

NHS contractual obligations and communicating with the NHSBSA

**Brian Kelly
Senior Orthodontic Adviser
NHSBSA Dental Services**

The NHSBSA has a statutory obligation to monitor dental contracts on behalf of the NHS in England and Wales

2006 No. 596

NATIONAL HEALTH SERVICE, ENGLAND

The Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Primary Dental Services) (England) Regulations 2006

Made - - - - - *3rd March 2006*

Laid before Parliament *10th March 2006*

Coming into force - - *1st April 2006*

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred on her by sections 16, 16B, 18(3) and 126(4) of the National Health Service Act 1977(a).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Primary Dental Services) (England) Regulations 2006 and shall come into force on 1st April 2006.

(2) In these Regulations—

“the 1977 Act” means the National Health Service Act 1977;

“the Authority” means the NHS Business Services Authority established by the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Establishment and Constitution) Order 2005(b);

“GDS Contract” means a contract under section 28K of the 1977 Act (general dental services contracts)(c);

“GDS Contracts Regulations” means the National Health Service (General Dental Services Contracts) Regulations 2005(d);

“PDS Agreement” means an agreement for primary dental services under section 28C of the 1977 Act (personal medical or dental services)(e); and

(a) 1977 c.49. Section 16 was substituted by the Health Act 1999 (c.8) (“the 1999 Act”) and has been amended by the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 1, Part 1, paragraphs 1 and 3 to 5. Section 16B was inserted into the 1977 Act by section 17(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”). Section 18(3) has been amended by the Health Authorities Act 1995 (c.17), Schedule 1, paragraph 9(b) and (c), and the 1999 Act, section 12(4).

(b) S.I. 2005/2414.

(c) Section 28K was inserted into the 1977 Act by section 172(1) of the 2003 Act.

(d) S.I. 2005/3361.

(e) Section 28C was inserted into the 1977 Act by section 21(1) of the National Health Service (Primary Care) Act 1997 (c.46) and has been amended by the 2002 Act, Schedule 3, Part 1, and the 2003 Act, Schedule 11, paragraphs 7 and 14 and Schedule 14, Part 4.

Contract Monitoring

NHSBSA Dental Services is responsible for processing and analysing information received from NHS dental contractors in order to:

- Monitor the performance of the contractor
- Prevent, detect and investigate fraud or other unlawful activities

Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

Printer Registration

NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Part 2 Patient Information - complete in CAPITALS and Black ink

Surname

First Forename

House number followed by Street

City or Town

County Postcode

Previous surname if changed since last visit

Title Sex M or F Date of Birth DDMMYYYY

Performer number same as provider

Performer number

Part 3 Exemptions and remissions

Patient under 18 1 Full remission 2 Partial remission 3 Expectant mother 4 Nursing mother 5

Aged 18 in full-time education 6 Income support 7 NHS tax credit exemption 8 Jobseekers allowance (JSA) 9 Pension credit guarantee credit D

FP170
01/04/2008
Revision 1

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Enter No.	1 <input checked="" type="checkbox"/>	Removable upper appliance 2 <input checked="" type="checkbox"/>	Removable lower appliance 3 <input checked="" type="checkbox"/>	Fixed upper appliance 4 <input checked="" type="checkbox"/>	Fixed lower appliance 5 <input checked="" type="checkbox"/>		
Functional appliance	6 <input checked="" type="checkbox"/>	Retainer upper 7 <input checked="" type="checkbox"/>	Retainer lower 8 <input checked="" type="checkbox"/>	Extractions 9 <input checked="" type="checkbox"/>	Upper Right	Upper Left	
Part 6 Orthodontic Completion							
Treatment abandoned - patient failed to return	1 <input checked="" type="checkbox"/>	Treatment abandoned - patient requested 2 <input checked="" type="checkbox"/>	Treatment discontinued 3 <input checked="" type="checkbox"/>	Treatment completed 4 <input checked="" type="checkbox"/>	PAR scores calculated 5 <input checked="" type="checkbox"/>		
IOTN	Enter value 1 - 5	Aesthetic component 7 <input checked="" type="checkbox"/>	Enter value 1 - 10	IOTN not applicable 8 <input checked="" type="checkbox"/>	Day D	Month D	Year M
Repair to appliance fitted by another dentist	9 <input checked="" type="checkbox"/>	Regulation 11 replacement appliance A <input checked="" type="checkbox"/>		Date of completion or last visit DDMMYYYY			

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

Business Services Authority.

Signature

Date

Data Collection: FP17O

For 2016/17:

- 5.2% of case starts and 11.9% of completions were submitted without the clinical data set completed

For 2015/16:

- 5.6% of case starts and 12.9% of completions were submitted without the clinical data set completed
- Improvement needed most from GDS 'mixed' (mandatory / orthodontic) contract holders

Data Collection: Patient Questionnaires

- Random sample of case starts receive a questionnaire within one month of the date of the reported start. These are equally apportioned across all NHS England Area Teams
- ~ 2,500 patients sent a questionnaire per month
- ~ 22% response rate

Our ref: ORTH1 / 01/11/07 / 02598572438
Date: 29 November 2007

Dental Services Division

Private and Confidential
Parent or guardian of

Compton Place Road
Eastbourne
East Sussex
BN20 8AD

Dental Services

National Health Service Dental

We are writing to you as part of our responsibility for monitoring NHS dental services.

Dentists send us information about courses of treatment that they have provided to patients and we have recently been advised that your child has been provided with treatment under NHS arrangements.

We would be grateful if you would complete the enclosed form to the best of your recollection and return it in the pre-paid envelope.

We carry out this activity on behalf of Primary Care Trusts who are the bodies responsible for providing local NHS services including dentistry and provide regular anonymised reports detailing the responses to these questionnaires. These reports serve a number of purposes that help to improve the services your child receives and your help is appreciated.

Please note that the information that you provide may be shared with your local health body and/or other agencies responsible for monitoring NHS dentistry.

If you would like further information about NHS dentistry, including complaints about NHS dentistry, patient charges and the types of dental treatment available to NHS patients you can call NHS Direct on 0845 46 47 or visit their website at: www.nhsdirect.nhs.uk

NHS Dentistry Patient Survey

Please help us to monitor NHS dental services by completing this questionnaire and returning it in

Q4. What NHS orthodontic treatment has your child had so far? (Tick all that apply)

Diagnosis and assessment Extractions Removable orthodontic appliance(s) (brace) fitted Fixed orthodontic appliance(s) (brace) fitted Other

Q5. How satisfied are you with the NHS dentistry your child received? (Tick one box)

Completely satisfied Fairly satisfied Fairly dissatisfied Very dissatisfied

Please use the pre-paid envelope supplied to return your completed questionnaire. If you have lost the envelope, you can post this form to: Patient Questionnaires, NHSBSA Dental Services Division, Compton Place Road, Eastbourne, East Sussex BN20 8XX

Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

2005 No. 3361

NATIONAL HEALTH SERVICE, ENGLAND

The National Health
Service (General Dental
Services Contracts)
Regulations 2005

Made - - - - - *6th December 2005*

Laid before Parliament *9th December 2005*

Coming into force - - *11th January 2006*



NHS GDS Regulations: FP170 Completion

It is a statutory requirement to inform the NHSBSA within two months of the commencement or termination of a course of treatment.

Printer Registration		NHS		FP170 01/04/2008 Revision 1			
NHSBSA Use Only		Part 2 Patient Information - complete in CAPITALS and Black ink					
Patient's NHS No.		Surname <input type="text"/> First Forename <input type="text"/> House number followed by Street <input type="text"/> City or Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Previous surname if changed since last visit <input type="text"/> Title <input type="text"/> Sex M <input type="checkbox"/> or F <input type="checkbox"/> Date of Birth <input type="text"/> DD MM YY YY YY 					
Part 1 Provider name, address and location number							
Performer number same as provider <input type="checkbox"/>		Performer number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 					
Part 3 Exemptions and remissions		Patient under 18 <input type="checkbox"/> 1 <input type="checkbox"/> Full remission - HC2 cert. <input type="checkbox"/> 2 <input type="checkbox"/> Partial remission - HC3 cert. <input type="checkbox"/> 3 <input type="checkbox"/> Expectant mother <input type="checkbox"/> 4 <input type="checkbox"/> Nursing mother <input type="checkbox"/> 5 <input type="checkbox"/> Aged 18 in full-time education <input type="checkbox"/> 6 <input type="checkbox"/> Income support <input type="checkbox"/> 7 <input type="checkbox"/> NHS tax credit exemption <input type="checkbox"/> 8 <input type="checkbox"/> Jobseekers allowance (IB) <input type="checkbox"/> 9 <input type="checkbox"/> Pension credit guarantee credit <input type="checkbox"/> D <input type="checkbox"/> Prisoner <input type="checkbox"/> J <input type="checkbox"/> Evidence of Exemption or Remission not seen <input type="checkbox"/> E <input type="checkbox"/> Patient charge collected <input type="checkbox"/> £					
Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided		Radiograph(s) <input type="checkbox"/> 1 <input type="checkbox"/> Removable upper appliance <input type="checkbox"/> 2 <input type="checkbox"/> Removable lower appliance <input type="checkbox"/> 3 <input type="checkbox"/> Fixed upper appliance <input type="checkbox"/> 4 <input type="checkbox"/> Fixed lower appliance <input type="checkbox"/> 5 <input type="checkbox"/> Functional appliance <input type="checkbox"/> 6 <input type="checkbox"/> Retainer upper <input type="checkbox"/> 7 <input type="checkbox"/> Retainer lower <input type="checkbox"/> 8 <input type="checkbox"/> Extractions <input type="checkbox"/> 9 <input type="checkbox"/> Upper Right <input type="checkbox"/> Upper Left <input type="checkbox"/> <input type="checkbox"/> Lower Right <input type="checkbox"/> Lower Left					
Part 5 Orthodontic Assessment and Treatment Start		Assessment & review <input type="checkbox"/> 1 <input type="checkbox"/> Assess & refuse treatment <input type="checkbox"/> 2 <input type="checkbox"/> Assess & appliance fitted <input type="checkbox"/> 3 <input type="checkbox"/> Date of Referral <input type="checkbox"/> DD MM YY YY YY IOTN <input type="checkbox"/> 4 <input type="checkbox"/> Enter value 1 - 5 <input type="checkbox"/> Aesthetic component <input type="checkbox"/> 5 <input type="checkbox"/> Enter value 1 - 10 <input type="checkbox"/> IOTN not applicable <input type="checkbox"/> 6 <input type="checkbox"/> Date of Assessment <input type="checkbox"/> DD MM YY YY YY <input type="checkbox"/> Date Appliance Fitted <input type="checkbox"/> DD MM YY YY YY					
Part 6 Orthodontic Completion		Treatment abandoned -patient failed to return <input type="checkbox"/> 1 <input type="checkbox"/> Treatment abandoned -patient requested <input type="checkbox"/> 2 <input type="checkbox"/> Treatment discontinued <input type="checkbox"/> 3 <input type="checkbox"/> Treatment completed <input type="checkbox"/> 4 <input type="checkbox"/> PAR scores calculated <input type="checkbox"/> 5 <input type="checkbox"/> IOTN <input type="checkbox"/> 6 <input type="checkbox"/> Enter value 1 - 5 <input type="checkbox"/> Aesthetic component <input type="checkbox"/> 7 <input type="checkbox"/> Enter value 1 - 10 <input type="checkbox"/> IOTN not applicable <input type="checkbox"/> 8 <input type="checkbox"/> Date of completion or last visit <input type="checkbox"/> DD MM YY YY YY					
Part 7 NHSBSA Use Only		M <input type="text"/> M <input type="text"/> M <input type="text"/> M <input type="text"/>					
Part 8 Declaration		All the necessary care and treatment that the patient is willing to undergo will be provided. <input type="checkbox"/> All the currently necessary care and treatment that the patient is willing to undergo has been carried out. <input type="checkbox"/> I declare that I am properly entitled to practise under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.					
		Signature <input type="text"/> Date <input type="text"/>					

Completion of form guidance

FP170



The FP170 has been updated to 1 April 2010. The changes made are:

- The FP170 is NHS Aqua Green. This is to assist with the use of Optical Character Recognition (OCR) and Intelligent Character Recognition (ICR) for capturing the data contained on these forms.
- Individual character boxes have been introduced for patient and treatment details. Again this is due to the use of OCR and ICR technology. If you use overprinting, the individual characters do not need to be in the individual boxes, as part of the scanning process is for the background colour to be removed.
- A new ethnicity category of Patient Declined has been added to Ethnic Group.

Existing stocks of FP170s can be used after 1 April 2010. Only use the new version of the form once existing stocks are exhausted.

NHS

Printer Registration

NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Part 2 Patient Information - complete in CAPITALS and Black ink

Surname

First Forename

House number followed by Street

City or Town

County Postcode

Previous surname if changed since last visit

Performer number same as provider

Performer number

Title Sex M or F Date of Birth

Part 3 Exemptions and remissions

Patient under 18

1 Full remission - HC2 cert.

2 Partial remission - HC3 cert.

3 Expectant mother

4 Nursing mother

Aged 18 in full-time education

6 Income support

7 NHS tax credit exemption

8 Jobseekers allowance (IB)

9 Pension credit guarantee credit

Prisoner

J

Evidence of Exemption or Remission not seen

Patient charge collected £

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Enter No.

Radiograph(s)

1 Removable upper appliance

2 Removable lower appliance

3 Fixed upper appliance

4 Fixed lower appliance

5 Upper Right

Upper Left

Part 5 Orthodontic Assessment and Treatment Start

Assessment & review

1 Assess & refuse treatment

2 Assess & appliance fitted

3

Enter value 1 - 5

IOTN

4 Aesthetic component

5 IOTN not applicable

6 Aesthetic component

7 IOTN not applicable

8

Date of completion or last visit

Day Month Year

Repair to appliance fitted by another dentist

9 Regulation 11 replacement appliance

A

Part 7 NHSBSA Use Only

M M M M

Part 8 Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided.

I declare that I am properly entitled to practise under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

Signature

Date

FP17O Part 5 Orthodontic Assessment and Treatment Start

- Box 1: Assessment & review
- Box 2: Assess & refuse treatment
- Box 3: Assess & appliance fitted

Date of Referral

Day Month Year

DD MM YY

Date of Assessment

Day Month Year

DD MM YY

Date Appliance Fitted

Day Month Year

DD MM YY

IOTN

6 Aesthetic component

7 IOTN not applicable

8

Date of completion or last visit

Day Month Year

DD MM YY

Repair to appliance fitted by another dentist

9 Regulation 11 replacement appliance

A

Part 7 NHSBSA Use Only

M M M M

Part 8 Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided.

I declare that I am properly entitled to practise under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

Signature

Date

NHS GDS Regulations: FP170 Completion

Part 5 Box 1:

Assessment and Review: 1 UOA

- Patient is not ready/suitable to start treatment, has to be placed on a treatment waiting list or is referred to secondary care for treatment
- Full orthodontic assessment expected including any necessary records, radiographs or other investigations.
- It is not just an IOTN screening exercise or a 'quick review'

NHS GDS Regulations: FP170 Completion

Part 5 Box 2:

Assess and Refuse treatment: 1 UOA

- NHS-funded orthodontic treatment is unnecessary ($IOTN < 3.6$) or inappropriate
- Full orthodontic assessment expected including any necessary records, radiographs or other investigations.
- It is not just an $IOTN$ screening exercise

NHS GDS Regulations: FP170 Completion

Part 5 Box 3: Assess and appliance fitted:

- Patients aged under 10 years = 1+3 UOAs
- Patients aged 10-17 years = 1 + 20 UOAs
- Patients aged 18 years or over = 1+ 22 UOAs

NHS GDS Regulations: FP170 Completion

Part 5 Box 3: Assess and appliance fitted:

Patients aged under 10 years = 1+3 UOAs

The number of UOAs credited is determined by the age of the patient on the date the appliance is fitted.

- Patients aged 9 years 364 days = 4UOAs
- Patients aged 10 years = 21UOAs

NHS GDS Regulations: FP17O Completion

Part 5 Box 3: Assess and appliance fitted:

Patients aged 18 years or over = 23 UOAs

It is the patient's age on the date of initial assessment that determines their eligibility for free NHS-funded orthodontic treatment. However it is essential to record the date of initial assessment on the 'Assess and appliance fitted' FP17O form if the patient becomes 18 before the first appliance is fitted, otherwise a charge may be levied and 23UOAs would be credited.

NHS GDS Regulations: FP170 Completion

NHS transfer cases:

Cross Box 3: 'Assess and appliance fitted'

Record the pre-treatment IOTN (or cross Box 6 'IOTN not applicable' where this information is not available).

NHS

FP170
01/04/2008
Revision 1

Printer Registration
NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Part 2 Patient Information - complete in CAPITALS and Black ink

Surname
First Forename
House number followed by Street
City or Town
County Postcode
Previous surname if changed since last visit

Performer number same as provider Performer number
Title Sex M or F Date of Birth DDMMYY
Expectant mother Nursing mother

Part 3 Exemptions and remissions

Patient under 18 1 Full remission - HC2 cert. 2 Partial remission - HC3 cert. 3 Jobseekers allowance (IB) 4 NHS tax credit exemption 5 Income support 6 Pension credit guarantee credit 7 Prisoner 8 9 10 Evidence of Exemption or Remission not seen E Patient charge collected £

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Enter No. Radiograph(s) 1 Removable upper appliance 2 Removable lower appliance 3 Fixed upper appliance 4 Fixed lower appliance 5 Upper Right Upper Left

Part 5 Orthodontic Assessment and Treatment Start

Assessment & review

1

Assess & refuse treatment

2

Assess & appliance fitted

3

Enter value
1 - 5

4

Aesthetic component

Enter value
1 - 10

5

IOTN not applicable

6

IOTN 6 Aesthetic component 7 IOTN not applicable 8

Date of completion or last visit DDMMYY

Repair to appliance fitted by another dentist 9

Regulation 11 replacement appliance A

Part 7 NHSBSA Use Only

M

M

M

M

Part 8 Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided.

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

I declare that I am properly entitled to practise under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.

Signature

Date

FP17O Part 5 Orthodontic Assessment and Treatment Start

Box 4: IOTN

Box 5: Aesthetic Component

Box 6: IOTN not applicable

Day Month Year

Date of Referral DDMMYY

Date of Assessment DDMMYY

Date Appliance Fitted DDMMYY

NHS GDS Regulations: FP170 Completion

Part 5 Box 4: IOTN (Dental Health Component)

Enter value 1 to 5:

- Grades 5 and 4 = Eligible for NHS funding
- Grade 3 = Borderline eligibility
- Grades 2 and 1 = Ineligible

NHS GDS Regulations: FP170 Completion

Part 5 Box 5: IOTN (Aesthetic Component)

Enter value 1 to 10:

Mandatory for DHC 3 cases:

- Grades 6 to 10 = Eligible for NHS funding
- Grades 1 to 5 = Ineligible for NHS funding

(5) This paragraph shall not apply where a patient has been referred to the contractor for advanced mandatory services limited only to examination and advice, and the contractor only provides examination and advice in respect of that patient.

Sedation services

3. The contractor shall provide sedation services to a patient in accordance with the recommendations contained in the report of the Standing Dental Advisory Committee entitled "Conscious Sedation in the Provision of Dental Care"(a), in so far as those recommendations and guidelines are relevant to—

- (a) the type of sedation being administered; and
- (b) the patient to whom the sedation is being administered.

PART 2

ORTHODONTIC SERVICES

Patients to whom orthodontic services may be provided

4.—(1) A contract that includes the provision of orthodontic services shall specify that orthodontic services may be provided to—

- (a) only persons who are under the age of 18 years at the time of the case assessment;
- (b) only persons who have attained or are over the age of 18 years at the time of the case assessment; or
- (c) persons falling within paragraph (a) or (b).

(2) Where a contract specifies the matters referred to in sub-paragraph (1)(b) or (1)(c), it shall in addition specify the circumstances in which orthodontic services may be provided to a person over the age of 18 years at the time of a case assessment.

(3) The contractor shall only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in—

- (a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need(b); or
- (b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for its opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

(4) In a case where a person does not have a treatment need but the contractor has reasonable grounds for its opinion that orthodontic treatment should be provided to that person because of the exceptional circumstances of the dental and oral condition of that person, such treatment as is referred to in sub-paragraph (3) may be provided.

Orthodontic course of treatment

5.—(1) Subject to sub-paragraph (2), the contractor shall provide orthodontic services to a patient by providing to that patient an orthodontic course of treatment.

(2) The contractor may provide orthodontic services that are not provided by virtue of an orthodontic course of treatment where—

- (a) The Standing Dental Advisory Committee is a statutory body established under section 6 of the Act. A copy of the Report can be obtained at www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle.
- (b) The Development of an Index for Orthodontic Treatment Priority. European Journal of Orthodontics 11, p309-332, 1989 Brooke PH and Shaw WC. The article is available at www.dh.gov.uk.

(5) This paragraph shall not apply where a patient has been referred to the contractor for advanced mandatory services limited only to examination and advice, and the contractor only provides examination and advice in respect of that patient.

Sedation services

3. The contractor shall provide sedation services to a patient in accordance with the recommendations contained in the report of the Standing Dental Advisory Committee entitled "Conscious Sedation in the Provision of Dental Care"(a), in so far as those recommendations and guidelines are relevant to—

- (a) the type of sedation being administered; and
- (b) the patient to whom the sedation is being administered.

PART 2

ORTHODONTIC SERVICES

Patients to whom orthodontic services may be provided

4.—(1) A contract that includes the provision of orthodontic services shall specify that orthodontic services may be provided to—

- (a) only persons who are under the age of 18 years at the time of the case assessment;

(3) The contractor shall only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in—

- (a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need(b); or
- (b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for its opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

its opinion that orthodontic treatment should be provided to that person because of the exceptional circumstances of the dental and oral condition of that person, such treatment as is referred to in subparagraph (3) may be provided.

Orthodontic course of treatment

5.—(1) Subject to sub-paragraph (2), the contractor shall provide orthodontic services to a patient by providing to that patient an orthodontic course of treatment.

(2) The contractor may provide orthodontic services that are not provided by virtue of an orthodontic course of treatment where—

- (a) The Standing Dental Advisory Committee is a statutory body established under section 6 of the Act. A copy of the Report can be obtained at www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle.
- (b) The Development of an Index for Orthodontic Treatment Priority. European Journal of Orthodontics 11, p309-332, 1989 Brooke PH and Shaw WC. The article is available at www.dh.gov.uk.

