

## **Frequently Asked Questions (FAQs) (November 2022)**

### **1. There should be more engagement events with more time allocated for interactive sessions. Will there be more engagement events?**

Yes, we have already started planning for the engagement events in January. We will take account of feedback provided on the engagement events this year when we organise the next engagement events.

### **2. Who can we contact regarding dental reform outside the engagement events?**

Engagement events are only one of many ways to provide feedback, suggest innovative solutions and ask questions. You can contact us at [dentalpublichealth@wales.nhs.uk](mailto:dentalpublichealth@wales.nhs.uk) throughout the year with any insights and innovative solutions for dental reform. The programme management team will forward your insights and suggestions to appropriate workstream leads or Office of Chief Dental Officer within the Welsh Government.

### **3. How has the GDS Reform Programme structure changed based on previous feedback that the dental profession needs to provide input directly into the dental policy and reform?**

Based on feedback, the GDS Reform Programme now has a 4<sup>th</sup> workstream. This workstream has been added for professional engagement and to ensure that GDS has direct input into the dental policy. This workstream will report directly to the Chief Dental Officer.

This workstream will be chaired by Russell Gidney, Chair of the Welsh General Dental Practice Committee.

### **4. Within the 2022/23 metrics, it is not fair that a practice seeing and treating high need patients needs to see the same number of patients as another practice seeing and treating lower need patients. How will this be taken into account in end of year contract reviews and clawback?**

Welsh Government, Health Boards and other partner organisations involved in the reform programme understand that the current volume metric (number of patients to be seen per year) has limitations. Welsh Government and all Health Boards agree that the end of year contract review process will be fair and will take account of evidence of high need patients being seen and treated by practices. Workstream 1 of the reform programme are currently analysing this year's data.

As outlined in the presentation by the Chief Dental Officer in recent engagement events, the end of year contract review guidance for reform practices and any amendments to metrics for 2023/24 will be published before the end of December.

Workstream 4 mentioned above should also have opportunity to provide input into this guidance.

**5. Do all patients categorised as ‘Red’ for caries and/or periodontitis and/or other conditions need to be seen every 3 months for review?**

No. The level of prevention and treatment need of patients who are categorised as ‘Red’ on one or all three dental conditions on ACORN varies widely. Similarly, patient values and preferences will also vary. Hence, prevention and treatment planning for patients will need to be **co-produced with the patient** (or parents/carers as appropriate), including frequency of review after delivering a course of prevention and treatment.

Two patients with the same level of treatment need may benefit from, and prefer, different prevention and treatment approaches and review intervals within an annual dental care plan. Accurate clinical notes should be kept by the dental teams.

**6. Patients from the practice list (historic patients) are being disadvantaged as practices need to see new patients with treatment need. How is that fair?**

Within the volume metric (new patients and historic patients per year), a high majority of patients seen are still ‘historic patients’ from the practice list. In line with the principle of creating needs based outcome focussed dental services, dental practices will need to prioritise patients with treatment need (historic and new patients) over those who have history of good oral health (historic patients). It is understood that it is a difficult conversation with some patients who want six monthly dental visits even when they do not need this.

**7. Does the prioritisation of patients based on treatment need mean that some patients on the practice list with history of a healthy mouth won’t be able to be recalled in 12 months?**

Yes. With the impact of the pandemic, some practices may not be able to recall patients with a healthy mouth after 12 months and the timeframe for recall for these patients may extend. However, these patients should be seen by practices if they need urgent dental care.

**8. Will metrics for 2023/24 be amended on the back of the feedback and discussion during the engagement events?**

The proposed amendment in volume metric, to include patients needing urgent dental care within the new patient target, received positive feedback during the September engagement event. Metrics for 2023/24, and end of year contract review for 2022/23, will be published by the end of December 2022.

**9. What will the next public communication message be?**

Welsh Government is developing a unified public and media communication to highlight the impact of failure to attend appointments. This will be a generic message as the issue affects all planned care, as well as dental services. Social media assets will be available for all HBs Comms teams and will also be used on WG social media channels. Dental practices will be encouraged to use this resource, which will be available through the Help Us Help You website: <https://gov.wales/help-us-help-you>.