Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	Friday 27 July 12
TITLE:	How the PCT Monitors Quality of NHS Dentistry in B&NES
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix - Mr HB report and PCT response. Also an open public item.	

1 THE ISSUE

1.1 How the PCT Monitors Quality of NHS Dentistry in B&NES.

2 RECOMMENDATION

The Wellbeing PDS is asked to note the report.

3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications.

4 THE REPORT

Quality Monitoring Process

4.1 The PCT took over commissioning NHS Dental Services from 1 April 2006. The PCT commissioned the Dental Reference Service (DRS) to inspect all NHS dental practices in B&NES on a three yearly cycle. This covered the physical premises, equipment, policies and procedures, record keeping and an examination of a sample of patients. If the DRS had any concerns about a practice they would visit them more frequently. After the visit the DRS would send a copy of the action plan resulting from the report to the PCT via the Avon Dental Commissioning team. Six months after receipt of these reports the PCT would write to practices asking them for assurance that the actions were complete.

4.2 The staffing of the DRS was reduced significantly in April 11. So the Dental Reference Officers (DRO) are only able to support PCT in dealing with PALS enquiries and complaints, providing second opinions for dentists and patients and advising the PCT on dentists whose performance gives cause for concern.

4.3 Since 2006, the PCT, in addition to the DRO service reviewed contract compliance with dental practices via a self assessment process. This included compliance with NICE guidelines, quality assurance, complaints system, treatment plans, referral notices, data protection, patient information, patient charges and patient choice. If there were common areas of non compliance across the B&NES dental practices then the PCT sent out suitable resources e.g. providers of CRB checks; or set up an incentive scheme e.g. funding provision of fluoride varnish and fissure sealants; or access to training e.g. support to stop smoking. All these measures were put in place to improve compliance.

4.4 The PCT held an event in February 11 which aimed to establish a local learning network, this covered decontamination, legionella advice, infection prevention and control and data protection. There were representatives of most practices across B&NES with approx 120 attendees.

4.5 When a dentist applies to join the B&NES Dental Performers list a number of checks are carried out. These are undertaken by the Primary Care Support agency on behalf of the PCT and include CRB checks, references, English language test attainment scores, qualifications, experience etc. All applications are then signed off by the Clinical Governance Lead at the PCT. This process provides assurance on the quality and competency of the dentists that we commission services from in the area. If a dentist does not meet the agreed minimum criteria at application, then they will either be refused application to the list or given a conditional inclusion which usually involves supervision of their practice for a determined period of time.

4.6 If concerns regarding the clinical competence/ practice of a dentist come to light, the PCT has a robust process for investigating the concerns and taking action if required against the dental performer’s list regulations. All cases are then presented to the PCT Performance Decision Making Group for formal decision making against the dental performers list regulations. These are also summarised and scrutinised by the Board in the Confidential Session.

4.7 The PCT also reviews controlled drug prescribing for all prescribers in B&NES, including dentists. Where there are any concerns regarding prescribing investigations are carried out lead by the PCT Accountable Officer.

4.8 The PCT has a NICE Commissioning Group which ensures that all relevant NICE Guidance is disseminated and implemented by providers including dentists.

4.9 The PCT has strong links to a dental advisory support group where clinical quality issues can be discussed anonymously.

4.10 If a new piece of legislation or guidance relating to NHS Dental Services is produced the PCT commissions specialist advisors to assess practices and advise them on how to be compliant e.g. in 2011 the PCT decontamination lead asked all NHS dental practices in B&NES to complete a self assessment on the basis of their return. A further risk assessment was carried out and practices of concern received a visit from the decontamination lead.

