



Department
of Health &
Social Care

Dental Contract Reform

Evaluation of the first year of prototyping 2016-2017 - Data Annex

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Data Annex

This data annex has been provided to support readers of the main Evaluation Report - 'Evaluation of the first year of prototyping 2016-2017'.

Statements of results in the main report are annotated with green numbers. These numbers refer to the figure numbers in this annex.

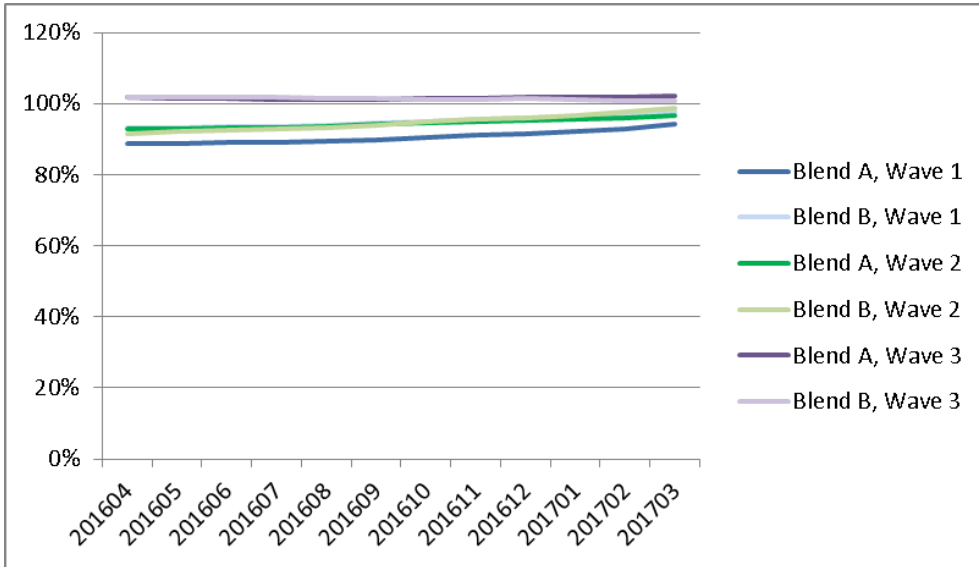
Prototype practice summary - Number of prototype practices by wave and blend

Number of practices	Wave 1 (Started in 2011)	Wave 2 (Started in 2013)	Wave 3 (Started in 2016)	Total
Blend A	18	11	11	40
Blend B	23	6	10	39
Total	41	17	21	79

There are a total of 79 prototypes in 2016/17, 40 in Blend A and 39 in Blend B. The breakdown by waves is as follows - Wave 1 - 41, Wave 2 - 17, Wave 3 - 21.

Access and Accessibility

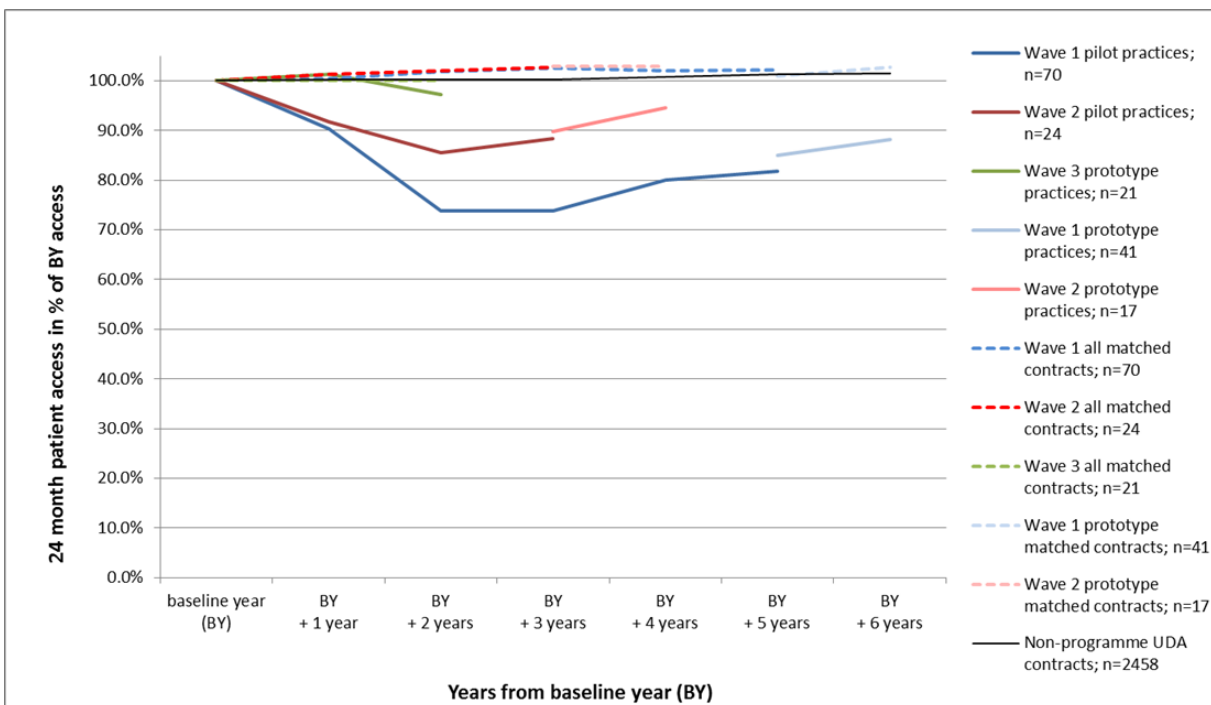
Figure 1 – Percentage of capitated patients by blend and wave, relative to expected 2016/17 capitated numbers



Access for Wave 3 practices has remained above the expected numbers set in the contracts. At year end of the first year of prototyping, the Blend A practices had maintained access at 102% and the Blend B sites had dropped to 101%.

Access increased in Wave 1 and 2 practices. During the first year of prototyping - Wave 1, Blend A practices increased their access from 89% to 94% of expected capitated numbers and the Blend B sites from 92% to 98%. The Wave 2, Blend A practices increased their access from 93% to 97% of expected capitated numbers and the Blend B sites from 92% to 99%.

Figure 2 – Median 24 month patient access by wave (all patients) in % of baseline year access

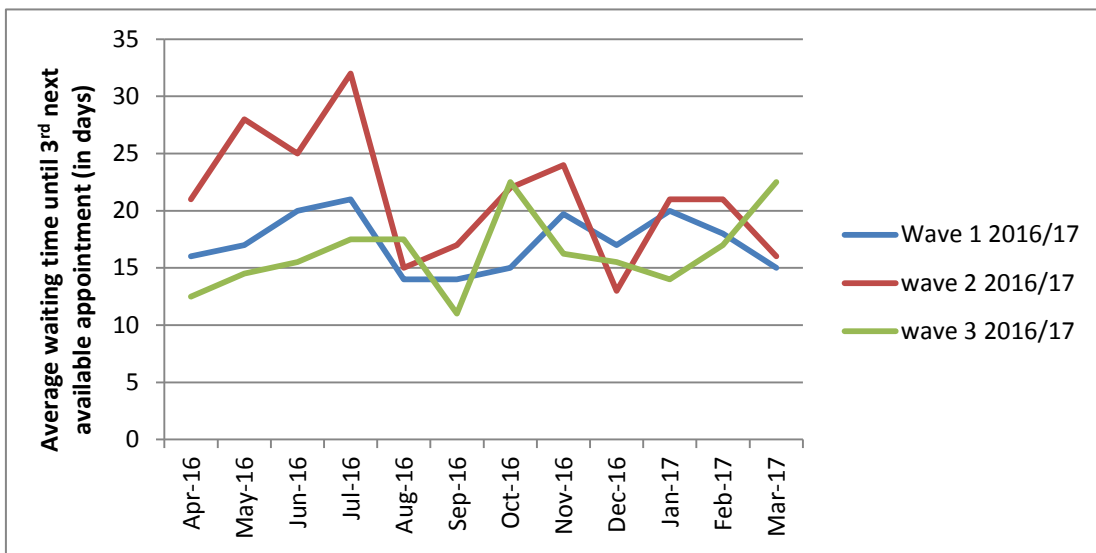


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At the end of the first year of prototyping, access for Wave 3 practices, as measured by patients seen in the last 24 months, has dropped to 97% of the baseline. This compares with no change in matched 2006 contracts over the same period. Although there has been a slight drop which was expected in the first year (four percentage points), the rate of reduction at transition has been much less than at the start of Wave 1 (ten percentage points) and Wave 2 (eight percentage points).

During the first year of prototyping, access for Wave 1 practices, as measured by patients seen in the last 24 months, increased from 85% to 88% of the baseline. Access for Wave 2 practices has increased from 89% to 95% of the baseline. During the same period, in all 2006 contracts, patients seen in the last 24 months remained static at 101% of the baseline. During the same period, in matched 2006 contracts, access increased from 101% to 103% for Wave 1 and stayed constant at 103% for Wave 2.

Figure 3 – Monthly survey data on third next available appointment by wave, 2016/17 (based on responses from 46 Wave 1 & 2 practices and 10 Wave 3 practices)



For Wave 1 and 2 practices, waiting times have reduced by a small margin over the last year, although Wave 2 practices have longer waiting times than Wave 1. The median time to the third next available appointment over 2016/17 was 17 days for Wave 1 practices and 21 days for Wave 2 practices. For Wave 3 practices the waiting times have gradually increased throughout their first year, fluctuating month-to-month from 11 days to 23, with a median of 16 days in 2016/17.

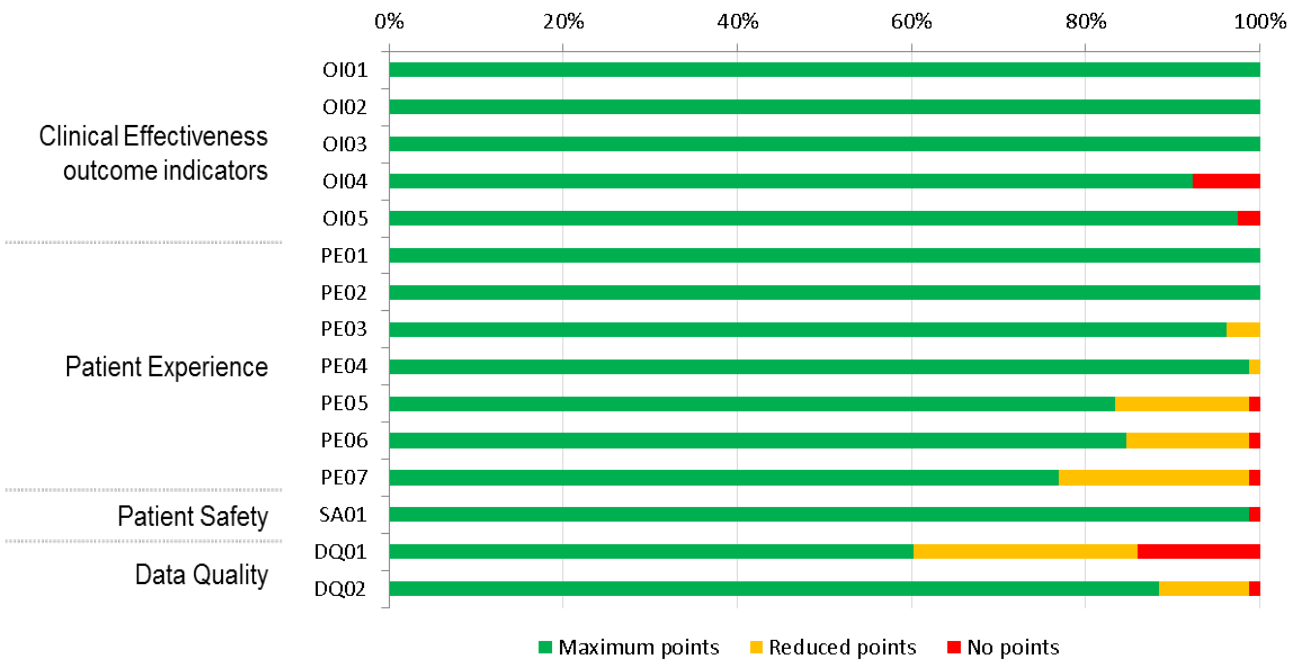
Figure 4 - Patient Experience survey results by wave and blend

	% of patients responding that they were quite or very satisfied with NHS dentistry received (PE.06)	% of patients responding that the length of time it took to get an appointment was as soon as was necessary (PE.07)
	2016/17	2016/17
Wave 1	97.2%	90.6%
Wave 2	97.0%	89.5%
Wave 3	97.4%	88.1%
Total	97.2%	89.9%
Blend A	97.6%	92.4%
Blend B	98.0%	91.3%
Total	97.8%	91.9%
Current 2006 contract practices	95.7%	91.3%

The NHS Dental Services Patient Survey showed that 97.2% of patients in prototypes responded that they were "quite or very satisfied with NHS dentistry received", compared with 95.7% in current 2006 contract practices. It also found that 89.9% of patients in prototypes felt *"The time it took to get an appointment was as soon as necessary"* compared with 91.3% in the current 2006 contract practices.

