LDC conference 2024

What good looks like…….learning from pilots and prototypes and the long journey of NHS dental contract reform.

John Milne


He may not look much, but he treats me on the NHS!
Dentist

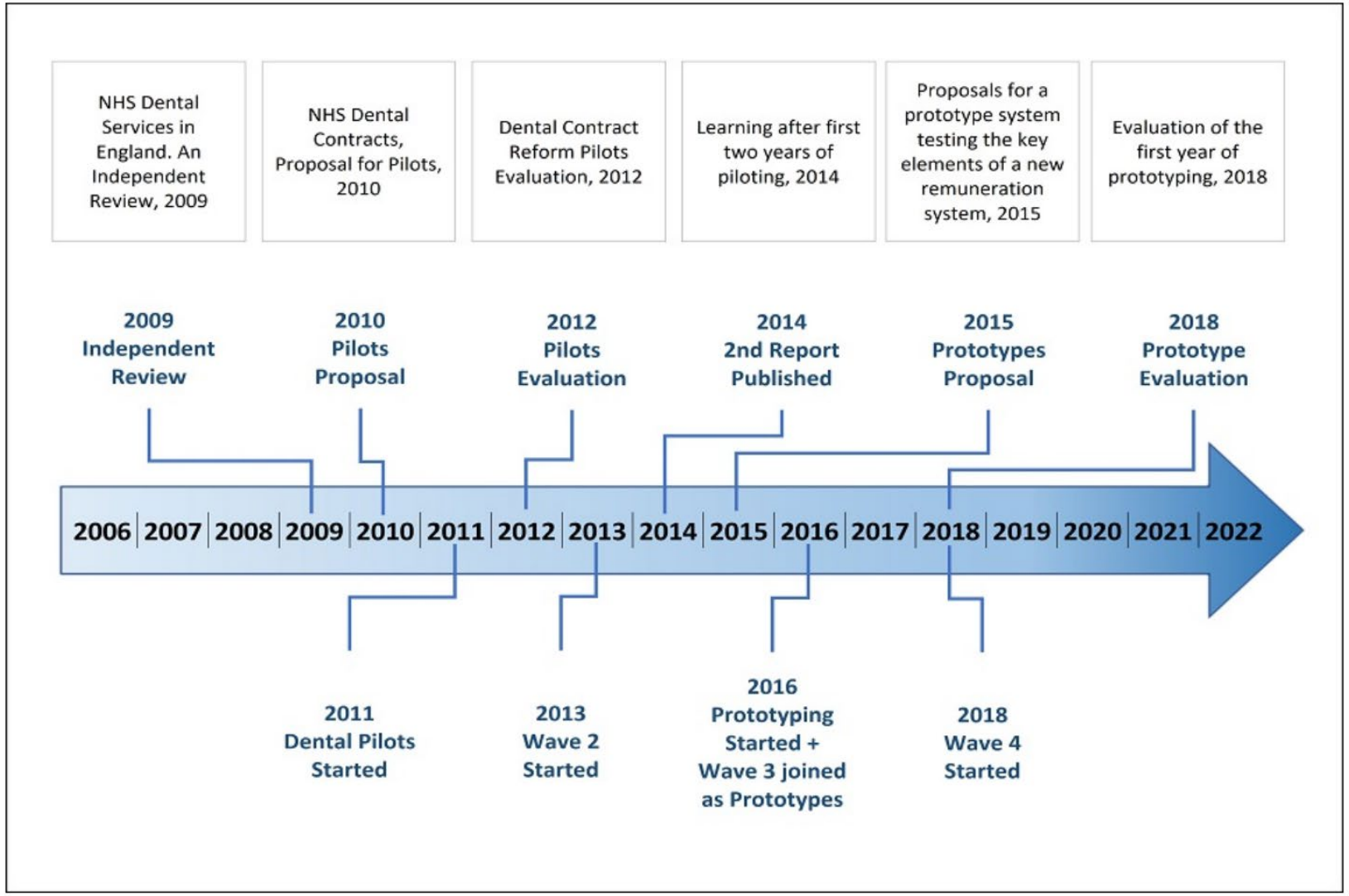
What I'll cover

- Where we began
- Initial principles of a reformed contract
- Weighted capitation……what it means
- What really happened with pilots and prototypes
- So what would good look like?
- Is it just a question of money?
- Is there any hope?

How we got here

- 2006 contract
- Health Select Committee
- Steele Review
- Coalition Pledge
- Context of changing demographics of disease
- Pilots and prototypes
- Tinkering at edges
- Queues & Access problems
- Drift away from NHS
- Health Select Committee
- Dental recovery plan
- What next?