IOTN distribution in the population (Brook and Shaw 1989)

Dental Health Component (DHC)

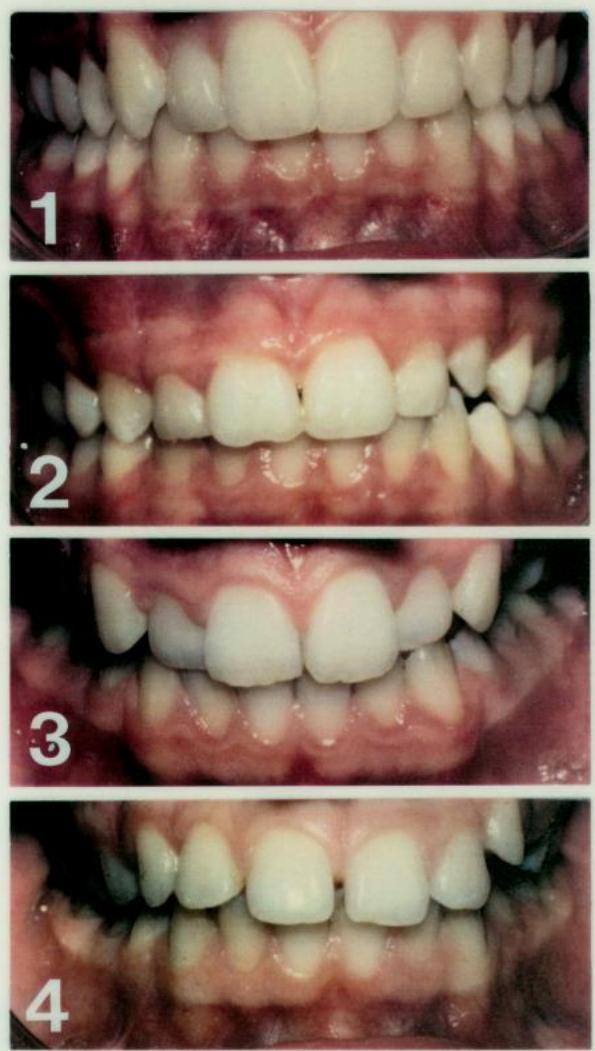
Great (Grades 4 and 5) 32.7%

Moderate (Grade 3) 32.1%

None (Grades 1 and 2) 35.1%

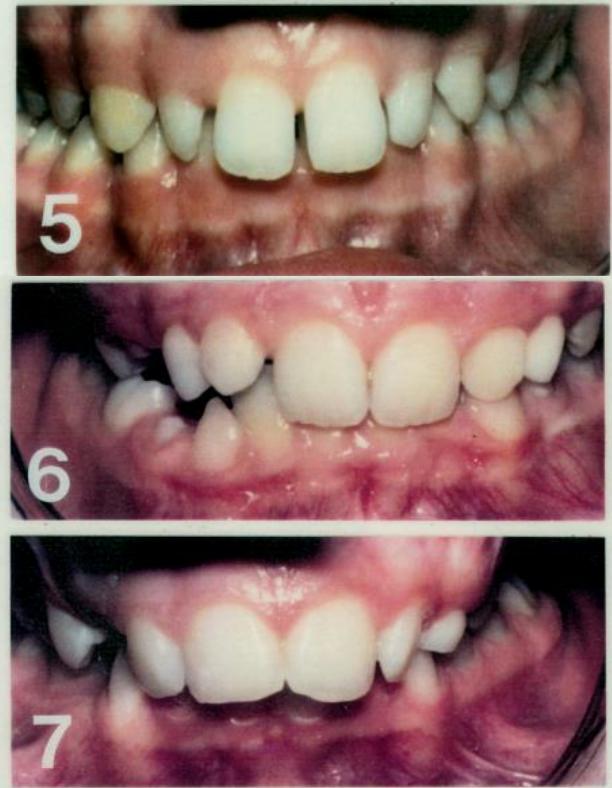
Aesthetic Component (AC)

No/Slight need



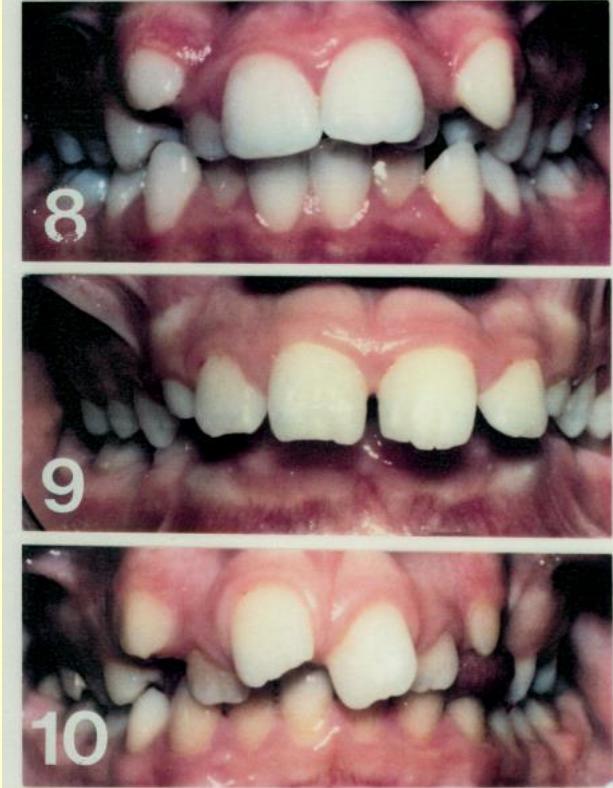
58.2%

Moderate/
Borderline need



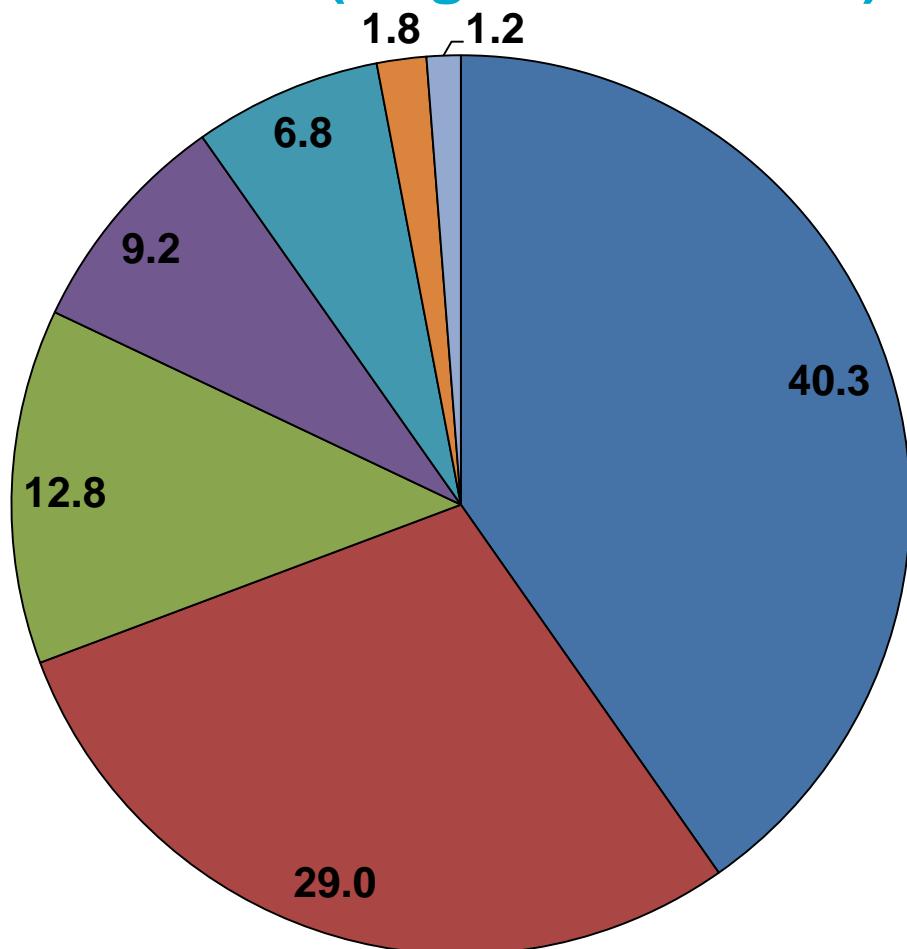
36.3%

Great need



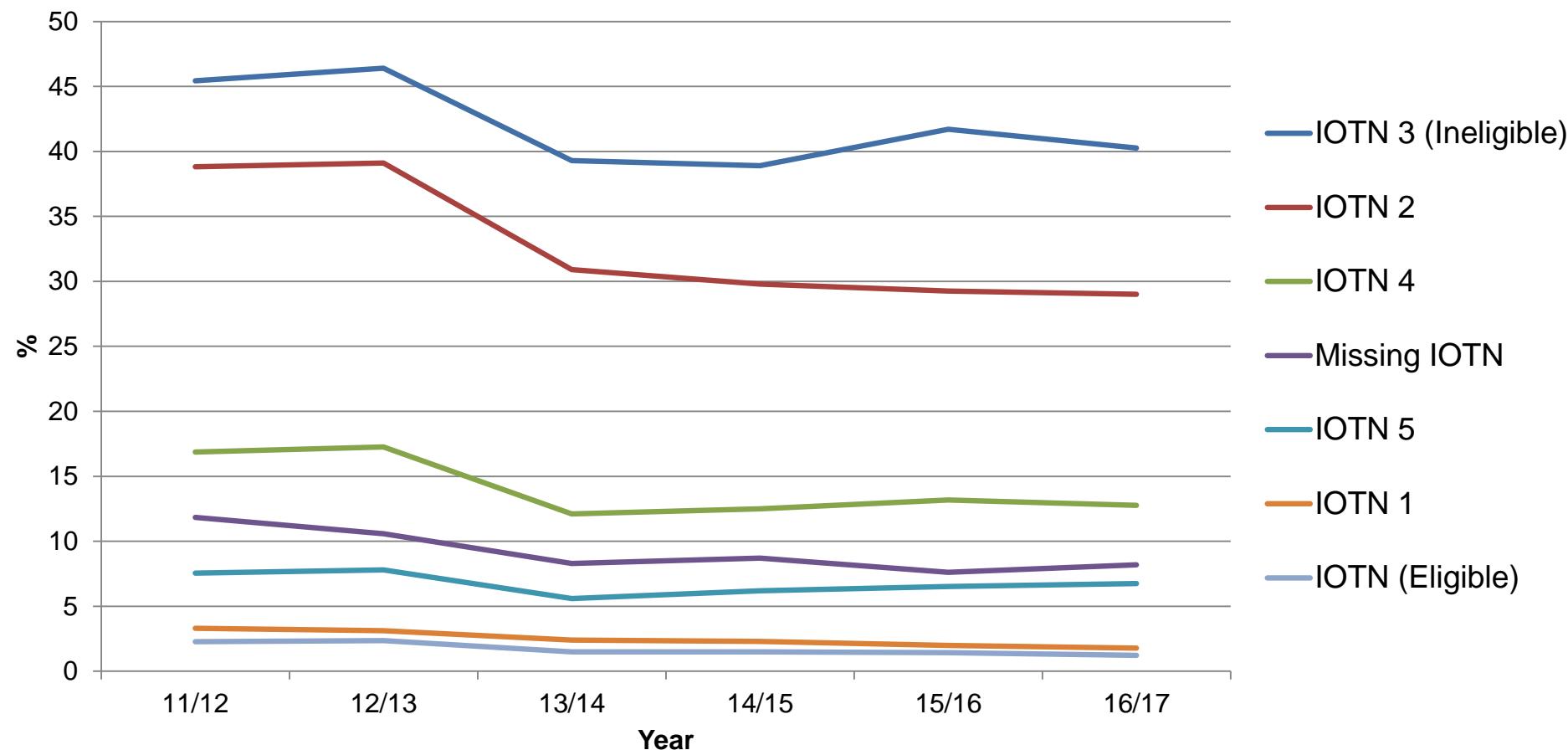
5.4%

Reported IOTN scores for Assess and Refuse cases 2016-2017 (England & Wales)

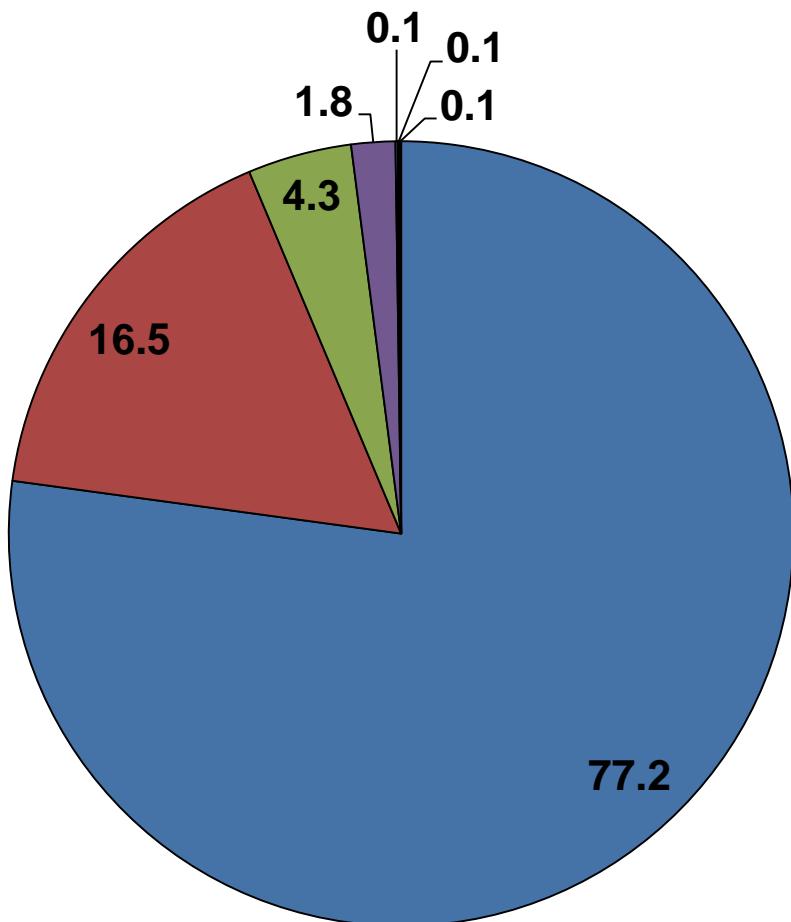


IOTN Category	Count	Percentage
IOTN 3 (Ineligible)	17,192	40.3
IOTN 2	12,385	29.0
IOTN 4	5,448	12.8
Missing IOTN	3,500	9.2
IOTN 5	2,883	6.8
IOTN 1	760	1.8
IOTN (Eligible)	522	1.2
Assess and Refuse FP17s	42,690	100.0

Reported IOTN scores for Assess and Refuse cases 2011/12 – 2016/17 (England & Wales)

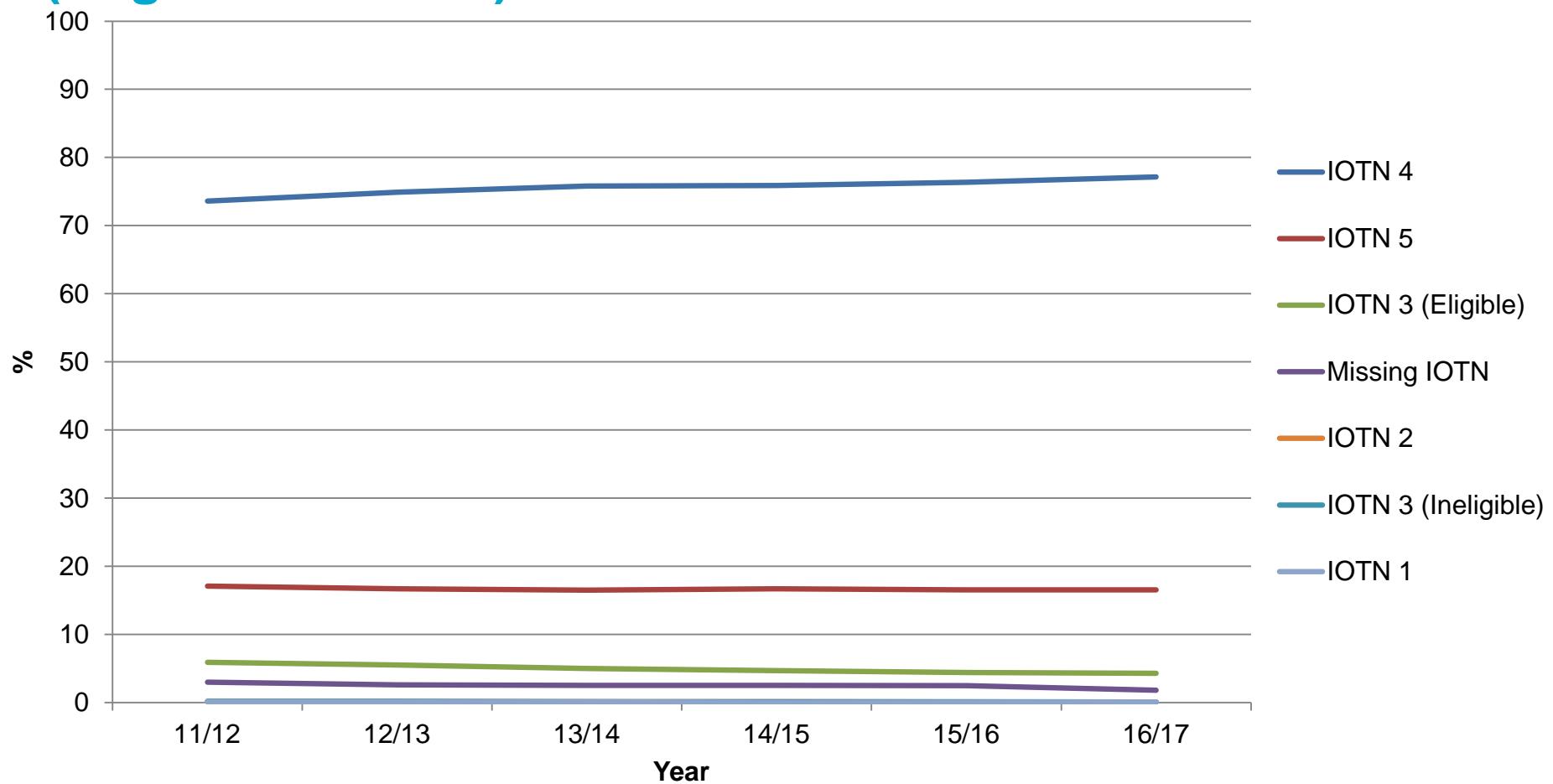


Reported IOTN scores for Case Starts 2016-2017 (England & Wales)



IOTN Category	Count	Percentage
IOTN 4	158,395	77.2
IOTN 5	33,922	16.5
IOTN 3 (Eligible)	8,796	4.3
Missing IOTN	3,717	1.8
IOTN 3 (Ineligible)	194	0.1
IOTN 2	162	0.1
IOTN 1	120	0.1
Assess and Accept FP17s	205,306	100.0

Reported IOTN scores for Case Starts 2011/12 to 2016/17 (England & Wales)



NHS GDS Regulations: FP170 Completion

It is a statutory requirement to inform the NHSBSA within two months of completion / termination of treatment.

be necessary for the effective carrying out of its functions it shall comply with that request promptly and in any event no later than the twentieth working day following the date the request was made.

- (2) The contractor shall not be required to produce information under sub-paragraph (1) which—
 - (a) is confidential and relates to a living individual, unless at least one of the conditions specified in sub-paragraph (3) applies; or
 - (b) is prohibited from disclosure by or under any enactment or any ruling of a court of competent jurisdiction or is protected by the common law, unless sub-paragraph (4) applies.
- (3) The conditions referred to in sub-paragraph (2)(a) are—
 - (a) the information can be disclosed in a form from which the identity of the individual cannot be ascertained; or
 - (b) the individual consents to the information being disclosed.
- (4) This sub-paragraph applies where—
 - (a) the prohibition of the disclosure of information arises because the information is capable of identifying an individual; and
 - (b) the information can be disclosed in a form from which the identity of the individual cannot be ascertained.
- (5) In a case where the information falls within—
 - (a) sub-paragraph (2)(a) and the condition in sub-paragraph (3)(a) applies; or
 - (b) sub-paragraph (2)(b) and sub-paragraph (4) applies,

a Patients' Forum may require the contractor to disclose the information in a form from which the identity of the individual concerned cannot be ascertained.

Inquiries about prescriptions and referrals

37.—(1) The contractor shall, subject to sub-paragraphs (2) and (3), sufficiently answer any inquiries whether oral or in writing from the Primary Care Trust concerning—

- (a) any prescription form issued by a prescriber;
- (b) the considerations by reference to which prescribers issue such forms;
- (c) the referral by or on behalf of the contractor of any patient for any other services provided under the Act; or
- (d) the considerations by which the contractor makes such referrals or provides for them to be made on its behalf.

(2) An inquiry referred to in sub-paragraph (1) may only be made for the purpose either of obtaining information to assist the Primary Care Trust to discharge its functions or of assisting the contractor in the discharge of its obligations under the contract.

(3) The contractor shall not be obliged to answer any inquiry referred to in sub-paragraph (1) unless it is made—

- (a) in the case of sub-paragraph (1)(a) or (1)(b), by an appropriately qualified health care professional; or
- (b) in the case of sub-paragraph (1)(c) or (1)(d), by an appropriately qualified dental practitioner, appointed in either case by the Primary Care Trust to assist it in the exercise of its functions under this paragraph and that person produces, on request, written evidence that he is authorised by the Primary Care Trust to make such inquiry on its behalf.

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

38.—(1) The contractor shall, within two 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 Primary Care Trust, on a form supplied by that Trust, 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.

Annual report and review

39.—(1) The Primary Care Trust shall provide to the contractor an annual report relating to the contract which shall contain the same categories of information for all persons who hold contracts with that Trust.

(2) Once the Primary Care Trust has provided the report referred to in sub-paragraph (1), the Primary Care Trust shall arrange with the contractor an annual review of its performance in relation to the contract.

(3) The Primary Care Trust shall prepare a draft record of the review referred to in sub-paragraph (2) for comment by the contractor and, having regard to such comments, shall produce a final written record of the review.

(4) A copy of the final record referred to in sub-paragraph (3) shall be sent to the contractor.

Notification to the Primary Care Trust

40.—(1) In addition to any requirements of notification elsewhere in the Regulations, the contractor shall notify the Primary Care Trust in writing, as soon as reasonably practicable, of—

- (a) any serious incident that in the reasonable opinion of the contractor affects or is likely to affect the contractor's performance of its obligations under the contract; or
- (b) any circumstances which give rise to the Primary Care Trust's right to terminate the contract under paragraph 70 or 71(1).

(2) The contractor shall, unless it is impracticable for it to do so, notify the Primary Care Trust in writing within 28 days of any occurrence requiring a change in the information about it published by the Primary Care Trust in accordance with regulations made under section 16CA(3) of the Act(a) (primary dental services).

(3) The contractor shall give notice in writing to the Primary Care Trust when a dental practitioner who is performing or will perform services under the contract (as the case may be)—

- (a) leaves the contractor, and the date upon which he left; or
- (b) is employed or engaged by the contractor,

which shall include the name of the dental practitioner who has left, or who has been employed or engaged, together with his professional registration number.

(a) Section 16CA was inserted into the Act by section 170 of the 2003 Act.

(7) The summary referred to in sub-paragraph (6) shall be supplied to the patient on a form supplied for that purpose by the Primary Care Trust within 28 days of that request.

Completion of courses of treatment

8.—(1) The contractor shall indicate on the form supplied by the Primary Care Trust pursuant to paragraph 38 whether the course of treatment was completed, and if the course of treatment was not completed, provide the reason for the failure to complete the course of treatment.

(2) If the Primary Care Trust—

- (a) determines that the number of courses of treatment provided by the contractor which have not been completed is excessive; and
- (b) does not consider that the reasons given by the contractor for the failure to complete the courses of treatment are satisfactory,

it shall be entitled to exercise its powers under paragraph 59(2) on the grounds that the contractor is not, pursuant to paragraph 6(2), using its best endeavours to ensure courses of treatment are completed.

Referral to another contractor, a hospital or other relevant service provider for advanced mandatory, domiciliary or sedation services

9.—(1) Where a patient requires advanced mandatory services, domiciliary services or sedation services that are not provided under the contract by the contractor, it shall, if the patient agrees, refer that patient in accordance with sub-paragraph (2) for the provision of a referral service by an alternative contractor, a hospital or other relevant service provider under Part 1 of the Act.

(2) In referring a patient pursuant to sub-paragraph (1), the contractor shall provide—

- (a) to the patient being referred, a referral notice on a form supplied for that purpose by the Primary Care Trust which shall specify the services detailed on the treatment plan which will be carried out by the alternative contractor, hospital or other relevant service provider; and
- (b) to the alternative contractor, hospital or other relevant service provider, either at the time of referral or as soon as reasonably practicable thereafter—
 - (i) a copy of the treatment plan provided to the patient pursuant to paragraph 7;
 - (ii) a copy of the referral notice; and
 - (iii) a statement of the amount paid to it, or due to be paid to it, by the patient under the NHS Charges Regulations in respect of the course of treatment during which the referral is made.