Quality and appropriateness of care

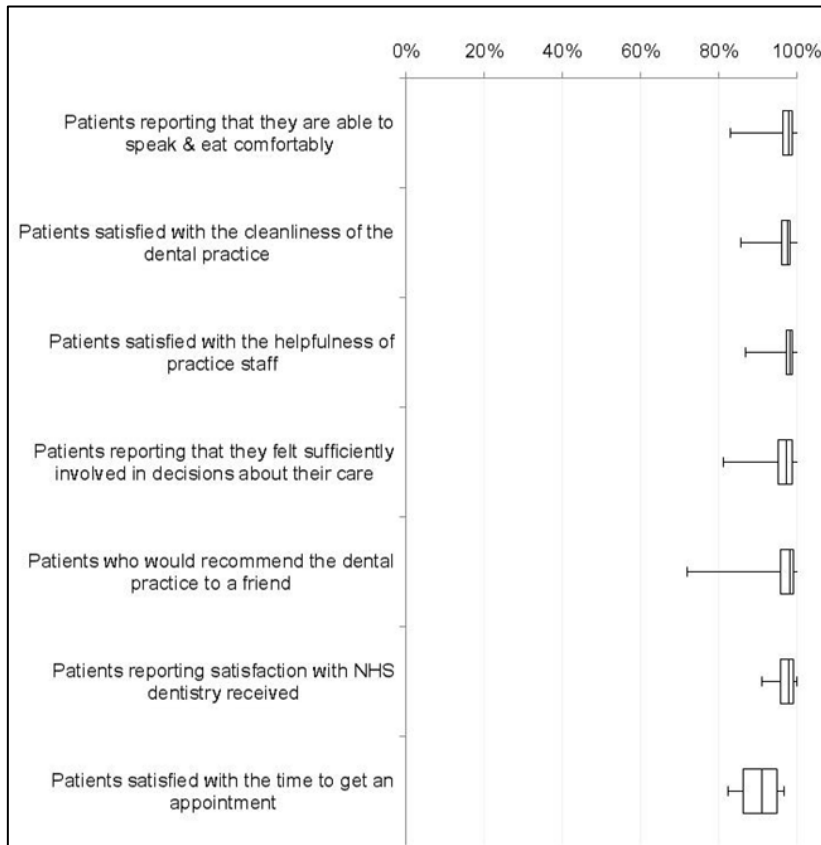
Figure 5 - Achievement overall against DQOF indicators



The majority of practices are achieving the threshold levels in all of the domains in the DQOF and the summary below hides the fact that 100% of practices met some of the individual indicators, for example outcome indicators OI01, OI02 and OI03 and patient experience indicators PE01 and PE02. In all prototypes, 99% met the DQOF standard for recording an up to date medical history, taken at assessment or review.

- 89% of practices met all the Clinical Effectiveness outcome indicator thresholds
- 99% of practices met the Patient Safety indicator thresholds
- 65% of practices met all the indicator thresholds in the Patient Experience domain
- 51% of practices met both the indicator thresholds in the Data Quality domain

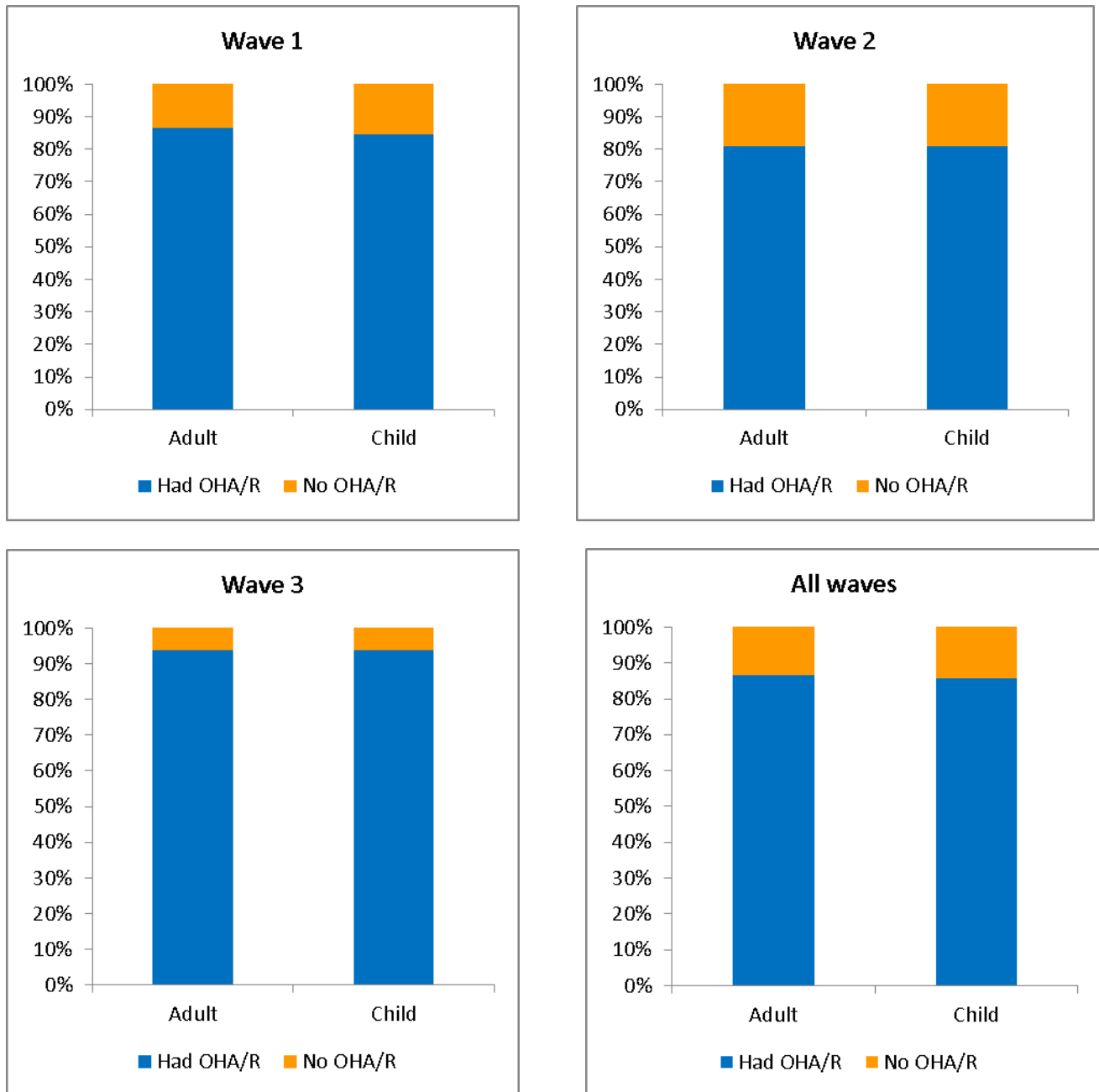
Figure 6 - Patient Experience DQOF results



The DQOF includes patient experience indicators and these show high levels of satisfaction with the prototype practices -

- 98% reported they were able to speak and eat comfortably.
- 97% were satisfied with the cleanliness of the practice.
- 98% were satisfied with the helpfulness of the practice staff.
- 97% felt sufficiently involved in decisions about their care.
- 97% would recommend the dental practice to a friend.
- 97% were satisfied with the NHS dentistry received.
- 89% were satisfied with the time to get an appointment.

Figure 7 – Percentage of patients who had an OHA/OHR in 2016/17 by wave



- In all prototypes, 87% of adults and 86% of children had received an oral health assessment or review.
- In Wave 1, 87% of adults and 85% of children had received an oral health assessment or review.
- In Wave 2, 81% of adults and 81% of children had received an oral health assessment or review.
- In Wave 3, 94% of adults and 95% of children had received an oral health assessment or review.

Figure 8 - Delivery of Best Practice Prevention in the Prototypes compared to 2006 contracts

Fluoride Varnish FP17s as a % of total FP17s by adult and child for England Year End 2016/17		
	Adult Fluoride Varnish FP17s as a percentage of total FP17s	Child Fluoride Varnish FP17s as a percentage of total FP17s
Prototype	4.2%	28.4%
Non Prototype	2.6%	41.4%

Best Practice Prevention FP17s as a % of total FP17s by adult and child for England Year End 2016/17		
	Adult 'best practice' FP17s expressed as a percentage of total FP17s	Child 'best practice' FP17s expressed as a percentage of total FP17s
Prototype	61.5 %	59.8 %
Non Prototype	56.4 %	58.2 %

The percentage of FP17s for adults reporting the delivery of best practice prevention is 62% in prototype practices, compared with 56% in 2006 contract practices. For children, these percentages are 60% and 58% respectively. For adults, a greater proportion of courses of treatment in the prototypes include the application of fluoride varnish compared with the 2006 contract practices (4% compared to 3%). The opposite is true for children - Only 28% of courses of treatment in children show fluoride varnish was applied in the prototypes compared with 41% in 2006 contract practices.

