

Dental Activity Review 2015/16

28 Day Re-attendance

LDC Conference 12th June 2015

- Carole Doble, Head of Dental Services NHSBSA
- Paul Gray, Senior Clinical Adviser NHSBSA
- Sarah McCallum, Dental Activity Review Programme Lead NHSBSA
- Carol Reece Senior Programme Lead (Dental) NHS England

Programme background

- NHS Protect carried out a Dental Contractor Loss Analysis which concluded that the estimated loss to suspected contractor fraud during 2009/10 was £73.2m per annum based upon an assessment of resolved treatment queries.
- Figures updated by NHS Protect for 2012/13 showed this to have risen to £92.2m.
- Subsequent analyses of 2013 data by NHSBSA and NHS Protect showed that splitting behaviours (including those due to error and misunderstanding) are valued at between £52.4m and £63.5m per annum.

Programme background

- Ministers requested a programme of activity to tackle the behaviours identified by NHS Protect and recover monies where applicable for the NHS.
- A business case was worked up for Ministerial approval by the NHSBSA, Department of Health, NHS England and NHS Protect. This was approved on 23rd December 2014.
- The main focus of the Programme initially will be on 28 day re-attendance claims, which could potentially signal “split” courses of treatment. It is felt that re-attendance within 28 days should be a rare event. Urgent treatments are excluded.
- The programme of work is owned by NHS England, but the operations will be delivered by the NHSBSA through their existing contract monitoring and clinical services role.

NHSBSA clinical services

Since 2006 when the new contract was introduced, the NHSBSA has provided a clinical service to the NHS which consists of a team of 12 clinicians who work closely with NHS commissioning teams around the country.

The team carry out the following activities:

- Work together with our statisticians and information analysts to develop a risk model to identify contracts for further investigation.
- Review activity data and carry out targeted clinical record checks based on the risk model and leads from the NHS.
- Carry out patient examinations where necessary.
- Provide reports to Commissioners where there is evidence of contractual and legal non compliance with regulations.

NHSBSA contract monitoring to support the NHS

In addition to the clinical service the NHSBSA also carries out the following monitoring activities.

- Patient surveys.
- Benefit eligibility checks on patients claiming exemption from NHS charges.
- Analysis of activity data and development of contract monitoring reports e.g. vital signs.
- Dental activity reviews which identify usual patterns of activity on specific areas and may involve seeking clarification from dental contractors on their activity patterns.

Dental Activity Reviews

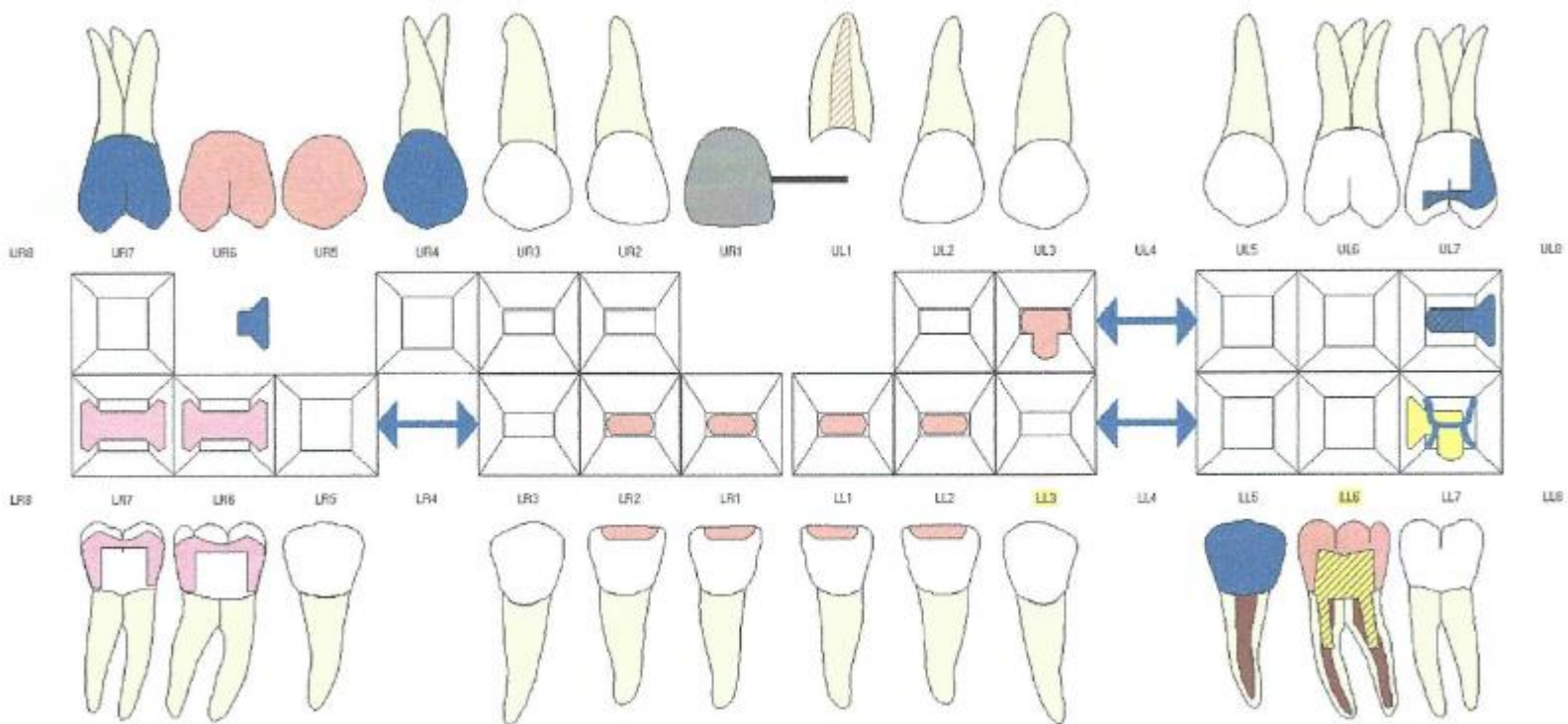
Band 3 Treatment to Children - undertaken in 2013

