Llywodraeth Cymru
Welsh Government

Delivering NHS dental services more effectively

A resource pack for health boards and dentists

December 2015

This version updates and replaces the original issued in April 2011

Foreword

This resource pack is designed to help health boards further engage with dentists on delivering NHS dental services more effectively. It aims to support a consistent approach across Wales.

In particular its focus is to:

- Ensure high quality and effective NHS dental services;
- Promote active engagement with dentists so that good relationships are maintained and promoted;
- Ensure clarity and fairness by sharing information and putting processes in place to make sure there is a 'level playing field';
- Ensure maximum productivity through effective contract management, implementing the NICE guidelines, developing a local performance policy and using data effectively; and
- Ensuring cost effective service delivery and proper use of NHS resources.

Access to good quality NHS dental services remains a key priority for dental teams, the public, patients and Welsh Government, and the work is aligned with the wider focus on prudent healthcare and delivery of high quality care.

The principles of prudent healthcare are:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through *co-production;*
- Care for those with the greatest health need first, making the most effective use of all skills and resources - *"only do, what only you can do";*
- Do only what is needed and *do no harm*, no more, no less – (*don't over-treat); and*
- Reduce *inappropriate variation* using *evidence-based* practices consistently and transparently.

You can read more about prudent healthcare here.

We hope you find the pack useful.

David Thomas
Chief Dental Officer

Lisa Howells
Senior Dental Officer

Introduction

About the resource pack

The pack contains three sections:

1. Advice to dentists

This section is primarily for dentists, but is also useful for health boards

Dentists should understand their NHS contract and the associated regulations which underpin it. This section supports you in delivering your contract.

The relevant legislation (as amended) is:

The NHS (Dental Charges) (Wales) Regulations 2006 ("the Dental Charges Regulations 2006")
The NHS (General Dental Services Contracts) (Wales) Regulations 2006 ("the GDS Regulations 2006")
The NHS (Personal Dental Services Agreement) (Wales) Regulations 2006 ("the PDS Regulations 2006)
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements 2009 ("the GDS SFE")
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements 2009 ("the PDS SFE")

2. The contract monitoring process

This section is primarily for health boards but dentists may find it helpful. It will assist health boards to implement effective, fair and transparent contract monitoring processes which are agreed through health boards and Local Dental Committees (LDCs), **and are consistent across Wales.**

3. Effective use of provider information

This section is primarily for health boards but dentists may find it helpful. It outlines key information that health boards can access and how to use it effectively.

Appendices
The appendices provide additional useful resources:
Appendix A NICE guidelines on recall - patient leaflet and poster
Appendix B Urgent Treatment
Appendix C A Quality Dashboard Example
Appendix D Step by step guide to running a multiple FP17W report
Appendix E Practices with 3 or more performers
Appendix F Links to additional resources and information
Appendix G DAF General Report with tips

Section 1

Advice to dentists

In this section NHS providers and performers are referred to as **dentists.**

How to use this section:
This section has been designed to clarify a range of issues where health boards regularly receive enquiries from dentists.

It is designed to be openly shared with LDCs and dentists to seek their views, clarify processes and offer support.

Health boards should add their logo before sharing the document.

A. Delivery of clinical services to patients

Health boards, dentists and professional organisations have requested additional guidance on dental Regulations relating to the delivery of clinical services to patients.

It is recognised that

- within the Regulations there are areas which could be open to different interpretation. The aim of this guidance is, as far as possible, to clarify issues and ensure a consistent approach across Wales
- there will always be exceptions, and in these cases further discussions may need to take place between health boards and dentists.
- dentists need to exercise clinical judgement when providing dental care and treatment to patients, and that clinical decision making changes as new evidence emerges.

Health boards, dentists and their teams must ensure that the dental budget is used for the maximum benefit of patients. **However the main drivers for health boards are to ensure safe, efficient and effective clinical dental services which are delivered to the highest quality.**

B. General advice for dentists

<u>Use the evidence base</u>
This resource includes links to the evidence base for a range of subjects including NICE guidance on recall intervals and Delivering Better Oral Health version 3. They will support good clinical practice and decision making.

<u>Record Keeping</u>
Always keep accurate, clear, contemporaneous records and record discussions with patients which support decision making.

Many issues are resolved promptly when good records are available.

Clinical Examination
The requirements for a clinical examination will depend in part on the patient – for example the requirements for an edentulous patient will be different to a fully dentate patient. The Faculty of General Dental Practice publications provide information on Clinical Examination and Record Keeping – Good Practice Guidelines Faculty of General Dental Practitioners (UK) ISBN – 13: 978-0-9543451-6-7

Provide written treatment plans
The NHS regulations do not require dentists to provide patients with a written treatment plan for Band 1 treatments (unless requested or if providing private care as part of that course of treatment), but describe requirements for written treatment plans for other banded treatments.

The GDS Regulations 2006 Schedule 3, Part 2, Para 7, sub para (5). The PDS Regulations 2006 Schedule 3, Part 2, Para 8, sub para (5)

Most dental software systems allow you to rapidly produce printed treatment plans.

Be very clear what is NHS treatment and what is private
Performance concerns often arise because patients do not understand what treatment is NHS and what is private.

Patients who see more than one dentist in the practice
When a patient has to see more than one dentist in the practice the clinician should provide evidence that they have fully reviewed the patient's records before starting treatment.

Radiographs
Use the evidence base and guidance in Selection Criteria for Dental Radiography Faculty of General Dental Practitioners (UK) ISBN- 13: 978-9543451-9-8.

Comply with the GDC Standards for Dental Teams
These can be found here.

Vital Signs reports
Monitor and review your Vital Signs data on a regular basis. Theses reports are available to **Providers**; we advise Providers to share them with all other dentists working in the practice. Section 3 includes further information on Vital Signs reports.

C. Compliance with NICE guidance on treatment intervals

Information for dentists

Under the GDS and PDS Regulations, dentists are expected to deliver care to patients in accordance with National Institute for Health and Care Excellence (NICE) guidance.

For adult patients, NICE recommends that patients should be recalled between three months and two years dependent on their clinical needs and risk assessment. It is unlikely that many patients will require three monthly recalls. The recommended interval for children is between three and 12 months. The actual interval should be assessed by the dentist based on the patient's needs.

The information in Delivering Better Oral Health version 3 will support your decision making about recall intervals.

Dentists should discuss the recommended recall interval with the patient and record this interval, and the patient's agreement/disagreement with it, in the clinical record. The recommended interval should also be recorded on the FP17W form. **Remember the recall is based on your clinical judgement – not patient choice**. Most patients take the advice of their dentist on recall intervals. A few may find it helpful to extend recall intervals in increments moving step wise from 6 months to 9 and then 12.

Please note that NICE has also published a leaflet and poster for patients about recall - this is available here.

Appendix A includes further guidance on NICE recall, and part H (page 10) includes more information on dealing with patients with urgent problems.

Recall intervals may need to be adjusted if the patient attends before the agreed recall e.g. a patient attends in January 2015 and is put on recall for October 2015. The patient needs to attend in May 2015 with a dental problem. A full dental examination is required to deal effectively with the problem – this is done and recorded. The patient is treated under a banded course of treatment (CoT). Since the patient **has had an examination** the recall for October 2015 can be changed to February 2016 unless their risk factors have changed.

Health Boards

Health boards will want to work with dental contractors to promote the use of NICE guidance on dental recall intervals.

The health board will review the data supplied by NHS Business Services Authority Dental Services (NHSDS) at monthly/quarterly intervals and will discuss with contract holders where there appears to be a high number of patients being recalled after short intervals.

Regulations

National Institute for Clinical Excellence guidance

Dentists will provide services in accordance with any relevant NICE guidance, in particular "Dental recall - Recall interval between routine dental examinations".

The GDS Regulations 2006, Schedule 3, part 2 para 14. The PDS Regulations 2006, Regulation 20, Schedule 3, part 2 para 15.

NICE CG19 Dental recall – recall interval between routine dental examinations.

D. Repeated banded courses of treatment after short time intervals

Information for Dentists

Multiple CoT undertaken within a few weeks or months should normally be a relatively rare occurrence. In line with the Regulations, there is an expectation that all necessary treatment will be identified and provided within one course of treatment.

There may be occasion where patients return after short intervals when there is a problem with a tooth, or teeth, that was not apparent during the previous course of treatment e.g. damage to a filling, or an unrelated episode of trauma. High levels of single item CoT **for individual patients** in short time intervals would not normally be expected.

New patients with a high treatment need may need to be stabilised during their first course of treatment.

A new patient attends with poor oral hygiene, toothache and numerous decayed teeth. A decision is made to stabilise the situation by extracting the painful tooth, providing oral hygiene advice, filling some carious teeth and placing intermediate restorations in others. The patient's CoT is completed at this stage and he/she is put on 3 month recall under NICE Guidelines.

A higher than average rate of these may indicate there is an issue with diagnosis and treatment planning so that all the treatment needed is not being identified and carried out within one CoT. Where appropriate clinical support will be offered by the health board dental practice adviser. If there is no improvement the NHSDS Clinical Adviser may be asked to assist.

Health Boards

In cases where high percentages of individual patients receive further treatment after relatively short time intervals, the health board will need to understand the reasons for this and may put in place support as appropriate. (NB it may indicate a practice in a high need area taking on new patients)

Regulations

Course of treatment
A "course of treatment" is defined as an examination of a patient, an assessment of oral health and the planning of any treatment required as a result of that examination and assessment.

> (a) a course of treatment, means that:
>
> (i) where no treatment plan has to be provided in respect of a course of treatment pursuant to paragraph 7(5) of Schedule 3 (treatment plans), all the treatment recommended to, and agreed with, the patient by the contractor at the initial examination and assessment of that patient has been provided to the patient; or
>
> (ii) where a treatment plan has to be provided to the patient pursuant to paragraph 7 of Schedule 3, all the treatment specified on that plan by the contractor (or that

plan as revised in accordance with paragraph 7(3) of that Schedule) has been provided to the patient.

Mandatory services
The GDS Regulations 2006 require a contractor to provide mandatory services to a patient by providing to that patient a course of treatment. This is defined in regulations as meaning:

> (a) an examination of a patient, an assessment of his or her oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment; and
>
> (b) the provision of any planned treatment (including any treatment planned at a time other than the initial examination) to that patient, provided by, except where expressly provided otherwise, one or more providers of primary dental services, but it does not include the provision of any orthodontic services or dental public health services

(That is - the dentist is to provide all the treatment diagnosed. In the event that he or she is unable to then the patient should be referred to someone who can).

The GDS Regulations 2006 , Part 1, Regulation 2. The PDS Regulations 2006, Part 1, para 2.

The GDS Regulations 2006 , Regulation 14, Part 5.

E. Continuations

Treatment may be provided when a patient needs to be seen unexpectedly with a problem after completing a CoT within 2 months of the completion date.

High numbers of individual patients who require this type of continuation of treatment may indicate issues with the diagnostic process and the health board will want to discuss any concerns with the dentist.

F. Splitting courses of treatment

The Regulations do not formally define “splitting” but the term is generally used to describe the **deliberate intention** not to deliver all necessary treatment in a single course of treatment.

(That is - Treatment required by a patient is unreasonably or un-necessarily split across a number of courses of treatmen)t.

Patient groups (including the Community Health Council) have expressed concern about “splitting” which reinforces the need for clear patient communication and to avoid un-necessarily spreading treatment across more than one CoT. If a dentist is repeatedly splitting treatment across several courses of treatment, this will be highlighted in the activity monitoring reports from NHS DS.

If the health board find evidence that treatments were being split in this way without clinical justification, a list of suspected split claims can be sent to the dentist and the dentist asked for comments. If there is no change in claiming patterns, and splitting was confirmed by a NHS DS Clinical Adviser claims analysis, then the HB would be able to issue a remedial notice in accordance with Schedule 3 para 73 of the GDS Regulations 2006.

Regulations

The GDS Regulations 2006 specify that dentists must;

(a) provide “all proper and necessary dental care and treatment” and;

(b) deliver services by providing patients with courses of treatment (excluding orthodontics).

G. Free repairs and replacements

Repeated free repairs and replacements of the same restoration in a tooth may indicate poor treatment planning or inadequate quality of treatment. Although the patient does not pay for free repairs and replacements there is a cost to the NHS. Dentists should discuss treatment options with patients to minimise the risk of poor quality care involving “patching up” teeth with repeated free repairs.

Free Replacements apply to specified clinical treatments. See the NHS GDS Regulations 2006 Part 2 paragraph 11 and the Dental Charges Regulations 2006 paragraph 6 - circumstances in which charges cannot be made for treatment that occurs after a course of treatment is completed.

High numbers of individual patients who require this type of care may indicate poor quality diagnosis and the health board will want to discuss this with the dentist.

H. Urgent treatment

Information for Dentists

Urgent treatment is a prompt course of treatment because the person’s oral health is likely to deteriorate significantly, or the person is in severe pain. Treatment is provided as necessary to prevent significant deterioration or address severe pain (see Appendix B for fuller definition).

Where an urgent CoT is considered appropriate then treatment should be provided to the extent necessary to prevent significant deterioration in oral health or to address severe pain. **An urgent CoT may take place over more than one visit.**

If a patient is already under treatment, then the dentist should provide any urgent treatment within the banded course of treatment. The normal charge for that band applies.

The Dental Charges Regulations 2006 list specific clinical treatments that comprise an urgent CoT and it is expected that dentists will apply their clinical judgement as to whether an urgent CoT is appropriate.

Urgent treatment on patient known to the practice.
A patient attends with pain a few months before his due recall date. A filling is required and the treatment is done at that visit. The patient **has not had** a full examination or other treatment so the claim is an urgent CoT only, **not** a separate banded CoT.

Appendix B provides additional information on urgent courses of treatment.

Health Boards

Some patients who initially attend for an urgent CoT may return for a further Band 1, 2 or 3 CoT. Health boards understand there will be some urgent CoT in contracts and will consider the particular circumstances of the contract and the population it serves. However, individual patients repeatedly undergoing an urgent CoT before progressing to a full banded CoT would not normally be expected.

Where the contract data shows repeatedly high levels of urgent CoTs (and there is no specific agreement in place for urgent access sessions), whether in isolation, or closely followed by a Band 1, 2 or 3 CoT, the health board will discuss this issue with the dentist.

Regulations

A Band 1 NHS Charge is payable pursuant to the NHS Dental Charges Regulations 2006, or would be payable if the patient was not an exempt person;
"urgent treatment" means a course of treatment that consists of one or more of the treatments listed in Schedule 4 to the NHS Dental Charges Regulations 2006 (urgent treatment under Band 1 charge) that are provided to a person. In summary –

(a) a prompt course of treatment is provided because, in the opinion of the contractor, that person's oral health is likely to deteriorate significantly, or the person is in severe pain by reason of his oral condition; and
(b) treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain.

An urgent CoT attracts 1.2 Units of Dental Activity (UDAs).

The NHS GDS Regulations 2006 and the NHS PDS Regulations 2006.

I. Provision of Band 3 Courses of Treatment

Dentures
Where new, full upper and lower dentures are required these should normally be provided together as a single CoT.

The provision of a full upper or lower denture as a Band 3 CoT followed by a further Band 3 CoT a few months later to provide the opposing denture would not normally be considered appropriate as there are few clinical indications to support this as a suitable treatment.

Where the data shows the provision of upper and lower dentures as separate CoT as a pattern of activity across a contract, the LHB will discuss this with the contractor.

Where dentures require adjustment (or easing) after fitting this would be considered part of the same CoT. The regulations do not specify a time limit for these adjustments.

Immediate dentures are normally replaced within six to 12 months and would normally be regarded as a separate CoT.

Regulations

The NHS GDS Regulations 2006 Regulation 14, Part 5 and the PDS Regulations 2006, part 1, Regulation 2.

Provision of fluoride trays only
This is not a band 3 item, even if laboratory constructed. Fluoride trays are included as part of Band 1 CoT.

Night bite guards and single inlays
These may be appropriate for a few individual patients, but high numbers may be cause for the health board to discuss with the contractor.

J. Scale and Polish

If an NHS patient clinically requires a scale and polish, then the dentist must offer that treatment under the patient's NHS treatment plan, e.g. if a patient is undergoing a Band 1 CoT it would normally be included as part of that CoT.

To claim for a scale and polish on the NHS it must be clinically necessary and preceded by an examination where a BPE or a pocketing chart have been done and documented in the patient record.

The evidence base for scale and polish is available here.

Where the contract data shows higher than expected levels of scale and polish, especially within short time intervals for the same patient, the health board will discuss this with the contractor.

An NHS patient should not be asked to pay privately for any treatment which is clinically necessary. For example, if the dentist says a patient needs a scale and polish, this should be offered as part of the NHS CoT and patients should not be asked to pay for it privately, or as a separate course of NHS treatment.

Scale and polish can be carried out privately on an NHS patient if**, in the judgement of the dentist, it is not clinically necessary but the patient chooses or requests to have it done.** In all instances, the treatment proposed and any options, NHS or private, must be discussed with the patient and clearly documented in the patient's records. For all NHS patients receiving private treatment options, form FP17DC must be completed and signed by the patient, and documented in patient records.

Regulations

Mixing of services provided under the contract with private services

> (3) A contractor will not, with a view to obtaining the agreement of a patient to undergo services privately –
> a) advise a patient that the services which are necessary in his case are not available from the contractor under the contract; or
> b) seek to mislead the patient about the quality of the services available under the contract.

The GDS Regulations 2006, Regulation 24, Schedule 3, Part 2, Para 10.
Clauses 58 to 60 of the model GDS contract also refer to private services.

K. Completion of FP17W forms

Under the GDS Regulations 2006, **dentists** (not practice staff) are required to submit **fully completed** FP17W forms no more than two months after completing the CoT. (NHSDS have agreed there may be exceptional circumstances e.g. systemic software issues, where an extension may be granted. See paragraph K(a) below). **Everything** provided in the CoT must be included in the clinical data set. Always record if the patient is exempt from NHS charges.

A course of treatment does not have to be completed within 2 months of starting it.

Incomplete treatments
Do not submit the FP17W as soon as the patient fails a single appointment. You should provide evidence that reasonable efforts have been made to contact the patient in a timely way if they fail an appointment. For example contacting the patient by phone to make a convenient second appointment which is then also failed.

Prompt submission of FP17W forms benefits both dentists and the LHB.

- It enables dentists and the health board to have an accurate picture of the services that are being delivered; and
- It makes it easier for dentists to reconcile statements from NHS DS and may assist with discussion with the health board on performance, e.g. at mid-year review. It may also facilitate cash flow at year end.

Dentists are strongly advised to use electronic submission of FP17W forms.

Where there are significant numbers of late submissions or incomplete forms, the health board and dentist will need to understand the reasons for this. Please be aware that you will not be credited as having provided the UDAs and won't be paid if the FP17W is not submitted within the 2 month timeframe.

Ultimately, if there is no improvement, the health board may use its discretion to disallow the activity to be accrued against the annual contract requirement and/or pursue a breach of contract.

NHS DS process all forms for patient charge purposes.

K(a). General statement from NHSDS on late submission of FP17W

If you are unhappy with UDAs not being credited due to late submission, speak to your health board contract lead. It is their decision to credit UDAs. If your health board agrees to UDAs being credited, the FP17Ws will not be re-processed, but instead your health board will either amend your annual contract UDAs or agree at year end not to carry over part or all of a UDA shortfall. This would possibly apply where a health board has placed a performer on a contract later than their start date (e.g. performer started on a contract 1st November but was placed on Payments Online (POL) retrospectively on 1st January). In addition where a performer has not obtained their EDI PIN number in a timely manner and it resulted in activity being transmitted later.