Figure 9 – Adult planned recall times

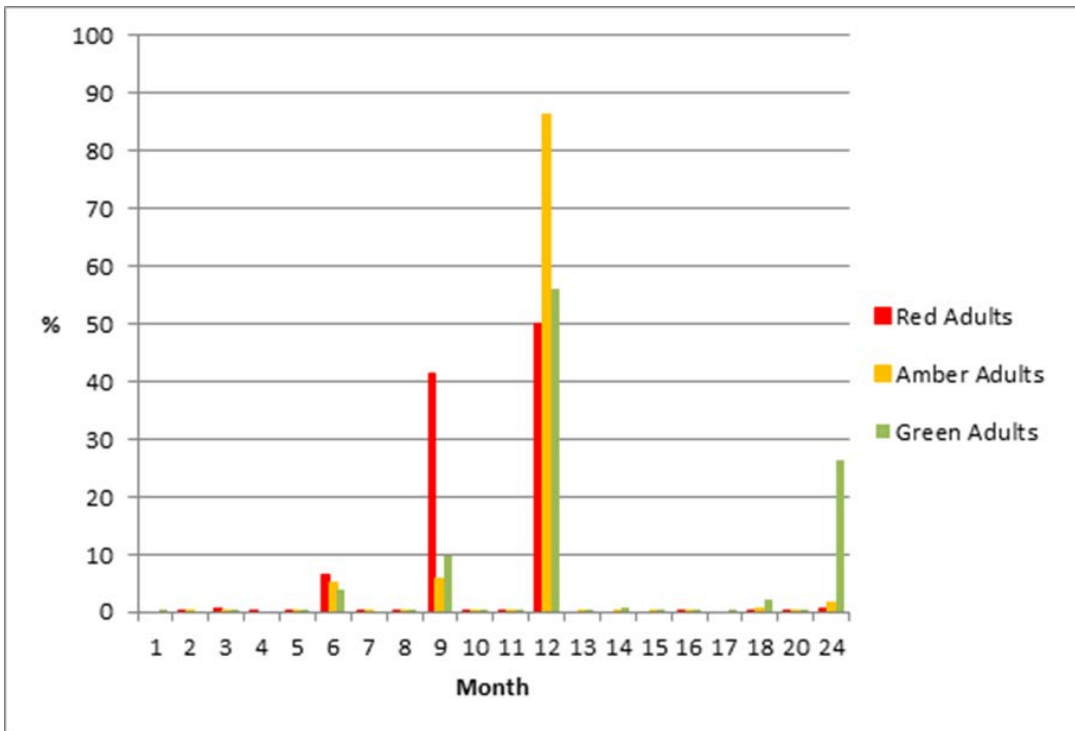
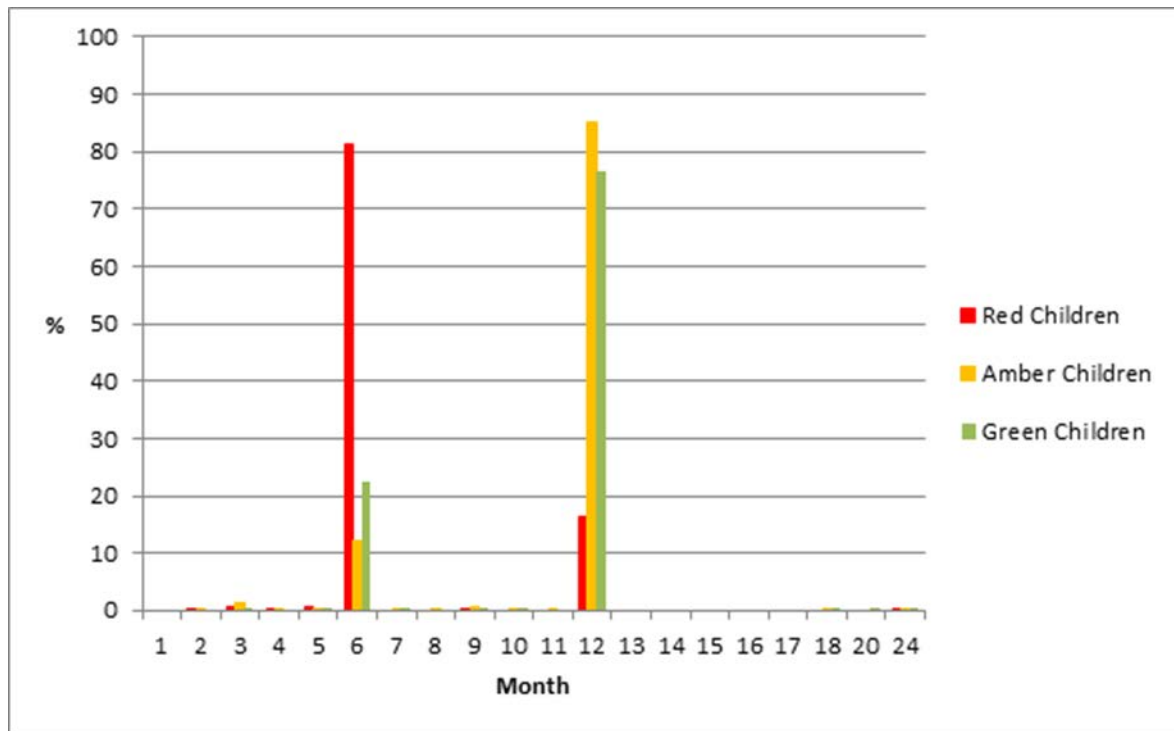
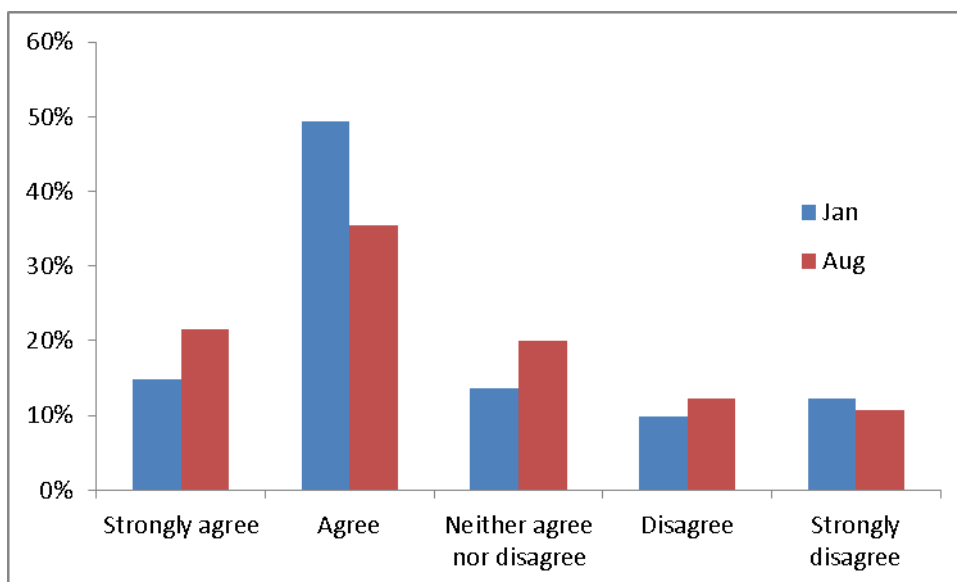


Figure 10 – Child planned recall times



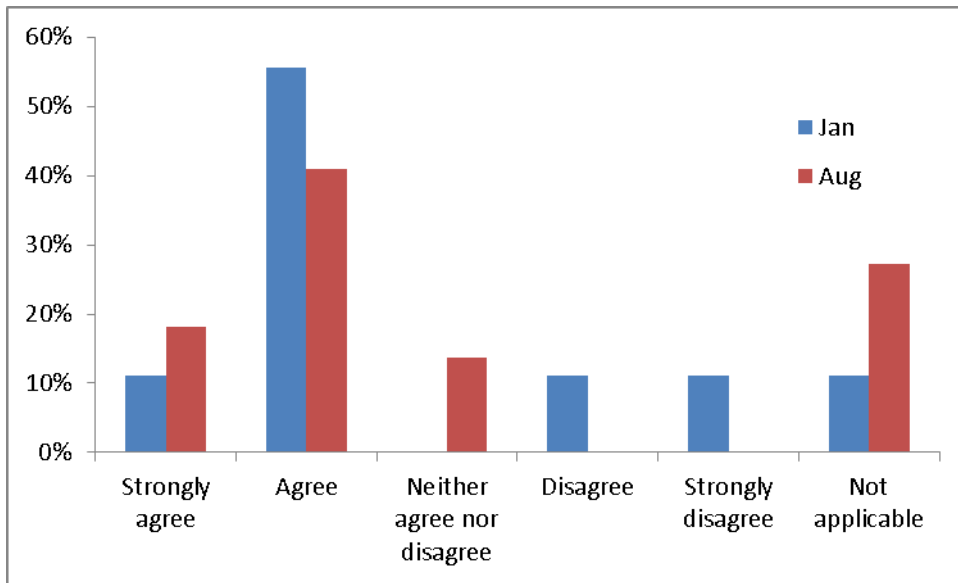
There is a broad correlation between the clinical risk of the patient and the time planned for review as set out in NICE guidelines, with the exception of the two-year review for low risk patients.

Figure 11 – Survey question to practices - 'Have flexibility to use clinical judgement' (Waves 1 & 2)



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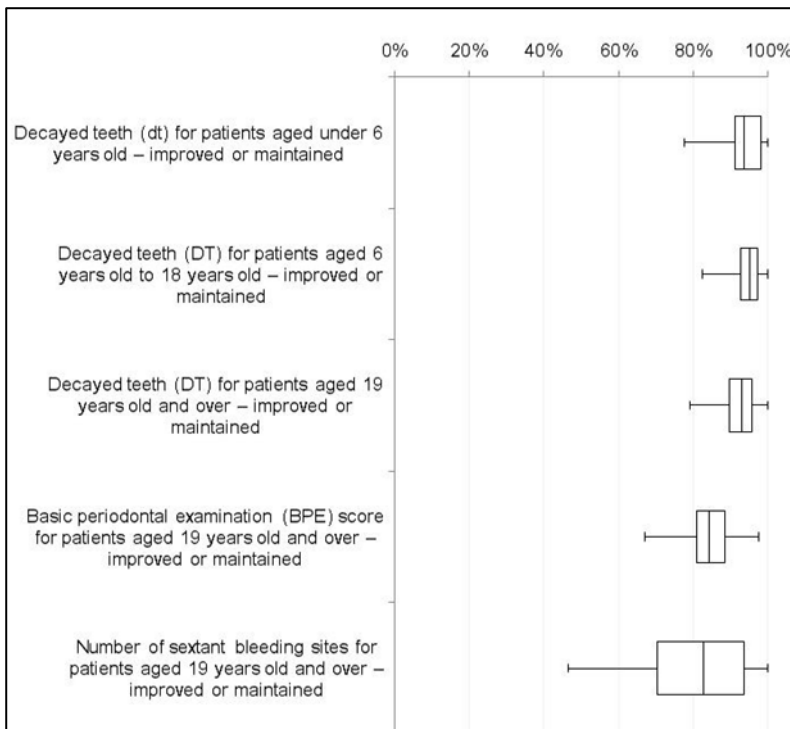
Figure 12 – Survey question to practices - ‘Have flexibility to use clinical judgement’ in (Wave 3)



Two surveys of clinical staff during the prototype phase have shown that the majority of those who responded feel that they “have flexibility to use clinical judgement”.

