Classification: Official



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# Next steps: Contractual arrangements for prototype practices

As previously communicated to you the regulations that underpin the prototype arrangements will fall on the 31<sup>st</sup> March 2022 and by default all contractors will return to their underlying GDS contract or PDS agreement.

We would firstly like to take this opportunity to thank you all for the commitment shown to the piloting/prototyping programme undertaken within the Department of Health and Social Care (DHSC). We also recognise that for many of you the reversion to your underlying contract will be a significant step. We share your disappointment that the prototype contract has not proven to be suitable for widespread rollout, however the experiences of practices who joined the programme have offered important lessons to inform ongoing discussions on contract reform. We've listened to feedback from the profession about the support requested over the coming period and this letter sets out the specific arrangements that will be in place across the remainder of this financial year and for 2022/2023. This support is designed to ease the transition, and to reduce as far as possible any additional burden caused by this change.

#### Support to contractors

Helpline and support for patients / contractors

We have heard from many contractors concerns that patients are likely to have many questions particularly about 'what does this mean for me?'. We will be communicating to all your patients via a patient letter, sent directly to them via NHS BSA detailing what they should expect to experience on future visits. A patient leaflet will also be produced for use in practice, again designed to answer generic patient questions.

It may be a natural default position for patients, in the first instance, to contact your practice for further details. To help reduce any additional burden within already stretched reception teams, we will be mobilising a dedicated helpline to support prototype patients and contractors. In addition to providing patient information the helpline will also provide you support on any contractual requirements across the transitional period. Full details of the dedicated helpline will be shared once arrangements are finalised.

Support to restore your patient base

We have also heard that previously transitioned prototype contractors have struggled to achieve full contractual requirements in their first year due to a diminished patient base. The number of patients currently being treated by prototypes varies significantly across the programme, and your regional commissioner will review this information and meet with you as required to identify any support requirements that you need. This may include ensuring that your Directory of Service is up to date or supporting with the signposting of patients to your practice, for example from other local practices with limited additional NHS capacity, or from NHS 111 and the NHS customer contact centre.

# Support to clinicians

With some clinicians not having worked within a full UDA system for some time we have heard that further guidance would be welcomed. Should any clinician feel that they would benefit from any such guidance we will be holding two seminars, open to all clinicians. The seminars will be supported by clinical colleagues within NHSBSA and will aim to provide guidance that will refresh and enhance contractor understanding of contractual requirements for all underlying contracts.

### Dental Care Professionals (DCPs)

The retention and value of the full skill mix within dental teams is fully recognised. Whilst current GDS/PDS regulations do not permit the opening of a course of treatment by any professional other than a dentist this does not prevent DCPs from providing treatment within any NHS course of treatment. We continue to work with DHSC and the BDA to consider what further steps could be taken to further support practices.

#### **Quarter four requirements**

Recognising the importance of using this period to prepare for transition back to underlying contract, prototype contractors will continue to operate within the requirements as set out in our communication to the profession on 13<sup>th</sup> July 2020.

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. Transmitted data shows wide variation in prototype practice patient volume performance. Contractors are reminded to regularly review their monthly schedules and we strongly recommend that those at lower levels of performance use this period to start to restore their patient base.

# Scheduling and recording clinical care during the transition to the underlying contract

Contractors are expected to follow existing clinical guidance including Delivering Better Oral Health and NICE guidance when undertaking examinations, record keeping, to ensure a consistent NHS offer to patients. Whilst 1st January to 31st

March 2022 represents a transitional period, clinicians should continue to open courses of treatment as previously required. All completed courses of treatment (CoT) must be submitted to NHS BSA within 60 days of the completion date. Courses of Treatment completed prior to the 31<sup>st</sup> March 2022 will be included in your activity for 2021/22.

In the event that a CoT opened in 21/22 is not completed until after 1<sup>st</sup> April 2022 the relevant banded UDA element will be credited to your activity for contract year 2022/2023.

At this moment in time, interim care (IC) courses of treatment (a Band 1A) are not supported within GDS/PDS contracts/arrangements. Therefore, all IC courses of treatment must be completed by 31<sup>st</sup> March 2022. Any planned IC courses of treatment already scheduled after 1<sup>st</sup> April 2022 will need to be changed to reflect the GDS/PDS claiming bands.

## 2022/2023 contractual requirements

As for all other NHS practices, contracts will continue to be in place for 100% of preprototype activity and cost volumes, and our expectation is that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.

We will continue to offer financial support to prototype practices as they transition back to their underlying contract. During 2022/2023 clawback will not be applied to practices delivering at least 90% of contracted activity and the variable cost adjustment of 12.75% will continue to apply for non-delivered activity above this level. The rate of clawback will then reduce linearly down to a lower threshold of 75% of UDAs (80% of contractual payment). Below this level normal clawback will apply

To qualify for this income protection, contractors will need to meet the following expectations:

- Follow clinical guidance and standard operating procedures.
- Engage with local commissioning teams to support the signposting of patients, and ensure patients are accepted where identified from other local practices, NHS 111, local helplines and / or the customer contact centre.
- Ensure that the practice NHS website profile is up to date and reflects that the practice is open and accepting new patients. Maintain sufficient dental workforce to deliver the NHS contract.

Should any practice seek to negotiate a permanent or temporary rebasing of their contract value and associated activity the above income protection will not apply.

Whilst we recognise it is important to give the profession as early notice as possible of changes to contracts, we will of course keep the situation under review, and should changes to IPC guidance be necessary in the future, contractual requirements may be revisited as required in response to the emergent situation.

You will also be aware that we maintain 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.

Thank you for your dedication to the NHS and its patients and very much look forward to engaging further with you.

Yours sincerely,

Ali Sparke

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