Detail of process carried out in 2011/12

4.11 The PCT carried out a risk assessment of all dental practices in B&NES and then choose certain practices to concentrate on. The PCT looked at location – so all geographies were covered, BSA exception reports, vital signs reports (see appx1) showing the size of the contract,

activity levels and whether the practice is meeting their contractual activity levels, the number of new patients seen, access trend analysis and quality markers. The quality markers measure whether patients are being recalled too frequently, that not too many patients need urgent care, not too many repairs are needed, not too many continuations (where extra treatment is provided for a charge-paying patient within two months of completing a course of treatment), patients satisfaction with the care they received and patients satisfaction with the time they had to wait for an appointment (see appx 2 for more details). A clinical advisor also looked at low % of band 3 treatments and very low band 2 to ensure that practices were providing the full range of treatments on the NHS. The PCT also reviewed any PALS enquiries/ complaints.

4.12 This resulted in the PCT (PCT lead commissioner and local clinical advisor who is a B&NES dentist) meeting with some practices across B&NES.

4.13 The practice visit (draft agenda appx 3) included looking at their vital signs report for the previous year (appx 1) and year to date for the current year. The PCT also discussed the End of year statement (appx 4) with each practice that included the clinical dataset. The PCT also discussed any PALS issues notified to the PCT and any complaints that the practice had received from patients in the previous year. As a result of this visit the PCT drew up an action plan which all the practices signed up to achieving.

4.14 This process was reported to the PCT PEC and Board within the integrated performance report.

Patient feedback

4.15 Since 2008, the PCT has reviewed any complaints or PALS inquiries that were copied to the PCT that related to dental care. Dental practices have a legal obligation under the Complaints Regulations to respond directly to the complainant but as a matter of course the PCT requested copies of the responses and reviews these and follows up any that were of cause for concern. Analysis of PALS/ Complaints are carried out each quarter by the PCT, practices with a higher number of complaints/ PALs issues are identified and the Quality Leads attend specific contract meetings and in one instance carried out a practice quality visit where the complaints process was reviewed.

4.16 Healthy Conversations are regularly held by the commissioners to seek public and voluntary sector views on service change/ development. One of these events was held to discuss patient experience of dental services.

4.17 The PCT is alerted to any comments that patients post on NHS Choices about any dental practices in B&NES and when negative comments are received these are taken up with the practice.

Additional Process in 2012/13

4.18 From 1 April 2011 NHS dental practices in B&NES have been registered with the Care Quality Commission (CQC). Each dental practice has submitted a self assessment form across 16 outcomes. As a result of these self assessments and other data that CQC receives the CQC chose to visit a number of practices in B&NES. The reports of these visits are published on the CQC website and are available to the public. The dental practice then has 14 days after the publication of the report to send CQC an action plan detailing the improvements that need to be made. CQC will be informed in writing when these compliance actions are complete.

4.19 If a practice has any areas of non compliance with the CQC Essential Standards of Quality & Safety, the PCT will be writing to them to request a copy of their action plan to CQC and also when they confirm to CQC that the actions are complete.

4.20 The PCT is waiting for 2011/12 outturn data for the clinical dataset. The PCT meets with 4 dentists across B&NES on a quarterly basis for to discuss issues with commissioning dental services from a clinical perspective. We have agreed as part of this years work programme (2012/13) that the dentists will go through all the clinical datasets for 2010/11 and 2011/12 to see if they can see any areas of concern, whether this is data quality issues, or an unusual clinical practice. The PCT will then write to dental practices asking them for feedback.

Conclusion

4.21 The PCT does take into account the quality of the dental services that it commissions but accepts that the process is not perfect. The PCT is working with local dentists to continue to refine the process to enable a smooth transfer to the new working arrangements between the Local Area Team of the NHS Commissioning Board and Local Professional Networks.