In exceptional circumstances please see further detail on this below to understand when NHSDS will recycle activity

Remember - check your schedules regularly and submit early.

"Our EDI file was rejected by NHS Dental Services because of a time out issue"

NHSDS have experienced minor problems with a small number of EDI transmissions which may have subsequently led to some FP17s being processed late – surgeries are retransmitting them but more than two months later – if the FP17s are more than two months old UDAs will be disallowed. The problem appears to relate to files being rejected by WebEDI at peak times. There has also been an issue with some software not displaying anything to users but this is a software supplier issue and they are aware of it.

The time out is an NHSDS processing issue so it was agreed on receipt of notification from a health board that we can recycle certain activity (as described above) that has been flagged as late submitted and had UDAs disallowed.

If you can show that an EDI file was originally rejected by NHSDS because of a time out, please provide the health board with details as indicated above. Upon receipt of a request from the HB FP17Ws will be processed without subjecting the claims to the late submission rule. HBs can make this request direct to their Customer Liaison Manager.

Regulations

Notification of a course of treatment, orthodontic course of treatment etc.

38. (1) The contractor will, within 2 months of the date upon which—
(a) it completes a course of treatment in respect of mandatory or additional services;
(b) it completes a case assessment in respect of an orthodontic course of treatment that does not lead to a course of treatment;
(c) it provides an orthodontic appliance following a case assessment in respect of orthodontic treatment;
(d) it completes a course of treatment in respect of orthodontic treatment;
(e) a course of treatment in respect of mandatory services or additional services or orthodontic course of treatment is terminated; or
(f) in respect of courses not falling within sub-paragraph (d) or (e), no more services can be provided by virtue of paragraph 5(4)(b) of Schedule 1 (orthodontic course of treatment) or paragraph 6(4)(b) of this Schedule,

send to the Local Health Board, on a form supplied by that LHB, the information specified in sub-paragraph (2).

(2) The information referred to in sub-paragraph (1) comprise of—
(a) details of the patient to whom it provides services;
(b) details of the services provided (including any appliances provided) to that patient;
(c) details of any NHS Charge payable (and paid) by that patient; and
(d) in the case of a patient exempt from NHS Charges and where such information is not submitted electronically, the written declaration form and note of evidence in support of that declaration.

Statements of Financial Entitlement (SFE)

3.9 It is the contractor who collects the NHS charges from those patients. Furthermore, in accordance with its contract condition set by virtue of paragraph 38 of Schedule 3 to the GDS Contracts Regulations, the contractor is required to make returns of information to the LHB within specified time periods about the courses of NHS treatment it provides, and in those returns it has to provide information about whether an NHS charge was payable in respect of that treatment.

The GDS Regulations 2006, Regulation 24, Schedule 3, part 5 Para 38.
The PDS Regulations 2006, Regulation 20, Schedule 3, part 2 para 38
The Dental Charges Regulations 2006
The GDS and PDS SFEs para 3.9

Appendix F provides links to additional information including audits in Wales.

Section 2

The contract monitoring process

This section has been developed to assist health boards to engage with dentists and implement effective, fair and transparent contract monitoring processes which are agreed through health boards and Local Dental Committees (LDCs) in a written policy. Health boards may want to revise existing local processes in light of this guidance.

Successful engagement will need input from all members of the health board dental team – dental leads, dental practice advisors and consultants in dental public health – and it is desirable to engage a range of clinicians, including LDC representatives, associates, foundation dentists, contract holders, and where appropriate, deanery representatives.

The GDS and PDS Regulations 2006 require dental contractors to comply with all relevant legislation and "have regard to all relevant guidance issued by the Local Health Board, and the National Assembly for Wales". Therefore, the policy must be signed off by the Board so that its formal status is clear.

Benefits

Having a published policy benefits dentists, the health board and the public and enables:

- local contractors to be clear about what the health board expects of them and to prepare accordingly;
- the health board to demonstrate a transparent and equitable approach to managing performance; and
- the public to feel confident they are getting value for money from public services.

Having a policy will help a health board to:

- formalise contract performance management activity across all dental contracts;
- implement the NICE guidelines on patient recall;
- ensure a consistent, transparent and equitable approach; and
- provide assurance to the Board and the public that contractual requirements are being met.

Having a policy will help dentists and their teams to:

- influence and contribute to the local priorities for NHS dentistry;
- understand the health board's performance expectations, both clinically and for contract delivery;
- discuss their performance on a regular basis;
- implement the NICE guidelines on patient recall;
- understand what metrics will be used to measure their performance;
- understand what support is available from the health board; and
- be clear how any contract disputes will be handled.

The Dental Quality and Safety Group

Dental quality and safety must be underpinned by sound governance and health boards must ensure their governance processes are fit for purpose. To support this, the Chief Dental Officer for Wales wrote to all health boards on 5 August 2015 to outline the role and constitution of a dental quality and safety group.

The GDS Regulations 2006 identify health boards as having an essential role in ensuring that NHS primary care dental services are safe and provide quality care in line with regulations and standards, and they require a system to review each GDS contract or PDS agreement held by the health board (including individual providers and performers) to:

- Review the wide range of information they receive about NHS dental contract holders;
- Identify practices or dentists in difficulties and agree what steps must be taken to address this;
- Provide an update on progress in dealing with any performance concerns;
- Identify good practice to share; and
- Collate information on concerns, “trends and themes” which will help to identify potential risk factors and support learning.

Information available to health boards includes:

- HIW inspection reports;
- NHSDS reports and Vital Signs;
- Concerns/complaints;
- Contract reviews;
- Quality Assurance Self Assessment reports (QAS);
- GDC reports; and
- “soft” intelligence and whistleblowing.

A properly constituted dental quality and safety group will help the Board and its Quality and Safety Committee to seek and provide assurance, and be seen to use a system which is fair and effective.

The group can act as a source of professional advice informing and supporting the Board in monitoring GDS/PDS quality and safety, probity and performance. The group should be underpinned by sound governance arrangements.

- Agreed Terms of Reference (shared with the Quality and Safety Committee);
- Chair and secretarial support;
- Agendas;
- Minutes/action notes to be kept; and
- Clear reporting structure to the Board via the Quality and Safety Committee (may also be via a strategic Dental Quality and Safety Committee).

The group will normally meet quarterly, but may occasionally need to meet more frequently if there is an urgent quality and safety issue to consider.

A suggested membership would include:

- Primary care manager(s);
- Dental Practice Advisor (s) to provide dental practice and professional advice;
- PHW representative;
- LDC representative;
- NHSDS representative (probably the Clinical Adviser) to input/interpret the information they provide to the health board;
- HIW inspection manager; and
- Medical Director or his/her nominated representative.

Dealing with dentist performance that causes concern

In October 2012 Welsh Government published guidance describing the procedure for the identification, investigation and management of dentists on the dental performers' list whose performance causes concern.

The guidance is currently under review and new guidance will be published in early 2016.

Section 3

Effective use of provider information

How to use this section:

This section contains a number of reports and templates, some of which providers already receive from NHSDS. These include:

1. NHSDS Vital Signs at a Glance Report
2. NHSDS provider report (mid-year and end of year)
3. Breakdown of activity data for patients with multiple FP17Ws reported
4. Dental Assurance Framework "Tier 1" and "Tier 2" for (*LHBs only*)
5. Dental Assurance Framework (DAF) for a contract
6. Re-attendance Indicators

We recommend where possible this information is shared with providers through face to face discussions. Where potential concerns are identified, the health board should contact the dentist promptly. There may be a valid explanation for variation or it will provide an early opportunity to advise and support the dentist where there are genuine reasons for concern.

All the reports contained in this section can be accessed on the NHSDS website.

For further assistance in the use of any of these reports, please contact the NHSDS Helpdesk at:
Email: nhsbsa.dentalservices@nhsbsa.nhs.uk
Telephone: 0300 330 1348

Health boards should also be aware of E Reporting training which is available from NHSDS including a "Basics" session as a new user or a refresher. For further information, please go to the NHSDS website www.nhsbsa.nhs.uk/Dental or contact Paul Whiteside, the Customer Liaison Manager for Wales paulwhiteside@nhs.net.

There is a section called E Reporting Learning. It is a library of PDF documents which break down the key aspects of using E Reporting into bite sized sections. The aim is to help users understand and develop their use of the E Reporting system.

NHSDS have introduced the Dental Assurance Framework (DAF) to health boards. The purpose of the framework is to support a more standardised approach to contract performance management and to make best use of the extensive data currently available. Each health board has received bespoke training for the DAF. The report supporting the DAF should be used in conjunction with other standard reports (e.g. exception reports).

As part of an effective approach to managing dental contracts, health boards need to regularly look at the available data and discuss it with their providers.

Here is a summary of each report and how it can be used by health boards:

1. NHSDS Vital Signs at a Glance Report	Providers currently receive this report each quarter and it is recommended that health boards discuss the data face-to-face with their providers to ensure delivery is on track. This is usually at mid or end year point or where otherwise necessary. *The report is only available electronically via the Dental Portal.*
2. NHSDS provider report (mid and end of year)	*As above.* This report is made available to health boards and providers on a mid year and end of year basis. It is accompanied by detailed guidance which is available on the E Reporting system. The report is posted to each provider in summary format. *The full report is only available electronically via the Dental Portal.*
3. Breakdown of activity data for patients with multiple FP17Ws reported.	This is a template available on the E Reporting system which shows the details from FP17Ws processed under a chosen contract for unique patient identities exhibiting more than one FP17W during the schedule period stated on the report.
4. Dental Assurance Framework "Tier 1" and "Tier 2" *for LHBs only*	The "Tier 1" report includes a series of general indicators covering delivery, quality and patient satisfaction. These indicators and the reports are designed as overarching and general in their nature. The "Tier 2" report is a template report on E Reporting which allows the health board to drill down on the data for a single contract investigating factors that relate to a contract's performance.
5. Dental Assurance Framework (DAF) for a contract	This report is not currently available to providers. It is a summary version of the "Tier 1" and "Tier 2" report provided to the health board via E Reporting. The health boards should run individual reports from E Reporting for each of their contracts and share these with their providers.
6. Re-attendance Indicators	These are found in the template report available on E Reporting called Dental Assurance Framework (General) Tier 2—Single Contract. It is a breakdown at contract and performer level together with national benchmarks and indicators. Re-attendance is defined as the percentage of FP17s involving children/adults for the same patient identity at the same contract ended 3 months or less prior to the most recent course of treatment.

1. NHSDS Vital Signs at a Glance Report

NHS
Dental Services

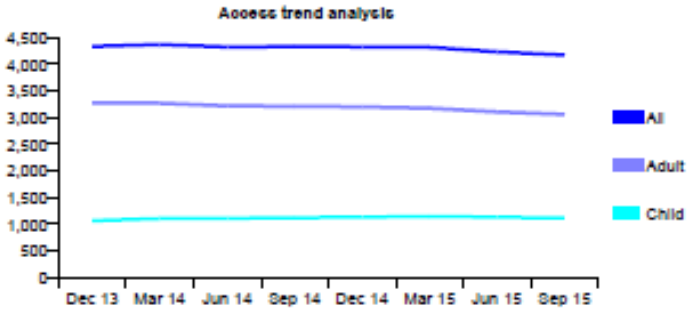
7A6 - Vital Signs At a Glance Contract Report for [redacted] - September 2015

Name or company name	[redacted]
Contract type name	GDS Contract
Purpose of contract	General
Contract start date	01/04/2006
Contract end date	

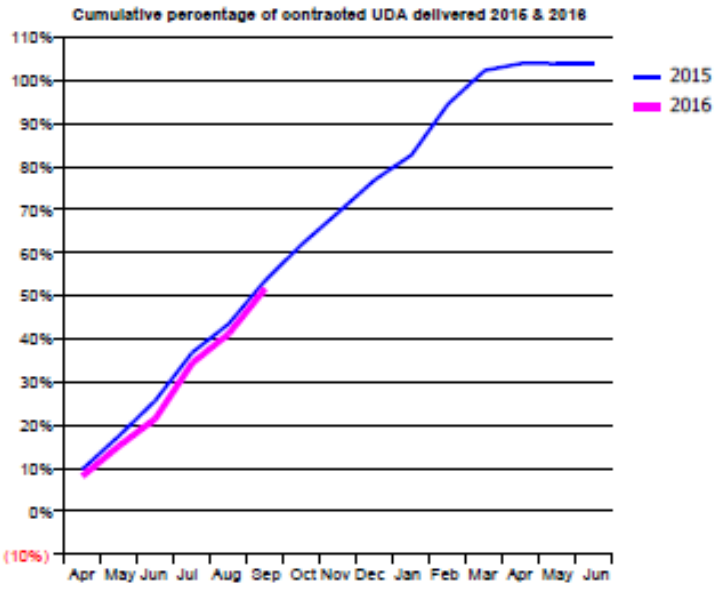
15/16 Contracted general activity (UDA)	16,432
Carry forward general activity (UDA)	-716
15/16 Contracted orthodontic activity (UOA)	0
Carry forward orthodontic activity (UOA)	0
Baseline contract value	£397,473.23

ACCESS*

Patients seen in 24 months	Total	Change since previous quarter
Quarter ending September 2014	4,326	
Quarter ending December 2014	4,323	→
Quarter ending March 2015	4,312	→
Quarter ending June 2015	4,227	↓
Quarter ending September 2015	4,166	↓
Variance since September 2014	(3.7%)	↓



ACTIVITY



	Adjusted Scheduled Activity (UDA)	
Month	2015	2016
April	1,596	1,334
May	2,871	2,486
June	4,226	3,533
July	6,045	5,645
August	7,138	6,761
September	8,796	8,492
October	10,175	
November	11,394	
December	12,637	
January	13,578	
February	15,527	
March	16,801	
April	17,067	
May	17,066	
June	17,066	

QUALITY

	Quantity	Base Number	Contract	LHB	Wales
% of FP17s for the same patient ID Re-attending within 3 months - Children	76	859	8.8%	10.1%	12.3%
% of FP17s for the same patient ID Re-attending within 3 months - Adults	455	2,438	18.7%	17.3%	18.1%
% of FP17s for the same patient ID Re-attending between 3 & 9 months - Children	445	859	51.8%	53.9%	57.2%
% of FP17s for the same patient ID Re-attending between 3 & 9 months - Adults	1,381	2,438	56.6%	50.8%	52.6%
% of FP17s for Band 1 Urgent Courses	278	3,175	8.8%	9.8%	8.7%
% of FP17s Relating to Free Repair or Replacements	59	3,175	1.9%	1.0%	0.9%
% of FP17s Relating to Continuations	65	3,175	2.0%	1.1%	1.2%
% of Patients satisfied with the dentistry they have received	22	22	*100.0%*	95.1%	95.0%
% of Patients satisfied with the time they had to wait for an appointment	21	22	*95.5%*	89.1%	90.2%

* This is based on patients treated on this contract for their most recent course of treatment.
Figures in italics indicate the base number of FP17s or Patient Questionnaire responses are less than 100. N/A is shown where the base number of responses is less than 10 during the period. % is calculated as Quantity/Base number*100

2. NHS DS Twice yearly provider report (mid year and end of year)

Your ref
Our ref 2014/2015 End of year statement
Date June 2015

NHS
Dental Services

1 St Annes Road
Eastbourne
East Sussex
BN21 3UN

Telephone 0300 330 1348
Fax: 01323 433222
e-mail: nhsbsa.dentalservices@nhsbsa.nhs.uk
Website: www.nhsbsa.nhs.uk/dentalservices.aspx

00421

Dear Contractor

2014/2015 End of year statement of activity for contract

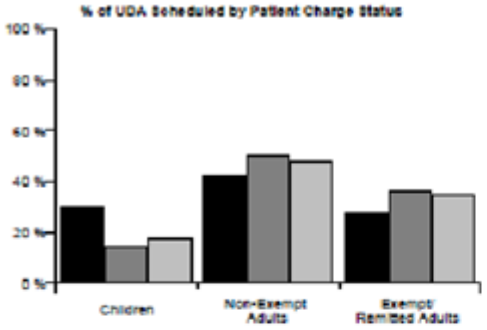
The following pages are your 2014/2015 end of year statement of activity. Please read the guidance, it contains answers to common queries that you may have about the end of year statement and the source of the data reported. The guidance can be found on the dental portal or on the website at www.nhsbsa.nhs.uk/DentalServices/1142.aspx. Should you have any queries about this report, please contact Dental Data via the NHS Dental Services help desk on 0300 330 1348 or email nhsbsa.dsdentaldata@nhs.net. For all other queries contact our helpdesk on 0300 330 1348 or email nhsbsa.dentalservices@nhsbsa.nhs.uk.

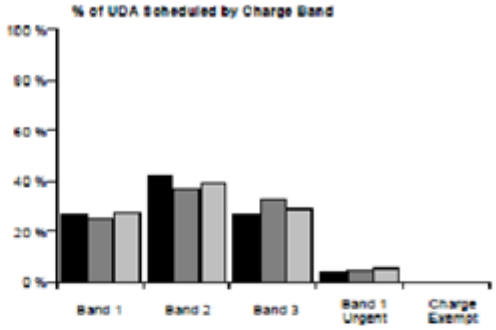
Yours sincerely
Information Services

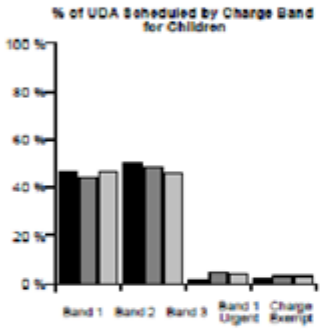
End of year statement of activity for contract

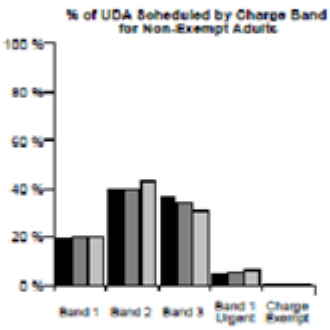
Benchmark Figures for contract

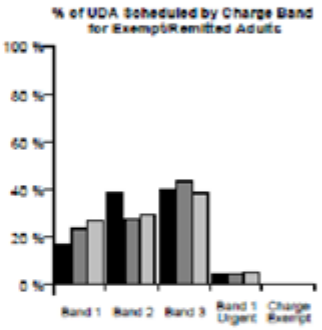
Page 2











Analysis of Treatment Categories

			Wales
% of UDA from Incomplete Treatment	1.1 %	3.3 %	2.9 %
% of UDA from Free Repair / Replacement	0.6 %	1.1 %	1.4 %
% of UDA from Late Submitted FP17s	0.1 %	0.0 %	0.1 %
% of UDA from Continuation Treatments	1.3 %	1.2 %	1.7 %
% of UDA from Treatments on Referral	0.1 %	0.3 %	0.3 %

Orthodontic Assessment Analysis

			Wales
% of Assess and Accept / Start Treatment FP17s	30.8 %	48.3 %	32.3 %
% of Assess and Review FP17s	69.2 %	12.9 %	20.7 %
% of Assess and Refuse FP17s	0.0 %	0.0 %	7.2 %

102660/0001 7A6 Wales

7A6 - Cwm Taf Health Board

End of year statement of activity for contract

Contract Summary

Name or company name			
Contract type name	GDS Contract	**Contracted general activity (UDA)**	2,917.00
Purpose of contract	General and Orthodontic	**General activity scheduled (UDA)**	2,898.40
Number of performers	6	**VDP general activity (UDA)**	0.00
		Carried forward general activity (UDA)	0.00
Contract start date	01/06/2014	**Adjusted scheduled activity (UDA)**	2,898.40
Contract end date		**Balance of activity (UDA)**	18.60 DR
		Contracted general activity scheduled %	99.36 %
Patients treated (general)	1,011		
Patients treated (orthodontic)	12	**Contracted orthodontic activity (UOA)**	57.00
		Orthodontic activity scheduled (UOA)	93.00
		VDP orthodontic activity (UOA)	0.00
		Carried forward orthodontic activity (UOA)	0.00
		Adjusted scheduled activity (UOA)	93.00
		Balance of activity (UOA)	36.00 CR
		Contracted orthodontic activity scheduled %	163.16 %

