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Orthodontic Clinical Monitoring and Reporting

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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

<i>Made</i> - - - -	<i>3rd March 2006</i>
<i>Laid before Parliament</i>	<i>10th March 2006</i>
<i>Coming into force</i> - -	<i>1st April 2006</i>

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

(a) 1977 c.49. Section 16 was substituted by the Health Act 1999 (c.8) (“the 1999 Act”) and has been amended by the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 1, Part 1, paragraphs 1 and 3 to 5. Section 16B was inserted into the 1977 Act by section 17(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”). Section 18(3) has been amended by the Health Authorities Act 1995 (c.17), Schedule 1, paragraph 9(b) and (c), and the 1999 Act, section 12(4).

(b) S.I. 2005/2414.

(c) Section 28K was inserted into the 1977 Act by section 172(1) of the 2003 Act.

(d) S.I. 2005/3361.

(e) Section 28C was inserted into the 1977 Act by section 21(1) of the National Health Service (Primary Care) Act 1997 (c.46) and has been amended by the 2002 Act, Schedule 3, Part 1, and the 2003 Act, Schedule 11, paragraphs 7 and 14 and Schedule 14, Part 4.

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
- 350 Performers per annum
- 3-year rolling programme

Clinical Monitoring and Reporting

- Full records requested including pre- and post-treatment study models, radiographs, photographs and the FP17DCO form
- Since 1st January 2014 providers have been requested to submit 3D digital study models rather than plaster duplicates
- Details are included in the request letter and available on the NHSBSA website

Clinical Monitoring and Reporting

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

Orthodontic Case Assessment

OCA0510

NHS

PLEASE COMPLETE ALL SECTIONS IN BLACK INK

Performer Name: Performer Number:

Patient's Details (In CAPITALS)

First name: Surname:

Provider's Name, Address and Location Number

Age of patient at start of treatment:

Pre-treatment IOTN score: DHC grade (1 to 5) DHC qualifier (a to x) 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 Digit sucking 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

Inclisor relationship: Class I Class II/1 Class II/2 Class III

Overjet mm Edge to edge Reverse mm

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: ¼ unit ½ unit ¾ unit full unit Class III

Left: Class I Class II: ¼ unit ½ unit ¾ unit full unit Class III

Posterior cross-bites: _____ / _____ Associated mandibular displacement (mm): Right Left Anterior

Radiographs:

Number obtained: Panoramic Lateral cephalometric Intra-oral

Teeth absent: _____ / _____ Pathology evident: Yes No Details:

Cephalometric analysis: SNA* SNB* MMPA* UI-MxP* LI-MdP* LI-APc mm

TreatmentWas 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 Levelling Arch-co-ordination Space closure Correction of incisal relationship Correction of buccal segment occlusion: antero-posteriorly laterally

Extractions: _____/_____

Appliances Provided:

Type of appliance	Date fitted	Date withdrawn / removed
Upper removable appliance		
Lower removable appliance		
Functional appliance		
Upper fixed appliance		
Lower fixed appliance		
Fixed expansion device		
Intra-oral anchorage		
Extra-oral anchorage		
Inter-maxillary elastics		

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/...../.....

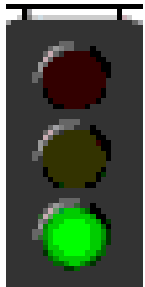
Clinical Monitoring and Reporting Summary Report

Three categories:

- Clinical Records
- Treatment Need (IOTN)
- Standard of Treatment

Clinical Monitoring and Reporting Summary Report

Traffic Light System



Red: Unsatisfactory

Amber: Satisfactory but reservations expressed

Green: Good – satisfying all criteria

Clinical Monitoring and Reporting: Summary Report for Commissioners



Red: Issues requiring further investigation

Amber: Issues for discussion between performer and contract holder

Green: No cause for concern

Clinical Monitoring and Reporting

- Written summary sent to the Provider (Contract holder)
- Observations requested within 14 days
- Report plus observations forwarded to Commissioning Body

Clinical Monitoring and Reporting

- Where concerns are identified, the records relating to a further five completed 21UOA cases are requested for a targeted assessment

Dental Services

Performer :	A BRACKET	Our ref :	VIS123456
Performer No :	123456	Assessor :	A N ADVISER
Provider :	STRAITNUM ORTHODONTICS LTD.	Date :	06/01/2017
Contract No :	123456/0001/0001	No. Cases Assessed :	5

Clinical Records: Radiographs



Comments : All five patients had the benefit of a pre-treatment radiographic examination comprising a dental panoramic radiograph. The quality of the radiographic images was of a consistently satisfactory standard.

Clinical Records: Study Models



Treatment Need (IOTN)



Comments : All five patients were eligible for NHS-funded orthodontic treatment as assessed by the Index of Orthodontic Treatment Need.

Accuracy of IOTN Scoring



Diagnosis and Treatment Planning



Standard of Treatment



Comments : Patient RC: The 3D images of the post-treatment study models show an increased overjet and poorly inter-digitated buccal segments in ½ unit Class II relationship bilaterally.
Patient OG: The 3D images of the post-treatment study models show an increased overjet and poorly inter-digitated buccal segments in ½ unit Class II relationship bilaterally.
Patients KB, JC and SK: The 3D images of the post-treatment study models show that orthodontic treatment was completed to a satisfactory standard.

NOTE :



Indicates unacceptable, requiring further investigation



Indicates acceptable, but where reservations were expressed



Green indicates good, satisfying all relevant criteria

VIS105728

Proposed frequency of orthodontic clinical monitoring for each Performer

Category	Description	Expected interval (months)
Red risk:	Red grade awarded for Standard of Treatment.	12
Amber risk:	Amber grade awarded for Standard of Treatment.	24
Green risk:	All green grades.	36

ORTHODONTIC TREATMENT PROTOCOL

Commissioning Specialist Dental Services

DH Gateway Reference 5865

‘A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case.....’

