



Department  
of Health



# Dental Contract Reform LDC Officials Day 2<sup>nd</sup> December 2016

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## What are we trying to achieve?

To develop a better way to incentivise dentists for two main reasons:

1. To reflect  
changing pattern of  
oral disease

Oral health has improved and focus now needs to be less on treating disease and more on preventing disease

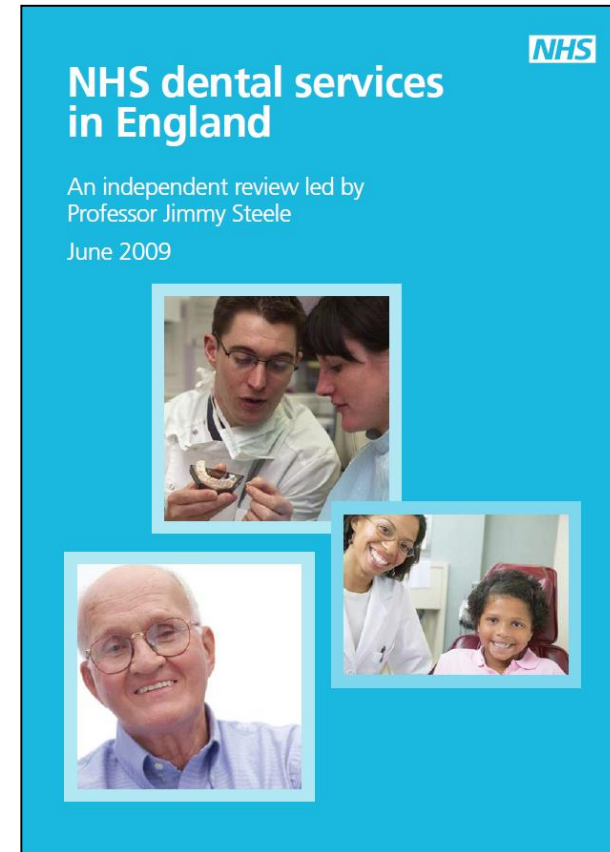
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2. To meet  
concerns of the  
dental profession

Dentists feel that the current activity based way of paying does not incentivise best care and creates a “treadmill” of activity.

## Contract Reform to date

- The need for a new clinical approach which reflects the developing focus on prevention were set out in Professor Jimmy Steele's Independent Review in 2009
- The 2010 coalition government committed to introducing a new NHS dental contract with the aim
  - of improving oral health
  - increasing access to NHS dentistry and
  - to pilot any potential new contract before making any changes
- Has to work for the profession, patients and commissioners
- There has been cross-party support for the need to reform the current system
- Piloting began in 2011 in order to test the key elements of reform needed to design a new system.



## What did the Pilots tell us?

- The dental pilots ran from April 2011 to 31 March 2016

Learning from the pilots included:

- The prevention focused pathway has been welcomed by both patients and dentists
- Some pilots were able to maintain access
- Switching from a full activity to full capitation system was too radical a shift
- The need for a remuneration system that supports prevention and delivery of treatment (the prototype system).

