NHS Dental Services Orthodontic Vital Signs
Report Guidance

Gateway Reference: 01/NHSBSA/dental/06/17

Introduction

It is hoped that these reports will further enable PCOs to monitor and plan their commissioned services efficiently and effectively.

The Vital Signs Reports provides PCOs with key metrics to help them monitor the performance of all NHS dentistry contracts that they hold.

Vital Signs At a Glance Report

The Orthodontic Vital Signs At a Glance Report presents the access, activity and quality information in one report, allowing trends to be monitored and comparisons made quickly and easily.

The following sections describe the metrics used in the report and explain how the information can be interpreted and used.

Vital Signs at a Glance Metric Descriptions

Contract Summary

The first section in the report provides an overview of the contract position. This information is already reported regularly in existing reports but is provided here as a useful reference for aiding interpretation of the access, activity and quality measures.

Contract and commissioned UOA activity information is produced from data held on the COMPASS system. The usefulness and accuracy of this measure is, therefore, dependent on the corresponding details being updated on COMPASS when any change is made to the contract.

Access

We have presented a measure to describe access to orthodontic dentistry.

24 month Ratio of Assessments to Patient IDs

This describes the average number of assessments received by each patient where one or more assessments have been reported. High proportions might suggest that patients are being repeatedly assessed either under the same or across different contracts.

Activity

Activity is reported using measures of GDS and PDS UOA commissioned and delivered across all contracts. The commissioned activity is produced from information held on COMPASS. The usefulness and accuracy
of this measure is, therefore, dependent on the corresponding details being updated on COMPASS when any change is made to the contract. The delivered activity is taken from the information submitted on scheduled FP17s.

There are two elements to this section. The first is a chart comparing delivery of GDS and PDS UOA (as a percentage of commissioned activity) for the current financial year against the same measure for the previous financial year using monthly cumulative counts.

The second section presents a monthly breakdown of the cumulative counts of the UOAs delivered (scheduled) in a table layout.

Note: Progress against activity may alter on successive reports as a result of changes to COMPASS e.g. in respect of the carry forward UOAs required.

The DH guidance on managing year end issues also provides useful information about how to monitor and deal with issues around over or under delivery.


Quality

We have developed ten indicators of. Nine of the indicators draw on information captured from scheduled FP17s and the last is based on responses to the random patient questionnaires.

The indicators are listed below in bold with descriptions beneath.

% of all assessments that are assess and fit appliances (rolling 12 month period)
% of all assessments that were assess and refuse (rolling 12 month period)
% of all assessments that were assess and review (rolling 12 month period)

There are three options available to report on completion of an orthodontic assessment (refuse treatment, review, fit appliances).

The first three quality measures (above) allow an evaluation of the relative distribution of these three orthodontic outcomes across all patients assessed for orthodontic treatment. This distribution should be monitored and where it differs considerably from either the national profile or your expectations (based on your understanding of the patient profile) you should explore the differences with your contract provider.

% of terminated courses where treatment was abandoned or discontinued (rolling 12 month period)

This measure allows PCOs to make comparisons with the national profile for the proportion of completed orthodontic courses of treatment (as per part 6 of the FP17O) that are reported as terminated because the treatment was abandoned or discontinued. As UOAs are allocated once a course of orthodontic treatment has started, such prematurely terminated courses of treatment represent a loss of activity to the PCO and any unusually high rates should be explored in detail if they represent substantial volumes. In the early years of an orthodontic contract the only expected terminations would be abandoned or discontinued so care should be taken when analysing the results of this measure for newer contracts.

% of completed treatments indicating that PAR score was taken (year to date)

Providers are required to carry out a minimum number (20) of Peer Assessment Reviews (PARs) of their completed courses of treatment, as well as a further proportion (10%) on all additional completed courses
of treatment. This information should be used locally as part of the contract monitoring and review purpose to ensure quality standards. The completion of a PAR score is reported on the FP17O that is submitted on completion of the course of treatment and is provided here together with a national comparison as an early indicator of where these assessments may not be being completed.

Caveat: while useful as an indicator this figure may not be an accurate reflection of PAR score rates if completions are not being reported to us on the FP17O.

Rate of removable appliances per 100 fixed appliances – proposed treatment (rolling 12 month period)
Rate of removable appliances per 100 fixed appliances – completed treatment (rolling 12 month period)
% of courses of treatment with removable appliances only - proposed treatment (rolling 12 month period)
% of courses of treatment with removable appliances only - completed treatment (rolling 12 month period)

The next four indices (above) give an indication of how prescribing patterns correspond to actual treatment outcomes in respect of types of appliance. The first identifies the ratio of removable to fixed appliances at the start of treatment and the second provides the same measure at completion. The third identifies the percentage of courses of treatment where only removable appliances were provided at the start of treatment and the fourth provides the same measure at completion. A significant difference between ratios at start and completion may indicate issues with diagnosis, changes to clinical practice or patient compliance.

Caveat: The four measures are independent and do not directly report changes to specific courses of treatment.

Additionally the ratios for each measure should be monitored and where these differ considerably from either the national profile or your expectations (based on your understanding of the patient profile) you should explore the differences with your contract provider.

% Patients satisfied with the treatment they have received.

This measure is derived from the results of the NHS Dental Services’ routine random patient questionnaires. The questionnaire provides the patients’ view of dental quality. The analysis each quarter is based on responses to questionnaires sent to a random sample of over 4,000 patients who have been reported as recently having had orthodontic treatment started. The national response rate (the proportion of questionnaires completed and returned by patients) is currently around 50%.

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 ☐

The figure reported is the percentage of respondents who stated that they were either completely or fairly satisfied.

Note: minimal data for the period mid May 2012 to December 2012 is available

All measures in this section are reported on either a rolling 12 month or year to date period. This is indicated in brackets, and can be compared across the following levels of analysis:

• Contract
• Region
• National
In addition the number of patients, FP17s or questionnaires that formed the basis for calculating the percentages is reported under the Quantity heading. The number will be presented in italics where it is less than 100. Care should be taken in interpreting the percentages where the quantities are low.

Note: We have experienced a minor historic problem with the processing of a very small proportion of the IOTN data. This is currently being corrected and the quality indicator referring to this measure has, therefore, been removed from the report. Once the correction is complete we will add the IOTN quality indicator back into the report. For more information about this please see the “IOTN Data Issue” letter which appears alongside the 12/2009 monthly reports.

Contact details
Dental data can be contacted via the NHS Dental Services Helpdesk on 0300 330 1348 or email nhsbsa.dsdentaldatal@nhs.net. For general and COMPASS queries contact our helpdesk on 0300 330 1348 or email nhsbsa.dentalservices@nhsbsa.nhs.uk
Website www.nhsbsa.nhs.uk/dentalservices.aspx

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