Y Grŵp lechyd a Gwasanaethau Cymdeithasol Health and Social Services Group Y Gyfarwyddiaeth Gofal Sylfaenol a Gwyddor lechyd Directorate of Primary Care and Health Science Yr Is-adran Gofal Sylfaenol/Primary Care Division



Llywodraeth Cymru Welsh Government

Directors of Primary Care – All Health Boards HB Primary Care leads – for distribution to all NHS dental providers in Wales

20 August 2021

Dear Colleagues,

# NHS DENTISTRY: RECOVERY OF SERVICES

We are writing to provide an update and to clarify a number of points to avoid any potential confusion going forward.

## Fluoride varnish

We are aware that there has been a misunderstanding over the fluoride application metric. The Chief Dental Officer letter of 18 February 2021 contained an error regarding the reconciliation of the Fluoride varnish target. The letter states "*If a practice fails to achieve 75% (a 5% tolerance is allowed) a 5% reduction in ACV monthly payment will be applied in the following quarter payments.*"

It was never the intention for a quarterly financial reconciliation to be undertaken and we apologise for the mistake and the confusion caused. The Welsh Government expects Health Boards to undertake any financial reconciliation at the year-end, rather than on a per-month or per-quarter basis. Should practices be below the metric for fluoride varnish during the year, we want to see Health Boards providing support to dental providers who are experiencing difficulty in meeting these activity targets and exploring why they are not being met.

## Standard Operating Procedure

There have been queries in relation to updating the current All-Wales SOP. We can assure you that once the wider UK IPC guidance is reviewed any changes will be made to the All-Wales SOP immediately. Continuing adherence to the UK IPC guidance remains the guiding principle for the Welsh Government.



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Gwefan • website: www.gov.wales/www.llyw.cymru The legal duty to ensure 2m social distancing has now been relaxed with Wales' move to Level Zero. The legal requirement now is to undertake risk assessments and implement reasonable measures. UK IPC guidance as already mentioned remains in place for clinical areas, but dental waiting areas would normally be described as nonclinical areas and so dental practices will be able to use their waiting rooms subject to a risk based assessment. The responsibility will be for the practice owner and dental team to ensure that they have carried out an appropriate risk assessment and implemented reasonable measures to ensure that the waiting room is safe for staff and patients. You may wish to discuss this with your local dental practice advisor. For practices where the surgery door opens directly onto the waiting area then extra precautions will be required following an AGP if a patient is sitting in the waiting room.

### ACORN for Urgent courses of treatment

There has been much discussion regarding the need to undertake an ACORN for an Urgent course of treatment. At this stage of recovery we feel that the completion of an urgent ACORN is no longer required. However, before this can be implemented we need to ensure the necessary changes to the processing of FP17W forms have been made to ensure the forms are not 'rejected' when not including the ACORN data points. We are working with NHS Business Services Authority colleagues to implement these changes as quickly as possible. We will let you know the date of the change but in the meantime ACORNs should continue to be completed and submitted in the usual way.

Once the change has been implemented we expect all NHS patients who present with an urgent need to be offered on-going care which includes a routine examination if they are due, and completion of the full ACORN at the time of examination.

## Routine appointments

Although we remain in the amber phase of recovery, this does allow routine recalls to be undertaken. The Minister for Health and Social Services is receiving an increasing amount of correspondence from patients who have been told by practices that they cannot receive a routine appointment until Welsh Government have lifted the current restrictions. Although priority should be given to those where delay may cause the onset of pain or other harm, we would encourage practices to start recalling patients that are overdue their routine NHS dental examination, in addition to providing appropriate NHS treatment for all patients. At this stage of the pandemic, the amber phase continues to reflect ongoing IPC requirements which means a reduction in throughput and as a result, the need for prioritisation is important. However, if capacity allows, routine assessments should be offered.

## Patient throughput

Although we have not set any specific volume targets for this financial year, we do expect dental practices to continue to provide NHS sessions to reflect the size of their NHS contract; and be providing a reasonable level of throughput to address the needs of their NHS patients being seen. If a practice falls below this level, then they will need to be able to explain the reasons for this to their Health Board's primary care team who are monitoring NHS activity on a regular basis. Average patient throughput for this year is expected to be at least 40% to 60% compared to pre-pandemic years.

#### New patients

Regarding the requirement to see 2 new patients per £165K of ACV, this would normally exclude PDS contracts such as domiciliary, orthodontics, urgent and other advanced mandatory services. In summary, this metric should be applied to the financial value of GDS and PDS contracts for routine general dental services.

We hope that this provides the appropriate level of clarity for NHS dental providers and Health Boards. As highlighted in previous communications, the importance of access; appropriate recall intervals; and the focus on prevention forms the basis of our recovery from COVID-19 and for Contract Reform from April 2022. We fully appreciate the hard work and the difficulty of continuing to provide care for patients during the pandemic.

We will continue to monitor and balance the need for appropriate clinical activity with the safety of patients and the public. For further clarity, we have also attached a summary of our guidance for practice teams as an Annex to this letter.

Yours sincerely,

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Cc: Caroline Seddon - National Director, BDA (Wales)