General Activity

Breakdown of Activity

	Number of FP17s	*FP17s (%)*	UDA	*UDA (%)*	Patient charges calculated (2)	Number of patients treated (1)
Band 1 Activity	770	*57.2 %*	769.00	*26.6 %*	£3,016.00	648
Band 2 Activity	415	*30.8 %*	1,236.00	*42.6 %*	£6,384.00	352
Band 3 Activity	66	*4.9 %*	780.00	*26.9 %*	£6,874.20	63
Band 1 Urgent Activity	92	*6.8 %*	110.40	*3.8 %*	£611.00	83
Charge Exempt Activity	3	*0.2 %*	3.00	*0.1 %*	£0.00	2
Non Banded FP17s	0	*0.0 %*	0.00	*0.0 %*	£0.00	0
Total for contract	**1,348**	***100.0 %***	**2,898.40**	***100.0 %***	**£16,886.20**	**1,011**

Breakdown of UDA by Patient Charge Status and Band

	Children		Exempt or remitted adults		Non-exempt adults		Total	
	UDA	*UDA (%)*	UDA	*UDA (%)*	UDA	*UDA (%)*	UDA	*UDA (%)*
Band 1 Activity	402.00	*46.3 %*	135.00	*16.7 %*	232.00	*19.0 %*	769.00	*26.6 %*
Band 2 Activity	435.00	*50.1 %*	312.00	*38.7 %*	489.00	*40.0 %*	1,236.00	*42.6 %*
Band 3 Activity	12.00	*1.4 %*	324.00	*40.2 %*	444.00	*36.3 %*	780.00	*26.9 %*
Band 1 Urgent Activity	19.20	*2.2 %*	34.80	*4.3 %*	56.40	*4.6 %*	110.40	*3.8 %*
Charge Exempt Activity	0.00	*0.0 %*	1.00	*0.1 %*	2.00	*0.2 %*	3.00	*0.1 %*
Total for contract	**868.20**	***100.0 %***	**806.80**	***100.0 %***	**1,223.40**	***100.0 %***	**2,898.40**	***100.0 %***

Analysis of Patients Treated by Patient Age

Patient age range	Number of FP17s	*FP17s (%)*	UDA	*UDA (%)*	Number of patients treated (1)
0 to 2	35	*2.6 %*	36.20	*1.2 %*	32
3 to 5	122	*9.1 %*	144.60	*5.0 %*	103
6 to 12	259	*19.2 %*	424.80	*14.7 %*	194
13 to 17	149	*11.1 %*	262.60	*9.1 %*	121
18 to 24	88	*6.5 %*	145.20	*5.0 %*	72
25 to 34	182	*13.5 %*	437.00	*15.1 %*	141
35 to 44	181	*13.4 %*	467.00	*16.1 %*	140
45 to 54	170	*12.6 %*	491.20	*16.9 %*	114
55 to 64	91	*6.8 %*	272.60	*9.4 %*	66
65 to 74	54	*4.0 %*	158.00	*5.5 %*	39
75 or over	15	*1.1 %*	59.20	*2.0 %*	10
Total for contract	**1,348**	***100.0 %***	**2,898.40**	***100.0 %***	**1,011**

End of year statement of activity for contract

Contract:

Analysis of Patients Treated by Patient Charge Status

Patient charge status	Number of FP17s	FP17s (%)	UDA	UDA (%)	Number of patients treated (1)
Child	565	42.0 %	868.20	30.0 %	435
Exempt/Remitted Adult	298	22.1 %	806.80	27.8 %	223
Non Exempt Adult	483	35.9 %	1,223.40	42.2 %	382
Total for contract	**1,346**	**100.0 %**	**2,898.40**	**100.0 %**	**1,011**

Analysis of Charge Exempt Items

	Number of FP17s	Number of patients treated (1)
Bridge Repair	0	0
Prescription	0	0
Denture Repair	3	2
Arrest of Bleeding	0	0
Removal of Sutures	0	0

Analysis of Sedations and Domiciliary Visits

	Number of FP17s	Number of patients treated (1)
Sedations	0	0
Domiciliary Visits	0	0

Analysis of Treatment Categories

	Number of FP17s	Number of patients treated (1)	Patients charges calculated (2)	Band 1 UDA	Band 2 UDA	Band 3 UDA	Band 1 urgent UDA	Charge exempt UDA	Total UDA
Incomplete Treatment	15	15	£366.90	11.00	9.00	12.00	0.00	0.00	**32.00**
Free Repair/Replacement	7	6	£0.00	0.00	18.00	0.00	0.00	0.00	**18.00**
Late Submitted FP17s (3)	7	7	£235.90	1.00	3.00	0.00	0.00	0.00	**4.00**
Continuation Treatments	13	12	£0.00	1.00	36.00	0.00	0.00	0.00	**37.00**
Treatments on Referral	1	1	£42.00	0.00	3.00	0.00	0.00	0.00	**3.00**

Orthodontic Activity

Breakdown of Orthodontic Activity

	Number of FP17s	FP17s (%)	UOA	UOA (%)	Patients charges calculated (2)	Number of patients treated (1)
Assess and Accept / Start Treatment	4	30.8 %	84.00	90.3 %	£0.00	4
Assess and Review	9	69.2 %	9.00	9.7 %	£0.00	8
Assess and Refuse	0	0.0 %	0.00	0.0 %	£0.00	0
Treatment Completed	0	0.0 %	0.00	0.0 %	£0.00	0
Treatment Abandoned	0	0.0 %	0.00	0.0 %	£0.00	0
Treatment Discontinued	0	0.0 %	0.00	0.0 %	£0.00	0
Repairs	0	0.0 %	0.00	0.0 %	£0.00	0
Regulation 11 Appliances	0	0.0 %	0.00	0.0 %	£0.00	0
Total for contract	**13**	**100.0 %**	**93.00**	**100.0 %**	**£0.00**	**12**

(1) The number of patients includes patients for whom a FP17 has been withdrawn or deleted, and so may exceed the number of FP17s. The number of patients treated within each category will not necessarily sum to the total for the contract as the same patient ID may appear in more than one category. Totals for the contract exclude duplicate patient IDs across categories.
(2) Total patient charge calculated for the contract includes patient charge calculated on withdrawn FP17s. Negative patient charges may be generated when a FP17 is deleted: in these cases any previously calculated patient charges would be credited back to the contract.
(3) The number of late submitted FP17s excludes FP17s that are withdrawn and therefore may not reconcile with the count on the monthly contract schedules.

End of year statement of activity for contract

Contract:

General clinical data set

Item on FP17	Unit	Band 1 Rate per 100 FP17s	Band 1 Wales rate per 100 FP17s	Band 2 Rate per 100 FP17s	Band 2 Wales rate per 100 FP17s	Band 3 Rate per 100 FP17s	Band 3 Wales rate per 100 FP17s	All FP17s Number	All FP17s Rate per 100 FP17s	All FP17s Wales rate per 100 FP17s
Scale and Polish	FP17s	25.8	24.6	26.0	34.2	*36.4*	29.2	332	24.7	25.2
Fluoride Varnish	FP17s	0.3	2.9	0.0	3.3	*0.0*	1.0	2	0.1	2.7
Fissure Sealants	Teeth	0.6	0.3	1.9	1.3	*0.0*	0.1	13	1.0	0.6
	FP17s	0.3	0.1	1.7	0.6	*0.0*	0.0	9	0.7	0.2
Radiographs	Rads	7.7	19.5	47.5	50.2	*93.9*	67.4	324	24.1	30.4
	FP17s	5.1	10.6	26.5	27.2	*63.0*	37.3	190	14.1	17.2
Endodontic Treatment	Teeth	0.0	0.0	7.0	4.0	*12.1*	8.2	38	2.8	1.6
	FP17s	0.0	0.0	6.7	3.7	*12.1*	7.5	37	2.7	1.4
Permanent fillings and sealant restorations	Teeth	0.0	0.2	123.1	117.3	*71.2*	54.9	562	41.8	36.3
	FP17s	0.0	0.1	78.1	76.4	*37.9*	29.3	353	26.2	23.7
Extractions	Teeth	0.0	0.1	28.0	24.7	*21.2*	46.6	131	9.7	9.9
	FP17s	0.0	0.0	20.5	18.2	*9.1*	19.9	92	6.8	6.8
Crowns	Teeth	0.0	0.0	0.0	0.0	*42.4*	36.0	28	2.1	1.8
	FP17s	0.0	0.0	0.0	0.0	*42.4*	33.1	28	2.1	1.7
Acrylic upper dentures	Teeth	0.0	3.4	0.0	6.1	*107.6*	294.4	71	5.3	18.8
	FP17s	0.0	0.2	0.0	0.5	*21.2*	33.9	14	1.0	2.0
Acrylic lower dentures	Teeth	0.0	0.0	0.0	0.4	*64.6*	167.3	36	2.7	8.6
	FP17s	0.0	0.0	0.0	0.0	*7.6*	18.4	5	0.4	0.9
Metal upper dentures	Teeth	0.0	0.0	0.0	0.0	*0.0*	15.1	0	0.0	0.8
	FP17s	0.0	0.0	0.0	0.0	*0.0*	2.4	0	0.0	0.1
Metal lower dentures	Teeth	0.0	0.0	0.0	0.0	*0.0*	6.9	0	0.0	0.4
	FP17s	0.0	0.0	0.0	0.0	*0.0*	1.0	0	0.0	0.1
Veneers	Teeth	0.0	0.0	0.0	0.0	*1.6*	1.9	1	0.1	0.1
	FP17s	0.0	0.0	0.0	0.0	*1.6*	1.6	1	0.1	0.1
Inlays	Teeth	0.0	0.0	0.0	0.0	*9.1*	6.5	6	0.4	0.3
	FP17s	0.0	0.0	0.0	0.0	*9.1*	6.4	6	0.4	0.3
Bridges	Units	0.0	0.0	0.0	0.0	*0.0*	12.0	0	0.0	0.6
	FP17s	0.0	0.0	0.0	0.0	*0.0*	5.2	0	0.0	0.3
Examination	FP17s	97.7	96.9	92.3	88.2	*96.6*	89.8	1,201	89.2	86.9
Antibiotic items prescribed	FP17s	0.0	0.4	0.0	1.1	*0.0*	1.0	0	0.0	1.4
Other treatment	FP17s	2.5	3.8	5.8	12.1	*4.6*	19.4	136	10.1	12.0
No clinical data	FP17s	0.0	0.4	0.0	0.2	*0.0*	0.3	0	0.0	1.6
Patient referred for advanced mandatory services	FP17s	0.0	0.0	0.0	0.0	*0.0*	0.0	0	0.0	0.0
Patient treated on referral	FP17s	0.0	0.1	0.2	0.6	*0.0*	0.0	1	0.1	0.2
Free repairs/replacements	FP17s	0.0	0.0	1.7	2.9	*0.0*	0.8	7	0.5	0.9
Further treatment within two months	FP17s	0.1	0.6	2.9	3.0	*0.0*	0.9	13	1.0	1.4
Domiciliary visits	FP17s	0.0	0.1	0.0	0.0	*0.0*	0.2	0	0.0	0.1
Sedation Services	FP17s	0.0	0.0	0.0	0.1	*0.0*	0.0	0	0.0	0.0
FP17s for contract		**770**		**416**		**66**			**1,348**	

Figures in *italics* indicate the base number of cases is less than 100.

End of year statement of activity for contract

Contract:

Average intervals (days) between attendances

Current Charge Band	Previous Charge Band: Band 1		Band 2		Band 3		Band 1 Urgent		Charge Exempt Activity	
	Contract	Wales	Contract	Wales	Contract	Wales	Contract	Wales	Contract	Wales
Band 1	304	244	277	222	198	222	180	152	236	152
Band 2	262	222	265	205	209	211	152	113	N/A	142
Band 3	221	202	293	188	202	213	203	98	N/A	122
Band 1 Urgent	195	155	132	157	90	161	188	137	N/A	133
Charge Exempt Activity	N/A	133	N/A	121	N/A	159	75	99	41	155

Performer Summary

Performer Number	Performer Name	Performer Start Date	Performer End Date	VDP / Non VDP Indicator	Total UDA	Total UOA
		01/06/2014		Non VDP	0.00	93.00
		01/06/2014		Non VDP	201.20	0.00
		13/06/2014		Non VDP	212.80	0.00
		12/08/2014		Non VDP	1,995.00	0.00
		01/06/2014	10/06/2014	Non VDP	67.80	0.00
		16/06/2014		Non VDP	421.60	0.00

3. Breakdown of activity data for patients with multiple FP17Ws reported

Breakdown of activity data for patients with multiple FP17s reported for contract numl

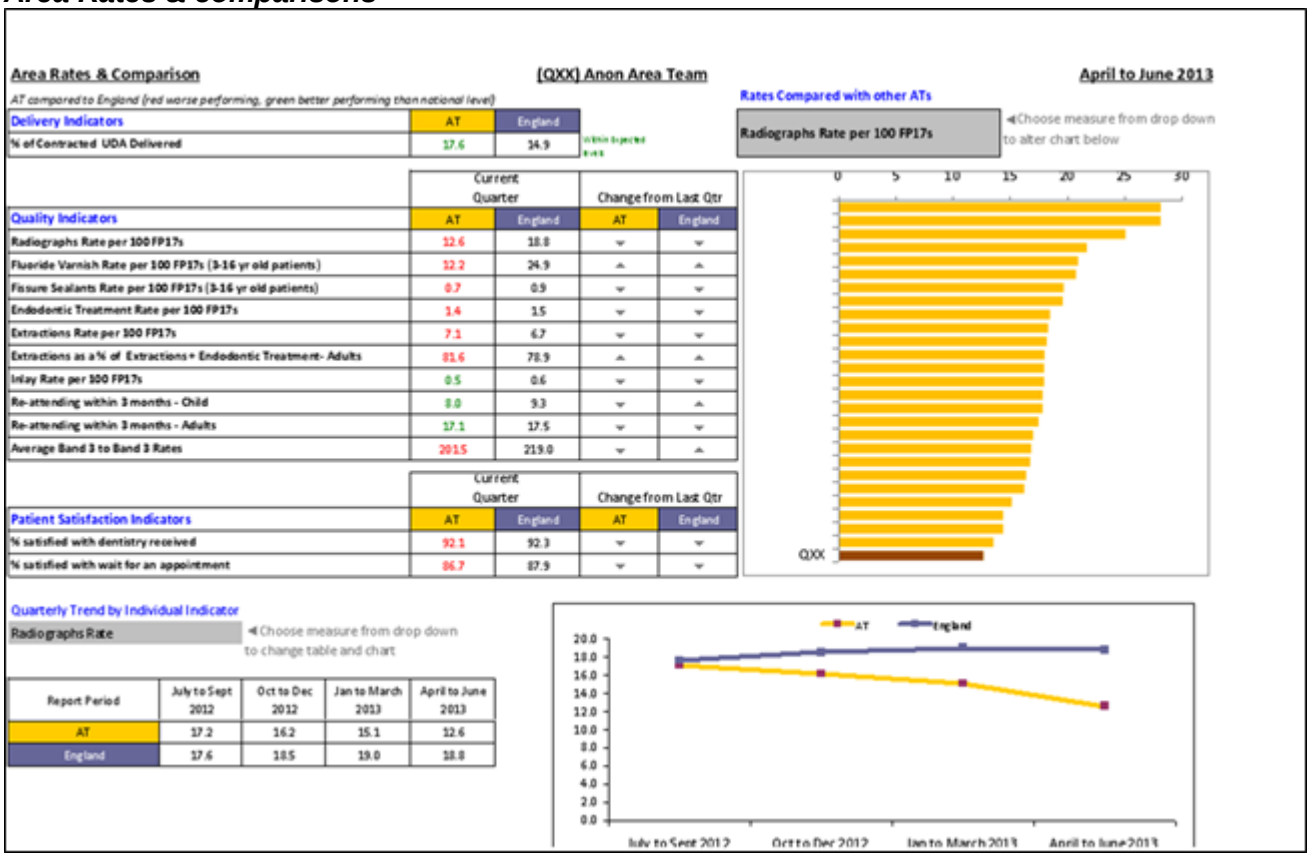
Range of schedule months requested from June 2015 to August 2015

Range of schedule months returned by the system from June 2015 to August 20

Performer Personal No	Treatment Location ID	Patient Unique Identifier	All Patient Charge Band	Treatment Acceptance Date	Treatment Completion Date	Days since last Visit	Exemption Type	Amended FP17	Incomplete Treatment - Band for ACTUAL treatment provided	Continuation of treatment Indicator	Free Repair/Replacement Indicator	Treatment on Referral Indicator	Prescription Issue Indicator	FP17s with these details	Total FP17s for patient from this contract	General UDA	Ortho UOA
709271	2554	PATIENT A	Band 2	02/06/2015	02/06/2015	28	Charge Payer	Original FP17		Y				1	5	3	0
709271	2554	PATIENT A	Band 1	12/06/2015	12/06/2015	10	Charge Payer	Original FP17		Y				1	5	1	0
709271	2554	PATIENT A	Band 2	21/07/2015	21/07/2015	39	Charge Payer	Original FP17						1	5	3	0
709271	2554	PATIENT A	Band 1	27/07/2015	27/07/2015	6	Charge Payer	Original FP17		Y				1	5	1	0
709271	2554	PATIENT A	Band 1	31/07/2015	31/07/2015	4	Charge Payer	Original FP17		Y				1	5	1	0
219517	2554	PATIENT B	Band 1	30/06/2015	30/06/2015	245	Charge Payer	Original FP17						1	5	1	0
219517	2554	PATIENT B	Urgent	22/07/2015	22/07/2015	22	Charge Payer	Original FP17						1	5	12	0
709271	2554	PATIENT B	Band 1	10/08/2015	10/08/2015	19	Charge Payer	Original FP17						1	5	1	0
219517	2554	PATIENT B	Band 2	11/08/2015	11/08/2015	1	Charge Payer	Original FP17						1	5	3	0
219517	2554	PATIENT B	Band 1	14/08/2015	14/08/2015	3	Charge Payer	Original FP17		Y				1	5	1	0
219517	2554	PATIENT B	Withdrawn Claim	14/08/2015	14/08/2015	3	Charge Payer	Original FP17						0	5	0	0
6065553	2554	PATIENT C	Band 1	12/05/2015	13/05/2015	112	Charge Payer	Original FP17						1	4	1	0
6065553	2554	PATIENT C	Band 1	19/05/2015	19/05/2015	6	Charge Payer	Original FP17		Y				1	4	1	0
6065553	2554	PATIENT C	Band 1	01/07/2015	01/07/2015	43	Charge Payer	Original FP17		Y				1	4	1	0
6065553	2554	PATIENT C	Band 1	13/08/2015	13/08/2015	43	Charge Payer	Original FP17						1	4	1	0

4. Dental Assurance Framework - example of “Tier 1” (*for LHBs only*) example pages

Area Rates & comparisons



Area Rates & Comparison — **[QXX] Anon Area Team** — **April to June 2013**

AT compared to England (red worse performing, green better performing than national level)

Delivery Indicators	AT	England
% of Contracted UDA Delivered	97.6	94.9

Rates Compared with other ATs

Radiographs Rate per 100 FP17s ◄Choose measure from drop down to alter chart below

Quality Indicators	Current Quarter AT	Current Quarter England	Change from Last Qtr AT	Change from Last Qtr England
Radiographs Rate per 100 FP17s	12.6	18.8	▼	▼
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	12.2	24.9	▲	▲
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	0.7	0.9	▼	▼
Endodontic Treatment Rate per 100 FP17s	1.4	1.5	▼	▼
Extractions Rate per 100 FP17s	7.1	6.7	▼	▼
Extractions as a % of Extractions + Endodontic Treatment- Adults	81.6	78.9	▲	▲
Inlay Rate per 100 FP17s	0.5	0.6	▼	▼
Re-attending within 3 months - Child	8.0	9.3	▼	▲
Re-attending within 3 months - Adults	17.1	17.5	▼	▼
Average Band 3 to Band 3 Rates	201.5	219.0	▼	▲

Patient Satisfaction Indicators	Current Quarter AT	Current Quarter England	Change from Last Qtr AT	Change from Last Qtr England
% satisfied with dentistry received	92.1	92.3	▼	▼
% satisfied with wait for an appointment	86.7	87.9	▼	▼

Quarterly Trend by Individual Indicator

Radiographs Rate ◄Choose measure from drop down to change table and chart

Report Period	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013
AT	17.2	16.2	15.1	12.6
England	17.6	18.5	19.0	18.8

Summary & Priority Contracts

Summary & Priority Contracts | **(7A5) Cwm Taf Health Board** | **April to June 2014**

Comparison with National Results

Measures	LHB vs National Rate	How defined	% Flagged Contracts	How defined
% of Contracted UDA Delivered	Within Expected levels	If between expected levels	N	If % of contracts flagged higher than national %
Radiographs Rate per 100 FP17s	N	if lower than national rate	N	
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	N		N	
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	N		N	
Endodontic Treatment Rate per 100 FP17s	N		N	
Extractions Rate per 100 FP17s	Y	if higher than national rate	N	
Extractions as a % of Extractions + Endodontic Treatment- Adults	Y		Y	
Inlay Rate per 100 FP17s	Y		Y	
Re-attending within 3 months - Child	Y		Y	
Re-attending within 3 months - Adults	Y		Y	
Average intervals (days) Band 3 to Band 3	N	if lower than national rate	N	
% satisfied with dentistry received	N		N	
% satisfied with wait for an appointment	N		N	

Contracts by number of flags

Number of Flags	Number of Contracts	% of Total	% in Wales
0	9	24.3	21.9
1	15	40.5	31.5
2	7	18.9	26.6
3	4	10.8	10.3
4	2	5.4	6.3
5	0	0.0	2.2
6	0	0.0	0.9
7	0	0.0	0.4
8	0	0.0	0.0
9	0	0.0	0.0
10	0	0.0	0.0
11	0	0.0	0.0

Priority Contracts ordered by number of flags then size. Please note this is only intended as a quick reference and not a definitive list.