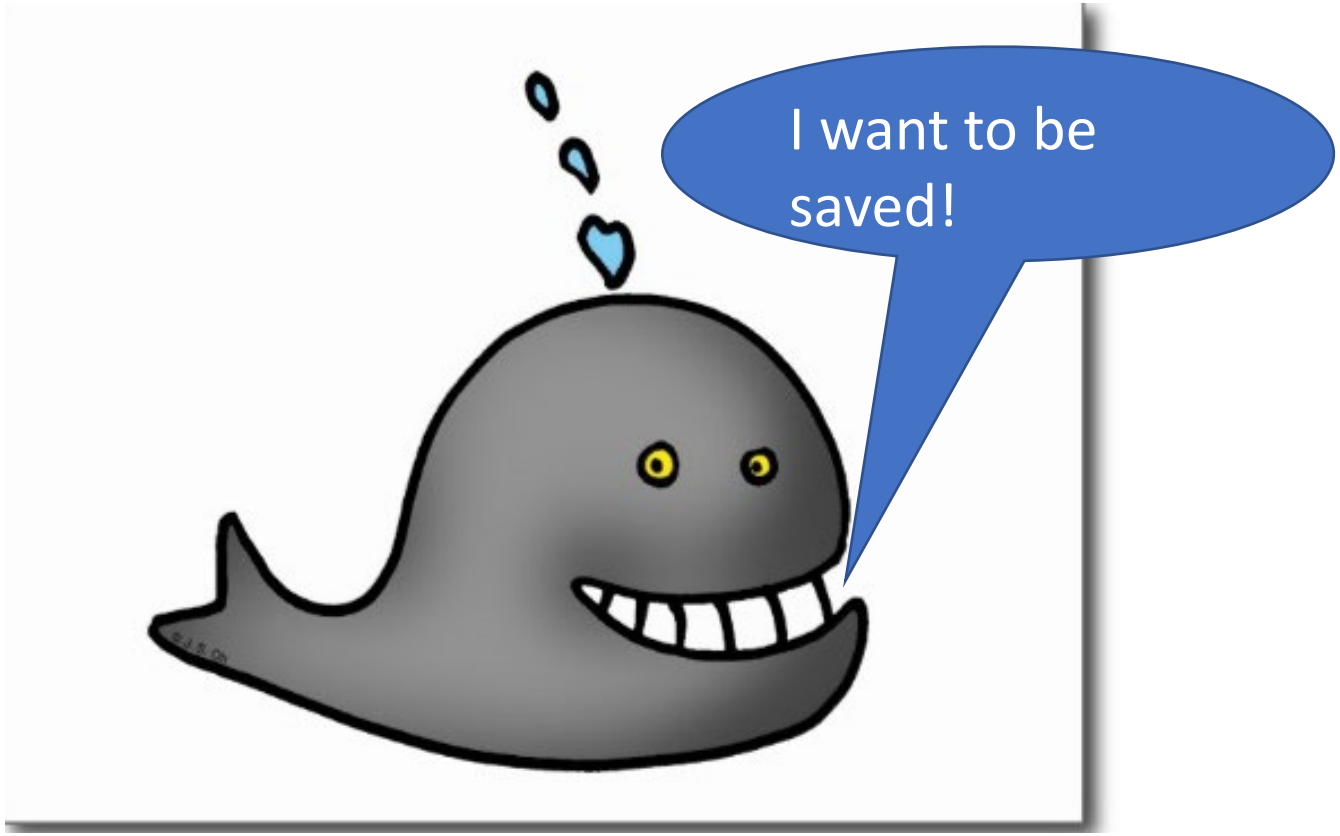
Figure 1: dental contract reform timeline over 10 years



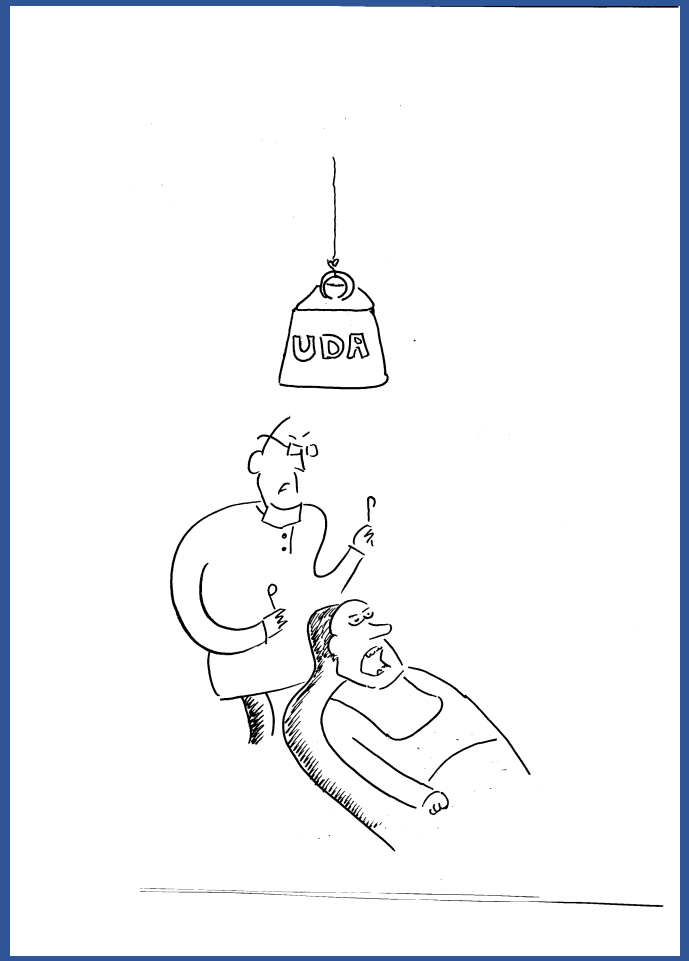
2006 problems…..many still present!