- 72,000 courses of treatment representing 0.7% of all child treatments.
- 383 contracts identified as outliers. 117 of those were sent a letter asking for further clarification on these treatments.
- Responses were reviewed by our Clinicians and 81% of these were then raised as concerns with the Area Teams responsible for those contracts.

Behaviour impact was Band 3 treatments to children on these contracts fell from 3.1% in 2012/13 to 1.8% in 2013/14. 86% of contracts showed reduced rates in the following year.

Paul Gray
Senior Clinical Adviser
NHSBSA

Splitting example Middle Aged Lady Patient



14/12/2012 - [IH]

comp , shade A2
occ chekd

14/12/2012 - [IH]

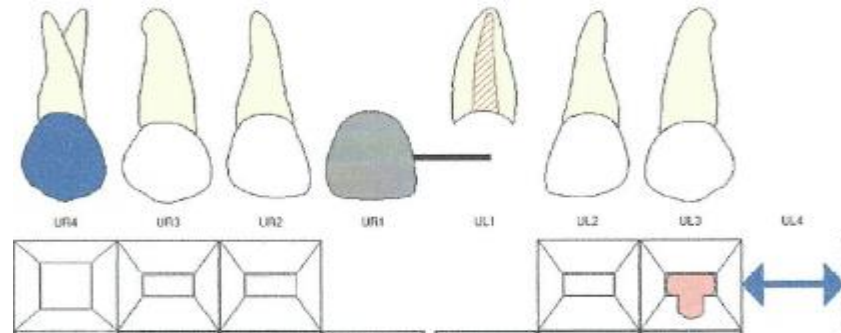
c/o sens ll3 and upper denture cracking, 3rd denture
rmh: nil realvant
o/e ll3 incisal faceting sens to probe- comp placed
upper denture crack
offrd Cr-Co denture vs bridge (cant ul1)
pro and cons of each
pt prefers bridge
pln:
tea for bridge prep

1 X Filling
To return for a bridge

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
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09/01/2013 - [IH]

no la opted
 ul1- pfm prepped
 ur2- wing
 fixed-movable design
 shade B2
 lab: jdc
 imps pvs



difficulties: minimal tooth structure remaining - multifactorial loss of tooth structure
 pln:

tea for fit

21/01/2013 - [IH]

IH/MH

Temp: none

Tried in, fit satis- showed in mirror to the pt prior to cementation

pt happy with appearance/colour match

Margins checked: ok

Cemented with GIC luting

Occlusion checked - spot on

Occlusion checked again-ok

Pt advised not to chew hard foods for 24 hours

Pt happy and grateful for tx

1 X Bridge

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2

13/03/2013 - [IH]

c/o #bridge u11 , grand child banged head to front teeth and bridge broke off , no pain or swelling
o/e u11 porcelain facing partial fracture
options: repair wit gic and limitation vs dismantling or cutting down bridge with possible complications
pt prefers gic repair
gic repaired
happy with result
warned may not be successful