Priority?	Contract	Name or Company Name	Total Flags	Under-delivering UDA	Radiograph Rate	Fluoride Varnish Rate	Fissure Sealant Rate	Endodontic Rate	Extraction Rate Low	Extraction Rate High	Extraction % Rate	Inlay Rate	Child Re-attendance %	Adult Re-attendance %	Band 3 to Band 3	% Satisfied Dentistry	% Satisfied with wait	Feedback from AT or previous DS excercises
1	[illegible] 1		4	N	Y	Y	N	N	N	N	Y	N	N	N	Y	N	N	
2	1		4	N	N	Y	N	N	N	Y	Y	N	N	Y	N	N	N	
3	1	Limited	3	N	N	N	Y	N	N	N	N	N	Y	Y	N	N	N	
4	1	re Ltd	3	N	N	Y	N	N	N	N	N	N	Y	Y	N	N	N	
5	1		3	N	N	N	N	N	N	Y	N	Y	N	Y	N	N	N	
6	1		3	N	N	Y	N	N	N	Y	N	Y	N	N	N	N	N	
7	1		2	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	
8	1		2	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	
9	1		2	N	N	Y	N	N	N	N	Y	N	N	N	N	N	N	
10	1		2	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N	

4. Dental Assurance Framework - example of "Tier 2" (*for LHBs only*) - normally 14 pages

Radiographs Rate

Document name: Dental Assurance Framework (General) Tier 2 - Single Contract (AT Prompt)
Last Refresh Date: 28/06/2013 13:38:17

Contract Information for contract: xxxxxx/xxxx : Anon Practice

Range of schedule months requested from March 2013 to June 2013

The data is intended to drill down from the overarching indicator "Radiographs Rate per 100 FP17s".

Radiographs Rate per 100 FP17s is defined as the rate per 100 FP17s which included a radiograph for all courses of treatment and patients. Number of FP17s which included a radiograph is based on the general clinical data set as recorded in part 5a of the FP17. The rate is calculated as the number of FP17s which included a radiograph divided by the total number of FP17s, and then expressed as a rate per 100 FP17s (i.e. multiplied by 100).

Overall Totals

A low rate could indicate non-compliance with FGDP (UK) Good Practice Guidelines – "Selection Criteria for Dental Radiography , therefore the contract rate is highlighted in red if 5% below the national benchmark.

	FP17s	FP17s with Radiographs	Contract Rate	England (2012-13)	% difference to national benchmark
Total FP17s	1,223	77	6.3	18.33	-65.7%

Possible Mitigating Factors?

A high number of treatments on referral, child patients, domiciliary visits, urgent treatment and no clinical data set included could be a mitigating factor for variances in the rates of radiographs.

Referral FP17s (% of total)	1 (0.1%)	Zero or low levels of treatments are on referral, therefore this cannot be seen as a mitigating factor into the contract's low rate
Child FP17s (% of total)	417 (34.1%)	Less than half of FP17s involve children therefore this cannot be seen as a mitigating factor into the contract's low rate
Domiciliary FP17s (% of total)	0 (0.0%)	No domiciliary treatment, therefore this cannot be seen as a mitigating factor into the contract's low rate
Urgent FP17s (% of total)	37 (3.0%)	Less than a third of FP17s involve urgent treatment therefore this cannot be seen as a mitigating factor into the contract's low rate
No Clinical Data FP17s (% of total)	0 (0.0%)	Zero FP17s contain no clinical data set, therefore this cannot be seen as a mitigating factor into the contract's low rate

Patient Charge Band

Analysis of treatment bands has been included in order to ascertain the pattern of FP17s with and therefore without radiographs.

The contract rate is compared to a benchmark, with those 5% points lower than the benchmark highlighted in red.

	Band 1	Band 2	Band 3	Urgent
FP17s	821	302	54	37
with Radiographs	39	25	7	6
% of FP17s	4.8%	8.3%	13.0%	16.2%
England % (2012-13)	12.8%	25.6%	37.7%	18.8%
Percentage point difference from national benchmark	-8.0%	-17.3%	-24.8%	-2.6%

Patient Charge Status

Analysis of patient status has been included in order to ascertain the pattern of FP17s with and therefore without radiographs.

The contract rate is compared to a benchmark, with those 5% points lower than the benchmark highlighted in red.

	Child	Exempt/ Remitted	Non Exempt
FP17s	417	144	662
with Radiographs	4	12	61
% of FP17s	1.0%	8.3%	9.2%
England % (2012-13)	5.6%	23.0%	23.1%
Percentage point difference from national benchmark	-4.6%	-14.7%	-13.9%

5. Dental Assurance Framework (DAF) for a contract

Information Services provided by...

NHS Business Services Authority

Dental Assurance Framework (DAF) Report December 2013 for contract

Please refer to report guidance for details of indicators & methodology used (link required)

Indicators used are designed to be informative about overall dental health system performance, they do not give a complete picture and other information will be needed to inform a wider appreciation

The indicators are therefore designed to produce "flags" (highlighted in red) for following up with other information available, further analysis and, if necessary, discussions with contractors and performers.

Contract: xxxxxx/xxxxx	Area team: QXX	Total Contracted UDA	37,204
Anon Name	LA Name: Anon LA	Total Contracted UOA	0
Type: GDS	Purpose: General and Orthodontic	Total Carry Forward UDA	1,401
Contract Start Date: 01/04/2011	Contract End date: no end date	Total Contracted Value (£)	835,565

1. Delivery Indicator	Contract	AT (QXX)	England
UDA Scheduled	25,391		
Adjusted UDA	23,990		
UDA Delivered %	64	58	65

1. Delivery of activity are guided by the GDS and PDS regulations. Contracts have been identified where their delivered activity is lower than expected at the year to date. The expected range is based on the pattern of delivery of contracts nationally which delivered 96% to 104% in previous years.

2. Quality Indicators	Item Count	Total	Measures: Contract	AT (QXX)	England
2 (a) PREVENTION Fluoride varnish, fissure sealant and total FP17s for children aged 3 to 16 years					
Fluoride Varnish Rate	11	746	1.5	21.4	27.2
Fissure Sealant Rate	1	746	0.1	1.0	1.0
2 (b) DIAGNOSES FP17's with radiographs and total FP17s					
Radiograph Rate	838	5,571	15.0	17.6	19.6
2 (c) PROVISION Inlay, Extraction, endodontic and total FP17s					
Inlay Rate	0	5,571	0.0	0.4	0.5
All Extraction Rate	217	5,571	3.9	7.0	8.9
Endodontic Rate	26	5,571	0.5	1.5	1.6
2 (c) Extraction and total endodontic or extraction FP17's (Adults)					
Adult Extraction %	190	215	88	81	79
2 (d) OUTCOME re-attending within 3 mths child, adult and total FP17s					
Re-attending within 3 months - Child %	62	876	7	8	8
Re-attending within 3 months - Adult %	750	4,695	16	17	17
Total Band 3 FP17s and average days between band 3 FP17's for same patient ID					
Average Bd 3 to Bd 3 (days)	118		145	216	211
3. Patient Experiencequestionnaire satisfaction and total responses					
Satisfied with dentistry received %	31	32	97	95	94
Satisfied with wait for an appointment %	30	32	94	91	90

2 (a) Prevention:These indicators are the rate of reported provision per 100 FP17s for patients aged from 3 years up to and including 16 years which included a reported fluoride varnish/ fissure sealant.

2 (b) Diagnosis: This indicator is the rate of reported radiograph provision per 100 FP17s.

2 (c) Provision of inlays: This indicator the rate of reported provision per100 FP17s with an inlay.

2 (c) Extractions: The rate of reported provision per 100 FP17s which included an extraction.

2 (c) Endodontics: The rate of reported provision per 100 FP17s with Endodontic treatment.

2 (c) Extractions v endodontic treatment (adults): The percentage of total FP17s for adult patients (aged 18 years and over) with either an extraction and/ or endodontic treatment that contained an extraction.

2 (d) Outcome : re-attendance and need for repeated complex care: Re-attending within 3 months – children/adults reflect the percentage of FP17s where a patient with the same identity was the subject of a reported course of treatment under the same contract within the previous three months.

Average Band 3 to Band 3 Days: This indicator is the average number of days between band 3 courses of treatment for the same patient identity.

3. Patient experience: These indicators are derived from the results of the NHS BSA routine random patient questionnaire details available from http://www.nhsbsa.nhs.uk/DentalServices/9023.aspx

Patient questionnaire data is, as in Vital Signs reports, based on a 12 month rolling period.

1

5. Dental Assurance Framework (DAF) for a contract (page 2)

Information Services provided by...

NHS Business Services Authority

Contract: xxxxxx/xxxxx

Quarter Trend Indicators

Highlighted red if flagged for attention	March 2013	June 2013	Sept 2013	Dec 2013
Radiographs Rate per 100 FP17s	10.9	13.3	15.1	15.0
Fluoride Varnish Rate (3-16 yr old patients)	1.8	0.9	1.5	1.5
Fissure Sealants Rate (3-16 yr old patients)	0.1	0.0	0.0	0.1
Endodontic Rate per 100 FP17s	0.4	0.6	0.6	0.5
Extractions Rate per 100 FP17s (High/Low)	3.8	4.4	3.8	3.9
Extractions % (Adults)	90.1	87.7	85.6	88.4
Inlay Rate per 100 FP17s	0.0	0.0	0.0	0.0
Re-attending within 3 months - Child	7.2	7.2	6.6	7.1
Re-attending within 3 months - Adults	17.4	15.8	16.9	16.0
Average Band 3 to Band 3 Days	121.8	175.0	166.7	145.4
% satisfied with dentistry received	90.9	95.7	95.7	96.9
% satisfied with wait for an appointment	100.0	91.3	91.3	93.8

Data is shown for contracts over previous quarters. The same methodology is used in all measures including time periods used. Therefore delivered data will be based on the year to date and so will not be comparable each quarter.

2

6. Re-attendance Indicators an extracts from the Dental Assurance Framework - example of "Tier 2" (*for health boards only*) - page 1 (see screen shot)

The percentage of FP17s involving children/adults for the same patient identity(surname, initial, gender and date of birth) where the previous course of treatment for that patient identity at the same contract ended 3 months or less prior to the most recent course of treatment.

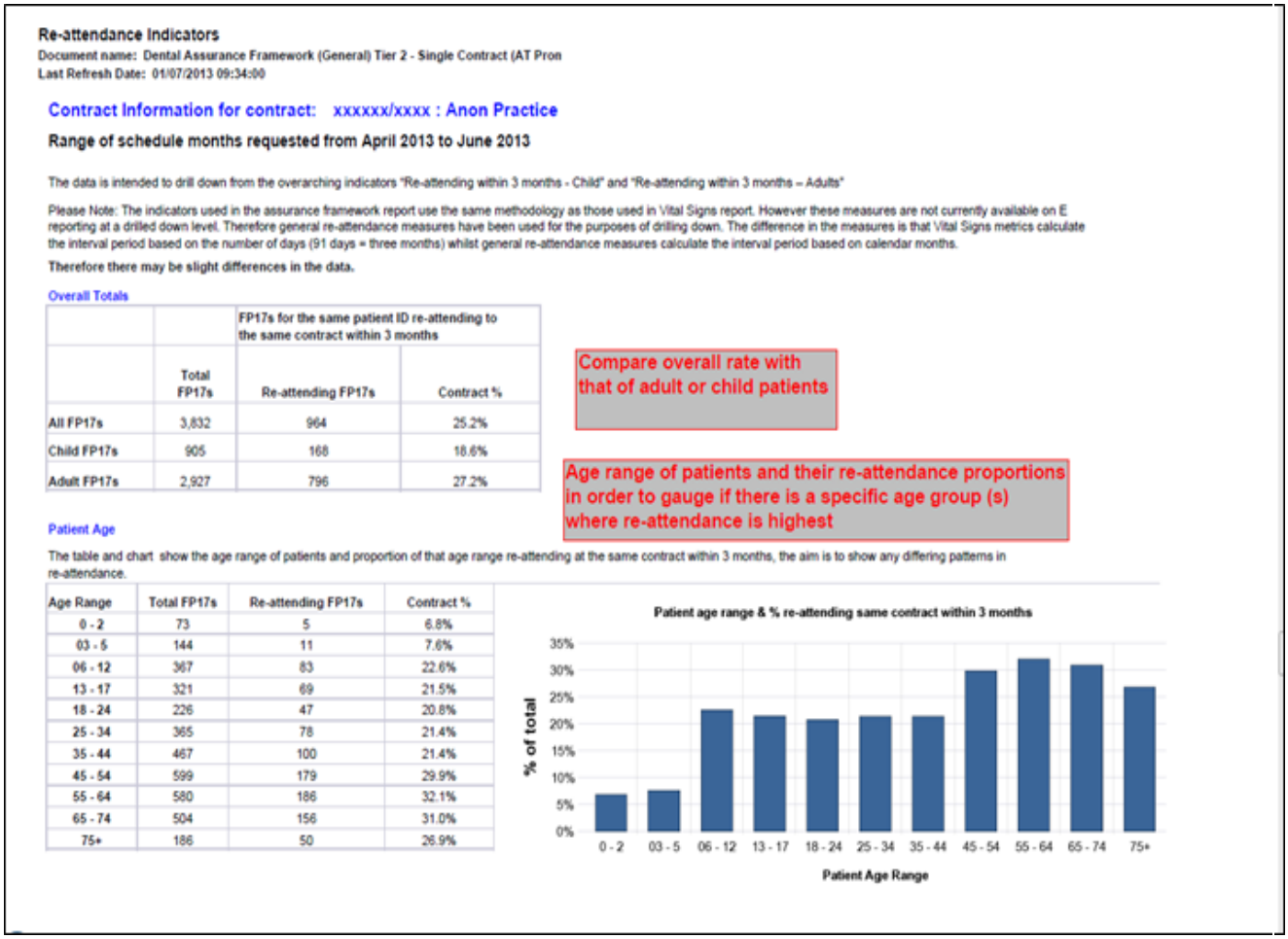
Child patients are defined as those aged under 18 years at the date of acceptance of their treatment. Adult patients defined as those aged over 18 years at the date of acceptance of their treatment.

Please note that health board area figures are aggregates of contract totals therefore reflect the measures used in terms of a patient attending the same contract. This differs to Vital Signs where health board levels are based on a patient attending a contract at the same health board.

Data (re-attendance and patient satisfaction) in the report can differ from vital signs reports due to when the reports were run.

In general, a patient who has completed a course of treatment that renders him or her "dentally fit" should not need to see a dentist again within the next three months.

A high rate would indicate that further treatment has been provided outside the recall interval but could include urgent treatment etc.



Re-attendance Indicators

Document name: Dental Assurance Framework (General) Tier 2 - Single Contract (AT Pron
Last Refresh Date: 01/07/2013 09:34:00

Contract Information for contract: xxxxxx/xxxx : Anon Practice

Range of schedule months requested from April 2013 to June 2013

The data is intended to drill down from the overarching indicators "Re-attending within 3 months - Child" and "Re-attending within 3 months – Adults"

Please Note: The indicators used in the assurance framework report use the same methodology as those used in Vital Signs report. However these measures are not currently available on E reporting at a drilled down level. Therefore general re-attendance measures have been used for the purposes of drilling down. The difference in the measures is that Vital Signs metrics calculate the interval period based on the number of days (91 days = three months) whilst general re-attendance measures calculate the interval period based on calendar months.

Therefore there may be slight differences in the data.

Overall Totals

		FP17s for the same patient ID re-attending to the same contract within 3 months	
	Total FP17s	Re-attending FP17s	Contract %
All FP17s	3,832	964	25.2%
Child FP17s	905	168	18.6%
Adult FP17s	2,927	796	27.2%

Compare overall rate with that of adult or child patients

Age range of patients and their re-attendance proportions in order to gauge if there is a specific age group (s) where re-attendance is highest

Patient Age

The table and chart show the age range of patients and proportion of that age range re-attending at the same contract within 3 months, the aim is to show any differing patterns in re-attendance.

Age Range	Total FP17s	Re-attending FP17s	Contract %
0 - 2	73	5	6.8%
03 - 5	144	11	7.6%
06 - 12	367	83	22.6%
13 - 17	321	69	21.5%
18 - 24	226	47	20.8%
25 - 34	365	78	21.4%
35 - 44	467	100	21.4%
45 - 54	599	179	29.9%
55 - 64	580	186	32.1%
65 - 74	504	156	31.0%
75+	186	50	26.9%

6. Re-attendance Indicators an extracts from the Dental Assurance Framework - example of "Tier 2" (*for LHBs only*) - page 2 and 3

Re-attendance Indicators

Document name: Dental Assurance Framework (General) Tier 2 - Single Contract (AT Pron
Last Refresh Date: 01/07/2013 09:34:00

Patient Charge Band of Current FP17

For FP17s with a re-attendance interval within 3 months the table shows the Patient Charge Band (band and the sub band) for that claim. A high number of free prescriptions for example could be seen as mitigating factors in a high re-attendance rate.