Oral Health

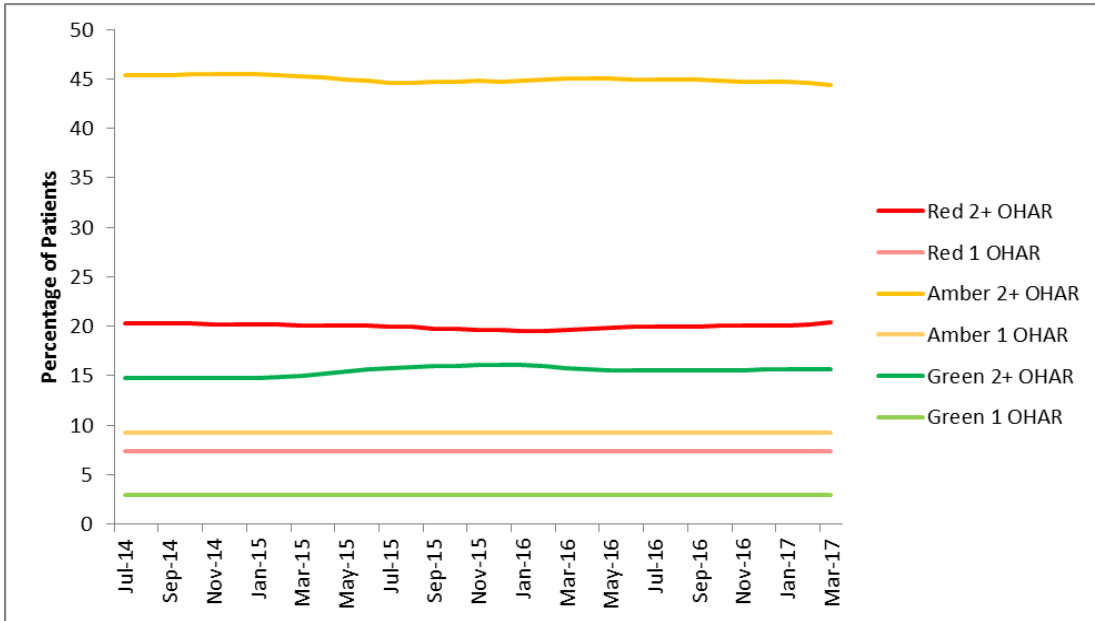
Figure 13 – Overall DQOF results for clinical effectiveness indicators



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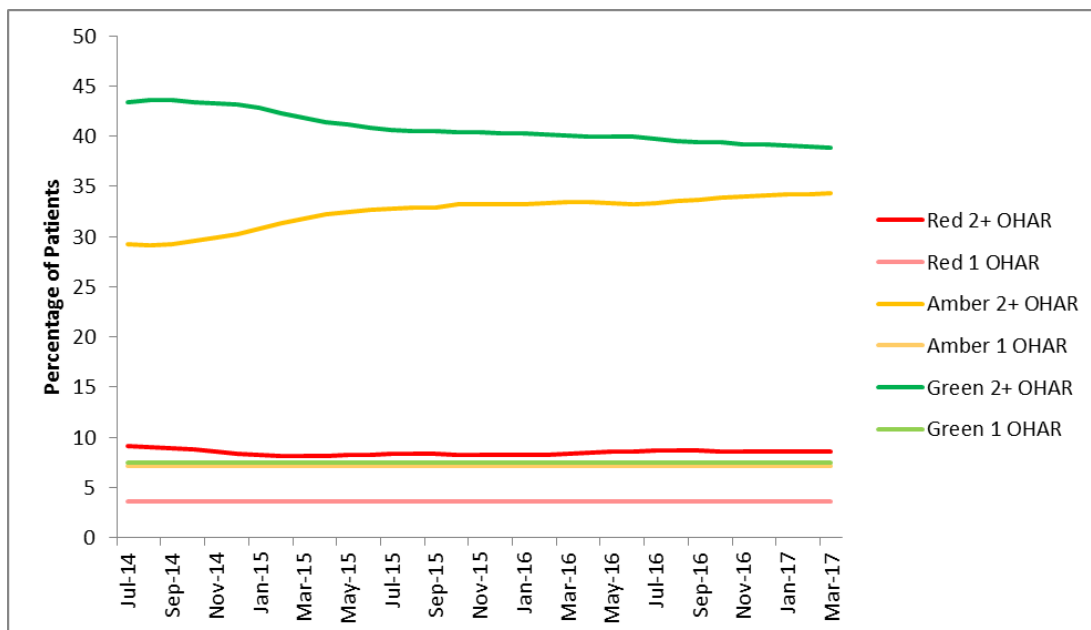
Overall more than 90% of children and adults had maintained or reduced the number of teeth with dental decay between oral health assessment and review. Overall more than 80% of adults had maintained or improved their level of periodontal health (when measured using the Basic Periodontal Examination (BPE) and the number of sextant bleeding sites) between oral health assessment and review.

Figure 14– Overall RAG rating over time for adults for Waves 1 and 2 practices



The proportion of adults with an overall green risk increased from 15% to 16%. The proportion of adults with an overall red risk stayed the same at 20%.

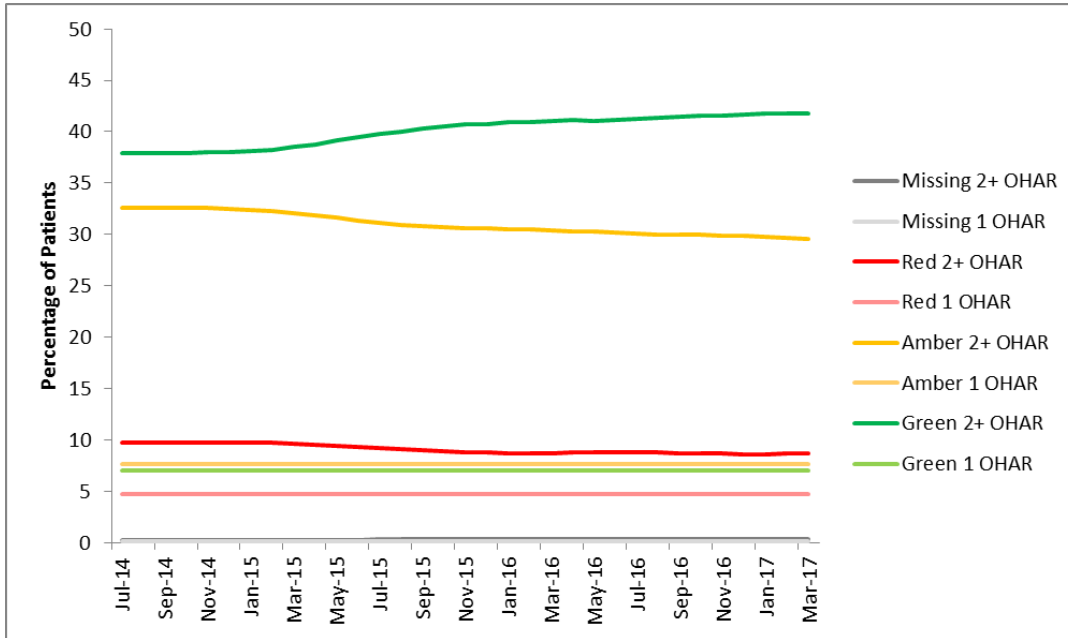
Figure 15 – Overall RAG rating for children in Waves 1 and 2 practices



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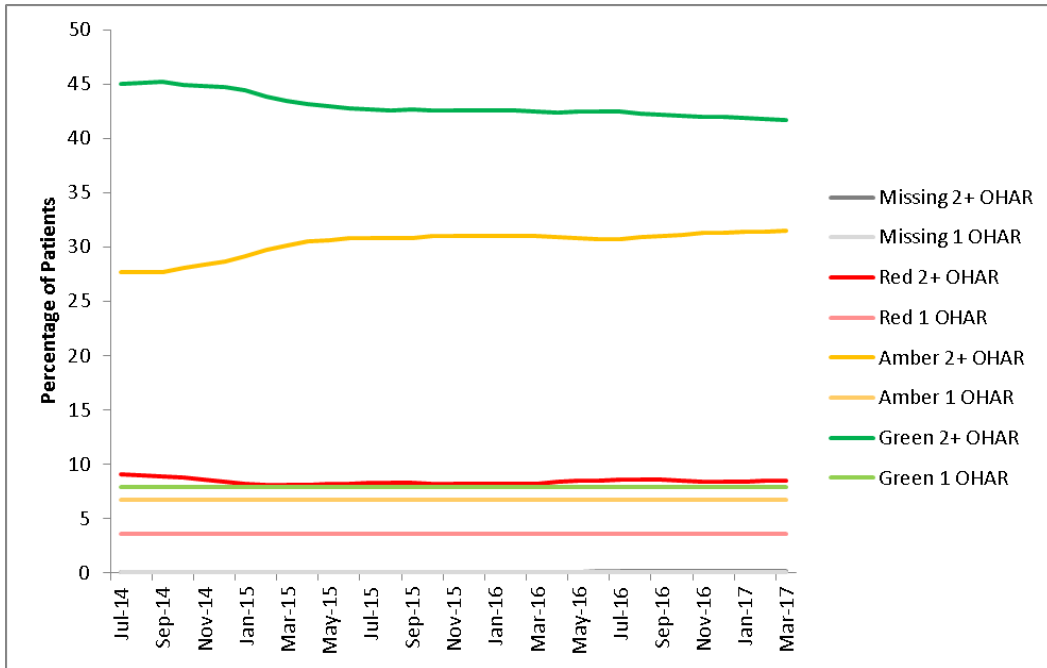
The proportion of children with a green risk decreased from 43% to 39%. The proportion of children with an amber risk increased from 29% to 34%.

Figure 16 - RAG caries rating over time for adults in Waves 1 and 2 practices



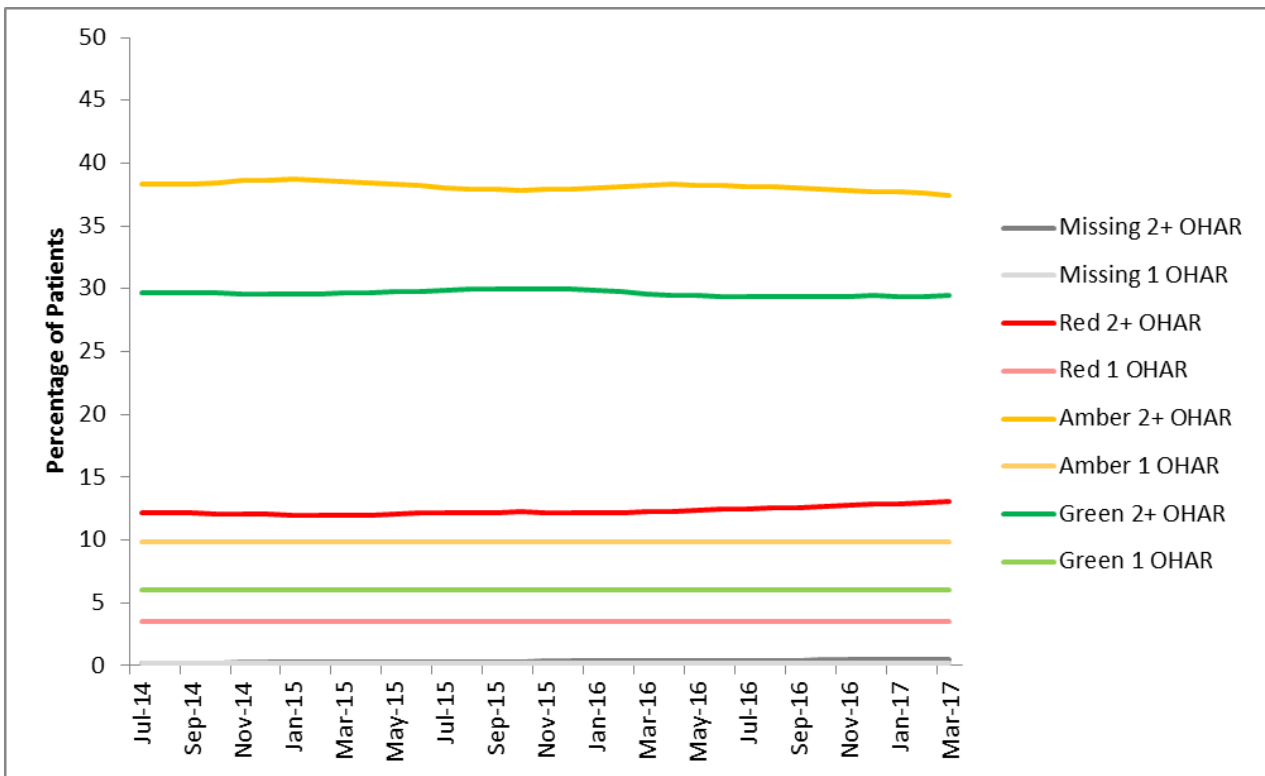
Of the adults returning for a subsequent OHR, the proportion of green risk rated patients increased between 2014 and 2017, while the proportion of amber and red risk rated patients decreased.

