Dental Recovery Plan

Frequently Asked Questions (FAQs) on Assessment of Clinical Oral Risks and Need (ACORN)

The dental recovery plan is set within the context of the overall COVID-19 situation in Wales. NHS Dental Services have no Unit of Dental Activity (UDA) target to meet in this financial year (2020/21). In what remains of this contracting year, practices with NHS contracts are expected to look after their established routine attender patient list. Wherever possible, practices should see patients who are experiencing problems, including those who do not attend routinely. Dental teams are asked to prioritise patients who require urgent dental care and have delayed essential routine procedures ahead of resuming routine assessments.

The Standard Operating Procedures (SOP) measures keep dental teams and communities safe as COVID-19 virus is still in circulation. This will impact on the throughput of patients. The number of patients, who are seen in this contracting year, will allow us to understand the impact of COVID-19 on primary dental care. The number of unique patients seen in the previous year is therefore not a target in this recovery year. However, there is an expectation that practices will be fully open in normal surgery hours and gradually restore routine dental services and see a reasonable number of patients in line with the easement of SOP measures aligned to the COVID-19 situation in Wales.

As a part of the recovery plan, initial priority for all Health Boards and the dental practices is provision of urgent dental care to meet the need of the local population. With no UDA or patient number targets to meet in this financial year, NHS dental practices can take the opportunity and are expected to adopt key learning from the GDS Reform Programme to provide safe and preventive care to their local population. One of the key learnings from the reform programme was that risk and needs assessment of patient (ACORN) shifts focus from treatment to patient engagement, prevention and management of dental diseases as chronic conditions. ACORN also supports dental teams to work with patients to co-produce annual preventive dental care plans where patients play an active role in improving and maintaining oral health.

1. **During the COVID-19 Amber phase, do I operate under ‘high Amber’ or ‘Low Amber’ conditions mentioned on the WG letter and Standard Operating Procedure (SOP)?**

As mentioned in the SOP issued by the Welsh Government (WG), the Amber phase (like all COVID-19 responses) is a dynamic situation. Practices who actively saw patients face to face and addressed urgent care needs in the Red Alert phase are more likely to be able to treat their patients who they know have need essential dental procedures without much delay.

Practices will have to do regular risk assessments and are expected to gradually restore dental services. Practices may need to operate in ‘High Amber’ conditions for up to 4-6 weeks if necessary before moving to ‘Low Amber’ conditions, and offering a full range of care. NHS Practices will have to work with their health boards to develop a flexible and resilient local dental services plan so that safe and quality care is available for the local population during Amber phase. Understandably, even within the Amber phase (nationally), local dental service plans and delivery will have to be flexed depending on the local and/or regional COVID-19 situation.
2. **What is ACORN?**

ACORN is a toolkit designed by dental professionals during the GDS Reform Programme that supports dental teams to carry out a comprehensive risk and needs assessment in a systematic manner. It summarises findings from the patient history and clinical examination. It supports practices to give personalised advice and agree a preventive annual dental care plan.

3. **Is ACORN all about ticking boxes on the FP17W?**

No, ACORN is not a tick-box exercise. It is good practice and assessment should be completed well once in any given year for patients who attend on a regular basis. While the 8 ACORN data points you submit for patients can be aggregated to understand the ‘risk and needs’ profile of your practice population, key objectives of the toolkit are to embed practice of consistent patient assessment, engagement, effective personalised prevention and to co-produce preventive dental care plans using the principles of Shared Decision Making (SDM). Hence, practice should use the ACORN as a framework and aid memoire to meet all key objectives outlined above.

Training is available via Health Education and Improvement Wales (HEIW): [https://ytydysgu.heiw.wales/go/qwlmhn](https://ytydysgu.heiw.wales/go/qwlmhn)

4. **How many types of ACORN toolkits are there?**

There is only one ACORN – Once for Wales, a standardised approach of risks and needs assessment. However, an abridged version of ACORN is available for rapid assessment of urgent dental care patients and support clinicians complete the 8 data points on Urgent CoT FP17W submissions. This will give an indication of the ‘needs’ of urgent care patients should they not take up the offer to return for full assessment.

