



Department
of Health &
Social Care

For Records

From Steve Brine MP
Parliamentary Under Secretary of State for Public Health and Primary Care

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George Eustice MP
House of Commons
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20 MAR 2019

Dear George,

Thank you for your correspondence of 12 February about access to dental services.

I appreciate your concerns about the effect of dental contracts on the provision of dental services in deprived areas.

As you are aware, in April 2006, the Department introduced a major programme of reforms to NHS dentistry including a new system of patient charges. Instead of over 400 separate charges for different items of treatment, as there were under the old system, there are three price bands. The original intention of banding treatments of similar complexity into weighted courses of treatment was to encourage dentists to deliver the overall care needed by their patients, rather than focusing remuneration on individual items of treatment. However, we agree that the 2006 NHS dental contract requires reform.

The new contracts being tested aim to support dentists to deliver care with a strong focus on prevention, as well as treating diseases. Practices are testing two remuneration 'blends', one of which is based on over 50 per cent capitation and the other on over 80 per cent capitation. The introduction of a minimum number of capitated patients alongside minimum levels of activity aims to ensure that dentists are incentivised to provide ongoing care for patients and to prevent future disease, whilst also providing any necessary treatment.

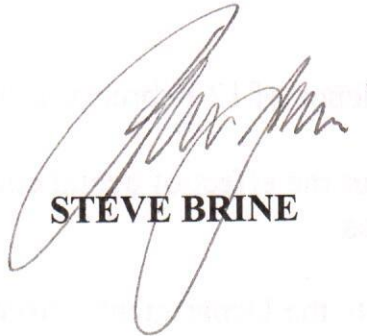
As part of the new contract, we are looking at how the new approach remunerates dentists for treating high-need patients and, in particular, at a form of weighting that ensures equitable access to treatment and fairly reflects the resources required to meet a patient's needs. This is being worked on by the Contract Reform Remuneration

Working Group, which includes representatives from the British Dental Association and dental practices testing the prototype approach.

One of the main factors that will be considered when determining if the prototypes are fit for roll-out is whether these remuneration arrangements work for the profession. We have been clear that unless the evaluation of the prototypes shows that they work for patients, the NHS, and the profession, then we will not be in a position to roll them out nationally.

In the meantime, NHS England continues to have a duty to commission NHS dental services to meet identified local needs and to help people who are unable to find a dentist.

I hope this reply is helpful.

A handwritten signature in black ink, appearing to read 'Steve Brine', is written over the printed name. The signature is fluid and cursive, with a large loop at the end.

STEVE BRINE