



## Dental Information for Primary Care Trusts for Planned Local Commissioning of NHS Dentistry from 1 April 2006

### 1. Introduction

In order for Primary Care Trusts (PCTs) to agree local contracts with NHS dentists, you need the fullest possible information on activity. This paper accompanies a suite of information that aims to give you the best available data for:

- General Dental Services (GDS) contract activity
- Personal Dental Services (PDS) pilot activity as reported to the DPB in the reference period (1 October 2004 – 30 September 2005).

All dentists with open GDS contracts in the reference period and with GDS contract activity in the reference period have been sent a detailed prescribing profile and a set of guidance notes. This includes dentists that moved in to PDS pilot agreements either during the reference period or subsequently. Dentists who were in PDS pilots for the entire reference period, or who have only started in GDS after the reference period concluded have not been sent a prescribing profile.

The Department of Health will be publishing Factsheets to assist PCTs in contract setting, with particular reference to assisting PCTs in agreeing activity levels with dentists currently in PDS pilots. This guidance note should be read in conjunction with the DH Factsheets, which will be available on the website [www.primarycarecontracting.nhs.uk/dental](http://www.primarycarecontracting.nhs.uk/dental) by Friday 2 December 2005.

### 2. Suite of Information

You should receive the following with this document:

- A floppy disk labelled **GDS data set** containing, in Excel files, the information that has been sent to all dentists in your PCT who held GDS contracts during the reference period, i.e. each of their prescribing profiles. An additional file itemising recalled attendance is also included.
- A paper copy showing one example of the prescribing profiles that have been sent to all dentists with GDS contracts during the reference period, and a set of the accompanying explanatory notes for dentists.

A floppy disk labelled **PDS data set** containing information on activity levels for PDS agreements in the reference period in your PCT, and a translation of these activity levels into the equivalent Units of Dental Activity. **It is for PCTs to share this information with PDS dentists – they will not be sent it directly by us or by the DH as it is a local contract between the PCT and provider.** There are a number of important points (see section 4 below) that PCTs and dentists will need to bear in mind in interpreting the information



### **3. Explanation of the GDS Prescribing Profile Information**

There are in total six Excel files on the floppy disk:

- GDS Finance October 2004 to September 2005
- GDS Registrations
- GDS Units of non-orthodontic activity
- GDS Treatments
- GDS Recalled Attendance
- GDS Information for contract discussions

The first four files contain detailed information from the various sections of the profile, the fifth file contains some additional information on recalled attendance fees, and the sixth file brings together key information that will form the basis of the discussion between the dentist and the PCT when agreeing new contracts. In the context of contract discussions it will be this last file that will be of most immediate use to you. The other files provide background details, some of which have greater significance for monitoring future activity. Further information on monitoring future activity will be made available shortly, and you should not worry if much of the additional information does not seem relevant to the contracting process at this time.

The reporting level for GDS information is by contract, and dentists will have received a profile for every contract for which fees have been paid (however small) during the twelve month reference period. Under existing regulations there can be several contracts associated with the same dentist and/or with the same address. In determining new contract values and activity requirements it may be necessary to combine information from a number of existing contracts. To assist this process some of the files contain aggregations of the information by surgery address. These aggregated reports add together the corresponding values on all contracts that have a common address.

Before using address level information it is important to check that all of the contracts that have been combined are relevant. You should know your dentists and their practices already, and so this should not be too onerous a task, but is an essential one if the information is to be meaningful and appropriate for the contract discussion. Figures will need to be adjusted where this is not the case. The surgery address is currently the only information that the DPB holds to indicate practice, but it should not be assumed that all contracts at the same address belong to a single practice – again you will already know where this applies in your PCT. Nor should it be assumed that every contract is relevant to determining the value and activity requirement for the new contract (see additional notes in Annex B and the DH Factsheets for further assistance).

Each EXCEL files includes an index sheet with definitions of the information included on the data sheets. Where information is supplied at contract level the files are presented in contract order and, therefore, contracts relating to a particular dentist or a single address are not necessarily consecutive on the



file. Each contract is defined by five fields, namely; the contract number, the personal number of the principal dentist, the name of the principal dentist, the postcode of the surgery address at which the contract is held, and the full surgery address. Using these fields it is possible to sort the information to put together contracts that are associated with the same principal (sort on personal number), the same postcode, or the same address.

**(i) GDS Finance October 2004 to September 2005**

The EXCEL file consists of an index sheet and one data sheet. The data sheet shows the full set of financial statistics associated with each contract including the components of gross fees, additional payments by type, patient charges, employers superannuation payments and contract opening and closing dates. There is no address level information provided in this EXCEL file, although the key financial statistics are reported at both contract and address level on the 'GDS Information for contract discussions' EXCEL file.