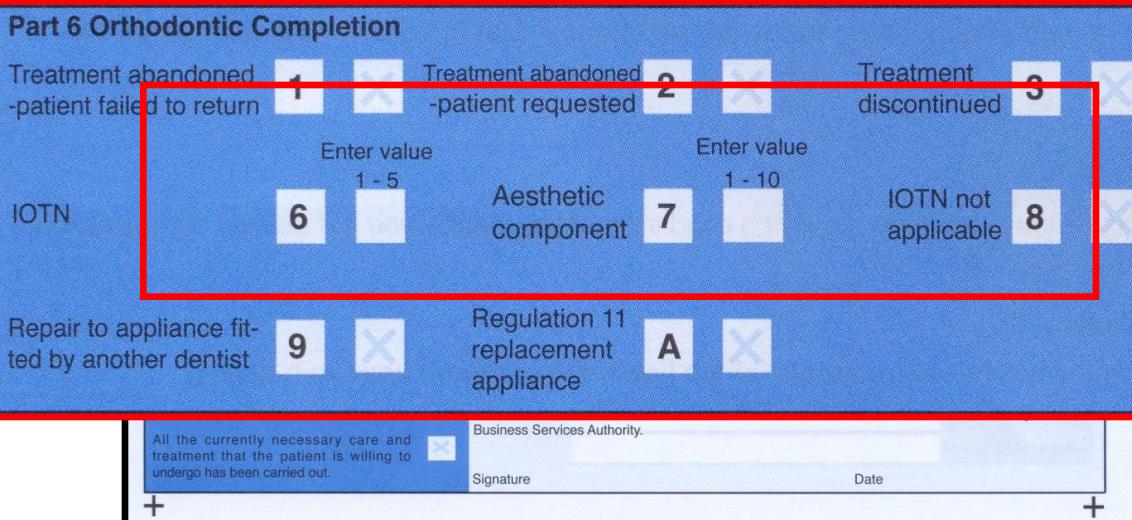
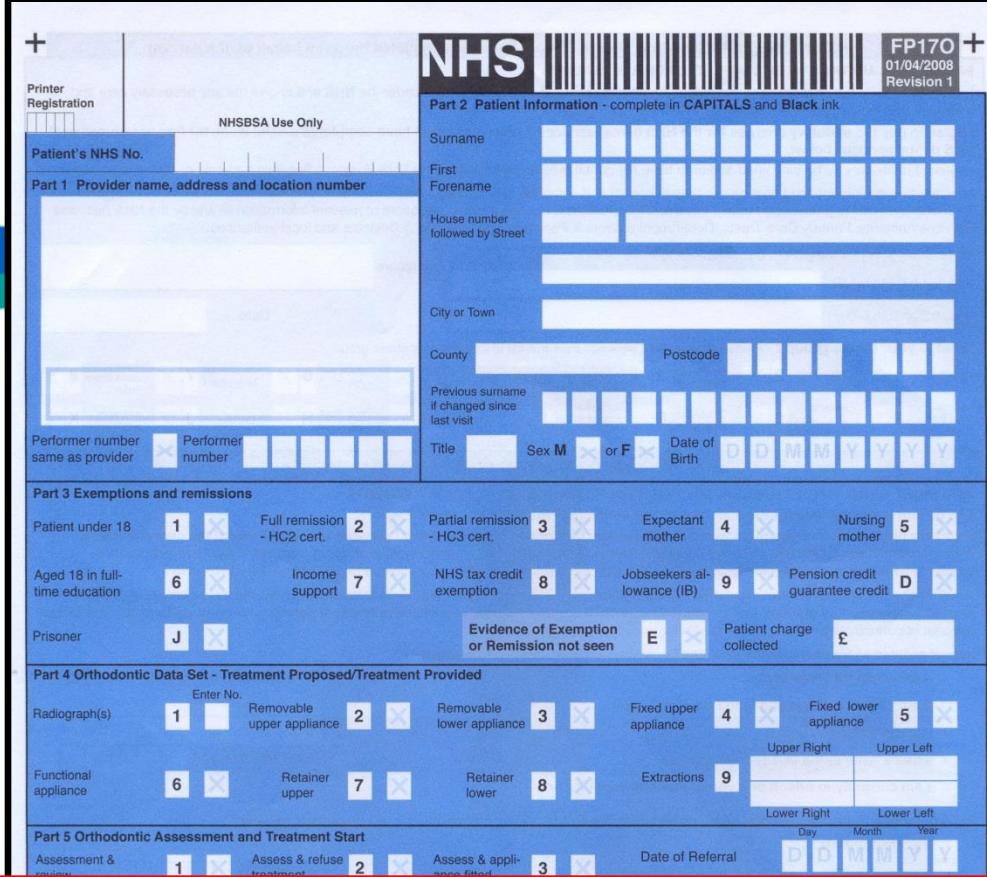
(3) Where the patient notifies the contractor, whether verbally or in writing, that he does not wish to be referred to the alternative contractor, hospital or other relevant service provider selected by the contractor, the contractor shall, if requested to do so by the patient, use its best endeavours to refer the patient to another suitable contractor, hospital or other relevant service provider under Part 1 of the Act for the provision of the referral service.

Mixing of services provided under the contract with private services

10.—(1) Subject to sub-paragraph (2) and the requirements in paragraphs 2 (referral services) and 6 (orthodontic treatment plans) of Schedule 1 and paragraph 7(1)(g) of this Schedule, a contractor may, with the consent of the patient, provide privately any part of a course of treatment or orthodontic course of treatment for that patient, including in circumstances where that patient has been referred to the contractor for a referral service.

(2) A contractor may—

- (a) not provide privately or under the contract treatment that involves the administration of general anaesthesia or the provision of sedation; and
- (b) in the case of an orthodontic course of treatment provide—
 - (i) the case assessment wholly privately or wholly under the contract; and
 - (ii) the orthodontic treatment wholly privately or wholly under the contract.



FP17O Part 6

Orthodontic Completion

Box 1: Treatment abandoned
- patient failed to return

Box 2: Treatment abandoned - patient requested

Box 3: Treatment discontinued

Box 4: Treatment completed

Box 5: PAR scores calculated

Treatment completed	4	X	PAR scores calculated	5	X				
Date of completion or last visit	Day	Month	Year	D	D	M	M	Y	Y

NHS GDS Regulations: FP170 Completion

Part 6 Box 1:
Treatment abandoned - patient failed to return.
Post-treatment records not normally obtainable
and supervised retention not possible.

NHS GDS Regulations: FP170 Completion

Part 6 Box 2:

Treatment abandoned - patient requested.

Post-treatment records are expected unless the patient is moving away and continuing treatment elsewhere.

Where appropriate it is expected that retainers will be provided and that there will be a minimum of 12 months' supervised retention.

NHS GDS Regulations: FP170 Completion

Part 6 Box 3:

Treatment discontinued:

Where treatment is terminated by the performer, before the treatment objectives have been achieved, because of lack of patient co-operation or because the risks of continuing treatment would outweigh the potential benefits

Post-treatment records are expected.

Where appropriate it is expected that retainers will be provided and that there will be a minimum of 12 months' supervised retention.

NHS GDS Regulations: FP170 Completion

Part 6 Box 4:

Treatment completed:

Where the treatment objectives have been achieved.

Post-treatment records are required.

It is expected that retainers will be provided and that there will be a minimum of 12 months' supervised retention.

ORTHODONTIC TREATMENT PROTOCOL

Commissioning Specialist Dental Services

DH Gateway Reference 5865

‘A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case.....’

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

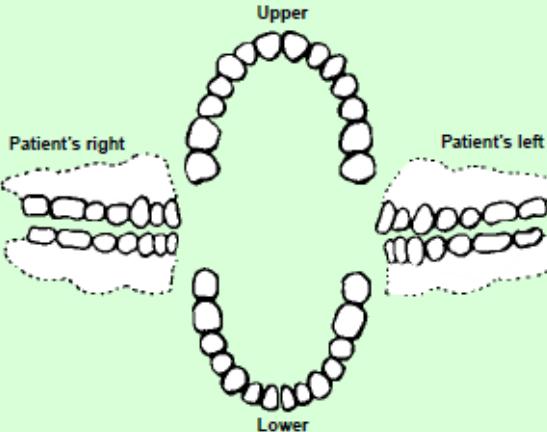
Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case:

- The dental arches should be fully aligned with all rotations and mesio-distal angulations corrected.
- The occlusal planes should be levelled
- The overjet and overbite should normally be corrected to give cingulum contact between the incisors
- The bucco-lingual or labio-lingual inclination of the teeth should be within the normal range except where dento-alveolar compensation for skeletal discrepancies is necessary
- The centrelines should where practical be coincident
- The buccal segments should interdigitate fully
- Extraction spaces should be closed with roots of adjacent teeth parallel
- Crossbites should normally be corrected
- Centric occlusion should correspond closely with centric relation
- The lower inter-canine width should not be increased. Lower incisors should not be advanced if they are already proclined, and in general should not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

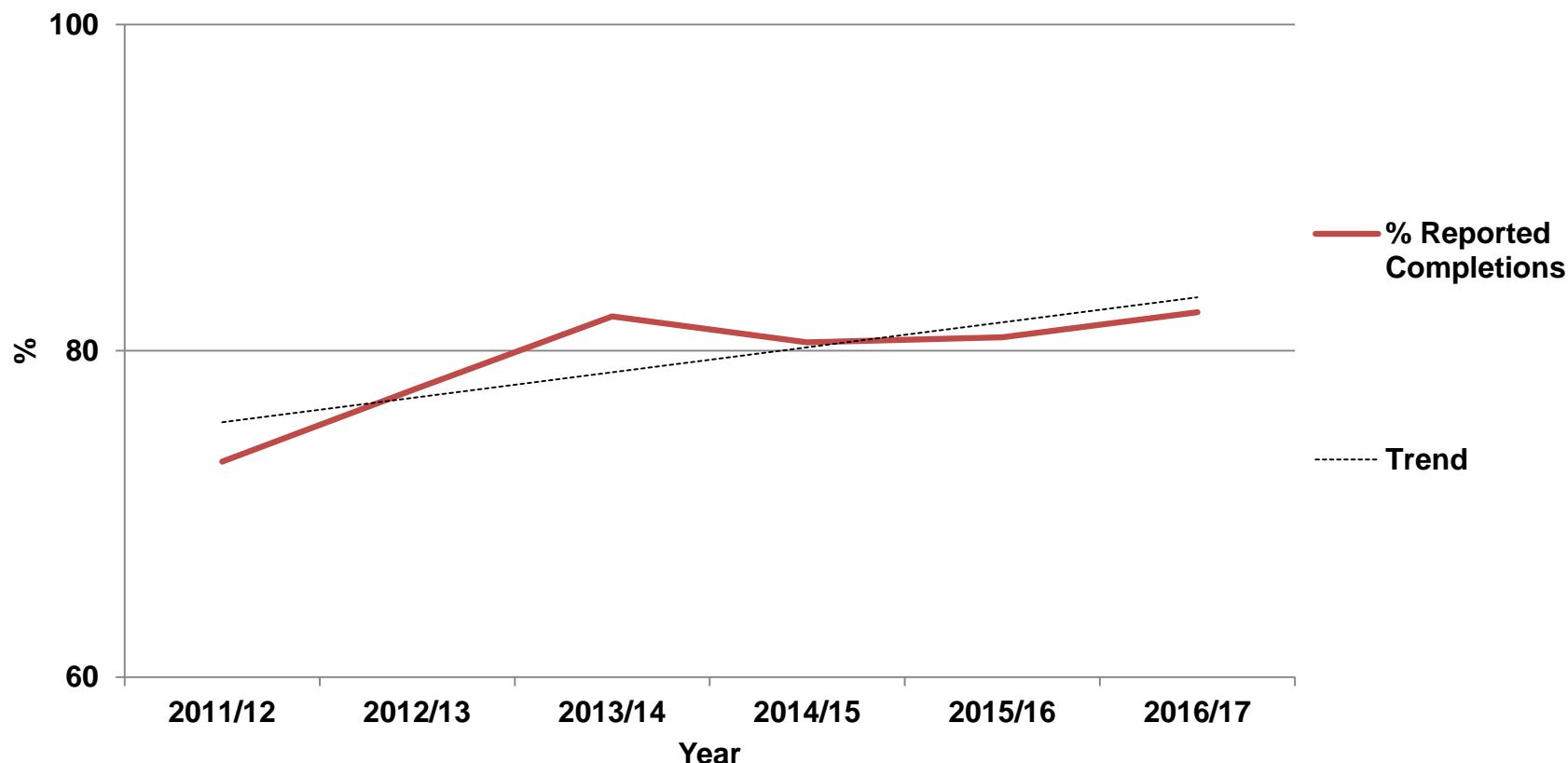
Practitioner's details		Patient's details	
		Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Forename <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Date of acceptance <input type="text"/> <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	
This is to confirm that the named practitioner is willing to accept the above named patient for orthodontic treatment.			
Telephone No. <input type="text"/>			
NHS Treatment Plan			
The following treatment is proposed: Correction of the prominence of the anterior (front) teeth Alignment of teeth Correction of occlusal or bite problems Closure of spacing Correction of impacted teeth (see diagram) Permanent teeth to be removed (see diagram) Other objectives (please specify below)		 Treatment appliances ("braces") to be used: Upper removable <input type="checkbox"/> Lower removable <input type="checkbox"/> Upper fixed <input type="checkbox"/> Lower fixed <input type="checkbox"/> Headgear <input type="checkbox"/> Other appliances <input type="checkbox"/> Estimated treatment time (months) <input type="text"/> Retention appliances ("retainers") to be used: Upper removable <input type="checkbox"/> Lower removable <input type="checkbox"/> Upper fixed <input type="checkbox"/> Lower fixed <input type="checkbox"/> Estimated time: Up to 12 months <input type="checkbox"/> Long-term <input type="checkbox"/> Permanent <input type="checkbox"/>	
Additional Information including details of any limited treatment objectives: 			
Please ask your orthodontist if you have any questions about your treatment			
NHS Charges (Patients aged 18 years and over at the start of treatment only):			
Charge band for NHS treatment <input type="text"/> <input type="text"/> <input type="text"/> 3		Charge for your dental treatment £ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
Private Treatment Charges: Charge for any proposed private treatment as an alternative to treatment detailed above £ <input type="text"/>		I understand the nature of the proposed private treatment services and accept those services and the associated charges as detailed <input type="checkbox"/> I am the patient <input checked="" type="checkbox"/> I am the patient's parent / guardian Signature <input type="text"/>	
Should it become necessary to alter this treatment plan, you will be advised of any changes and any amendment to the cost.			

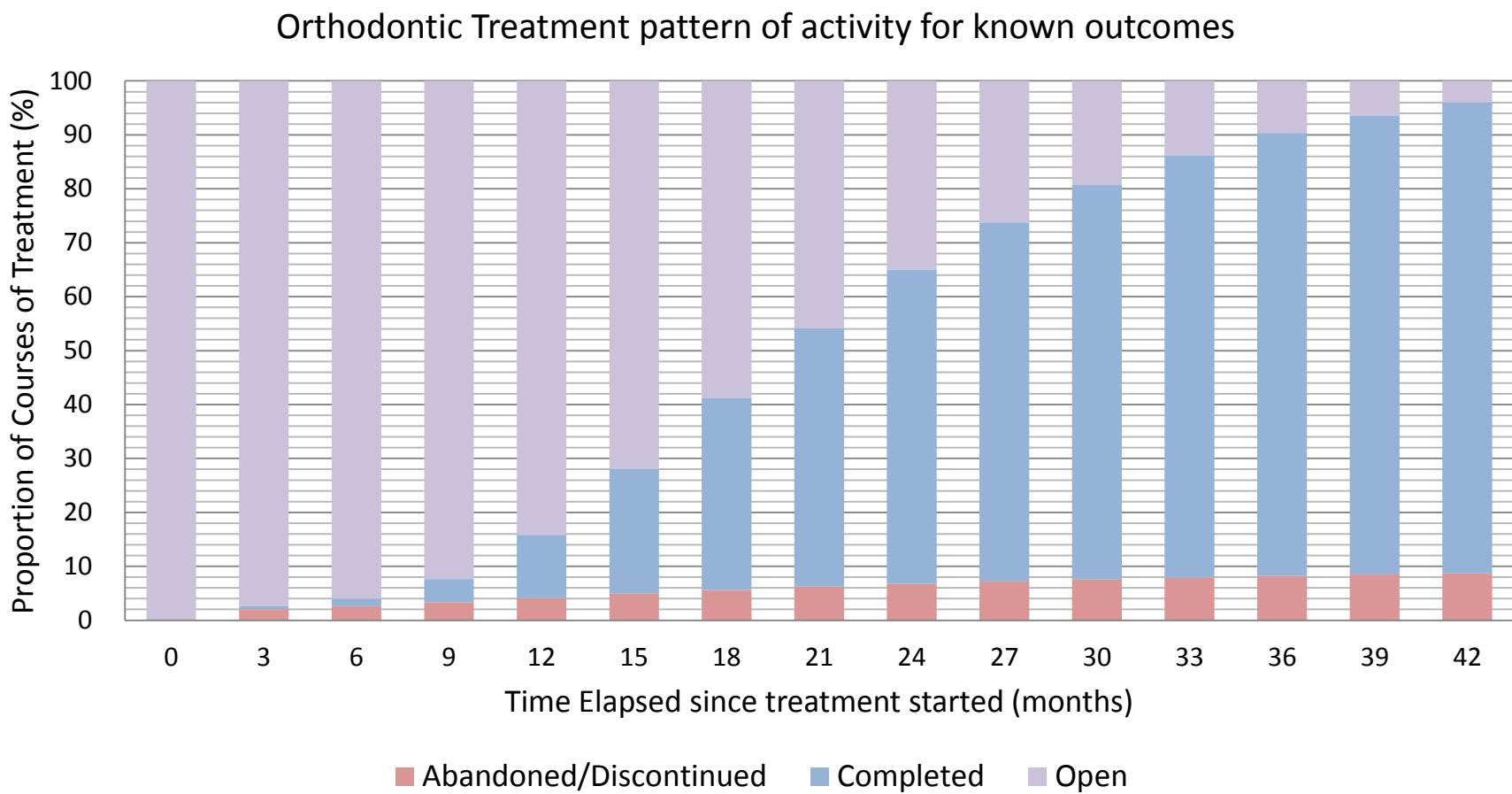
Data Analysis: FP170 2016/17

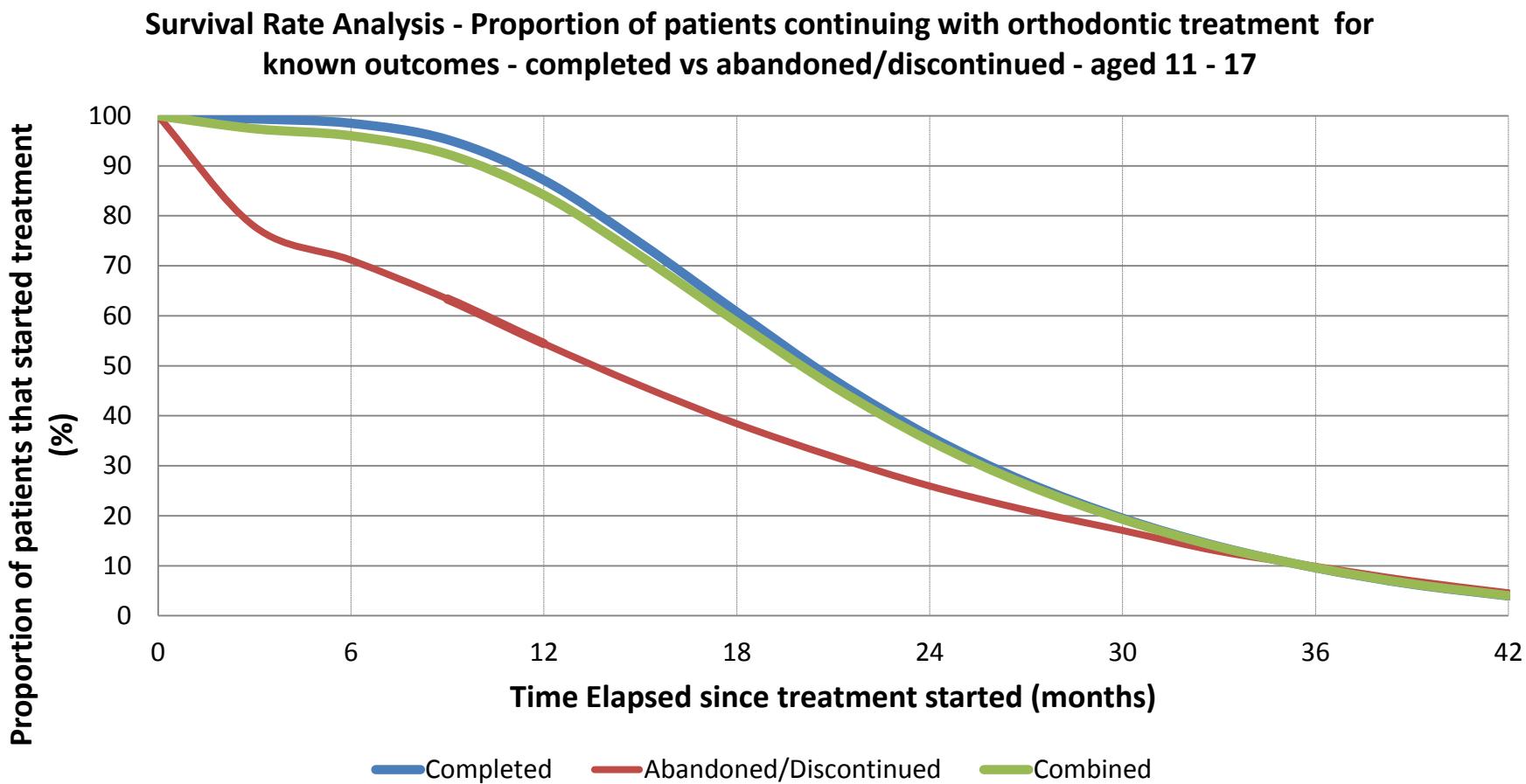
- Orthodontic case starts: 205,306
- Reported concluded: 183,336 (89.3%)
- Reported completions: 169,092 (82.4%)

Data Analysis: FP170

Reported completions trend







Orthodontic Completion Challenge 2011

‘Incomplete’ cases after 36 months or more:

- 18% still in treatment
- 40% completed and discharged
- 13% completed and in supervised retention
- 19% abandoned (12% failed to return)
- 2% discontinued
- 4% transferred
- 4% ‘other’

Orthodontic Completion Challenge 2011

Reported reasons for non-submission of outcomes:

- 49% administrative error
- 5% unclear how to report
- 5% unsure when to report
- 3% unaware of requirement to report
- 2% recently reported / not yet recorded
- 10% 'other'
- 25% no reason given

NHS GDS Regulations: FP17O Completion

Part 6 Box 5:

PAR Scores calculated:

20 cases plus 10% of caseload required.

Acceptable to cross this box before the PAR scores are actually calculated (this is normal as most FP17O completion forms are submitted on the day of appliance removal).

Monitoring outcomes

7.—(1) The contractor shall require the contractor to monitor, in accordance with this paragraph, the outcome of the orthodontic treatment it provides.

(2) The contractor shall, in respect of orthodontic courses of treatment it provides in which orthodontic treatment is provided following the case assessment, monitor the outcome of that orthodontic treatment in accordance with sub-paragraph (3).

(3) The contractor shall monitor the outcome of orthodontic treatment in accordance with “Methods to determine outcome of orthodontic treatment in terms of improvement and standards”(a) in respect of—

(a) where the total number of cases is 20 or fewer, all the cases of orthodontic courses of treatment it provides; or

(b) where the total number of orthodontic courses of treatment provided is greater than 20—

(i) 20 of the cases; and

(ii) in addition, 10 per cent of the number of cases over 20,

of orthodontic courses of treatment it provides.

(4) The contract shall specify the period of time which is relevant for calculating the number of orthodontic courses of treatment that need to be monitored in accordance with this paragraph.

(5) As part of its monitoring of the outcome of orthodontic treatment under sub-paragraph (2), the contractor shall, in respect of the patients whose courses of treatment are monitored calculate a peer assessment rating of the patient’s study casts—

(a) taken at or after the case assessment but prior to the commencement of orthodontic treatment; and

(b) taken at the completion of the orthodontic course of treatment,

using either the Clinical Outcome Monitoring Program software(b) or by applying the methodology set out in “An introduction to Occlusal Indices”(c).

(6) In sub-paragraph (5), “peer assessment rating” means an index of treatment standards in which individual scores for the components of alignment and occlusion are summed to calculate an overall score comparing pre- and post- treatment(d).

Completion of orthodontic courses of treatment

8.—(1) The contractor shall indicate on the form supplied to the Primary Care Trust pursuant to paragraph 38 of Schedule 3 (notification of a course of treatment) whether or not the orthodontic course of treatment was completed.

(2) If the Primary Care Trust requests in writing that the contractor provides reasons for the failure to complete one or more orthodontic courses of treatment, the contractor shall, within such period as the Primary Care Trust may specify, provide the reasons for that failure.

(3) If the Primary Care Trust—

(a) determines that the number of orthodontic courses of treatment provided by the contractor which have not been completed is excessive; and

(b) does not consider that the reasons given by the contractor for the failure to complete the orthodontic courses of treatment are satisfactory,

it shall be entitled to exercise its powers under paragraph 73 of Schedule 3 on the grounds that the contractor is not, pursuant to paragraph 5(3) of this Schedule, using its best endeavours to ensure orthodontic courses of treatment are completed.

(a) European Journal of Orthodontics 14, p125-139, 1992. Richmond S, Shaw WC, Anderson M and Roberts CT. The article is available at www.dh.gov.uk.

(b) Clinical Outcome Monitoring Program – Version 3.1 for Windows 98, XP and 2000. See also Weenklane S and Dhopatkar “A Clinical Outcome Monitoring Program (COMP): a new application for use in orthodontic audits and research”, American Journal of Orthodontics and Dentofacial Orthopedics 2003;123:503-511.

(c) Richmond, O’Brien, Buchanan and Bunden, 1992, Victoria, University of Manchester, ISBN 1-898922-00-4.

(d) A description of this methodology can be found in the European Journal of Orthodontics 14, p180-187, 1992, Richmond S, Shaw WC, Roberts CT and Andrews M; “Methods to determine the outcome of orthodontic treatment in terms of improvement and standards”.

