



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Policy on the Management of Common UDA Rate (24hr Retirement)

Background

When General Dental Services (GDS) contracts and Personal Dental Services (PDS) agreements were first commissioned in April 2006, each contract was established with an Annual Contract Value (ACV) for an agreed amount of annual contracted activity delivered through Units of Dental Activity (UDA).

The ACV and number of UDAs were pre-determined by the Welsh Assembly Government based on earned income and type of dental treatments provided by each dentist in a given reference period. This guaranteed the dentist an annual income equivalent to the reference period but the conversion of Item of Service to UDA activity was unique to the treatment profile of each dentist and resulted in quite wide variations in the remuneration each individual dentist receives for delivering one UDA (e.g. there was no standard value per UDA).

Given the inequitable variance across the ABMU area, the Health Board agreed in August 2011 to support the move to a minimum UDA rate of £21 and a common UDA rate of £22.50, when considering the award of any new contracted activity.

The Way Forward

The Health Board has endeavoured to work alongside the Local Dental Committee (LDC) in moving forward dental issues and supporting its General Dental Practitioners (GDPs) as and when possible. It has previously been established with the LDC that the Health Board will endeavour, over the coming years, to reduce the disparity of UDA values across the ABM area that have been in existence since the introduction of the new contract. It is recognised that due to the nature of the GDS contract, there is little scope or opportunity to change or amend contracted UDA values attached to existing NHS contracts.

The first stage to address this issue was the agreement that all future commissioning for new GDS contracts would be managed through a competitive tender exercise based on the common UDA rate of £22.50. This would also be reflected in additional activity being awarded to existing contracts and any form of remuneration provided to GDPs. Whilst this process begins to aid the equalisation of UDA values, to drive this forward, 24 hour retirement should also be considered to fall into this criteria as another measure to equalise the UDA values in GDS contracts.

24 hour retirement- The Process

1. GDP is required to provide a 3 month notification of their intention to take 24hr retirement (including dates) to the relevant Locality Office or if preferred, to NHSSSP who will forward the notification to the relevant Locality Office.
2. The Dental Lead from the Locality Office, will action the notification confirming beforehand with the performer/contractor the implications of their notification.
3. The notification will be passed on to the NHS Business Services Authority (NHSBSA).
4. If the 24hr retirement relates to a performer, the performer will need to be removed from the contract from a specific date and then added back on to the contract.
5. If the 24hr retirement relates to a dental contractor, the contract will close for a period of 2 days and reopened as a new contract, all performers working under the contract should be notified by the contractor that for 2 days they will not be attached to a contract. The contractor will be informed that they are only permitted to work for a maximum of 16 hours per week, in the first month following receipt of their pension.

The Health Board Proposes that:

Where a contractor applies for 24 hour retirement the Health Board will seek to re-calculate the UDA value to the common rate.

- i. Where the contractor prior to 24 hour retirement received a UDA value which is less than the common rate the ACV will remain the same and a decrease in contracted activity will be awarded to the contract.
- ii. Where the contractor prior to 24 hour retirement received a UDA value which was greater than the common rate the ACV will remain the same but an increase in contracted activity will be awarded to the contract bringing the contract in line with the Health Board agreement for a common rate of remuneration. This will enable the Health Board to increase access to NHS Dentistry under existing NHS Contracts within the allocated ring fenced budget for the ABM area.

GDS Contracts with Additional Services attached:

Where additional services are provided as part of a GDS contract and the service is delivered by a locally recognised DwSI/Specialist, when 24 hour retirement has been submitted, the Health Board will be required to consider (based on the individual circumstances of the contract and the additional service being provided) the feasibility of future commissioning arrangements of that service under the contract.

ABMU Health Board is committed to ensuring that additional services will not cease as a consequence of a 24hour retirement when the new contractual arrangements are put in place as part of this process. However, where treatment is delivered over a prolonged period of time e.g. orthodontics, the Health Board will need to seek assurances from the contractor on their plans to ensure continuity of care for patients already in retention if the Specialist/DwSi wishes to take 24 hour retirement. As UOAs are awarded at the commencement of treatment the Health Board would expect the individual providing the treatment to ensure that each case is completed.

The Health Board will need to ensure that if a DwSI/Specialist intends to then go on to retire fully, go into partnership and/or leave the contract, that all open courses of treatment (CoTs) are completed, including agreement on the arrangements for ongoing retention before the dentist providing this service ceases to work under the contract. If the Health Board does not receive this assurance then it will need to consider removing that element of the contract to ensure continuity of care to patients and minimise the risk of additional funding having to be sought to complete open courses of treatment by another specialist provider. In cases where a course of orthodontic treatment cannot be completed due to a DwSI/Specialist leaving the contract, ABMU Health Board will actively seek reimbursement from the contractor for any uncompleted courses of treatment.

Summary

The Health Board, in light of the LDC's continued concern regarding the disparity of UDA values across the ABMu area, would like the above proposal to be discussed at the next feasible LDC meeting to ascertain dental practitioners views on the above proposals. It should be accepted that the Health Board is responding to the intervention by the LDC to ensure that its GDS contractors, operating in the same Health Board area, are remunerated for their dedication to providing GDS services in a fair and equal process under their GDS contracts.