

Classification: Official

Publication approval reference: PAR1127



Prototype exit arrangements
**Dental reform contract
transitional guidance**

Managing practices and patients in
transition

Version 1, 5 April 2022

Contents

Introduction.....	2
Exit arrangements	2
Definition of terms	2
Contract	2
Activity.....	3
Finance	4
Year-end reconciliation 2021/22.....	5
CoMPASS.....	6
Practice software.....	6
Managing patients.....	7
Submission of claims	7
Community dental services.....	8
Support arrangements	8
Helpline	8
Virtual meetings	9
Data packs	9
Support to clinicians	9
Dental care professionals (DCPs).....	10
Messages for patients	10
Annex One.....	11

Introduction

In September 2021 it was determined by the government that the 2015 prototype regulations would not be extended past 31 March 2022. As a result of this decision the Department of Health and Social Care (DHSC) wrote to all prototype contractors on 14 October 2021 confirming that they would revert to their underlying GDS/PDS terms and conditions from 1 April 2022, as detailed within The National Health Service (Dental Services) (Prototype Agreements) 2015 and the Statement of Financial Entitlements (SFE) for the Prototype Agreement Scheme.

This guidance is aimed at commissioners and prototype practices and details the processes to be followed and support available to practices in 2022/23 as they return to their underlying contract.

Exit arrangements

Definition of terms

'90% threshold' – this refers to the level of activity required to avoid partial clawback and means 90% of the contracted annual units of dental activity (UDA)/units of orthodontic activity (UOA) target.

'75% threshold' – this refers to the level of activity required to avoid full financial clawback and means 75% of the contracted annual UDA/UOA target.

Contract

1. Practices will return to their underlying GDS Contract or PDS Agreement on 1 April 2022 with the same terms and conditions as they had prior to entering prototype arrangements ie the same annual contract value and UDA requirement, unless additional recurrent growth funding has been agreed during the period of prototyping.
2. Commissioners will not be required to issue any contracting paperwork when contracts revert to their underlying contract on 1 April 2022.
3. The exception is that any variation to the underlying contracting arrangements during prototyping or taking effect from 1 April 2022 must be

agreed between the commissioner and the contractor and recorded in a written variation in line with underlying contract terms.

Activity

4. Contracts will continue to be in place for 100% of normal volumes. The expectation is that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.
5. Income protection arrangements will remain in place during 2022/23. In order to benefit from this, contractors are expected to meet the following expectations:
 - Follow clinical guidance and standard operating procedures to support dental teams.
 - Engage with local commissioning teams to maximise clinical capacity by accepting patients from 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.
 - Actively seek to maintain sufficient dental workforce to deliver the NHS contract.
 - Share evidence that the practice has fully utilised their available NHS appointments.

During the period 1 April 2022 to 31 March 2023, contractors delivering at or above the performance threshold of 90% will be eligible for their full NHS income minus a variable cost adjustment of 12.75% on non-delivered activity above the 90% performance threshold.

6. Contractors delivering activity volumes below the 90% performance threshold but above the minimum threshold of 75% will be subject to partial clawback to 80% of their contract value.
7. For performance below the minimum threshold normal clawback will apply, and contractors will be paid for the activity delivered at their indicative UDA rate.

8. Where a practice negotiates a permanent or temporary rebasing of their contract value and associated activity from 1 April 2022 these income protection arrangements will not apply.
9. Stayed UDAs relating to historical overperformance (a positive balance) will be used to reduce the activity threshold for 2022/2023. Stayed UDAs relating to historical underperformance (a negative balance) will increase the activity threshold for 2022/2023. There will be no carry forward of over or underperformance from 2021/22 into 2022/23.
10. For the avoidance of doubt both positive and negative stayed UDAs do not constitute a contractual rebase and income protection, subject to meeting the detailed expectations in paragraph, 5 will remain.
11. We are aware of a small number of contractors who have a carry forward of under-delivered UDAs from 2019/20 which have been unable to be accounted for while working to a percentage of patient volume activity. In these cases the carried forward under-delivered UDAs should be delivered in 2022/23 and will have the effect of raising the individual contractor's performance threshold for income protection in 2022/2023. There will be no carry forward of over or underperformance from 2020/21 or 2021/22 into 2022/23.
12. After commencing the prototype arrangements (or the pilot arrangements) a contractor and their commissioner may have agreed to additional UDAs. If these are to continue beyond 31 March 2022 commissioners should issue a contract variation to reflect the agreement in the usual way. Subject to meeting the detailed expectations in paragraph, 5 income protection will remain. The pre-arranged contract variation will not be classified as a contractual rebase.

