29 June 2021

Activity Measurement – General Dental Services

Dear Colleague,

I wanted to write to dental teams with an update on how we intend to approach activity measurement for General Dental Services (GDS) during this period of continued pandemic restrictions.

As you should be aware we first gave notice of this policy in PCA(D)(2020)13 on 26 October last year; in future practices providing GDS would have to meet certain levels of activity in order to continue to qualify for emergency support funding.

I now feel this is the most appropriate time to review the activity data and provide you with the next steps. All practices will shortly be receiving a monthly notification of their activity levels starting with the July/paid August PSD schedule. I can report that across the sector, the average activity level is approximately 50 per cent of pre-Covid levels based on this measure. This is based on gross item of service over a three-month rolling average. While no measurement of activity is perfect, this is the best measure we have to compare practice activity with an equivalent measure before the period of the pandemic. The data shows that activity levels continue to increase and my expectation is that with the announcement of new ventilation funding, and a further increase of PPE supplies, they will continue to do so.

Based on this general picture I am prepared then to suspend the proposed link between activity and tiered financial support for the large majority of practices. This does not prevent the possibility that such measures may generally be necessary at a later stage and may be introduced where further support is needed to maintain or improve patient access to NHS dental services.

However, the data also shows there are a number of practices that are currently operating below 20% activity, some below 10% and unfortunately we also have evidence of no claims activity. In the absence of clear mitigating circumstances, this is completely unacceptable to Ministers. You will appreciate that against the general situation across the sector, with an average activity much higher than 20%, there is a need to ensure the emergency support
funding is provided appropriately. Those practices with lower levels of activity than 20% will be contacted by their NHS Board once the July/paid August data is available. Practices with no claims activity will be contacted with immediate effect. The aim is to identify barriers and where necessary introduce improvement action plans, which may be specific to each practice with the aim being to grow practice activity levels beyond the 20% threshold, as the first step. In common with all practices, lower activity practices will not be placed under tiered financial support arrangement in the first instance, but this may become necessary where action plans are insufficient to improve practice level activity.

I trust this provides a helpful update of the current approach to activity measurement.

Yours sincerely

Tom Ferris
Chief Dental Officer