Dental System Reform Webinar Q&A.

Publishing plan:

1. Use the nine questions that were submitted before the webinar and covered 'live'. If these could be transcribed from the recording and used as the initial questions
2. Use selected questions from below – too many are comments that really can't be answered in a comprehensive manner

Published.

Sharlene Parmar-Anwar
I hope that all data that you have used as evidence to formulate the new contract is published when the consultation is released. We are a profession that works to evidence-based data and clinical justification and so deserve the evidence to be clear.

The new contract has been negotiated with the professions representatives. During these meetings there was sharing of available data, contemporary published research and commissioned data. This was provided to the BDA to analyze on behalf of the profession.

Zoe Luxton
So if your HP's have young children how do we say sorry but you need to go through the DAP , why can't we just accept them as NP where the parents already go?

This is an option if requested by parents who are undergoing care at a practice. The practice will need to inform the local Health Board that this has happened so the children are recorded as allocated. Children who are entered on the DAP by parents who do not have a relationship with a specific practice will be given allocation priority.

Laura
Will there be live data on Eden? Monthly data isn't enough for monitoring.

The BSA has published information on eDEN data in previous bulletins. eDEN is currently updated monthly after the schedule cut-off, as the final month-end position. If daily data was provided, this would be pre-schedule and so would be subject to change on a daily basis, until the schedule cut-off each month. At present it is not possible to calculate and/or update new and historic patients figures on a daily basis, although a new software is being developed to replace Compass which might allow this to happen in the future.

Guest

In the same way that the dental profession's opinion of the contract was ignored in 2006, will the same will happen with this new Contract? Are you open to discussion and change at all?

The new contract has been negotiated in social partnership with the professions nominated representatives. The open consultation is an opportunity to ensure all opinions are heard – public and profession – which will shape the new contract.

Katie

You spoke about extending recalls to allow more patients into the system. Do you truly believe dentists are recalling their patients too frequently?

Yes under a UDA system. The variation arrangements have disincentivised this however they also disincentivise regular recall. The new contract will ensure access based on clinical need and risk. The contract will give clear guidance using the existing NICE recall guidelines. However, the contract will provide dental teams the autonomy to determine the interval and leave the clinical decision with performers.

Moroslav Yakimov

If a patient wishes to sign up with a specific dental practice/ dentist, how will the Dap facilitate this? A random allocation of patients based on availability in a random practice would essentially take the patient's right of choice away.

One of the fields when enrolling on the DAP relates to distance prepared to travel. To facilitate access the DAP will offer patients a practice within their travel distance, which they have the right to accept or refuse. If they refuse they will be allocated another practice when appointments are available. Patients will not be able to request a specific practice.

Kirsty

Will there be a metric count for urgent appointments for historic patients like the UDA 1.2? We only currently have a metric for new urgent patients.

The new contract will not be based on UDAs but will be segmented based on specific activity. This will be laid out in the consultation document in greater detail.

Jeremy

With BCUHB offering the same nonattendance guarantee for NP taken from the DAP as for NUP taken from NHS 111. can we see this as an All-Wales policy?

This is a local health board initiative rather than an All Wales policy. As with previous years under the variation arrangements each health board has scope to implement the arrangements as they see fit for their local population.

Nathan Welch
Will there be any provision to fund practices for FTAs? this is a huge financial problem that should absolutely not be absorbed by practices.

This is covered in the consultation document and a task and finish group has been established to identify what more can be done to reduce FTAs

Paul Fraser
Regarding the DAP, practices are unable to share any patient details due to GDPR regulations. Do you have a solution for this?

GDPR prevents patient data from being shared without their consent. If a practice wants to share data that they hold then consent from the individual patient would need to be sought and gained.

Nathan Welch

How will PCR be structured in new contract?

This laid out in the consultation document

Paul Fraser
Regarding next year's variation contract. How is it fair that Mitigation only applies to practices achieving over the median average? If it was fair, mitigation would apply to every practice
The variation arrangements build on the learning from the early dental reform pilots which concluded that to embed prevention and ACORN and to see new patients, activity (number of patients) needed to reduce by 15-30% depending on the need of the patients treated. The variation arrangements implement a reduction in the number of patients needing to be seen for a given contract value by 15% and the mitigation formula then provides for a further reduction based on level of need in the patients treated.

Using the median average ensures 50% of contracts benefit from mitigation, using a mean average would result in fewer being eligible.

Karl Bishop (Swansea Bay UHB - PCT)
Will the new contract support ACD with focus on local delivery for communities, continuity of care and building 'family' GDS practices.