Finance

13. Practices will be returning to their underlying GDS Contract or PDS Agreement on exit from the prototype arrangements. Therefore, for most contractors, there will be no change to their contract value.

14. The only changes that may be required are detailed below:
 - When a practice commenced the prototype arrangements (or the pilot arrangements) they may have performed additional services that were removed from the total contract value (TCV) on CoMPASS.
 - Payment will have been made via the additional payment codes that were set up for the purposes of the dental contract reform programme.
 - Commissioners will need to ensure that these additional payments received DDRB uplift for the period the practice was in the prototype scheme.
15. Commissioners should manage these payments in the same manner as they manage payments to other GDS contracts and PDS agreements.

Year-end reconciliation 2021/22

16. On behalf of NHS England and NHS Improvement regions, the NHS Business Services Authority (NHSBSA) dental contract reform (DCR) programme team will reconcile contracts in accordance with the activity thresholds set out in the [letters of preparedness](#) published during the COVID-19 recovery period and the letter issued on 13 January 2022.
17. To receive full income protection, the following requirements must be met:
 - Contractors must have delivered at least 20% of usual volumes of patient care activity.
 - All required declarations and associated documentation, such as the monthly workforce returns and annual declaration, must be submitted in full via NHSBSA Compass system.
18. Once the year end reconciliation process is complete contractors will receive a final year-end report detailing their activity delivered against their annual contracted requirements. Where the conditions described above are not met then contractors will revert to their underlying terms and conditions of their contract and clawback will apply based on activity delivered and patients seen.
19. There will be no carry forward of under or over delivery of activity from 2021/22 into 2022/23.

20. On behalf of NHS England and NHS Improvement regions, the NHSBSA DCR programme team will make any necessary adjustments relating to the 2021/22 year end reconciliation to CoMPASS in accordance with the Policy Book for Primary Dental Services.

CoMPASS

21. Following a practice's exit from prototype arrangements, and no later than 1 April 2022, commissioners should update the following on CoMPASS:
 - Annual contracted UDAs should be recorded on CoMPASS in line with the underlying contractual requirements.
 - The TCV and activity should be updated to include any additional services activity which was paid using the additional payment codes (see paragraph 16).
 - Commissioners need to ensure that the 'pilot' flag on CoMPASS is turned off. This is to ensure that NHSBSA is not inappropriately processing prototype data, including private data for appointments that took place after the practice exits prototype arrangements.
22. In line with existing terms and conditions of underlying contracts, the contractor must ensure courses of treatment (CoT) are submitted to NHS BSA within 60 days of the completion date for it to be included as delivered activity.

Practice software

23. NHS England and NHS Improvement are aware of concerns arising from the need to update clinical software to support the reversion to the underlying GDS contracts/ PDS agreement. Together with NHSBSA, we have met with each of the system suppliers and agreed a process for the switchover of software. For some of the larger suppliers this will take place over a staggered time period in March 2022. This will help ensure a smoother handover and allow for all practices to have had their software updated ready for 1 April 2022. Software suppliers will contact contractors to arrange time to do this.
24. CoT completed prior to the 31 March 2022 will be attributed to the financial year 21/22. Those completed after the 1 April 2022 will be attributed to contract performance in 2022/23 irrespective of when treatment was started.

NHS England and NHS Improvement and the NHSBSA are working with software suppliers to ensure that courses of treatment which span financial years do not have to be closed artificially by 31 March 2022 and then reopened in April 2022 in order to ensure continuity for patients and minimise additional burden for contractors.

