

**General Dental Services in Wales  
2021/2022  
Guidance for Dental Teams and Health Boards**

**Purpose of this document**

This document is to outline arrangements for General Dental Services in Wales:

- Quarter 3 (Oct '21 – Dec '21)
- Quarter 4 (Jan '22 – March '22)

The Dental SOP version 1.01, can be found [here](#) still stands. Please refer to this for guidance on the management of non-COVID-19 patients.

**Current expectations**

Practices should be continuing to see routine recall and emergency patients, **prioritising those with the highest need. This has been further clarified in the recent DCDO letter dated 20 August 2021.** The expectations outlined in the CDO letter [Feb 2021](#) are still in place. Table 1 shows our expectations for 2021/22, whilst Appendix 1 provides further detail on how the different measures are defined.

**Table 1: Expectations at a glance**

<b>Measures and requirements for practice teams</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Annual ACORN</b>	✓	✓	✓	✓
<b>eDEN use by practices</b>	✓	✓	✓	✓
<b>AGPs and improved ventilation</b>	✓	✓	✓	✓
<b>Fluoride varnish (adults and children)</b>	✓	✓	✓	✓
<b>Access to new patients</b>		✓	✓	✓
<b>Duty of care for historic patients</b>			✓	✓
<b>Recall based on risks and need (adults)</b>			✓	✓
<b>Wales National Workforce Reporting System (WNWRS)</b>				✓

**When will GDS Reform re-start?**

Given the current pandemic situation and the pressures on both practices with NHS contracts and Health Boards, we have taken the decision to re-start in April 2022.

**What about UDAs?**

Financial support and suspension of UDAs will continue until the end of March 2022, ready for contract reform to restart. Measures from April 2022 onwards will be confirmed in Quarter 4.

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**Will there be targets to meet?**

Measurement and accountability of public funds is necessary. We need to use this time positively to build on learning from the pandemic response and continue to work towards a need/risk led, preventive and evidenced-informed provision of primary care dentistry. Achieving better access and outcomes for patients and reduction in inequalities is one of the Welsh Government's priorities.

Learning from the GDS Reform Programme pre-pandemic period and delivery by practices during the recovery period i.e. this year (measures outlined on Appendix 1), COVID-19 situation and feedback from key stakeholders will inform 2022/23 reform plan for practices.

Building on key measurements as outlined on Table 1 above and expected minimal threshold for delivery. Level of dental access expected during 2022/23 will be communicated in Q4 2021/22. Level of Access recovery expected in 2022/23 will take account of COVID-19 situation and level of dental risks and need of a practice population.

**What's next?**

The direction of travel for Wales is provided in the Ministerial Statement on 1<sup>st</sup> July [here](#) which emphasises the move away from UDAs. With the restart of contract reform, those practices and teams with NHS contracts who actively engage will have the opportunity to develop new ways of working, focusing on the needs of their patients.

This means that we need to develop and test alternative ways of working, while keeping to the principles of prudent healthcare, prevention and ensuring those who need dental care are able to access it. This will be supported by the ongoing work on the Philosophies of Care to guide good practice in the management of dental caries and periodontal disease.

Practices with NHS contracts need to access their data via their NHS Business Services Authority eDen dashboard which will be used by Health Boards to monitor performance. The measures outlined in the CDO letter are explained in the table in Appendix 1.

There is work being undertaken at present to produce information posters for patients addressing access; recall; and to address possible aggressive behaviour. These will help to support practices with NHS contracts as they communicate with their patients. Please ensure that you keep up-to-date with the education and training offered by HEIW. They offer valuable sessions on shared decision making, dealing with complaints etc., which can be found [here](#).

A Strategic Board is being established by the Welsh Government to oversee and govern the work programme, priorities and provide strategic direction for system reform in dentistry. It will report to the Primary Care Oversight Group. Different work streams and work plans are being developed to inform the reform programme to move us away from a UDA based system.

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**Support available and contacts for feedback:**

If you are unsure of your responsibilities for delivery of GDS services, your first point of contact should be with your Health Board.

