All change on the NHS contracts front

Amanda Atkin relates the ongoing saga of NHS dental contracts and advises on good housekeeping you should undertake

Who remembers the General Dental Services (GDS) contracts? Yes, for some people the painful memories are still there! These were introduced to take effect from April 2006 and heralded the new local commissioning arrangements for NHS primary dental care services. There were also new contracts for dentists in Personal Dental Services (PDS) pilots making the transition to GDS contracts. For those providing services such as orthodontics, there were substantive time-limited agreements – normally a five-year PDS Agreement. For those providing services such as orthodontics, there were substantive time-limited agreements – normally a five-year PDS Agreement.

Towards the end of 2009, the DH introduced a new model contract called the PDS+ Agreement. Many dentists and dental associations were concerned that this new agreement was a shorter-term contract than previously, that it favoured the PCTs and required management systems likely to be beyond the resources of small practices and even larger corporate ones. Updates to this draft agreement followed in early 2010 – most notably to the payment bands for key performance indicators (KPIs).

Since their introduction in 2006, dental contracts have often been criticised. Some dentists claim they encourage an ethos of ‘drill and fill’ in order to claim the Units of Dental Activity (UDAs) required under the contract. Some even suggest that it has encouraged ‘informing neglect’ – which are not words to be used lightly. However, when an investigation by NHS Protect subsequently uncovered £70m a year of fraudulent claims it was the death knell for these contracts.

In 2010 the government announced it would pilot three different models to help develop a new national NHS dental contract. Dental practices with existing GDS contracts or PDS agreements were invited to apply to become a pilot in December 2010. From the applicants who met the criteria, a selection was made in order to reflect the diverse range of the practices across England, in terms of ‘rurality’, size, population demographics, and so forth. There was also a mix between corporate, independent and single-handed practices.

Seventy pilot practices went live in the summer of 2011, although not all at the same time – a staggered approach allowed flexibility to resolve any details with the PCT and the practice before signing the agreements, and gave the national team the capacity to support them through this process.

Support is provided via a national team that includes the Department of Health, NHS Dental Services and others. Clinical training for dental teams on the care pathways and support on implementing and using the software have been provided, as well as a range of events for both PCTs and practices, a dedicated regional support lead and an online helpdesk and resource network.

While the agreements make changes to the way dentists work and what they’re paid to do, they continue to receive payments and contract information from NHS Dental Services, and PCTs remain as the commissioner and contract holder with the practice for the next few months until they rotate to the NHS Commissioning Board.

The new agreement would be designed to reward dentists for ‘the continuity and quality of care provided to patients, promotion of oral health and preventative measures as opposed to the number of units of dental activity undertaken’. At the same time, the dental outcomes and quality framework (DOQF) was launched to measure the quality of work carried out under the proposed new contract.

According to the DH: ‘It will be underpinned by the use of a standardised oral health assessment and the development of a comprehensive set of accredited clinical pathways’. At the time of writing, the DH has just added 28 new practices to join the 70 already on the pilot scheme.

Following assessment of the experiences of the practices on the pilot scheme and a period of consultation, legislation will be brought before Parliament and, if approved, the new dental contracts are proposed to commence from April 2014.

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However, I have been hearing recently that 2016 now looks more realistic in terms of implementation. Whether the Coalition will allow one of its pledges to remain unfulfilled going into the next General Election remains to be seen.

In the HM Government Mid-Term Review – Programme...
for Government Update published earlier this year, against the commitment to introduce a new dentistry contract the ‘What we have done’ comment was: We have established the pilot programme to test out elements of a new dental contract, and published initial findings in the autumn of 2012. We will continue to work closely with the NHS Commissioning Board to develop a new dental contract.

Meanwhile, a new health and care system in England will be in place from April of this year and Clinical Commissioning Groups (CCGs) will replace PCTs. CCGs will commission many of the services for their local community such as services provided by GPs, A&E, maternity services and so on. However, a new independent body, set up on 1 October 2012, called the NHS Commissioning Board (NHSCB) will commission all dental services (including primary, community and secondary care hospital dental services) and urgent and emergency dental care. The NHSCB will also commission a wide range of other health and care services such as primary ophthalmic services and pharmacy services. This is so-called Direct Commissioning.

The NHSCB takes up its full statutory duties from 1 April 2013 and terms itself a ‘special health authority’. It comprises a number of directorates, with Barry Cockcroft, Chief Dental Officer, a member of the Medical Directorate. In addition, it has regional and area teams.

The NHSCB will draw upon the knowledge and expertise of local professional networks (LPNs) to secure local dental services. LPNs should be multi-disciplinary and include a local eye health network, a local pharmacy and, of most interest to us, a local dental network. Local dental networks will have a wide ranging role – supporting practices, developing integrated care pathways, ensuring high quality standards are maintained and so on.

At the time of writing, NHSCB area teams are drawing up plans and budgets on the basis of them commissioning all dental services. However, the NHSCB document Supporting planning for 2015/14 for Direct Commissioning, dated 24 January, states (paragraph 7): ‘Discussions are continuing as to whether secondary dental care is better commissioned from a centre of expertise, this has not been finalised’. For primary care the NHSCB currently has a number of priorities including the ‘safe’, ‘steady state’ transfer of dental (and other) PCT contracts to the NHSCB on 1 April 2015.

Following the anticipated publication of Securing excellence in commissioning NHS dental services in February 2015, the NHSCB will begin to develop national care pathways across all dental specialties in line with the outcomes of the new national NHS dental contract pilots. It will continue to support the dental contract piloting programme and plans to implement a new dental contract by 2014-2015 or even 2016!

The work PCTs are currently undertaking is predominantly to ensure that all independent contractors, including dentists, have a contract in place which is current, all the relevant paperwork attached and is uploaded electronically onto the NHS secure server. It is advisable for dentists with a NHSCB contract to ensure such paperwork is in place, it is current, signed and dated, that the statements you receive from the NHS DS include the correct contract value, the correct amount of activity, your UDA value is what it should be and any outstanding variations to contracts such as partnerships etc. are in place as PCTs start to novate contracts to the NHSCB.