



All Primary Care Dental Teams in Wales

17 December 2020

Dear Colleagues,

In this final CDO letter of 2020, I want to share some positive news regarding 'vaccination roll out' in Wales; give you an update on the review of the SOP; outline 2020-21 Q4 arrangements/support; and explain the planning and requirements for intended re-start of the contract reform programme in April 2021. I also ask that dental teams in Wales continue to focus their efforts on 'same day urgent care', offer timely care to those who are experiencing problems or whose oral health is deteriorating and continue to address the backlog in treatment and assessment required when capacity allows.

What a difficult year 2020 is proving to be - even in its final weeks. Therefore, I must start with a thank you to everyone in the dental community who have worked so hard to meet patient need and offer dental services during our response to the Covid-19 pandemic. This year has been challenging for everyone and I often remind myself, however challenging my day is, I do not have to wear enhanced PPE & a FFP3 mask while working, see multiple patients in pain and don standard PPE even at break times. However, I am sure everyone in clinical teams also appreciate the work and support that has been offered to you from those individuals who work 'in dentistry' behind the clinical scenes. Colleagues in HEIW, in HIW, in PHW, in Academia, in NHSBSA, in the BDA, in Health Boards and Welsh Government Dental Branch and would join me in thanking all of them for their input and assistance to us this year.

Since March, we have all been adjusting to the impact of the pandemic. It has reached every part of our work and way of life. I hope all of you will get some opportunity for respite and 'down time' in the coming weeks, as we will have to sustain our efforts for some time into the New Year of 2021.



Unfortunately, as you will also be aware the Covid-19 virus is currently spreading faster than anticipated in Wales; despite efforts made to control it in the recent 'firebreak'. There is now increasing community transmission in many parts of Wales, in particular in South Wales. This is putting sustained pressure on wider NHS services at a time when winter pressures are also having an impact. Over 2,000 coronavirus-related patients are currently hospitalised in Wales. Infections and therefore, admissions are continuing to rise. The system is at the highest level of escalation experienced.

Dentistry is an essential part of healthcare. It is, therefore, important that the dental community in Wales continue to 'recover' and offer dental services, not least to ensure that people with dental pain and problems can access timely care and treatment. The greatest part dental teams can play in this current worsening situation is to ensure that dental problems, particularly for those in our most vulnerable communities, who may not be on a practice list, are treated and problems do not escalate. Otherwise, that could add to pressure in other parts of the NHS such as in A&Es and General Practice, so I can confirm that financial support and the suspension of UDAs will continue to facilitate NHS dental provision in the final quarter of the 2020-21 financial year.

The Minister published a Written Statement last week confirming his commitment to NHS organisations to take local decisions and actions to support our most vulnerable communities. That may include Health Boards offering funding to dental practices willing to offer additional hours over traditional holiday periods to supplement the existing Emergency Dental Service/Urgent Dental Centre capacity. Please keep abreast of Health Board local communications should you wish to take part.

Vaccination Roll Out

There is some positive news on coronavirus with the first vaccinations delivered in Wales currently being prioritised and rolled out. It does feel like a breakthrough in the pandemic but we will not see results of the impact of vaccinations for a while, so it is important to carry on with adhering to the SOP, social distancing and hand hygiene. As the vaccine starts to be administered, prioritisation will be given to those aged 80 and over, and to care home staff and residents so they can be vaccinated as soon as possible; and priority will include those working on the frontline within health and social care. Dentists and their clinical teams in the NHS and in the private sector are included in that planning. Each Health Board has a vaccine lead and they have the contact details of NHS and private dental providers. ***Please be patient***, it is a huge logistical and operational programme. Dentists and their teams will receive an invitation to receive vaccination in the coming weeks. There may also be an opportunity to take part and assist in the delivery of the vaccination programme. Again, keep up to date with news and opportunities from the Health Board locally. I would also like to bring to your attention that following the advice of the Chief Medical Officer, there have been changes to the self-isolation period. For further information please see the Minister's [Written Statement](#).

Review and update of the SOP

Following publication of the [UK IPC guidelines](#) the clinical leads group, chaired by Deputy CDO Warren Tolley and supported by Ilona Johnson have reviewed and updated the SOP – see attached. We cannot eliminate risk but we do have to manage risk to facilitate safe provision of essential dental care and reasonable patient throughput. Essentially, with good ventilation, fallow time following AGPs can reduce to 30 minutes or less, with other mitigating factors employed together with the length of the AGP taken into account. Adherence to the SOP, including enhanced PPE, social distancing and need for vigilance in staff areas will have to continue for some time.

You will be aware the Minister for Health and Social Services has agreed to a £450,000 allocation be made to improve ventilation in dental surgeries. The funding is being made to Health Boards, who he considers are best placed to understand the requirements of individual local dental practices. Health Boards will manage and decide the allocation of resources to ensure value for money and investment in those practices where need is highest; and where it would have the greatest impact in terms of improving the delivery and access to NHS patient care. Health Boards may also consider reimbursement to dental providers who have been proactive in recovery and have recently improved ventilation in surgeries in response to the SOP requirements, to increase the AGPs delivered in NHS care since June 2020. The resource is not intended for the purchase of 'air purifiers' or other such devices; it is intended only for equipment and modifications that improve ventilation i.e. increased ACPH in dental surgeries. Health Boards will communicate locally how they intend to distribute the fund.

Q4 arrangements/support

Financial support and the suspension of UDAs will continue in Q4 2020-21 for NHS dental contract providers. The investment made in NHS dentistry is a substantial sum of public money. It is, therefore, necessary, particularly with the suspension of UDAs that Welsh Government and Health Boards can ensure it is delivering value for money, meeting need and that the investment can be accounted for.