Printer Registration NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Surname
First Forename
House number followed by Street
City or Town
County Postcode
Previous surname if changed since last visit

Performer number same as provider Performer number
Title Sex M or F Date of Birth D D M M Y Y Y

Part 3 Exemptions and remissions

Patient under 18	1 <input type="checkbox"/>	Full remission - HC2 cert.	2 <input type="checkbox"/>	Partial remission - HC3 cert.	3 <input type="checkbox"/>	Expectant mother	4 <input type="checkbox"/>	Nursing mother	5 <input type="checkbox"/>
Aged 18 in full-time education	6 <input type="checkbox"/>	Income support	7 <input type="checkbox"/>	NHS tax credit exemption	8 <input type="checkbox"/>	Jobseekers allowance (IB)	9 <input type="checkbox"/>	Pension credit guarantee credit	D <input type="checkbox"/>
Prisoner	J <input type="checkbox"/>	Evidence of Exemption or Remission not seen			E <input type="checkbox"/>	Patient charge collected			£ <input type="text"/>

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Enter No.	1 <input type="checkbox"/>	Removable upper appliance	2 <input type="checkbox"/>	Removable lower appliance	3 <input type="checkbox"/>	Fixed upper appliance	4 <input type="checkbox"/>	Fixed lower appliance	5 <input type="checkbox"/>
Functional appliance	6 <input type="checkbox"/>	Retainer upper	7 <input type="checkbox"/>	Retainer lower	8 <input type="checkbox"/>	Extractions	9 <input type="checkbox"/>	Upper Right	Upper Left
								Lower Right	Lower Left

Part 5 Orthodontic Assessment and Treatment Start

Assessment & review	1 <input type="checkbox"/>	Assess & refuse treatment	2 <input type="checkbox"/>	Assess & appliance fitted	3 <input type="checkbox"/>	Date of Referral	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>
---------------------	----------------------------	---------------------------	----------------------------	---------------------------	----------------------------	------------------	---

Part 6 Orthodontic Completion

Treatment abandoned - patient failed to return 1 Treatment abandoned - patient requested 2 Treatment discontinued 3

Enter value 1 - 5 6 Aesthetic component 7 1 - 10 8 IOTN not applicable

Repair to appliance fitted by another dentist 9 Regulation 11 replacement appliance A

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

Business Services Authority.

Signature

Date

FP17O Part 6

Orthodontic Completion

Box 6: IOTN DHC (1 to 5)

Box 7: IOTN AC (1 to 10)

Box 8: IOTN not applicable

Box 9: Repair to appliance fitted by another dentist

Box A: Regulation 11 replacement appliance

Treatment completed 4 PAR scores calculated 5

Date of completion or last visit Day D D M M Y Y

NHS GDS Regulations: FP170 Completion

Part 6 Box 6:

Post-treatment IOTN DHC score.

Part 6 Box 7:

Post-treatment IOTN AC score.

Part 6 Box 8:

‘IOTN not applicable’ e.g. where the patient fails to return or transfers elsewhere in-treatment.
(IOTN was not intended as a measure of treatment outcome).

NHS GDS Regulations: FP170 Completion

Part 6 Box 9:

Repair to an appliance fitted by another dentist =
0.8UOA

This only applies to repairs for patients being treated by another provider/contract holder, not for a patient of a fellow performer within the same practice.

- (a) a case assessment; and
- (b) the provision of orthodontic treatment following the case assessment,
the contractor provides 4.0 units of orthodontic activity.

(3) Where the contractor provides an orthodontic course of treatment to a patient aged between 10 and 17 years that consists of—

- (a) a case assessment; and
- (b) the provision of orthodontic treatment following the case assessment,
the contractor provides 21.0 units of orthodontic activity.

(4) Where the contractor provides an orthodontic course of treatment to a patient who is aged 18 years or over that consists of—

- (a) a case assessment; and
- (b) the provision of orthodontic treatment following the case assessment,
the contractor provides 21.0 units of orthodontic activity.

(5) Where the contractor—

- (a) provides a repair to an orthodontic appliance of a patient; and
- (b) the orthodontic course of treatment in which that orthodontic appliance was provided is being provided by another contractor, hospital or relevant service provider under Part 1 of the Act,
the contractor provides 0.8 units of orthodontic activity.

SCHEDULE 3

Regulation 24

OTHER CONTRACTUAL TERMS

PART 1

PATIENTS

Persons to whom mandatory services or additional services are to be provided

1.—(1) Subject to sub-paragraphs (3) and (5), the contractor may agree to provide mandatory or additional services under the contract to any person if a request is made for such services by—

- (a) the person who requires the services; or
- (b) a person specified in sub-paragraph (2), on behalf of the person who requires those services.

(2) For the purposes of sub-paragraph (1), a request for services may be made—

- (a) on behalf of any child by—
 - (i) either parent;
 - (ii) a person duly authorised by a local authority to whose care the child has been committed under the Children Act 1989(a); or
 - (iii) a person duly authorised by a voluntary organisation by which the child is being accommodated under the provisions of that Act; or
- (b) on behalf of any adult who is incapable of making such an application, or authorising such an application to be made on their behalf, by a relative or the primary carer of that person.

NHS GDS Regulations: FP170 Completion

Part 6 Box A: Regulation 11 replacement appliance

- Appliances lost or damaged beyond repair as a result of an act or omission by the patient
- Repairs or replacement appliances necessitated as a result of 'fair wear and tear' are free of charge to the patient during treatment and during supervised retention (normally a minimum of 12 months).

NHS GDS Regulations: FP170 Completion

Part 6 Box A: Regulation 11 replacement appliance

- No UOAs are credited
- The contract holder retains the patient charge
- The patient charge is 30% of the Band 3 charge per appliance (currently £73.20 per appliance)
- Twin-blocks are considered to be two appliances

NHS GDS Regulations: FP17O Completion

Part 6 Box A: Regulation 11 replacement appliance

- The patient may claim a refund where there are mitigating circumstances or financial hardship.
- Refunds are claimed from, and paid by, the NHSBSA.
- The patient needs to submit a completed FP17R11 form accompanied by a receipt for the charge.
- The contract holder retains the full fee even if a full refund is made to the patient.

2005 No. 3477

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Dental Charges) Regulations 2005

Made - - - - *19th December 2005*

Coming into force - - - *1st April 2006*

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred upon her by sections 79, 83A and 126(4) of, and Schedule 12ZA to, the National Health Service Act 1977(a);

In accordance with section 126(1A) of that Act(b), a draft of this instrument was laid before Parliament and approved by a resolution of each House of Parliament.

Citation, commencement and application

1.—(1) These Regulations may be cited as the National Health Service (Dental Charges) Regulations 2005 and shall come into force on 1st April 2006.

(2) These Regulations apply in relation to England.

Interpretation

2.—(1) In these Regulations—

“the Act” means the National Health Service Act 1977;

“bridge” means a fixed or a removable bridge which takes the place of any teeth;

“course of treatment” means—

(a) an examination of a patient, an assessment of his oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment, and

(a) 1977 c.49. Section 79 was inserted by section 183 of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”). Section 83A was inserted by section 14(1) of the Social Security Act 1988 (c.7) and amended by section 25 of, and paragraph 6 of Schedule 2 to, the Health and Medicines Act 1988 (c.49), article 2 of S.I. 1998/2385, article 3(1) of, and paragraphs 5 and 13 of Schedule 1 to, S.I. 2000/90, section 66(1) of, and paragraph 18 (5) of Schedule 9 to the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), section 2(1) of, and paragraph 40 of Schedule 1 to, the Health Authorities Act 1995 (c.17), section 41(10) of, and paragraph 19 of Schedule 2 to, the National Health Service (Primary Care) Act 1997 (c.46), section 2(5) of, and paragraphs 1 and 32 of Part 1 of Schedule 2 to, the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”) and by sections 34 and 184 of, and paragraphs 23 and 32(b) of Schedule 4 to, and paragraphs 7 and 31 of Schedule 11 to, the 2003 Act. Section 126(4) was amended by section 63(2) of the 1990 Act, section 65(1) of, and paragraphs 4 and 37 of Schedule 4 to, the Health Act 1999 (c.8) (“the 1999 Act”), section 67(1) of, and paragraphs 5 and 13 of Part 1 of Schedule 5 to, the Health and Social Care 2001 (c.15) and section 63(3)(c) and 37(1) of the 2002 Act. Schedule 12ZA was inserted by section 183 of the 2003 Act. The functions of the Secretary of State under these provisions are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672), as amended by section 66(5) of the 1999 Act. See section 128(1) of the National Health Service Act 1977, as amended by section 26 of the 1990 Act, for the meaning of “prescribed” and “regulations”.

(b) Section 126(1A) was inserted by section 183(3)(b) of the Health and Social Care Act 2003 (c.43).

2005 No. 3477

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Dental Charges) Regulations 2005

Made - - - - *19th December 2005*

Coming into force - - - *1st April 2006*

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred upon her by sections 79, 83A and 126(4) of, and Schedule 12ZA to, the National Health Service Act 1977(a);

In accordance with section 126(1A) of that Act(b), a draft of this instrument was laid before Parliament and approved by a resolution of each House of Parliament.

Citation, commencement and application

1.—(1) These Regulations may be cited as the National Health Service (Dental Charges) Regulations 2005 and shall come into force on 1st April 2006.

(2) These Regulations apply in relation to England.

Interpretation

2.—(1) In these Regulations—

“the Act” means the National Health Service Act 1977;

“bridge” means a fixed or a removable bridge which takes the place of any teeth;

“course of treatment” means—

(a) an examination of a patient, an assessment of his oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment, and

(a) 1977 c.49. Section 79 was inserted by section 183 of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”). Section 83A was inserted by section 14(1) of the Social Security Act 1988 (c.7) and amended by section 25 of, and paragraph 6 of Schedule 2 to, the Health and Medicines Act 1988 (c.49), article 2 of S.I. 1998/2385, article 3(1) of, and paragraphs 5 and 13 of Schedule 1 to, S.I. 2000/90, section 66(1) of, and paragraph 18 (5) of Schedule 9 to the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), section 2(1) of, and paragraph 40 of Schedule 1 to, the Health Authorities Act 1995 (c.17), section 41(10) of, and paragraph 19 of Schedule 2 to, the National Health Service (Primary Care) Act 1997 (c.46), section 2(5) of, and paragraphs 1 and 32 of Part 1 of Schedule 2 to, the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”) and by sections 34 and 184 of, and paragraphs 23 and 32(b) of Schedule 4 to, and paragraphs 7 and 31 of Schedule 11 to, the 2003 Act. Section 126(4) was amended by section 63(2) of the 1990 Act, section 65(1) of, and paragraphs 4 and 37 of Schedule 4 to, the Health Act 1999 (c.8) (“the 1999 Act”), section 67(1) of, and paragraphs 5 and 13 of Part 1 of Schedule 5 to, the Health and Social Care 2001 (c.15) and section 63(3)(c) and 37(1) of the 2002 Act. Schedule 12ZA was inserted by section 183 of the 2003 Act. The functions of the Secretary of State under these provisions are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672), as amended by section 66(5) of the 1999 Act. See section 128(1) of the National Health Service Act 1977, as amended by section 26 of the 1990 Act, for the meaning of “prescribed” and “regulations”.

(b) Section 126(1A) was inserted by section 183(3)(b) of the Health and Social Care Act 2003 (c.43).

Remission and repayment of charges under other regulations

9. The charges which may be made and recovered by virtue of the preceding provisions of these Regulations are subject to the provisions of regulations made under section 83A of the Act providing for remission and repayment.

Repayment of charges

10.—(1) This regulation applies to any person who—

- (a) pays any charge for relevant primary dental services or the supply of a dental appliance under the Act otherwise than as part of relevant primary dental services, payable pursuant to section 79 of the Act; and
- (b) would, but for regulation 7, be exempt from the charge under paragraph 1(1) of Schedule 12ZA to the Act.

(2) Subject to the following provisions of this regulation, any person to whom this regulation applies is entitled to have such a charge repaid.

(3) Subject to paragraph (4), it is a condition of the entitlement to a repayment under this regulation that the person makes a claim to the Secretary of State for the repayment—

- (a) within—
 - (i) three months after payment of the charge, or
 - (ii) such further period as the Secretary of State may for good cause allow; and
- (b) in a manner approved by the Secretary of State for that purpose; and
- (c) supported by such evidence as the Secretary of State may reasonably require.

(4) Subject to paragraph (5), where the person is unable for the time being to act, another person may make a claim on that person's behalf.

(5) The Secretary of State may refuse to accept a claim made by one person on behalf of another where, in the Secretary of State's opinion—

- (a) the person on whose behalf the claim is made is able to act; or
- (b) the person making the claim is not a suitable person to act on behalf of that other person.

(6) If satisfied that a person is entitled to repayment under this regulation, the Secretary of State shall cause a repayment to be made to that person in such manner as appears to the Secretary of State to be appropriate in the circumstances of the particular case.

Charges for replacement in the course of the provision of relevant primary dental services

11.—(1) Where a provider of relevant primary dental services replaces a dental appliance or orthodontic appliance supplied as part of those services and it is determined in accordance with Schedule 6 that the replacement is necessitated by—

- (a) an act or omission on the part of the person supplied; or
- (b) if the act or omission occurred when the person supplied was under 16 years of age, an act or omission of the person supplied or of the person having charge of him when the act or omission occurred,

the provider of relevant primary dental services may make and recover a charge from the relevant person.

(2) The amount of the charge to be made and recovered under paragraph (1) is, subject to paragraph (3), 30% of the Band 3 charge (rounded down, where necessary, to the nearest whole ten pence) as set out in regulation 4(3).

(3) If the Secretary of State considers—

- (a) that payment of the full amount of the charge under paragraph (1) would involve undue hardship to the relevant person; or

(b) that the replacement, though necessitated by the relevant person's act or omission, was not wholly necessitated by lack of reasonable care on his part,
she may determine that the charge shall not be payable, or that its amount shall be reduced.

(4) In this regulation, "relevant person" means—
(a) where paragraph (1)(b) applies, the person having charge of the person supplied when the act or omission occurred;
(b) in any other case, the person supplied.

Reduction of remuneration and accounting for charges in relation to providers of relevant primary dental services

12.—(1) Subject to paragraphs (2) and (3), where a provider of relevant primary dental services has provided relevant primary dental services for which a charge is payable under these Regulations, the remuneration which would otherwise be payable by the relevant Primary Care Trust to that provider shall be reduced by the amount of that charge, irrespective of whether or not that charge has been recovered by the provider.

(2) A dental practitioner remunerated by a Primary Care Trust providing relevant primary dental services under section 16CA (2) of the Act (dental services provided by a Primary Care Trust or Local Health Board) shall comply with the requirements in paragraphs (b) and (d) of regulation 8(2) and shall account for and pay to that Primary Care Trust, in such manner as it may require, the amount of any charges recovered from a patient under these Regulations.

(3) A dental practitioner remunerated by a Primary Care Trust, NHS trust or NHS foundation trust providing relevant primary dental services pursuant to an agreement for relevant primary dental services made under section 28C of the Act (personal medical or dental services) shall comply with the requirements in paragraphs (b) and (d) of regulation 8(2) and shall account and pay to the body by which he is remunerated, in such manner as it may require, the amount of any charges recovered from a patient under these Regulations.

Transitional provisions

13.—(1) Subject to paragraphs (2) to (8) of this regulation, any charge which is payable under the Dental Charges Regulations 1989 prior to 1 April 2006 but which has not been made and recovered before that date, may be made and recovered in accordance with the provisions of those Regulations as though they remained in force.

(2) Where a person, who is not otherwise exempt from paying a charge under these Regulations, as part of the provision of general dental services or services under a pilot scheme—

- (a) has been accepted by a dentist for care and treatment under a continuing care arrangement or for services under a pilot scheme;
- (b) is provided with a plan for treatment on a form supplied for that purpose by a Primary Care Trust—
 - (i) in relation to a continuing care arrangement, pursuant to paragraph 4(1)(b) of Schedule 1 to the General Dental Services Regulations 1992, on or after 1 January 2006, or
 - (ii) in relation to services under a pilot scheme, in accordance with the Secretary of State's Directions to Health Authorities Concerning the Implementation of Pilot Schemes (Personal Dental Services)(a), on or after 1 January 2006;
- (c) has not been provided with all the treatment listed on that form prior to 1 April 2006; and
- (d) receives part of the treatment listed on that form on or after 1 April 2006,

a charge in accordance with paragraph (3) may be made and recovered for that treatment.

(3) The charge which may be made and recovered from a person falling within paragraph (2) is the lower of the charges set out in sub-paragraphs (a) and (b)—

(a) These Directions were made in August 1998 and are available at www.dh.gov.uk.

Part A

PLEASE COMPLETE IN BLOCK CAPITALS

Patient's Details

Surname		Date of Birth	Day	Month	Year
Forename		Sex	Male	Female	
Address		Postcode			
Parent/Guardian's Surname (if this patient is under 16)		Initial		Title	

Part B

I wish any refund to be paid into the following bank account:

Name(s) of account holder(s)

Full name of bank, building society or other account provider

Sort code of the bank, building society or other account provider

Account number

If a building society account, the building society roll or reference number

Some building society accounts use a roll or reference number. The number is on the passbook. If you are not sure if the account has a roll or reference number, ask the building society. Incorrect bank account details will delay any refund you are entitled to.

Tick this box if you do not have an account Part C (Part C must be completed by the dentist)
Provider Name, Address and Location Number:

Part D

Day Month Year

Date appliance provided

Day	Month	Year
-----	-------	------

Date charge paid

Day	Month	Year
-----	-------	------

Charge paid

£

(A receipt must be enclosed)

Part E

Please describe the steps you took to take care of this appliance prior to it being lost or damaged beyond repair and how it was lost or damaged:

NHS GDS Regulations: FP170 Completion

Part 6 Box A: Regulation 11 replacement appliance

- Appliances lost or damaged beyond repair as a result of an act or omission by the patient
- Repairs or replacement appliances necessitated as a result of 'fair wear and tear' are free of charge to the patient during treatment and during supervised retention (normally a minimum of 12 months).

Liability of Practitioners for continuing care after completion of active treatment

BOS have already reported to all members that at a meeting with the Department of Health (DH) on 31st October it was agreed to have further discussions.

The DH have now agreed the following:

DH's Position on Completion of Active Orthodontic Treatment.

Setting an artificial time limit for supervised retention within the regulations risks causing unintended consequences. Under old GDS an orthodontist could claim for minimum 5 months supervised retention with an option to extend - at reduced fee- normally for not more than 4 months.

In most cases under the new regime a 12 month retention period would be about right for all but a very few exceptions.

Orthodontists should accept the differing requirements of individual patients, and an artificial time limit for supervised retention would interfere with this. Should a patient request extended retention on completion of retention this would appear to be more for cosmetic reasons than dental health. In these circumstances it is no longer "proper and necessary treatment" and therefore not within the terms of the NHS contract.

We have agreed with BOS a line to this effect and they will advise their members.

BOS Comment.

This ruling means that orthodontists have a continuing responsibility for patients for at least twelve months after completion of active treatment, including repairs to retainers.

If a patient wishes to continue retention indefinitely the orthodontist has the discretion to make a judgement about the clinical necessity for this. Where the need to extend retention is judged to no longer be "proper and necessary" it is not a part of the NHS contract.

Chris Kettler
Executive Secretary, BOS

14th January 2008



Principal Address and Registered Office: 12 Bridewell Place, London EC4V 6AP.

Telephone: 0207 353 8680 Fax: 0207 353 8682

Email: ann.wright@bos.org.uk website: www.bos.org.uk

BOS is a Company limited by Guarantee. Registered in England and Wales. Company Number 03695486

Liability of Practitioners for continuing care after completion of active treatment

BOS have already reported to all members that at a meeting with the Department of Health (DH) on 31st October it was agreed to have further discussions.

The DH have now agreed the following:

DH's Position on Completion of Active Orthodontic Treatment.

Setting an artificial time limit for supervised retention within the regulations risks causing unintended consequences. Under old GDS an orthodontist could claim for minimum 5 months supervised retention with an option to extend - at reduced fee- normally for not more than 4 months.

In most cases under the new regime a 12 month retention period would be about right for all but a very few exceptions.

Orthodontists should accept the differing requirements of individual patients, and an artificial time limit for supervised retention would interfere with this. Should a patient request extended retention on completion of retention this would appear to be more for cosmetic reasons than dental health. In these circumstances it is no longer "proper and necessary treatment" and therefore not within the terms of the NHS contract.

We have agreed with BOS a line to this effect and they will advise their members.

BOS Comment:

This ruling means that orthodontists have a continuing responsibility for patients for at least twelve months after completion of active treatment, including repairs to retainers.

If a patient wishes to continue retention indefinitely the orthodontist has the discretion to make a judgement about the clinical necessity for this. Where the need to extend retention is judged to no longer be "proper and necessary" it is not a part of the NHS contract.

Chris Kettler
Executive Secretary, BOS

14th January 2008



Principal Address and Registered Office: 12 Bridewell Place, London EC4V 6AP.

Telephone: 0207 353 8680 Fax: 0207 353 8682

Email: ann.wright@bos.org.uk website: www.bos.org.uk

BOS is a Company limited by Guarantee. Registered in England and Wales. Company Number 03695486

Important Information

Your treatment will not succeed without your full co-operation.

In particular:

- You must continue to visit your general dental practitioner regularly for routine dental care
- You must wear your appliances as instructed
- You must clean your teeth and appliances regularly and thoroughly
- You must avoid hard or sticky foods, sugary or fizzy drinks and snacks between meals
- You must keep your appointments for the appliances (braces) to be adjusted regularly

Broken or lost appliances	Contact the practice as soon as possible on the telephone number overleaf. A charge may be made to replace badly broken or lost appliances.
Retention	You must wear your retainers as directed otherwise your teeth will not remain straightened.
Private treatment	Orthodontic treatment may only be provided either wholly under NHS arrangements or wholly privately.
Emergency treatment	Whenever possible please contact us about urgent treatment during normal surgery hours. If an emergency arises out of hours, please telephone the Primary Care Trust for advice.

Further information:

Should you have any questions regarding your treatment please ask your orthodontist.

NHS GDS Regulations: Mixing of NHS and private services

The charging of private fees to supplement the appropriate NHS fee is not allowed.

(7) The summary referred to in sub-paragraph (6) shall be supplied to the patient on a form supplied for that purpose by the Primary Care Trust within 28 days of that request.

Completion of courses of treatment

8.—(1) The contractor shall indicate on the form supplied by the Primary Care Trust pursuant to paragraph 38 whether the course of treatment was completed, and if the course of treatment was not completed, provide the reason for the failure to complete the course of treatment.

(2) If the Primary Care Trust—

- (a) determines that the number of courses of treatment provided by the contractor which have not been completed is excessive; and
- (b) does not consider that the reasons given by the contractor for the failure to complete the courses of treatment are satisfactory,

it shall be entitled to exercise its powers under paragraph 59(2) on the grounds that the contractor is not, pursuant to paragraph 6(2), using its best endeavours to ensure courses of treatment are completed.

Referral to another contractor, a hospital or other relevant service provider for advanced mandatory, domiciliary or sedation services

9.—(1) Where a patient requires advanced mandatory services, domiciliary services or sedation services that are not provided under the contract by the contractor, it shall, if the patient agrees, refer that patient in accordance with sub-paragraph (2) for the provision of a referral service by an alternative contractor, a hospital or other relevant service provider under Part 1 of the Act.

(2) In referring a patient pursuant to sub-paragraph (1), the contractor shall provide—

- (a) to the patient being referred, a referral notice on a form supplied for that purpose by the Primary Care Trust which shall specify the services detailed on the treatment plan which will be carried out by the alternative contractor, hospital or other relevant service provider; and
- (b) to the alternative contractor, hospital or other relevant service provider, either at the time of referral or as soon as reasonably practicable thereafter—
 - (i) a copy of the treatment plan provided to the patient pursuant to paragraph 7;
 - (ii) a copy of the referral notice; and
 - (iii) a statement of the amount paid to it, or due to be paid to it, by the patient under the NHS Charges Regulations in respect of the course of treatment during which the referral is made.

(3) Where the patient notifies the contractor, whether verbally or in writing, that he does not wish to be referred to the alternative contractor, hospital or other relevant service provider selected by the contractor, the contractor shall, if requested to do so by the patient, use its best endeavours to refer the patient to another suitable contractor, hospital or other relevant service provider under Part 1 of the Act for the provision of the referral service.

Mixing of services provided under the contract with private services

10.—(1) Subject to sub-paragraph (2) and the requirements in paragraphs 2 (referral services) and 6 (orthodontic treatment plans) of Schedule 1 and paragraph 7(1)(g) of this Schedule, a contractor may, with the consent of the patient, provide privately any part of a course of treatment or orthodontic course of treatment for that patient, including in circumstances where that patient has been referred to the contractor for a referral service.

(2) A contractor may—

- (a) not provide privately or under the contract treatment that involves the administration of general anaesthesia or the provision of sedation; and
- (b) in the case of an orthodontic course of treatment provide—
 - (i) the case assessment wholly privately or wholly under the contract; and
 - (ii) the orthodontic treatment wholly privately or wholly under the contract.

Important Information

Your treatment will not succeed without your full co-operation.

In particular:

- You must continue to visit your general dental practitioner regularly for routine dental care
- You must wear your appliances as instructed
- You must clean your teeth and appliances regularly and thoroughly
- You must avoid hard or sticky foods, sugary or fizzy drinks and snacks between meals
- You must keep your appointments for the appliances (braces) to be adjusted regularly

Broken or lost appliances

Contact the practice as soon as possible on the telephone number overleaf. A charge may be made to replace badly broken or lost appliances.

Retention

You must wear your retainers as directed otherwise your teeth will not remain straightened.

Private treatment

Orthodontic treatment may only be provided either wholly under NHS arrangements or wholly privately.

