



From Barry Cockcroft
Chief Dental Officer for England (Acting)

*New King's Beam House
22 Upper Ground
London
SE1 9BW*

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Information: All NHS dentists

Dear Colleague

NHS DENTAL REFORMS: DENTAL PRACTICE BOARD INFORMATION

I am writing to underline the importance of the enclosed information from the Dental Practice Board (DPB) to all dentists with GDS contracts during the reference period – and the information that Primary Care Trusts (PCTs) will shortly be making available to PDS dentists. I would also like to take this opportunity to confirm some other key points about the new GDS and PDS contracts.

Prescribing profiles

If you held a GDS contract during the period October 2004 to September 2005, your 'prescribing profile' from the Dental Practice Board and accompanying guidance notes will be enclosed with this letter. This contains the contract value and the associated activity requirement (based on weighted courses of treatments), which will form the basis of GDS contract negotiations over the next few months. You should take time to read these documents carefully as they will form the basis of the discussions between you and your PCT about your new dental contract from April 2006.

PDS dentists will receive information from their Primary Care Trust to serve as the basis for substantive PDS agreements (building on the current pilot arrangements). PDS dentists who held GDS contracts for some or all of the reference period will still receive (for information) a GDS prescribing profile.

New contracts: key points

Under the proposed new contracts, activity will be described in terms of weighted courses of treatment or Units of Dental Activity. For dentists with GDS contracts, the calculations in the DPB's profile show you are expected to perform 5% fewer courses of treatment than the number performed during the test period – in return for a guaranteed income at the same level as your current earnings (before taking into account the annual % uplift for pay and prices). As PDS pilots have shown, there is likely to be an even greater reduction in individual items of treatment, because the new arrangements promote simpler courses of treatment. Dentists currently in Personal Dental Services agreements have the same income guarantee, in return for an annual number of courses of treatment that sensibly reflects the value of the existing PDS agreement.

This means that both GDS and PDS dentists will in future benefit from a guaranteed NHS income that is no longer linked to individual items of service. This is a good deal for dentists.

Can I also underline that:

- we have amended the draft contract regulations to make clear that there is nothing to prevent dentists from agreeing with PCTs that they continue to give priority to specific groups such as children
- the requirement in the contract regulations is, as now, that dentists have to provide treatment that is clinically necessary for their NHS patients. There is (and never has been) anything in the contract regulations that affects your ability to mix NHS and private practice, where this is agreed with the patient.

These points are reflected in the revised contract regulations and in the model GDS contract that will be published shortly and placed on the Chief Dental Officer's page of the Department of Health website.

Next steps

You should be aware that your PCT has a duty to commission services within their local budget but if you do not take up your contract offer, your PCT can commission services elsewhere. The regulations under which GDS services and PDS pilots are currently provided will be revoked on 31 March 2006. It is essential that you agree a new contract by the end of March (at the very latest) to be able to carry on providing NHS services after this date. Any dentist without an NHS contract on 1 April 2006 does not have an automatic right to a contract to provide NHS dental services in the future.

The British Dental Association recently sent helpful advice to Local Dental Committees on negotiating contracts locally. It is important that your local representatives discuss this with you and you know the timetable of local negotiations over the next few months. If you do not reach agreement with your local PCT about a contract value by the end of February, the new Business

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Services Authority (the successor to the Dental Practice Board) will not be able to make timely payments from April onwards.

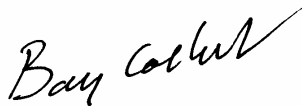
Looking ahead

For many years, dentists have asked for an end to the treadmill, a guaranteed income, enhanced clinical discretion and more time for preventative work. The new contracts deliver all four. In addition, the recent oral health plan will act as a resource for PCTs and dentists in developing services from next April (see: http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4123251&chk=63f8EG).

I am convinced the April reforms will contribute to improved oral health in the future, underpinned by the expansion in student places – around 850 more in training by 2010 – and a more stable supply of dentists as a result. I have visited a number of areas in recent months where new dental services have been established.

April 2006 is very much a new chapter for dentistry – a beginning rather than end to the process. It will place dental services firmly in the mainstream of NHS services, with a clear focus on contributing to improvements in oral health. I very much hope that you will agree a new NHS contract in the next few months that will be beneficial to you and your patients.

Yours sincerely



Barry Cockcroft
Chief Dental Officer for England (Acting)