**Repair using Glass Ionomer
Continuation**

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2

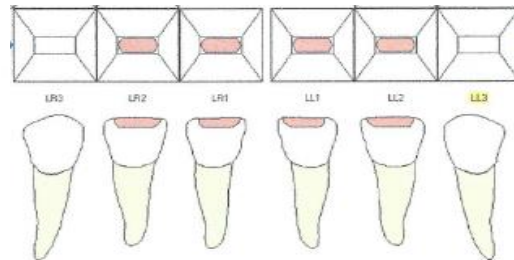
28/03/2013 - [IH]

co very sharp u11 as fill lost and hurting lip/tongue, lower teeth sens
repair didnt last long and requested new bridge- declined la option
o/e u11 sharp porcelain edge- smoothed with stone- gic repaired again
re-make bridge under sedation agreed- ref to [REDACTED]
tca for lower ante comp build up as sens teeth

**Repair using Glass Ionomer
To remake bridge under sedation**

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4

04/04/2013 - [IH]
ShadeA2



**?
Composite Fillings**

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4

01/05/2013 - [RMS12]
Completed - Exam/Report

**?
Different dentist
Internal referral**

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
Band 3	01/05/2013	01/05/2013	12.0	32.4

09/05/2013 - [RM1] UR1
 Completed - Bridge - [Impressions]

09/05/2013 - [RM1]

Shade B3

Structur temp crown.

- Warned to take care with temp as only plastic.

16/05/2013 - [IH]

pt approved bridge color/shape/size prior to cementation

cemented with gic luting

occ spot on

happy with tx

16/05/2013 - [IH]

Completed - Exam/Report

**New bridge made
 Continuation
 Different dentist ?**

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
Band 3	01/05/2013	01/05/2013	12.0	32.4
Band 3	09/05/2013	16/05/2013	12.0	44.4

09/07/2013 - [RM1 on behalf of]
CO LOST BRIDGE
 oe abutment #. recem c gi, poor prognosis.
 Pt told

Bridge repaired

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
Band 3	01/05/2013	01/05/2013	12.0	32.4
Band 3	09/05/2013	16/05/2013	12.0	44.4
Urgent/Occasional	09/07/2013	09/07/2013	1.2	45.6

17/07/2013 - [IH]
 co bridge broke off and tooth broke off
 aware that nothing much can be done now
 o/e ull root now
 offerd acrylic denture and agreed

Bridge fractured Tooth replaced with denture

17/07/2013 - [IH]

imps alg
 shade A3
 [redacted] lab
 tca for fit denture

24/07/2013 - [IH]

denture fitted
 adjustment made
 happy with denture
 see 6/12

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
Band 3	09/01/2013	21/01/2013	12.0	13.2
Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
Band 3	01/05/2013	01/05/2013	12.0	32.4
Band 3	09/05/2013	16/05/2013	12.0	44.4
Urgent/Occasional	09/07/2013	09/07/2013	1.2	45.6
Band 3	17/07/2013	24/07/2013	12.0	57.6

12/09/2013 - [IH]

Completed - Exam/Report

No radiograph sent

12/09/2013 - [IH]

co ll6 painful to biting and sens sometimes, and giving jib now

o/e ll6 non ttp, no pockets today

bite test _ve

1xpa ll6

inadequate vertical and horizontal obtu lr6

imp: ?vertical #

offred xla as best option- declined

will contact when it gets worse

see sos

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
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Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
Band 3	01/05/2013	01/05/2013	12.0	32.4
Band 3	09/05/2013	16/05/2013	12.0	44.4
Urgent/Occasional	09/07/2013	09/07/2013	1.2	45.6
Band 3	17/07/2013	24/07/2013	12.0	57.6
Urgent/Occasional	12/09/2013	12/09/2013	1.2	58.8

10/10/2013 - [IH]

denture broke off and requesting new one

10/10/2013 - [IH] UR1

Completed - Denture - [Impressions]

10/10/2013 - [IH]

imps taken

bite taken

lab

tca for fit

31/10/2013 - [IH]

denture fitted

adjustment made as per pt wishes - lenght

adv pligrrip as slightly loose

discussed removal root u11- happy to leave for now

review denture 2/52

Denture fractured ? New denture made

Urgent/Occasional	14/12/2012	14/12/2012	1.2	1.2
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Band 2	13/03/2013	13/03/2013	3.0	16.2
Urgent/Occasional	28/03/2013	28/03/2013	1.2	17.4
Band 2	04/04/2013	04/04/2013	3.0	20.4
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Band 3	09/05/2013	16/05/2013	12.0	44.4
Urgent/Occasional	09/07/2013	09/07/2013	1.2	45.6
Band 3	17/07/2013	24/07/2013	12.0	57.6
Urgent/Occasional	12/09/2013	12/09/2013	1.2	58.8
Band 3	10/10/2013	31/10/2013	12.0	70.8