Appendix 1

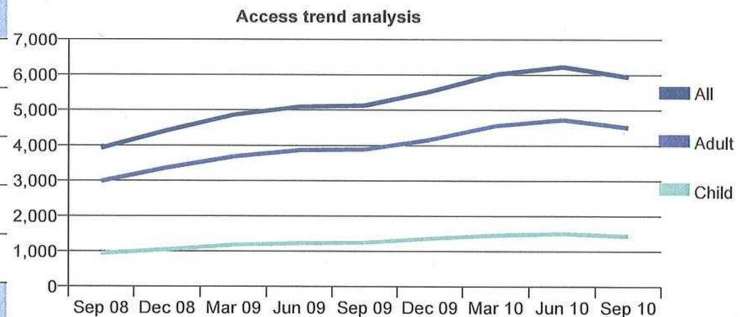
5FL - Vital Signs At a Glance Contract Report for - September 2010

Name or company name	
Contract type name	GDS Contract
Purpose of contract	General
Contract start date	01/04/2006
Contract end date	

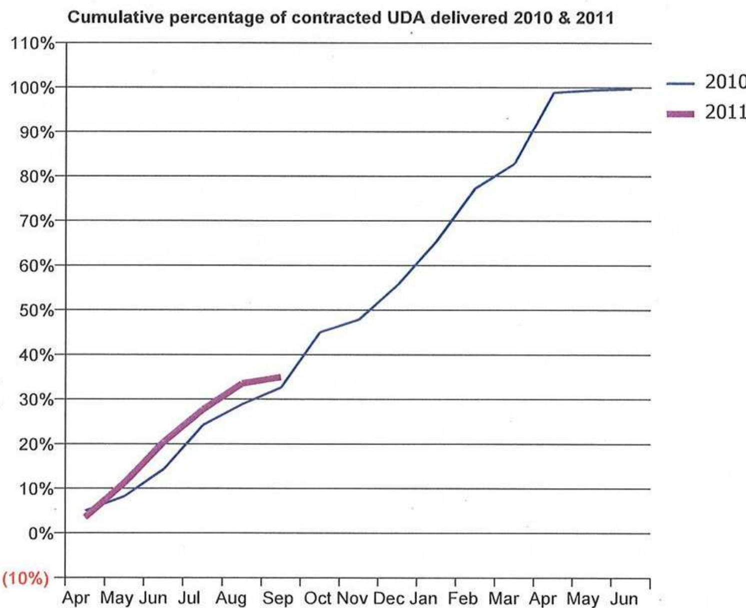
10/11 Contracted general activity (UDA)	12,661
Carry forward general activity (UDA)	0
10/11 Contracted orthodontic activity (UOA)	63
Carry forward orthodontic activity (UOA)	0
Baseline contract value	

ACCESS

Patients seen in 24 months	Total	Change since previous quarter
Quarter ending September 2009	5,130	
Quarter ending December 2009	5,525	↑
Quarter ending March 2010	6,017	↑
Quarter ending June 2010	6,227	↑
Quarter ending September 2010	5,939	↓
Variance since September 2009	15.8%	↑



ACTIVITY



Adjusted Scheduled Activity (UDA)		
Month	2010	2011
April	622	443
May	1,015	1,420
June	1,767	2,588
July	2,985	3,505
August	3,559	4,248
September	4,026	4,433
October	5,549	
November	5,902	
December	6,864	
January	8,073	
February	9,533	
March	10,213	
April	12,193	
May	12,263	
June	12,299	

QUALITY

	Quantity	Base Number	Contract**	PCT	SHA	England
% of FP17s for the same patient ID Re-attending within 3 months	692	3,957	17.5%	16.5%	19.2%	19.4%
% of FP17s for the same patient ID Re-attending between 3 and 9 months	1,433	3,957	36.2%	54.7%	52.6%	48.6%
% of FP17s for Band 1 Urgent Courses	183	2,189	8.4%	6.7%	7.7%	8.2%
% of FP17s Relating to Free Repair or Replacements	60	2,189	2.7%	1.1%	1.1%	1.0%
% of FP17s Relating to Continuations	51	2,189	2.3%	2.3%	2.6%	2.2%
% of Patients satisfied with the dentistry they have received	49	54	*90.7%*	93.1%	93.0%	91.6%
% of Patients satisfied with the time they had to wait for an appointment	48	54	*88.9%*	90.1%	89.0%	86.3%

* This is based on patients treated on this contract for their most recent course of treatment.
** Figures in italics indicate the base number of FP17s or Patient Questionnaire responses are less than 100. N/A is shown where the base number of responses is less than 10 during the period.
% is calculated as Quantity/Base number*100

Appendix 2

(d) Quality

A World class commissioner will give strong focus to the quality element of the NHS Dental Services report and use this as the basis for debate with practices and with public health and dental practice advisers about how to improve performance and improve access.