- No reward for prevention
- Discrimination of high needs
- Professional jeopardy with claims interpretation
- Clawback and targets
- Inaccurate calculation of contract values
- Practice contract may have disadvantaged associates
- Difficulty of hitting targets whilst treating pts ethically
- No reward for additional work
- UDA being used as a currency to drive contract prices down.
- Variable levels of care
- Lack of clarity what NHS care means
- Inequality of contract values in an area
- Deskilling
- No incentive to maintain access
- No guarantee of NHS care for patients
- Pension problems for some providers
- Difficult to grow successful practices
- Gaming behaviours (dentists)
- Gaming behaviours (PCTs ATs)
- Few checks on clinical quality
- Unreasonable and bullying PCT behaviour
- No flexibility eg snow, flu.
- Less advanced care
- Increased referrals to Salaried and hospital services
- PCT Variations
- And and and and.....

Save the ~~Whale~~ UDA?



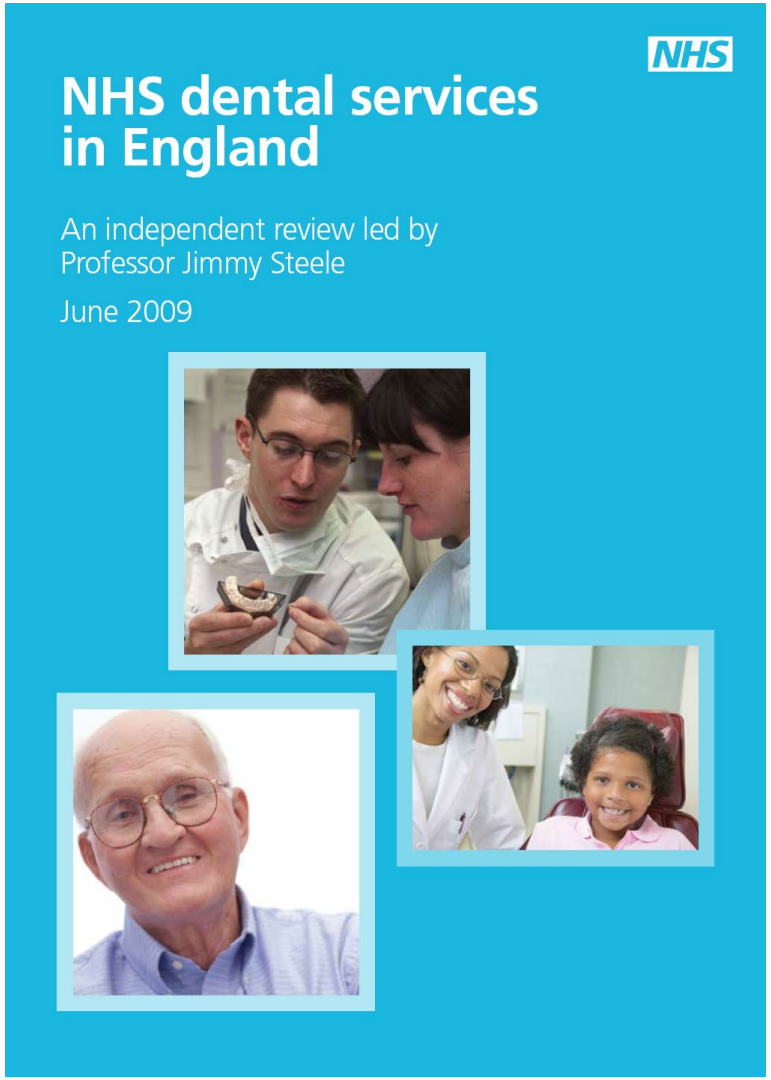
Save this?