**Piloting showed potential for change and the current Government support the next stage of testing (Prototyping)**

## Prototypes – the current stage

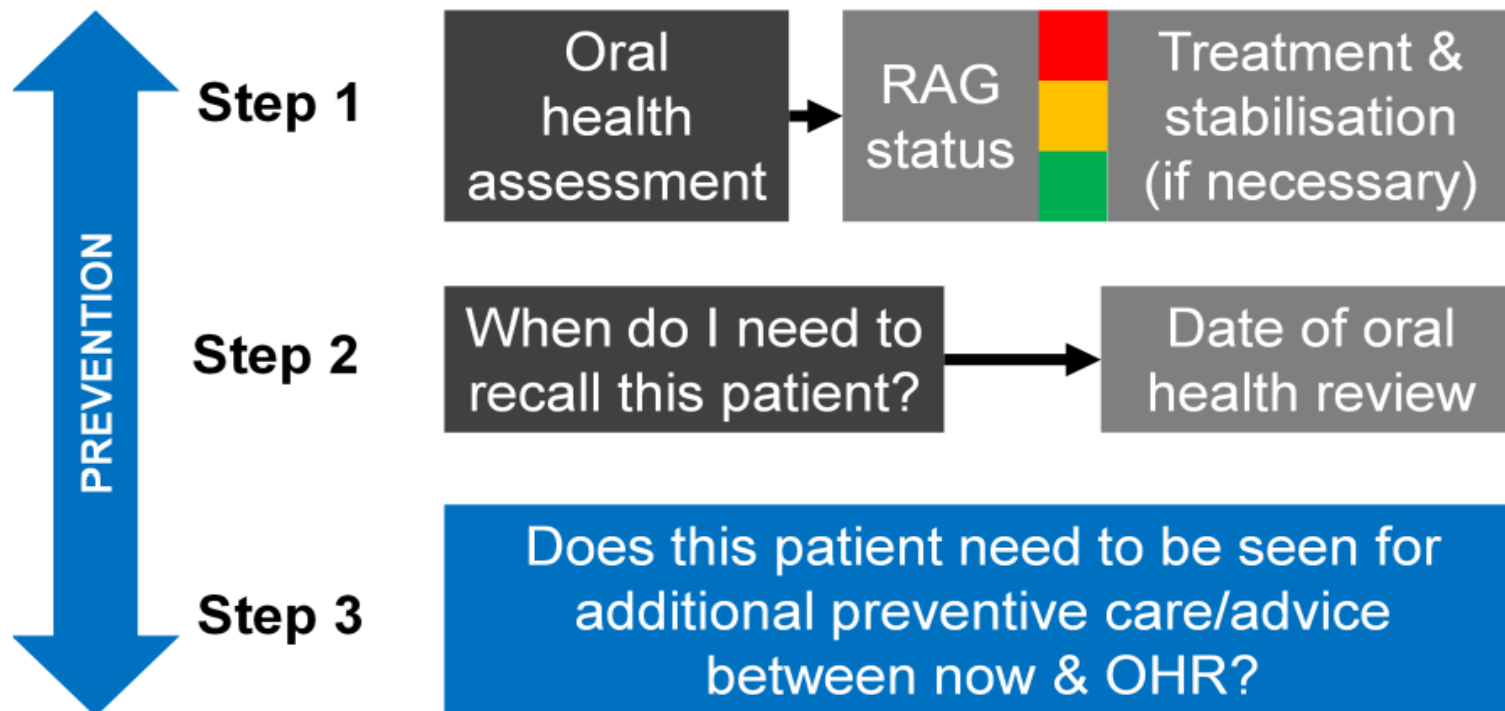
The learning from piloting enabled the prototype system to be designed

Prototype practices:

1. Are continuing to test the patient pathway
2. Are continuing to be measured against clinical and patient indicators in the Dental Quality and Outcomes Framework (DQOF)
3. Are testing two blends of remuneration. The majority of remuneration in both blends are for capitated ongoing and preventative care.

# Contract Reform Principles – Patient Pathway

## The care pathway in the prototypes



\* RAG = The patient's oral health marked as red, amber or green

## Contract Reform Principles – Quality

- The intention of the Dental Quality and Outcomes Framework (DQOF) is to determine how effective measuring and potentially paying for quality are in terms of incentivising dentists to achieve improvements in patients' oral health and in-patient experience
- All pilots were measured against clinical and patient indicators during piloting
- DQOF measures continue during prototyping
- Data quality has not been robust to enable payment mechanism.

## Prototypes – Remuneration

- Dentists receive a proportion of their remuneration as capitation and a proportion of their remuneration for measured activity
- To determine the most appropriate mix of capitation and activity, two blends (Blend A and Blend B) are being tested in which capitation and activity cover different proportions of care
- Blend A – All band 1 activity included in capitation – band 2 and 3 included in activity (approx 60% capitation)
- Blend B – All band 1 and band 2 activity included in capitation – Band 3 included in activity (approx 85% capitation)
- Treatment delivered to non-capitated patients (e.g. band 1 urgent courses of treatment) count towards the activity element for both blend A and blend B.



