Clinical Monitoring and Reporting
The NHSBSA has a statutory obligation to monitor dental contracts on behalf of the NHS in England and Wales.
2006 No. 596

NATIONAL HEALTH SERVICE, ENGLAND

The Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Primary Dental Services) (England) Regulations 2006

Made 3rd March 2006
Laid before Parliament 10th March 2006
Coming into force 1st April 2006

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred on her by sections 16, 16B, 18(3) and 126(4) of the National Health Service Act 1977(a).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Functions of Primary Care Trusts and Strategic Health Authorities and the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Primary Dental Services) (England) Regulations 2006 and shall come into force on 1st April 2006.

(2) In these Regulations—

“the 1977 Act” means the National Health Service Act 1977;

“the Authority” means the NHS Business Services Authority established by the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Establishment and Constitution) Order 2005(b);

“GDS Contract” means a contract under section 28K of the 1977 Act (general dental services contracts)(c);

“GDS Contracts Regulations” means the National Health Service (General Dental Services Contracts) Regulations 2005(d);

“PDS Agreement” means an agreement for primary dental services under section 28C of the 1977 Act (personal medical or dental services)(e); and
Contract Monitoring

NHSBSA Dental Services is responsible for processing and analysing information received from NHS dental contractors in order to:

- Monitor the performance of the contractor
- Prevent, detect and investigate fraud or other unlawful activities
Clinical Monitoring and Reporting

- Five completed cases per Performer chosen by the NHSBSA
- 450 Performers per annum
- 3-year rolling programme
Clinical Monitoring and Reporting

- Full records requested including duplicate pre- and post-treatment study models, radiographs and photographs
- With effect from 1\textsuperscript{st} January 2014 providers will be requested to submit 3D digital study models rather than plaster duplicates
- Details of where to send the models for scanning will be provided on the NHSBSA website and included in the request letter
Clinical Monitoring and Reporting

- Performers are requested to complete an Orthodontic Case Assessment pro-forma (rather than forwarding actual written patient records)
Orthodontic Case Assessment

PLEASE COMPLETE ALL SECTIONS IN BLACK INK

Performers Name: ____________________________ Performer Number: ____________________________

Patients Details (in CAPITALS)
First name: ____________________________ Surname: ____________________________

Age of patient at start of treatment: [ ]
Pre-treatment IOTN score: DHC grade (1 to 5) [ ] DHC qualifier (a to c) [ ] AC grade (1 to 10) [ ]

Assessment

Extra-oral
Skeletal classification: Class I [ ] Class II [ ] Class III [ ]
FM angle: High [ ] Average [ ] Low [ ]
Transverse asymmetry? Yes [ ] No [ ] TMJ symptoms / click? Yes [ ] No [ ]
Lips: Competent? Yes [ ] No [ ] Nonsucking habit? Yes [ ] No [ ]

Intra-oral
Teeth present: _________/_________ Teeth absent: _________/_________
Oral hygiene: Good [ ] Average [ ] Poor [ ] Erosion / decalcification evident? Yes [ ] No [ ]
Caries evident: _________/_________ Teeth of doubtful prognosis: _________/_________

Occlusion
Inclination relationship: Class I [ ] Class II [ ] Class III [ ]
Overjet: _______ mm Edge to edge [ ] Reverse [ ]
Overbite: Increased [ ] Average [ ] Decreased [ ] Complete [ ] Incomplete [ ] Anterior open bite (mm) [ ]
Centre lines: _________/_________ (show shift by arrows) Anterior cross-bites: _________/_________
Buccal occlusion: Right: Class I [ ] Class II: ½ unit [ ] ⅝ unit [ ] full unit [ ] Class III [ ]
Left: Class I [ ] Class II: ½ unit [ ] ⅝ unit [ ] full unit [ ] Class III [ ]
Posterior cross-bites: _________/_________ Associated mandibular displacement (mm): Right [ ] Left [ ] Anterior [ ]

Radiograph:
Number obtained: Panoramic [ ] Lateral cephalometric [ ] Intra-oral [ ]
Teeth absent: _________/_________ Pathology evident: Yes [ ] No [ ] Details: ____________________________
Cephalometric analysis: SNA° [ ] SNB° [ ] MMPA° [ ] UI-MxP° [ ] LI-MoP° [ ] LI-AP° [ ] mm
Treatment

Was an FP17 DCO given to the patient?  Yes ☐ (please attach a copy)  No ☐

Aims of Treatment: (Please tick the appropriate boxes)
- Relief of crowding
- Maxillary arch expansion
- Alignment
- Arch co-ordination
- Space closure
- Correction of occlusal relationship
- Correction of buccal segment occlusion: antero-posteriorly ☐ laterally ☐

Extractions: __________/__________

Appliances Provided:

<table>
<thead>
<tr>
<th>Type of appliance</th>
<th>Date fitted</th>
<th>Date withdrawn / removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper removable appliance</td>
<td></td>
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<tr>
<td>Lower removable appliance</td>
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<tr>
<td>Functional appliance</td>
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<tr>
<td>Upper fixed appliance</td>
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<tr>
<td>Fixed expansion device</td>
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<tr>
<td>Extra-oral anchorage</td>
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<tr>
<td>Inter-maxillary elastics</td>
<td></td>
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</tbody>
</table>

Retainers provided:
- Upper: Fixed/bonded ☐ Removable acrylic ☐ Pressure Formed ☐
- Lower: Fixed/bonded ☐ Removable acrylic ☐ Pressure Formed ☐

Retention regime (months):
- Full-time ☐ Part-time ☐ Night-time ☐ Duration of supervised retention ☐

Advice given on discharge:
- Are you satisfied with the result?  Yes ☐ No ☐

If 'No' why not?

Any other relevant information you wish to be taken into consideration?

Performer's signature: ____________________________  Date: __________/__________/__________
Clinical Monitoring and Reporting

- Written summary sent to both contractor and performer
- Observations requested within 14 days
- Report plus observations forwarded to PCO (AT/LHB)
DENTAL REFERENCE SERVICE-ORTHODONTIC REPORT ON 5 CASES

Performer: 123456  Contract No: 123456

DOCUMENTATION:

Written records

Comments: Good

Radiographs:

Comments: Missing for LR and AT – but problems with image retrieval

Study models:

Comments: Good standard but performer did not obtain pre-treatment models for MD and AT.

TREATMENT NECESSITY (IOTN):

Comments: IOTN 5 = 1 (IM); IOTN 4 = 2 (JD, LR), IOTN ? = 2 (MD, AT).
(All five cases were apparently eligible for NHS funded treatment but no models available for MD and AT).

ACCURACY OF SCORING (IOTN)

Comments: Good

DIAGNOSIS & TREATMENT PLANNING:

Comments: Good

STANDARD OF TREATMENT:

Comments: 2 = Excellent (IM, LR) 1 = Good (JD) 2 = Appear satisfactory (MD, AT)

PROBITY:

Comments: No apparent issues other than missing models

ORO: B M Kelly  Signature:  Date 15/01/09
Clinical Monitoring and Reporting
Summary Report for ATs/LHBs
Traffic Light System

Red: Unsatisfactory
Amber: Acceptable but reservations
Green: Good – satisfying all criteria
Clinical Monitoring and Reporting
Summary Report for ATs/LHBs
Traffic Light System

Red: Issues requiring further investigation
Amber: Issues for discussion
Green: No cause for concern
Clinical Monitoring and Reporting

- Should concerns arise closer scrutiny could be arranged using a larger sample or (rarely) a practice visit
OCA Reporting Outcomes - December 09 to August 13
Percentage of Cases by Category: Red, Amber and Green
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