# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE**  | **Dental Contract Reform and expanding new ways of working for NHS dental practices**  |
| **DATE**  | **12 February 2018** |
| **BY** | **Vaughan Gething AM, Cabinet Secretary for Health and Social Services** |

*Taking Oral Health Improvement and Dental Services Forward in Wales* <http://gov.wales/topics/health/professionals/dental/publication/information/dental-health/?lang=en> published by Welsh Government in March 2017, outlines the key priorities for NHS dentistry, with contract reform identified as a priority. The document details reasons for a general dental service reform programme.

The current dental contract is focussed on treatment activity and does not incentivise needs led care, prevention or make the best use of the skills of the whole dental team.

Learning is being used from previous dental pilots in Wales (2011-2016) and the ongoing dental prototype practices to design the new programme.

The programme is:

* involving key dental stakeholders in the development of dental contract reform;
* collecting the oral health risks and needs of individual patients and the whole practice population to support dental teams to effectively communicate these to patients, and work with them to co-produce agreed outcomes;
* improving the delivery of evidenced-based prevention;
* supporting implementation of dental recall periods, based on oral health risk and needs assessment;
* evaluating the changes in key activities, outcome and quality indicators to inform development of new dental contracts; and
* encouraging increased skill-mix use.

Significant progress is being made to expand and develop the work, exploring options for dental contract reform within current regulations to realise our aim of increasing access and providing prevention based NHS dentistry.

Clinicians involved in the contract reform prototypes have adopted a needs led preventive approach to care provision. Access and delivery of care to higher need patients has increased; patients and the health board are happy with the transformation in care. This approach is being expanded and the experience shared with more practices. However, it is necessary that robust outcome measures, to incentivise personalised preventive care and use of the wider team in delivery, are also developed and collected.

Understanding patient need and risk and using this information to plan care has been key to these improvements. Communicating clinical findings and oral health risks to patients and taking time to explain what actions they need to take to improve and maintain their oral health has had a significant impact. We have worked with health boards, clinical teams and their representatives to develop a ‘need and risk’ assessment tool. This can be used by dental teams to better communicate with their patients and will enable health boards to measure outcomes.

There has been considerable interest from clinical teams and all seven health boards are participating. From January this year 23 dental practices (Annex 1) selected from the many that applied are testing the use of the needs and risk assessment tool. This information is being used to plan care, give personalised preventive advice and agree appropriate recall intervals with patients. It is also facilitating improving access and making use of the whole dental practice team. We intend to expand the programme and new ways of working to more teams during 2018 and to scale up improvement throughout Wales.

*Prosperity for All: The National Strategy*aims to increaseaccess to health services and “take significant steps to shift our approach from treatment to prevention”. There are opportunities within dentistry to make a greater impact on the health and wellbeing of the population, including an emphasis on a child’s early years. In this way, wider ambitions such as increasing access to employment can also be achieved.