



Directors of Primary Care – all Health Boards  
Health Board Primary Care leads – for distribution to all NHS dental providers

11 November 2021

Dear Colleagues,

## **NHS DENTISTRY: RECOVERY OF SERVICES**

In this latest joint Deputy Chief Dental Officer (DCDO) letter, the principle aim is to provide clarification and updates on a number of points in relation to the expectations and metrics which form part of the COVID recovery package.

We appreciate there is the potential for increased disruption due to COVID during the winter months and there may be increased staff absences as a result. It is important that anyone eligible for COVID boosters and Flu vaccines should take up the opportunity at their earliest convenience.

At the time of writing, the UK Infection Prevention and Control (IPC) guidance is being reviewed. Once this is agreed and published there is the intention to produce a UK dental appendix aligned to the UK IPC guidance. Until this is published the current all-Wales SOP is still extant.

### **ACORNS for Urgent patients**

With effect from the date of this letter, there is no longer a requirement to complete an ACORN for Urgent patients but we would ask practices to try to understand the reasons for urgent patients who only access treatment on an ad-hoc basis and offer ongoing care should they request it. To prevent the form being rejected please ensure the ACORN assessment box is not ticked prior to submission.

## **2021-22 Quarter 1 – Fluoride varnish**

There is no plan to change the current fluoride metric and this will continue to be part of the restart of contract reform from 1 April 2022 along with the sanction.

## **2021-22 Quarter 2 – Two new patients**

As covered in the joint Chief Dental Officer DCDO letter of 6 July 2021, from Quarter 2 an additional measure was introduced requiring for every £165,000 of ACV, 2 new patients are expected to be offered access every week. The sanction for not meeting this measure is described below:

Step 1: Calculate the contractor's target number of new patients for the period beginning with 1 July 2021 and ending with 31 March 2022 by dividing the contractor's NACV by £165,000 and multiplying the resulting number by 78 (rounded to the nearest whole number).

Step 2: Calculate whether the contractor has met the target number of new patients for the period in Step 1 by deducting the number of new patients the contractor has provided a course of treatment to in that period from the figure obtained in Step 1, where:

(i) new patients are those persons who have not received services from the contractor in the 1 year period ending with the day before the date on which the course of treatment starts, in the case of child patients (those persons under the age of 18), or 2 year period ending with the day before the date on which the course of treatment starts, in the case of adult patients (those persons aged 18 and over); and

(ii) if the number of new child patients during the period in Step 1 exceeds the number of new adult patients in that period, the number of new child patients to whom the contractor has provided courses of treatment for the purposes of the calculation in this Step is limited to the number of new adult patients to whom the contractor has provided courses of treatment in that period.

Step 3: If the contractor has not met or exceeded the target number of patients under Step 2, the additional percentage reduction that applies for the financial year is the number achieved when dividing the difference calculated under Step 2 by the target number of new patients calculated under Step 1, multiplied by 10 (where the contractor has met or exceeded the target number of patients and the calculation under Step 2 results in zero or a negative number there shall be no further reduction under this sub-paragraph).

The example below explains how this calculation works:

*Contract of £330k p.a. so divide by the £330k by £165k = 2 and multiply by 78 weeks (2 patients per week for Q2-Q4 i.e. 39 weeks/9 months) = 156*

*Contract achieves 120 new patients i.e. 36 short. 36 divided by target of 156 x 10 = 2.3% reduction.*

*The maximum reduction is 10% under this method.*

### **2021-22 Quarter 3 – Appropriate recall intervals**

From Quarter 3 we expect no more than 20% of adult patients who have an ACORN finding of low risk and no clinical need (i.e. 3 x Green RAG status) to re-attend for routine assessment in the 12 months following the ACORN – with a 5% tolerance. This 20% threshold is to allow practices to manage patients and avoid difficult conversations with some patients who have been used to a 6-month check and may have problems accepting and understanding the reason for the change.

This is an expectation and currently there is no sanction for not meeting this measure but this will be kept under review. Health boards of dental practices are able to monitor recall intervals via eDEN.

### **2021-22 Quarter 4 – Workforce data**

During Quarter 4 there will be the need for all NHS contract holders to complete the Wales National Workforce Reporting System (WNWRS). Please be assured that the WNWRS is being rolled out across all primary care contractor services and will be used for workforce planning purposes. The WNWRS was originally developed to provide a secure web based tool for GPs to capture all practice staff information – with returns and reports at a Wales, Health Board and Cluster level. The WNWRS is now being expanded to include the additional areas of Dental, Ophthalmic and Pharmacy. Data on the type and number of staff will be collected for the workforce within NHS dental contracts.

WNWRS collects data for headcount and Whole Time Equivalent (WTE). It only captures the hours worked on NHS contracts, so hours worked on average by individuals will be required.

Work is on-going in developing the WNWRS for dental and other primary care contractors. It is anticipated that dentistry will be included in the WNWRS at some point during Quarter 4 of 2021-22 but at this stage we do not have a go-live date.

Completion of the WNWRS will be an expectation and although no sanction is proposed for Quarter 4, we will want all contractors to take part and for this to be an on-going requirement beyond April 2022.

### **Fluoride varnish – free examination for the under 25s**

There is still no requirement to charge for the relatively few Amber adult non-exempt patients who have an examination and fluoride only. However you are instructed to ensure that your software supplier is aware of this need in order to prevent forms being rejected or software trying to apply a charge.

### **Other issues**

We would continue to encourage health boards to increase contract values to 100% in return for a local agreement to increase access if practices are willing.

There will be a need to collect the patient NHS number. As soon as this can be implemented we will issue a notice, although it is not likely to be before April 2022. The reasons for this are to ensure that data collected can be tracked to an individual patient for the life of that individual and ultimately form part of their NHS records.

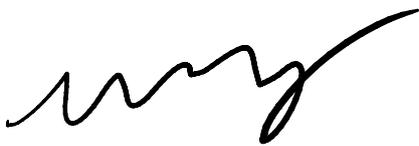
## **FP17W rule**

The FP17W rule will continue for Q3 and Q4. Patients who have had a NHS course of treatment for financial years 2018/19 and 2019/20 will be expected to obtain timely access should they request it. There will be a revised definition for April 2022.

## **2022-23 Contract reform re-start**

Further updates are planned to be issued before the end of the calendar year.

Yours sincerely,



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