Figure 17 - RAG caries rating over time for children in Waves 1 and 2 practices.



Of the children returning for subsequent OHR, the proportion receiving a green risk rating decreased and those with an amber risk rating increased, for caries between 2014 and 2017.

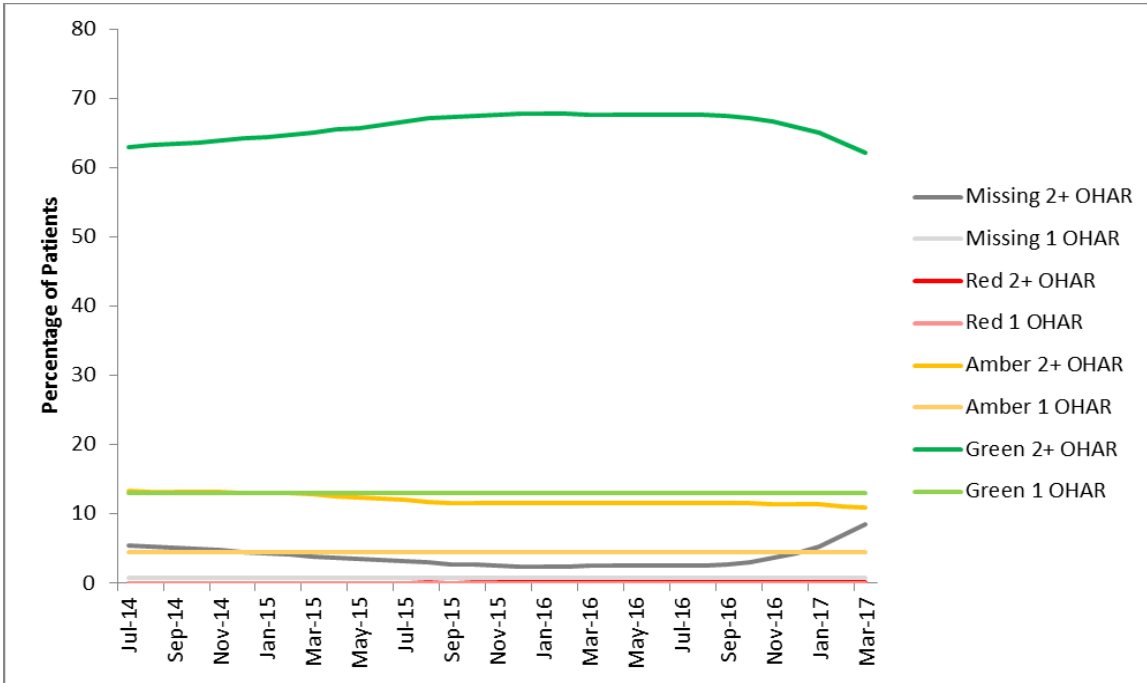
Figure 18 - RAG periodontal rating over time for adults in Waves 1 and 2 practices.



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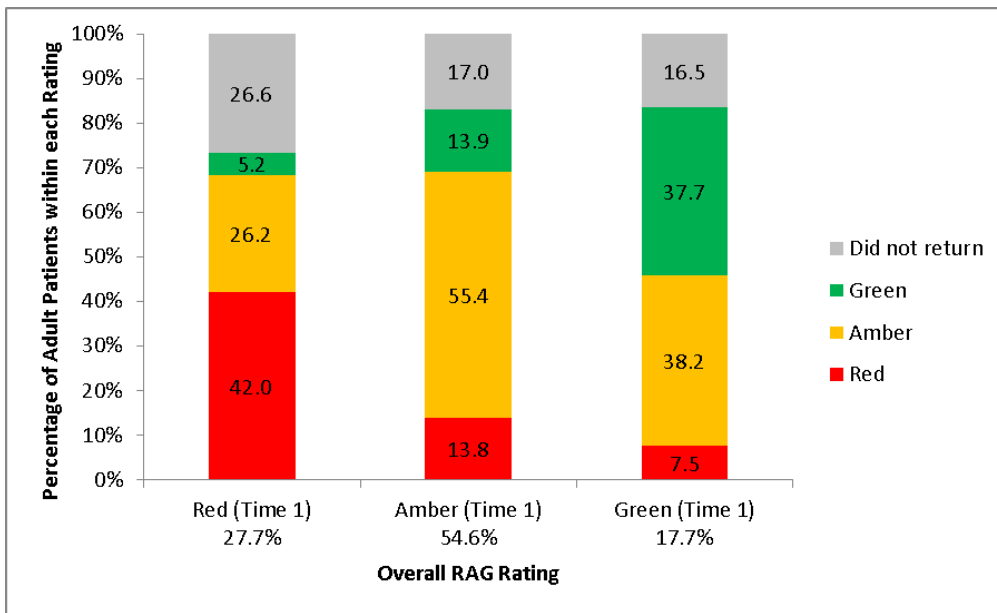
For adults, there was a slight decrease in the proportion with amber periodontal risk rating and an increase in the proportion of those with red risk rating.

Figure 19 - RAG periodontal rating over time for children in Waves 1 and 2 practices.



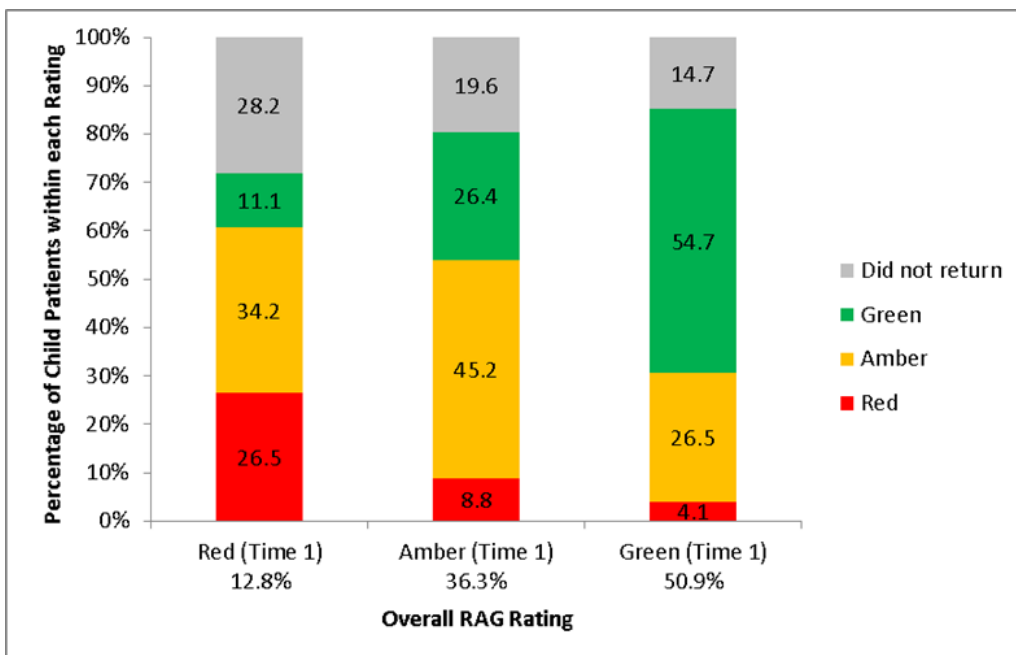
For children, there was an increase in the proportion with a green periodontal risk rating in the first few years, but a reduction from late 2016 onwards.

Figure 20 - Change in risk for individual adult patients followed through from 2014 in Waves 1 and 2 practices



Of those given a red risk rating at their first assessment, 5% were green, 26% were amber and 42% were still red at the most recent review (27% were lost to follow up). Of those given an amber risk rating at their first assessment, 14% were green, 55% were still amber and 14% were red at the most recent review (17% were lost to follow up). Of those given a green risk rating at their first assessment, 38% were still green, 38% were amber and 8% were red at the most recent review (16% were lost to follow up).

Figure 21 - Change in risk for individual child patients followed through from 2014 in Waves 1 and 2 practices



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Of those given a red risk rating at their first assessment, 11% were green, 34% were amber and 26% were still red at the most recent review (28% were lost to follow up). Of those given an amber risk rating at their first assessment, 26% were green, 45% were still amber and 9% were red at the most recent review (20% were lost to follow up). Of those given a green risk rating at their first assessment, 55% were still green, 26% were amber and 4% were red at the most recent review (15% were lost to follow up).

Sustainability

Figure 22 – Overall achievement at year-end 2016/17 by wave

Overall achievement at year-end 2016/17				
Contract achievement	Percentage of practices			
	Wave 1	Wave 2	Wave 3	2006 contract
above 100%	34%	41%	48%	33%
96%-100%	34%	35%	29%	33%
90%-96%	7%	6%	14%	15%
below 90%	24%	18%	10%	19%

** NOTE: Due to rounding, totals may not sum to 100%*

In terms of overall achievement by wave at year-end 2016/17 -

- In Wave 1 practices, 24% of practices were below 90% contract achievement, 7% were 90%-96%, 34% were 96% to 100% and 34% were over 100%.
- In Wave 2 practices, 18% of practices were below 90% contract achievement, 6% were 90%-96%, 35% were 96% to 100% and 41% were over 100%.
- In Wave 3 practices, 10% of practices were below 90% contract achievement, 14% were 90%-96%, 29% were 96% to 100% and 48% were over 100%.
- In 2006 contract, 19% of practices were below 90% contract achievement, 15% were 90%-96%, 33% were 96% to 100% and 33% were over 100%.

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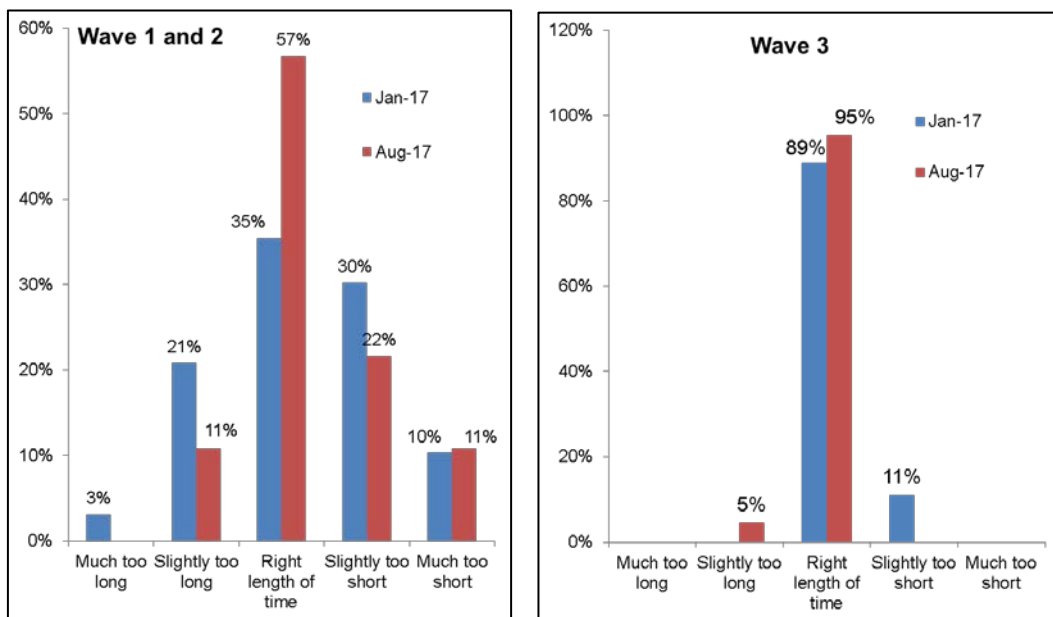
Figure 23 – Percentage of practices achieving contract delivery of 96% or greater by wave and blend in 2016/17