	All FP17s		Child FP17s		Adult FP17s	
Charge Band	Re-attending FP17s	Re-attending %	Re-attending FP17s	Re-attending %	Re-attending FP17s	Re-attending %
Band 1	229	12.2%	69	13.4%	160	11.7%
Band 2	410	31.3%	70	24.4%	340	33.3%
Band 3	65	43.3%	2	33.3%	63	43.8%
Charge exempt - Bridge Repairs	4	50.0%	0	0%	4	50.0%
Charge exempt - Denture Repair	59	69.4%	0	0%	59	69.4%
Charge exempt - Prescription Issue	27	62.8%	1	50.0%	26	63.4%
Domiciliary Visit Only	2	100.0%	0	0%	2	100.0%
Ortho Appliances	0	0.0%	0	0.0%	0	0.0%
Orthodontic Claim	9	13.6%				
Urgent	159	55.2%				
Withdrawn Claim	0	0.0%				

Charge band analysis can explain some re-attendance anomalies such as high levels of prescriptions

Patient Charge Band of last Visit

For FP17s with a re-attendance interval within 3 months shows the Patient Charge Band (band and the sub band) for the last visit of that patient id at any contract. A high number of free prescriptions for example could be seen as mitigating factors in a high re-attendance rate.

	All FP17s		Child FP17s		Adult FP17s	
Charge Band	Re-attending FP17s	Re-attending %	Re-attending FP17s	Re-attending %	Re-attending FP17s	Re-attending %
Band 1	233	12.8%	60	12.0%	173	13.1%
Band 2	441	34.6%	70	25.6%	371	37.0%
Band 3	60	38.5%	0	0.0%	60	39.5%
Free - Bridge Repairs	3	60.0%	0	0%	3	60.0%
Free - Denture Repair	48	60.8%	0	0%	48	60.8%
Free - Prescription Issue	25	34.7%	2	40.0%	23	34.3%
Ortho Appliances	0	0.0%	0	0.0%	0	0.0%
Orthodontic Claim	19	54.3%	19	55.9%	0	0.0%
Unclassified	5	33.3%	0	0%	5	33.3%
Urgent/Occasional	130	46.4%	17	43.6%	113	46.9%

Charge band analysis for the last visit of a patient can also help to explain some re-attendance anomalies such as high levels of prescriptions. But high levels of last visit being band 3 may be of concern

Re-attendance Indicators

Document name: Dental Assurance Framework (General) Tier 2 - Single Contract (AT Pron
Last Refresh Date: 01/07/2013 09:34:00

Performer Overall Totals and Rates

A breakdown by performer is included in order to ascertain whether levels are consistent for performers practising at the contract.

		All FP17s			Child FP17s			Adult FP17s		
Performer No.	Performer Name	Total FP17s	Re-attending FP17s	Re-attending %	Total FP17s	Re-attending FP17s	Re-attending %	Total FP17s	Re-attending FP17s	Re-attending %
1	Performer 1	304	47	15.5%	65	7	10.8%	239	40	16.7%
2	Performer 2	508	139	27.4%	87	12	13.8%	421	127	30.2%
3	Performer 3	526	136	25.9%	104	12	11.5%	422	124	29.4%
4	Performer 4	390	89	22.8%	83	9	10.8%	307	80	26.1%
5	Performer 5	1	0	0.0%	0			1	0	0.0%
6	Performer 6	8	0	0.0%	7	0	0.0%	1	0	0.0%
7	Performer 7	583	186	31.9%	129	20	15.5%	454	166	36.6%
8	Performer 8	629	155	24.6%	243	76	31.3%	386	79	20.5%
9	Performer 9	704	188	26.7%	162	30	18.5%	542	158	29.2%
10	Performer 10	178	24	13.5%	25	2	8.0%	153	22	14.4%
11	Performer 11	1	0	0.0%	0			1	0	0.0%

Can judge whether performance is consistent among all performers

Appendices

The appendices provide additional useful resources:

Appendix A NICE guidelines on recall - patient leaflet and poster

Appendix B Urgent Treatment

Appendix C A Quality Dashboard Example

Appendix D Step by step guide to running a multiple FP17W report

Appendix E Practices with 3 or more performers

Appendix F Links to additional resources and information

Appendix G DAF General Report with tips

Appendix A: NICE patient leaflet and poster on recall intervals

Both these resources can be downloaded from the NICE website.

1. Patient leaflet

NHS
National Institute for Clinical Excellence

When should my next dental check-up be?

If you have been used to regular check-ups every 6 months, you may find this changes. The gap could be longer or shorter than this, depending on how healthy your teeth and gums are and your risk of future problems.

WHY IS A CHECK-UP IMPORTANT?

It lets the dentist see if you have any dental problems and helps you keep your mouth healthy. It is best to prevent problems or treat them early on – leaving them could mean that treatment is more difficult in the future.

WHAT HAPPENS AT EACH CHECK-UP?

At each check-up your dentist should:

- examine your teeth, gums and mouth
- ask about your general health and any problems you've had with your teeth, mouth or gums since your last visit
- ask about and give you advice on your diet, tobacco and alcohol use, and teeth cleaning habits
- discuss with you a date for your next visit.

HOW OFTEN SHOULD I COME BACK FOR A CHECK-UP?

After your check-up, your dentist will recommend a date for your next visit and discuss this with you.

The time to your next check-up could be as short as 3 months or as long as 2 years – or up to 1 year if you are under 18.

Generally speaking, the lower your risk of dental problems, the longer the gap will be before your next check-up. This may vary at different times of your life depending on the condition of your teeth, gums and mouth or other changes in your health or lifestyle.

WHAT ABOUT OTHER TREATMENTS?

This advice is about routine check-ups only. You may have other appointments for treatments such as teeth cleaning (scale and polish), fillings or having a tooth out, or for emergency treatment.

If you have problems with your teeth between check-ups, contact your dentist's surgery to make an earlier appointment. In an emergency outside normal working hours, contact your dentist's surgery on their usual number and you will be informed how to access emergency dental care. If you are not registered with an NHS dentist, you can call NHS Direct (0845 46 47) for advice on what to do.

WHERE CAN I FIND OUT MORE?

NHS guidelines for dentists

The National Institute for Clinical Excellence (NICE) has published guidance to help dentists decide how often each patient needs a check-up. More information on this guidance on dental check-ups is available on the NICE website (www.nice.org.uk/CG019).

The guidance was prepared by dentists, patient representatives and scientists. They looked at the evidence available on choosing the right gap between check-ups, and made recommendations based on this evidence. There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk).

NHS dentistry and your dental health If you want help finding an NHS dentist or information on dental health, contact NHS Direct by telephoning 0845 46 47, or visit the website (www.nhsdirect.nhs.uk).

یو کے میں این ایچ ایس (NHS) کے دانتوں کے ڈاکٹروں کی تلاش کے بارے میں معلومات یا دانتوں کی صحت کے بارے میں معلومات کے لئے آپ این ایچ ایس (NHS) ڈائریکٹ سے ٹیلیفون نمبر 0845 46 47 پر رابطہ کر سکتے ہیں۔

यदि आपको एन.एच.एस. (NHS) के दांतों के डाक्टर को ढूंढने या दांतों के स्वास्थ्य के बारे में कोई सूचना चाहिए तो एन.एच.एस. डायरेक्ट (NHS Direct) को 0845 46 47 पर सम्पर्क करें।

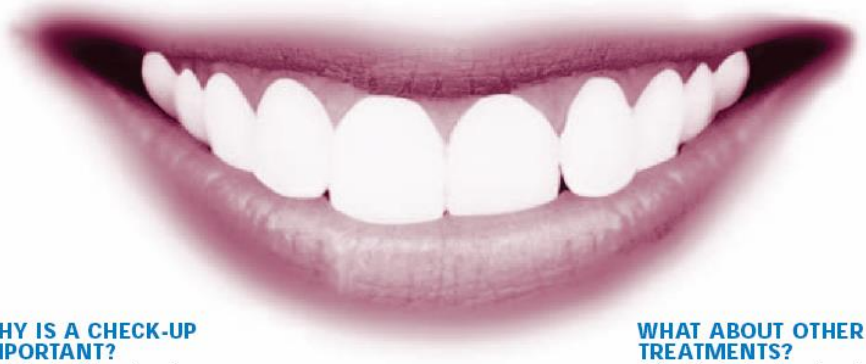
ISBN 1-84257-804-9 © National Institute for Clinical Excellence, October 2004. National Institute for Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA N0737

2)

NHS
National Institute for Clinical Excellence

When should my next dental check-up be?

If you have been used to regular check-ups every 6 months, you may find this changes. The gap could be longer or shorter than this, depending on how healthy your teeth and gums are and your risk of future problems.



WHY IS A CHECK-UP IMPORTANT?

It lets the dentist see if you have any dental problems and helps you keep your mouth healthy. It is best to prevent problems or treat them early on – leaving them could mean that treatment is more difficult in the future.

WHAT HAPPENS AT EACH CHECK-UP?

At each check-up your dentist should:

- examine your teeth, gums and mouth
- ask about your general health and any problems you've had with your teeth, mouth or gums since your last visit
- ask about and give you advice on your diet, tobacco and alcohol use, and teeth cleaning habits
- discuss with you a date for your next visit.

HOW OFTEN SHOULD I COME BACK FOR A CHECK-UP?

After your check-up, your dentist will recommend a date for your next visit, and discuss this with you.

The time to your next check-up could be as short as 3 months or as long as 2 years – or up to 1 year if you are under 18.

Generally speaking, the lower your risk of dental problems, the longer the gap will be before your next check-up. This may vary at different times of your life depending on the condition of your teeth, gums and mouth or other changes in your health or lifestyle.

WHAT ABOUT OTHER TREATMENTS?

This advice is about routine check-ups only. You may have other appointments for treatments such as teeth cleaning (scale and polish), fillings or having a tooth out, or for emergency treatment.

If you have problems with your teeth between check-ups, contact your dentist's surgery to make an earlier appointment. In an emergency outside normal working hours, contact your dentist's surgery on their usual number and you will be informed how to access emergency dental care. If you are not registered with an NHS dentist, you can call NHS Direct (0845 46 47) for advice on what to do.

WHERE CAN I FIND OUT MORE?

NHS guidelines for dentists and a patient factsheet The National Institute for Clinical Excellence (NICE) has published guidance to help dentists decide how often each patient needs a check-up. For more information ask your dentist for the NICE patient factsheet, or visit the NICE website (www.nice.org.uk/CG019). You can also get a copy of the factsheet by telephoning the NHS Response Line on 0870 1555 455. Quote number N0737 for an English version and N0738 for a bilingual Welsh/English version.

NHS dentistry and your dental health If you want help finding an NHS dentist or information on dental health, contact NHS Direct by telephoning 0845 46 47 or visit the website (www.nhsdirect.nhs.uk).

اگر آپ ایک این ایچ ایس (NHS) کے دانتوں کے معالج کی تلاش یا دانتوں کی صحت کے بارے میں معلومات میں مدد حاصل کرنا چاہتے ہیں تو این ایچ ایس ڈائریکٹ (NHS Direct) سے فون نمبر 0845 46 47 پر رابطہ کریں۔

यदि आपको एन.एच.एस. (NHS) के दांतों के डाक्टर को ढूंढने या दांतों के स्वास्थ्य के बारे में कोई सूचना चाहिए तो एन.एच.एस. डाईरेक्ट (NHS Direct) को 0845 46 47 पर सपर्क करें।

এন.এইচ.এস (NHS) এর কোন দাঁতের ডাক্তার (ডেন্টিস্ট) বের করতে সিতে তথবা দাঁতের স্বিকিৎসা সম্পর্কে তথ্যের জানতে তাদের সাহায্যের দরকার হলে, তাহলে তবে এন.এইচ.এস ডাইরেক্ট (NHS Direct)-কে 0845 46 47 নাম্বারে ফোন করুন।

જો તમને (NHS) ડેન્ટીસ્ટ શોધવામાં અથવા દાંતની તંદુરસ્તિ વિષે માહિતી મેળવવામાં મદદ્દની પડતી હોય તો મદદ્દેયાની. કરીને (NHS Direct) ડાઇરેક્ટનો 0845 46 47 ઉપર ટેલીફોન કરવા માટે સંપર્ક સાધો.

ਜੇਕਰ ਤੁਸੀ ਦੰਦਾਂ ਦੇ ਐਨਐਚਐਸ (NHS) ਡਾਕਟਰ ਲਭੇ ਪਤਾ ਕਰਨ ਲਈ ਸਹਾਇਤਿਤ ਚਾਹੁੰਦੇ ਹੋ ਜਾਂ ਤੁਹਾਨੂੰ ਦੰਦਾਂ ਦੀ ਸਿਹਤ ਬਾਰੇ ਜਾਣਕਾਰੀ ਲੋੜੀਦੀ ਹੈ ਤਾਂ ਐਨਐਚਐਸ ਡਾਇਰੈਕਟ (NHS Direct) ਨਾਲ 0845 46 47 'ਤੇ ਟੈਲੀਫੋਨ ਰਾਹੀ ਸੰਪਰਕ ਕਰੋ।

ISBN 1-84257-802-2 © National Institute for Clinical Excellence, October 2004. National Institute for Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA N0735

Appendix B: Urgent Treatment

The GDS and PDS Regulations 2006 define “urgent treatment” as meaning:

“a course of treatment that consists of one or more treatments listed in Schedule 4 of the Dental Charges Regulations 2006 (urgent treatment under Band 1 charge) that are provided to a person in circumstances where -

(a) a prompt course of treatment is provided because, in the opinion of the contractor, that person’s oral health is likely to deteriorate significantly, or the person is in severe pain by reason of his oral health condition; and

(b) treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain;”

The Dental Charges Regulations 2006 go on to state:
“and “urgent course of treatment” shall be construed accordingly.”

The Department of Health (DH) issued factsheets to provide advice for primary care organisations to support the successful implementation of the local commissioning arrangements for NHS primary dental care services from April 2006. Welsh Government did not issue their own factsheets but agree with the principles in the DH factsheets. Factsheet 7B Annex A deals with urgent care.

Factsheet 7B
Commissioning Out of Hours Services & Urgent Treatment: Update

ANNEX A

DENTAL URGENT CARE: DEFINITION FOR DENTISTS & PRIMARY CARE TRUSTS

1. The urgent treatment arrangements are intended to provide patients with any immediately necessary treatment to address severe pain or prevent significant deterioration in oral health.

‘Urgent treatment’: definitions and legislative provisions

2. For the purposes of new GDS contracts and PDS agreements, ‘urgent treatment’ means one or more of the treatments listed in Schedule 4 to the National Health Service (Dental Charges) Regulations 2005 (*in Wales the Dental Charges Regulations 2006*) provided to a patient in circumstances where:
prompt care and treatment is provided because, in the opinion of the dental practitioner, the person’s oral health is likely to deteriorate significantly, or the person is in severe pain by reason of his or her oral condition; and.
care and treatment is provided only to the extent that is necessary to prevent that deterioration in oral health or address that severe pain.

3. Where both these conditions apply, one or more of the treatments listed in Schedule 4 of the Regulations may be provided, i.e.:

- examination, assessment and advice
- radiographic examination and radiological report
- dressing of teeth and palliative treatment
- pulpectomy or vital pulpotomy
- re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment
- repair and refixing of inlays and crowns
- refixing a bridge
- temporary bridges
- extraction of not more than two teeth
- provision of post-operative care including treatment of infected sockets
- adjustment and alteration of dentures or orthodontic appliances
- urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment
- treatment of sensitive cementum or dentine
- incising an abscess
- other treatment immediately necessary as a result of trauma
- not more than one permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention.

4. The charge for an urgent course of treatment (if the patient is liable to pay NHS charges) is £15.50 (*£13.50 in Wales – April 2015*). An urgent course of treatment attracts 1.2 Units of Dental Activity (UDAs).

5. These arrangements do not apply where a dentist assesses a patient and this leads to the issue of a prescription, but no other treatment (beyond the assessment and the prescription) is given. In these circumstances, which are likely to be rare, the patient does not pay a charge. (*The crediting of 0.75 UDAs for issuing a prescription was removed from regulations with effect from 1 November 2012*).

Further guidance

6. The regulations do not provide rigid rules to cover all eventualities. There are two scenarios, in particular, where dentists need to apply their judgement but where it is recommended they follow the guidance in this document.

7. In the first scenario, the patient is already undergoing a course of treatment and presents with a problem that requires urgent treatment. In these circumstances, the additional treatment should normally be provided as part of the existing course of treatment, as a variation of the treatment plan. In exceptional cases, for example a patient suffers intra-oral trauma as a result of an accident, an urgent course of treatment may be claimed.

8. In the second scenario, the dentist provides some initial treatment to stabilise a condition that requires urgent treatment (under the criteria in paragraph 1 above), for instance by issuing a prescription, and the patient makes a subsequent visit (e.g. on the following day) to have the tooth extracted (or receive another of the treatments listed in paragraph 2). If the treatment provided on this subsequent visit (or visits) is part of the treatment needed to prevent significant deterioration in oral health or address severe pain, then the two (or more) visits should be counted as a single course of urgent

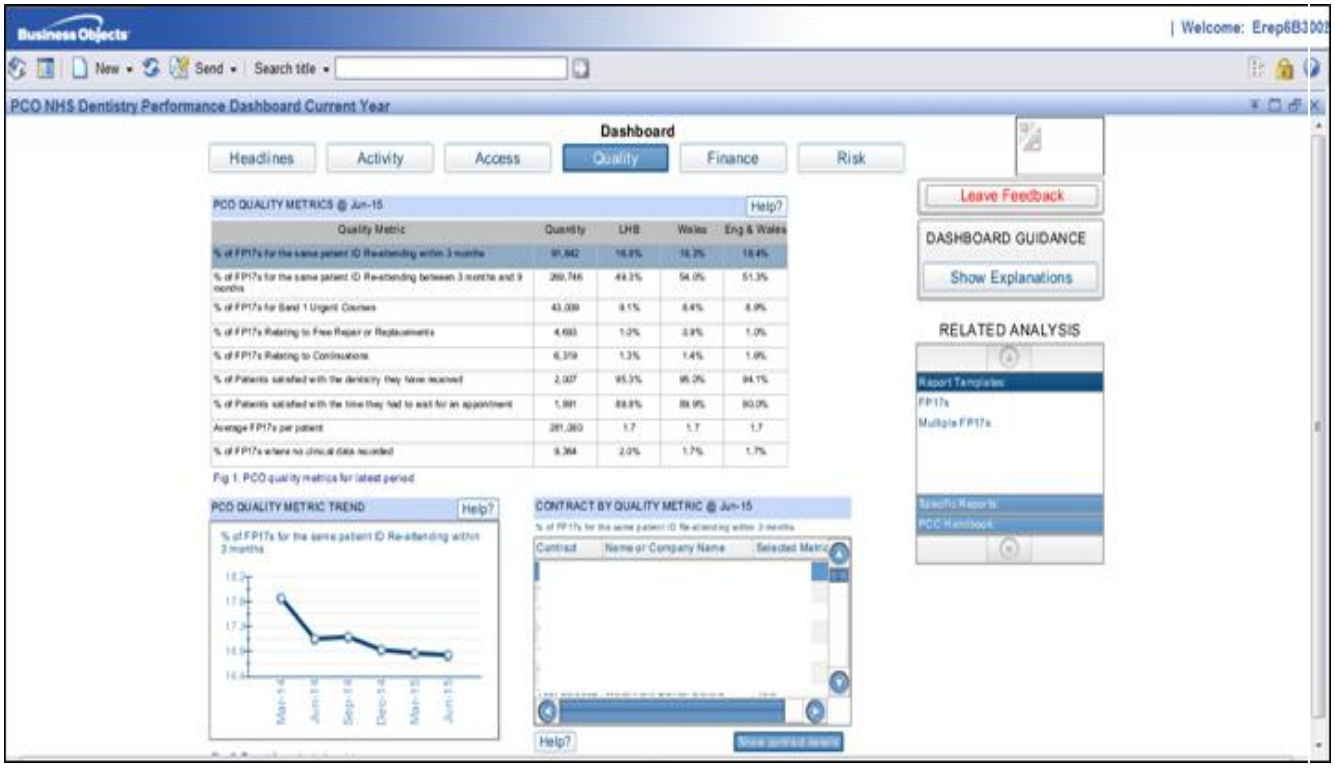
treatment attracting 1.2 UDAs and (if applicable) a patient charge of £15.50 (*£13.50 in Wales – April 2015*)

9. Where a patient has completed urgent treatment and then begins other (non-urgent) treatment, the new course of treatment will attract the appropriate Units of Dental Activity (e.g. three UDAs for a Band 2 course of treatment) and the appropriate patient charge.