Managing patients

25. From 1 January to 31 March 2022:

- Dentists and DCPs working in the prototype system should continue to treat patients in line with the patient's clinical needs.
- Dentists should continue to open courses of treatment as previously required.
- Pathway CoT should be closed where clinically appropriate.
- Where it is not clinically appropriate to close a pathway CoT that commenced prior to 31 March 2022 it can remain open until after 1 April 2022. The only exception to this is Interim Care CoT.

26. Specific arrangements for interim care (ICs):

- No new interim care (IC) CoT (Band 1A) should be scheduled post 1 April 2022. Band 1A is only permissible under the DCR programme regulations.
- Any open IC CoT must be completed on or before 31 March 2022;
- Any planned IC CoT from 1 April 2022 will need to be changed and if clinically appropriate rescheduled to meet the standard requirements for a banded CoT (ie assessment, diagnosis, plus treatment planning) and should be completed prior to the software upgrade.

27. From 1 April 2022, providers will see and treat patients under their UDA contract arrangements.

Submission of claims

28. Contractors are reminded that all completed courses of treatment (CoT) must be submitted to NHS BSA within 60 days of the completion date.

29. CoT completed prior to the 31 March 2022 will be credited to contract year 2021/22.

30. In the event that a CoT opened in 21/22 is not completed until after 1 April 2022, the relevant banded UDA element will be credited to contract year 2022/2023.

Community dental services

31. Community dental service providers will revert to their underlying contract on 1 April 2022 with the same terms and conditions as they had prior to entering prototype arrangements.
32. Local commissioning arrangements such as UDAs and KPIs are likely to be in place, and commissioners may need to provide themselves with assurance that contractors understand the underlying monitoring requirements from 1 April 2022 onwards.

Support arrangements

33. The purpose of the support arrangements is to provide additional intensive support for prototype patients and contractors during the transition period, from 3 February until 30 June 2022. This will be provided via a number of areas:

- Helpline and generic email address for prototype patients and contractors.
- Patient letter and leaflet.
- Keeping in touch virtual meetings with commissioners until June 2022.
- Data packs.
- UDA Webinars.

Helpline

34. Patients will have access to a telephone line and generic email address to provide support and advice regarding access to NHS Dental Services from 3 February until 30 June 2022.
35. Prototype contractors will also have access to a generic helpline from 3 February until 30 June 2022 to pick up and respond to a range of contracting

and policy queries. The key themes from these queries and clarification questions will be published on a biweekly basis on the NHSBSAs website.

36. The helpline will act as a focal contact point and one voice of the truth for prototype patients and contractors involved in the transition process.

37. Contact details for the helpline are:

- Email: dcrhelpline@pcc-cic.org.uk
- Telephone number: 0113 200 2971

Virtual meetings

38. Keeping in touch virtual teams' meetings will take place between the national and regional dental teams until June 2022 where required, to discuss contracting and commissioning issues of concern.

39. Commissioners will work with practices to ensure that the Directory of Service is up to date and will support in the signposting of patients as needed from other local practices, NHS 111, and the NHS customer contact centre.

Data packs

40. Data packs have been shared with prototypes and commissioners providing a comparison of contract between the prototyping and UDA systems over the last three full contract years and 21/22 to date. This pack also provides data on the number of patients seen, if they were fee paying or non-fee paying, and details of courses of treatments delivered during these periods.

41. The purpose of these packs is to help contractors understand their current performance and how it translates to UDAs delivered to assist with forward planning for 2022/23.

Support to clinicians

42. Webinars, delivered by NHSBSA, covering the delivery of care and treatment in the UDA system will be available to contractors in early March. These will be pre-recorded webinars enabling practice teams to view at a time convenient to them and aim to refresh and enhance the contractors and wider practice teams understanding of GDS&PDS requirements.

43. Details of the webinars and how to access these will be communicated directly to commissioners and contractors via the NHSBSA.

Dental care professionals (DCPs)

44. The retention and value of the full skill mix within dental teams is fully recognised. Further steps to support practices will be communicated in due course.