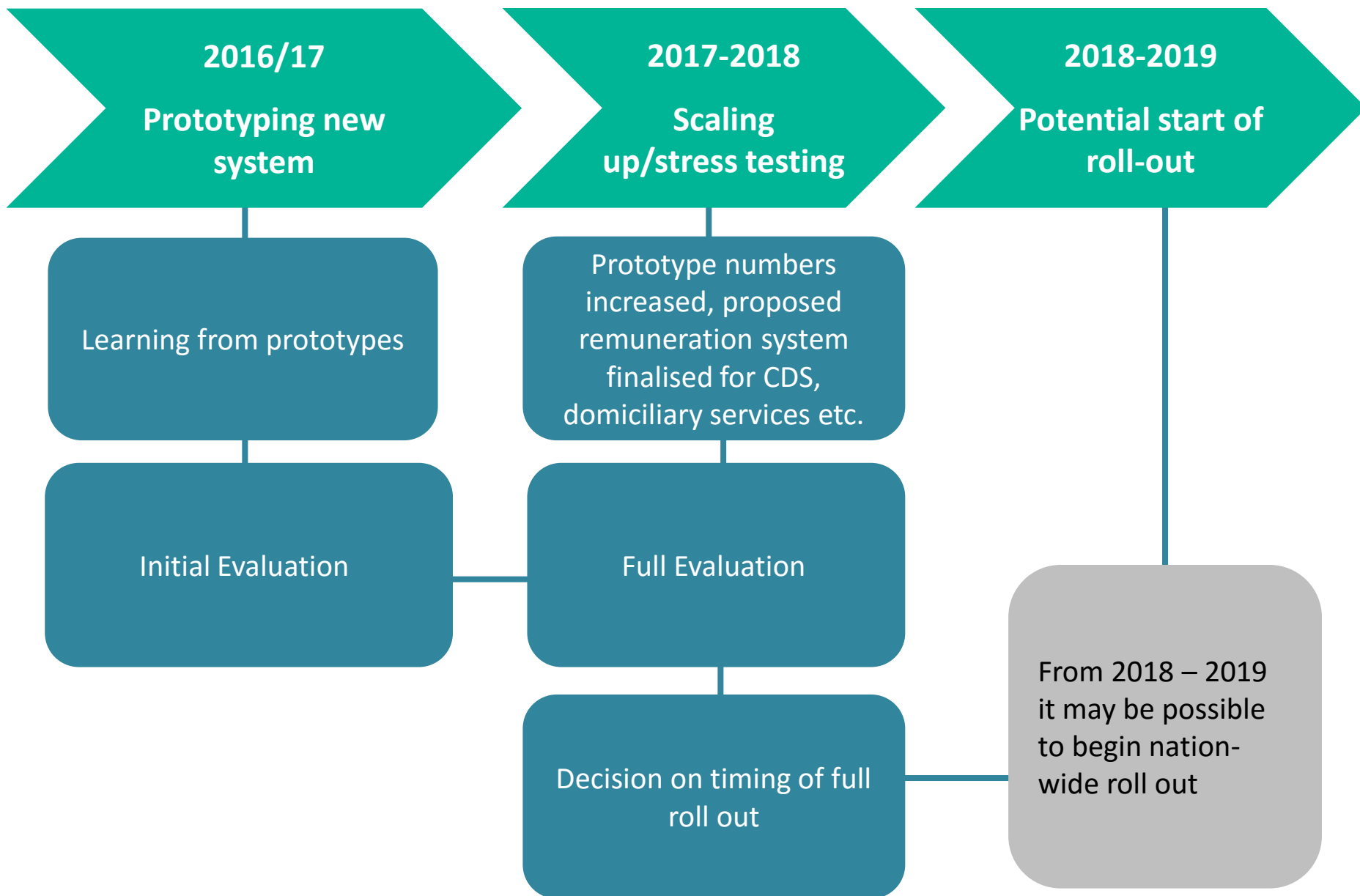
# Designing the new system

Eight broad work packages:

- 1 - Evaluation
- 2 - Clinical pathway
- 3 - Remuneration - Mandatory Services
- 4 - Remuneration - non Mandatory Services
- 5 - Patient Charge System
- 6 - Regulations
- 7 - IT systems
- 8 - Roll Out

DH/NHSE programme board + National Steering Group.

# High level timeline for reform



## What are the characteristics of the prototypes?

Total of 82 prototypes

- 79 high street
- 3 Community Dental Services
- 21 new sites (ex UDA)
- 58 former pilots

Of the 79 high street practices

- 40 Blend A (29 former pilot 11 new prototypes)
- 39 Blend B (29 former pilot 10 new prototypes).

# Evaluation – prototype scheme

- Evaluation and Learning Sub Group:
  - Chaired by Eric Rooney, deputy CDO
  - Representatives from BDA and CQC
- Key themes
  - Quality and appropriateness of care
  - Improvements in oral health
  - Access and accessibility
  - Value for money
  - Sustainability for roll out.

Thank You!