

Briefing Note - Monitoring Local Dental Contracts: How to Manage a High Incidence of Charge-Free Items on Monitoring Reports

Introduction

PCTs have now received reports from the NHS Business Services Authority Dental Practice Division (BSA). A number of areas have been identified within the BSA Exception Reports for PCTs' attention, and one of these is a higher than expected incidence of charge-free items appearing in some practices' monitoring reports. This paper explains the different types of charge-free items, looks at the possible reasons behind the higher numbers, and provides PCTs with practical advice on how to handle this situation.

1. Continuation of Treatment

The NHS Patient Charge Regulations provide that, where a course of treatment is completed but a charge-paying patient then needs further treatment within two months, such further treatment is provided at no charge to the patient (although the dentist will receive the appropriate UDAs). This was designed in response to concerns from patient groups to cover those few unusual situations where a dentist has completed all necessary care and treatment for a patient, but (say) the patient unexpectedly returned within two months with a fracture in another tooth.

Initial data, however, show much higher than expected numbers of claims for continuation of treatment, in many cases for patients whose initial course of treatment was only Band 1 (i.e. examination, scale and polish etc).

Data Source

The BSA exception reports show practices with a high incidence of continuations of treatment.

Regulations

"Continuation" of treatments has been designed to cover the relatively rare circumstances where a charge-paying patient has completed a course of

treatment and unexpectedly requires additional treatment within a two-month period. Regulation 6(4) of the *NHS Dental Charges Regulations 2005* states:

“Where a provider has completed a course of treatment other than an urgent course of treatment but, within 2 months of that course of treatment being completed, the same provider determines that the patient requires further treatment which falls within the same or a lower charging band as the previous treatment and that further treatment is provided (whether or not within 2 months of that course of treatment being completed) by the same provider, no charge may be made or recovered in respect of that further treatment.”

Where this further treatment is needed, the contractor submits a new FP17 form to show the Band into which the new treatment falls, but indicates that it is a “continuation” and that no patient charge has therefore been collected. The contractor will accrue the appropriate UDAs for the Band of treatment provided in this instance. Such a continuation course of treatment does not lead itself however to a further period of 2 months after the completion of this treatment.

Examples of continuation treatments

Band 1 It is unlikely that there will be any continuation treatments for patients who have attended for a Band 1 course of treatment. Any additional interventions, eg fillings, crowns, are likely to fall into a higher band and should have been identified during the initial visit. Where a patient attends the practice for an examination and is asked to return at a later date (whether or not this is within two months of the examination) for additional Band 1 treatment, such as visiting the hygienist for a scale and polish, this does not qualify as a continuation treatment but a single Band 1 course of treatment.

Band 2 When examining and assessing a patient, the dentist should identify all the treatment that is currently needed to secure oral health. Where a dentist identifies that (say) a number of fillings are likely to be required, it may be clinically appropriate to spread the fillings out over a number of visits. However, even if there are clinical grounds for doing so, these different visits still constitute a single course of treatment. Once a course of treatment is completed, the patient should be given advice on whether to re-attend in 3, 6, 9, 12, 15, 18, 21 or 24 months for their next check-up (in line with the NICE guidelines). If the patient is asked to return within two months to have further treatment identified at the time of the original examination, this should form part of the same, ongoing course of treatment – it does not qualify as a ‘continuation’ treatment. There may, however, be some circumstances (particularly for older patients with heavily restored mouths) where (say) an examination and fillings have been completed (and 3 UDAs accrued), and within two months the patient fractures another tooth that needs filling. It would be legitimate for this restoration to be carried out as a continuation treatment. No further patient charge would be levied. The contractor would

submit a further FP17 ticking the continuation box and would accrue 3 UDAs for the continuation treatment.

Band 3 A Band 3 'continuation' is likely to be even less common than a Band 2 'continuation'. It is possible that, within two months of completing a course of treatment involving (say) crowns for which the dentist has accrued 12 UDAs, another tooth breaks and requires a further crown. This work may be undertaken as a 'continuation'. The contractor would submit a further FP17 ticking the continuation box and would accrue 12 UDAs for the continuation treatment but no additional patient charge would be made. However, a dentist should normally be able to identify as part of the initial examination whether there is a further tooth that is likely to need a crown within such a short space of time.

PCT Action

PCTs need to look carefully at high levels of continuation treatments and seek to understand the reasons.

If the PCT identifies a potential problem it may wish to consider reviewing patient records and the treatment plans for both the original courses of treatment and the continuation treatments.

PCTs may wish to consider involving the DRS in their review process.

2. Charge-Free Repair or Replacement of Certain Restorations

There has been an unexpectedly high number of UDAs claimed for repair or replacement of restorations, which are provided at no charge to the patient. The regulations do provide for repairs to be undertaken at no extra charge to the patient but the dentist is able to accrue UDAs. However, it is expected that this will be a relatively rare occurrence.

Data

The BSA exception reports show practices with a high incidence of free repair or replace treatments.

Regulations

A restoration is defined as a "filling, root filling, inlay, porcelain veneer or a crown"¹.