**(ii) GDS Registrations**

This EXCEL file has an index sheet and three data sheets. One data sheet shows for each contract the number of adult and child registrations and the total registrations as at December 2004, March 2005, June 2005 and September 2005. A second data sheet provides the same information at address level. A third data sheet provides for each contract a detailed breakdown of the September 2005 registrations by age with subtotals for the number of children and adults; an adult is defined as a person aged 18 years of age or over at the date at which the registration is counted.

**(iii) GDS Non-orthodontic units of activity**

The EXCEL file consists of an index sheet and five data sheets containing the information relating to the calculation of the Units of Dental Activity for non-orthodontic treatment as set out on page 3 of the profile. One data sheet contains in detail the calculations as set out in the table at the top of that page. The other data sheets provide summary information at both contract and at address level. Two of the summary sheets provide the total UDA and the total number of claims for each type of patient (child, exempt adult and fee paying adult); one at contract level and the other at address level. The other two summary sheets provide a count of the number of claims and non-orthodontic activity associated with each of the treatment bands, again one at contract level and the other at address level.

**(iv) GDS Treatments**

The EXCEL file has an index sheet and four data sheets with treatments separated according to whether the patient is an adult or a child and according to whether or not the treatment is an orthodontic treatment. The index sheet lists the treatment categories and defines the measure being used in each case. For the majority of treatments the measure is the number of claims including the specified treatment, but for some (such as teeth filled or extracted) the measure relates to

the number of teeth treated. This is the information reported on page 5 (non-orthodontic) and page 6 (orthodontic) of the profile.

**(v) Recalled Attendance**

The EXCEL workbook provides information for each contract (and for each address) on the number of recalled attendances during the period and the fees paid for recalled attendance. These figures can be used to identify those dentists who have carried out a significant amount of work of this type. [Note, the figures for recalled attendance shown in the treatments table of the profile (page 5) relate to the number of claims including a recalled attendance and not to the number of recalled attendances.]

**(vi) GDS Information for contract discussions**

The file contains an index sheet and two data sheets, one at contract level and the other at address level. The figures shown are those contained in the summary section at the bottom of page 6 of the profile, together with information on contract dates, patient charges, allowances and employers superannuation payments. (See Annex A for a full listing of the contents.)

#### **4. Detailed Explanation of the PDS Prescribing Profile Information**

Unlike for GDS contract activity, neither the DPB nor the Department of Health is providing information on PDS pilot activity direct to dentists as the pilot agreements are between the PCT and the dentist/dental practice. It is the responsibility of the PCT to share the information with the providers as part of discussions on contract activity requirements for April 2006 onwards.

The information supplied to you for PDS concerns activity only. PDS dentists are entitled to new PDS agreements based on at least the current contract value. You will already have information on contract values for existing PDS schemes as you directly hold the contract with the dentists/dental practices.

PDS dentists who had a GDS contract open during the period will have received, for information, a GDS profile for that contract – and this will also be included in your GDS data set.

There are just two Excel files on the floppy disk relating to PDS contracts. These contain information on:

- PDS Registrations
- PDS Non-orthodontic Units of Activity

**(i) PDS Registrations**

This EXCEL file has the same format as the equivalent GDS file with an index sheet and three data sheets. One data sheet shows for each contract the number of adult and child registrations and the total registrations as at December 2004, March 2005, June 2005 and September 2005. A second data sheet provides the same information at address level. A third data sheet provides for each contract a



detailed breakdown of the September 2005 registrations by age with subtotals for the number of children and adults; an adult is defined as a person aged 18 years of age or over at the date at which the registration is counted.

**(ii) PDS Non-orthodontic units of activity**

The EXCEL file has a similar layout to the equivalent GDS file with an index sheet and five data sheets. Again there is one data sheet providing a detailed breakdown of the non-orthodontic treatment activity, with other sheets providing summary information at both contract and address level. Information on contract opening and closing dates is included on this file.

These activity data for PDS will typically need to be treated with great care. It is likely that some PDS activity has been under-reported. The DH is also aware of transitional effects during the initial period of adjustment to new ways of working which have contributed to low levels of reported activity. It is also important to stress that these data do not include additional service provided by some PDS pilots (such as health promotion activities not associated with items of service). More detailed advice on interpreting these data and agreeing appropriate activity levels with dentists will appear in the DH Factsheets.