The majority of NHS providers have been proactive in adopting the requirements of the SOP to achieve a reasonable throughput of patients and episodes of care in recovery. However, there have been some practices that have been unable or unwilling to do so and those providers cannot expect that 90% of contract payments will continue without scrutiny and measure. Welsh Government are working closely with Health Boards and NHS Business Services Authority colleagues to introduce incentives, expectations and measures in Q4 2020-21.

Health Boards and NHSBSA require prompt submission of FP17Ws (and FP17OWs) – within current regulation requirements. Please continue to submit FP17W/OWs promptly following the course of treatment. Even though UDA/UOA targets are suspended, data still needs submission. It is imperative that practices report all activity as it will be used in Q4 2020-21 to support decision making as outlined below.

Orthodontic providers are asked to prioritise case starts for those who have greatest need, rather than use a 'first come first served' waiting list approach. They are also

reminded to reduce the number of assess/reviews to ensure as much available capacity as possible is directed to completions and prioritised case starts.

It is encouraging that latest data for November shows on average some 35% of courses of treatment being completed compared to the same month in 2019. It is accepted the return of services will continue to be incremental. However, given the update to the SOP and investment in improved ventilation in surgeries, it would be reasonable to expect to see the number of courses of treatment completed and patients seen continue to increase during Q4 2020-21. We are aware there could be further and deepening disruption to dental services, therefore we are not setting this as a measure. However, if a practice is not achieving the Health Board average, taking into account the contract value and patient throughput expected for the agreed NHS opening hours, the Health Board will want to initiate a conversation with the practice to understand the reasons why. Please continue to report outbreaks, staff illness, self-isolation impact as requested by health boards and required by HIW.

Measures in Q4 2020-21

1. AGPs: Capable of carrying out AGPs – financial support offered is 90% ACV payments.

If not undertaking AGPs a further 10% reduction in contract value can be applied i.e. financial support can reduce from 80% to 70%.

If a practice is not undertaking a reasonable number of AGPs for a given ACV, historic patient numbers and with reference to Health Board average, it will trigger a conversation with the Health Board and could lead to reduced ACV payments depending on local decisions and circumstances.

2. New patients: Some practices are already taking on new patients on referral from the Health Board dental helpline/NHS111. In addition to those agreements, they and all NHS providers, given the current situation, are asked to accept at least 2 new patients per week, defined by a patient who has not been seen in the practice in the previous 24 months or 12 months for children – measured on a monthly basis (8 per month – at least 4 adults). Patients can be directed to the practice by the Health Board and/or be self-referred (benchmark - 2 patients per £165k contract pro rata). If practices exceed this measure then contract value can increase to 100% as determined by the Health Board. Securing 'same day urgent access' and offering on-going treatment to prevent recurrent problems for the most vulnerable is the priority at present in NHS dental care.

If practices can meet 'same day urgent' demand and are addressing essential dental treatment backlog then they can resume assessment / checks in Q4 2020-21. Please continue to place a priority, of any routine assessment capacity, on those patients who are known to be at risk of deteriorating oral health. November data indicates: 35% of courses of treatment are being completed, compared to the same period in 2019; urgent course of treatment make up 39% of all course of treatment, down from 74% in July (urgent courses of treatment made up 9.5% of all courses of treatment in 2019-20). Health Boards will expect a mix of episodes of care to be completed when assessing NHSBSA reports and for delivery to include Band 1, Band 2 and Band 3 and urgent care to support recovery of lab based work.

Planning and requirement to join contract reform 2021-22

The CDO letter of 27th August <https://awfdcp.ac.uk/covid-19/official-comms> included detail regarding the contract reform programme. The experience of completing ACORNs, becoming familiar with eDEN reports and measures being used in Q4 2020-21 is sound preparation for practices wanting to take part when the programme restarts as intended in April 2021. You can register to use eDEN here: <https://www.nhsbsa.nhs.uk/eden>

In addition to the above measures, used instead of UDAs in Q4 2020-21, presents an opportunity for practices to prepare for contract reform. The three months of Q4 2020-21 provides the chance to make use of the technology that has been made available in the pandemic; and to adopt learning from the contract reform programme. Please consider making progress in the following areas in Q4 2020-21, as these will be requirements and measures used to join and take part in contract reform going forward:

1. Attend Anywhere: Sign up to Attend Anywhere video consultation by 1 March 2021. Carry out at least 10 virtual patient consultations using Attend Anywhere by end of March 2021. As an incentive, £500 can be paid from withheld annual contract payments when 10 consultations have been completed.
2. Improved ventilation in surgeries: Submit evidence of air changes per hour (ACPH) and confirm practice following necessary health and safety requirements by end of March 2021.
3. ACORN submission: 95% compliance with all FP17W data points. ACORNs being submitted with all data points completed. ACORN findings shared with patients and being used to guide preventive intervention and recall interval.
4. Fluoride varnish: Applied to at least 50% adults who are at risk of decay (amber) or who have active decay (red); and 75% of all children will have FV applications in addition to personalised OH advice.

Finally, I am aware of the impact the huge effort you have all made this year has had, and the levels of fatigue you and your staff will be experiencing, please do take time to protect and maintain your own and their physical health and well-being. I wish all of you a Happy Christmas, despite restrictions and I do hope we all experience a much better year in 2021.

Nadolig Llawen.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Colette Bridgman'. The signature is written in a cursive, flowing style.

Colette Bridgman
Prif Swyddog Deintyddol
Chief Dental Officer