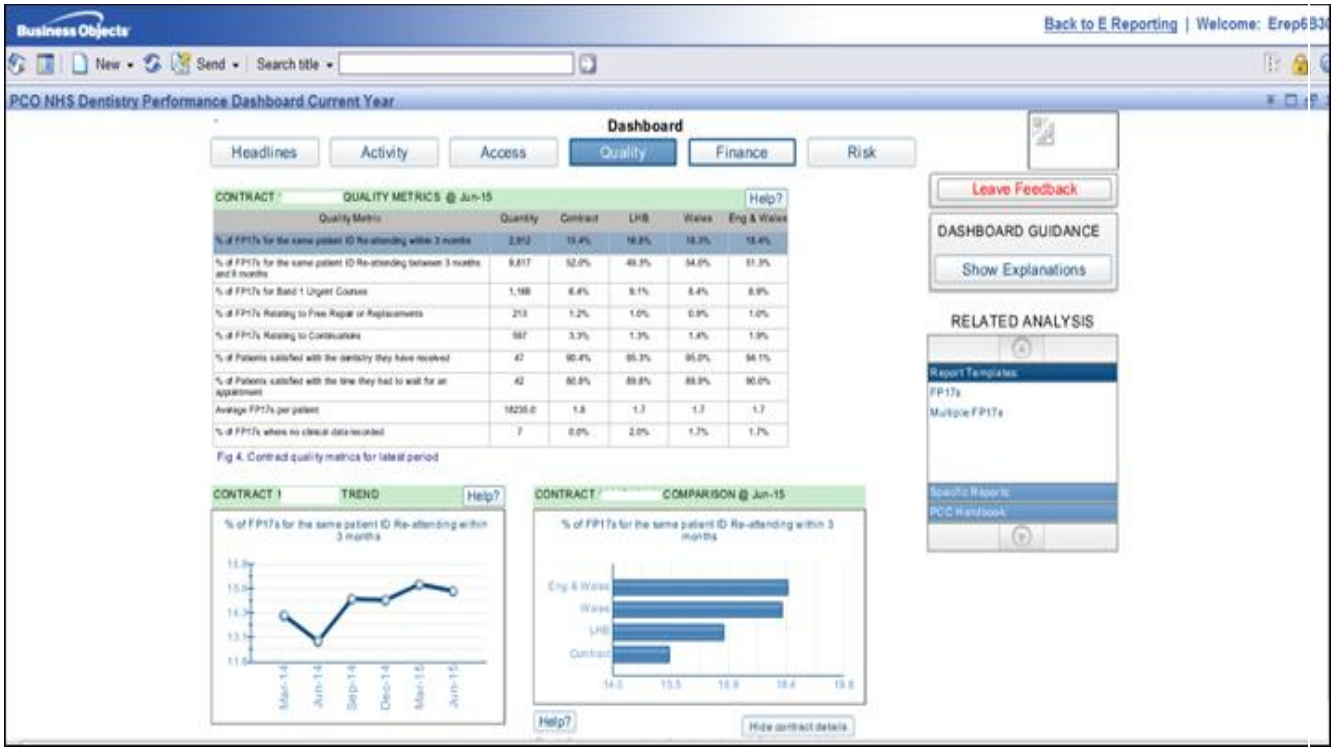
Appendix C: A Quality Dashboard example

How to use this section: The screenshots are taken from the Quality Dashboard on E Reporting. Please refer to Section 5 of the guide to developing a performance policy in Section 3 of this pack for further context about the quality dashboard and how it can be used.

Screenshot 1 - Activity at PCO level



Screenshot 2 - Activity at contract level



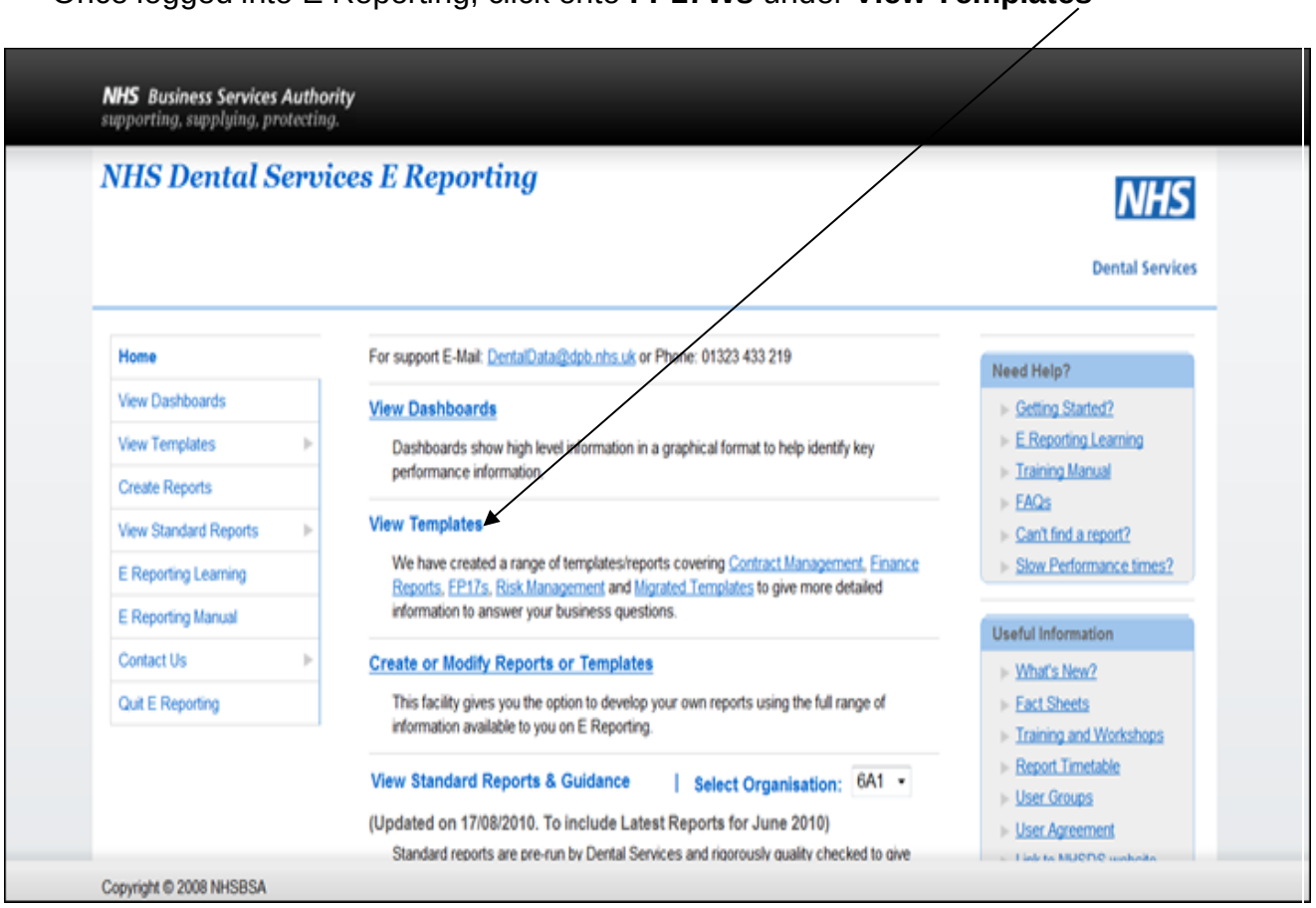
Appendix D: Guide to running multiple FP17Ws per patient and multiple FP17W templates via E-Reporting

How to use this section: This section contains a guide to running multiple FP17Ws per patient. You will need to log on to the E-Reporting system to follow these steps.

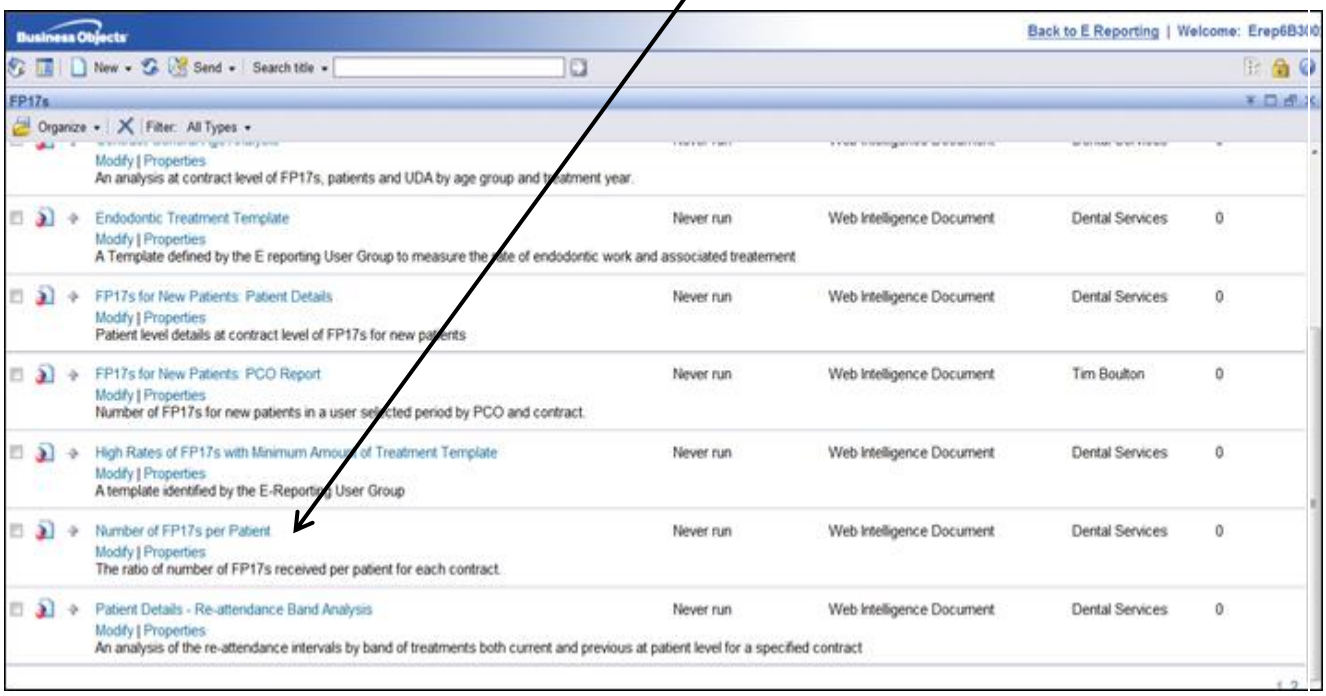
Step by step guide

Step 1 – Running the Number of FP17Ws per patient template

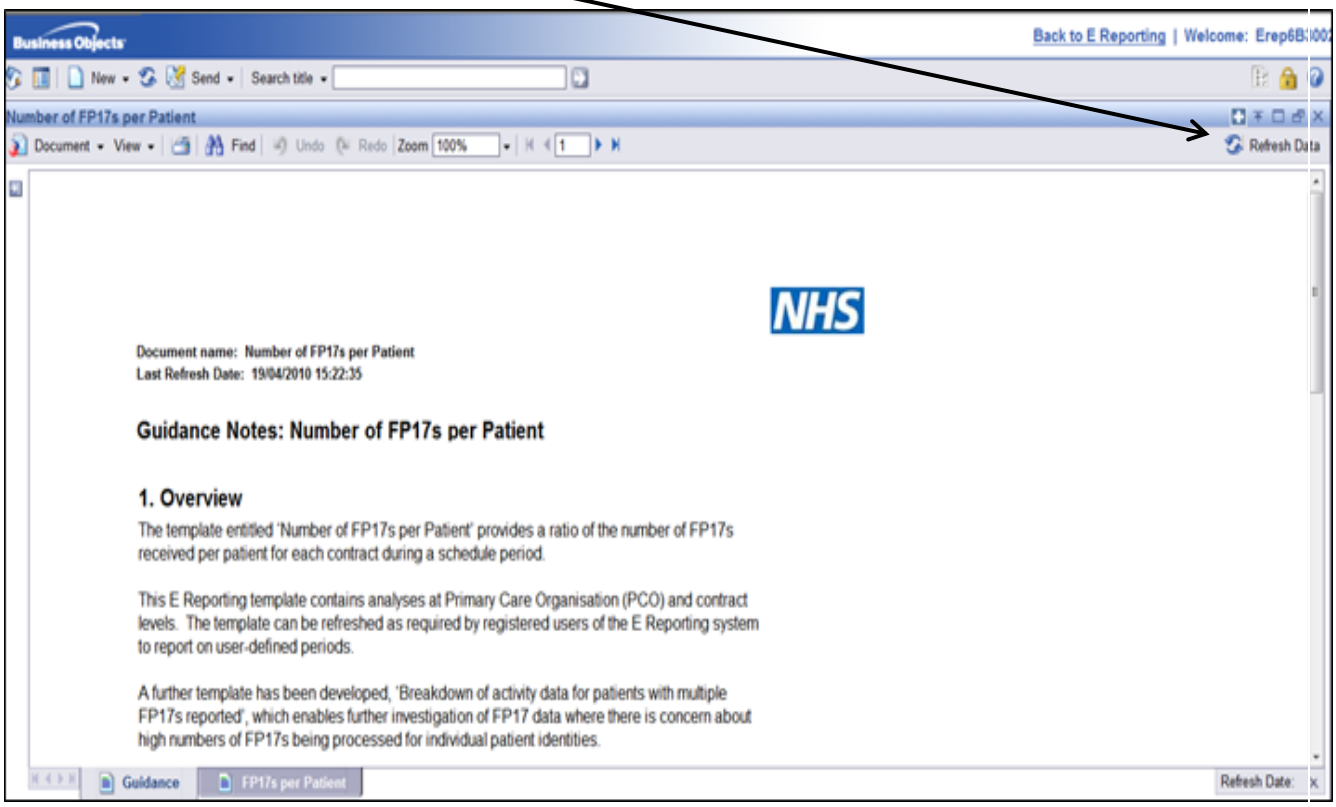
- Once logged into E Reporting, click onto **FP17Ws** under **View Templates**



- Double click on **Number of FP17s per Patient**



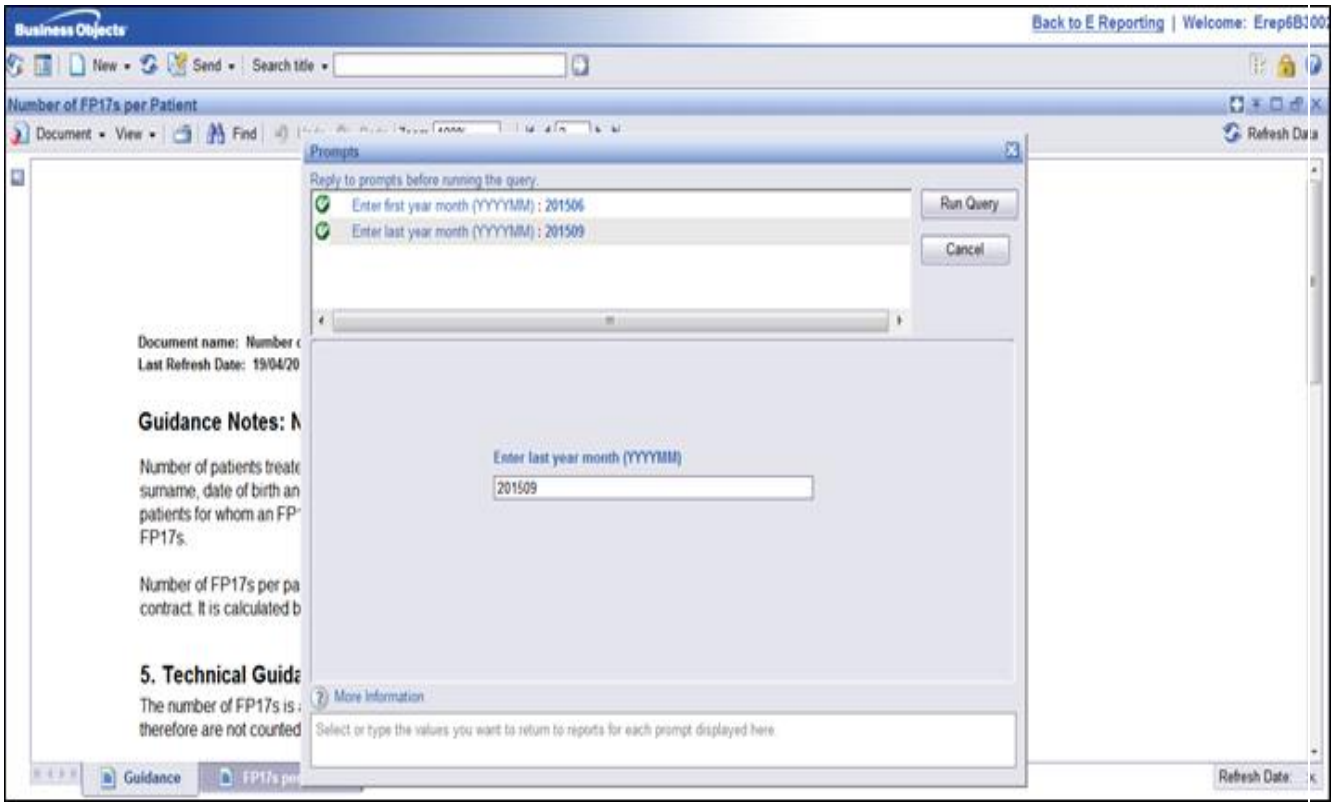
- The guidance notes will then be displayed for this template which provides background detail on the data
- Click on **Refresh Data**



- Enter the period to be reviewed - **ideally this should be a six month period**

1. First time period (YYYY/MM)

2. Second time period (YYYY/MM)



Appendix E: Practices with 3 or more performers

The Health Board Use of Exception Reports

Background

Health boards produce exception reports for general dental practices provided under GDS Contracts and PDS Agreements on a quarterly basis.

Certain indicators may be associated with “high” risk. These include:
UDA per patient;
FP17s starting within three months of previous FP17;
Free repairs or replacements; and
Continuations of treatment.

In practices where there are 3 or more performers working to a single contract these indicators are not being identified through the exception reporting process.

Identifying Exceptions

In order to ensure probity of contract management and to ensure that all general dental practices’ activity is being reviewed equitably, the health board will run multiple FP17 reports for dental practices where there are three or more performers working to a contract on a quarterly basis and will interrogate this information to ensure that the findings are consistent with the practices exception report.

Where there appears to be a variance to the exception report this will be identified with the contract provider to ensure that a review of the activity is undertaken.

