IMPLEMENTATION: FREQUENTLY ASKED QUESTIONS

Members of the Dental Implementation Group have identified a number of frequently asked questions on the working of the new dental system. The questions and the answers are listed below. The answers are being used by the Business Services Authority, Dental Practice Division in response to queries and are available on their website.

The questions and answers have the DH Gateway Number 6680

Q1 A patient is in the middle of a Band 2 course of treatment and presents in pain in an unrelated tooth. Should I provide urgent treatment and claim for this and charge the patient an additional £15.50?

A. The purpose of urgent treatment under the regulations is to enable the patient, at proportionate cost, to receive a limited range of treatments for the relief of pain or to prevent deterioration of the oral condition. If a patient is already under treatment, then the contractor would provide that additional treatment within the banded course of treatment and the normal charge for that band applies.

Q2 Is there any restriction now on the materials to be used for NHS crowns, for example should only metal crowns be provided?

A. The contractor is expected to use the material most suitable in each clinical case. In the case of a crown, bonded crowns on molar teeth are a much more invasive restoration than a metal one with purely cosmetic gain. Patients deserve a discussion about the merits in each case in order to make an informed choice. However if the proposed crown replaced a bonded one, the circumstances and clinical discussion would be different.

Q3 If I do a normal examination and an orthodontic examination on a child, should I submit two claims and receive two UDAs?

A. Providing the contractor's contract includes orthodontics as an additional service and the contractor is to undertake a number of orthodontic assessments, then it is permitted to undertake an examination (1 UDA) and on orthodontic assessment (1 UOA) at the same time. They are after all quite different. Nevertheless, the BSA monitoring will look at the frequency of all activity under the contract and where activity is unusual the contractor may be asked to provide an explanation and evidence that both had been undertaken properly. (see BSA etc Regulations 2006)

Q4 If I see a patient and provide a repair to a filling, which Band is it?

A. Repair or replacement of a restoration is a banded course of treatment (Sch 3 para 11(3) of the GDS Regs). In this case a filling would be a

band 2 course of treatment generating 3 UDAs and includes any examination or assessment necessary to replace or repair the restoration.

Q5 I am getting a new associate who is on a Performers List of another PCT and my PCT say he needs a CRB check. Is this correct?

A. There are no longer associates as defined in the GDS regulations that were revoked on 31 March. A performer can only be on the performers list of one PCT in England. It is not necessary to change list if the performer moves to another contractor. There is a requirement for new applications for inclusion in a performers list to provide a CRB certificate but we have not yet required a retrospective check of dentists already on a performers list (Sch 1 para 16 of the Performers Lists Regs)

Q6 What constitutes a bridge repair that attracts 1.2 UDAs as opposed to a new bridge that attracts 12?

A. Anything short of a new bridge. Repairs to bridges are rarely satisfactory except as a relatively short-term measure.

Q7 I want to sell my practice that has a £250,000 GDS contract. I am the sole contractor and I have an associate Performer. Can the GDS contract be transferred to the new owner?

A. GDS contracts and PDS agreements are personal to that contractor, and the standard contract therefore makes clear that it cannot be assigned. We have made provision in respect of the death of a contractor to minimise disruption for patients, the NHS and contractor's personal representative. When a practice is to be sold the contract or agreement must terminate and a new one entered into with any successor contractor. The contractor should therefore make early contact with the PCT about the intention to sell so that a smooth transition with minimal disruption can take place.

Q8 My pay schedule from the BSA includes an amount for employee's superannuation contributions. My Performers are self-employed so why does it refer to employees?

A. For the purposes of the Pensions Regulations, the PCT is the employing authority, otherwise the dentist performer would not be eligible for inclusion in the Scheme. The BSA makes deductions from each dentist performer's net pensionable earnings each month, subject to the annual pensionable earnings ceiling for that contract. The BSA DPB then pays the employee's contributions together with the employer's contribution (PCT) to the part of the BSA that acts as the pensions agency each month. This includes VTs who are now defined as "Type 2 dental practitioners" for the purpose of the 2006 Pensions

Amendments Regulations. Under the old GDS system, associates' superannuation contributions were referred to as "employees" superannuation contributions.

