

Use of Exception Reports

Background

Exception reports are compiled using the activity data received and processed by the NHS Dental Services. All general GDS and PDS contracts in the LHB are compared to all other general contracts in England and Wales. Orthodontic contracts are not included.

The quarterly Contract Exception Report and the accompanying LHB Summary Exception Report present a set of contract risk indicators for each individual dental contract. These indicators may be associated with risks to the successful delivery of contracts, or to the quality of services or 'best value' associated with the contract.

Tolerance thresholds for the indicators are set each quarter based on that quarter's data and those contracts that fall outside of a tolerance range are identified as representing potentially 2 levels of risk:

1. an exceptional level of risk
2. high but not exceptional risk.

To provide some context to the current level for each indicator five consecutive quarters' exception rates are presented for each contract, including the most recently processed quarter's data. Data is presented for all contracts, whether or not they appear to demonstrate high or exceptional risk levels.

Indicators are organised into four blocks, so that related groups appear together:

- indicators relating to value for money and general contract management
- indicators to help identify contracts with high levels of splitting or 'fragmentation' of courses of treatment
- indicators relating to re-attendances and patient mix (that is the mix of exempt and non-exempt adults)
- indicators to help identify contracts with problems relating to unusual patient case mix and the profile of different bands of treatment.

The grouping of indicators is shown in Appendix 1 and a sample contract exception report is shown in Appendix2.

The LHB will consider these indicators and, where relevant, any other evidence to determine whether there are clinical or service issues which explain the unusual levels of indicators or if there are risks which need to be managed. By considering reports over 5 quarters the LHB will be able to

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review trends in the indicators; however exception reports extending over more than 5 quarters will be taken into consideration when required.

Introduction

The LHB will develop its own profile of risk based on local intelligence, contract circumstances and other information or data available to it or notified to it from time to time, which will include the information contained in exception reports. The approach taken will be in accordance with the overall LHB policy and operational approach to the monitoring of dental services provided under GDS contracts and PDS Agreements.

Exception reports are based on statistical information and in themselves are not evidence of wrong-doing or poor practice.

The LHB is proposing a system of stratifying exception report indicators to enable a more focussed approach to risk management and to indicate where the weighting of local intelligence and contract circumstances might be greater. For example, late reporting of activity may be symptomatic of an IT failure and low activity will be reported where a change of contract takes place part-way through the year. Proposals for managing the risk are outlined below and represented in a matrix in Appendix 3.

Stratification

Reflecting the grouping of indicators as in Appendix 1 it is proposed to categorise indicators as High, Medium and Low Concern:

Contract Management/Value for Money		
	Concern	Rationale
UDA per patient	High	Reasons for high UDA per patient are likely to indicate high risk
No or low activity	Low	Reasons for low activity are likely to be administrative or technical
Early delivery	Low	Routine monitoring and mid-year review will identify and manage this risk
Late reporting	Low	Reasons for late reporting are likely to be administrative or technical

Fragmentation of Treatment		
	Concern	Rationale
FP17s within 3 months	High	Reasons for high numbers are likely

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of previous FP17		to indicate high risk as well as reducing patient access
Band 2 or 3 starts and ends on same day	Medium	Reasons for 'same dates' could be administrative but if not could indicate high risk
Band 2 or 3 rate per person in 12 months	Medium	To be considered in context of NICE Guidelines on recall intervals
FP17s within 12 months of previous FP17	Medium	To be considered in context of NICE Guidelines on recall intervals
Free repairs or replacements	High	Could indicate significant risk for quality of treatment
Continuations of treatment	High	Could indicate poor quality of treatment planning

Re-attendance/adult mix		
	Concern	Rationale
FP17s within 3 to 9 months	Medium	To be considered in context of NICE Guidelines on recall intervals
Adult mix (high/low numbers of exempt patients)	Low	Likely to reflect that a contract is restricted to exempt adults

Patient Case-mix		
	Concern	Rationale
UDA per form	Medium	Reasons for high rate could be administrative but if not could indicate high risk
No clinical data	Low	Reasons for high rate could be administrative but continued high rates could constitute a breach of contract
Band 3 to Band 2 rate	Medium	Reasons for a high rate are likely to indicate high risk
Band 1 Urgent treatments	Medium	High rates could indicate poor treatment planning or treatment
Inlay rates	High	High rates could indicate inappropriate treatment is being provided

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Communication with Providers

Contract holders will be sent their quarterly contract exception reports when published by Dental Services.

