



Llywodraeth Cymru  
Welsh Government

## **Guidance on Management of NHS Orthodontic Contracts in Primary Dental Care**

### **1. Purpose**

The purpose of this document is to provide guidance to Local Health Boards (LHBs) on the management of GDS orthodontic contracts and PDS orthodontic agreements. It is important for LHBs to ensure continuity of service provision for orthodontic patients, given the extend time periods these courses of treatment take to complete.

### **2. Background**

Two reports into the delivery of orthodontics, one from a Welsh Assembly Government Task and Finish Group and a second separate National Assembly for Wales Inquiry, have made recommendations about the need to improve the efficiency and effectiveness of the orthodontic services delivered in Wales. Both reports highlighted the pressing need to develop effective planning and management processes for these services.

The Welsh Government has acknowledged and welcomed both reports and has established an implementation process to improve orthodontic services in Wales. Therefore, this guidance has been developed to support LHBs and orthodontic providers to begin to deliver more effective services.

This paper includes guidance on:

- set processes for annual contract review
- interpretation of readily available data
- the use of data for improved contract management
- specific contractual information requirements
- policy developments for the delivery of effective services

### 3. Process of annual contract review

1. An analysis of the previous year's orthodontic data should be carried out by the LHB using the E-reporting facility prior to the annual review. The LHB will seek advice, if required, from local managed clinical networks, or where no network exists from Public Health Wales, on any issue that requires clarification.
2. The Annual review will be carried out as specified in contract/agreement regulations (the NHS (GDS Contracts) (Wales) Regulations 2006 and the (the NHS (PDS Agreements) (Wales) Regulations 2006).
3. The same toolkit should be used for all the GDS/PDS orthodontic service providers contracting with the LHB.
4. An annual report should be sent to a provider **at least two weeks prior to the annual review**. The provider should be given an opportunity to provide comments and explanations for any shortfall in contractual obligations or other concerns highlighted by the LHB.
5. Once the LHB has received the information/comments from the provider, it should arrange an appointment with the provider for an annual review of their performance in relation to the contract/agreement.
6. Following the annual review, the LHB will prepare a draft record/report of the meeting for comment by the contractor and, having regard to such comments will produce a final written report of the review.
7. A copy of the final record referred in paragraph (6) should be sent to the provider.
8. Feedback on the process should be sought from the provider.
9. An action plan should be drawn up to address issues of concern identified during the annual review process.
10. Relevant findings and outcomes from the review should feed into the LHB's clinical governance system.

A Provider may request the LHB to involve of the Local Dental Committee (LDC) in the annual contract review (Local Health Boards (Consultation with Local Dental Committees) (Wales) Regulations 2010).

The six monthly review should follow the similar process in the timeframe stipulated in the NHS (GDS Contracts) (Wales) Regulations 2006 and the NHS (PDS Agreements) (Wales) Regulations 2006.

#### 4. Interpretation of some readily available data

This guidance provides basic guidance on what to look for during the analysis of the data. Dental leads/managers responsible for managing orthodontic contracts are advised to seek advice from the MCN and/or Public Health Wales.

##### 24 month ratio of assessment to patient ID

This ratio should be close to one. This ratio increases if patients are assessed more than once within 24 month period. This might be due to patient being referred prematurely (early referral), and the provider/performer carrying out multiple assessment and review until the patient reaches right age to start treatment.

##### Percentage of all assessments that were 'assess and review'

A high percentage of assessment and reviews indicate early (premature) referrals. If patients are referred too early, orthodontic providers/performers are expected to send them back to the referring dentists for review and referral at the right age. It is recognised that some children need to be seen early. Early referrals are specified as per BOS guidelines, (see Annex 2).

*NB: Some providers provide orthodontic treatment to their own GDS practice patients only. There should be hardly any 'assess and review' within these services.*

##### Percentage of all assessments that were 'assess and refuse'

A high percentage of assessment and refuse indicates inappropriate referrals. Referrals for orthodontic treatment may be considered inappropriate due to various reasons such as low IOTN, poor oral hygiene, patient not wanting treatment, or high decay risk etc. If a provider does not accept referrals and provides orthodontic treatment to his/her GDS practice patients only, there should be hardly any 'assessment and refuse'.

##### Percentage of all assessments that were 'assess and fit appliance/treatment start'

A high percentage of 'assessment and treatment start' as a proportion of all assessments indicate that a high percentage of patients referred to the orthodontic practice were appropriate. The number of 'treatment starts' annually should be around the number of contracted UOAs divided by 22.5. **This calculation expects 1 treatment start out of every 2.5 assessments and is in line with guidance from Department of Health (England).**

Percentage of terminated (either abandoned or discontinued) course of treatment

Reasons for a high percentage of terminated course of treatments should be clarified with the provider. It could be due to a number of reasons including poor case selection for treatment, a strict policy on 'Do Not Attends', or a breakdown of relationship between the provider and patients etc. The percentage of terminated course of treatment should be as low as possible because it represents a waste of NHS resources. **NB: currently orthodontic providers receive the same number of UOAs for abandoned, discontinued and completed cases.**

Percentage of treatment start where IOTN was less than 3.6

This shows treatments are being carried out on patients who do not qualify for NHS orthodontic treatment. There should not be more than a few exceptional cases where patients receive orthodontic treatment despite not qualifying under the IOTN criteria e.g. those patients offered orthodontic treatment after appeal procedure.