## **5. Next Steps for PCTs**

The Transitional Provisions Order 2005 for General Dental Services and Personal Dental Services will be available shortly. Once this is available, you should then:

- (a) For negotiations with Dentists/Practices in GDS for the entire Reference Period**
- Familiarise yourself with the data provided to each dental practice, and ensure that you clearly understand the Guidance Notes.
  - Read the DH Factsheet on GDS Contract Values and Activity Requirements – including advice on what to do next.
- (b) For negotiations with Dentists/Practices with activity in PDS in the Reference Period (whether or not they have GDS activity as well)**
- Familiarise yourself with the GDS data provided to each dental practice (where appropriate), and ensure that you clearly understand the Guidance Notes.
  - Decide what information from the PDS Prescribing Profile is appropriate to share with the dentist/practice, and ensure that you share this information in a timely manner.
  - Read the DH Factsheet on PDS Contract Values and Activity Requirements. This will give you information on what to do next.

29 November 2005



## ANNEX A: INDEX OF TERMS USED IN GDS INFORMATION FILE

### **Contract Identifiers**

Contract	The contract code in the format 123/123456/123/12
Principal Number	The personal number of the principal – the six digit code that forms the second part of the contract number
Principal Name	The name of the dentist responsible for the contract
Contract Postcode	The postcode of the surgery where the contract is held
Contract Address	The address of the surgery where the contract is held

### **Contract Dates**

Contract start date	The date on which the contract was opened
Contract close dates	The date on which the contract closed Contracts open on 30 <sup>th</sup> September 2005 have the identifier 'OPEN' in this field

### **Contract Activity**

Child Capitation Units	The activity associated with 'capitation only' treatment
Non-Orthodontic Treatment Units	The activity associated with non-orthodontic item of service
Total Non-Orthodontic activity	Child Capitation plus Non-orthodontic Treatment Units
Non-Orthodontic activity reduction	The 5 per cent reduction in non-orthodontic activity
Contract Activity Requirement for Non-orthodontic Treatment	The total non-orthodontic activity less the 5 per cent reduction
Contract Activity Requirement for Orthodontic Treatment	The value of the orthodontic claims Oct 04 to Sept 05 divided by 55

### **Finance**

Orthodontic earnings Oct 04 to Sept 05	The value of the orthodontic claims in Oct 04 to Sept 05
Non-Orthodontic earnings Oct 04 to Sept 05	Total fees Oct 04 to Sept 05 less the value of orthodontic claims
Total Fees Oct 04 to Sept 05	Capitation plus Continuing Care plus Item of Service plus Commitment Pay
Additional Payments Oct 04 to Sept 05	CPDA plus CPDA travel plus Clinical Audit
Total Fees plus Additional pay Oct 04 to Sept 05	Total fees plus Additional Payments for Oct 04 to Sept 05
Orthodontic earnings 0506	Orthodontic earnings Oct 04 to Sept 05 multiplied by 1.0233 – an uplift of 2.33 per cent
Non-Orthodontic earnings 0506	Non-Orthodontic earnings Oct 04 to Sept 05 multiplied by 1.0233 – an uplift of 2.33 per cent
Additional Payments 0506	Additional Payments Oct 04 to Sept 05 multiplied by 1.0233 – an uplift of 2.33 per cent
Contract value 0506	Total fees plus Additional Payments for Oct 04 to Sept 05 multiplied by 1.0233 – an uplift of 2.33 per cent
Non-Ortho UDA unit value 0506	Non-Orthodontic earnings 0506 divided by Contract Activity Requirement for Non-orthodontic Treatment
Commitment pay Oct 04 to Sept 05	Fee paid to dentists dependent upon age of dentist, length of NHS service and amount of work carried out



Seniority Payment Oct 04 to Sept 05	Allowance paid to dentists aged 55 or over dependent upon length of GDS service and pensionable earnings
VDP Salary and NI Contribution Oct 04 to Sept 05	The VDP salary and the National Insurance paid on that salary
Maternity Paternity Adoptive Pay Oct 04 to Sept 05	Allowance paid in respect to loss of earnings (maternity)
Long Term Sick Pay Oct 04 to Sept 05	Allowance paid in respect to loss of earnings (long term sickness)
Business Rates Oct 04 to Sept 05	Reimbursement of non-domestic rates
Training Grant	Allowance paid to compensate for loss of earnings due to time spent training other dentists
Patient Charge Oct 04 to Sept 05	The amount of patient charge that should have been collected in the period Oct 04 to Sept 05
Patient Charge 0506	Patient charge for October 04 to September 05 multiplied by 1.0233 – an uplift of 2.33 per cent
Employers Superannuation Oct 04 to Sept 05	The amount of superannuation contributed by the employer during the period Oct 04 to Sept 05.