The LHB will not distinguish between the 2 levels of exceptions as provided by the Dental Services ('exceptional' or 'high but not exceptional') but will treat both with equal weight.

In some instances the level of risk will be such that the LHB would wish to discuss the details of the exception reports at the routine scheduled contract meetings. Where 'exceptional' or 'high but not exceptional' levels of risk are identified in the report the contractor will be asked to consider the evidence and where appropriate investigate the likely causes of risk and provide their findings and their considered response within a reasonable timescale. Following receipt of the response the LHB may wish to meet with the contractor to discuss their response in more detail.

Where there is a trend of 'exceptional' or 'high..' levels of risk the LHB will wish to meet with the contractor to discuss their response to the data and to agree any necessary measures to identify causes and agree how to remedy the situation. At any stage the contractor and/or the LHB may request input from the Dental Practice Advisor in these matters and in support of their resolution. In any event, exception reports will be a standing item on the agenda of mid-year and annual review meetings to enable contractors and the LHB to share their views on exception reporting and, when relevant, to discuss future plans for the use of exception reports in contract monitoring.

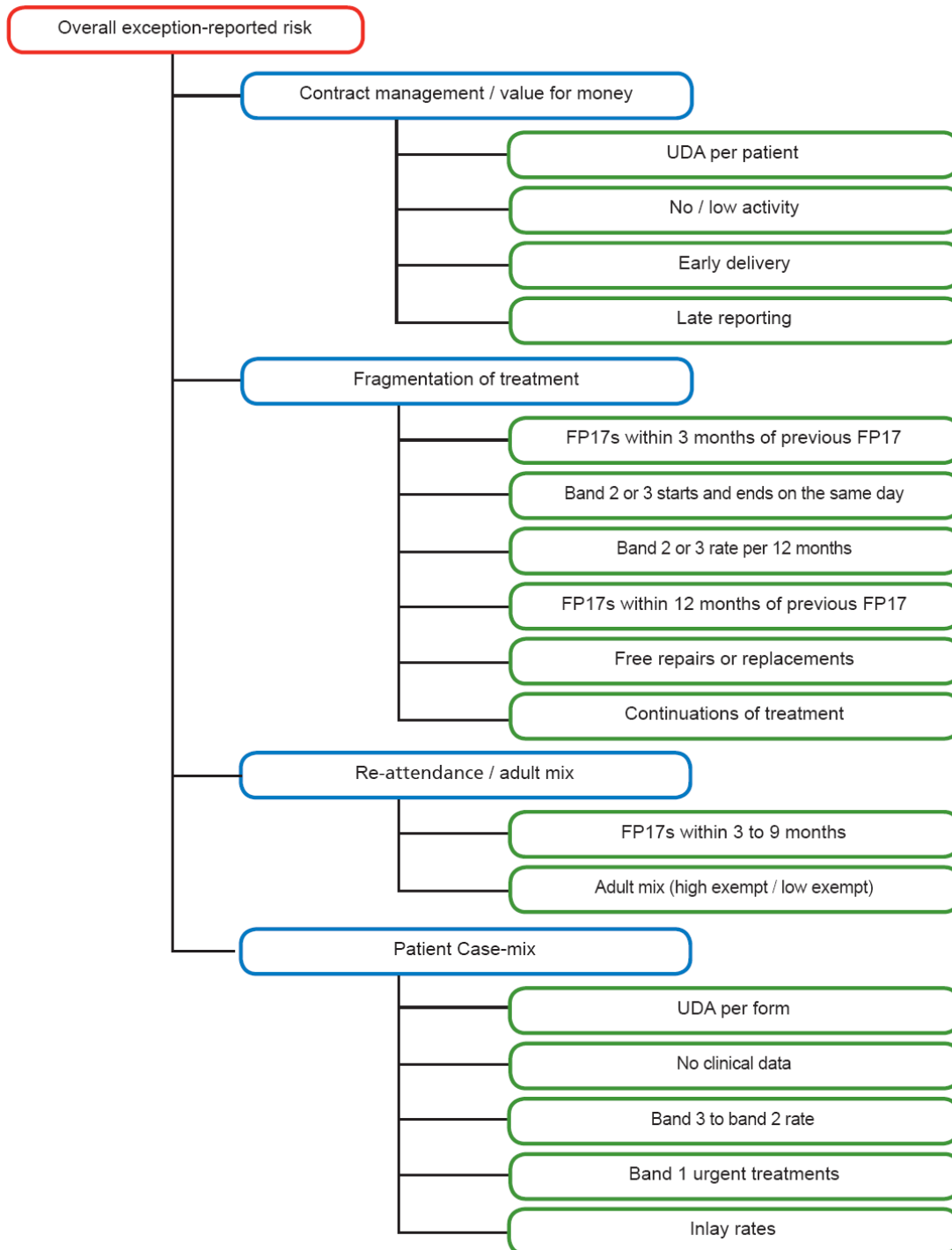
Proposals for managing the risk identified in exception reports are described in Appendix 3.

