Dr Sarah Wollaston MP
Chair, Health Select Committee
House of Commons
Westminster
London SW1A 0AA

Dear Sarah,

11 JAN 2018

NHS DENTISTRY CONTRACT

I said I would write to follow up the concerns raised by Dr Caroline Johnson at the recent Health Select Committee about the current primary care dental contract.

Access to NHS dentistry remains consistently high. In the 24 month period ending September 2017 was 22.1 million (51.3% of the adult population), showing a small upward trend based on the same period the year before. Children seen in the 12 month period ending 30 September 2017 was 6.8 million (58.5% of the population), up from 6.7 million (57.6% of the population) in the same period the year before.

The primary care dental contract is, as you say, a full activity contract rather than having any element of capitation (a set payment for providing continuing care to patients for a defined period of time). This contract was introduced by a previous Government, and was heavily criticised by the profession as replacing one perceived activity treadmill with another.

We agreed that this approach was flawed and by remunerating only for activity did not promote the now needed focus on preventing as well as treating disease. As our 2017 manifesto set out, we continue to be strongly committed to reforming the current dental contract to one which will support other initiatives to further improve oral health and increase access to NHS dental services.

A new way of delivering care and paying dentists is currently being trialled in 75 high street dental practices. At the heart of the new approach is a prevention-focused clinical pathway which includes offering all patients an Oral Health Assessment and advice on diet and good oral hygiene, with follow up appointments where necessary to support patients’ self-care and provide any further preventative treatments. This new approach aims to increase patient access by paying dentists for the number of
patients cared for, not just treatment delivered, as per the current NHS dental contract.

We expect the evaluation of the prototype agreement scheme to be published in the New Year. It will set out the detailed findings from the first full year of testing this new prototype system. A single year, however, is too short a period of time on which to make final decisions about whether the new remuneration system, when combined with the revised clinical approach, is viable for wider adoption as a new NHS dental contract. We have, therefore, taken the decision to extend the Prototype Agreement Scheme to allow it to run for up to a further two years, until 31 March 2020, in order to allow for a further period of testing.

The prototypes will continue to be subject to evaluation to determine if they can maintain access and improve oral health, including that of children, in a way that is sustainable for practices, patients and NHS commissioners, before any decision will be taken on wider national adoption.

JEREMY HUNT