Emergency treatment

Whenever possible please contact us about urgent treatment during normal surgery hours. If an emergency arises out of hours, please telephone the Primary Care Trust for advice.

Further information:

Should you have any questions regarding your treatment please ask your orthodontist.

Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

Q00 - Vital Signs Orthodontic At a Glance Contract Report for 1111111/0001 - December 2016

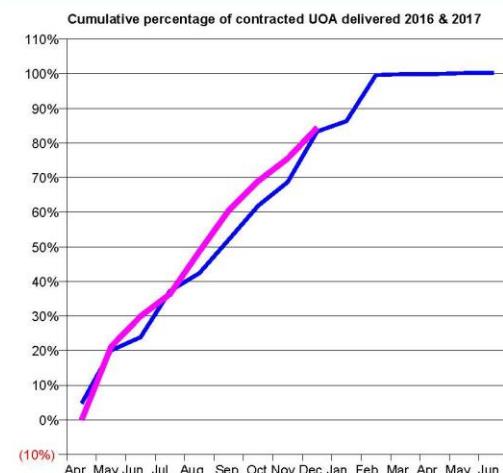
Name or company name	A Company Limited
Contract type name	PDS Contract
Purpose of contract	Orthodontic
Contract start date	21/10/2010
Contract end date	31/03/2019

16/17 Contracted general activity (UDA)	0
Carry forward general activity (UDA)	0
16/17 Contracted orthodontic activity (UOA)	7,500
Carry forward orthodontic activity (UOA)	0
Baseline contract value	£420,410.26

ACCESS

	Contract	AT	England and Wales
24 month ratio of assessments to patient IDs	1.14	1.10	1.10

ACTIVITY



Adjusted Scheduled Activity (UOA)		
Month	2016	2017
April	362	0
May	1,506	1,589
June	1,791	2,245
July	2,792	2,728
August	3,181	3,650
September	3,906	4,538
October	4,640	5,173
November	5,152	5,661
December	6,247	6,330
January	6,474	
February	7,470	
March	7,491	
April	7,491	
May	7,514	
June	7,514	

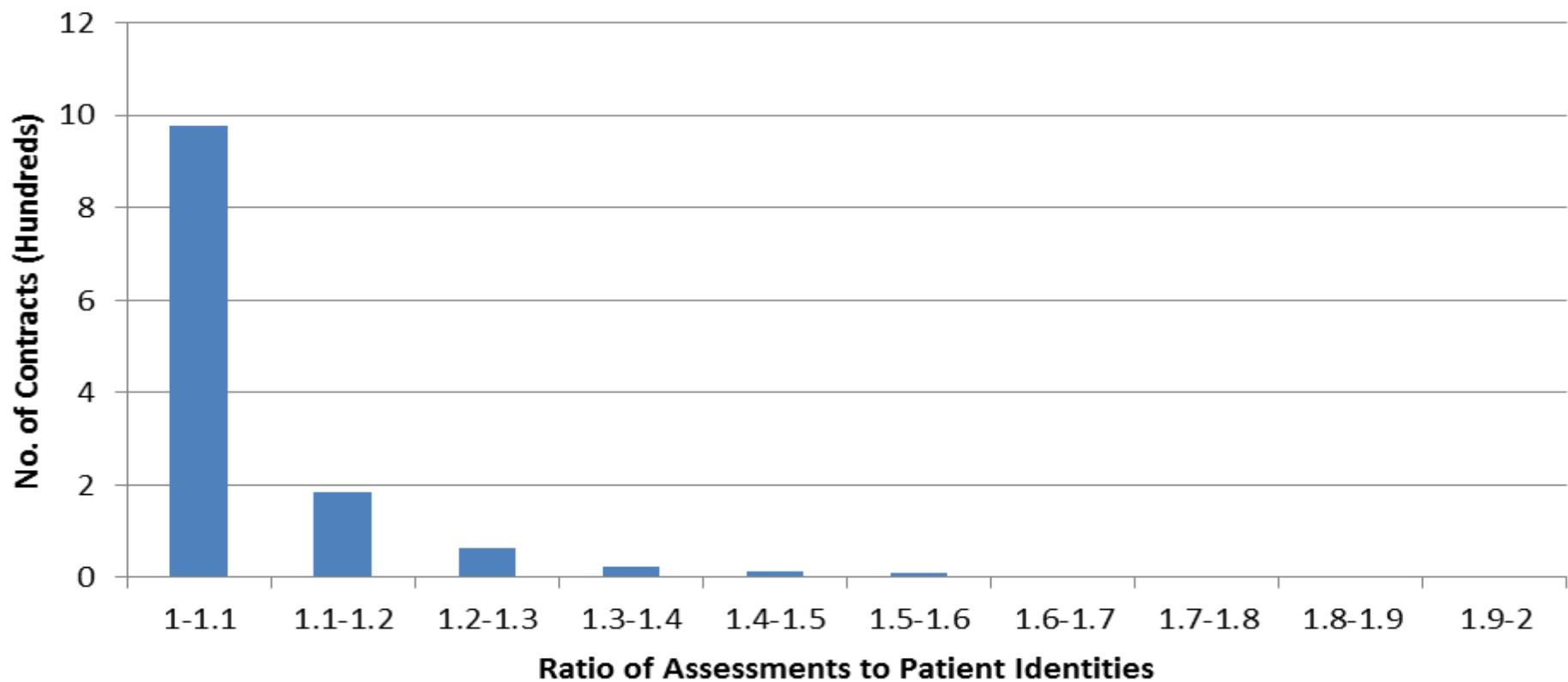
QUALITY

	Contract Quantity	Contract Base Number	Contract *	AT *	Region	England
% of all assessments that were assess and fit appliances (rolling 12 month period)	367	517	71.0%	55.6%	55.7%	55.6%
% of all assessments that were assess and refuse (rolling 12 month period)	20	517	3.9%	11.8%	12.5%	12.0%
% of all assessments that were assess and review (rolling 12 month period)	130	517	25.1%	32.6%	31.8%	32.3%
% of terminated courses where treatment was abandoned or discontinued (rolling 12 month period)	18	354	5.1%	7.7%	7.8%	7.4%
% of completed treatments indicating that PAR score was taken (year to date)	219	277	79.1%	40.5%	56.1%	57.9%
Rate of removable appliances per 100 fixed appliances - proposed treatment (rolling 12 month period)	26	699	3.72	4.49	5.50	5.66
Rate of removable appliances per 100 fixed appliances - completed treatment (rolling 12 month period)	11	646	1.70	3.84	4.51	4.88
% of courses of treatment with removable appliances only - proposed treatment (rolling 12 month period)	13	367	3.5%	1.9%	1.6%	2.0%
% of courses of treatment with removable appliances only - completed treatment (rolling 12 month period)	7	336	2.1%	1.5%	1.1%	1.5%
% of patients satisfied with the treatment they have received (rolling 12 month period)	8	8	100.0%	97.5%	96.6%	95.7%

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

Ratio of Assessments to Patient Identities (Contract level)

24 Month Ratio of Assessments to Patient Identities



Ortho Vital Signs June 2017

% of all assessments that were assess and fit appliances (rolling 12 month period) 57.1

% of all assessments that were assess and refuse (rolling 12 month period) 11.5

% of all assessments that were assess and review (rolling 12 month period) 31.4

% of terminated courses where treatment was abandoned or discontinued (rolling 12 month period) 7.9

Ortho Vital Signs June 2017

% of completed treatments indicating that PAR score 63.3
was taken (year to date)

Rate of removable appliances per 100 fixed 5.54
appliances – proposed treatment (rolling 12 month
period)

Rate of removable appliances per 100 fixed 4.76
appliances – completed treatment (rolling 12 month
period)

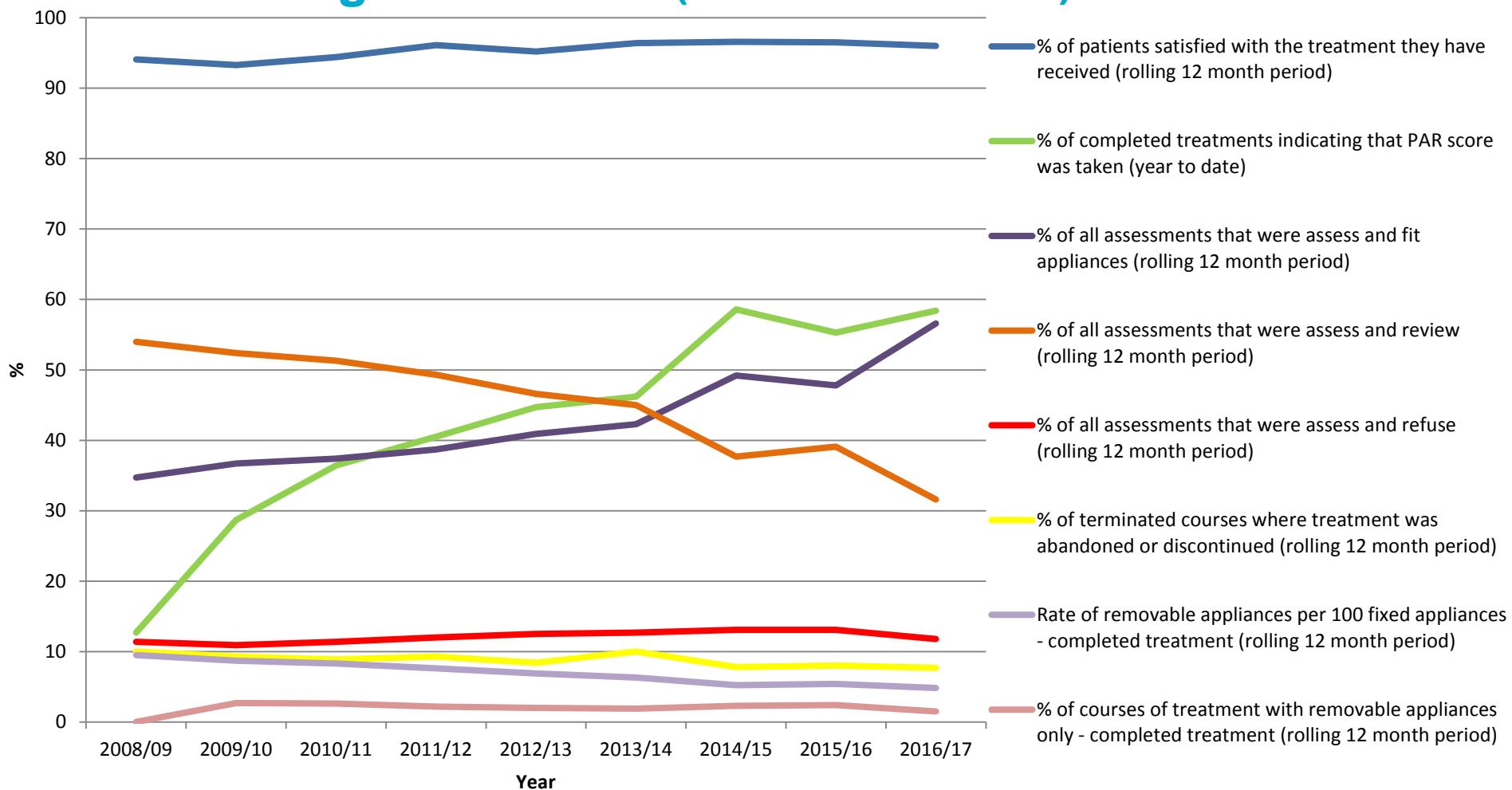
Ortho Vital Signs June 2017

% of courses of treatment with removable appliances 1.9
only – proposed treatment (rolling 12 month period)

% of courses of treatment with removable appliances 1.5
only – completed treatment (rolling 12 month period)

% of patients satisfied with the treatment they have 96.1
received (rolling 12 month period)

Ortho Vital Signs Year End (2008/09 to 2016/17)



Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

Background

- Purpose : To support a more standardised approach to contract performance management
- Not intended to supplant other commissioning guidance nor the role of routine contracting processes
- Multi-agency group involved in scoping of the framework
- A series of indicators chosen covering four categories: Delivery, Assessment, Treatment and Outcomes
- Designed as “Tier 1” analysis i.e. overarching and general in nature

DAF Orthodontic Reports

- Reports available quarterly to Area Teams
- Contracts shown as “flags for attention” ...further assessment needed i.e. report is designed as a starting point
- Size element used to avoid highlighting smaller contracts simply because of their size
- Planned for providers to be able to see their results via the Dental Portal / ‘Compass’
- ‘Drill-down’ data available to commissioners, investigating factors that relate to a contract’s performance

DAF Ortho Report Indicators

Delivery:

- % of Contracted UOA Delivered (Year to Date)

Assessment:

- % of assessments that are Assess and fit appliance
- % of assessments that are Assess and refuse
- % of assessments that are Assess and review
- % of assessments and review 9 years old or under

DAF Ortho Report Indicators

Treatment:

- Ratio of reported concluded to assess and fit
- % of concluded reported as using removable appliances only

Outcomes:

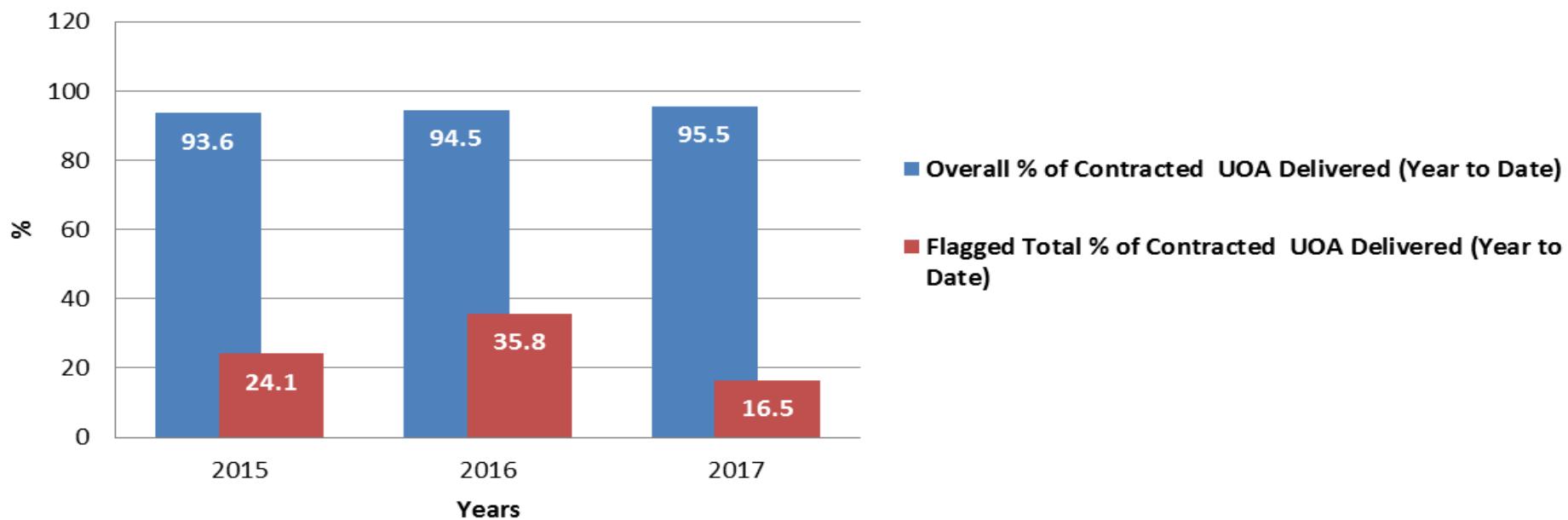
- Ratio of UOAs per reported completed case
- % of contracts meeting their expected reporting of PAR scores
- % of concluded cases where treatment is reported as abandoned or discontinued

Orthodontic DAF England March 2017

Delivery	2015 %	2016 %	2017 %
Overall % of Contracted UOA Delivered (Year to Date)	93.6	94.5	95.5

UOA Delivered

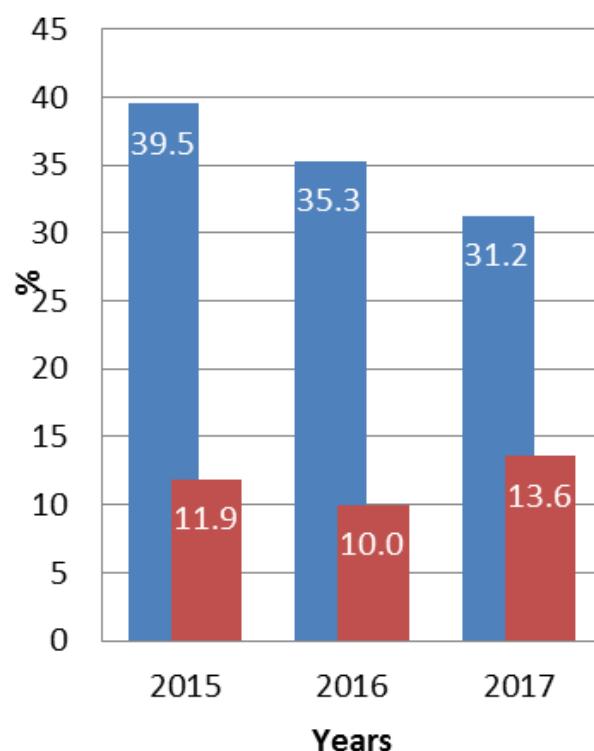
Flagged Total % of Contracted UOA Delivered (Year to Date)	24.1	35.8	16.5
--	------	------	------



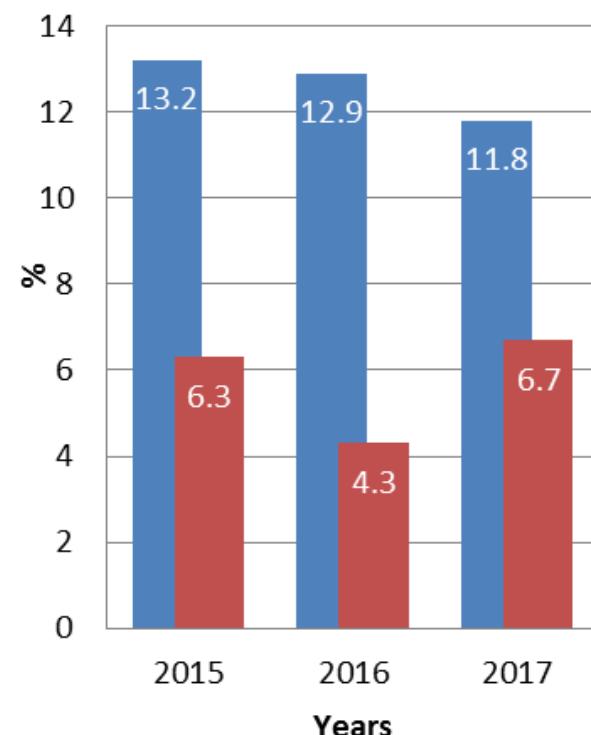
Orthodontic DAF England March 2017



- Overall % of assessments that are Assess and fit appliance
- Flagged Total % of Contracted UOA Delivered (Year to Date)



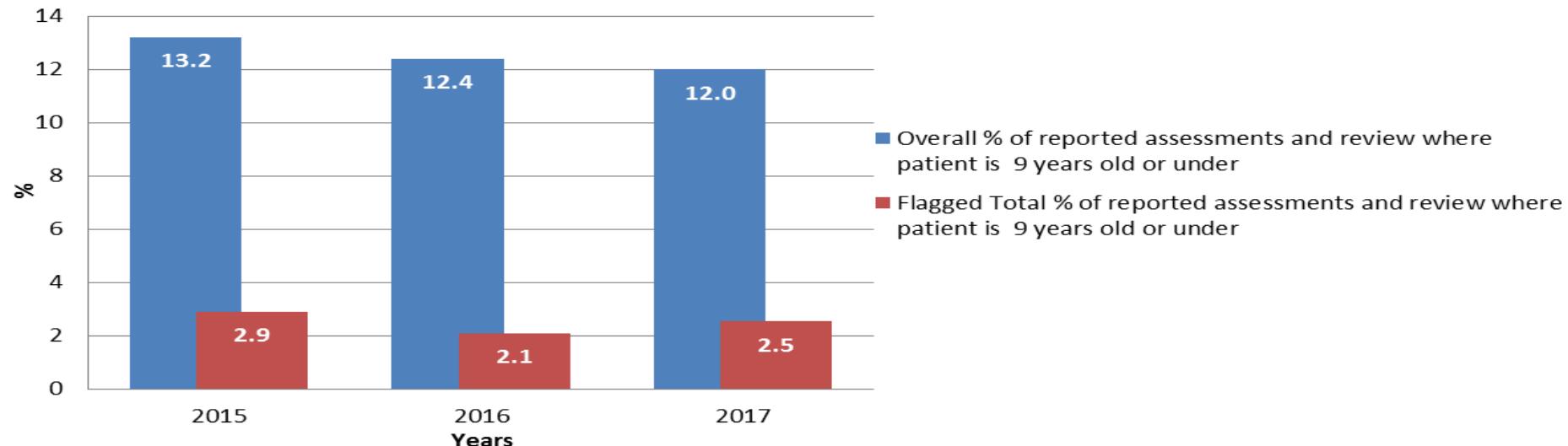
- Overall % of assessments that are Assess and review
- Flagged Total % of assessments that are Assess and review



- Overall % of assessments that are Assess and refuse
- Flagged Total % of assessments that are Assess and refuse

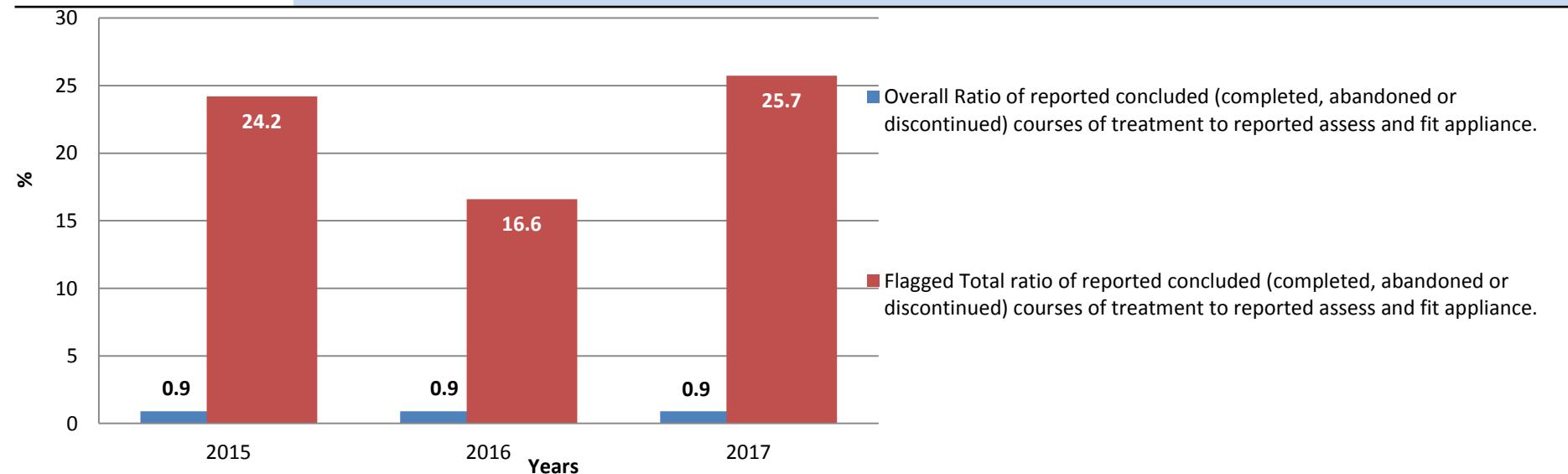
Orthodontic DAF England March 2017

Assessment	2015 %	2016 %	2017 %
Overall % of reported assessments and review where patient is 9 years old or under	13.2	12.4	12.0
Flagged Total % of reported assessments and review where patient is 9 years old or under	2.9	2.1	2.5