Governance and Performance Issues

Where the LHB has significant concerns relating to the performance of a contract, in-depth investigations may need to be carried out by the LHB with the support of the Dental Reference Service and/or the Dental Practice Adviser. Examination of patient records, claims information, patient questionnaires and examination of patients may be employed. Protocols and procedures in relation to this are dealt with elsewhere.

It should be noted that occurrence of some exceptions, irrespective of level of risk, may lead the LHB to consider issuing the contract holder a notice of breach of contract.

Appendix 1 – Indicator Groups



Appendix 2 – Example Contract Exception Report

7A3 – Contract Exception Report for [Contract Number] – March 2011

Contract Details, including activity to date.

Exception Indicator	Numerator	Denominator	Current Threshold	Mar 2010	Jun 2010	Sep 2010	Dec 2010	Mar 2011
UDA per patient (adult)	Adult UDAs 2,162	Adult Patients 696	4.58	2.70	2.91	2.97	3.18	3.11
UDA per patient (child)	Child UDAs 278	Child Patients 182	2.49	1.73	1.43	1.60	1.45	1.53
UDA per patient	UDAs 2,440	Patients 878	3.96	2.49	2.51	2.68	2.76	2.78
No / Low activity	Delivered UDA 9,018.95	Contracted UDA 9,243	83.0 %	103.9 %	21.4 %	47.8 %	71.2 %	97.6 %
Early Delivery	Delivered UDA 9,018.95	Contracted UDA 9,243	101.0 %	103.9 %	21.4 %	47.8 %	71.2 %	97.6 %
Late Reporting	Late FP17s 46	FP17s 896	4.4 %	1.8 %	0.5 %	4.3 %	2.9 %	5.1 %

Adult FP17s within 3 months of a previous	Adult FP17s within 3 months of a previous FP17 978	Adult FP17s 2,056	37.3 %	20.5 %	17.4 %	24.0 %	21.1 %	18.5 %
Child FP17s within 3 months of a previous	Child FP17s within 3 months of a previous FP17 38	Child FP17s 349	22.2 %	6.3 %	12.1 %	12.6 %	10.6 %	10.9 %
FP17s within 3 months of a previous	FP17s within 3 months of a previous FP17 419	FP17s 2,405	32.9 %	18.8 %	16.7 %	22.4 %	20.5 %	17.4 %
Band 2 or 3 starts and ends on same day	Band 2 or 3 FP17s start and end on same day 400	Band 2 or 3 FP17s 669	74.6 %	51.7 %	53.0 %	51.6 %	52.8 %	59.8 %
Band 2 or 3 rate per patient within 12 months	Adult Band 2 or 3 FP17s in the last 12 months 413	Adult Band 2 or 3 FP17s 575	87.3 %	87.3 %	87.1 %	85.7 %	72.5 %	71.8 %
FP17s within 12 months of previous FP17	FP17s within 12 months of previous FP17 1,653	FP17s 2,405	87.5 %	80.4 %	86.7 %	80.4 %	48.5 %	68.7 %
Free repair and replacement	FRR Band 2 or 3 FP17s 23	Band 2 or 3 FP17s 669	7.4 %	8.7 %	7.2 %	6.6 %	4.3 %	3.4 %
Continuations of treatment	Band 2 or 3 Continuation FP17s 25	Band 2 or 3 FP17s 669	9.8 %	2.8 %	1.4 %	9.7 %	3.9 %	3.7 %