A comprehensive risk and need assessment using the ACORN toolkit is expected to be completed for all patients attending a practice on a regular basis. Practices should also offer to comprehensive ACORN to patients who only tend to attend for urgent care as a follow-up to the rapid assessment during urgent dental care. ACORN guidance can be found here [http://www.primarycareone.wales.nhs.uk/acorn-and-expectations](http://www.primarycareone.wales.nhs.uk/acorn-and-expectations).

5. **Why do dental teams have to do risk and needs assessment (ACORN) when patients seek urgent dental care?**

A patient contacting a dental practice for urgent dental care provides an opportunity understand the risk factors and provide more holistic and preventive dental care. This group of patients includes those with active and severe disease who would most benefit from prevention and care.

This approach is intended to move away from a narrow focus of only solving the problem presented on the day to more holistic approach of supporting patients in addressing causes of the problem. Hence, offer of further appointment for full assessment and annual dental care plan should be made. It is understood that some patients may not take up the offer.
There is added value in ‘opening the conversation’ on prevention as well as providing treatment as a part of ‘Urgent Dental Care’ and offering patients the chance to come back, when not in pain, for full assessment and dental care planning rather than repeated use of urgent dental care.

Additionally, by using the 8 data points, summarising ACORN findings and submitted via FP17Ws, we will understand the ‘risk and need’ of patient population who use Urgent Dental Care in Wales.

6. Can ACORN be done remotely?

Yes, a lot of it can be done remotely. Certainly the risk assessment (previous experience, what the current problem is and behaviour patterns) component of the ACORN can be completed remotely either via telephone or video. If a practice has contact with a patient prior to their appointment and patients feel engaged and commit to giving history and other details around risks, they may be less likely to fail to attend the appointment.

The NHS Wales Video Consulting (VC) Service is a video consultation service rolled out by Welsh Government to offer healthcare services in a safe and secure way to see patients via a video appointment. The VC Service is delivered via a communication platform called ‘Attend Anywhere’. Dental practices are to be included and supported in the roll out of this platform to carry out risk assessment and deliver preventive interventions e.g. Brief Intervention on Smoking Cessation. Further information on how this roll out is to be offered to dental practices will be published soon so dental teams can use ‘Attend Anywhere’ for video consultation.

7. Do we need to carry out ACORN and report ACORN data points on FP17Ws for all urgent dental patients?

Patients who regularly attend your practice should receive a comprehensive risk and need assessment (ACORN) once per year. For these patients, practices do not need to resubmit the 8 data points on FP17W if they subsequently attend for an urgent course of treatment. All other patients who you see in your practice for urgent dental care, in any given contracting year, including those who have not had an ACORN completed for more than a year, should have a rapid assessment and submit 8 data points on the Urgent FP17W.

8. Can I use my Dental Care Professional (DCPs) to carry out ACORN and deliver preventive dental care plan?

Yes, there are substantial components of the ACORN assessment and preventive interventions that DCPs can complete. However, a dentist must complete the clinical examination section of the ACORN and agree the annual preventive personalised plan with the patient.

It is strongly encouraged that practices use all members of their team within the Scope of their Practice. FP17W changes have been made so that DCPs can provide courses of treatment as part of an agreed annual plan and submit follow up FP17Ws. Further information on amended FP17W can be obtained from the NHSBSA https://www.nhsbsa.nhs.uk/activity-payment-and-pension-services/fp17-processing
9. **Should I offer patients who attend for urgent dental care an appointment to come back to the practice for full assessment?**

Yes. Practices do not have UDA or patient number target to meet in the financial year 2020/21. Hence, it is expected that a patient who is not receiving regular dental care from a practice is offered a chance to come back for full risk and need assessment i.e. ACORN completion (and an annual personalised preventive dental care plan) following delivery of urgent course of treatment. If a patient declines the offer, practice should note this on the patient record.

