

Vital Signs Technical Explanations

Gateway Reference: 01/NHSBSA/dental/07/11

Introduction

This document provides the interested reader with a more detailed description of the metrics used within the Vital Signs Reports.

The descriptions include a summary of the metrics using four categories: unit, timeframe, source and reporting level as well as a more detailed narrative for each which outlines the any relevant criteria, assumptions or caveats together with any relevant background information.

Metrics summary

Description	Unit	Timeframe	Source	Reporting level
Patients seen in 24 months	Count of Patients	24 months	DS	PCO, Contract
Commissioned UDA	UDA	Financial Year	DS	PCO, Contract
Projected UDA outturn	UDA	Financial Year	DS	PCO, Contract
Re-Attendance intervals	% of all FP17s with previous course interval <3 months and 3-9 months	Year to Date	DS	PCO, Contract
Urgent treatment	% of all FP17s	Year to Date	DS	PCO, Contract
Free repairs and replacements	% of all FP17s	Year to Date	DS	PCO, Contract
Continuations	% of all FP17s	Year to Date	DS	PCO, Contract
Satisfaction with treatment	% Questionnaire responses	Rolling 12 month	DS	PCO, Contract
Satisfaction with time taken to get appointment	% Questionnaire responses	Rolling 12 month	DS	PCO, Contract
Gross & Net Allocations	£000s	Financial Year	DH	PCO
FIMS GDS & PDS projection from DS payment system	£000s	Financial Year	DS	PCO
Gross & Net FIMS	£000s	Financial Year	DH	PCO

Note: DS refers to the Dental Services of the NHSBSA, DH refers to the Department of Health

1. Definitions of metrics

The following metrics are deliverable down to PCO level on a quarterly basis, and each is relevant to at least one of the three key areas of access, quality and value for money.

1.1. Patients seen in last 24 months

This is a count of the number of distinct patient identities (ID) where their most recent course of treatment in the previous 24 months was provided through a contract in the PCO. Patients have been identified by using surname, first initial, gender and date of birth. No other identifiers have been used.

The count of patients includes activity from all types of contract and performer. Hence the figures include patients who have only received orthodontic treatment in the 24-month period, the patients who have been treated by Vocational Dental Practitioners (VDP) and it includes patients treated under any type of contract (GDS, PDS and salaried services).

In the 24 month counts children are defined as patients under 18 on the last day of the 24 month period.

Each unique patient ID is counted against the dentist contract against which the most recent claim was recorded in the 24 month period, with the following exceptions:

- If the most recent claim is for urgent treatment, orthodontic treatment, charge exempt treatment or treatment on referral the ID remains with the previous contract, if there is one within the 24 month period.
- If the claim for the previous contract occurred before the 24 month period the ID is allocated to the most recent contract.

Although the count of patient IDs is a robust statistical indicator of the overall level of patient involvement with NHS primary dental care, there are circumstances where it will not strictly correspond to the number of different individual patients. It has been necessary to make a pragmatic compromise between undercounting patients with common identifiers and over-counting where there are slight differences in recorded details.

Scenarios which may give rise to deviations from a true count are as follows:

- patients who share the same surname, initial, sex and date of birth,
- patients whose surnames have changed within a 24 month period
- patients whose details have been misrecorded (particularly relevant to long or unusual surnames)

There will also be delays to the reporting of accurate counts where:

- the recording of incorrect patient IDs are spotted and corrected
- delays in the processing of treatment information (late submission , postal delays or long courses of treatment)

None of the above factors is likely to affect the overall count by more than one or two percent, but at a PCO level there may be local demographic factors which make the local total more susceptible - e.g. a high proportion of women of marriageable age, a large ethnic community, a transient patient base. Caution should be taken in drawing comparisons between different areas using patient count as a denominator for indicators.

1.2. Contracted UDA activity

This metric is based on the contracted UDA for the current financial year as held within the NHS Dental Services Payments Online (POL) system for GDS and PDS contracts at the time of reporting. The level of contracted UDA could fluctuate depending on how PCOs choose to maintain POL.