Where there is a trend of “high” levels of risk the health board may 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 contractor and/or the health board may request input from the Dental Practice Advisor in these matters and in support of their resolution.

Governance and Performance Issues

In line with the Health Board Use of Exception Reports where the health board has significant concerns relating to the performance of a contract in depth investigations may need to be carried out with the support of the Clinical Adviser, NHSDS and/or the Dental Practice Advisor.

Appendix F: Links to additional resources and information

Cardiff University Dental Deanery provides support with audit. All Wales audits are available to dental practice in Wales, including WHTM 01-05 and antimicrobial prescribing.

Healthcare Inspectorate Wales (HIW) inspect all dental practices in Wales against the Health and Care Standards, the GDC standards and regulations. The HIW website includes further details.

Appendix G: DAF General Report with tips

NHS Business Services Authority

Dental Assurance Framework Report

Update from previous report:

Old PCT codes have been included in the report, however any contract created after 1st April 2013 will not have a PCT code attached to it, therefore the field will be blank.

Shows any slight changes made to the reports

Therefore the Local Authority name has been added to the report in order to give a geographical reference, this will be used in the future with the old PCT codes being phased out.

Contract information and intelligence garnered from clinical challenges, POL audits and commissioners themselves is included in the contract data in order to highlight or exclude certain contracts, for example a minor oral surgery in the case of extraction related indicators.

Detailed notes and Guidance are provided seperately.

Reminder that many cells in the report are linked therefore if moved may not work

If want to save or export part of the report can use:
1) Copy & Paste special (values) which preserves the formatting and values contained
OR
2) Save as pdf

Using this report

· Please Note that this report is built in a dashboard style.

· Therefore several parts are derived from calculations carried out once a drop down has been selected.

· If cells are altered or deleted then the report may not function correctly

· If it is neccessry to alter the report then it is recommended that this is done by making a copy of the report, leaving the original intact.

· If parts of the report are required to be copied into another excel document this must be done by using the Paste Special function or by saving as a pdf report.

Please Note:

· The report was run at a different time to vital signs reports, this could affect some indicators (re-attendance and patient satisfaction) which may differ slightly from the Vital Signs reports.

Some measures can change depending on when a report is run, therefore there may be small differences from other reports

Currently looking to change measures to avoid this in the future

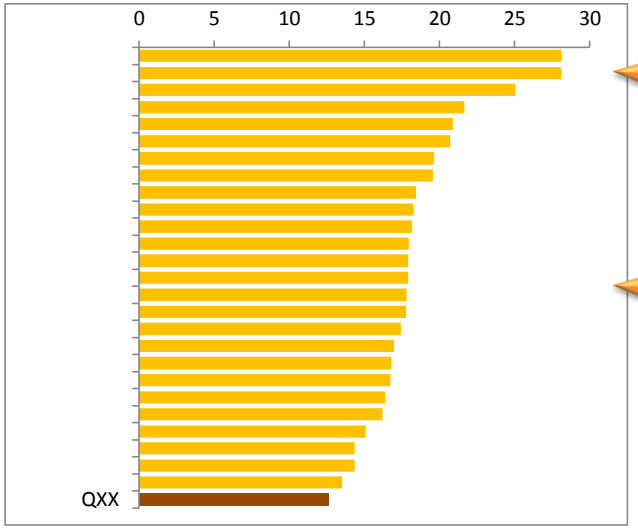
Area Rates & Comparison — (QXX) Anon Area Team — April to June 2013

AT compared to England (red worse performing, green better performing than national level)

Delivery Indicators	AT	England	
% of Contracted UDA Delivered	17.6	14.9	Within Expected levels

Rates Compared with other ATs

Radiographs Rate per 100 FP17s ◀Choose measure from drop down to alter chart below



	Current Quarter		Change from Last Qtr	
Quality Indicators	AT	England	AT	England
Radiographs Rate per 100 FP17s	12.6	18.8	▼	▼
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	12.2	24.9	▲	▲
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	0.7	0.9	▼	▼
Endodontic Treatment Rate per 100 FP17s	1.4	1.5	▼	▼
Extractions Rate per 100 FP17s	7.1	6.7	▼	▼
Extractions as a % of Extractions + Endodontic Treatment- Adults	81.6	78.9	▲	▲
Inlay Rate per 100 FP17s	0.5	0.6	▼	▼
Re-attending within 3 months - Child	8.0	9.3	▼	▲
Re-attending within 3 months - Adults	17.1	17.5	▼	▼
Average Band 3 to Band 3 Rates	201.5	219.0	▼	▲

	Current Quarter		Change from Last Qtr	
Patient Satisfaction Indicators	AT	England	AT	England
% satisfied with dentistry received	92.1	92.3	▼	▼
% satisfied with wait for an appointment	86.7	87.9	▼	▼

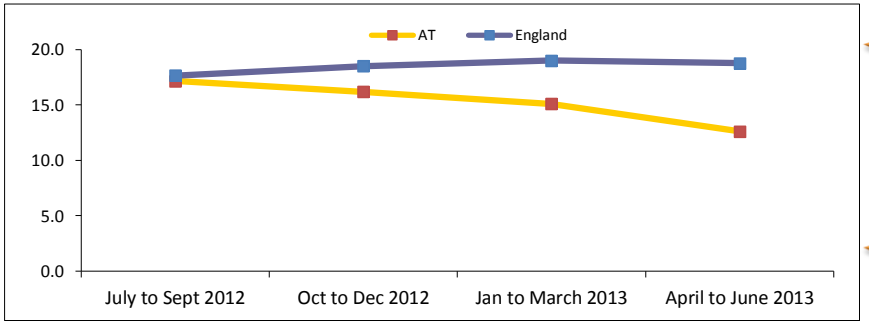
Shows the AT rate compared to the national figure and other ATs

In this example Radiograph rate is very low, therefore the AT may wish to prioritise contracts with a low rate for this indicator

Quarterly Trend by Individual Indicator

Radiographs Rate ◀Choose measure from drop down to change table and chart

Report Period	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013
AT	17.2	16.2	15.1	12.6
England	17.6	18.5	19.0	18.8



A trend chart included to see if any low/high rates are a long term issue or just a blip

In this example Radiograph rate has been been decreasing over time

Contracts Flagged for Attention

(QXX) Anon Area Team

April to June 2013

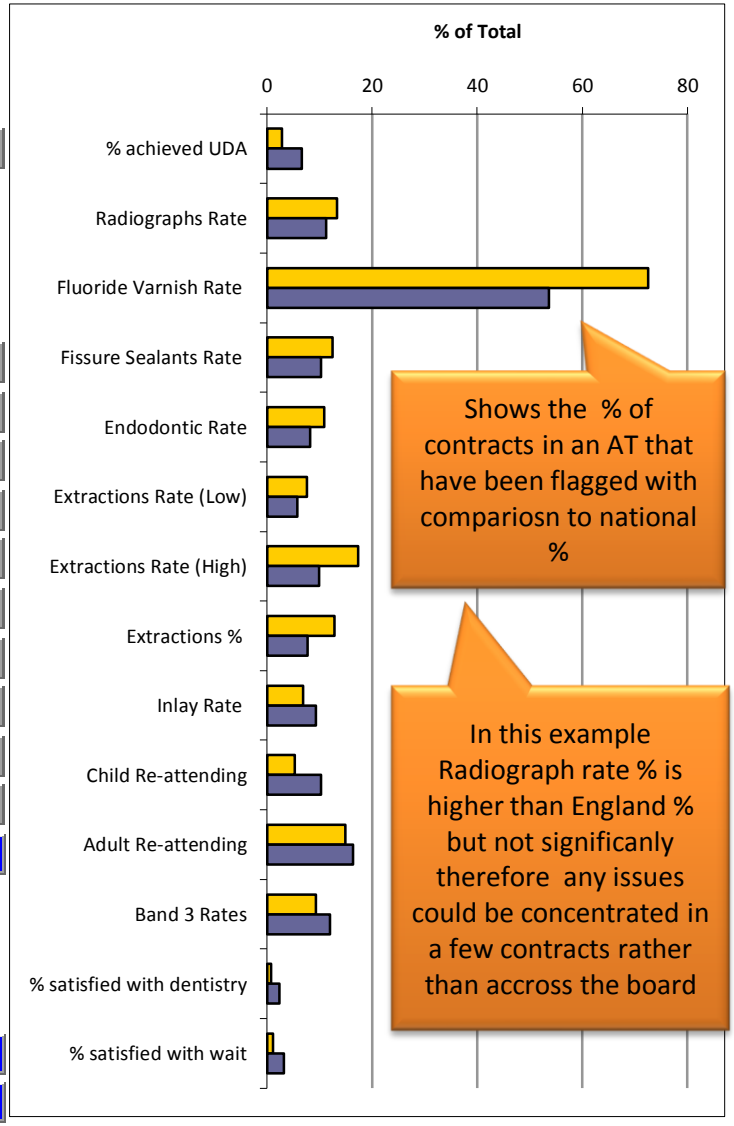
AT compared to England (red worse performing, green better performing than national level)

Delivery Indicators	Current Quarter			
	Flagged Contracts	% of Total	% Total	
	AT	AT	England	
% of Contracted UDA Delivered	7	2.8	6.7	View Contracts

Quality Indicators	Current Quarter			
	Flagged Contracts	% of Total	% Total	
	AT	AT	England	
Radiographs Rate	33	13.3	11.3	View Contracts
Fluoride Varnish Rate	180	72.6	53.7	View Contracts
Fissure Sealants Rate	31	12.5	10.3	View Contracts
Endodontic Rate	27	10.9	8.2	View Contracts
Extractions Rate (Low)	19	7.7	5.8	View Contracts
Extractions Rate (High)	43	17.3	9.9	View Contracts
Extractions % (Adult Extractions/Endodontic)	32	12.9	7.7	View Contracts
Inlay Rate	17	6.9	9.3	View Contracts
Re-attending within 3 months - Child	13	5.2	10.3	View Contracts
Re-attending within 3 months - Adults	37	14.9	16.4	View Contracts
Average Band 3 to Band 3 Rates	23	9.3	12.0	View Contracts

Patient Satisfaction Indicators	Current Quarter			
	Flagged Contracts	% of Total	% Total	
	AT	AT	England	
% satisfied with dentistry received	2	0.8	2.3	View Contracts
% satisfied with wait for an appointment	3	1.2	3.2	View Contracts

% of Total Contracts identified as a flag



Contracts Flagged for Attention

	Qtr ending				
Number of Contracts Flagged	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013	
Radiographs Rate	18	22	23	33	Increase from last quarter
Fluoride Varnish Rate	168	165	160	180	Increase from last quarter
Fissure Sealants Rate	45	31	31	31	No Change from last quarter
Endodontic Rate	26	21	24	27	Increase from last quarter
Extractions Rate (Low)	12	11	17	19	Increase from last quarter
Extractions Rate (High)	37	30	30	43	Increase from last quarter
Extractions % (Adult Extractions/Endodontic)	20	19	29	32	Increase from last quarter
Inlay Rate	18	17	15	17	Increase from last quarter
Re-attending within 3 months - Child	13	16	17	13	Decrease from last quarter
Re-attending within 3 months - Adults	40	40	34	37	Increase from last quarter
Average Band 3 to Band 3 Rates	29	25	31	23	Decrease from last quarter
% satisfied with dentistry received	6	2	2	2	No Change from last quarter
% satisfied with wait for an appointment	10	4	2	3	Increase from last quarter

Shows whether the number of contracts flagged has been increasing or decreasing over time, again to get an idea if this is a long term issue etc.

Summary & Priority Contracts — (QXX) Anon Area Team — April to June 2013

Comparison with National Results

Measures	AT vs National Rate	How defined	% Flagged Contracts	How defined
% of Contracted UDA Delivered	Within Expected levels	If between expected levels	N	If % of contracts flagged higher than national %
Radiographs Rate per 100 FP17s	Y	if lower than national rate	Y	
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	Y		Y	
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	Y		Y	
Endodontic Treatment Rate per 100 FP17s	Y		Y	
Extractions Rate per 100 FP17s	Y	if higher than national rate	Y	
Extractions as a % of Extractions + Endodontic Treatment- Adults	Y		Y	
Inlay Rate per 100 FP17s	N		N	
Re-attending within 3 months - Child	N		N	
Re-attending within 3 months - Adults	N		N	
Average Band 3 to Band 3 Rates	Y	if lower than national rate	N	
% satisfied with dentistry received	Y		N	
% satisfied with wait for an appointment	Y		N	

Quick Visual at where the AT stands compared to England

Contracts by number of flags

Number of Flags	Number of Contracts	% of Total
0	26	10.5
1	84	33.9
2	60	24.2
3	35	14.1
4	16	6.5
5	6	2.4
6	3	1.2
7	10	4.0
8	7	2.8
9	1	0.4
10	0	0.0
11	0	0.0

Sense of how many flags per contract there are in the area (i.e. are flags concentrated ina few contracts or spread around many?)

Priority Contracts (by number of flags then size)

Priority?	Contract	Name or Company Name	Total Flags	Under-delivering UDA	Radiograph Rate	Fluoride Varnish Rate	Fissure Sealant Rate	Endodontic Rate	Extraction Rate Low	Extraction Rate High	Extraction % Rate	Inlay Rate	Child Re-attendance %	Adult Re-attendance %	Band 3 to Band 3	% Satisfied Dentistry	% Satisfied with wait
1	Contract 1	Provider 1	9	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y
2	Contract 2	Provider 2	8	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	Y
3	Contract 3	Provider 3	8	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N
4	Contract 4	Provider 4	8	N	Y	Y	Y	N	N	Y	Y	N	N	Y	N	Y	Y
5	Contract 5	Provider 5	8	N	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	N	Y
6	Contract 6	Provider 6	8	N	Y	Y	N	Y	N	N	Y	N	Y	Y	Y	Y	N
7	Contract 7	Provider 7	8	N	Y	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	N
8	Contract 8	Provider 8	8	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N
9	Contract 9	Provider 9	7	N	N	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	N
10	Contract 10	Provider 10	7	N	Y	Y	Y	N	Y	N	N	N	Y	Y	Y	N	N

Priority list of contracts with most flags

Contract Data & Profile — (QXX) Anon Area Team — April to June 2013

Contract Number & Name	Contract 7 Provider 7

◀Choose contract from drop down to change data below

Contract Type Name	PDS
Contract Sub Type	Normal
Contract Start Date	01/04/2010
Contract End Date	no end date
Purpose of Contract	General and Orthodontic
Local Authority	LA 1
Old PCT	PCT 2
Principal Practice & Correspondence Address	Address 7

Total Contracted UDA Activity	23,865		
Total Carry Forward UDA	0		
Total Contracted UOA Activity	420		
UDA Equivalent	24,873		
Total Contracted Value	£2,926,595	AT	England
Cost per UDA Equivalent	£117.66	£25.90	£23.58

Feedback from AT or previous DS excercises

MOS/Referals

Can look at a quick profile of a contract which have identified from the priority contracts and/or contract data

If there is any previous "soft intelligence" or feedback about the contract then it will be shown here

Current Quarter Indicators

Contract & AT compared to England (red worse performing, green better performing than national level)

Delivery Indicators	Contract	Flagged?	AT	England
% of Contracted UDA Delivered	24.1	N	17.6	14.9
	Within Expected levels		Within Expected levels	
Quality Indicators	**Contract**	**Flagged?**	**AT**	**England**
Radiographs Rate per 100 FP17s	12.1	Y	12.6	18.8
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	5.0	Y	12.2	24.9
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	0.1	Y	0.7	0.9
Endodontic Treatment Rate per 100 FP17s	0.2	Y	1.4	1.5
Extractions Rate per 100 FP17s (Low)	22.9	N	7.1	6.7
Extractions Rate per 100 FP17s (High)		Y		
Extractions % of Extractions + Endodontic Treatment- Adults	98.9	Y	81.6	78.9
Inlay Rate per 100 FP17s	0.0	N	0.5	0.6
Re-attending within 3 months - Child	16.3	Y	8.0	9.3
Re-attending within 3 months - Adults	10.4	N	17.1	17.5
Average Band 3 to Band 3 Rates	74.0	Y	201.5	219.0
Satisfaction Indicators	**Contract**	**Flagged?**	**AT**	**England**
% satisfied with dentistry received	94.1	N	92.1	92.3
% satisfied with wait for an appointment	82.4	N	86.7	87.9
Number of Flags		**8**		

Can be saved as a pdf if want to send it to provider

Shows contract's rates, if flagged and comapred to AT and England rates.

Aim is to assess extent of any issues or flags

Contract Trend Indicators

Highlighted red indicates that the contract was flagged for attention in that quarter

Quality Indicators	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013
Radiographs Rate per 100 FP17s	13.6	13.6	9.9	12.1
Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)	0.1	0.0	0.0	5.0
Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)	0.1	0.0	0.1	0.1
Endodontic Treatment Rate per 100 FP17s	0.4	0.4	0.2	0.2
Extractions Rate per 100 FP17s	21.6	24.4	19.8	22.9
Extractions % of Extractions + Endodontic Treatment- Adults	98.0	98.5	98.8	98.9
Inlay Rate per 100 FP17s	0.0	0.0	0.0	0.0
Re-attending within 3 months - Child	18.6	17.0	16.1	16.3
Re-attending within 3 months - Adults	10.9	9.9	10.7	10.4
Average Band 3 to Band 3 Rates	431.5	54.0	244.8	74.0
Satisfaction Indicators				
% satisfied with dentistry received	91.2	100.0	100.0	94.1
% satisfied with wait for an appointment	82.4	87.5	84.6	82.4

Trend data included to see if any low/high rates are a long term issue or just a blip

Contract Profile of Activity in latest quarter

	Contract	AT	England
UDA Per Patient	1.9	2.3	2.4

Patients ◀Choose from drop down to chose FP17, UDA or Patient figures for the tables below

Totals for Quarter	Contract
Total Patients	3,785

The number of patients includes patients for whom a FP17 has been withdrawn or deleted, and so may exceed the number of FP17s. The number of patients treated within each category will not necessarily sum to the total for the contract as the same patient ID may appear in more than one category.