	Blend A	Blend B
Wave 1	55%	78%
Wave 2	81%	67%
Wave 3	72%	80%

In terms of achievement of contract delivery of 96% or greater by blend at year-end 2016/17:

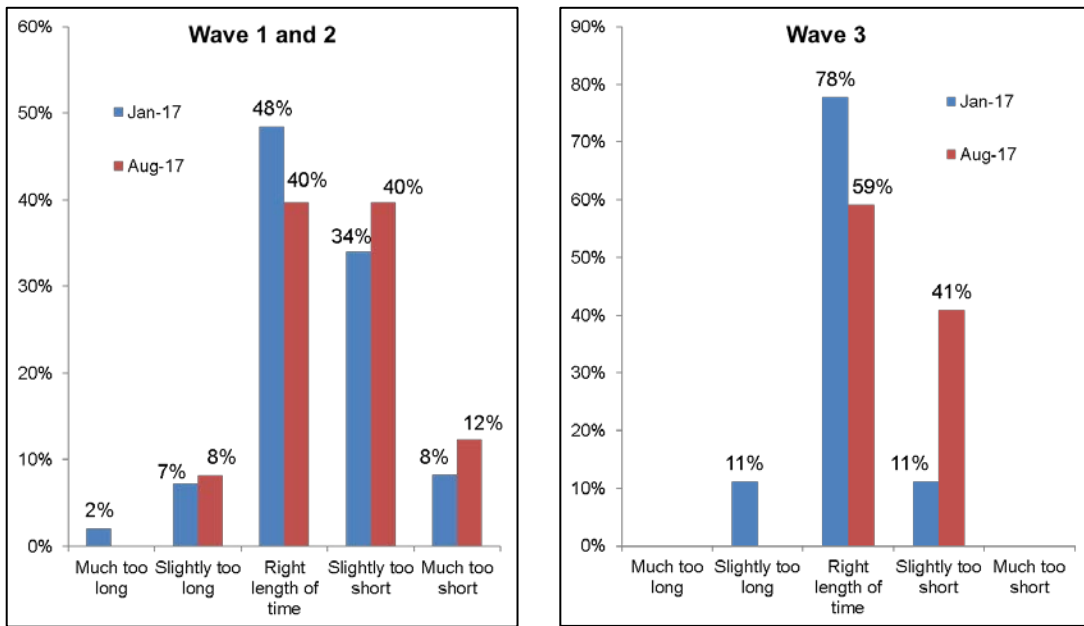
- In Wave 1, Blend A practices, 55% achieved contract delivery of 96% or greater.
- In Wave 1, Blend B practices, 78% achieved contract delivery of 96% or greater.
- In Wave 2, Blend A practices, 81% achieved contract delivery of 96% or greater.
- In Wave 2, Blend B practices, 67% achieved contract delivery of 96% or greater.
- In Wave 3, Blend A practices, 72% achieved contract delivery of 96% or greater.
- In Wave 3, Blend B practices, 80% achieved contract delivery of 96% or greater.

Figure 24 - Survey question to practices - 'Is 20 minutes about right for an Oral Health assessment'



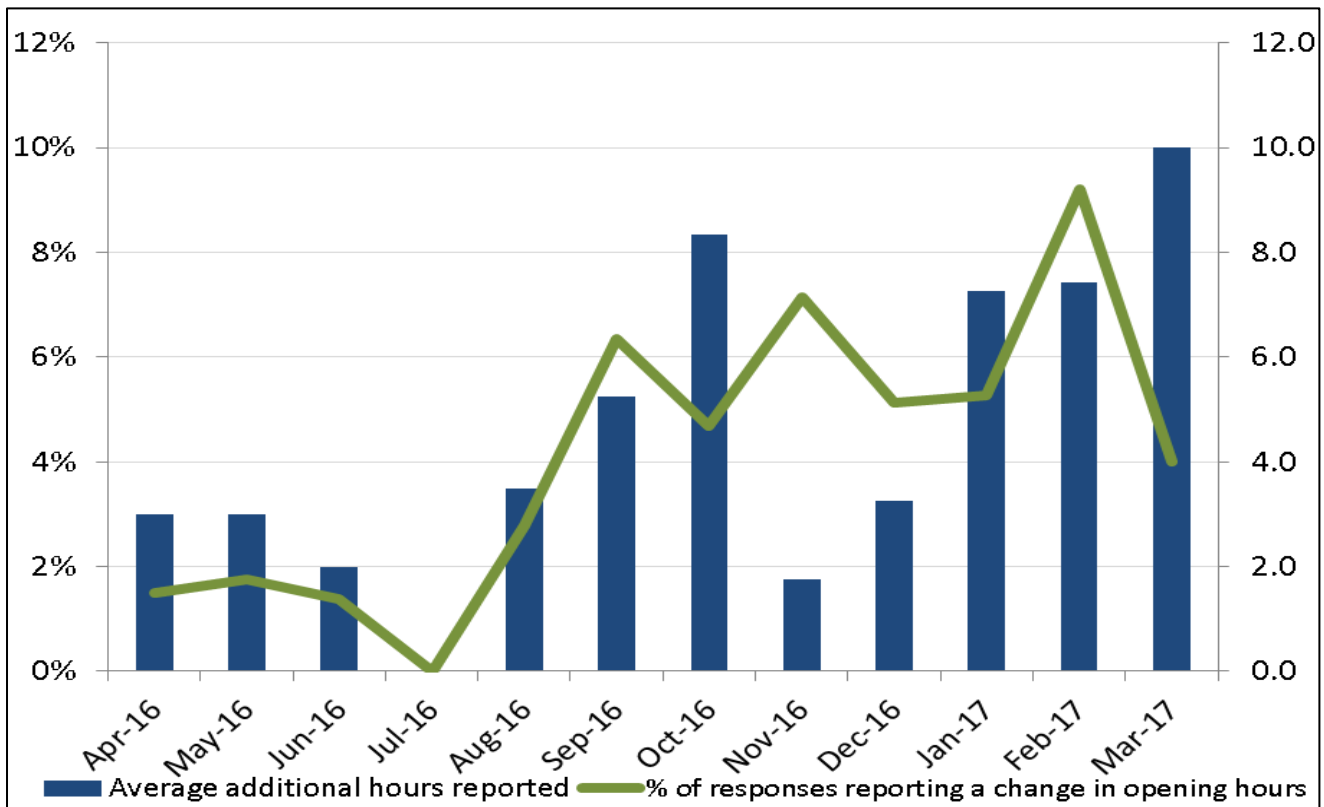
There was broad consensus through the survey responses that around 20 minutes is required for an Oral Health Assessment (OHA).

Figure 25 - Survey question to practices - 'Is 15 minutes about right for an Oral Health assessment'



There was broad consensus through the survey responses that around 15 minutes is required for an Oral Health Review (OHR).

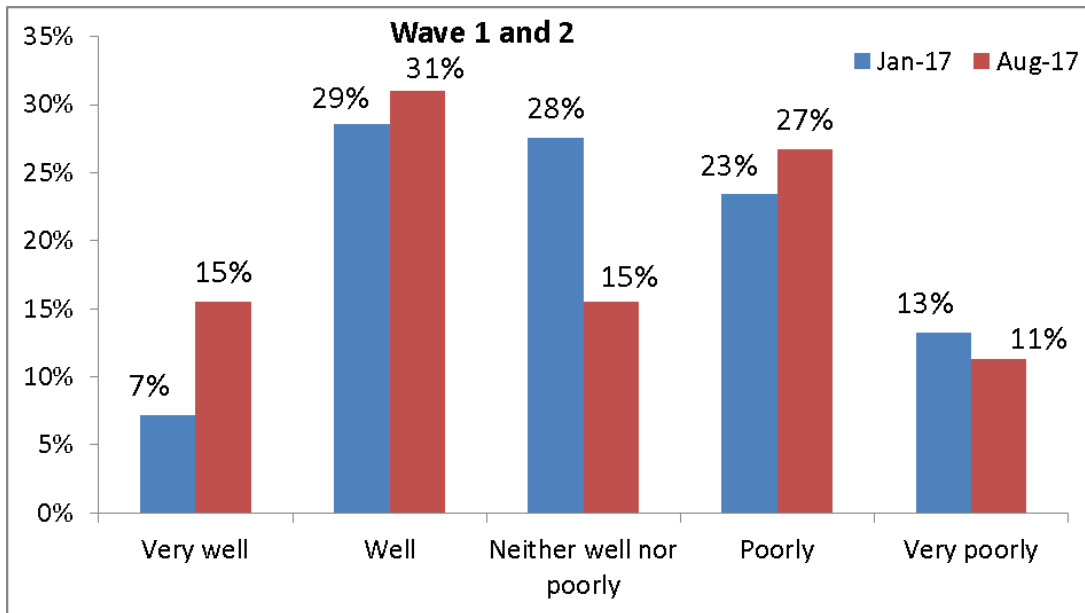
Figure 26 – Monthly survey data on working hours, 2016/17



Data Annex

Data from the monthly survey on hours worked shows that additional hours have been reported during 2016/17, with seasonal fluctuation around Autumn and year-end.

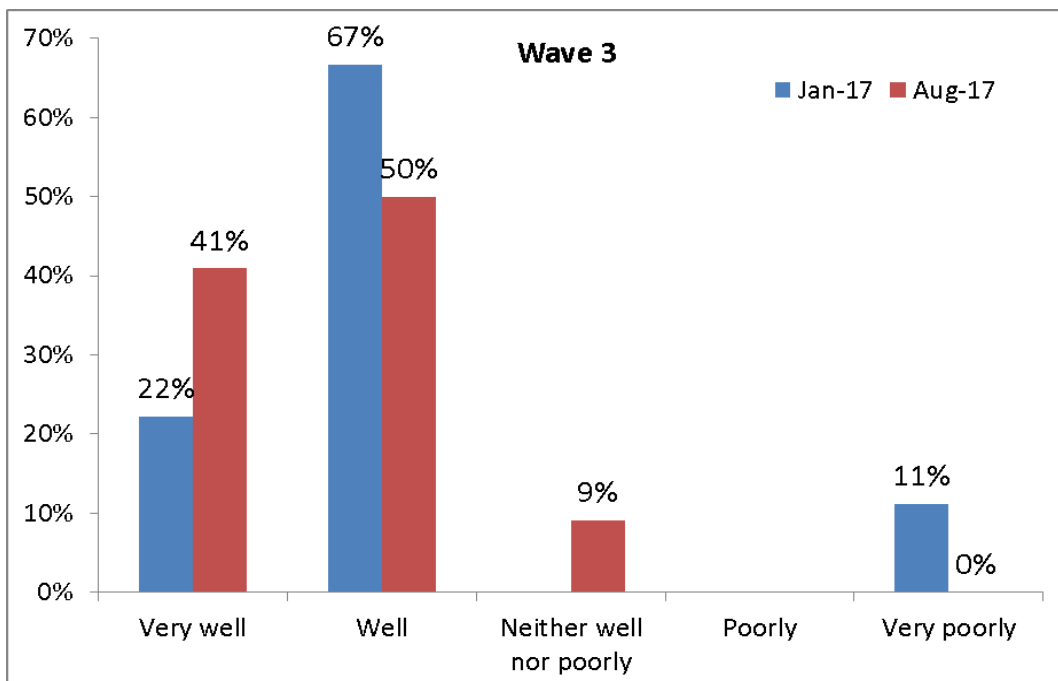
Figure 27– Survey question to practices - 'How well are practices managing under prototype scheme' (Waves 1 & 2)



Practices were asked in the surveys how well they were managing in the prototype system. Generally practices are managing better in Wave 3 compared to Waves 1 and 2.