High discrepancy between treatment start and treatment completed

For any mature practice, the number of 'treatment starts' should not be very different from number of treatments completed. If there is a high discrepancy between the number of 'treatment starts' and 'treatment completed', further data analysis should be carried out to find out, if the discrepancy is due to:

- a) A high number of terminated courses of treatment
- b) Considerable variation on UOAs delivered each year
- c) Recent improvement in ratio of assessment: treatment start compared to same ratio 18-24 months previously
- d) Providers not completing FP17OWs when treatment is completed or choosing not to complete the form when outcome has been poor
- e) A combination of one or more of above reasons

It should be remembered that most courses of orthodontic treatment, take 18-24 months to complete.

Repairs

Orthodontic providers can claim for repairs if they repair an appliance fitted by another provider.. If a contractor is claiming for a higher number of repairs compared to the LHB average, LHBs should seek reasons for such claims. LHBs should also monitor the total number of repairs across all contracts and if this is considered high discuss with the MCN, LDC and/or Public Health Wales.

Percentage of completed treatment where PAR score was taken

Orthodontic providers are **contractually required** to carry out a Peer Assessment Rating (PAR) score on 20 cases plus 10% of the number of cases over 20. PAR scoring is important to assess the outcome of orthodontic treatment carried out by the provider.

An acceptable standard of treatment is represented by a reduction in the PAR score of 70 percent. In addition, less than 8 percent of the cases should be categorised a "worse or no different". LHBS should ensure that MCNs lead the development of a practical and cost efficient system of PAR monitoring in their area.

Number/percentage of cases treated with removable appliances or one arch fixed appliance

The majority of orthodontic cases in the NHS are treated with fixed appliances on both arches. If a provider is treating unusually high number of cases with removable appliances only, or one arch fixed appliance only, IOTN and PAR scoring of such cases should be independently checked. This will ensure that patients were of appropriate IOTN prior to the start of treatment and that PAR reduction after the completion of treatment was acceptable.

**5. How can data/information be improved for improved contract management?**

Compliance with the requirement to complete all appropriate fields on the FP17OW is poor. This means that the current orthodontic dataset is incomplete and requires improvement. All fields on FP17OW **must** be completed to ensure the robustness of data for monitoring and performance management. The Welsh Government is discussing with NHS Dental Services arrangements for the return of unsatisfactorily completed forms to providers in Wales.

Providers need to fill in only **one form** (FP17OW) for 'assessments' only and **two forms** (FP17OW) for every patient if treatment is provided (the first at the start of treatment and the second when treatment is completed or discontinued).

As a minimum the following fields on the FP17OW should be completed by all providers/performers\_

- a) Patients Date of Birth and Postcode
- b) All fields on part 5 of the form

The IOTN index should be filled in for treatment starts as well as assessments. IOTN of all assessments will inform the appropriateness of referrals and help assess if further changes are required in the referral management system/s.

The IOTN **must** be supplied for all 'treatment starts'. This data is *absolutely* necessary to ensure that only those who qualify under IOTN criteria receive treatment.

Part 5 also contains a section for date of referral, date of assessment and date of appliance fitted. This information is useful in calculating average waiting time for patients from referral to treatment (RTT).

- c) All fields in part 6 should be filled when treatment is completed, abandoned or discontinued or an appliance fitted by another dentist is repaired.
- d) Part 4 should be completed when treatment is started and again when treatment is completed. However, completion of this section is more important when treatment is completed. This data provides information on the treatment pattern of a practitioner.
- e) Guidance on how to complete FP17OW can be downloaded from NHSBSA, Dental Services website <http://www.nhsbsa.nhs.uk/1145.aspx>

## 6. Specific contractual information requirements

**It is recommended that this schedule forms the basis of new information requirements in PDS agreements and is agreed with Providers in advance of the new financial year.** This information set can be used as the basis of contract monitoring requirements and to inform six month and Annual reviews.

Indicators	Benchmark	Comments
Delivery of contracted UOAs annually	Within tolerance level (5%)	
Completion of all fields/sections on FP17OW	All fields	
Number of 'treatment starts' per year	Minimum of contracted UOA ÷ 22.5	
Number of 'treatment completed' per year	Similar number to 'treatment starts' 18-24 months previously	
Treatment outcome: % of PAR reduction	As per regulations	
24month ratio of assessment to patient ID	1	
% of terminated courses of	LHB average/Wales average/UK	

<b>Indicators</b>	<b>Benchmark</b>	<b>Comments</b>
treatment	average	
Number of repairs claimed per year	Nominal numbers	
% of patient satisfied with the treatment	More than 90%?	
QAS return	Return with no issues	
DRS report	No issues	

## **7. Policy developments for the effective delivery of orthodontic services**

In addition to the development of effective planning and performance management processes, LHBs should consider developing policies that will improve the quality of orthodontic care delivered. LHBs will wish to consider working together on these issues and ensure that the local Managed Clinical Network is fully involved in the development of policy.

MCNs are able to advise and work with the LHB on the development of a wide range of quality issues. These include:

- Development of efficient referral management processes
- Monitoring of treatment outcomes
- Calibration of orthodontic providers/performers use of orthodontic indices
- Accreditation of dentists with enhanced skills in orthodontics
- Development of policy on contract/agreement extensions
- Development of policy on the transfer and termination of contracts/agreements

LHBs should also consult with their respective LDCs, as is statutorily required, in the planning and delivery of dental services including:

- the development of strategy for the future delivery of dental services and oral health care
- proposals for significant changes to current forms of provision or additional primary dental services.

**Dental Division  
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