Briefing Note on Units of Dental Activity

Background

Since April 2006, UK NHS dentists have been paid according to how many "Units of Dental Activity" (UDA) they undertake in a year.

In April 2006 each Primary Care Trust (PCT) was given a budget (devolved from the Department of Health) for dental commissioning. Included in this budget was a 'planning assumption' target level of UDAs, which was linked to Patient Charge Revenue (PCR) i.e. the amount of money collected by the dentist from the patient.

A typical example of this is set out below:

Gross funding	£20m
UDAs (planning assumption)	500,000
PCR	£5m
Net funding	£15m

[Please note that the figures above are just an example]

The assumption is that if the PCT commissioned 500,000 UDAs it would generate £5m in patient charges; therefore the PCT would actually receive £15m central funding.

There are two types of contract General Dental Services (GDS) and Personal Dental Services (PDS). In April 2006 for those dental practices that held a GDS contract a calculation was made by the Dental Practice Board, which determined the number of UDAs they had to deliver for the contract value they had been guaranteed. This calculation looked at all the different claims they had made in a 'test period' (October 2004 to September 2005) and the amount of payment they had received.

Before the new system there were around 400 items of service, which, as of April 2006, were narrowed to three treatment bands to determine the equivalent number of UDAs that a dentist would be required to deliver under the new arrangements. During the test period different dentists may have given more or less of a particular type of treatment. The outcome of this was that you could have 10 different GDS contracts (contract will be the same but UDA rate different) with 10 different UDA rates. In PCTs where there are a significant number of GDS contracts they will, therefore, be paying different rates to each contractor.

PDS contracts are more flexible, locally agreed arrangements and can allow the PCT to propose a standard rate for a UDA. Generally PDS contracts had a higher UDA rate and were fixed term until 2009. PCTs are no longer encouraged by the Department of Health to offer PDS contracts. In Yorkshire dentists who offer specialist services continue to have a PDS contract as these cannot be accommodated by the standard GDS contract.

UDA rates vary around the country, The actual cash value of a UDA is set by the local NHS Primary Care Trust in discussion with the individual Dental Practice. Once the original contract value was set most PCTs have not re-negotiated this value. If additional services are commissioned then this has gone through a tender process where several criteria are taken into account to decide where the contract is allocated. These criteria can include price per UDA.

If a dentist does a simple course of treatment, such as an examination (Band 1) they will be awarded 1 UDA. A treatment that involves fillings or extractions (Band 2) will earn the dentist 3 UDAs, and a course of treatment that needs lab work (Band 3) (like dentures or crowns) earns 12 UDAs.

Units of dental activity for non – orthodontic treatment
(These are set nationally and do not vary between PCTs)

•Band 1 treatments	1 unit	•Arrest of Bleeding	1.2 units
•Band 2 treatments	3 units	•Denture Repairs	1 unit
•Band 3 treatments	12 units	•Bridge Repairs	1.2 units
•Urgent Treatments	1.2 units	•Removal of Sutures	1 unit
		•Issue of Prescription	0.75 units

EXAMPLES

Course	***Band***	***Units***
•Exam & scale and polish	1	1
•Exam & filling	2	3
•Exam, filling & fit dentures	3	12
•Repair of bridge & issue of prescription	Free	1.2

How it works in York

York area initially negotiated each contract using an average value per UDA (around £23) with each dental practice. Each practice has been contracted to provide a certain amount of UDAs per year.

How it works in Doncaster

The majority of contracts in Doncaster were PDS Agreements, which made it easier to propose a standard rate for each UDA be applied. They thought that it was difficult to justify why one dentist should get paid more than another per UDA for providing the same service.

They have also introduced a Quality and Outcomes Framework, which gives dental contractors a financial incentive to adopt and implement best practice.

Observations

The system adopted by Doncaster could reduce competition, but in practice, they have found that this is not the case. As they are all paid the same flat rate dentists do not tend to move from one local practice to another as everyone is, effectively, treated the same.

Investment in service with a value above the EU limits places a requirement to procure services through an open and transparent procurement process, which will result in different UDA values.

The investment in North Yorkshire GDP dental services is more than twice of that in Doncaster. This is a reflection of the relative size of populations of the organisations and number of practices.

Quality Outcome measures are slightly different :

	Doncaster	North Yorkshire
Patients reattending within 3 months	17.8	17.0
Patients reattending between 3 and 9 months	48.9	55.9
Band 1 courses	8.2	5.9
% patients satisfied with course of treatment	92%	94%
% patients satisfied with length of waiting time for appointment	82 %	89%