- 91% of Wave 3 practices reported they were managing "well or very well" in August 2017 and no-one responded to say they were managing "poorly or very poorly".

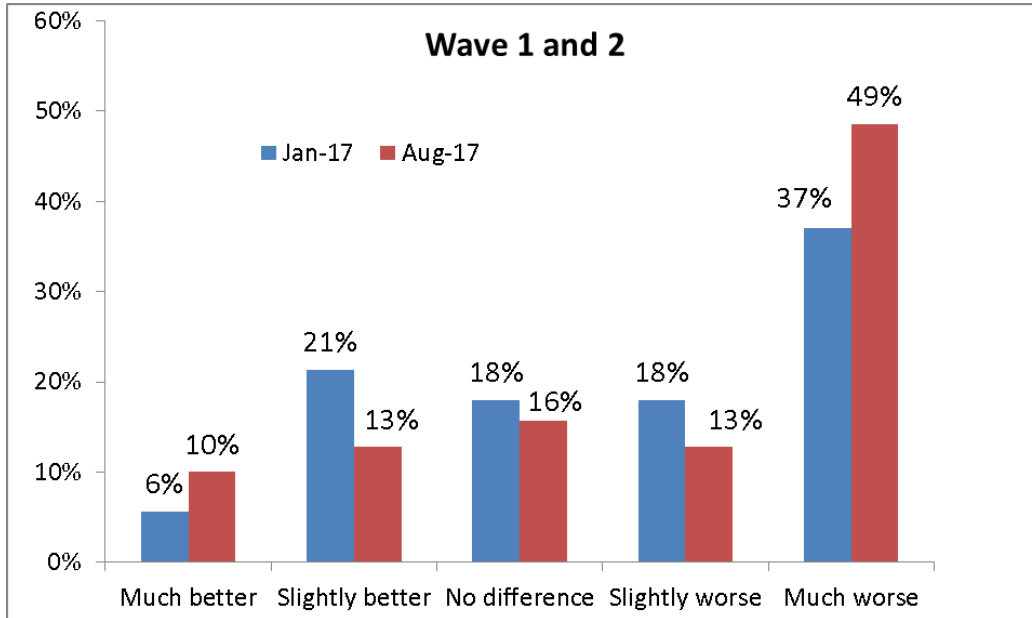
Figure 28 – Survey question to practices - 'How well are practices managing under prototype scheme' (Wave 3)



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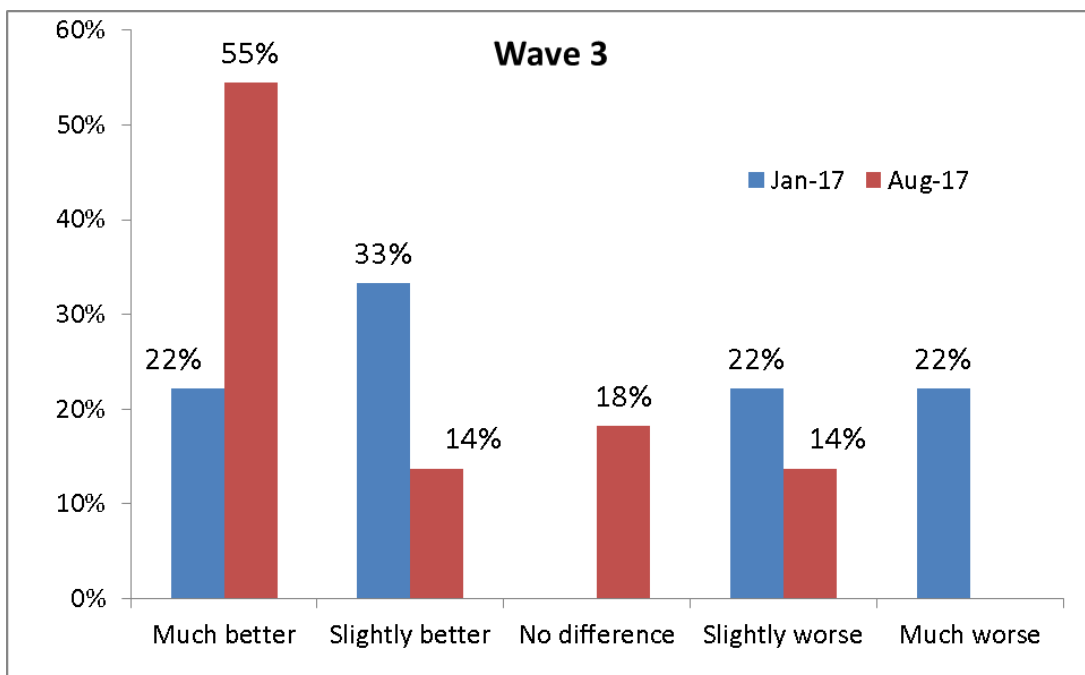
In contrast to the results for Wave 3, 46% of Wave 1 and 2 practices reported they were managing "well or very well" in August 2017 and 38% "poorly or very poorly".

Figure 29 – Survey question to practices - ‘Personal stress compared to 2006 contract system’ (Waves 1 & 2)



Almost 50% of respondents in Waves 1 and 2 said that personal stress was much worse compared to 2006 contract system.

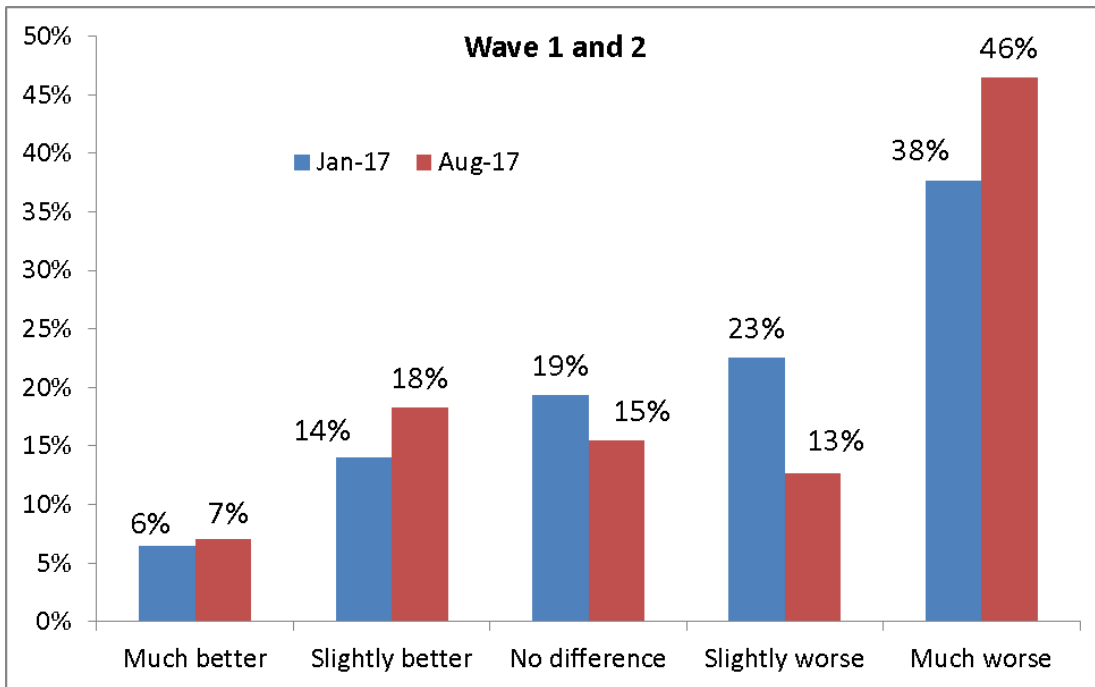
Figure 30 – Survey question to practices - ‘Personal stress compared to 2006 contract system’ (Wave 3)



In Wave 3 practices, 55% of respondents said that personal stress was much better (an increase from 22% in January).

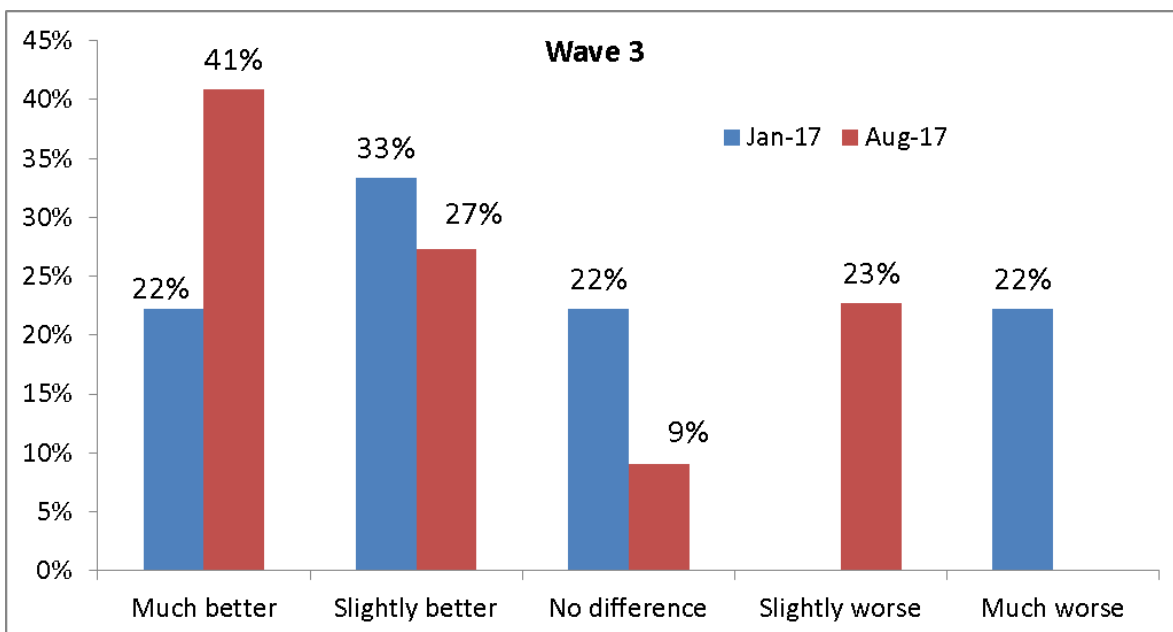
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Figure 31 – Survey question to practices - 'Practice stress compared to 2006 contract system' (Waves 1 & 2)



Almost 50% of respondents from Waves 1 and 2 in August 2017 reported practice stress was much worse.