## ANNEX B: GDS INFORMATION – TERMINOLOGY & NOTES

### Contract

1. All GDS dental activity is associated with a principal dentist (whether he or she is the actual dentist who carries out the work) and is assigned to a contract number that identifies the principal dentist. A principal dentist may hold more than one contract and may hold contracts in more than one PCT. The information provided to a PCT relates only to those contracts located in the PCT.
2. The contract code is made up of 14 digits and has the format 123/123456/123/12. The six-digit number that forms the second section of code is the unique personal number of the principal dentist. Other parts of the contract format are used to differentiate locations at which the dentist works, dentists working to the principal dentist and specialist activities undertaken by the dentist. Note, there may be more than one principal dentist working at the same address and several addresses may be associated with the same principal dentist.
3. Where dentists operate a number of contracts this can produce a variation in activity profiles that will affect activity requirements at contract level. The combination of all the contracts associated with the dentist (or practice) should provide a better representation of their activity.
4. Whilst the treatment information is supplied at contract level only, earnings, registration and activity data have also been aggregated to the level of surgery address. The surgery is identified by two fields, namely the postcode and the full contract address.

### Finance Information

5. Payments to dentists are made monthly and are based on the claims that have been received and processed up to the time of the payment date. (Each dentist is assigned to one of the twenty payment dates scheduled during a month.) For various reasons it may be necessary to adjust the fees paid for a particular course of treatment. Consequently, at some later stage additional payments or deductions may be made. The figures used in the profile are based on the monthly scheduled payments, but do not necessarily include all retrospective adjustments. For some contracts, where there was little activity during the period, there may be negative entries for some of the payment categories where money is being reclaimed against a previous overpayment.
6. Dentists are paid a fee for each registered patient in their practice, the fees varying according to the age of the patient. The fee paid for children is called '**capitation**' and for adults it is called '**continuing care**'. Certain treatments are included as part of the registration fee, whilst others attract additional fees paid on an item by item basis. These additional fees are referred to as '**item of service**'; on the full

data sheet separate sums are shown for item of service fees for adults and for children. The Statement of Dental Remuneration (SDR) itemises the various treatments and the scale of fees that apply. The fee scale is reviewed annually but may change more frequently. Where a treatment claim relates to work carried out under a previous scale of fees an allowance is made for inflation and these supplements are recorded as **'percentage additions'**. **'Commitment pay'** is an allowance determined by the dentist's age, length of service in the GDS and gross earnings. Where totals and sub-totals are used, commitment pay has been included as part of the total adult fees.

7. The list of additional and other payments to be included has been determined in consultation with the Department of Health; the conditions for, and entitlement to, these allowances are set out in the SDR. In the main the allowances are paid to compensate the dentist for loss of earnings resulting from time spent carrying out professional duties (e.g. training other dentists), or to conform with legislation (e.g. maternity leave payment). Allowances included are those scheduled during October 2004 to September 2005; these may not necessarily relate to the same twelve month period. The figure for business rates provides an indication of the GDS component of the practice, in that the dentist may only claim for that proportion of domestic rates relating to work carried out in the GDS.
8. The **patient charge** figure is the amount of money that should have been collected from the patients for the treatment carried out, allowing for any reduction in charges due to the personal circumstances of the individual patient. This sum has been calculated from the treatment and patient details supplied by the dentist when making a claim for treatment carried out. These amounts were deducted from the payments made to the dentist on the assumption that the dentist had collected them from the patient. The 2005/06 equivalent figure is also provided using the uprating factor of 2.33 per cent.
9. The **employers superannuation** relates to the amount paid by the dentist's employer during the year and has been worked out on the basis of the regulations and rates in place during the period October 2004 to September 2005.

### Registration Information

10. Under GDS regulations a patient stays registered with a dentist and is counted as part of his/her list for a period of 15 months unless the patient registers with another dentist during this time. When a patient visits a dentist the period of registration is extended to the full fifteen months from the time of the visit.
11. Not every contract where there are fee earnings will have registration figures associated with it. A dentist with several contracts in the same practice may elect to set all the registrations against just one of the contracts, whilst others may choose to distribute registrations across

several contracts. To determine the total number of registrations for a practice the registration figures for all contracts associated with that practice need to be added together.

12. The timing of the first or last registration fee payment will not necessarily coincide with the time when the registrations are transferred to, or from, a contract. Therefore, there will be some contracts showing registration fees but no registration totals and vice versa.