Adult FP17s within 3 to 9 months of a previous	Adult FP17s within 3 to 9 months of a previous FP17 1,380	Adult FP17s 2,520	68.5 %	56.2 %	52.5 %	55.5 %	54.9 %	54.8 %
Adult Mix (High Exempt)	Adult UDAs non exempt 3,330.00	Adult UDAs 5,784.80	86.2 %	59.5 %	59.4 %	59.9 %	61.9 %	57.6 %
Adult Mix (Low Exempt)	Adult UDAs non exempt 3,330.00	Adult UDAs 5,784.80	0.2 %	59.5 %	59.4 %	59.9 %	61.9 %	57.6 %

UDA per FP17	UDAs 8,443.25	FP17s 3,913	3.59	2.30	2.33	2.19	2.10	2.16
No clinical data	Band 2 or 3 FP17s with no CDS 127	Band 2 or 3 FP17s 1,339	1.9 %	7.6 %	9.2 %	8.1 %	6.9 %	9.5 %
Band 3 to Band 2 rate	Band 3 Adult FP17s 190	Band 2 FP17s 948	62.3 %	20.1 %	23.8 %	19.2 %	15.3 %	20.0 %
Band 1 Urgent Treatments	Urgent UDA 772.80	Total UDA 8,443.25	11.1 %	8.4 %	8.2 %	9.2 %	9.6 %	9.2 %
Inlay rates	Adult teeth with Inlays 28	Adult teeth with Inlays + teeth with filling 989	20.0 %	2.5 %	2.5 %	1.6 %	1.7 %	2.8 %

Appendix 3 – Risk Management

Concern

Indicators on exception reports are stratified into 3 levels of Concern, Low (1), Medium (2) and High (3). Indicators may be reported as achieving 'exceptional' or 'high but not exceptional' levels in the quarterly exception reports from Dental Services; for the purposes of risk management both levels are treated the same.

Frequency

The number of times an indicator is reported as 'exceptional' or 'high but not exceptional' is the Frequency. Each report covers 5 quarters and therefore the frequency can range from 0 to 5 but for the purposes of risk management the frequency range is set as between 1 and 3. The timescale over which the Frequency is determined will usually be the previous 15 months as reported in each quarterly report; however, exception reports extending beyond 15 months will be considered where circumstances require.

Risk Score

A risk score is obtained by multiplying the level of Concern by the Frequency of occurrence in the exception reports as set out in the matrix as below; the higher the score the higher the risk.

Risk Matrix			
	FREQUENCY		
CONCERN	1	2	3
1 LOW	1	2	3
2 MEDIUM	2	4	6
3 HIGH	3	6	9

Risk Management

Risk scores are grouped into 3 levels as indicated by the shading in the matrix, (1-2, 3-4 and >4) and each risk level is assigned an action appropriate to the level. The actions are described in outline in the table below.

Appendix 3 – Risk Management

Risk Level	Action
1 - 2	No immediate action will be taken but will form part of the agenda in mid-year/end of year meetings or at other contract meetings that may be scheduled from time to time
3 - 4	Efforts should be made by the contractor to understand the reasons for their levels of exceptions. Written explanation within a reasonable timescale to be sought from the contractor to gain assurance; a meeting to discuss the contractors findings may be required. Outcomes may determine that further investigation is carried out by the LHB
6 - 9	The LHB will wish to meet with contractor as a matter of urgency to discuss levels of exception, understand the reason for them and agree a plan to remedy. More in-depth investigation may be required which could involve investigation of patient records, review of patient questionnaires or examination of patients by the Dental Reference Service