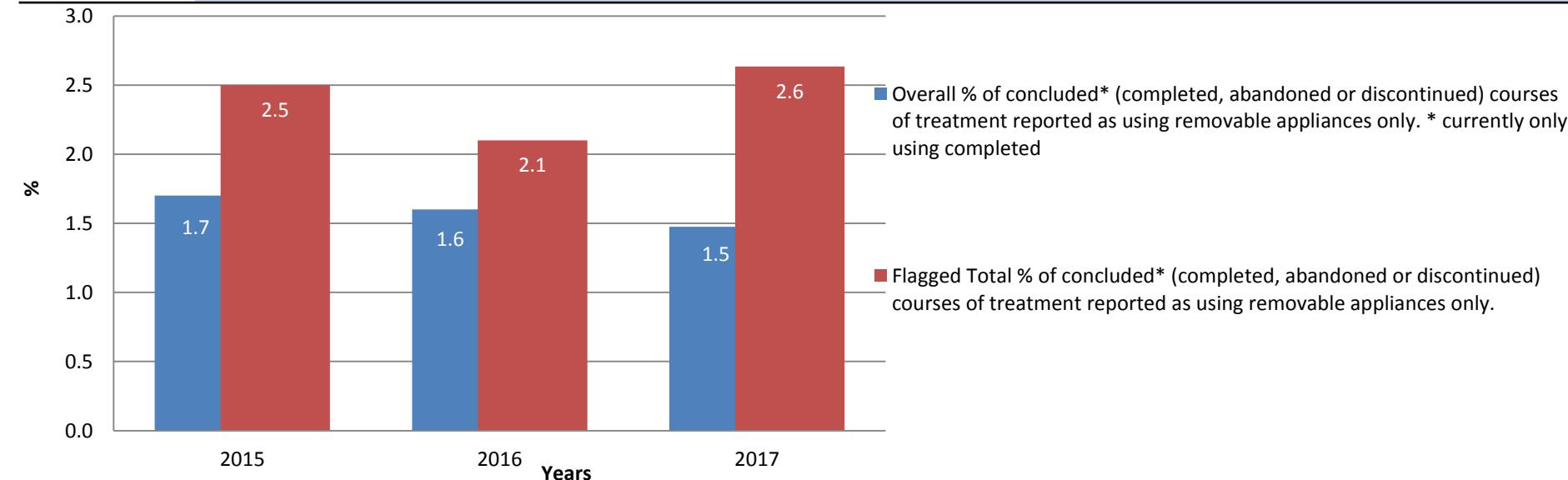
Orthodontic DAF England March 2017

Treatment	2015	2016	2017
Cases reported complete as a function assess and fit appliance	0.9	0.9	0.9
Flagged Total ratio of reported concluded (completed, abandoned or discontinued) courses of treatment to reported assess and fit appliance.	24.2	16.6	25.7



Orthodontic DAF England March 2017

Treatment	2015 %	2016 %	2017 %
Overall % of concluded* (completed, abandoned or discontinued) courses of treatment reported as using removable appliances only. * currently only using completed	1.7	1.6	1.5
Flagged Total % of concluded* (completed, abandoned or discontinued) courses of treatment reported as using removable appliances only. * currently only using completed	2.5	2.1	2.6



Orthodontic DAF England March 2017

Outcomes	2015 %	2016 %	2017 %	
UOAs reported per completed case	Overall ratio of the number of UOAs reported per reported <u>completed</u> case (not including abandoned or discontinued cases)	26.3	27.0	26.0
	Flagged Total ratio of the number of UOAs reported per reported <u>completed</u> case (not including abandoned or discontinued cases)	11.5	9.1	12.0

30

25

20

15

10

5

0

%

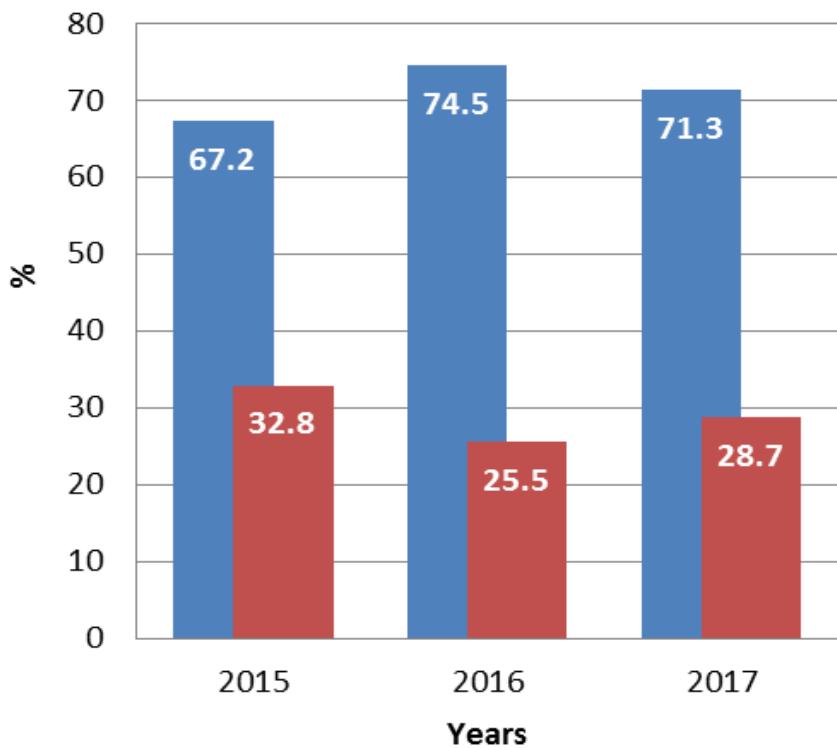
2015 2016 2017

Years

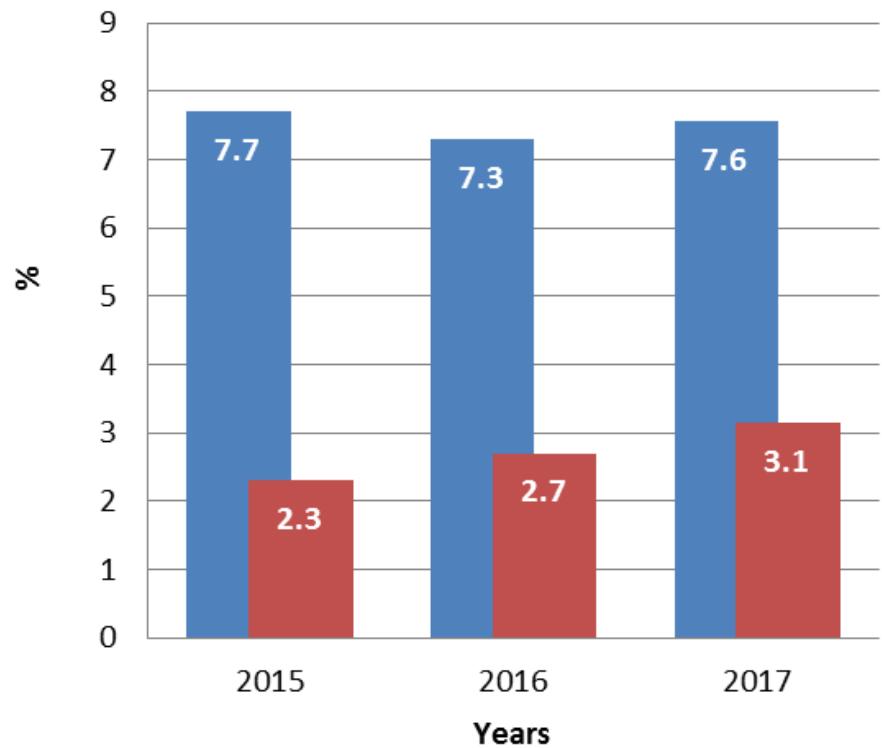
Overall Ratio of the number of UOAs reported per reported completed case (not including abandoned or discontinued cases)

Flagged Total ratio of the number of UOAs reported per reported completed case (not including abandoned or discontinued cases)

Orthodontic DAF England March 2017



- Overall % of contracts meeting their expected reporting of PAR scores
- Flagged Total % of contracts not meeting their expected reporting of PAR scores



- Overall % of concluded (completed, abandoned or discontinued) courses of treatment where treatment is reported as abandoned or discontinued
- Flagged Total % of concluded (completed, abandoned or discontinued) courses of treatment where treatment is reported as abandoned or discontinued

Orthodontic Contract Monitoring

- Data Collection (FP17O / Patient Questionnaires)
- NHS GDS Regulations and FP17O completion
- Vital Signs Reports
- Dental Assurance Framework Reports
- Clinical Monitoring and Reporting

Clinical Monitoring and Reporting

- Five **completed** cases per Performer chosen by the NHSBSA
- 450 Performers per annum
- 3-year rolling programme

Clinical Monitoring and Reporting

- Full records requested including pre- and post-treatment study models, radiographs and **intra-oral photographs** and the FP17DCO form
- Since 1st January 2014 providers have been requested to submit **3D digital study models** rather than plaster duplicates
- Details are included in the request letter and available on the NHSBSA website

Private and
confidential

Name

Address 1

Dental Services

NHS Dental Services

Our records show that the patients listed overleaf were treated by you (or one of your performers).

As part of our routine monitoring procedures we would be grateful if you could forward to us the following clinical information for each of these patients within 28 days of receiving this letter:

- The enclosed Orthodontic Case Assessment (OCA) form (please ensure that all sections of this form are fully completed for each patient)
- All relevant radiographs (in digital format or good quality scans of radiographic films)
- Copies of intra-oral photographs (where available)
- FP17 DCO form (clear copies only)
- Laboratory dockets (clear copies only)
- 3D digital study models* of the pre-and post-treatment dentition and occlusion for each of the five selected cases. *Please note that we are no longer able to accept plaster study models. Further information on the requirements for 3D digital study models and how to obtain these images from plaster originals is available from: www.nhsbsa.nhs.uk/DentalServices/4445.aspx

Please do not send any other patient records (such as plaster models, FP25s, medical history questionnaires or extra-oral photographs).

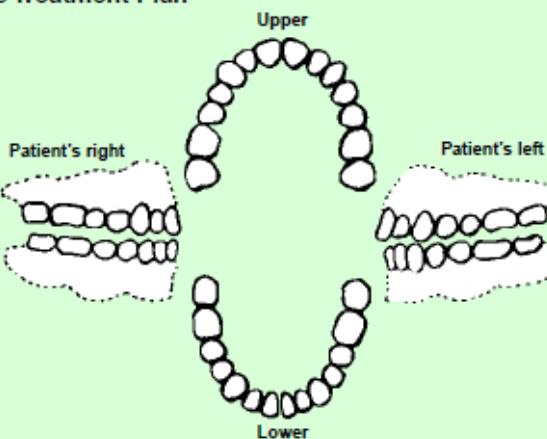
WE ARE UNABLE TO RETURN ANY ITEMS SO PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

Should you have any queries please call our helpdesk on 0300 330 1348. Calls are monitored.

We would like to thank you in advance for your assistance.

Clinical Monitoring and Reporting

- Full records requested including pre- and post-treatment study models, radiographs and intra-oral photographs and the **FP17DCO form**
- Since 1st January 2014 providers have been requested to submit 3D digital study models rather than plaster duplicates
- Details are included in the request letter and available on the NHSBSA website

Practitioner's details		Patient's details	
		Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Forename <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Date of acceptance <input type="text"/> <input type="text"/> DD MM YY	
This is to confirm that the named practitioner is willing to accept the above named patient for orthodontic treatment.			
Telephone No. <input type="text"/>			
NHS Treatment Plan			
The following treatment is proposed: Correction of the prominence of the anterior (front) teeth Alignment of teeth Correction of occlusal or bite problems Closure of spacing Correction of impacted teeth (see diagram) Permanent teeth to be removed (see diagram) Other objectives (please specify below)		 Treatment appliances ("braces") to be used: Upper removable <input type="checkbox"/> Lower removable <input type="checkbox"/> Upper fixed <input type="checkbox"/> Lower fixed <input type="checkbox"/> Headgear <input type="checkbox"/> Other appliances <input type="checkbox"/> Estimated treatment time (months) <input type="text"/> Retention appliances ("retainers") to be used: Upper removable <input type="checkbox"/> Lower removable <input type="checkbox"/> Upper fixed <input type="checkbox"/> Lower fixed <input type="checkbox"/> Estimated time: Up to 12 months <input type="checkbox"/> Long-term <input type="checkbox"/> Permanent <input type="checkbox"/> Additional Information Including details of any limited treatment objectives:	
Please ask your orthodontist if you have any questions about your treatment			
NHS Charges (Patients aged 18 years and over at the start of treatment only): Charge band for NHS treatment 1 2 3 Charge for your dental treatment £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Private Treatment Charges: Charge for any proposed private treatment as an alternative to treatment detailed above £ <input type="text"/>		I understand the nature of the proposed private treatment services and accept those services and the associated charges as detailed <input type="checkbox"/> I am the patient <input checked="" type="checkbox"/> I am the patient's parent / guardian Signature <input type="text"/>	
Should it become necessary to alter this treatment plan, you will be advised of any changes and any amendment to the cost.			

Important Information

Your treatment will not succeed without your full co-operation.

In particular:

- You must continue to visit your general dental practitioner regularly for routine dental care
- You must wear your appliances as instructed
- You must clean your teeth and appliances regularly and thoroughly
- You must avoid hard or sticky foods, sugary or fizzy drinks and snacks between meals
- You must keep your appointments for the appliances (braces) to be adjusted regularly

Broken or lost appliances	Contact the practice as soon as possible on the telephone number overleaf. A charge may be made to replace badly broken or lost appliances.
Retention	You must wear your retainers as directed otherwise your teeth will not remain straightened.
Private treatment	Orthodontic treatment may only be provided either wholly under NHS arrangements or wholly privately.
Emergency treatment	Whenever possible please contact us about urgent treatment during normal surgery hours. If an emergency arises out of hours, please telephone the Primary Care Trust for advice.

Further information:

Should you have any questions regarding your treatment please ask your orthodontist.

- (a) it provides a repair to an orthodontic appliance of a person; and
- (b) the orthodontic course of treatment in which that orthodontic appliance was provided is being provided by another contractor, hospital or relevant service provider under Part 1 of the Act.

(3) The contractor shall use its best endeavours to ensure that an orthodontic course of treatment is completed within a reasonable time from the date on which the orthodontic treatment plan was written in accordance with paragraph 6(1).

(4) If an orthodontic course of treatment is—

- (a) terminated before it has been completed; or
- (b) otherwise not completed within a reasonable time,

any further orthodontic services to be provided to that patient under the contract must be provided as a new orthodontic course of treatment.

(5) An orthodontic course of treatment may only be terminated by—

- (a) the contractor where—
 - (i) the circumstances referred to in paragraph 3(1) of Schedule 3 (violent patients) occur and notice that it will no longer provide services has been given to the Primary Care Trust;
 - (ii) the patient has refused to pay a charge in the circumstances referred to in paragraph 4 of Schedule 3 (refusal to pay NHS Charges during treatment); or
 - (iii) in the reasonable opinion of the contractor, there has been an irrevocable breakdown in the relationship between the patient and the contractor and, notice of such a breakdown has been given to the patient and the Primary Care Trust;
- (b) the patient; or
- (c) a person specified in paragraph 1(2) of Schedule 3 acting on the patient's behalf.

Orthodontic treatment plans

6.—(1) Where the contractor has, following a case assessment, determined that orthodontic treatment should be provided to a patient, it shall, at the time of that case assessment, ensure that the patient is provided with an orthodontic treatment plan on a form supplied for that purpose by the Primary Care Trust which shall specify—

- (a) the name of the patient;
- (b) the name of the contractor;
- (c) particulars of the places where the patient will receive orthodontic treatment;
- (d) the telephone number at which the contractor may be contacted during normal surgery hours;
- (e) details of the orthodontic treatment which is, at the date of the examination, considered necessary to secure the oral health of the patient;
- (f) the NHS charge, if any, in respect of those services if provided pursuant to the contract; and
- (g) subject to paragraph 10 of Schedule 3 (mixing of services provided under the contract with private services), any proposals the contractor may have for private services as an alternative to the services proposed under the contract, including particulars of the cost to the patient if he were to accept the provision of private services.

(2) If the patient, having considered the treatment plan provided pursuant to sub-paragraph (1), decides to accept the provision of private services in place of orthodontic services under the contract, the contractor shall ensure that the patient signs the treatment plan in the appropriate place to indicate that he has understood the nature of private services to be provided and his acceptance of those private services.

(3) Where, for clinical reasons, the services included in the orthodontic treatment plan under sub-paragraph (1) need to be varied, the contractor shall provide the patient with a revised orthodontic treatment plan in accordance with that sub-paragraph.

(4) Subject to paragraphs 5(4) and (5), the contractor shall provide the orthodontic services which are detailed in the orthodontic treatment plan provided pursuant to sub-paragraph (1) or, where the orthodontic treatment plan is revised, pursuant to the revised orthodontic treatment plan.

- (a) it provides a repair to an orthodontic appliance of a person; and
- (b) the orthodontic course of treatment in which that orthodontic appliance was provided is being provided by another contractor, hospital or relevant service provider under Part 1 of the Act.

(3) The contractor shall use its best endeavours to ensure that an orthodontic course of treatment is completed within a reasonable time from the date on which the orthodontic treatment plan was written in accordance with paragraph 6(1).

(4) If an orthodontic course of treatment is—

- (a) terminated before it has been completed; or
- (b) otherwise not completed within a reasonable time,

any further orthodontic services to be provided to that patient under the contract must be provided as a new orthodontic course of treatment.

(5) An orthodontic course of treatment may only be terminated by—

- (a) the contractor where—
 - (i) the circumstances referred to in paragraph 3(1) of Schedule 3 (violent patients) occur and notice that it will no longer provide services has been given to the Primary Care Trust;
 - (ii) the patient has refused to pay a charge in the circumstances referred to in paragraph 4 of Schedule 3 (refusal to pay NHS Charges during treatment); or
 - (iii) in the reasonable opinion of the contractor there has been an irrevocable breakdown in the

Orthodontic treatment plans

6.—(1) Where the contractor has, following a case assessment, determined that orthodontic treatment should be provided to a patient, it shall, at the time of that case assessment, ensure that the patient is provided with an orthodontic treatment plan on a form supplied for that purpose by the Primary Care Trust which shall specify—

- (a) the name of the patient;
- (b) the name of the contractor;
- (c) particulars of the places where the patient will receive orthodontic treatment;
- (d) the telephone number at which the contractor may be contacted during normal surgery hours;
- (e) details of the orthodontic treatment which is, at the date of the examination, considered necessary to secure the oral health of the patient;
- (f) the NHS charge, if any, in respect of those services if provided pursuant to the contract; and
- (g) subject to paragraph 10 of Schedule 3 (mixing of services provided under the contract with private services), any proposals the contractor may have for private services as an alternative to the services proposed under the contract, including particulars of the cost to the patient if he were to accept the provision of private services.

(2) If the patient, having considered the treatment plan provided pursuant to sub-paragraph (1), decides to accept the provision of private services in place of orthodontic services under the contract, the contractor shall ensure that the patient signs the treatment plan in the appropriate place to indicate that he has understood the nature of private services to be provided and his acceptance of those private services.

(3) Where, for clinical reasons, the services included in the orthodontic treatment plan under sub-paragraph (1) need to be varied, the contractor shall provide the patient with a revised orthodontic treatment plan in accordance with that sub-paragraph.

(4) Subject to paragraphs 5(4) and (5), the contractor shall provide the orthodontic services which are detailed in the orthodontic treatment plan provided pursuant to sub-paragraph (1) or, where the orthodontic treatment plan is revised, pursuant to the revised orthodontic treatment plan.

Clinical Monitoring and Reporting

- Performers are requested to complete an Orthodontic Case Assessment pro-forma (rather than forwarding actual written patient records)

Orthodontic Case Assessment
PLEASE COMPLETE ALL SECTIONS IN BLACK INK

Performer Name: Performer Number:

Provider Name, Address and Location Number
OCA0510 **NHS**

Patient's Details (In CAPITALS)

First name: Surname:

Age of patient at start of treatment:

Pre-treatment IOTN score: DHC grade (1 to 5) DHC qualifier (a to x) AC grade (1 to 10)

Assessment

Extra-oral

Skeletal classification: Class I Class II Class III
FM angle: High Average Low

Transverse asymmetry? Yes No TMJ symptoms / click? Yes No

Ups: Competent? Yes No Digit sucking habit? Yes No

Intra-oral

Teeth present: _____ / _____ Teeth absent: _____ / _____

Oral hygiene: Good Average Poor Erosion / decalcification evident? Yes No
Caries evident: _____ / _____ Teeth of doubtful prognosis: _____ / _____

Occlusion

Incisor relationship: Class I Class II/1 Class II/2 Class III
Overjet mm Edge to edge Reverse mm
Overbite Increased Average Decreased Complete Incomplete Anterior open bite (mm)
Centre lines _____ / _____ (show shift by arrows) Anterior cross-bites: _____ / _____

Buccal occlusion: Right: Class I Class II: 1/4 unit 1/2 unit 3/4 unit full unit Class III
Left: Class I Class II: 1/4 unit 1/2 unit 3/4 unit full unit Class III
Posterior cross-bites: _____ / _____ Associated mandibular displacement (mm): Right Left Anterior

Radiographs:

Number obtained: Panoramic Lateral cephalometric Intra-oral
Teeth absent: _____ / _____ Pathology evident: Yes No Details
Cephalometric analysis: SNA* SNB* MMPA* UI-MxP* LI-MdP* LI-APc mm

TreatmentWas an FP17 DCO given to the patient? Yes (please attach a copy) No

Aims of Treatment: (Please tick the appropriate boxes)

Relief of crowding Maxillary arch-expansion Alignment Levelling Arch-co-ordination Space closure Correction of Incisor relationship Correction of buccal segment occlusion: antero-posteriorly laterally

Extractions: _____ / _____

Appliances Provided:

Type of appliance	Date fitted	Date withdrawn / removed
Upper removable appliance		
Lower removable appliance		
Functional appliance		
Upper fixed appliance		
Lower fixed appliance		
Fixed expansion device		
Intra-oral anchorage		
Extra-oral anchorage		
Inter-maxillary elastics		

Retainers provided:Upper: Fixed/bonded Removable acrylic Pressure Formed Lower: Fixed/bonded Removable acrylic Pressure Formed **Retention regime (months):**Full time Part-time Night-time Duration of supervised retention **Advice given on discharge:**Are you satisfied with the result? Yes No

If 'No' why not?

Any other relevant information you wish to be taken into consideration?

Performer's signature..... Date/...../.....

Clinical Monitoring and Reporting Summary Report

Three categories:

- Clinical Records (FP17 DCO, OCA form, Radiographs, Photographs, Study Models)
- Treatment Need (IOTN) / Accuracy of IOTN Scoring
- Standard of Treatment

Clinical Monitoring and Reporting Summary Report

Traffic Light System



Red: Unsatisfactory

Amber: Acceptable but reservations expressed

Green: Good – satisfying all criteria

Clinical Monitoring and Reporting: Summary Report for ATs/LHBs

Red: Issues requiring further investigation



**Amber: Issues for discussion at next
scheduled contract review**

Green: No cause for concern

Clinical Monitoring and Reporting

- Written summary sent to the Provider (Contract holder)
- Observations requested within 14 days
- Report plus observations forwarded to PCO (AT/LHB)

Clinical Monitoring and Reporting

- Should concerns arise closer scrutiny could be arranged using a larger sample or (rarely) a practice visit

Provider Report: Covering Letter

Dear

Dental Reference Service Clinical Monitoring & Reporting

Contract No.

Thank you for forwarding the treatment information we recently requested. The records have been examined by one of our Orthodontic Advisers who has produced a report which is shown overleaf for your information.

The report uses a traffic light system for grading six elements of treatment as follows:

Red indicates an unacceptable standard requiring further investigation.

Amber indicates a generally acceptable standard but where reservations were expressed.

Green indicates a good standard satisfying all relevant criteria.

The advice to Area Teams / Regions is that a red grade indicates an issue requiring immediate discussion with the contractor whilst an amber grade indicates an issue worthy of discussion at the next scheduled contract review.

Should you have any queries or comments relating to the content of the report please send them by email to nhsbsa.dsorthoadmin@nhs.net within 14 days. Please remember to include your report reference number and contract number. Any observations received will be forwarded to your Area Team / Region.

Yours sincerely

Commissioning Body Report: Covering Letter

Dear Primary Care Commissioning Manager (Dental)

Dental Reference Service Clinical Monitoring & Reporting

Contract No.123456/0001/0001

Please find overleaf a report relating to the above performer following a recent inspection of clinical records for 5 completed cases. A copy has been sent to the provider. If we receive any observations on this report from the provider a copy will be forwarded to you. The report was produced by one of our Orthodontic Advisers using the information available at the time.

I would therefore ask you to consider the contents of the report carefully in the light of the additional information that the provider may provide.

The report uses a traffic light system for grading six elements of treatment as follows :

Red: Unacceptable, requiring further investigation

Amber: Acceptable, but where reservations were expressed

Green: Good, satisfying all relevant criteria

The advice to Primary Care Organisations is that the report should be acted upon as follows:

Red : Issues requiring urgent discussion with the contractor

Amber : Issues for discussion at the next scheduled contract review

Green : No cause for concern

I hope that you find this information useful.

Please do not hesitate to contact me should you wish to discuss the situation further.

Yours sincerely

Dental Services

Performer :	A BRACKET	Our ref :	VIS123456
Performer No :	123456	Assessor :	A N ADVISER
Provider :	STRAITNUM ORTHODONTICS LTD.	Date :	06/01/2017
Contract No :	123456/0001/0001	No. Cases Assessed :	5

Clinical Records: Radiographs



Comments : All five patients had the benefit of a pre-treatment radiographic examination comprising a dental panoramic radiograph. The quality of the radiographic images was of a consistently satisfactory standard.

Clinical Records: Study Models



Treatment Need (IOTN)



Comments : All five patients were eligible for NHS-funded orthodontic treatment as assessed by the Index of Orthodontic Treatment Need.