If your query related to e-DEN or other NHSBSA data please contact them via [nhsbsa.dentalinsight@nhs.net](mailto:nhsbsa.dentalinsight@nhs.net)

HEIW are continuing to provide excellent support and training to support the new way of working including training on: Making Prevention Work in Practice, eDEN, ACORN, Attend Anywhere and many CPD courses on communication, behaviour change and preventive management of caries and periodontal diseases. You can access support from HEIW should you need it: [HEIW.DentalQI@wales.nhs.uk](mailto:HEIW.DentalQI@wales.nhs.uk)

As ever the programme team for dental reform is keen to hear feedback from all member of the dental team. Please direct any feedback to: [Kate.Eyre@wales.nhs.uk](mailto:Kate.Eyre@wales.nhs.uk)

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**Appendix 1 All Wales GDS measures and requirements 2021/22<sup>1</sup>**

Period	Measurement	What is the ask?	How will it be measured?	Where can I find this information?
<b>Q1 to Q4</b>	<b>Annual ACORN</b>	<ol style="list-style-type: none"> <li>1. All patients visiting the practice will receive an ACORN once per year.</li> <li>2. All 8 data points will be collected and transmitted via FP17w</li> <li>3. Results of the ACORN assessment will be communicated to the patient via the personalised prevention plan.</li> </ol>	Via FP17W's submitted and if required through patient record checks.	<p>You will see this data on your practice eDEN home page. If you have difficulty, please contact <a href="mailto:nhsbsa.dentalinsight@nhs.net">nhsbsa.dentalinsight@nhs.net</a></p> <p>Personalised prevention plans can be found <a href="#">here</a> - these can be completed and discussed with the patients and then emailed or provide a printed copy to them.</p>
	<b>eDEN use by practices</b>	All practices will be registered users of eDEN and be familiar with the reports and share with their practice teams	NHSBSA will provide a report on practices by HB who have not yet signed up to access eDEN	<p>To register with eDEN visit : <a href="https://www.nhsbsa.nhs.uk/e-den">https://www.nhsbsa.nhs.uk/e-den</a></p> <p>Advice on using eDEN can be found <a href="#">here</a></p>

<sup>1</sup> Health Boards and practices may have agreed delivery of additional services (e.g. access) and outlined improvements expected in associated measurements

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<b>Q1 to Q4</b>	<b>AGPs</b>	A strict target has not been set. <b>BUT</b> the ask is that Practices are carrying out <b>reasonable</b> number of AGPs – a reasonable number of AGPs, can be estimated on the size of the ACV, the number of patients previously cared for, patient needs, staff issues and the context of the pandemic.	Reports will be shared with the HB from FDS dashboard. Practices that fall below the HB average will trigger a conversation with the HB dental contracting team.	You will find this data on the FDS dashboard.
	<b>Improved ventilation</b>	Evidence of air changes per hour	Information to be submitted to HB by 31 <sup>st</sup> March 2021	Individual to each practice.
<b>Q1 to Q4</b>	<b>Flouride varnish (adults)</b>	Minimum of 80% of FP17Ws for adults who are classed as Red or Amber for tooth decay included Fluoride varnish application	Via your FP17W's submitted.	This information will be available on your practice dashboard on eDEN
	<b>Fluoride varnish (children)</b>	80% of <b>ALL</b> FP17Ws for children included Fluoride varnish application	Via your FP17W's submitted.	
<b>Q2 to Q4 for access to new patients</b>	<b>Access to new patients</b>	2 new patients* per £165k of ACV are seen per week. If you would like to query what this figure means for your practice please contact your HB dental contracting team.	Via your FP17W's submitted.	This information will be available on your practice dashboard on eDEN.
<b>Q3 and Q4 for duty of care</b>	<b>Duty of care for historic patients</b>	If a practice submitted a FP17W** for a patient during the years 18/19 and 19/20. Then they retain a duty of care for those patients. This means should the patient require treatment the practice is responsible for meeting that need and patients requesting to be seen should be offered appropriate timely appointments.	Via your FP17W's submitted.	

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<b>Q3 and Q4</b>	<b>Recall based on risks and need (adults</b>	No more than 20% of adults (with 5% tolerance) who have three Green scores on their ACORN (i.e. low risk and no clinical need); these patients should be seen for a routine assessment again within a period of 11 months.	Via your FP17W's submitted.	
<b>Q4</b>	<b>Wales National Workforce Reporting System (WNWRS)</b>	Details of staff that are based at the practice to be reported (including all dental and support staff).	Online reporting WNWRS portal.	How to complete and access this will be circulated in Q 4

**\*New patients**

A new patient is defined as:

- **New to Contract:** New patients are defined as patients whose previous visit to the contract was greater than 12 months (children) or 24 months (adults) prior to their current treatment, or who have no previous visit to the contract.
- **New to NHS:** New patients to NHS are defined as patients whose previous visit to any NHS contract was greater than 12 months (children) or 24 months (adults) prior to their current treatment, or who have no previous visit to any NHS contract.

\*\*This does not include patients that were seen under a urgent care only CoT.