1.3. Projected UDA outturn

This metric is a projection of UDA from GDS and PDS contracts that will be delivered for the current financial year.

The methodology for projection delivery of UDA for the current financial year is outlined below. (PCO Reports only)

The projection calculates the difference in the year to date percentage of contracted UDA achieved in the current financial year against the the previous financial year equivalent period and adds it onto the year-end position. For example, a PCO delivered, 40% of contracted UDA by the end of September previous year and has delivered 45% of contracted UDA by the end of September current year. The formula assumes the 5% increase (45%-40%) will continue throughout the year; therefore, if the PCO delivered 96% of contracted UDA in the previous financial year then the projection is the PCO will deliver 101% in the current financial year. Conversely, if the PCO delivers 5% less UDA to the end of June current year than in the same period in the previous year then the projection would be 91%.

A) Percentage of POL contracted UDA delivered (actual UDA processed less c/f) by end of June current year (Q1 current year) for GDS and PDS contracts

B) Percentage of POL contracted UDA delivered (actual UDA processed less c/f) by end of June previous year (Q1 previous year) for GDS and PDS contracts

C) Percentage of POL GDS and PDS contracted UDA delivered for previous financial year (year end report figure)

Projected UDA formula is $A - B + C$, (displayed as a percentage)

The projection is very simple and will not take into account issues such as:

- changes in the levels of contracted activity that were not on POL at the time the report was produced
- local arrangements to carry forward UDA debits or credits that were not in POL at the time the report was produced
- contracts that have recently opened and have not yet had a chance to send in FP17s
- other local issues that may impact on the rate of delivery or reporting of activity – such as practices being closed, recruitment of new dentists etc.

It is therefore advised that this projection is not used as a definitive forecast of the end of year position.

1.4. Re-Attendance Intervals

These are newly developed quality metrics, reflecting the view that, in general, a patient who has completed a course of treatment should not need to see a dentist again within the next three months. There are two metrics covering adjacent re-attendance periods.

Percentage of FP17s for the same patient ID re-attending within 3 months

Percentage of FP17s for the same patient ID re-attending between 3 months and 9 months

These metrics are calculated separately for children and adults.

The outline definition to describe both measures is as follows:

For the same patient ID (surname, initial, gender and date of birth) the days between the date of acceptance and the most recent date of completion (or date of acceptance if the date of completion is missing) from the claims scheduled in the same or a previous schedule month (back to the April 2006 schedule) is calculated. For a specific schedule month, the number of FP17s where the previous course of treatment for the same patient ID was less than 92 days or between 92 and 276 days (inclusive) is then calculated.

This measure includes activity from all types of contract and performer. Hence the figures include intervals where one or other course of treatment was orthodontic, and intervals for patients who have been treated by VDPs and courses of treatment under any type of contract (GDS, PDS and salaried services), including urgent band 1 and those where no patient charge is payable (e.g. prescription only).

Separate calculations will be made for the most recent previous claim under the same contract, in the same PCO, in the same country, and overall.

A claim will be regarded as previous only if its date of completion (or date of acceptance if the date of completion is missing) is before the current claim's date of acceptance - so the interval, if it is not null, will always be at least one day.

The calculation is carried out at the time when the data for a particular schedule month is loaded, and it will take into account only the data available up to and including that schedule. The intervals will not be recalculated if subsequent schedules contain claims which chronologically precede those in earlier schedules. However, the calculation will ignore claims which have been deleted in or prior to the current schedule. Thus, the calculation takes place only once (when the claim is scheduled), and it ignores, both in the calculation and in the choice of which claims to do the calculation for, all claims which have been deleted (whether or not they have subsequently been replaced by a corrected record).

The base figures showing for the re-attendance measures differ from the quality measures as the variables are calculated using the scheduled year to date and include both orthodontic courses of treatment and courses of treatment carried out by VDPs.

1.5. Percentage of FP17s for continuation courses of treatment

This is a straightforward reporting of the percentage of FP17s scheduled for the current financial activity year that were continuation courses of treatment. The calculation ignores courses of treatment which have been deleted, and each course is counted only once. The courses are also restricted to those attributable to

the current financial contract year (excluding, in particular, courses with a completion date before 1 April of the current financial year).