Accuracy of IOTN Scoring



Diagnosis and Treatment Planning



Standard of Treatment

NOTE :



Indicates unacceptable, requiring further investigation



Indicates acceptable, but where reservations were expressed



Green indicates good, satisfying all relevant criteria

VIS105728

Page 2 of 2



INVESTOR IN PEOPLE

Calls may be monitored

Supporting the NHS, supplying the NHS, protecting the NHS

NHS Dental Services is a service provided by the NHS Business Services Authority

Proposed frequency of orthodontic clinical monitoring for each Performer

Category	Description	Expected interval (months)
Red risk:	Red grade awarded for Diagnosis and Treatment Planning or Standard of Treatment.	12
Amber risk:	Amber grade awarded for Diagnosis and Treatment Planning or Standard of Treatment category or a red grade awarded for one of the other four categories.	24
Green risk:	All green grades or green grades awarded for Diagnosis/Treatment Planning/Standard of Treatment with no red grades for the other four categories.	36

Clinical Monitoring and Reporting: Standards expected?

Three categories:

- Clinical Records (FP17 DCO, OCA form, Radiographs, Photographs, Study Models)
- Treatment Need (IOTN) / Accuracy of IOTN Scoring
- Standard of Treatment

Good quality pre-treatment records



ORTHODONTIC RADIOGRAPHS

GUIDELINES

FOURTH
EDITION

K.G. ISAACSON
A.R. THOM
N.E. ATACK
K. HORNER
AND
E. WHAITES

BRITISH
ORTHODONTIC
SOCIETY



Radiographs: Current Best Practice

- **Where pre-orthodontic radiographs are required or prescribed, current best practice is considered to be the use of digital dental panoramic radiographs supplemented, where necessary, with a lateral cephalometric radiograph and/or appropriate intra-oral views (Ref. FGDP(UK) Selection Criteria for Radiographs 2013 and BOS Orthodontic Radiographs Guidelines, Third Edition 2008 and Fourth Edition 2015).**

Absence of Radiographs: Standard Phrases

- The current radiographic guidelines are open to interpretation. However the unanimous view of the NHSDS Orthodontic Advisers is that appropriate pre-treatment radiographs should be obtained where significant tooth movement is proposed particularly where extractions are prescribed (Ref. British Orthodontic Society Orthodontic Radiographs Guidelines, Third Edition 2008 and Fourth Edition 2015).
- It is considered best practice for the clinician responsible for treatment to have access to any relevant radiographs (or copies) prior to, during and after treatment. It is also a requirement of the NHS regulations for all relevant records (or copies) to be made available on request.

Unnecessary Radiographs: Standard Phrases

- The act of obtaining { x radiograph} for this patient / these patients would appear to be contrary to the IR(ME)R 2000 regulations and the current radiography guidelines which state that such radiographs are only justified in order to provide information not otherwise available but necessary to deliver safe and effective treatment.(Ref. FGDP(UK) Selection Criteria for Radiographs 2013 and BOS Orthodontic Radiographs Guidelines, Third Edition 2008 and Fourth Edition 2015).

Clinical Monitoring and Reporting: Standards expected?

Three categories:

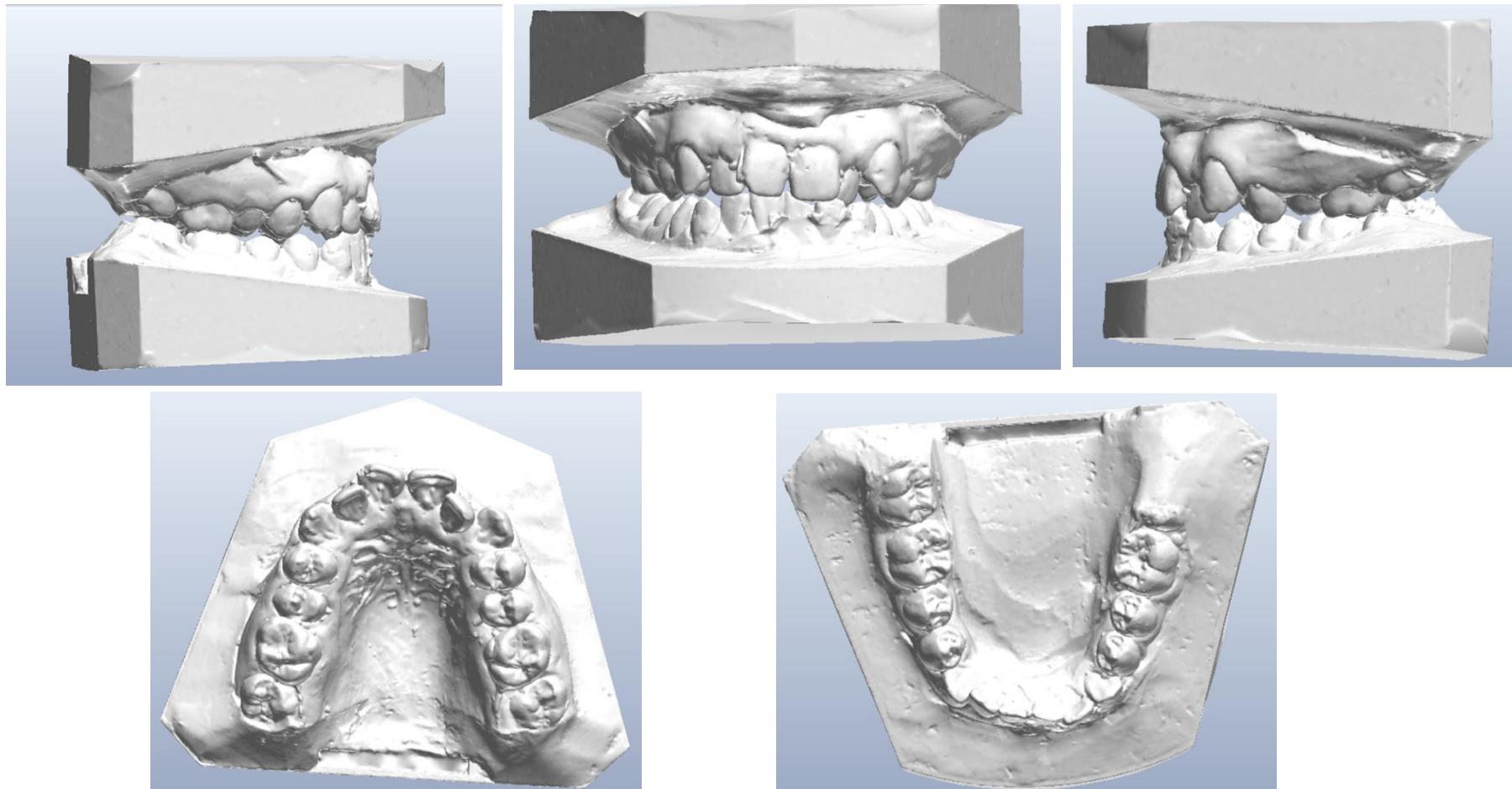
- Clinical Records (FP17 DCO, OCA form, Radiographs, Photographs, **Study Models**)
- Treatment Need (IOTN) / Accuracy of IOTN Scoring
- Standard of Treatment

Production of 3D digital study models from plaster

Where original plaster models are being sent to a laboratory for scanning the contract holder and image supplier must ensure that:

- The original plaster models are in good condition (showing all erupted teeth with no voids, chips, breakages or other deficiencies) with good extension into the sulci.
- The original plaster models are accurately trimmed and clearly marked to verify the occlusion.
- The 3D digital images are produced in STL file format. An individual file needs to be provided for each of the upper and lower arches. The orientation of each file should be such that when opened together the models are presented in the correct occlusion.
- The image files should be a maximum of 12 mb each in size.
- The images should be placed onto a password protected CD or USB within two separate folders for each patient marked 'Pre- treatment' and 'Post-treatment' respectively. Inside each of the two folders should be three images of the dentition - mandibular, maxillary and in occlusion, i.e. six in total for each patient.
- The 3D digital images should be carefully checked by the performer, to verify that they accurately represent the patient's dentition and occlusion, before being sent to the NHSBSA.
- The original plaster models should be retained until the NHSBSA reporting process has fully concluded.

3D Digital Study Models



Clinical Monitoring and Reporting Standards expected?

Three categories:

- Clinical Records (FP17 DCO, OCA form, Radiographs, Photographs, Study Models)
- Treatment Need (IOTN) / Accuracy of IOTN Scoring
- Standard of Treatment

(5) This paragraph shall not apply where a patient has been referred to the contractor for advanced mandatory services limited only to examination and advice, and the contractor only provides examination and advice in respect of that patient.

Sedation services

3. The contractor shall provide sedation services to a patient in accordance with the recommendations contained in the report of the Standing Dental Advisory Committee entitled "Conscious Sedation in the Provision of Dental Care"(a), in so far as those recommendations and guidelines are relevant to—

- (a) the type of sedation being administered; and
- (b) the patient to whom the sedation is being administered.

PART 2

ORTHODONTIC SERVICES

Patients to whom orthodontic services may be provided

4.—(1) A contract that includes the provision of orthodontic services shall specify that orthodontic services may be provided to—

(3) The contractor shall only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in—

- (a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need(b); or
- (b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for its opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

its opinion that orthodontic treatment should be provided to that person because of the exceptional circumstances of the dental and oral condition of that person, such treatment as is referred to in sub-paragraph (3) may be provided.

Orthodontic course of treatment

5.—(1) Subject to sub-paragraph (2), the contractor shall provide orthodontic services to a patient by providing to that patient an orthodontic course of treatment.

(2) The contractor may provide orthodontic services that are not provided by virtue of an orthodontic course of treatment where—

- (a) The Standing Dental Advisory Committee is a statutory body established under section 6 of the Act. A copy of the Report can be obtained at www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle.
- (b) The Development of an Index for Orthodontic Treatment Priority. European Journal of Orthodontics 11, p309-332, 1989 Brooke PH and Shaw WC. The article is available at www.dh.gov.uk.

IOTN distribution in the population (Brook and Shaw 1989)

Dental Health Component (DHC)

Great (Grades 4 and 5) 32.7%

Moderate (Grade 3) 32.1%

None (Grades 1 and 2) 35.1%

Aesthetic Component (AC)

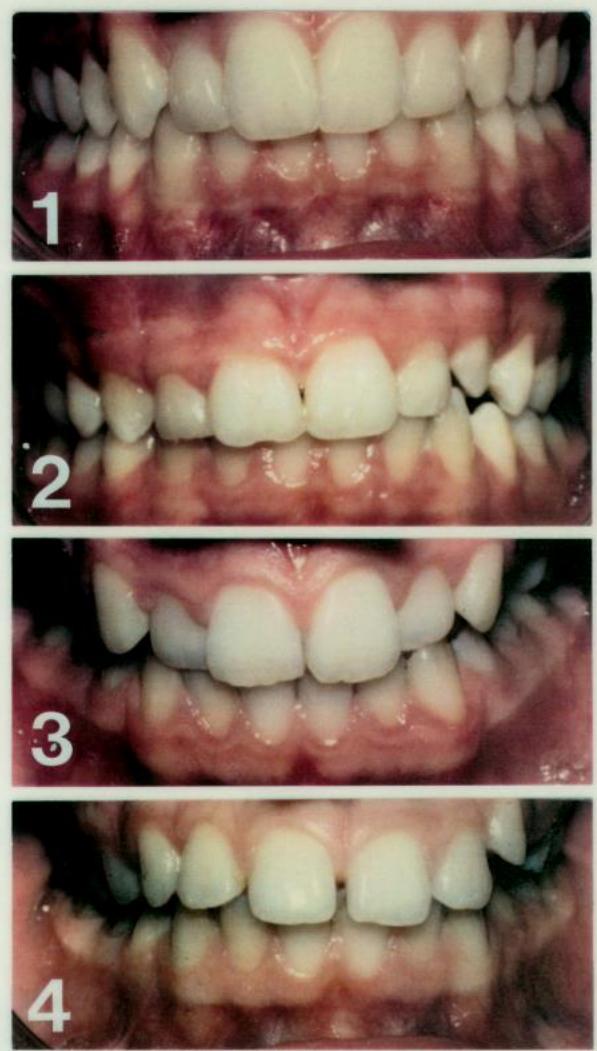
Ineligible



Eligible

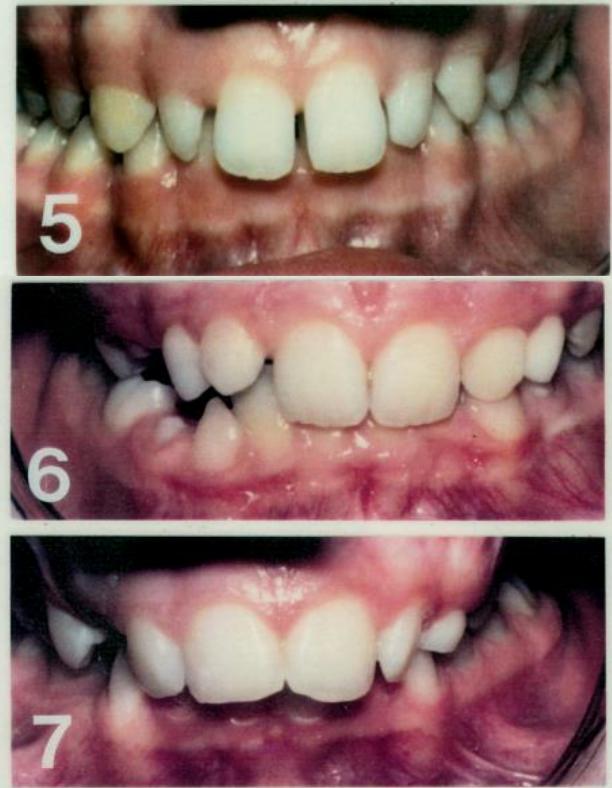


No/Slight need



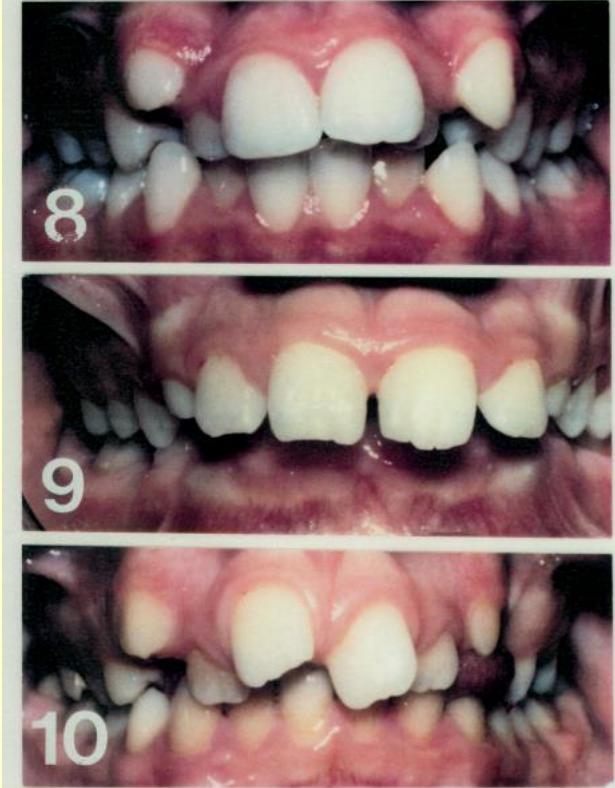
58.2%

Moderate/
Borderline need



36.3%

Great need



5.4%

Dental Services

Performer :	A MODULE	Our ref :	VIS123456
Performer No :	123456	Assessor :	Orthodontic Adviser
Provider :	STRAITNUM ORTHODONTICS	Date :	06/01/2017
Contract No :	123456/0001/0001	No. Cases Assessed :	5

Clinical Records: Radiographs



Comments : All five patients had the benefit of a pre-treatment radiographic examination comprising a dental panoramic radiograph. The quality of the radiographic images was of a consistently satisfactory standard.

Clinical Records: Study Models

Treatment Need (IOTN)



Comments : Patients HT, JM and NF presented with a definite need for treatment with IOTN scores of 4 and above. However patients AD and RL presented with only borderline need for treatment with a score of 3d and an aesthetic component of < 6. Patients AD and RL were therefore ineligible for NHS-funded orthodontic treatment.

Accuracy of IOTN Scoring



Comments : Patients AD and RL were graded as 6 for the Aesthetic Component of IOTN. However an examination of the pre-treatment study models and photographs shows, in the assessor's view, that the Aesthetic Component of IOTN for both patients is clearly < 6.



Comments : Patient AD: The 3D images of the post-treatment study models show an increased overjet and poorly inter-digitated buccal segments in ½ unit Class II relationship bilaterally.
Patient NF: The 3D images of the post-treatment study models show an increased overjet and poorly inter-digitated buccal segments in ½ unit Class II relationship on the left with a corresponding shift of the upper centre line to the right.
Patients HT, JM and RL: The 3D images of the post-treatment study models show that orthodontic treatment was completed to a satisfactory standard.

Patient AD: Borderline need based on IOTN DHC and AC





Patient RL: Borderline need based on IOTN DHC and AC





Clinical Monitoring and Reporting: Standards expected?

Three categories:

- Clinical Records (FP17 DCO, OCA form, Radiographs, Photographs, Study Models)
- Treatment Need (IOTN) / Accuracy of IOTN Scoring
- Standard of Treatment

ORTHODONTIC TREATMENT PROTOCOL

Commissioning Specialist Dental Services

DH Gateway Reference 5865

‘A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case.....’

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case:

- The dental arches should be fully aligned with all rotations and mesio-distal angulations corrected.
- The occlusal planes should be levelled
- The overjet and overbite should normally be corrected to give cingulum contact between the incisors
- The bucco-lingual or labio-lingual inclination of the teeth should be within the normal range except where dento-alveolar compensation for skeletal discrepancies is necessary
- The centrelines should where practical be coincident
- The buccal segments should interdigitate fully
- Extraction spaces should be closed with roots of adjacent teeth parallel
- Crossbites should normally be corrected
- Centric occlusion should correspond closely with centric relation
- The lower inter-canine width should not be increased. Lower incisors should not be advanced if they are already proclined, and in general should not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

ORTHODONTIC TREATMENT PROTOCOL

COMMISSIONING SPECIALIST DENTAL SERVICES (Revised), Gateway Reference 5865

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

- Crossbites should normally be corrected
- Centric occlusion should correspond closely with centric relation
- The lower inter-canine width should not be increased. Lower incisors should not be advanced if they are already proclined, and in general should not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and

Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case:

- The dental arches should be fully aligned with all rotations and mesio-distal angulations corrected.
- The occlusal planes should be levelled
- The overjet and overbite should normally be corrected to give cingulum contact between the incisors
- The bucco-lingual or labio-lingual inclination of the teeth should be within the normal range except where dento-alveolar compensation for skeletal discrepancies is necessary

not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

- The centrelines should where practical be coincident
- The buccal segments should interdigitate fully
- Extraction spaces should be closed with roots of adjacent teeth parallel
- Crossbites should normally be corrected
- Centric occlusion should correspond closely with centric relation
- The lower inter-canine width should not be increased. Lower incisors should not be advanced if they are already proclined, and in general should not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

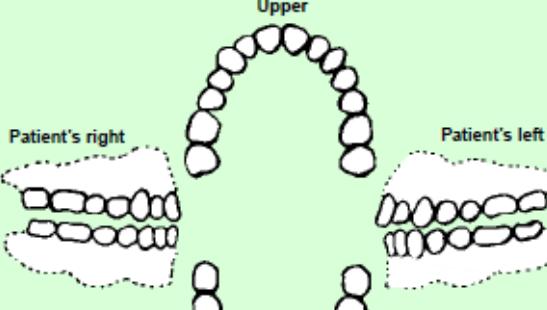
Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case:

- The dental arches should be fully aligned with all rotations and mesio-distal angulations corrected.
- The occlusal planes should be levelled
- The overjet and overbite should normally be corrected to give cingulum contact between the incisors
- The bucco-lingual or labio-lingual inclination of the teeth should be within the normal range except where dento-alveolar compensation for skeletal discrepancies is necessary
- The centrelines should where practical be coincident
- The buccal segments should interdigitate fully

Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

Practitioner's details		Patient's details													
Telephone No.		Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
Forename <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of acceptance <input type="text"/> <input type="text"/> DD MM YY													
<p>This is to confirm that the named practitioner is willing to accept the above named patient for orthodontic treatment.</p>															
<p>NHS Treatment Plan</p> <p>The following treatment is proposed:</p> <table><tbody><tr><td>Correction of the prominence of the anterior (front) teeth</td><td>Upper <input type="checkbox"/></td><td>Lower <input type="checkbox"/></td></tr><tr><td>Alignment of teeth</td><td>Upper <input type="checkbox"/></td><td>Lower <input type="checkbox"/></td></tr><tr><td>Correction of occlusal or bite problems</td><td>Anterior (front teeth) <input type="checkbox"/></td><td>Posterior (back teeth) <input type="checkbox"/></td></tr><tr><td>Closure of spacing</td><td>Upper <input type="checkbox"/></td><td>Lower <input type="checkbox"/></td></tr></tbody></table> <p>Upper</p> <p>Patient's right</p> <p>Patient's left</p> 				Correction of the prominence of the anterior (front) teeth	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>	Alignment of teeth	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>	Correction of occlusal or bite problems	Anterior (front teeth) <input type="checkbox"/>	Posterior (back teeth) <input type="checkbox"/>	Closure of spacing	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Correction of the prominence of the anterior (front) teeth	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>													
Alignment of teeth	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>													
Correction of occlusal or bite problems	Anterior (front teeth) <input type="checkbox"/>	Posterior (back teeth) <input type="checkbox"/>													
Closure of spacing	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>													

Permanent

Additional Information including details of any limited treatment objectives:

Please ask your orthodontist if you have any questions about your treatment

Charge band for orthodontic treatment		Charge for your dental treatment	
<p>Private Treatment Charges:</p> <p>Charge for any proposed private treatment as an alternative to treatment detailed above £ <input type="text"/></p> <p>I understand the nature of the proposed private treatment services and accept those services and the associated charges as detailed</p> <p>I am the patient <input checked="" type="checkbox"/> <input type="checkbox"/> I am the patient's parent / guardian Signature <input type="text"/></p> <p>Should it become necessary to alter this treatment plan, you will be advised of any changes and any amendment to the cost.</p>			

Treatment

Was an FP17 DCO given to the patient? Yes (please attach a copy) No

Aims of Treatment: (Please tick the appropriate boxes)

Relief of crowding Maxillary arch-expansion Alignment Levelling Arch-co-ordination Space closure

Correction of incisor relationship Correction of buccal segment occlusion: antero-posteriorly laterally

Extractions: _____ / _____

Appliances Provided:

Type of appliance	Date fitted	Date withdrawn / removed
Upper removable appliance		
Lower removable appliance		
Functional appliance		

Treatment

Was an FP17 DCO given to the patient? Yes (please attach a copy) No

Aims of Treatment: (Please tick the appropriate boxes)

Relief of crowding Maxillary arch-expansion Alignment Levelling Arch-co-ordination Space closure

Correction of incisor relationship Correction of buccal segment occlusion: antero-posteriorly laterally

Extractions: _____ / _____

Full-time Part-time Night-time Duration of supervised retention _____

Advice given on discharge:

Are you satisfied with the result? Yes No

If 'No' why not?

Any other relevant information you wish to be taken into consideration?

Performer's signature..... Date/...../.....

Treatment

Was an FP17 DCO given to the patient? Yes (please attach a copy) No

Aims of Treatment: (Please tick the appropriate boxes)

Relief of crowding Maxillary arch-expansion Alignment Levelling Arch-co-ordination Space closure

Correction of incisor relationship Correction of buccal segment occlusion: antero-posteriorly laterally

Extractions: _____ / _____

Appliances Provided:

Type of appliance	Date fitted	Date withdrawn / removed
Upper removable appliance		
Lower removable appliance		
Functional appliance		
Upper fixed appliance		
Lower fixed appliance		
Fixed expansion device		
Intra-oral anchorage		
Extra-oral anchorage		

Are you satisfied with the result? Yes No

If 'No' why not?

Any other relevant information you wish to be taken into consideration?

Performer's signature.....

Date/...../.....

