

NHS England

Skipton House

London

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Classification: Official

To: All NHS dental prototype contract holders

11 November 2021

Dear Contractor,

**Contractual arrangements for prototype practices financial year 2021/2022**

As communicated to you in the letter from the DHSC of 14th October, the Government has decided not to extend legal regulations and therefore prototype practice regulations will fall on the 31st March 2022. We are writing to update you on next steps.

We recognise that this decision will be disappointing for many of you. We are grateful for the hard work, commitment, and dedication that you and your team have put into the dental contract reform programme (DCR).

Whilst the results show the prototype model is not suitable for widespread adoption given the impact upon patient access and inequalities there was nevertheless significant and important learning, in particular in relation to skill mix, risk assessment, evidence-based and implementation support, which we will be taking forward into dental system reform.

As discussed at the webinar on Monday 1st November 2021, all prototype contracts will revert by default to the underlying General Dental Service (GDS) or Personal Dental Service (PDS) contractual terms and conditions that were in place prior to entering the DCR programme. Should there be any variation to these underlying terms and conditions these must be mutually agreed between the contractor and commissioner.

As we shared with you on the webinar, NHS England is working on guidance to support regional teams and practices manage this transition. In summary, we are committed to publishing guidance by December which will include a set of national principles as to how this transition should be managed and guidance on the management of patients being cared for in a care pathway during the notice period.

Several of you have already shared your concerns about how this change will be communicated to patients and the burden which may fall upon practices. We are committed to supporting you with these conversations and will be mobilising a dedicated helpline to respond to patient, prototype contractors and commissioner queries. We will also be writing to all patients to explain these changes and updating patient information leaflets. These letters will be shared with you prior to being shared with patients.

We will also be providing a communication pack to help you in having conversations with your staff. The NHSBSA will also be producing individual practice data packs which will help you to understand your historical and current activity and how that relates to your underlying contract activity requirements.

We are keen that we continue to engage with you as we develop the transitional arrangements and practice support. We will be holding a further webinar in December 2021. In the meantime, I would encourage you to continue to raise concerns and issues with us via nhsbsa.dentalcontractreform@nhs.net.

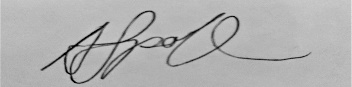
Please do also sign up for the NHS [dentistry and oral health bulletin](https://www.england.nhs.uk/email-bulletins/dentistry-oral-health-update/) which we use to communicate important news about the service.

Our shared priority on behalf of patients is to safely maximise access and activity. In this vein, the requirements continue to be that:

* Contracts continue to be in place for 100% of normal volumes with an expectation that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.
* In addition, practices to continue to follow the advice of the Chief Dental Officer and prioritise patients according to clinical need. Practices should not prioritise patients with lower clinical need over those in higher clinical need, such as urgent care or a member of a priority group such as children. Practices are recommended to use the [child dental recall guidance](https://www.england.nhs.uk/primary-care/dentistry/clinical-policies/dental-recall-priorities-for-children/) issued by the Chief Dental Officer.
* All [infection prevention control guidelines](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-dental-appendix) issued by the UK Health Security Agency must continue to be followed as well as the Procedure.
* Practices are also reminded to provide services in accordance with any relevant guidance that is issued by National Institute of Clinical Excellence (NICE), in particular “[Dental recall - Recall interval between routine](https://www.nice.org.uk/guidance/cg19/resources/dental-checks-intervals-between-oral-health-reviews-pdf-975274023877) [dental examinations](https://www.nice.org.uk/guidance/cg19/resources/dental-checks-intervals-between-oral-health-reviews-pdf-975274023877). When a patient attends for their oral health review, dentists should use the NICE’s [checklist (appendix G, pg.101)](https://www.nice.org.uk/guidance/cg19/evidence/full-guideline-appendices-f-g-pdf-193348913) to assist in selecting the appropriate next recall interval, as we know so many of you have successfully done over the period of contract reform

Dental system reform is a priority for us. Your experiences and learning will help us change NHS dentistry for the better, for the dental profession, for the wider NHS and most importantly of all, for patients.

Yours sincerely,

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| Ali Sparke  Director of Primary Care, Dentistry, Pharmacy, Optometry & Standard Contract  NHS England and NHS Improvement | Sara Hurley  Chief Dental Officer England |