

To: All NHS primary care dental contract holders

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

22 December 2021

Dear colleagues,

Key steps in 2022 to deliver for patients in NHS dentistry

Since the pandemic began, across the whole NHS we have pulled out all the stops to do our best by our patients. Although the recent Government announcements in response to Omicron show that we are not out of the pandemic yet, substantial progress has been made in recovering a range of services, including in NHS dentistry. Your hard work is appreciated. As we go onto 2022, it is clear that action must be taken to increase access and dental activity for our patients, and to safely protect the dental workforce and patients.

Since we set out the contractual requirements for quarter 3, we have published a revised Standard Operating Procedure in response to the IPC Guidance published in November 2021. These revised arrangements represent a significant change in IPC requirements which should support the further recovery of services and ease the current difficulties some patients are facing when seeking to access care.

As we move into the final quarter of 2021/22, we remain focused upon setting contractual arrangements which safely support access and activity whilst continuing to support NHS dental contract holders and the wider dental team.

Whilst we recognise it is important to give the profession as early notice as possible of changes to contracts, this letter comes at a time when the NHS faces some uncertainty over the impact of Omicron. Thresholds set out in this letter will cover the period to the end of March 2022. As always, IPC guidance is kept under active review given the immediate situation and should changes be necessary in the future, contractual requirements may be revisited as required. We will let you know with as much notice as we can of any necessary changes, but these may need to be made swiftly.

In November 2021, mean performance was 75% of contracted monthly UDA activity, and whilst variation continues to exist across the sector, early data suggests some contractors have delivered performance in November of above 100% of their prorated target, with over a third of practices delivering 85% or more. This performance is being delivered before the changes in IPC guidance took effect, a testament to the skill of dental professionals to adapt to changing circumstances.

Quarter four requirements

Contracts will continue to be in place for 100% of normal volumes, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.

Between January and March 2022 clawback will not be applied to practices delivering at least 85% of contracted UDAs, reflecting the level many practices have already been delivering before the IPC changes and giving practices some contractual flexibility as they adjust to the new IPC. There will be no lower threshold in Q4, so that for delivery below 85% normal clawback will apply, although mitigating circumstances for under-performance will be taken into account through the exceptions process, which will remain in place, providing a safety net for practices. The variable cost reduction, reduced in Q3 to benefit practices, will be retained at the lower level of 12.75%, applied to non-delivered activity.

For orthodontic contracts clawback will not be applied to practices delivering at least 90% of contracted Units of Orthodontic Activity (UOAs). The variable cost reduction will be retained as described above. The rate of clawback will then reduce linearly down to a lower threshold of 85% of UOAs, with delivery of the lower threshold earning practices 90% of contractual income for Q4. Below this lower threshold normal clawback will apply.

Regional commissioners will also maintain arrangements for Urgent Dental Centres (UDCs).

In addition to the pre-existing conditions of income protection, in Q4 contractors will also be required to maintain a short notice cancellation list and to proactively contact patients to offer appointments in order to ensure that any clinical downtime is minimised. This will benefit both patients and contractors, in allowing slots to be filled more quickly and capacity maximised. Contractors are also required to update their dental profiles within NHS UK and work with their regional commissioner to ensure that the Directory of Services is up to date during Q4. This is needed to make it easier for people seeking care to find a dentist.

As we take these steps to further recover NHS Dental services it remains critical that we continue to ensure that those most in need of care are able to access it. Patients must be prioritised against clinical need and the priority groups detailed in the SOP, regardless of whether the member of public is on a practice's business list or not. A key feature of this clinical prioritisation is adherence to risk-based recall intervals and other NICE guidance to maximise the impact of NHS care. This is both a contractual and professional responsibility.

Practices should plan on the basis that NHS income protection will come to an end in April 2022 and we will revert to usual contract management arrangements.

Update on year-end reconciliation

We have confirmed our approach to end of year reconciliation given the different performance thresholds in H1, Q3 and Q4. Full guidance on this will be issued shortly but in summary, all year end reports will detail practice delivery against each time period and also a combined year end position.

Any contract which has delivered 100% of their actual contracted activity across the year will be eligible for their full contract value, irrespective of whether they have met the performance threshold in each period. This will also apply to contractors who have met the required thresholds for full NHS income protection in each time period, minus any variable cost adjustment.

Where a contractor has not met the required threshold for income protection in one or more of the time periods they may seek to address this through offsetting performance across the defined time periods as follows:

- Delivery over the performance threshold required for NHS income protection may be used to offset performance under the threshold in an earlier time period i.e. activity above 65% in Q3 may be used to offset performance below 60% in H1 and activity above 85% in Q4 may be used to offset performance below 65% in Q3, or 60% in H1.
- Performance in excess of the threshold for full NHS income protection or the minimum threshold necessary to avoid full clawback in any period cannot be carried forward into any subsequent time periods.
- **Any activity above the performance threshold allocated to an earlier period will automatically be applied to the period where it would offer the contractor the greatest financial value.**

Once any activity has been re-allocated as above contractors will be remunerated accordingly. There will be no amendments to the variable cost adjustment. Non-delivered activity will not be carried forward to 22/23.

Where a contractor has delivered in excess of 100% of their actual contracted activity this can be used as described above. If this is not necessary as they have met the required thresholds in all time periods then this activity will be remunerated at the indicative UDA contracted rate for 2021/22 to a maximum of 110%.

Prototype practices will be contacted separately about their arrangements.

Moving forward

Over the last year and a half, the NHS has made a significant commitment to NHS dental contractors to minimise financial risk and support contractors through the pandemic. We are grateful for your dedication to patients in return. The gradual return to pre-pandemic activity thresholds has reflected the proven ability of NHS dental practices to deliver and has been designed to maximise safe access for patients whilst offering fairness to contractors.

We recognise that despite the measures already taken, many dental teams continue to operate under challenging circumstances. We share an ambition to deliver wider improvements to the dental contract and are now in discussions with the British Dental Association. We will keep you up to date on developments as and when possible.

Now, as we move into this next crucial stage, we look forward to continuing to work with you to deliver for patients.

Yours faithfully,



Ali Sparke
Director for Dentistry, Community Pharmacy,
Optometry and the NHS Standard Contract



Sara Hurley
Chief Dental Officer England