

**Explanatory Memorandum to the National Health Service (General Dental Services Contracts and Personal Dental Services Agreements) (Wales) (Amendment) Regulations 2014**

This Explanatory Memorandum has been prepared by the Dental Division of the Directorate for Public Health and is laid before the National Assembly for Wales in conjunction with the above subordinate legislation and in accordance with Standing Order 27.1.

**Minister's Declaration**

In my view, this Explanatory Memorandum gives a fair and reasonable view of the expected impact of the National Health Service (General Dental Services Contracts and Personal Dental Services Agreements) (Wales) (Amendment) Regulations 2014.

Mark Drakeford  
Minister for Health and Social Services

31 March 2014

## **1. Description**

These Regulations amend the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006 (“the GDS Regulations”) and the National Health Service (Personal Dental Services Agreements) (Wales) Regulations 2006 (“the PDS Regulations”).

## **2. Matters of special interest to the Constitutional and Legislative Affairs Committee**

None.

## **3. Legislative background**

The GDS Regulations set out the framework for general dental services contracts. The GDS Regulations include a description of the services which must be provided to patients under a general dental services contract.

The PDS Regulations set out the framework for personal dental services agreements. The PDS Regulations include the terms which must be included in a personal dental services agreement.

The relevant legal powers to make the proposed Regulations are pursuant to sections 61, 66 and 203 (9) and (10) of the NHS (Wales) Act 2006. These powers are powers of Welsh Ministers.

This instrument follows the negative resolution procedure.

## **4. Purpose & intended effect of the legislation**

Advanced Mandatory Services (AMS) are services which require a high level of facilities, experience and expertise.

As part of a banded course of treatment, patients may be referred to a more specialist contractor for AMS from the typical ‘high street’ dentist. Currently, where patients are referred for AMS, both contractors receive financial reimbursement (in the form of \*Units of Dental Activity (UDAs)) that are attributable for the whole course of treatment, even though the referring contractor may have only carried out the basic components, such as the examination and diagnosis, and the specialist contractor may have provided the more complex treatment components.

The Regulations amend Schedule 2 to the GDS and Schedule 2 to the PDS Regulations to provide that where patients are referred for AMS, the UDAs are distributed between the contractors proportionately with the components of the part of the course of treatment each has provided. This does not change the NHS charge payable by the patient, who will still pay a single charge, which will continue to be collected by the referring contractor.

\*UDAs are the measure by which dentists are contracted to provide mandatory services under NHS arrangements.

## **5. Consultation**

Due to the minor technical nature of the proposed amendments we have not undertaken a full consultation exercise on the changes but have consulted with the dental profession represented by the British Dental Association (Wales) and the Welsh General Dental Practitioner Committee who are content with the proposed change.

This Regulatory change is also being implemented by the Department of Health ensuring there is no disparity between the types of treatment which attract UDA credits commissioned by Primary Care Organisations across England and Wales.

## **6. Regulatory Impact Assessment (RIA)**

A Regulatory Impact Assessment has not been prepared for this instrument as the Regulations facilitate a routine technical amendment. No impact on the public, private or third sector is foreseen.

GDS and PDS contractors will need to be aware of the changes which will be communicated to them by the NHS Business Services Authority who will also need to amend their IT systems to reflect the change in monitoring dental contract activity on behalf of Local Health Boards in Wales.