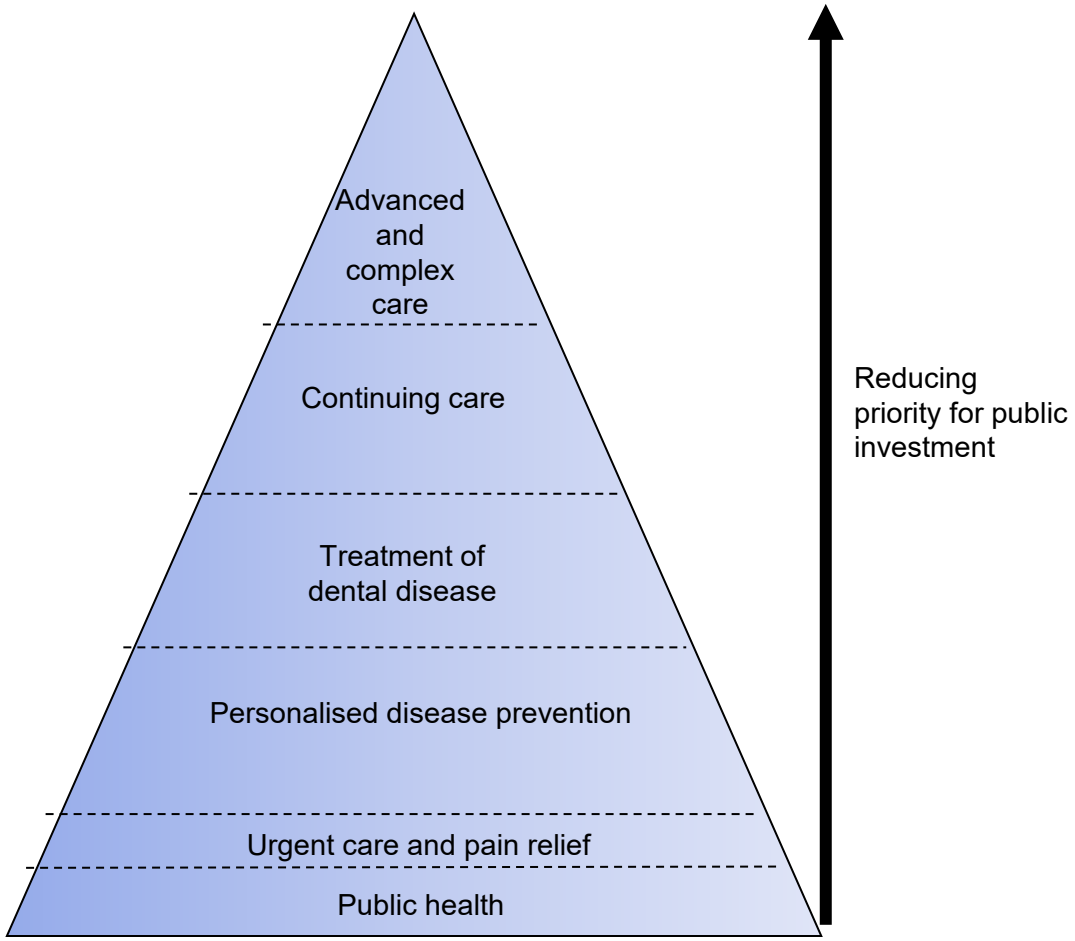
- Pernicious
- Corrupted
- “relentless pressure makes me feel demeaned as a professional”
- Hang like a sword of Damocles
- Threaten prescribing neutrality
- Do nothing to improve oral health
- Corrupts commissioning- price over quality.

Steele Review

- **Health Select Committee**
  - Widespread criticism from all sides of 2006 contract.
- **Steele Review**
  - Hierarchy of provision
  - Assessment and control of disease risks
  - Level of care dependant on risk control and likely success.
- **Workshops: BDA** "Engagement with extreme vigilance" Recognition of "Big Challenge"
- **Early pilots**
- (needed brave PCTs!)



What are the priorities of NHS dentistry?



NHS Dentistry: What could it do?

“NHS dentistry could lead the world in providing an Oral Health Service”

- **Jimmy Steele 2009.**

Some principles

- New contract should align the incentives to encourage and enable good practice.
- The practitioner should not be penalised because they do the right thing.

What's important?

For the profession:

- Improved patient outcomes
- Fair remuneration
- Job security
- Current benefits preserved
- Ability to transfer contracts (goodwill)
- Financial stability in transition stage.

For the public:

- Access to quality care
  - And urgent care
- Improved oral health outcomes
- Good experience
- Clarity of what the NHS will provide
- Simple charging system

Coalition government pledge

- New Dental Contract
  - Registration
  - Capitation
  - Quality and Outcomes
- Access still a priority
  - Children's health particularly important
- National Steering Group
  - Continued BDA Engagement with vigilance.