Before the follow-up appointment for full ACORN, practice can contact to assess as much as possible remotely. This remote assessment engages the patient and may encourage patient who only attend for urgent dental problems to accept routine assessments and thus prevention and care. This approach should also reduce missed appointments (DNAs).

10. **My practice has never done ACORN before. Is training available?**

Yes, online training is available from the HEIW [https://tytydysgu.heiw.wales/go/qwlmhn](https://tytydysgu.heiw.wales/go/qwlmhn). Contents of the ACORN toolkit and guidance are available from the PCOne website. You may also find it helpful to speak to colleagues who were part of the GDS Reform Programme.

11. **Does using ACORN toolkit as a part of the COVID-19 dental recovery plan mean I will be part of the GDS Reform Programme?**

No. Considering practices taking part in the recovery plan will not have UDA targets for 2020/21, it presents a chance for all dental practices with NHS contracts to experience working in new ways and have a greater focus on prevention. It is reasonable for the Welsh Government and Health Boards to expect NHS practices meet reasonable expectations in this recovery year. Delivery of ACORN is one of the expectations for NHS practices in return for receipt of % of Annual Contracted Value (ACV) as outlined on the communication from the WG and Health Boards.

12. **As an NHS dental practice, can I refuse to do ACORN as a part of dental recovery plan?**

Yes, but the default contractual position is delivery of Units of Dental Activity (UDA) target under the existing GDS/PDS Regulations. It is expected that the majority, if not all, of NHS practices will take up the offer of working under non-UDA conditions as a part of the COVID19 Dental Recovery Plan. Please discuss it with your health board, if required.

13. **Prevention and Quality Improvement seem quite important in delivery of dental services. Are there any trainings available?**

Yes, free training courses (Making Prevention Work in Practice, Designed to Smile in Practice and other courses) are available from the HEIW.

14. **When do I submit FP17Ws for Urgent Course of Treatment (CoT)?**

Practices should submit FP17Ws for urgent CoT after a patient has received the urgent dental care.
15. When do practices submit FP17Ws following a routine ACORN?

Following full ACORN and delivery of the first phase of prevention and/or treatment for a patient, practice should submit FP17Ws. How many FP17Ws you submit depends on your Annual Dental Care Plan and review visits arranged within a year. For example:

<table>
<thead>
<tr>
<th>An example of ACORN, dental care planning and delivery for a regular patient</th>
<th>Submission of FP17Ws and ACORN data?</th>
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</thead>
<tbody>
<tr>
<td>Month 1 (1st visit): ACORN+ Annual Dental Care Plan + any treatment required</td>
<td>Yes (including ACORN data points)</td>
</tr>
<tr>
<td>Month 7 (2nd visit): Review and provide prevention and/or dental treatment as planned on Annual Dental Care Plan</td>
<td>Yes (no ACORN data points required)</td>
</tr>
<tr>
<td>Month 10 (3rd visit): Unplanned urgent dental care for a fractured cusp</td>
<td>Yes (No urgent ACORN required because ACORN information available 1st full ACORN and 2nd ACORN due soon)</td>
</tr>
<tr>
<td>Month 13: Revisit ACORN, review outcomes achieved over the last 12 months and co-produce a new annual Dental Care Plan</td>
<td>Yes (including submission of ACORN data points)</td>
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Banding and patient charge will depend on what was provided to patient which should be indicated on the FP17Ws. Further information on Banding related to different treatment items on FP17Ws can be obtained from NHSBSA [https://www.nhsbsa.nhs.uk/activity-payment-and-pension-services/fp17-processing](https://www.nhsbsa.nhs.uk/activity-payment-and-pension-services/fp17-processing)