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Dear Colleague,

Piloting Reform of the NHS Dental Contract in England

You will be aware that the Government is committed to reforming the NHS dental contract.

Recent national surveys show that two-thirds of adults and children are now free of visible tooth decay; they deserve a dental service that helps them maintain good oral health, not one that is focused on treatment only.

The Government wants to enable dentists to exercise their professional judgment in working with patients to decide what care will be best to prevent ill-health and promote good oral health, whilst being accountable for the quality of the services they provide.

The Government wishes to put in place an NHS dental service delivering high quality clinically appropriate preventative, routine and complex care for those who choose it. As such, it plans to develop a new national contract based on registration, capitation and quality. It has said that it will develop the new contract in consultation with representatives of the profession, patients, and NHS management. It has said that it will pilot any changes before implementing them.

In September the Government announced the formation of a national steering group to advise it on the reforms. The group includes representatives of the BDA, and Professor Jimmy Steele, who led last year's independent review of NHS dentistry.

Ministers have today announced their proposals for piloting contract reforms. I am writing to explain the proposals in outline.

The Government intends to run three simultaneous sets of pilots. In all of the pilots, dentists will no longer have to carry out a given number of UDAs. All pilots will be required to adhere to a quality and outcomes framework. The three types of pilot are:

- Type 1 – a simulation model.
- Type 2 – a weighted capitation and quality model
- Type 3 – a weighted capitation and quality model, with a separately-identified budget for higher cost treatments within the overall contract value

Under the type 1 model, dentists will receive the same contract sum as they currently do. They will be expected to adhere to evidence-based clinical pathways, and will be eligible for payment according to performance against the quality and outcomes framework. They will be expected to provide care for a specified number of people. But otherwise they will be free to provide clinical care as they judge appropriate.

In the type 2 pilots the practices will receive a capitation payment to cover all care (preventative, routine and complex), and will be eligible for payment according to performance against the quality and outcomes framework. The pilots will more realistically explore whether the factors used in the weighted capitation model reflect the needs of patients across different practices and the response where the needs of individual patients differ from the average.

The type 3 pilots will also receive a weighted capitation payment. But it will cover only routine care and treatment. There will be a separately identified payment to cover more expensive and complex care. They will again be eligible for payment according to performance against the quality and outcomes framework.

The pilots will help us to test a Quality Outcomes Framework (QOF) in dental practice, and to develop and refine the systems, which we can use to monitor quality and outcomes. Quality covers three domains:

- Safety
- Clinical outcomes and effectiveness, and
- The patient experience

Work on quality indicators, and in particular outcome indicators, is relatively new in the NHS and even more so in dentistry. The quality framework itself will therefore need to continue to be developed over time. The pilots give us the opportunity to test and shape it in practice.

The QOF will be underpinned by the development of a comprehensive set of accredited clinical pathways. The importance of using clinical protocols using available evidence and professional consensus is a pillar of Government policy, and in the context of dentistry has been highlighted by clinicians who are already pioneering quality frameworks.

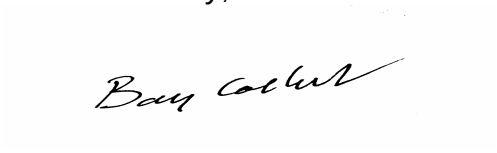
The plan is to launch the pilots at the start of the next financial year (2011/12). We will select the pilot sites from among the dental practices that apply, with the support of their local primary care trust (PCT). Guidance on how to apply to take part in the pilots, and detailed eligibility criteria will be published on the Primary Care Commissioning website very shortly.

The pilots will present us with the opportunity to see how the new system might work in practice, and to develop and refine systems for recording patients' oral health and clinical effectiveness and outcomes indicators.

The Government will assess the lessons of the pilots after a year, but will consider allowing their extension until the substantive new contract is implemented. After a year, the Government will consult on proposals for the new contract, and for reforms to the patient charging system to fit in with the new contract. The changes will require legislation, and so it will then introduce them to Parliament in a Bill. Subject to the approval of Parliament, we would expect to implement the new contract in April 2014.

The announcement of the Government 's proposals marks a great opportunity for NHS dentistry to move from being a treatment based service to a national dental health service. I know many of you will be keen to take part. Unfortunately we will have to place a limit on the number of pilots to about 50-60 nationally, in order to give the pilots the close scrutiny and evaluation they need to ensure we learn the lessons from them. But ultimately we, and the patients we care for, all stand to gain from the proposed reforms.

Yours sincerely,



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