Dental Contract Reform Explained

Colette Bridgman
Chief Dental Officer
Contribution to A Healthier Wales

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

2017
- Dental Contract Reform programme starts with 21 practices across Wales

2018
- ACORN developed and more practices join the programme – up to 54 by the end of the year
- Expectations and patient plan developed

2019
- Additional 32 practice join in April – total of 96 practices.
- One practice moves to Stage 2 of the programme.
- Making Prevention Work in Practice (MPWiP) rolled out

2019
- October - more practices join, 132 practices are now part of the contract reform.
- 12 practices are now in Stage 2.
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

ACORN - Assessment of Oral Health Risk and Need

Once well per year

Need & Risk recorded, understood by clinicians and communicated to the patient

Preventive intervention to be delivered by the team is discussed, agreed and shared with patient in the annual preventive care & treatment plan. This includes what patients are required to do

Care delivered and reviewed appropriate to need.

ACORN repeated after one year (outcome).

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 Assessment of Clinical Oral Risks & Needs

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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.
- Relevant social history which impacts on oral health and/or dental care planning. Please specify.
- Relevant dental history which impacts on oral health and/or dental care planning. Please specify.

### Key Modifiable Delusive and Protective Factors

#### Tooth Decay Specific Risks

- **0-2 years only**
  - Supervised tooth brushing with fluoride toothpaste before bedtime and one more time during the day.
  - Yes: Green  No: Amber

- **>3 years only**
  - System: Brushing (self or carer) at bedtime and one more time during the day with fluoride toothpaste.
  - Yes: Green  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).
  - Yes: Amber  No: Green

- Fats, sugary snacks, sweets etc. outside of mealtimes more than once daily.
  - Yes: Amber  No: Green

#### Periodontal Health Specific Risks (12+ only)

- Smokes and/or use of tobacco products.
  - Yes: Green  No: Amber

- Brushing (self or carer) at bedtime and one more time during the day.
  - Yes: Green  No: Amber

- Uses (self or carer) interdental aids as advised by the dental team (e.g., interdental brushes).
  - Yes / No

### Other Risks/protective factors

- Household/family factors
  - Yes

- Alcohol use above recommended limit.
  - Yes

#### Clinical Findings

- **Soft Tissues Findings, dentures and Level of Plaque (for all patients)**
  - Haemorrhagic (e.g., 2+ or more), ulcerated, or necrotic plaque on the lingual or buccal side, saliva and upper/interproximal/scale/abnormal deposits, etc.
  - Level of Plaque: low, moderate or high

#### Tooth Decay (for dentates only)

- Total number of teeth in mouth.

#### Other Dental Needs (for all patients)

- Need for routine care, oral hygiene, repair and maintenance (e.g., filling, crown, root canal treatment, etc).

## ACORN Assessment of Clinical Oral Risks & Needs

### Periodontal Health (Dentate and aged 12+ only)

(Please refer to BSP Classification)

**BPE Score**

- Percentage of probing sites (BPE codes 0, 1, 2 and 3 with no evidence of periodontitis) - 10% (Good Health)
- 20% (Localised gingivitis)
- >30% (Generalised gingivitis)

**IF BPE Score is 5 or 6 with pockets ≥4mm and/or bone loss from periodontitis, please complete the following sections:**

### Clinical Findings

- **Stage (Interproximal bone loss — use the worst site)**

- **Grade (Rate of progression for the patient’s age — use the worst site)**

### Diagnosis Statement:

- Extent: Periodontitis
- Stage: 3
- Stability: Risk factors such as smoking or diabetes.

**Diagnosis:**

- Generalised periodontitis, Stage 3 — unstable-risk(s) smoker 15/day
Assessment of Clinical Oral Risk and Need (ACORN)
Do it well once per year

Expectations for Adults: Tooth Decay

- **Active Decay**
  - Rx high concentration fluoride toothpaste 2000 - 5000ppm and daily F-rinse
  - PV-pulled more than 2x year in practice
  - Keep plaque-free, stabilize and review
  - Address identified risk e.g., xerostomia

- **Low Risk No Active Decay**
  - Reinforce keeping sugar hits to mealtimes

- **At Risk**
  - Fluoride varnish 2 x a year in practice
  - Consider high F-toothpaste if there is enamel decay
  - Address identified risk factors e.g., sugar hits, sports drinks
  - And review

Expectations for Adults: Periodontal Health 12+

- **Active Disease**
  - Keep patient plaque-free and ensure no plaque retentive factors
  - Set targets for toothbrushing and plaque control
  - Establish if compliant and engaged
    - Improving self-care or not
    - If engaged, commence advanced periodontal therapy
  - If not repeat advice to improve plaque control – use skill mix

- **Low Risk No Disease**
  - Keep brushing effectively to remove plaque
  - Discourage patients’ preference for interdental plaque control
  - Review and repeat ACORN after a minimum of 12 months

- **Modifiable Risk**
  - Ensure no plaque retentive factors
  - Advise pts who smoke they risk losing teeth
  - Observe patient brushing own teeth
  - Advise interdental brush use
  - Address priority identified risk factors e.g., smoking

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

Expectations
Tooth Decay - Children

Active Decay
- IV applied minimum of twice per year
- Age 8+ Daily fluoride rinse
- Age 10+ Rx 2,800 fluoride toothpaste
- Age 16+ Rx 2,800 or 500 ppm fluoride toothpaste
- Keep pain free, stabilise and review
- Address risk factors e.g. sugary drinks in bottles ‘fizzy pop’

Low Risk No Decay
- Reinforce keeping sugar hits to mealtimes
- All children aged 3 and over to have fluoride varnish applied 2x year in the practice - DGP can apply

At Risk
- IV applied minimum of twice per year in practice for all including under 3’s giving concern
- Address modifiable risk factors e.g. use of sports drinks
- And review

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: 0-12 months
All children:
12-16 months (primary teeth)
24 months (permanent teeth)
Contraindications:
Lack of compliance, spaced dentition
Prevention plan

Your dental health

Tooth decay
- You have active tooth decay
- You are at risk of needing a filling in the future

Gum health
- You need treatment from us and better cleaning by you
- Your gum health is stable but you need to follow our advice on cleaning

Other problems of the mouth
- You need dental treatment
- You do not need additional treatment but we will review you regularly to monitor

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

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

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
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.
Mid year programme monitoring report

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

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

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

- 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.
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

11% had active decay
First ACORN vs Second ACORN – around a year later

Tooth Decay – in 7,429 Adults

First ACORN - OHNA
- 14% had active decay
- 19% healthy
- 67% tooth decay

Second ACORN - Outcome
- 26% healthy
- 9% active decay
- 65% tooth decay
Of the **11%** (children) and **14%** (adults) who had active disease - tooth decay - at 1\textsuperscript{st} 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+

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 email the Project Manager Raylene.roper@wales.nhs.uk