ORTHODONTIC TREATMENT PROTOCOL

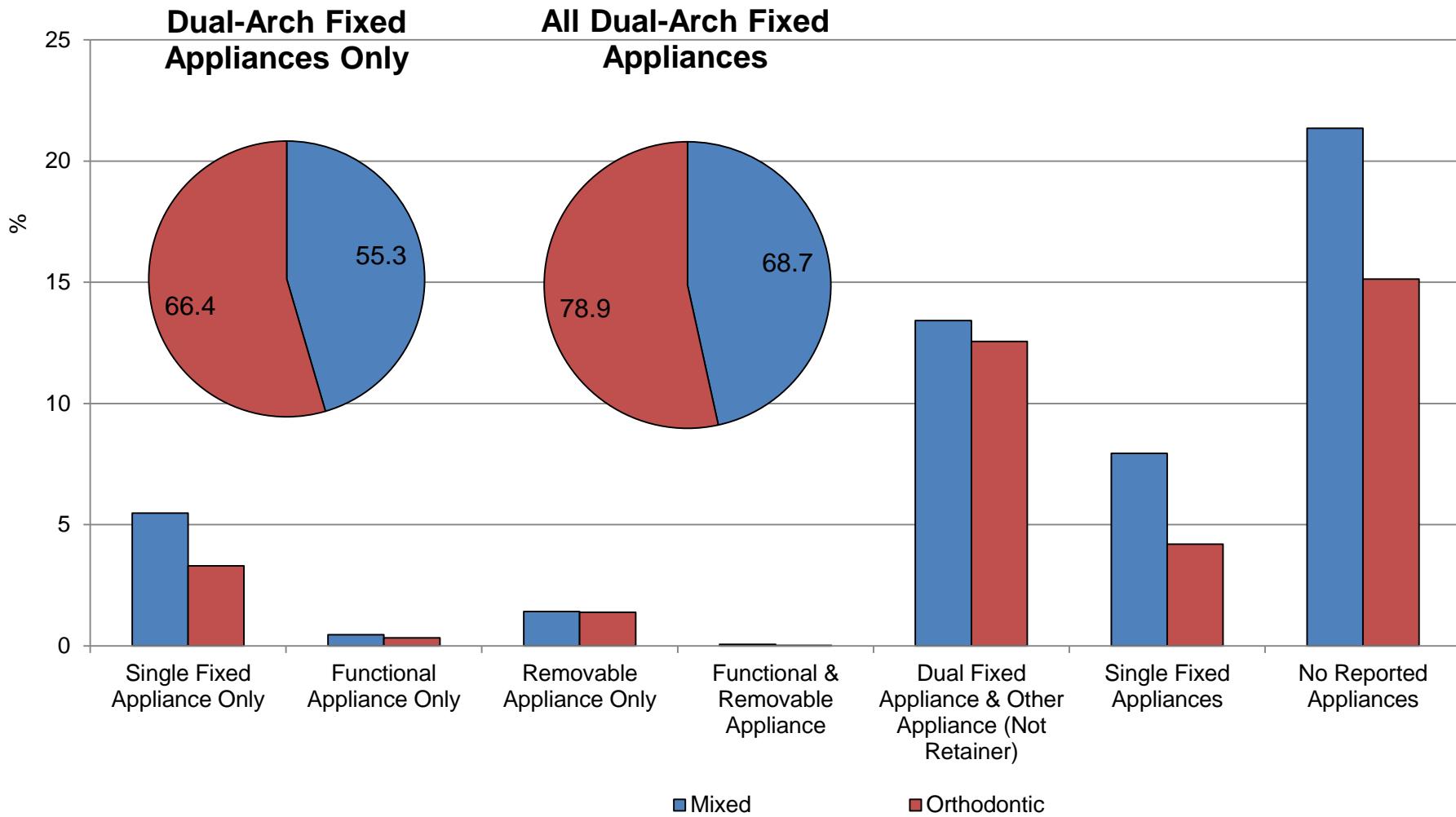
Commissioning Specialist Dental Services

DH Gateway Reference 5865

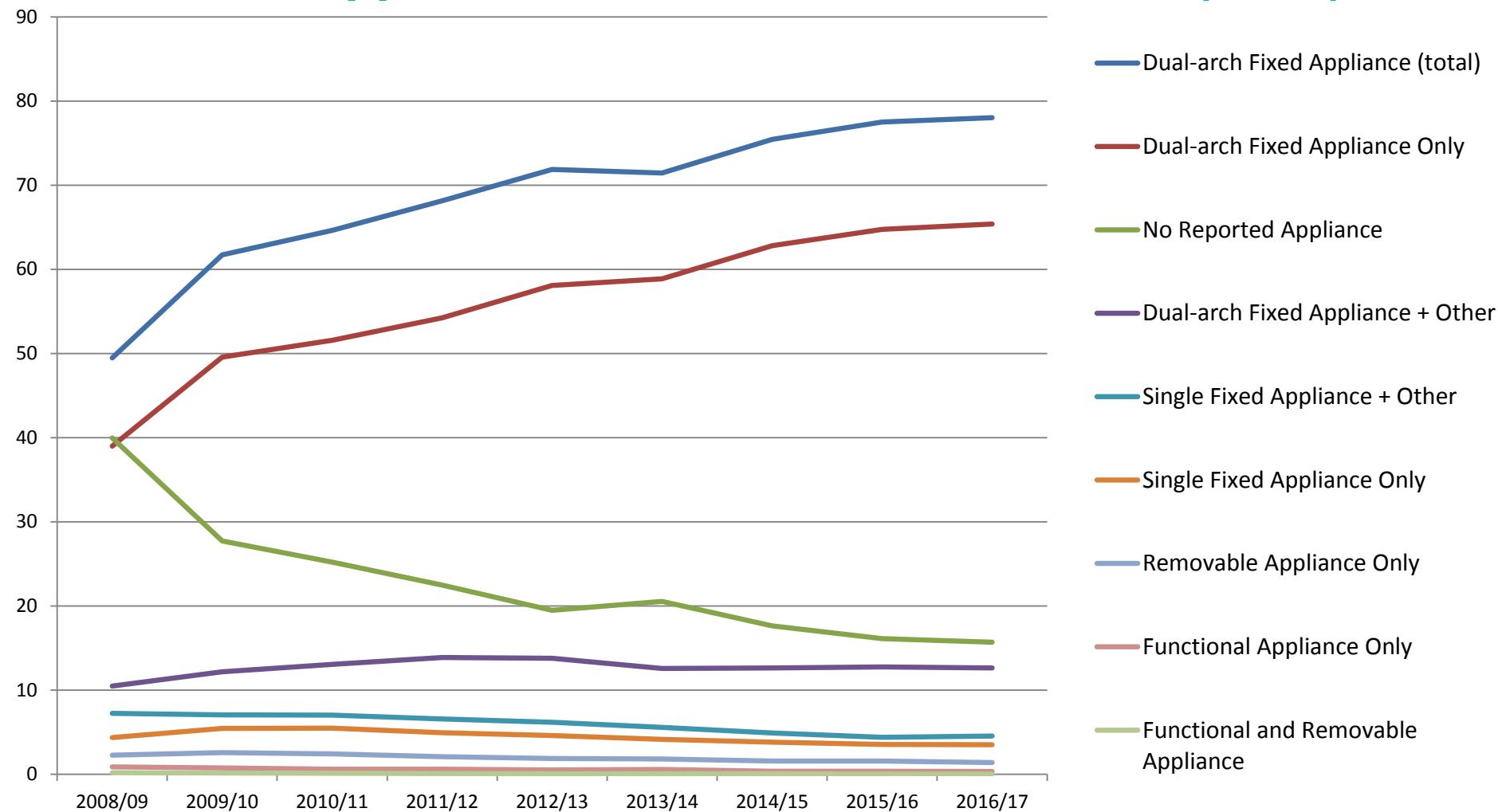
Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Orthodontic Completions 2016/2017 (England & Wales)



Trend for appliances used 2008-09 to 2016-17 (E&W)



Standard of Treatment: Standard Phrases

- The standards applied are those outlined in the Orthodontic Treatment Protocol, as agreed between the Department of Health and the British Orthodontic Society at the inception of the 2006 NHS orthodontic contract. This protocol can be found on page 15 of the Department of Health document 'Commissioning Specialist Dental Services' (Gateway Reference 5865).
- The performer is reminded that where the treatment objectives have not been achieved a course of treatment should be reported as 'Treatment discontinued' or 'Treatment abandoned – patient requested' with Part 6 of the FP170 completed accordingly.

Printer Registration

NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Surname

First Forename

House number followed by Street

City or Town

County Postcode

Previous surname if changed since last visit

Performer number same as provider Performer number

Title Sex M or F Date of Birth D D M M Y Y Y

Part 3 Exemptions and remissions

Patient under 18 1 Full remission - HC2 cert. 2 Partial remission - HC3 cert. 3 Expectant mother 4 Nursing mother 5

Aged 18 in full-time education 6 Income support 7 NHS tax credit exemption 8 Jobseekers allowance (IB) 9 Pension credit guarantee credit D

Prisoner J Evidence of Exemption or Remission not seen E Patient charge collected £

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Enter No. Radiograph(s) 1 Removable upper appliance 2 Removable lower appliance 3 Fixed upper appliance 4 Fixed lower appliance 5 Upper Right Upper Left

Functional appliance 6 Retainer upper 7 Retainer lower 8 Extractions 9 Lower Right Lower Left

Part 5 Orthodontic Assessment and Treatment Start

Assessment & review 1 Assess & refuse treatment 2 Assess & appliance fitted 3 Date of Referral D D M M Y Y

Part 6 Orthodontic Completion

Treatment abandoned - patient failed to return 1

Treatment abandoned - patient requested 2

Treatment discontinued 3

Treatment completed 4

PAR scores calculated 5

IOTN

Enter value
1 - 5 6

Aesthetic component 7

IOTN not applicable 8

Date of completion or last visit Day D D Month M M Year Y Y

Repair to appliance fitted by another dentist 9

Regulation 11 replacement appliance A

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

Business Services Authority.

Signature

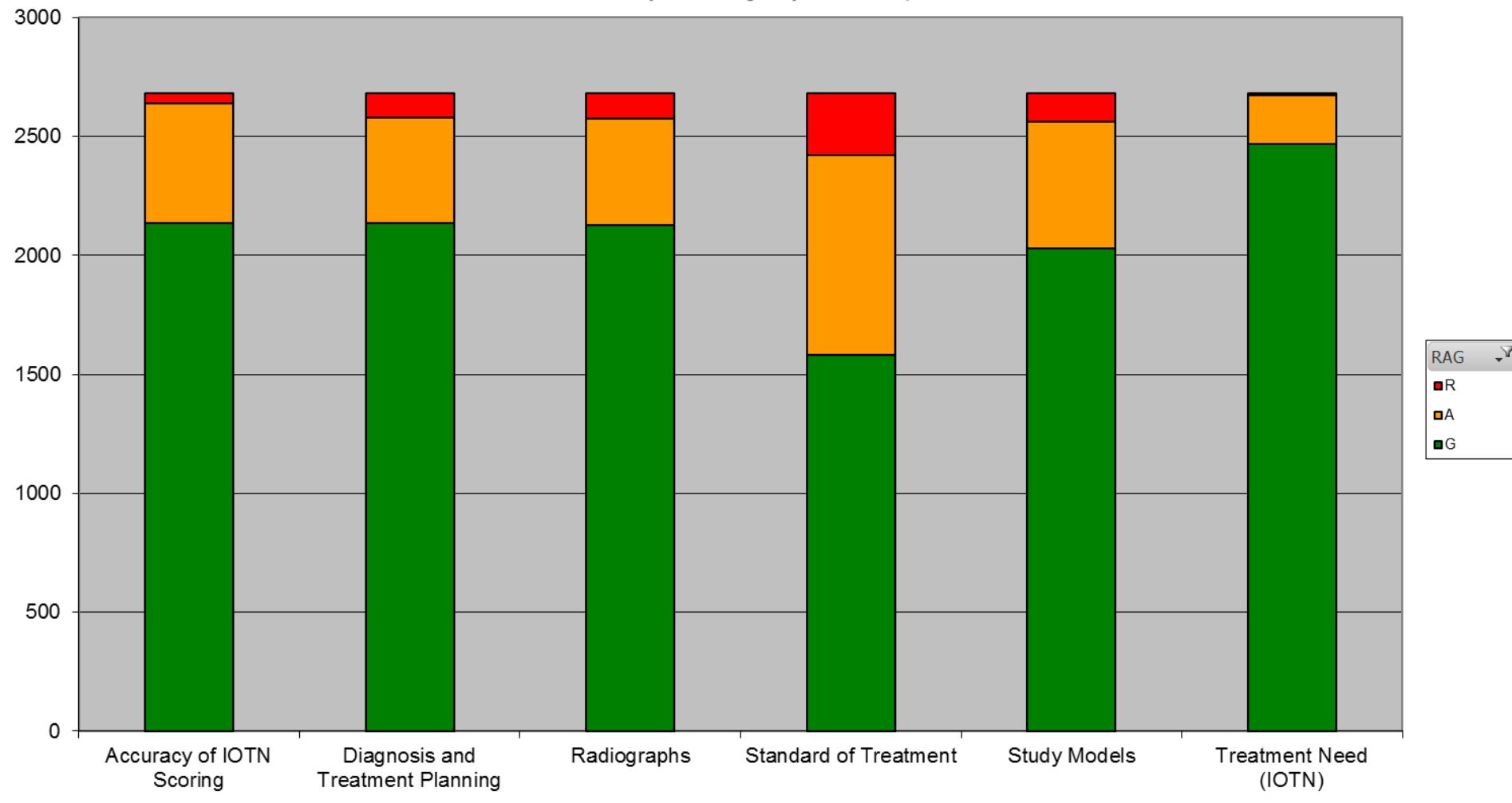
Date



Clinical Monitoring and Reporting: Standards being achieved ?

Month ▾ Year ▾ Consultant ▾

Number of Cases

OCA Reporting Outcomes from CMS - December 09 to August 16
Number of Cases by Category and split Red, Amber and Green

RAG ▾

R

A

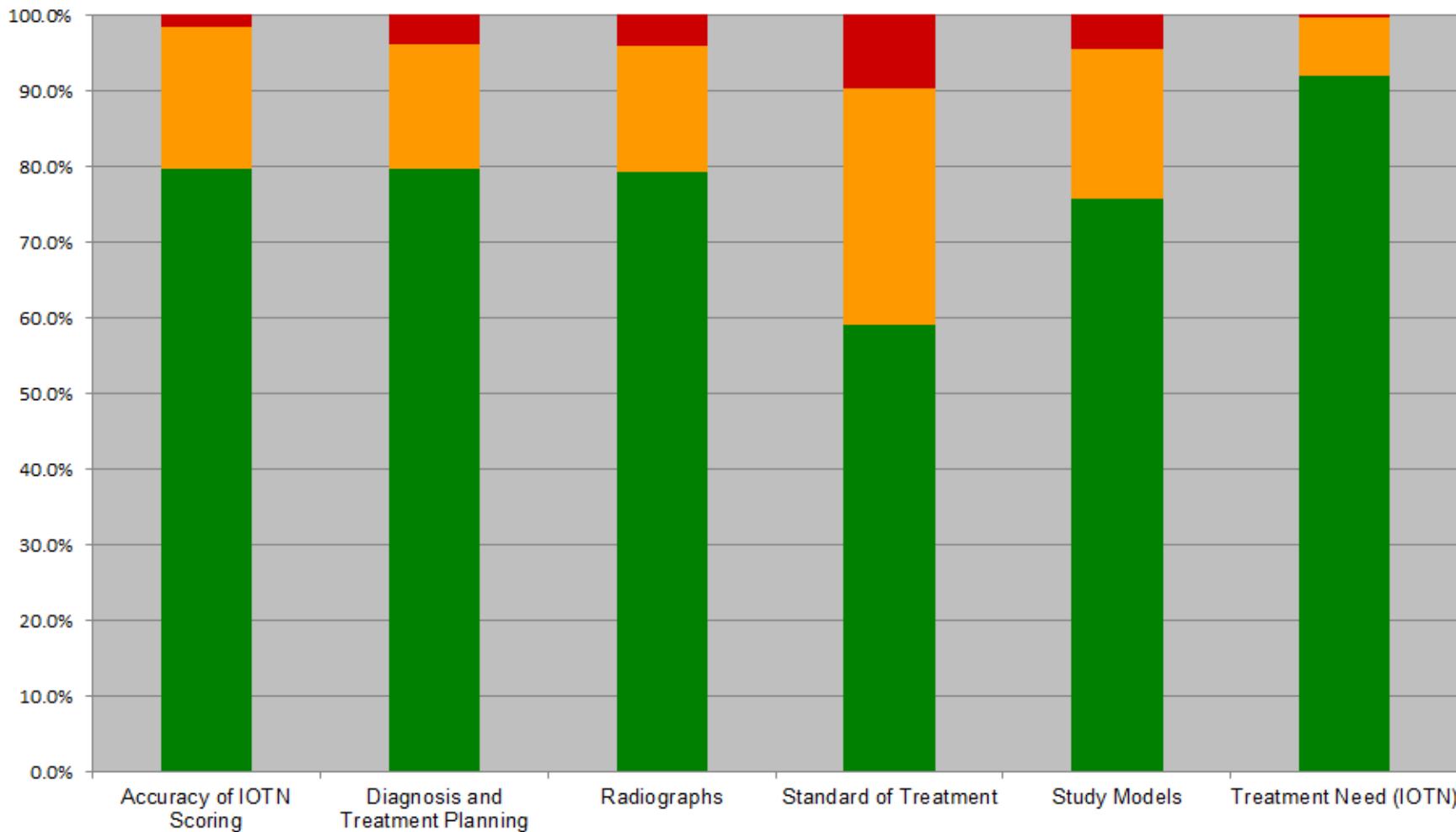
G

Category Assessed ▾

Year ▾ Month ▾ Consultant ▾

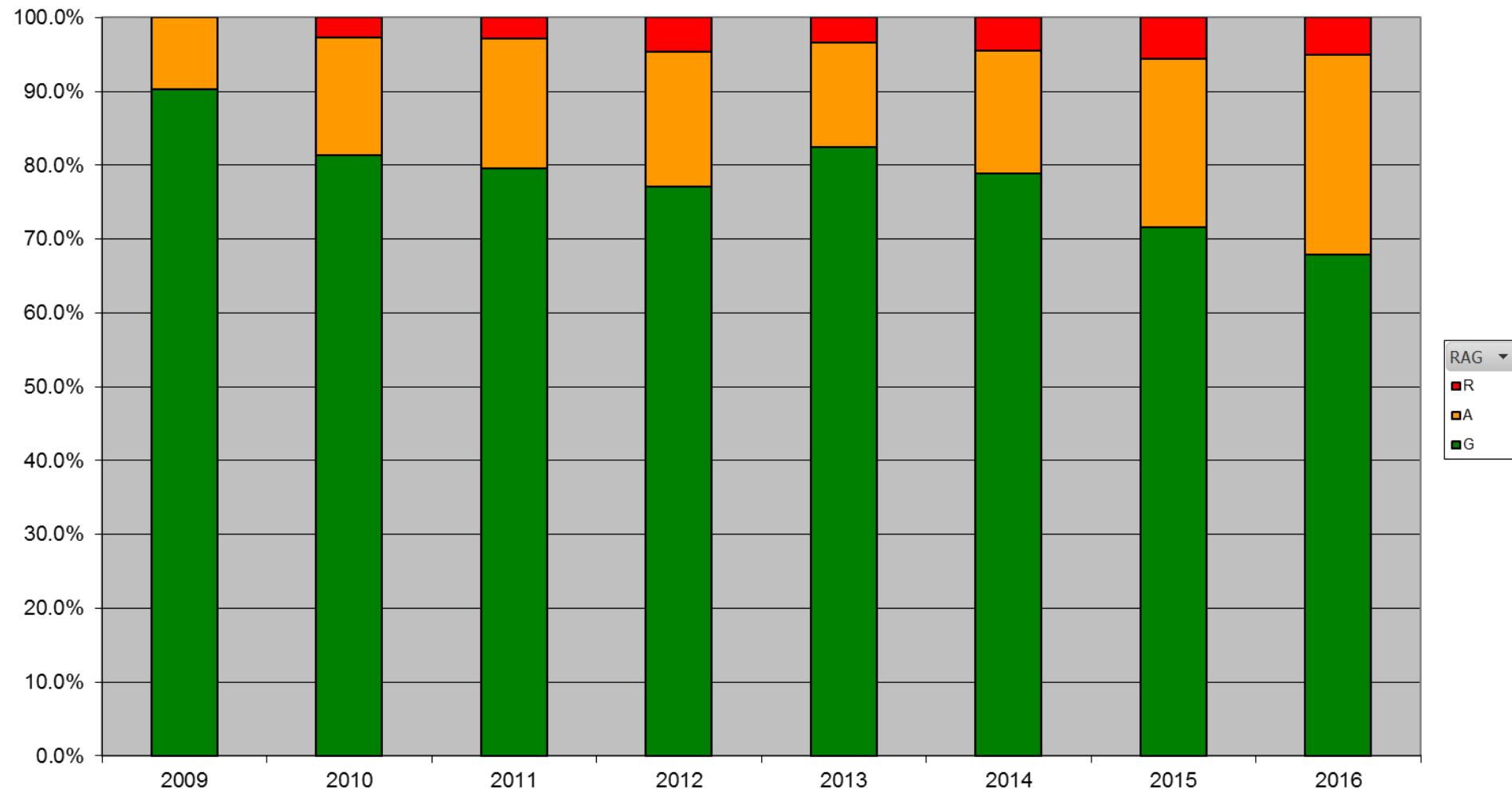
% of Cases within category

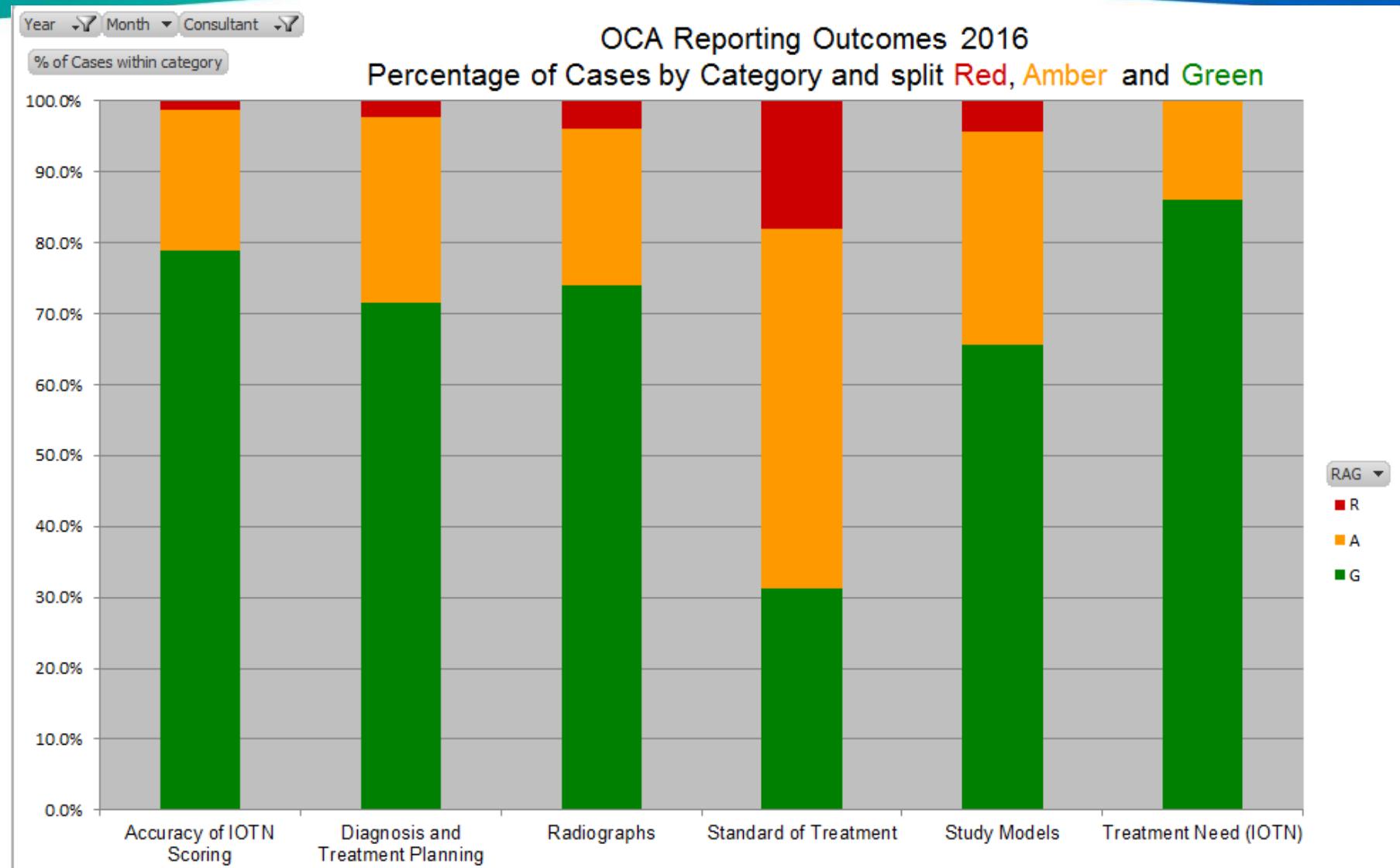
OCA Reporting Outcomes from CMS - December 09 to August 16
Percentage of Cases by Category and split Red, Amber and Green



Month ▾ Consultant ▾
% of Cases within category

OCA Reporting Outcomes from CMS - December 09 to August 16
Percentage of Cases by Category and split Red, Amber and Green





NHS contractual obligations and communicating with the NHSBSA

**Brian Kelly
Senior Orthodontic Adviser
NHSBSA Dental Services**