£2,700.00

Sarah McCallum

**Dental Activity Review Programme Lead
NHSBSA**

Programme Overview

- **2014/15 data and the 28 day re-attendance landscape**
- **Operational objectives**
- **Timeline**

2014/15 Data

- Previous analyses and assessments have shown high volumes of courses of treatment being provided within 28 days of a previous course (excluding Band 1 Urgents).
- The rates have reduced for the 2014/15 data but there are still significant volumes of these incidences, which are expected to be relatively rare.
- During 2014/15 around 760,000 FP17s were submitted within 28 days of completion of a previous course of treatment.
- This represented 1.7m UDAs with a value of around £43.5m (at £25 per UDA)

- The average rate per 100 claims across England is 2.5.
- 32% of contracts have rates higher than the average and these have made 64% of the 28 day re-attendance claims.
- We will be reviewing 277 (3.5%) of contracts (Group A) who have the highest volume of 28 day re-attendance claims and where their rate is 3.75% or above (i.e. at least 50% higher than the national rate).
- We will also be inviting a further 712 contracts (Group B) to self-audit their claims and report their findings. These are the remaining contracts where the rate is 50% or more higher than the national average.
- We will be happy to provide data to support any other providers who wish to receive data to enable them to review their own 28 day re-attendance claims.

Operational objectives

- **Improve our understanding of the 28 day re-attendance landscape**
Feedback from casework to inform and improve overall estimate of the risk area and contracts: claiming practices, diagnosis, treatment planning patient features, contractual factors?
- **Raise awareness of “splitting” as inappropriate and change behaviour where appropriate**
Contact every contract to raise awareness and provide contract figures
Enable contractors to review contract performance through self audit and ensure appropriate claiming going forward

Operational objectives

- **Recover monies to the NHS where appropriate**
Where a review establishes evidence of a pattern of splitting courses of treatment the NHS will seek to recover monies

What happens next?

Phase 1 - Letter sent to all providers describing the exercise and providing contract specific data. This gives providers the opportunity to review the level of risk within their contract and the reasons behind it. Advises where they will be required to submit records for formal review by the NHS BSA's clinical team

Group C – (c 280): to advise of high rates and advising that they will be getting a request for a sample of records so that we can formally review their 28 day re-attendance claims.

Group B – (c.700): highlighting the potential issue within their contract and providing an opportunity for them to self- audit and review practice behaviours

Letter A - (c.7,000): largely for information. Opportunity to obtain their data and self audit

High level view of operational framework

Phase 2 – Formal review phase where Group C are asked to submit records for the NHS BSA to review.

All responses will be subject to casework and clinical review.

Caseworkers will support the CAs' review of the records, data and other information.

Review and consultation with low risk providers to understand how best practice is delivered

Phase 3 – Formal review phase to be extended to Group B providers where they have not so far engaged. Ongoing review of data to assess behaviour changes.

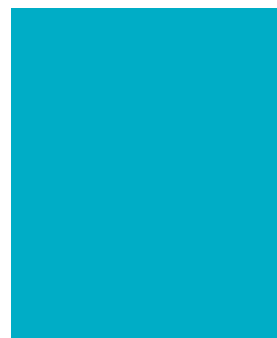
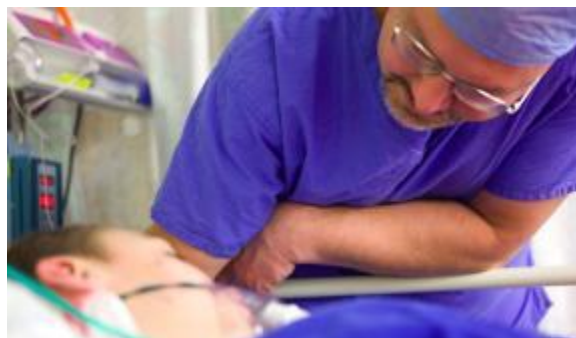
Timeline

15 June	Message to dentists via Portal and BDJ In Practice
End June	Phase 1 commences
Mid July	All Phase 1 letters will have been sent out
Mid July	Phase 2 review letters will commence, requesting record cards for review

Contractors wishing to carry out a self-audit can request the data they will need at any time after they receive the letter.

Regular updates on the programme will be provided to stakeholder groups

Carol Reece
Senior Programme Lead
(Dental/Community Pharmacy/Optical)
Primary Care Commissioning



**Dental Contract
Loss Programme
June 2015**



NHS England's role

- NHS England own and finance the Programme of work
- Delegated operational responsibility to NHS BSA
- Provide strategic governance through the Project Board
- Assure operations through the Working Group
- Liaise on individual cases with Clinical Services team at local level