¹ NHS (Dental Charges) Regulations 2005

No charge may be made for repairing or replacing a restoration within 12 months of the date on which the original restoration was provided, provided that:

- The repair/replacement is necessary to secure oral health
- The same dentist carries out the repair/replacement as did the original restoration
- The original restoration was not temporary
- The patient did not insist, against advice, on a different, less appropriate form of restoration

The National Health Service (Dental Charges) Regulations 2005, 'Circumstances in which charges cannot be made for treatment that occurs after a course of treatment is completed'

6. —(1) *Subject to paragraphs (2) and (3), where a provider of relevant primary dental services has provided a restoration to a patient as part of a course of treatment or an urgent course of treatment for which the relevant charge calculated in accordance with regulation 4 has been made, or would have been made if the patient was not exempt from being charged, and within the relevant period that restoration has to be repaired or replaced to secure oral health, no charge may be made or recovered for the repair or replacement of the restoration.*

Paragraph (1) shall not apply where—

(a) within the relevant period, a person other than the provider of relevant primary dental services who carried out the original restoration has provided treatment on the tooth in respect of which the restoration was provided;
(b) the patient was advised at the time of the restoration, and it was recorded on the patient record, that—

(i) the restoration was intended to be temporary in nature, or
(ii) a different form of restoration was more appropriate but, notwithstanding that advice, the patient insisted on the restoration that was provided; or

(c) the repair or replacement is required as a result of trauma.

(3) In this regulation, "the relevant period" means the 12 month period beginning on the date on which the restoration was provided and ceasing 12 months after that date

The UDAs that can be accrued for the provision of this service are described in "The National Health Services (General Dental Services and Personal Dental Services) Regulations 2005, Schedule 1 Regulations 17 and 18, Provision of Services: Units of Dental Activity and Units of Orthodontic Activity, Part 1, Units of Dental Activity, paragraph 2".

Example

It is possible that repairs may be required to restorations that fail in normal use, eg a crown may fracture, although the number should be very low.

PCT Action

PCTs that identify practices with a high level of free repairs and replacements should look at the timing of these repairs in relation to the original intervention. A review of patients' clinical records will be necessary to do this. If the time interval is short then it is possible that the original restoration was not fit for purpose and there is a clinical governance and training issue.

It would be helpful for PCTs and contractors to agree an action plan as part of the PCT's clinical governance programme with the contractor. This could involve training support from the local Deanery.

PCTs may wish to consider involving the BSA / DRS in their review process as high levels of repair could indicate that there is a problem with the materials being used or another clinical issue.

3. Prescription-Only Treatments

The regulations allow dentists to examine a patient leading to the issue of a prescription, where this is not part of a full course of treatment.

Where a dentist assesses a patient and issues a prescription but carries out no other treatment, this attracts 0.75 UDAs and no patient charge. Such treatments should be rare (see example below).

Data Source

Whilst the exception reports do not include data on prescription-only treatments, this is included in the monthly reports already submitted to PCTs by the BSA.

Regulations

The National Health Service (Dental Charges) Regulations 2005, 'Charges for the provision of dental services', paragraph 3,

(2) No charge shall be made and recovered under paragraph (1) in respect of—

(e) the examination and assessment of a patient leading to—

- (i) the issue of a prescription,*
- (ii) the repair of a dental appliance,*
- (iii) the arrest of bleeding, or*
- (iv) the removal of sutures,*

The UDAs that can be accrued for the provision of this service are described in “The National Health Services (General Dental Services *and* Personal Dental Services) Regulations 2005, Schedule 1 Regulations 17 and 18, Provision of Services: Units of Dental Activity and Units of Orthodontic Activity, Part 1, Units of Dental Activity, paragraph 2 “. Table B describes Units of dental activity provided under the contract in respect of charge exempt courses of treatment, including 0.75 UDAs for the issue of prescriptions.

Further, schedule 3, part 3, paragraph 20 in the GDS regulations and paragraph 21 in the PDS regulations state:

20,/21. A prescriber shall not prescribe drugs, medicines or appliances whose cost or quantity, in relation to any patient, is, by reason of the character of that drug, medicine or appliance, in excess of that which was reasonably necessary for the proper treatment of that patient.

Example of prescription only treatment

A patient attends an out-of-hours service because of a dental abscess. The dentist assesses her, but because immediate treatment is not possible due to swelling and she is able to return to her regular dentist for extraction, provides no actual treatment and writes her a prescription for antibiotics. She pays no patient charge (although she may be liable to pay a separate prescription charge) and the dentist accrues 0.75 UDAs.

Practitioners should not accrue an additional 0.75 UDAs for prescriptions issued as part of a full course of treatment.

PCT Action

PCTs need to look carefully at high levels of prescription only treatments and seek to understand the reasons. They should discuss the matter with the contractor and ensure that the Regulations are understood and are being correctly applied.

If the PCT identifies a potential problem it may wish to consider reviewing patient records and treatment plans.

Mid year reviews may provide an opportunity for this to be discussed with contractors. In such cases, PCTs may also wish to consider involving the BSA / DRS in their review process.