1.6. Percentage of FP17s for urgent band 1 courses of treatment

This is a straightforward reporting of the percentage of FP17s scheduled for the current financial activity year where the patient charge band was band 1 urgent. The calculation ignores courses of treatment which have been deleted, and each course is counted only once. The courses are also restricted to those attributable to the current financial contract year (excluding, in particular, courses with a completion date before 1 April of the current financial year).

1.7. Percentage of FP17s containing free repairs or replacements

This is a straightforward reporting of the percentage of FP17s scheduled for the current financial activity year where there was a free repair or replacement item provided. The calculation ignores courses of treatment which have been deleted, and each course is counted only once. The courses are also restricted to those attributable to the current financial contract year (excluding, in particular, courses with a completion date before 1 April of the current financial year).

1.8. Percentage of patients satisfied with the dentistry they received

This metric is derived from the Dental Services routine patient survey, which is reported quarterly to PCOs. It provides the patients' perception of dental quality. The analysis each quarter is based on a national random sample of over 20,000 patient questionnaire responses received during the quarter. The sample is stratified by health body (to ensure the same number of cases are selected from each health body) and charge band (to over-sample the higher charge bands). The question asked is as follows:

Q10. How satisfied are you with the NHS dentistry you received? (Tick one box)

Completely Satisfied Fairly Satisfied Fairly Dissatisfied Very Dissatisfied

A satisfied patient is defined as one who ticks either 'Completely satisfied' or 'Fairly satisfied' in answer to this question. The metric will be standardised so that the same weight is given to each band, irrespective of the mix of bands in each PCO.

1.9. Percentage of patients satisfied with the time they had to wait for an appointment

This metric is derived from the Dental Services routine patient survey, and it represents one aspect of access, albeit only for patients who have succeeded in achieving access to a dentist. The question asked is:

Q9. How do you feel about the length of time taken to get an appointment with the dentist? (Tick one box)

- It was as soon as was necessary
- It should have been a bit sooner
- It should have been much sooner

A satisfied patient is defined as one who ticks the 'It was as soon as was necessary' box. This metric will also be standardised so that the same weight is given to each band, irrespective of the mix of bands in each PCO.

1.10. Gross & Net Allocations

Gross and net allocations: Originally based on the allocations notified by the Department of Health in AWP(08-09) PCO109, supplemented by estimated additions for VDP placements. Later versions of the metrics will display the current financial year data.

1.11. FIMS GDS & PDS projection from NHS Dental Services payment system

This metric estimates projected gross spend via Dental Services payment system.

Contractor Led

This is defined as any contract that the Dental Services makes payments for on behalf of the PCO via POL. This does not include any trust led contract, i.e. where the provider or performer is an employee of an NHS trust, such as a dental access centre or salaried services.

The metric is the sum of the following:

Year to Date Contractor Led Gross

This is taken from the payment & recharge summary and is the sum of:

(Baseline Payment + Maternity/Paternity/Adoptive Leave + Sickness + Business rates + VDP service cost + Trainers Grant + Trainees Salary & ENIC + Seniority + PCO specific Items + Employer Pension Contribution)

Estimate Rest of Year: This calculates an average month from current year to date and projects this to the end of the year. Example:

(November to March inclusive) average month cost (YTD actual divided by number of months completed) x 5 (the remaining months in the year)

1.12. Gross & Net FIMS

Gross and Net Spend metrics will display data comparing current year allocations with PCO projected outturns as reported in in-year financial monitoring returns to the DH, and NHS Dental Services' projections based on current expenditure trends.

Contact details

Dental data can be contacted via the NHS Dental Services Helpdesk on **0845 126 8000** or email dentaldata@dpb.nhs.uk. For general and Payments Online queries contact our helpdesk on **0845 126 8000** or email dentalservices@ppa.nhs.uk. Website www.nhsbsa.nhs.uk/dental.