Q9 If I refer a patient to another NHS practice for some extractions and fillings under sedation how many UDAs do I get?

A. The regulations only allow for referral of an entire course of treatment when sedation or domiciliary visits are involved. It is not for the non-sedationist to assess suitability for sedation. A patient can be referred for advanced mandatory services as part of a course of treatment. In this case the referring contractor is awarded the UDAs for the entire course of treatment and the patient pays the relevant band charge. The treatment provided on referral attracts the appropriate UDAs, usually 3 but possibly 12 depending on the nature of the advanced mandatory service provided. The patient does not pay a charge for the referred part of the treatment. This is set out in more detail in Fact sheet 13 on the DH website.

Q10 If a patient is in pain and I provide a temporary filling, is there a time limit before I can provide the permanent filling and claim another set of UDAs? What if it is as soon as later that day?

A. There are no longer time bars. Contractors are expected to act reasonably and in the best interests of patients as required by GDC ethical guidance. As Q3 above, if the frequency of two courses of treatment in the same day is unusual the contractor may be required to account for this.

Q11 If a patient presents in pain because of a failed filling and I am able there and then to provide a permanent filling, is this an urgent course of treatment or a Band 2? What if the patient is not in severe pain?

A. Circumstances under which an urgent course of treatment is appropriate are set out in both charges regulations and GDS/PDS regulations, the contractor makes that judgement. The regulations say prompt care and treatment is provided because, in the opinion of the dental practitioner, that person's oral health is likely to deteriorate significantly, or the person is in severe pain by reason of his oral condition; and care and treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain. Schedule 4 of the Charges Regulations (Urgent Treatment) permits 1 filling in any material under the band 1 charge for urgent treatment.

Q12 Issuing a prescription in emergency when clinician needs to examine first – charge or not?

A. It is a charge free treatment - “the examination and assessment of a patient leading to the issue of a prescription, if at the same time, no other treatment listed in Schedule 1, 2 or 4 is provided and no dental appliances listed in Schedule 3 are supplied” (Reg 3(2)(e) of the Charges Regs)

Q13 Do I really charge patients twice if the course of treatment began before 1st January?

A. Yes. Only treatment commenced on or after 1 January and completed after 31 March is subject to the transitional protection in the Charges regulations. This was made clear in the 12 week public consultation on the Charges Regulations launched 7 July 2005.

Q14. I have been fully private from 1st April, can I still refer children for NHS\orthodontics?

A. Yes. private patients can be referred under NHS arrangements for whatever care that they need that you are not able to provide.

Q15. I'm looking at a practice purchase, of an almost 100% NHS practice. The local PCT have intervened and say that the current owner is not allowed to charge for goodwill. Are they correct?

A. A PCT should be in a position to agree to commission from the purchaser and agree a contract price and UDA/UOA value. After that, they should not interfere with the financial arrangements between the vendor and the purchaser for the sale of the practice except that the PCT, vendor and purchaser should use their best endeavours to ensure a smooth transition for those patients who are undergoing a course of treatment that spans the change.

Q16: A patient has a COT band 1, course is finished. Patient returns within 2 months and need a band 2. What is the charge to patient and the UDAs to dentist?

A. The appropriate band 2 charge and the dentist is awarded 3 UDAs. As the patient has returned for a COT in a higher band a new patient charge is applicable, this is the full band charge and not the difference between the band 1 and band 2 charges.

Q17. Patients has a band 1 COT and need a referral for extraction. What is the charge to patient and the UDAs to dentist? What if patient is referred to a hospital that does not charge patients?