Oral Health Assessment: leads to homecare plan and professional care plan

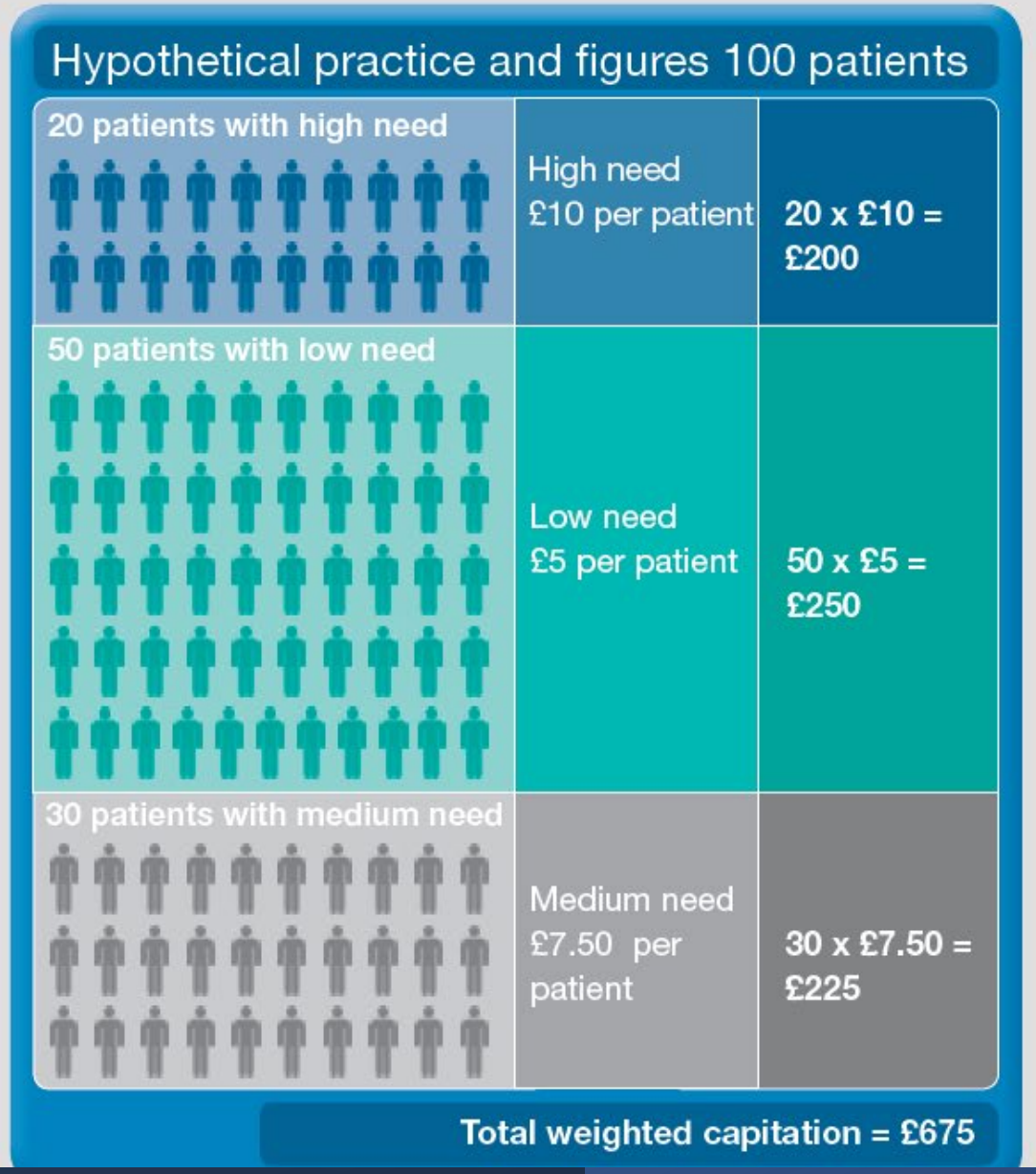
- Medical History
- Alcohol and tobacco
- Social History
  - Family caries history
- Diet and tooth-brushing
- Full chart of restorations
- Full chart of carious lesions
- BPE
  - Bleeding
  - Pocket chart
- Tooth surface loss (relative to age)
- Soft tissues

Weighted capitation

What would a capitation system mean for an individual dental practice?

In essence, instead of having a contract to deliver a specified number of units of dental activity, the practice would have a contract to look after an agreed list (number of patients). A contract value will be set and agreed with individual practices, whilst we expect weightings to be set nationally.

