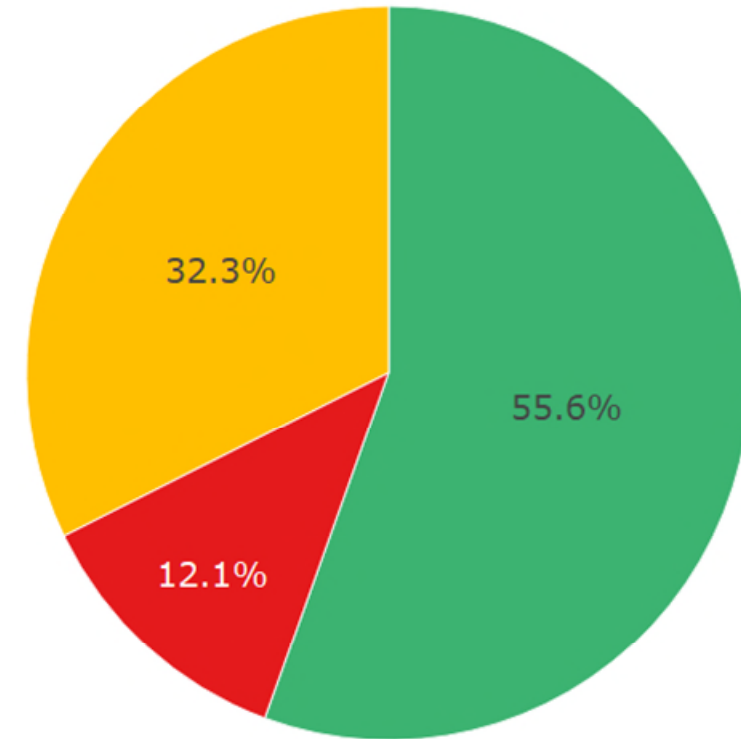
First ACORN vs Second ACORN – within 10mths to 1 year

Periodontal Health in 8,182 Persons aged 12+

First ACORN - OHNA



Second ACORN - Outcome

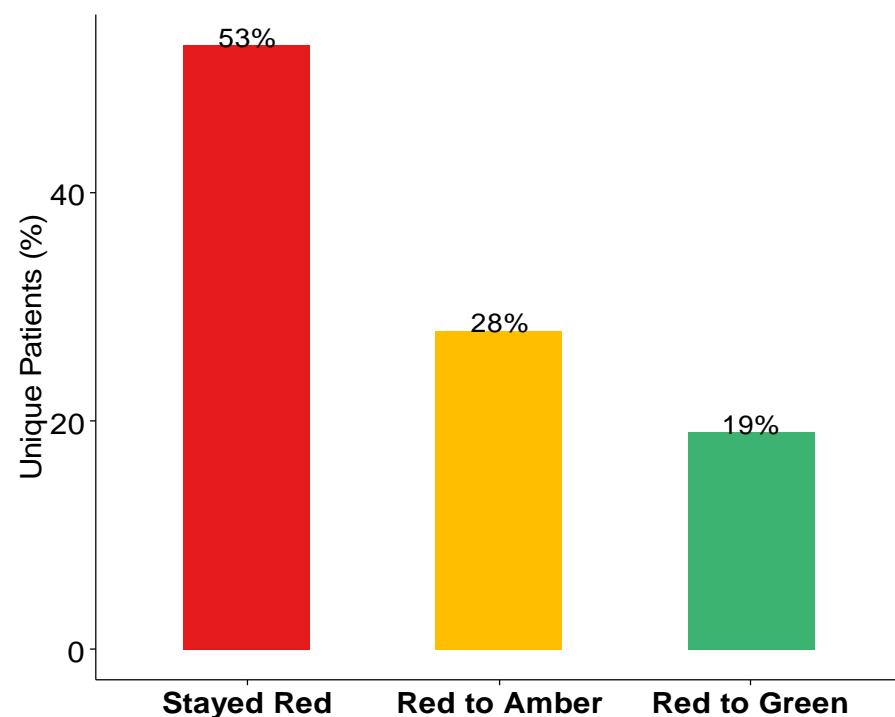


Indication that there was some improvement in disease stabilisation in a chronic disease process

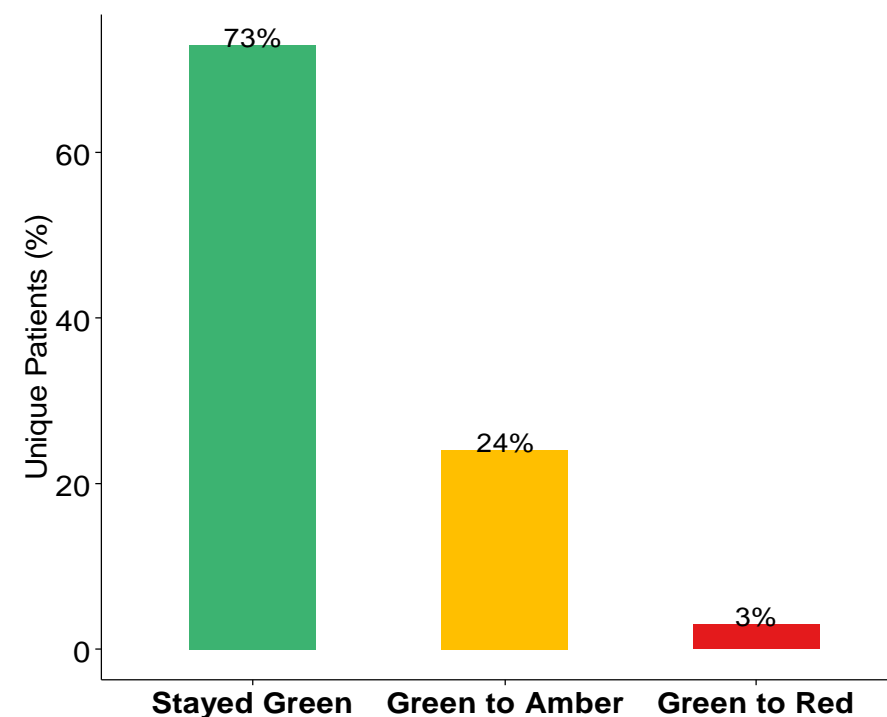
Disease Status Change – Periodontal Health

In the 14% of patients aged 12+, with active disease (**RED**) and in the 58% with no disease (**GREEN**) at 1st ACORN, the charts illustrate outcome at the 2nd ACORN (10 - 12 mths later)

RED (n = 1,130) - 47% Improved



GREEN (n = 4,739) - 3% disease



Next steps

- Revised FP17W capturing need, outcome, prevention and skill mix activity to be introduced April 2020 and reported in eDEN (on-line reporting tool)
- Associate innovator group in North Wales to describe a Once for Wales patient journey/clinical pathway for periodontal care in general practice by April 2020
- Need and outcome measures together with patient numbers, recall intervals, prevention and quality being used by practices and health boards in performance management
- Realist evaluation reports influencing decision making and including patient voice
- Dental reform programme part of Welsh Government Primary Care Contract Oversight Group
- Secondary legislation considerations taken forward
- More practices joining the programme and more progressing to stage 2
- Contracts which support and value preventive care, whole team working and improve the wellbeing of dental teams
- Open access to preventive primary care dentistry
- Support the recruitment and retention of the dental workforce

For further information and to access all reports and tools available from mid January 2020 please visit primary care one website
<http://www.primarycareone.wales.nhs.uk/home>

or

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