A. It is assumed the patient is being referred to a dentist with an advanced mandatory contract. In this situation, the referring dentist charges the patient and claims the UDAs for the complete course of treatment including treatment that they are to have on referral. An extraction would be a band 2 charge and 3 UDAs. The referred to dentist would

tick the treatment on referral box in part 6 and band 2 in part 5 so would be awarded UDAs for band 2 and no patient charge is applied.

If the patient is referred to hospital, the dentist details the band and applies the patient charge for the treatment they have completed. The DH fact sheet No 13 explains the process of referral and is available on the DPD website: www.dpb.nhs.uk (direct link http://www.dpb.nhs.uk/dentist/dentist.shtml)

Q18. Patient has had a crown fitted recently but crown comes lose. Patient returns to the same dentist for recementation of the crown. What is the charge to patient and the UDAs to dentist?

A. If the crown has come lose in a short period after completion of treatment recementation would be considered part of that treatment and no further patient charge or UDAs appropriate

Q19. What band is 2 visit perio (old code 1011)?

A. Code 1011 no longer exists and the number of visits is no longer a deciding factor. If the treatment provided is non surgical and for periodontal disease, (as Schedule 2 to the Dental Charges Regulations) it falls into band 2. If it is simple scaling for maintenance, it falls into band 1. It is for the clinician to determine which category of treatment is being provided.

Q20. Patient has a denture made and returns to same dentist after 3 months for an adjustment to the denture. What is the charge to patient and the UDAs to dentist? What if patient returns after 1 month/6 months?

A. As Q3 above if the ease is required soon after the denture has been fitted this would be considered part of that treatment and no further patient charge or UDAs are appropriate. If the patient returns after a greater length of time Urgent treatment under band 1 charge and 1.2 UDAs would be appropriate. The decision regarding time frames is at the discretion of the dentist. However the BSA will look at the frequency of all activity under the contract and where activity is unusual the contractor may be asked to provide an explanation regarding treatment.

Q21. Patient has a COT consisting of 1 crown (old code 1721) and nothing else. Crown is prepared and impression is taken in March 06 and fitted in April 06. Does dentist charge for code 6511 on old FP17 and a band 3 under nGDS? What is the charge to patient?

A. The dentist fills in code 9200 in part 7C of old form FP17.The patient charge for the entire course of treatment is filled in part 5 (in this case the patient charge for code 1721) the patient must not be

disadvantaged with the patient charge so the lower charge of the old and new system is applied

The date for all transition courses of treatment must be 31 March 2006. Once the course of treatment is completed send in new style FP17 with band 3 box crossed and continuation box crossed so the dentist is awarded 12 UDAs and a second patient charge is NOT deducted.

Further details regarding transition arrangements are available on the DPD website: www.dpb.nhs.uk (direct link http://www.dpb.nhs.uk/dentist/information.shtml)

Q22. New patient has lost a filling and turns up at practice without appointment. Dentist provides a temporary filling and asks patient to make appointment for a check-up and a permanent filling. What is the charge to patient and the UDAs to dentist?

A. Band 2 charge and 3 UDAs for the entire COT as the patient is indicating they wish a course of treatment.

Q23. Patient has had a tooth prepared for a crown and is waiting for the permanent crown to come back from laboratory. Patient turns up as an emergency because a filling on another tooth has fallen out. Is this urgent treatment? What is the charge to patient and the UDAs to dentist?

A. The purpose of urgent treatment under the regulations is to enable the patient, at proportionate cost, to receive a limited range of treatments for the relief of pain or to prevent deterioration of the oral condition. If a patient is already under treatment, then the contractor would provide that additional treatment within the banded course of treatment and the normal charge for that band applies.

Q24. Patient has TMJ symptoms relating to periods of stress and dentist make a soft bite-raising appliance to be worn at night. What is the charge to patient and the UDAs to dentist? What if a hard bite-raising appliance is made?

A. A soft bite-raising appliance (laboratory made) is band 3, charge and 12 UDAs. A hard bite-raising appliance is the same.