There will be an options appraisal as part of the future evidence base being developed as we head towards consultation phase.



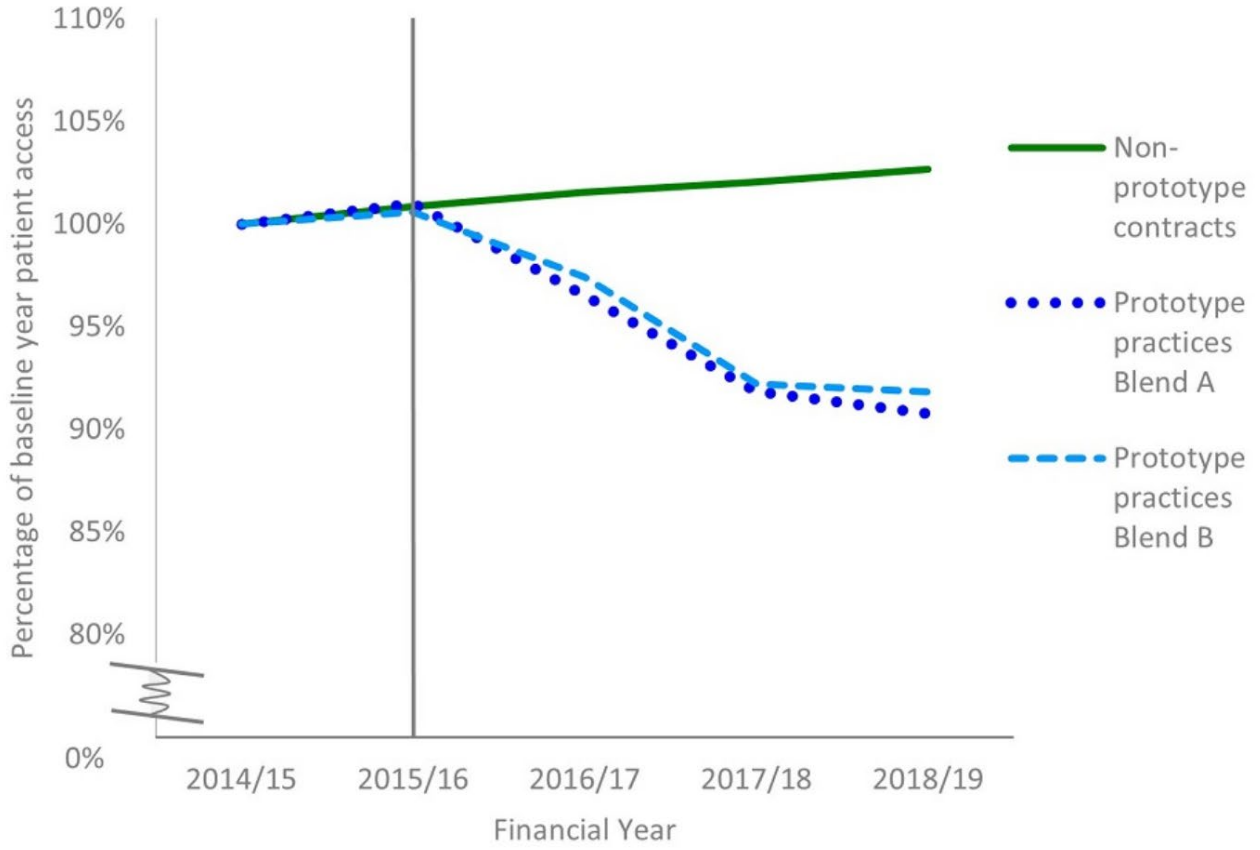
Prototypes

Table 1: contribution of capitation and activity to prototype remuneration by blend

	Capitation as % of contract value	Activity allocation
Blend A	60%, includes current band 1 care	band 2 = 2 UDAs band 3 = 11 UDAs
Blend B	83%, includes current band 1 and band 2 care	band 3 = 9 UDA s

Access

Figure 5: change in 24-month unique patient access by year, relative to the baseline year



What really happened with the pilots and prototypes?

Official Version

Access fell (using 2 year data)

Treatment activity fell

Little evidence of improvement in oral health

Patients were happy

My thoughts!