- Expect this figure to be higher if commissioning urgent access slots
- High proportion of Band 1 urgent courses may indicate an issue with the quality of diagnosis or treatment planning
- Very low proportion of Band 1 urgent courses may indicate that patients are not able to access urgent treatment

- High level may indicate an issue with the quality of treatment being provided
- Low level over a period of time may indicate that patients are not able to access urgent treatment

Quality						
% of FP17s for same patient ID re-attending within 3 months	% of FP17s for same patient ID re-attending between 3-9 months	% of FP17s for Band 1 urgent courses	% of FP17s relating to free repair or re-placements	% of FP17s relating to continuations	% of patients satisfied with the dentistry they have received	% of patients satisfied with the time they had to wait for an appointment
16.4%	58.8%	5.3%	0.8%	2.7%	93.7%	89.5%

- What is the PCT range?
- How does your % compare to that of other PCTs and SHAs?
- How does your combined total for these two columns compare to that of other PCTs and SHAs?
- What does this imply for use of NICE guidance on recall intervals?

- What is the PCT range?
- How does the practice figure compare with the PCT average?

- Measures derived from results of routine monthly random patient questionnaires sent to 25,000 patients (response rate 50%)
- Look at this information alongside:
  - – feedback from PALS
  - – feedback from local dental helpline

Appendix 3

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Meeting with	
Date:	
Venue:	
Time	

Agenda

1. Introductions
2. NHS Developments : Health and Social Care Bill
3. Contract Performance 2010/11
    - Year End Vital Signs Report
    - End of Year Statement
4. Contract Level 2011/12: Vital Signs Report April - June 2011
5. Complaints & PALS
6. AOB

Appendix 4

Contract:

General clinical data set

Item on FP17	Unit	Band 1		Band 2		Band 3		All FP17s		
		Rate per 100 FP17s	England rate per 100 FP17s	Rate per 100 FP17s	England rate per 100 FP17s	Rate per 100 FP17s	England rate per 100 FP17s	Number	Rate per 100 FP17s	England rate per 100 FP17s
Scale and Polish	FP17s	22.8	39.5	11.2	34.9	*17.9*	32.3	249	19.3	33.3
Fluoride Varnish	FP17s	1.9	3.6	1.9	3.0	*0.0*	1.2	23	1.8	3.0
Fissure Sealants	Teeth	0.0	0.4	1.2	1.9	*0.0*	0.1	4	0.3	0.8
	FP17s	0.0	0.2	0.6	0.9	*0.0*	0.1	2	0.2	0.4
Radiographs	Rads	16.4	20.2	14.0	41.2	*38.5*	62.7	208	16.1	28.4
	FP17s	9.0	11.1	8.1	22.7	*25.6*	34.3	117	9.1	16.2
Endodontic Treatment	Teeth	0.0	0.0	2.2	3.7	*2.6*	8.8	8	0.6	1.6
	FP17s	0.0	0.0	2.2	3.6	*2.6*	8.2	8	0.6	1.5
Permanent fillings and sealant restorations	Teeth	0.0	0.1	125.5	114.1	*61.5*	48.7	428	33.2	37.8
	FP17s	0.0	0.1	85.1	76.4	*23.1*	26.8	283	21.9	25.3
Extractions	Teeth	0.0	0.0	20.2	26.7	*41.0*	36.7	81	6.3	10.2
	FP17s	0.0	0.0	14.0	18.1	*17.9*	15.9	52	4.0	6.7
Crowns	Teeth	0.0	0.0	0.0	0.0	*53.8*	38.1	21	1.6	2.1
	FP17s	0.0	0.0	0.0	0.0	*53.8*	35.8	21	1.6	2.0
Acrylic upper dentures	Teeth	0.0	0.0	0.0	0.2	*212.8*	224.2	83	6.4	12.6
	FP17s	0.0	0.0	0.0	0.0	*20.5*	27.4	8	0.6	1.5
Acrylic lower dentures	Teeth	0.0	0.0	0.0	0.1	*210.3*	147.0	82	6.4	8.2
	FP17s	0.0	0.0	0.0	0.0	*23.1*	16.6	9	0.7	0.9
Metal upper dentures	Teeth	0.0	0.0	0.0	0.0	*0.0*	14.9	0	0.0	0.8
	FP17s	0.0	0.0	0.0	0.0	*0.0*	2.6	0	0.0	0.1
Metal lower dentures	Teeth	0.0	0.0	0.0	0.0	*0.0*	7.8	0	0.0	0.4
	FP17s	0.0	0.0	0.0	0.0	*0.0*	1.3	0	0.0	0.1
Veneers	Teeth	0.0	0.0	0.0	0.0	*0.0*	1.7	0	0.0	0.1
	FP17s	0.0	0.0	0.0	0.0	*0.0*	1.5	0	0.0	0.1
Inlays	Teeth	0.0	0.0	0.0	0.0	*2.6*	10.1	1	0.1	0.6
	FP17s	0.0	0.0	0.0	0.0	*2.6*	9.9	1	0.1	0.6
Bridges	Units	0.0	0.0	0.0	0.0	*0.0*	9.0	0	0.0	0.5
	FP17s	0.0	0.0	0.0	0.0	*0.0*	3.9	0	0.0	0.2
Examination *	FP17s	96.9	82.3	75.2	62.6	*66.7*	57.8	1,144	88.7	67.7
Antibiotic items prescribed *	FP17s	0.0	0.2	0.0	0.6	*0.0*	0.6	0	0.0	0.9
Other treatment *	FP17s	59.8	5.3	2.8	8.9	*7.7*	11.9	576	44.7	11.6
No clinical data	FP17s	0.4	7.0	0.0	1.2	*0.0*	1.7	4	0.3	6.5
Patient referred for advanced mandatory services	FP17s	0.0	0.1	0.0	0.4	*0.0*	0.2	0	0.0	0.2
Patient treated on referral	FP17s	0.0	0.1	0.0	0.6	*0.0*	0.1	0	0.0	0.3
Free repairs/replacements	FP17s	0.0	0.0	0.6	2.9	*0.0*	0.8	2	0.2	1.0
Further treatment within two months	FP17s	0.0	1.3	0.6	3.7	*0.0*	1.4	2	0.2	2.2
Domiciliary visits	FP17s	0.0	0.3	0.0	0.1	*0.0*	0.7	0	0.0	0.3
Sedation Services	FP17s	0.0	0.0	0.0	1.0	*0.0*	0.4	0	0.0	0.4
FP17s for contract		904		322		39			1,290	

* These treatments relate to FP17s with a date of acceptance on or after 1st April 2010. Figures in *italics* indicate the base number of cases is less than 100.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. The PCT does have the risk of limited management capacity in this time of transition on the main PCT risk register.

6 EQUALITIES

6.1 The PCT is in the process of carrying out an Equality Impact Assessment on the Avon Dental Commissioning Strategy.

7 CONSULTATION

7.1 This paper was written as a result of a member of the public expressing their concerns at a Wellbeing PDS meeting.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Decision not requested.

9 ADVICE SOUGHT

9.1 The panel is asked to note the contents of the report.

Contact person	Julia Griffith 01225 831628
Background papers	None.
Please contact the report author if you need to access this report in an alternative format	