Further details will be outlined in the contact document

Jeremy
Even using 1:1 ratio (which i don't accept) you are still asking us to see 81 more patients than 23/24. i ask my question again. why is it harder when you know 35 of 55 failed in 23/24
The early dental reform pilots which concluded that to embed prevention and ACORN and to see new patients, activity (number of patients) needed to reduce by 15-30% depending on the need of the patients treated. The control total is therefore around 1550 patients for NACV. We fell below this in 2023/24 as part of tweaking the new and historic patient metrics in favour of new patients.

Total patient number for 2024/25 was 1583 and for 2025/26 1545 so less patients overall will be seen this year. The introduction of transferability over the three metrics also means that a practice with a NACV of £197,725 can, providing the minimum HP threshold is met, deliver its contract in full by seeing around 1,268 patients which is some 195 lower than 2023/24.

Nathan Welch
I know there is mitigation for contract metric for red patient requiring more than 4 interventions. But this is too ambiguous. Why is there not increased funding for red patients from the start?

This has been factored into the new treatment bundles that will be outlined in the consultation document

Nathan Welch
How is there still not live reporting on eDEN? Trying to run a business with data that is a month out of date is impossible.

eDEN is currently updated monthly after the schedule cut-off, as the final month-end position. If daily data was provided, this would be pre-schedule and so would be subject to change on a daily basis, until the schedule cut-off each month. At present it

is not possible to calculate and/or update new and historic patients figures on a daily basis, although a new software is being developed to replace Compass which might allow this to happen in the future.

Nathan Welch
If you truly cared about integrating us with the wider NHS system then where is dentist access to the patients' clinical summary and where are our NHS email addresses?

Discussions are being held to consider this issue, including e-prescribing

Katie
Will practices' red, amber and green populations data be used as part of the new contract? We are recording data on RAG patients which varies greatly across areas of Wales, yet every practice is currently being treated the same based on funding.

ACORN data will be collated from practice records using software APIs. This will inform a needs and risk-based conversation with patients and will assist practices to determine their patient flow.

Jeremy
using the 2.5:1 ratio which you have been happy to use for NP and NUP in the past. it equates to an additional 118 hp this year.

Answered above

Katie
How are practices expected to provide patient recalls in line with NICE guidelines if they are expected to continually take on new patients year on year with no additional funding in the envelope?

The new contract will clearly lay out the contract segmentation that will address this issue. The DAP will assist with patient recall placement.

Nathan Welch
Why are practices in Wales who chose to remain on the UDA contract being financially penalised compared to our English counterparts?

The profession requested a new contract that was not based on UDAs. Those practices that opted to continue working under UDAs are bound by the terms of that contract. This will resolve when the new contract is in place.

Al
Why are we moving to a new contract that seems has not been piloted?

There has been 3 years of variation which has assisted in shaping this new contract. For example, contract segmentation, NP and NUP have all been piloted and DAP is being piloted this year.

Al
You have mentioned uplift and what we have to do for this. Why is it never seen that uplift should be associated to general costs etc that have gone up year to year rather than expect something back for uplift. The uplift is just to keep pace with the general growth as a nation and in real terms dentistry is still way behind remuneration compared to 20 years ago.

This is a policy position from Welsh Government that applies to all four independent contractor professions.

Charles
Continued increase of NPT targets year on year has a huge impacted on overall patient base. eg 25/26 variation asking for a 12% increase in NPTs to add to patient base - in 4 years the patient base has increased to 150% which is unsustainable.

The variation metrics have been tweaked each year based on feedback from contract holders. For 2024/25 we heard that the HP metric was too high hence the reduction this year and an increase in the NP metric. The additional flexibility across metrics this year should also support practices who have a stable HP population

The new contract will have flexibility to allow some variation to take into account if such issues arise in practice. In the absence of registration the size of a list is determined by the contract holder as an independent business who will decide on the list size to fulfil their contract value. The only contractual obligation is the need to provide urgent care to historic patients within a reasonable time frame. In summary list size will only be affected by the guarantee and historic patient rule.

Alex Horton
Will fluoride varnish be compulsory in the new contract? If it is, will it be pro rata rather than complete claw back if target is missed.

There will be no specific fluoride varnish metric, however contract holders will be required to ensure that their team follows evidenced based prevention such as that outlined in delivering better oral health which will require fluoride varnish application when clinically appropriate. Contracts will be monitored by NHSBSA and failure to provide quality evidenced based practice could result in a breach of contract.

Al
If the consultation is to be effective and fair how much time is allocated after the consultation period to look at any changes proposed by feedback?

We have procured an external partner to undertake the analysis. We expect to receive the summary report around a month after the consultation closes and will work over the summer to identify the changes required as a result of the feedback received.

Charles
If the consultation has no issues when can we expect to know more precise details of what is to be expected of us for the new contract?

September