Patients liked it

Dental practices liked it

Capitation period not long enough (previous evaluation)

PCR fell

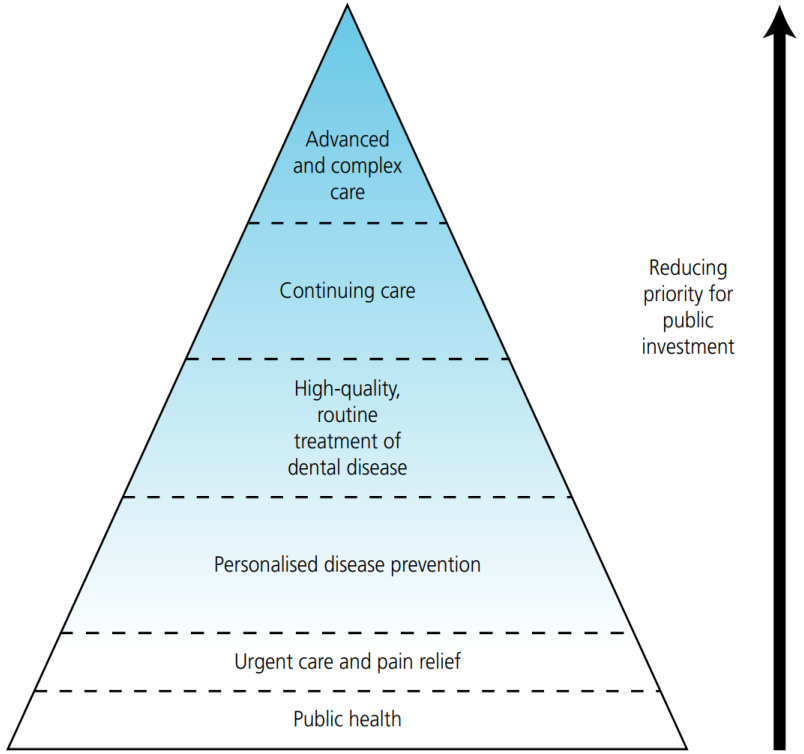
Judgements made too early in the cycle…..why?

Small sample size

So what would good look like?

- Prevention focused, capitation based framework
- No UDA!
- Those who need more care to be more welcome
- Recognition of high treatment needs and stabilisation
- Investment or recognise limitations of current budget. If limited then government responsible for defining the “offer”

Figure 3: Priorities for public investment in oral health



Blended Contract…….could this be good?

2014!

Currency other than UDA……bottle of champagne for best name!

Monitor only?

What do we want?....is it just a question of money?

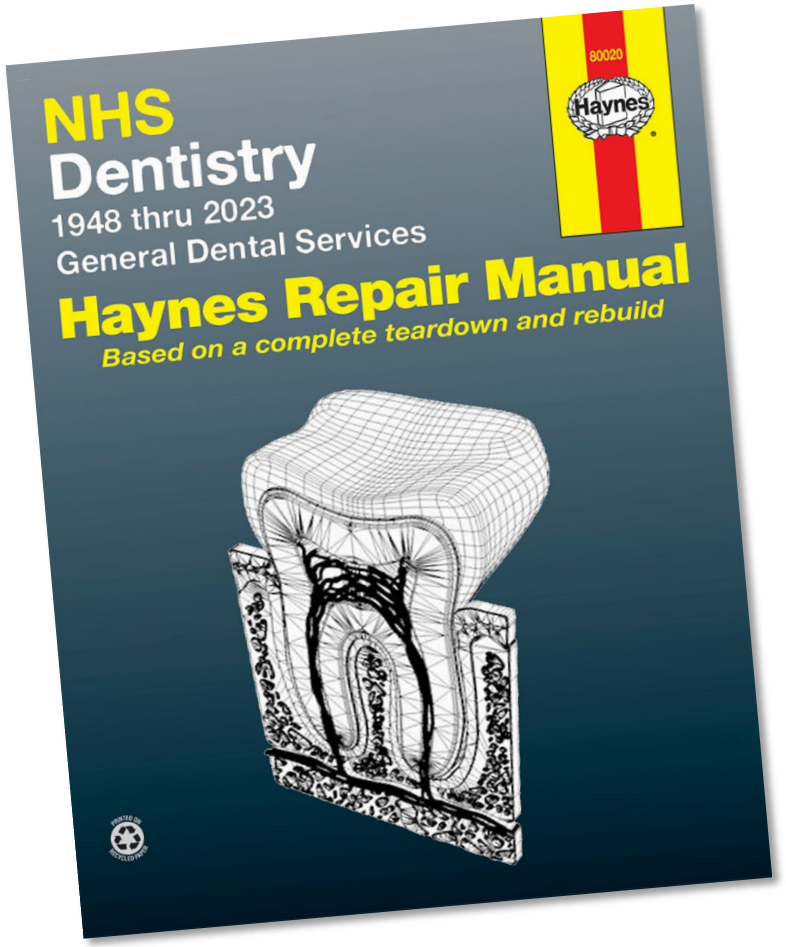
- Improved oral health
- Sustainability of practice
  - Long term future.
  - Flexible commissioning
- Career pathway for dentists and their teams
  - Training and career development
  - Practice ownership and equity
- Realistic workforce planning….some sense!
- Proper remuneration for the whole team.