Q25. Patient has a periodontal problem and is prescribed several appointments with the hygienist. What is the charge to patient and the UDAs to dentist? The old code 1021/1022 prescribed 4 visits and a minimum of 3 months duration of COT, does this still apply?

A. Band 2 (3 UDAs) charge covers non-surgical periodontal treatment including root-planing, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing.

Q26. Patient turns up without appointment and demands to be seen. Patient is seen and one of the following old codes are provided 3701, 3631, 3611, 3661, 3671 or an x-ray is taken and patient is reassured. What is the charge to patient and the UDAs to dentist?

A. Urgent treatment under band 1 charge and 1.2 UDA's, assuming the patient is not already under treatment with the contractor.

Q27. Regarding our software: When will Formal Change Control processes be introduced? When will new change directives be issued with an implementation date when the change is to come into effect from?

A. Assuming that this is referring to practice management software being used, amongst other things, to transmit forms to the BSA DPD, the contract and processes relating to the use and upgrade of that software are a matter for discussion between the company that provides the software and the end user. The DH / BSA does not provide any such software itself although the BSA does liaise with the companies in advance to test their systems and authorise them for forms transmission.

Q28. Patient turns up without appointment with severe swelling and a tooth that needs extraction. Patient does not want extraction that day and/or it is not possible to do extraction that day so patient is given a prescription and asked to make appointment after 1 week to have the tooth extracted. What is the charge to patient and the UDAs to dentist?

A. Urgent treatment under band 1 covers both the prescription and extraction. 1.2 UDAs and a band 1 charge is appropriate.

Q29. New patient has lost a filling but there is no pain so patient does not think it is urgent and makes a normal appointment. Patient does not want exam but only the filling. What is the charge to patient and the UDAs to dentist?

A. Whether the treatment is urgent or not is at the clinical discretion of the dentist with regard to the definition of urgent treatment as detailed in the regulations. See-The National Health Service (General Dental Services Contracts) Regulations 2005 Statutory Instrument 2005 No. 3361, Part 1 General, Section 2, Interpretation .

If the dentist considers treatment urgent then 1.2 UDAs is appropriate otherwise band 2 (3 UDAs) is appropriate.

Q30. Has DH made it clear to PCTs that when they monitor activity the BSA data is 1 month behind? I.e. when monitoring after 6 months

PCTs need to count the first 7 schedules and after 1 year they need to count the first 13 schedules.

A. The FP17 data processed that makes up the monitoring information available to PCTs each month varies according to which payment group the Provider is currently in. However the DH, PCTs and NHSBSA Dental Practice Division are working closely together to ensure that all information is understood fully by PCTs and therefore appropriate for use as part of any monitoring of the Provider contract that is taking place.

Q31. In a practice based contract there is only 1 practice stamp with the name of the provider so when prescriptions are stamped these will not necessarily be stamped with the name of the prescribing dentist. I have been told by our pharmacist that a prescription is not legal unless it has the stamp of the prescribing person on it. Any solution?

A. The GDS Regulations Schedule 3, Part 2, Para 19,(2) indicate that a prescription must be signed by the prescriber and be on a form supplied by the PCT. Para 86 requires the prescription to include the name and clinical profession of the prescriber and identify the contractor on whose behalf it is signed. PDS Regulations contain a similar paragraph. These are the same requirements as nGMS and PMS.

The British National Formulary, Sept 2005, in the section on Prescription Writing (Page 4 and following) gives information on how a prescription should be written. Among other things it indicates that a prescription should be signed in ink by the prescriber and should be legible but does not mention a dentists stamp. The address of the prescriber is only mentioned in the case of computer printed prescriptions and where controlled drugs are prescribed. The practice stamp is clearly needed so that the prescriber can be contacted, via the Contract Holder if necessary, but the prescription must be signed by the prescriber, whose name should ideally be written in block capitals or stamped