Totals for Quarter	Contract
Domiciliary	56
Sedations	56

Patient Charge Band	Contract	Contract %	AT %	England %
Band 1	735	19.4	57.5	58.1
Band 2	1,158	30.6	29.9	30.6
Band 3	42	1.1	5.6	6.2
Urgent	1,929	51.0	11.3	8.9
Free	4	0.1	0.6	0.8

Patient Charge Status	Contract	Contract %	AT %	England %
Child	889	23.5	31.3	28.1
Exempt/Remitted Adult	887	23.4	20.7	21.5
Non Exempt Adult	2,029	53.6	48.2	50.5

Priofile data can allow a user to see if the contract is fairly typical in terms of patients treated etc

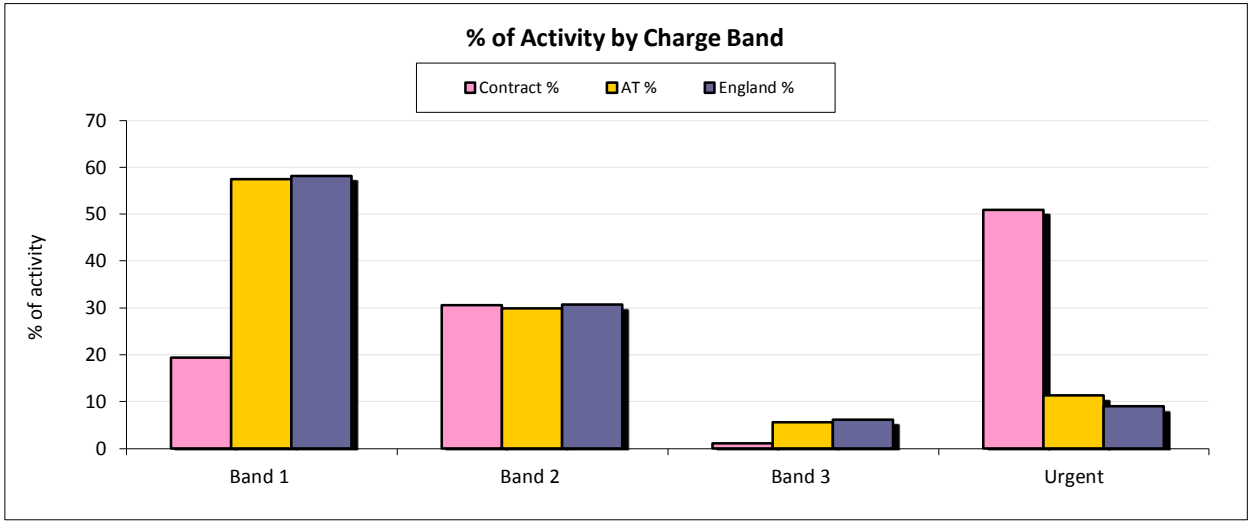
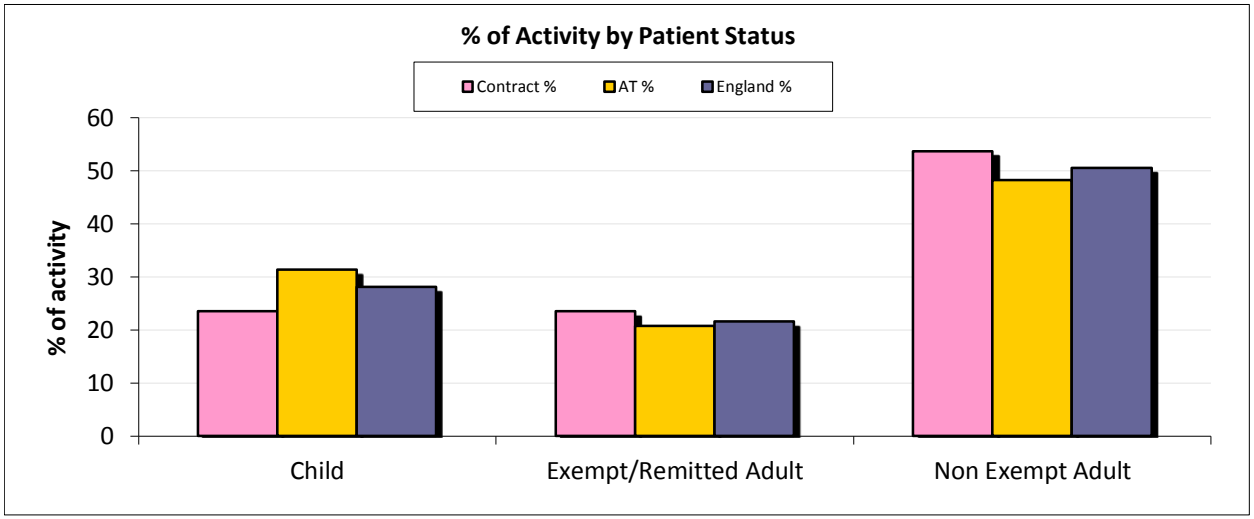


Chart provides a quick visual guide



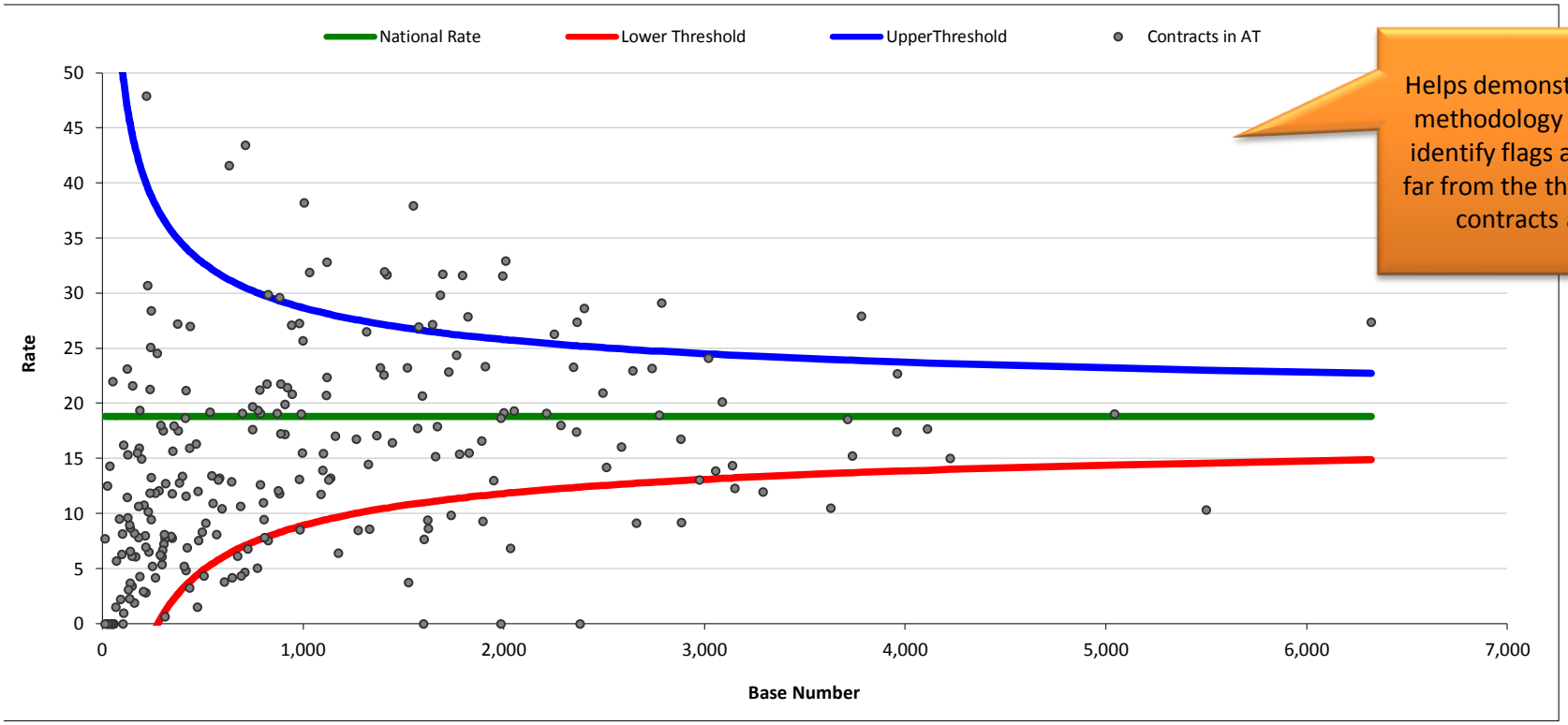
Does the contract treat more children than is the norm, higher rates of urgent treatment etc. This could help indicate whether a flagged contract is worthy of further investigation

AT Funnel Plots **(QXX) Anon Area Team** **April to June 2013**

As used to determine whether a contract is an outlier

Radiographs Rate per 100 FP17s ◀Choose indicator to chart from drop down list

All Contracts in LAT



Helps demonstrate the methodology used to identify flags and how far from the thresholds contracts are.

AT Funnel Plots

(QXX) Anon Area Team

April to June 2013

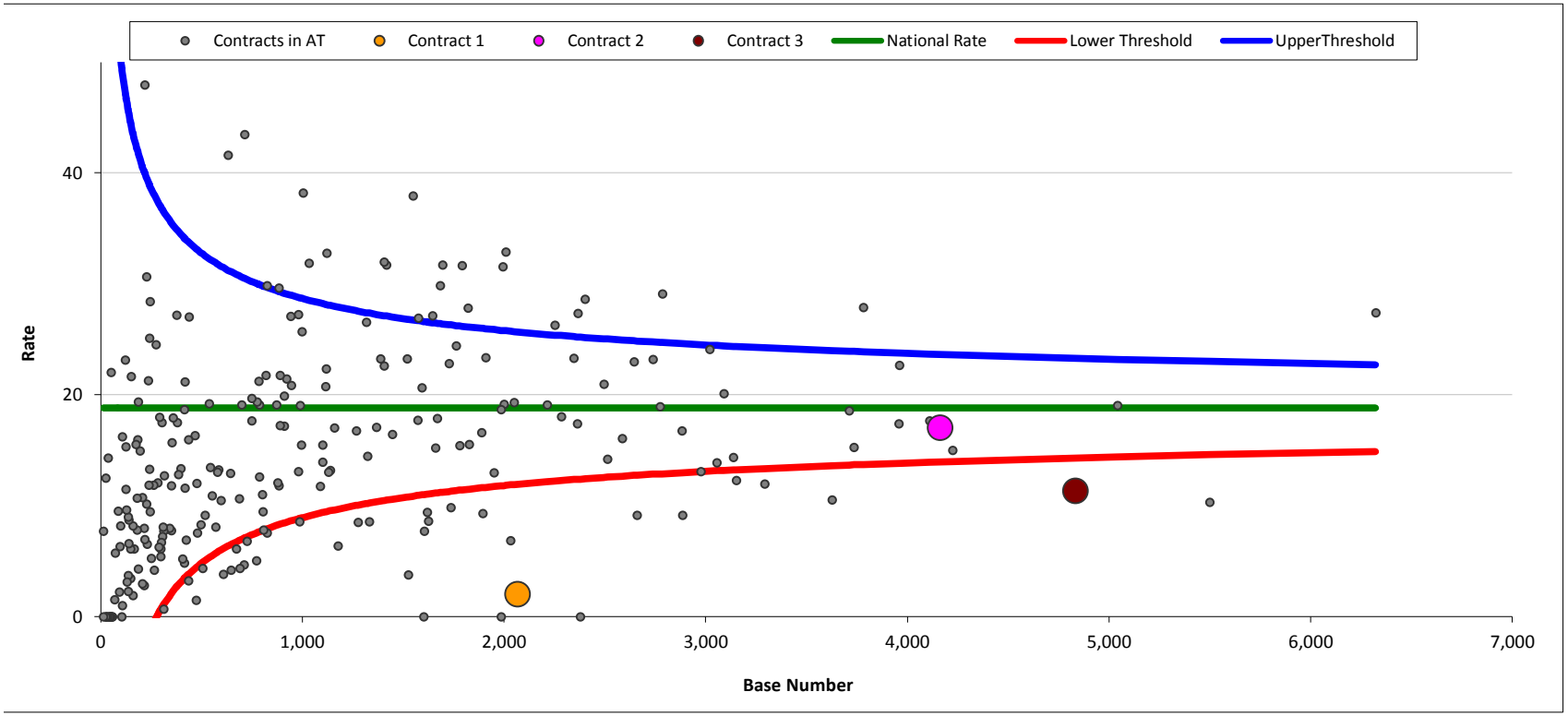
Selected Contract to show on the chart below

Select a Contract 1	Base Number	Rate
Contract 1 Provider 1	2,067	2

Select a Contract 2	Base Number	Rate
Contract 2 Provider 2	4,162	17

Select a Contract 3	Base Number	Rate
Contract 3 Provider 3	4,833	11

As previously but can highlight certain contracts to be shown on the chart



Choose data to chart from drop down for each axis. Suggested combinations would be Flouride Varnish & Fissure Sealant, Re-attendance Child & Adult, Radiographs and Total FP17s, Endodontic Treatment and Extractions Rates

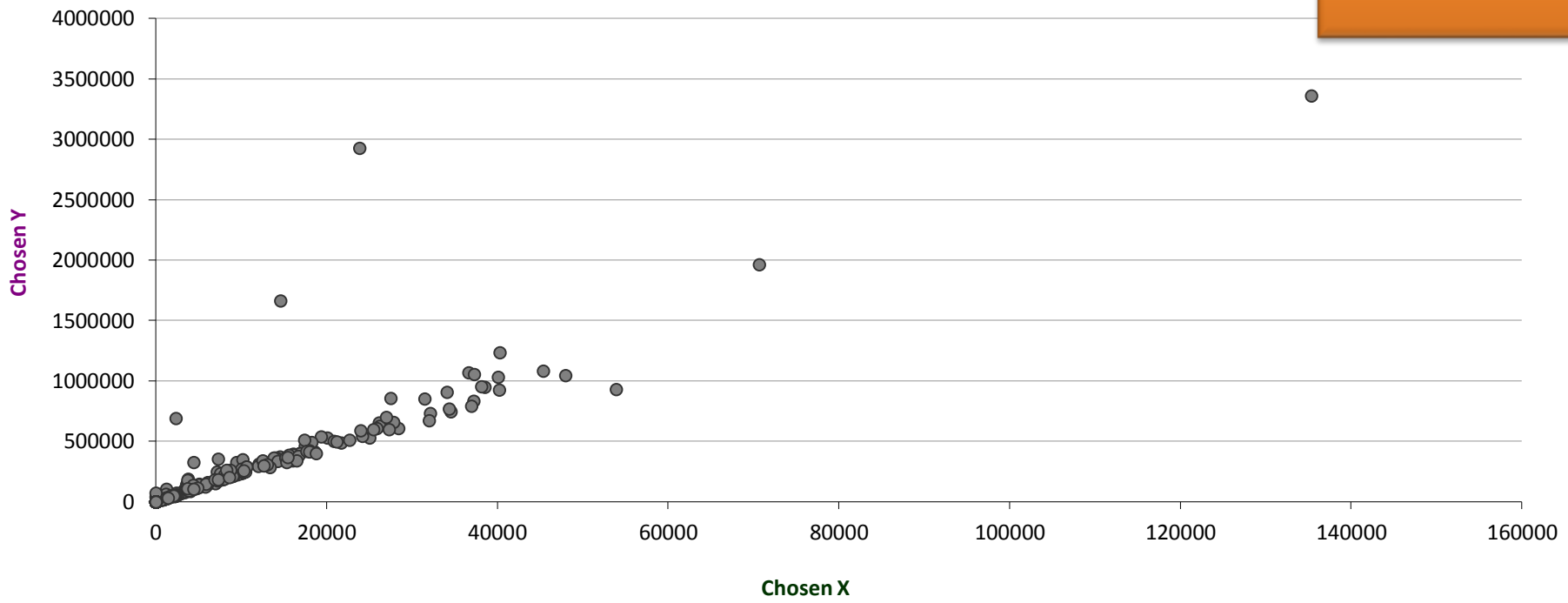
X (horizontal) Axis	Total Contracted UDA (Current Year)
Y (vertical) Axis	Total Contracted Value (Current Year)

◀Choose indicator to chart from drop down list

Shows the relationship between different measures

All Contracts in AT

Total Contracted UDA (Current Year) Vs Total Contracted Value (Current Year)



Trend between the two datasets is a line on a scatter plot which can be drawn near the points to more clearly show the trend between two sets of data.

A line that rises quickly from left to right is called a **positive correlation** i.e when the x value increases , the y value also increases

A line falls down quickly from left to the right is called a **negative correlation** i.e when the x value increases, the y value decreases

Strong positive and negative correlations have data points very close to the line. Weak correlations have data points that are not clustered near or on the line.

Selected Contract(s) to show on the chart below

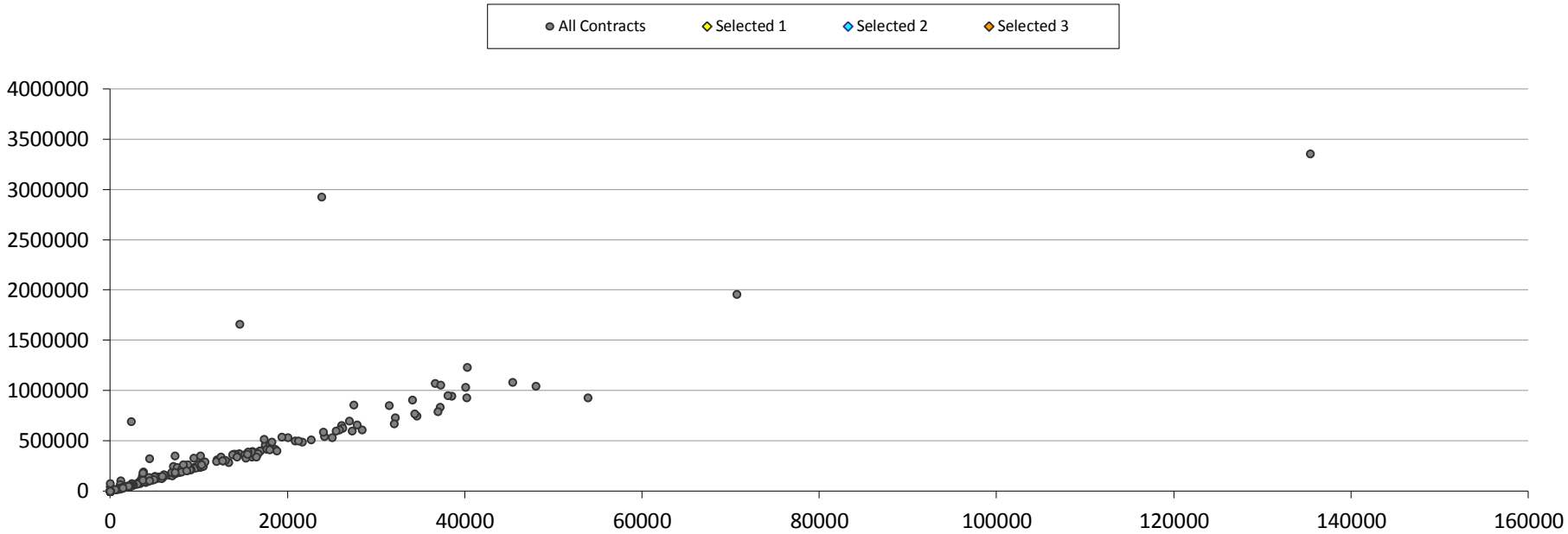
Select a Contract 1	X	Y
Contract & Name	#N/A	#N/A

Select a Contract 2	X	Y
Contract & Name	#N/A	#N/A

Select a Contract 3	X	Y
Contract & Name	#N/A	#N/A

As previously but can highlight certain contracts to be shown on the chart

Total Contracted UDA (Current Year) Vs Total Contracted Value (Current Year)



Trend between the two datasets is a line on a scatter plot which can be drawn near the points to more clearly show the trend between two sets of data.

A line that rises quickly from left to right is called a **positive correlation** i.e when the x value increases , the y value also increases

A line falls down quickly from left to the right is called a **negative correlation** i.e when the x value increases, the y value decreases

Strong positve and negative correlations have data points very close to the line. Weak correlations have data points that are not clustered near or on the line.

AT Feedback **(QXX) Anon Area Team** **April to June 2013**

This is an opportunity to feed "local" knowledge into the process of identifying flagged contracts. Please complete where necessary,copy the sheet and e-mail it to : NHSBSA.ASdental@nhs.net, this can then be fed into future reports.

Select Contract from dropdown list, Name/Company name & DS comments on contract (if applicable) will automatically populate, then add your comments on the contract in the column "Comments on Contract". You can copy cells down if you wish to comment on more contracts than provided.

Contract	Name or Company Name	Comments on Contract	Previous Comments on Contracts	DS Comments on Contract
Contract 7	Provider 7			MOS/Referals
Contract 12	Provider 12			Domiciliary
Contract 157	Provider 157			Sedation
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback
Contract	Name or Company Name			Feedback

Commissioners may know of details of a contract which should preclude them from being flagged or explain why flags occur. This can be fed back into future reports by informing us.

Feedback from Challenge execises and POL Audits have been included where appropraite