### Treatment Information

13. A claim will usually, though not always, correspond to a course of treatment; in some cases a course of treatment will be spread over a number of claims. That said, the total number of claims equates approximately to the number of courses of treatment carried out during the 12 month period. The number of different patients treated will be less than the number of courses of treatment as an individual may attend more than once during the year. Much of the treatment for child patients is included as part of the capitation payment and consequently activity levels for children may appear low if viewed solely in terms of item of service measures. For some dentists (for example orthodontists) fees will be paid for treatments that would normally be included as part of the capitation payment. The regulations regarding the charging for treatments are set out in detail in the SDR.

### Additional Notes

- a. There were a small number of contracts where the fees earned during the period October 2004 to September 2005 were zero or negative. (Negative fees occur where previous overpayments are being taken back from the dentist.) There were some contracts where no item of service or registration fees were made and the only financial transaction was the payment of an allowance. **Profiles for contracts where the fees were zero or less have not been sent to dentists**, but they are included on the EXCEL spreadsheets to ensure that the PCT has a complete picture of all payments and activity over the period. Where information has been aggregated to address level the figures for these contracts will have been added in to the totals, and it may be necessary to adjust the totals if these contracts are not relevant to the commissioning exercise.
- b. For the purpose of calculating the activity requirement claims were categorised as either orthodontic or non-orthodontic according to whether or not the claim contained an orthodontic treatment or not. Claims that included the fitting or repair of an orthodontic appliance (or an interim payment for such work) were categorised as orthodontic claims for this exercise and all other claims were categorised as non-orthodontic. For the purpose of calculating contract activity requirements the two types of claim were treated differently; for orthodontic claims the value of the claims was used to determine activity and for non-orthodontic claims it was based on the actual

treatment recorded on the claim. Although it is not used to calculate activity requirements a figure is quoted for the value of the non-orthodontic work and is defined as the balance of all fee payments (including commitment pay) after the deduction of the value of the orthodontic claims.

- c. Care must be taken when setting activity requirements for those dentists who carry out both orthodontic and non-orthodontic work to ensure that the activity requirements represent an accurate reflection of the work carried out. This is particularly the case for those dentists where the orthodontic or the non-orthodontic work represents a small proportion of their overall activity. **NOTE: there is no direct translation of orthodontic units to non-orthodontic units or vice-versa. If a currently mixed practice is to become completely orthodontic, then the balance of the activity requirement will need to be calculated in line with the method appropriate for orthodontics; similarly for a mixed practice becoming completely non-orthodontic.**
- d. Claims that include sedation activity only do not attract an activity measure. Dentists specialising in sedation work may well have a large number of claims of this type, and in general their contracts will have a relatively high contract value compared with the non-orthodontic activity requirement; the number of sedation claims shown in the treatment statistics can be referenced for confirmation.
- e. The calculation of child capitation units is based on an assumption about clinical practice. If the assumption is not correct for a particular dentist then the figure may need to be adjusted.
- f. Included on the '*Finance*' and the '*Information for contract discussions*' files are contract open and close dates. Where contracts have been open for only part of the twelve months it may be possible to pro-rata activity requirement and contract value, **but** care needs to be taken to ensure that the period on which calculations are based is not atypical or too short. The DH Factsheet will give more detailed advice on how to handle activity for PDS practices where the contracts typically have part-year GDS and PDS activity, or have only recently started in PDS.
- g. Every GDS contract where a payment was made during the period October 2004 to September 2005 is included on the files. Therefore, there will be information on the activity levels and earnings of those dentists who have transferred to PDS during the twelve months relating to the period when they were working in the GDS. Again, the DH Factsheet will give more detailed advice in this area.
- h. The new regulations set out the conditions under which **Seniority Payment** will be made. The figure quoted on the profile as the contract value excludes seniority payment; this will be added to the contract by



the DPB for qualifying dentists and paid in monthly instalments. For reference the amount of seniority payment received during the period October 2004 to September 2005 has been provided.

### **ANNEX C: PDS INFORMATION – NOTES**

1. PDS dentists should be submitting claims for all treatment carried out and therefore the calculation of child capitations units does not apply to PDS. The total non-orthodontic activity for PDS is based on all non-orthodontic treatment claims submitted between October 2004 and September 2005 and no 5 per cent reduction is applied. The methodology used for the calculation of the weightings for an individual claim is identical to that used for GDS claims.
2. Orthodontic activity units are not provided as part of the information set for PDS. With PDS there is no payment associated with individual claims. Although a calculation of equivalent GDS fees can be made for these claims this is different to the claim cost used for the calculation of orthodontic activity requirement for GDS contracts. Also, its accuracy does depend upon the completeness of the information provided on the claim form. If a PCT does require further information relating to the orthodontic activity within a PDS practice an email request should be sent to [dentaldata@dpb.nhs.uk](mailto:dentaldata@dpb.nhs.uk).