NHS DENTAL REFORMS: MONITORING PROGRESS

1. We asked SHAs at the time of launch, to provide information about the number of new NHS dental contracts signed and rejected – and the approximate service value of these contracts expressed in 'units of dental activity' (UDAs)[1]. Gateway 6500 covered the final stage of this exercise. The return is referred to throughout this note as the 6/4 return confirmed through the w/c 24/4 return.

2. The information was very helpful in showing that, although there were 1,051 contracts rejected (compared with 8,377 contracts signed), the rejected contracts represented only around 4% of services[2]. This is because many of the rejected contracts were for dentists who did relatively little NHS work; and many of the signed contracts were for practices with a number of dentists, whereas the rejected contracts tended to be individual practitioners.

3. As some SHAs pointed out, this comparison between the UDA value of signed and rejected contracts did not tell the full story. Several PCTs had already made progress in re-commissioning services. In these cases, the figures exaggerated the temporary drop in service availability as of the start of April.

4. We would like to be able to make available further figures to demonstrate the progress the NHS is making in **re-commissioning services**. This will help in demonstrating the success of local commissioning and reassuring the public that services are not being permanently lost.

5. We would also like to be able to demonstrate the full extent of dental services commissioned locally. Many communities we know are commissioning further dental services using the new local flexibilities. We would like to be able to demonstrate that fears that NHS dentistry is contracting are unfounded.

6. Finally, we would like to be able to demonstrate progress in **resolving disputed contracts**. At the moment, it is easy to scaremonger by pointing to the third or so of contracts signed in dispute. In reality, SHAs and PCTs have indicated that many of these are for relatively minor, technical issues that ought to be capable of being resolved locally. The sooner we can show these issues have been resolved, the better.

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[1] 'Units of Dental Activity' represent courses of treatment, split into three broad bands and with a weighting to reflect the relative complexity of these three bands.

[2] This is not, strictly speaking, a percentage of previous service levels, nor the service levels that would have been obtained if all contracts had been represented. Rather, it represents a comparison between the UDA value of accepted contracts and the UDA value of rejected contracts, i.e. they are in the ratio 96:4. In some cases, the accepted contracts include additional UDAs that have already been re-commissioned using resources freed up from rejected contracts.

7. We intend to collect information on these three areas through a monthly data collection via UNIFY. SHAs will be expected to confirm PCT returns.

8. These information collections do not replace information provided to the BSA. The information on re-commissioned services and disputed contracts is a temporary collection which will cease when a) services have been commissioned to replace the contracts rejected on 1 April and b) all disputes have been resolved.

Data items

9. We are asking for the following items by PCT:

   A. annual UDAs so far commissioned using resources from rejected contracts, broken down between:

      A1: UDAs commissioned, but not yet being provided at the date of reporting

      A2: UDAs commissioned and being provided as at the date of reporting

   B. total annual UDAs commissioned, broken down between:

      B1: UDAs commissioned, but not yet being provided at the date of reporting

      B2: UDAs commissioned and being provided as at the date of reporting

   C1) The total number of disputes awaiting resolution/determination

   C2) The total UDAs associated with C1

   C3) The total number of disputes withdrawn, resolved or determined, where the dentist or contractor has accepted the outcome

   C4) The total UDAs associated with C3

   C5) The total number of disputes, where the contractor has not accepted the final determination and has/will cease to provide services

   C6) The total UDAs associated with C5

Notes (re-commissioning data)

a) For **items A and B**, SHAs should report the annual UDAs associated with the contract. Where a contract has started, or (for A1 and B1) is due to start, part-way through the year, SHAs should report the UDAs that would normally be provided over a full twelve-month period. This provides a more consistent and accurate way of measuring service levels at the point where data are reported. Where a temporary contract is for less than a full year, the UDAs will need to be adjusted to give an equivalent twelve-month value.

b) For the purposes of **item A**, 'rejected contracts' are only the contracts reported as rejected in the 6/4 data return (as validated in w/c 24/4). Contracts listed as disputed or still under discussion in that return that have since been rejected should not be included in this data item. It is impractical to monitor progress against a moving baseline that seeks to take account of ongoing 'churn' in the system (e.g.

dentists ceasing to provide NHS services following dispute resolution or dentists who had initially rejected contracts now wishing to re-provide services). This ongoing 'churn' will, however, be reflected in data item B.

c) For item A, the UDAs commissioned may not necessarily correspond to the UDAs originally reported for the rejected contracts. In some cases, PCTs may, for instance secure a higher level of UDAs when re-commissioning the service than they would have obtained if the original contract had not been rejected.

d) Item A should not include additional UDAs commissioned using other resources, although these will be reflected in data item B.