Messages for patients

45. A telephone and email helpline has been commissioned to support prototype patients during the transition period. Contact details for the helpline are:

- Email: dcrhelpline@pcc-cic.org.uk
- Telephone number: 0113 200 2971

46. Practices are not expected to contact patients separately. NHSBSA will be over the months of February and early March 2022 be communicating to all patients. An example of this communication to patients can be found in Annex One.

47. A patient information leaflet will also be distributed to all prototype practices to further support patient queries.

Annex One

Dear *personalised to patient*,

Re: *personalised to patient's practice*

As you may be aware, your local dental practice has been participating in testing a potential new contract and ways of delivering NHS dental care to patients. This testing programme will come to an end on 31 March 2022. From 1 April 2022, practices who had been taking part will automatically move back to the same contract that all other NHS dentists use.

We do not expect there to be a significant impact on your experience of NHS dental care, but you might notice some small changes. These are detailed in this letter.

We are incredibly grateful for the hard work of all dental practices who have taken part in this programme.

What is happening to my dental practice?

Your local dental practice has been participating in testing a new contract and new ways of delivering NHS dental care to patients. These practices have been called 'prototypes'. Due to the close-down of the testing programme your practice's involvement will come to an end on 31 March 2022.

Why is this happening?

The legal rules which have supported this programme come to an end on 31 March 2022. The Government has decided against extending these following an evaluation of the programme.

What does this mean for my NHS dental care and treatment?

You may notice some small changes to your dental care. While there is no change to the range of dental care you are entitled to under the NHS you may notice some changes in who provides it and what it is called. When your practice was taking part in the prototype programme they may have told you that you were registered with them. When the prototype programme ends you will no longer be registered but you should still be able to continue to see your dentist to receive care. You may also have received treatment under the heading of interim care. This specific course of treatment will no longer be available after 1 April 2022; however, NHS dentists and

their teams will still provide you with the advice and treatment that is required in order to keep your mouth, teeth, and gums healthy and free of pain.

All patients can request an appointment with any NHS dental practice, not just the practice which has been part of the prototype programme.

If your dentist recommends a Band 2 (£65.20) or Band 3 (£282.80) dental treatment (detail of these bands is provided below within the dental charges section), you will still receive a dental treatment plan setting out all the NHS treatments you are having and how much they will cost.

Please note that treatment plans are usually not given for Band 1 (£23.80) check-ups.

What about dental charges?

There is no change to the three standard dental charges you may pay for the NHS treatment you receive if you are a charge payer.

- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including [X-rays](#)), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of [fluoride](#) varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, [root canal work](#) or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.

What is the impact of COVID-19 on NHS dental services?

NHS dental practices are working hard to see as many patients as possible, but the pandemic has had an impact on patient access.

NHS dental practices are prioritising patients according to clinical need and NHS England is working closely with dental practices to support them while continuing to ensure the safety of both patients and practice staff.

When can I expect to be seen by an NHS dentist?

How often you are seen by a dentist for routine care should be based on your individual oral health. If you need urgent care or are in a priority group - for example if you are a child - then you may be seen more quickly. Patients with good oral health do not need to be seen as frequently.

What will happen to the learning from the programme my dentist has been part of?

So far, the programme has learnt some valuable lessons, including:

- feedback from patients on their satisfaction and waiting times for dental treatment
- the important contributions that the wider dental professional team, such as therapists and hygienists can provide to patients
- the value of recording an individual's oral health status and how this supports care, treatment, and how frequently patients are seen by their dentist.

The Department of Health and Social Care intend to publish a full evaluation of the prototype programme later this year. The report will describe the benefits and failures about the prototype contract. We will use this learning in the next steps of our work to improve dentistry.

Who do I contact if I have any queries or questions that are not covered within this letter?

A dedicated helpline for your use has been put in place should you have any questions in regard to your ongoing NHS dental care as a direct result of the closure of the testing programme. Details as follows:

Telephone number: 0113 200 2971

Email: dcrhelpline@pcc-cic.org.uk

I hope that this information is helpful. Please do not hesitate to contact the helpline if you have any further queries or questions.

Yours sincerely,

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

Contact: england.dentaloptoms@nhs.net

This publication can be made available in a number of alternative formats on request.