

FAQs: 28 Day Re-attendance Review Background

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What do you mean by 28 day re-attendance?

Broadly speaking, an FP17 submitted for a single patient's new course of treatment falling within 28 days of another course ending is referred to as 28 day re-attendance.

How have 28 day re-attendance rates been calculated for this review?

Where any Band 1-3 claim follows within 28 days of a previous Band 1-3 claim for the same patient at the same contract, this is categorised as a 28 day re-attendance claim. Therefore, urgent treatment is not included and neither are patients who attended a different contract within 28 days.

We have looked at all activity data (including amendments) collected from FP17s scheduled in any of the thirteen schedule months from April 2014 to April 2015, where the date of completion is on or between 1 April 2014 and 31 March 2015. Where FP17s do not have a date of completion, e.g. where the patient has failed to return to complete the treatment, the date of acceptance is used.

The rate for an individual contract is the number of 28 day re-attendance claims divided by the total number of FP17s submitted.

The average rate for 2014/15 for England and Wales was 2.5%. Just under a thousand contracts exhibited rates that were 50% or higher than that national rate.

Which contracts are included in the review?

All GDS and PDS contracts have been included in this review. We have not included Pilot contracts so providers for this type of contract need not expect a letter.

The review covers England and Wales.

How have you categorised contracts for this review?

We have used a combination of the rate of 28 day re-attendance and the volume of that activity to identify contracts for further review. There are two levels of review; a NHSBSA led clinical record review and a self-audit and report. For all other contracts the NHSBSA does not, at this stage, intend to carry out any further action in connection with this review.

The three groups are as follows

NHSBSA led Claims Review (category C)

The rate of 28 day re-attendance for these contracts is 50% or higher than the national average and the volume of their claims falls within the top 500 nationally. The NHSBSA will be contacting providers about this in due course and will be

requesting a sample of patient records to assess these claims. Providers are invited to request their data and carry out an audit in advance of this request if they wish to.

Self-audit and report (category B)

The rate of 28 day re-attendance for these contracts is 50% or higher than the national average, but the volume of claims is not within the top 500 nationally. The NHSBSA would like to understand the reasons for these high rates but these contracts are not the highest priority for a NHSBSA led claims review at this stage. Providers are invited to request their data, review the relevant claims and report their findings to the NHSBSA.

For information (category A)

These contracts do not fall into the groups described above and no further action is proposed by the NHSBSA at this time. Nevertheless, some contracts may still have rates that are higher than the national rate or low rates that may mask high rates at individual performer level. The NHSBSA would, therefore, be happy to provide the contract level data for any practice based review that you may wish to carry out.

How do I know which category my contracts fall into?

Providers were contacted in June and July 2015 giving their rates of 28 day re-attendance for 2014/15. The letter stated whether any further action was required and outlined any proposed actions by the NHSBSA.

These letters contained a reference number which indicates the category for that contract. The final letter in the reference shows which category your contract falls into. In the following example; Ref: 123456/0001/DAR28D/B, contract number 123456/0001 is in category "B".

I haven't received a letter about this?

If you haven't received a letter about this review for your contract (and it isn't a TDS or Pilot contract) by the end of July please email nhsbsa.dentalcases@nhs.net and we will look into this for you.

My activity is quite low so my rate appears high; will I be included in the self-audit or clinical record review group?

In some cases where activity rates are low a small number of 28 day re-attendance claims could give a high rate. For this reason we have set an activity threshold to select contracts for the self-audit and clinical record review groups. Contracts with high rates as a consequence of low activity should not fall into these groups.

There are valid reasons why my rates for this type of claim are high, do you accept this?

We recognise that there may be valid reasons for some of these claims and will take into account all information that is provided as part of the clinical record review or self-audit report. A key objective of this review is to understand the reasons why 28 day re-attendance may occur and in particular why individual contracts may have high rates for this.

How do I find out more about the claims reviews and/or self-audit?

Please click on the 'Self-audit and Clinical Record Review FAQs' link on our [28 day re-attendance page](#) for these topics.

Where do I go for more information?

If you have any queries please visit the [Ask Us](#) section of our website.

If you can't find the answer to your query you can email the Helpdesk team on nhsbsa.dentalservices@nhsbsa.nhs.uk