Health and Social Care Committee Report published July 2023

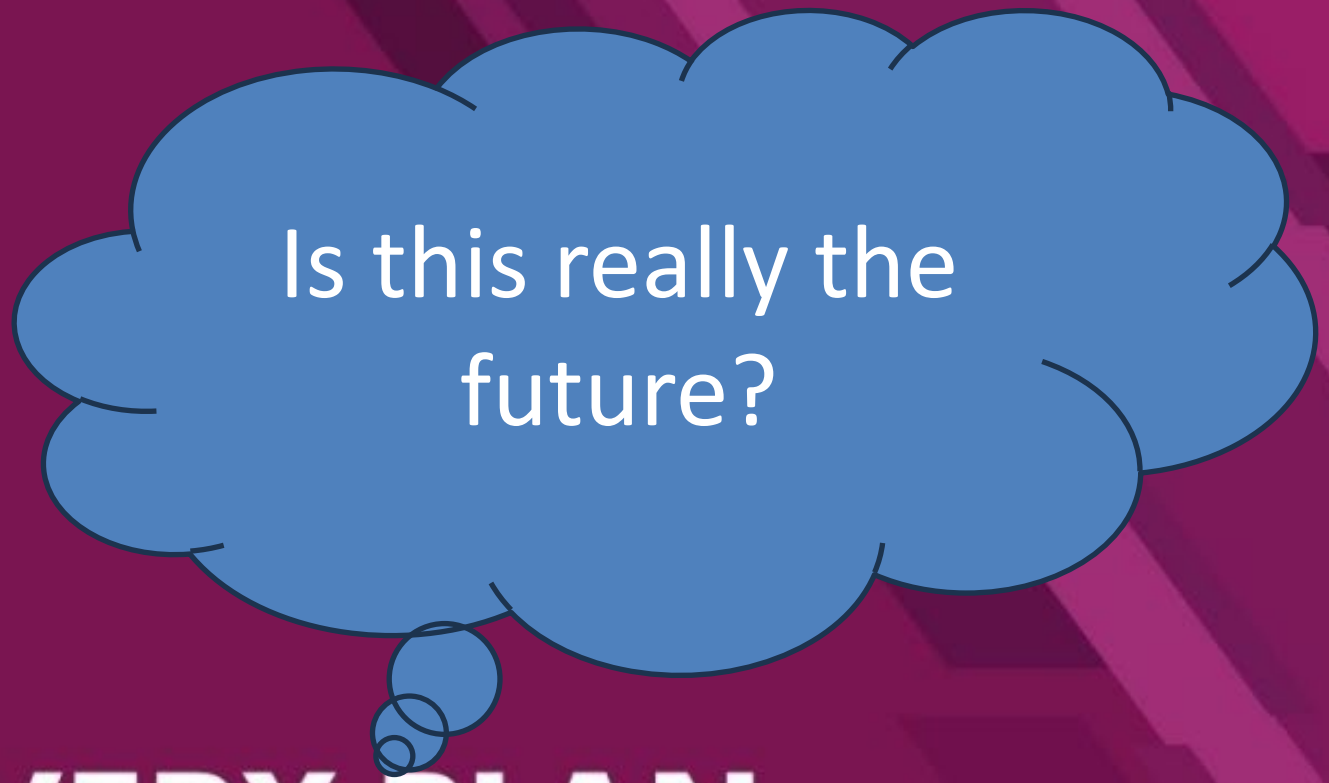
BDA
British Dental Association

Backed a clear break from UDA

- Move to patient-centred, prevention-focused model.
- Government commitment: everyone who needs an NHS dentist should be able to access one
- A clear manual on how to save NHS dentistry



Department of Health & Social Care



DENTAL RECOVERY PLAN

WHAT YOU NEED TO KNOW

HEALTH AND SOCIAL CARE COMMITTEE

"Our central call for a **fundamental reform of the contract with dentists** to move away from the current system of payment is the piece that's missing from the government plans announced earlier this year."

Steve Brine MP, Chair

BDA
British Dental Association

Is there any hope?

Needs a new start…….

- Open minds
  - BDA & Government (whichever type it is!)
  - Corporate groups
  - Practice owners
  - Associates and younger dentists
- Constructive engagement
- Willingness to compromise
- Government need to provide resources
  - Wes Streeting……Monday after election, “not paid what they are worth?”
  - Can we count on him?
  - Conservatives?

The Big Challenge

“How can a system improve oral health, deliver prevention, continuing care and advanced treatment while paying dentists adequately, fairly and provide an environment where all this can be achieved with minimal perverse incentives from any direction to enable the patient, the government and the profession to have confidence for the future”

Quote from John Milne (GDPC Chair 2009)