e) Item A may include UDAs commissioned as part of the 'signed contracts' reported in the 6/4 data return (and confirmed in the w/c 24/4 return), provided these were commissioned using resources from the 'rejected contracts' reported in that return.

f) **Items A1 and B1** (UDAs commissioned but not yet being provided) should cover only signed contracts. Where a service is in the process of being re-commissioned (e.g. is out to tender) and no contract has yet been signed, no figures should be reported.

g) Items A1 and B1 should capture only genuinely additional services that are yet to come on stream. They should therefore exclude any newly commissioned services that replace current services reported in items A2 and B2. For instance, where a PCT commissions temporary services to replace lost capacity, pending the start of a permanent new service, the UDAs will already be reported in A2 and should not be repeated in A1, except in so far as the UDAs for the permanent new service exceed the UDAs for the temporary service.

h) **Item B** ('total UDAs now commissioned') should include:

- the annual UDAs already agreed, or (if subject to dispute) proposed, for the signed contracts in the 6/4 return
- plus additional UDAs commissioned using resources from rejected contracts
- plus additional UDAs commissioned using any other resources
- plus UDAs associated with vocational trainees (VTs), in so far as these were not included in the 6/4 data return
- plus/minus any increases or reductions in UDAs arising from resolution or determination of disputes
- minus any reductions arising from dentists ceasing to provide services.

i) If a contractor who has signed a contract gives three months' notice, the UDAs should remain in item B until the three months have elapsed and the services are no longer being provided.

j) Item A and item B should not include orthodontic services (which are measured using the different currency of Units of Orthodontic Activity), nor other specialist services such as sedation services or domiciliary services. Where a rejected contract included some element of orthodontic or specialist services, item A should include all UDAs commissioned using recycled funding from the rejected contract, even if some of this funding was notionally for orthodontic services.

Notes (dispute resolution data)

k) The diagram below illustrates the different categories of information.

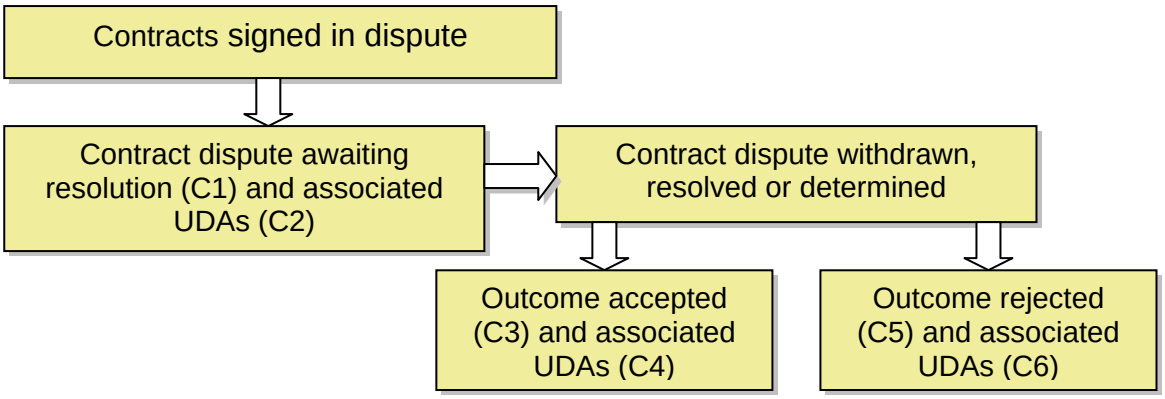
l) Items C1-6 should cover only the contracts reported as being signed in dispute in the 6/4 return (as confirmed in w/c 24/4). It is not the purpose of this exercise to monitor the progress of any disputes raised at a later stage during the operation of the contract.

m) A dispute is regarded as being resolved and the outcome accepted (item C3) if:

- the contractor accepts the terms proposed by the PCT and withdraws the dispute
- the PCT and contractor agree amended terms through the local resolution process and the contractor withdraws the dispute; or
- the NHS Litigation Authority (NHSLA)[3] determines the dispute and the contractor agrees to provide services on the terms determined by the NHSLA.

n) Where the dispute has been determined and the contractor has not yet decided whether to accept the determination, the contract dispute should be regarded as still awaiting resolution.

o) If a contractor accepts the determination, but decides at a later stage to give notice, this will be reflected in the running total of UDAs commissioned (item B) but the outcome of the original dispute should still be recorded as accepted (item C3). Conversely, if a contractor rejects the determination, but agrees at a later stage to re-provide services under a new contract, the outcome of the original dispute should still be recorded as rejected (item C5).



[3] Or the courts, if the contractor chooses to take the dispute to law rather than pursue the NHS Litigation Authority route.