



From Barry Cockcroft
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Information: All dentists with NHS contracts

Dear Colleague

The new contractual arrangements, which come into force on 1st April 2006, represent the most significant reform to NHS dentistry since its inception in 1948.

April 1st is the beginning of the change process, not the end. I remain convinced that dentists and patients alike will benefit as the focus shifts to implementation and we move over to flexible local arrangements. Undoubtedly, as we move forward we will find that certain aspects of the changes may need reviewing and we have established an Implementation Group with professional, patient and NHS representatives to review the impact of the reforms and make sure that they are delivering these benefits.

In the meantime, in advance of April, I wish to draw your attention to the following key transitional matters.

1. Contractual continuity over the transitional period

The legal framework, which underpins the existing system of NHS dentistry, ceases to exist on 31st March. In order to be eligible to provide NHS dental services under the new system, practitioners must have a signed contract in place with PCTs by 31st March.

Some of you may have contracts signed 'in dispute'. This does not necessarily mean that you are actually in dispute with your PCT. Rather it gives both parties more time to agree contract details and protects your cash flow while you continue discussions and reach agreement with your PCT.

If you are unable to agree particular terms of your contract, you may refer the dispute to the NHS Litigation Authority (NHSLA) (to whom Secretary of State has delegated responsibility) to consider in accordance with the procedure provided for in the NHS (GDS Contract) (PDS Agreement) Regulations 2005. Appeals should be addressed to Jonathan Haley, NHSLA, 30 Victoria Avenue, Harrogate, HG1 5PR.

2. Maintaining cash flow

The timing of payments in the new contractual arrangements depends on whether you are currently working in GDS or in a PDS pilot.

2.1. If you are currently working in GDS

The April payment will occur as normal and will cover dental work carried out under the General Dental Service (GDS) arrangements ending 31st March. You will continue to receive payments for the remaining work carried out under existing GDS arrangements before or on 31st March as you submit claims for incomplete treatments. (NB you must submit these claims by 30th September 2006.) Payments for the new contracts will occur on the first working day of the month in arrears - 2nd May.

2.2. If you are currently working in PDS Pilots

The final payment for the existing PDS (Personal Dental Services) pilot agreement will be pro-rated to the end of March (ie payment will cover the period from the usual payment day until the end of March) and will be made on this date in April.

If you have chosen to move to GDS or agreed with your PCT a change of payment day for the new contracts, then the first payment for your new agreement is on the first working day of the month in arrears - 2nd May. If you are in DPB scheduling groups 15b and above, then your payment day will also be moved to the first working day of the month in arrears – 2nd May.

If you are moving to a new PDS agreement and retaining your payment day then you will receive a pro-rata payment for the new agreement on your usual payment day in April.

3. Transitional arrangements for patient charges in courses of treatment that span the April change period

For courses of treatment that span the 1st April changes, you should compare the old and new patient charges and then apply the lower charge. You will then need to complete an old style FP17 form in the normal way and add code 9200 in part 7c. Please refer to the Dental Practice Board's information pack for further details on transitional payment matters.

I recognise that this has been a period of uncertainty and that this significant change has been especially challenging in some places. I should like to take this opportunity to reinforce my belief that we now have a real opportunity to move on and develop an NHS primary dental care service which provides better services for patients while enabling dentists to get off the old item of service treadmill and to practise in a more modern and beneficial manner.

Yours sincerely



Barry Cockcroft
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