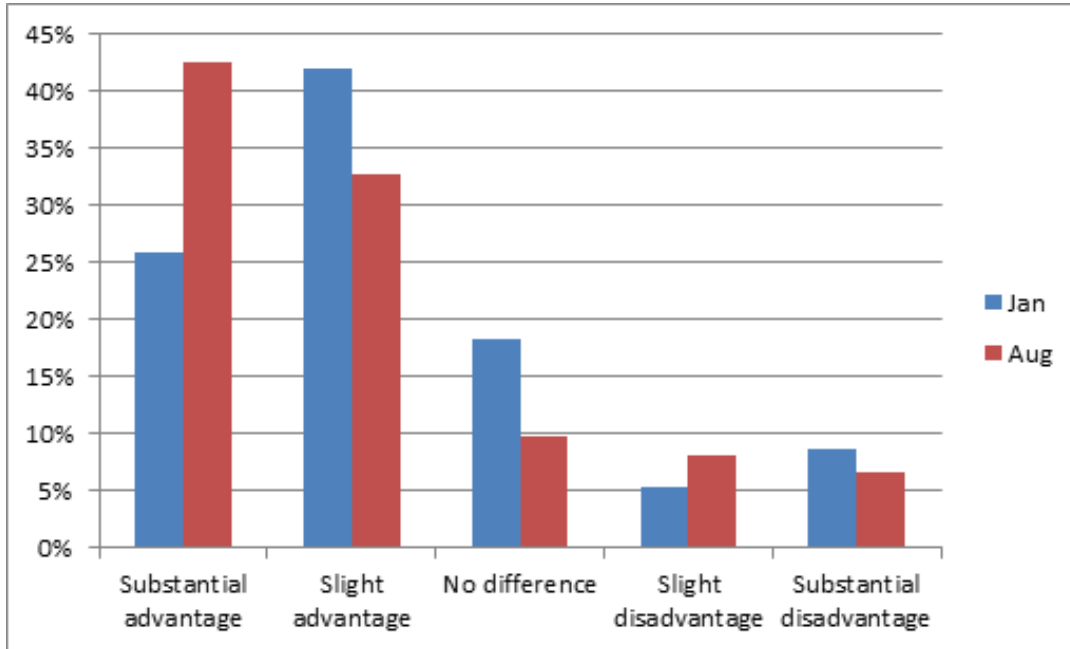
Figure 32 – Survey question to practices - 'Practice stress compared to 2006 contract system' (Wave 3)



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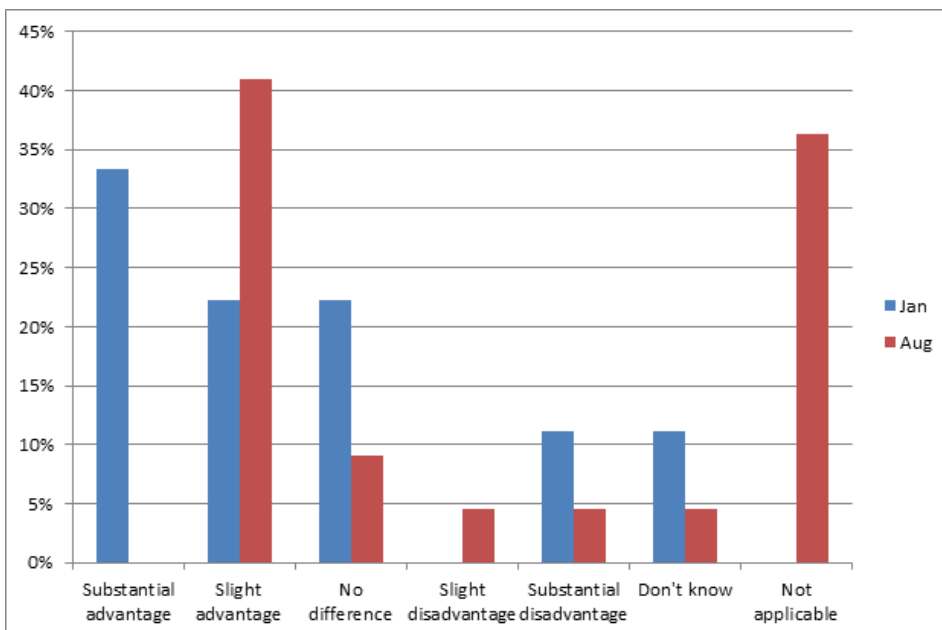
Just over 40% of Wave 3 respondents reported practice stress was much better. In August 2017, no-one from Wave 3 reported practice stress to be much worse, a drop from 22% in January 2017.

Figure 33 – Survey question to practices - ‘Skill mix will be an advantage/disadvantage in prototyping’ (Waves 1 & 2)



The majority of respondents thought that skill mix change would be an advantage under the new system in Waves 1 and 2 practices.

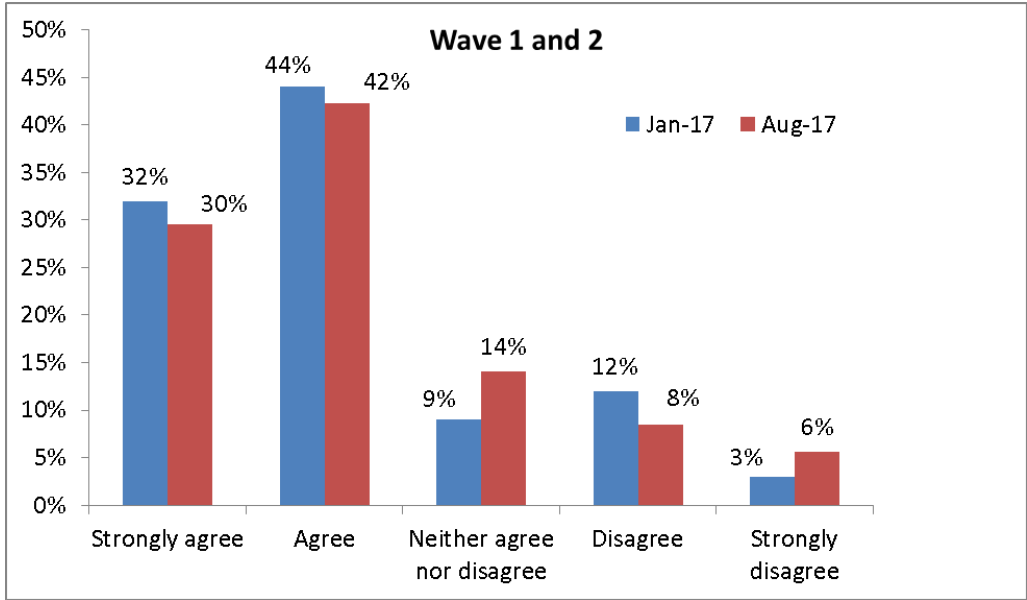
Figure 34 – Survey question to practices - ‘Skill mix will be an advantage/ disadvantage in prototyping’ (Waves 3)



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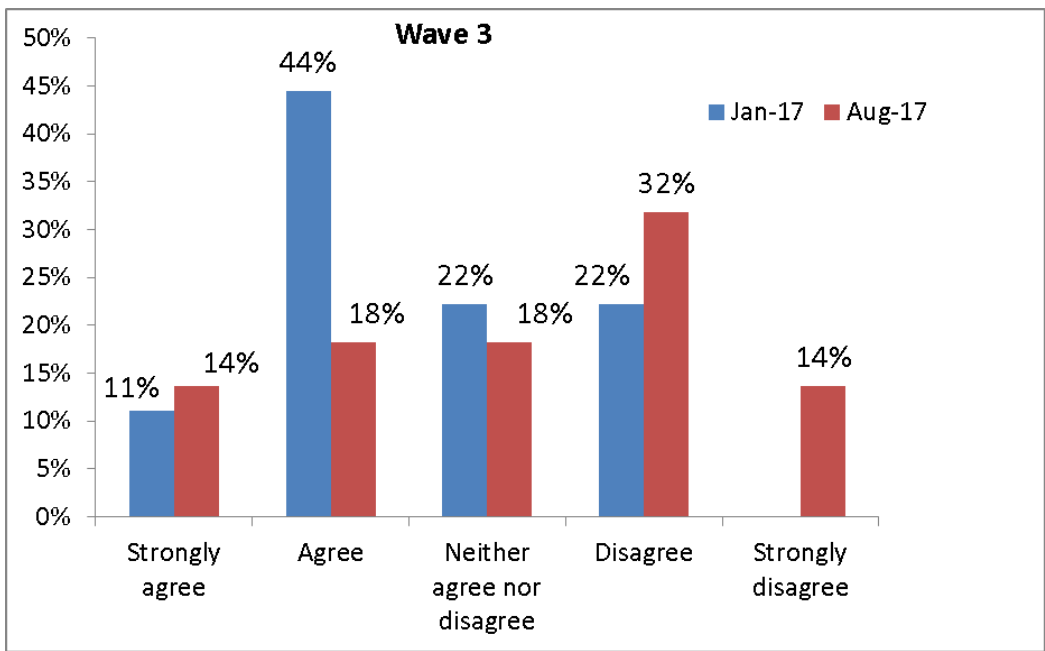
The majority of respondents thought that skill mix change would be an advantage under the new system in Wave 3 practices.

Figure 35 – Survey question to practices - ‘Skill mix has changed to deliver pathway (for prototyping)’ (Waves 1 & 2)



Respondents were mixed in their feelings about whether skill mix had changed to deliver the clinical pathway approach. In Wave 1 and 2 practices, there was a consistent majority agreement over the two surveys that skill mix had changed.

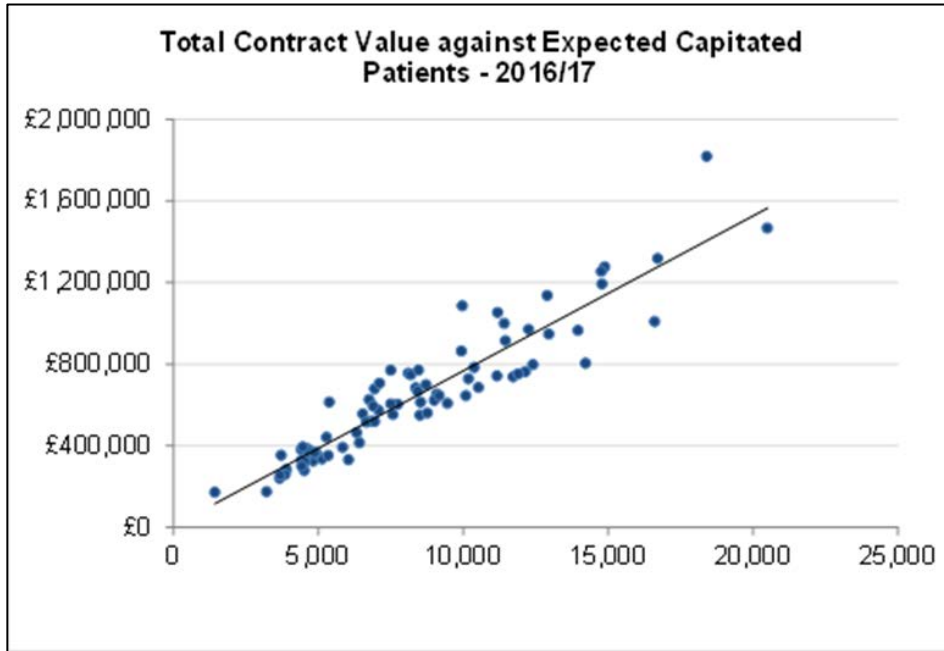
Figure 36 – Survey question to practices - ‘Skill mix has changed to deliver pathway (for prototyping)’ (Wave 3)



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In the Wave 3 practice group there seems to have been a swing from agreeing that skill mix had changed in January 2017 to disagreeing in August 2017. Given the small numbers involved, it is possible this is due to different practices responding in January and August.

Figure 37 – Total contract value against expected capitated patients, 2016/17



To provide stability as practices entered each of the waves of the DCR programme, the contract value was maintained as it had been in 2006 contract and the patient numbers based on a baseline year prior to entry. The activity to be delivered was based on the baseline year, less 20% in Band 2 courses of treatment and 30% in Band 3 courses of treatment, to allow more time for prevention and to take account of potential improvements in oral health. Whilst that seems fair, it pre-supposes that the historic values in some way relate to the needs of the practice population. This is not necessarily the case and is a function of the conversions that were done at the introduction of the 2006 contract - a key reason for this reform programme. It is also entirely probable that some practice populations will have changed over that time and that the contract values are either low or generous to meet the needs of the current population. There is considerable variation across the prototype practices in the amount of money in the contract per patient expected to be on the capitation list.