Appendix 2

ORTHODONTIC TREATMENT PROTOCOL

Treatment will normally be completed with fixed orthodontic appliances in both arches.

Treatment of a single arch should only be undertaken where this would be sufficient to achieve the requisite quality of outcome.

Removable orthodontic appliances may be used for minor tooth movements and as an adjunct to fixed appliances.

Functional orthodontic appliances will be used when necessary to correct antero-posterior occlusal discrepancies.

Anchorage reinforcement with lingual arches, palatal arches and extra-oral traction should be used when appropriate.

A high standard of outcome is expected. The following principles indicate the features to be aimed at in treating a case:

- The dental arches should be fully aligned with all rotations and mesio-distal angulations corrected.
- The occlusal planes should be levelled
- The overjet and overbite should normally be corrected to give cingulum contact between the incisors
- The bucco-lingual or labio-lingual inclination of the teeth should be within the normal range except where dento-alveolar compensation for skeletal discrepancies is necessary
- The centrelines should where practical be coincident
- The buccal segments should interdigitate fully
- Extraction spaces should be closed with roots of adjacent teeth parallel
- Crossbites should normally be corrected
- Centric occlusion should correspond closely with centric relation
- The lower inter-canine width should not be increased. Lower incisors should not be advanced if they are already proclined, and in general should not be advanced more than approximately two millimetres unless there is evidence that they are abnormally retroclined. Expansion beyond these limits should be the exception and only undertaken with informed consent regarding the risk of instability and the likely need for permanent retention.

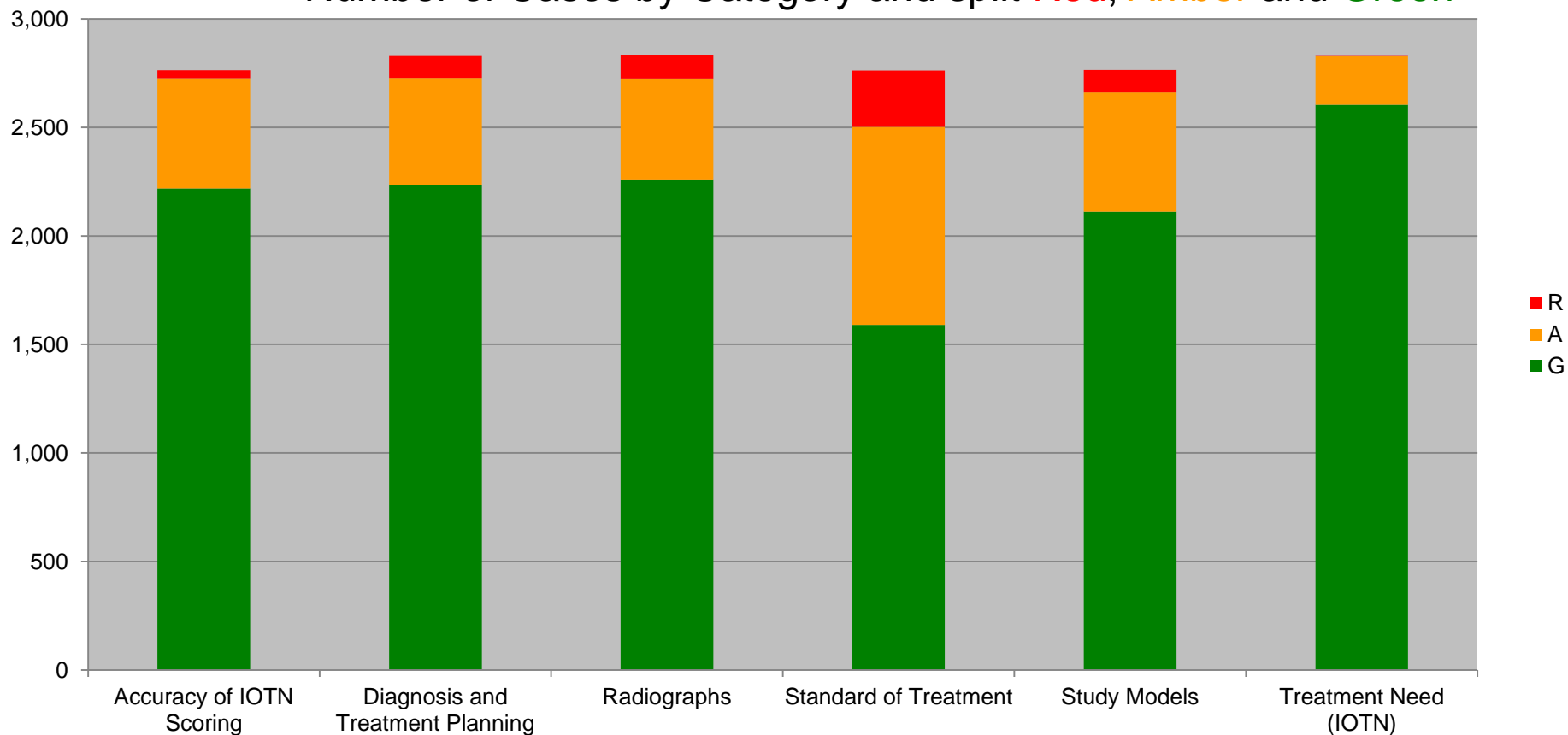
Retainers should be fitted and supervised as required to maintain tooth position.

Treatment outcome in individual cases will be assessed according the above principles. It is acknowledged that it is not possible to achieve an ideal occlusion in every case and the PAR index or an alternative index will therefore be used additionally to allow a profile of the practitioner's overall treatment standards to be developed.

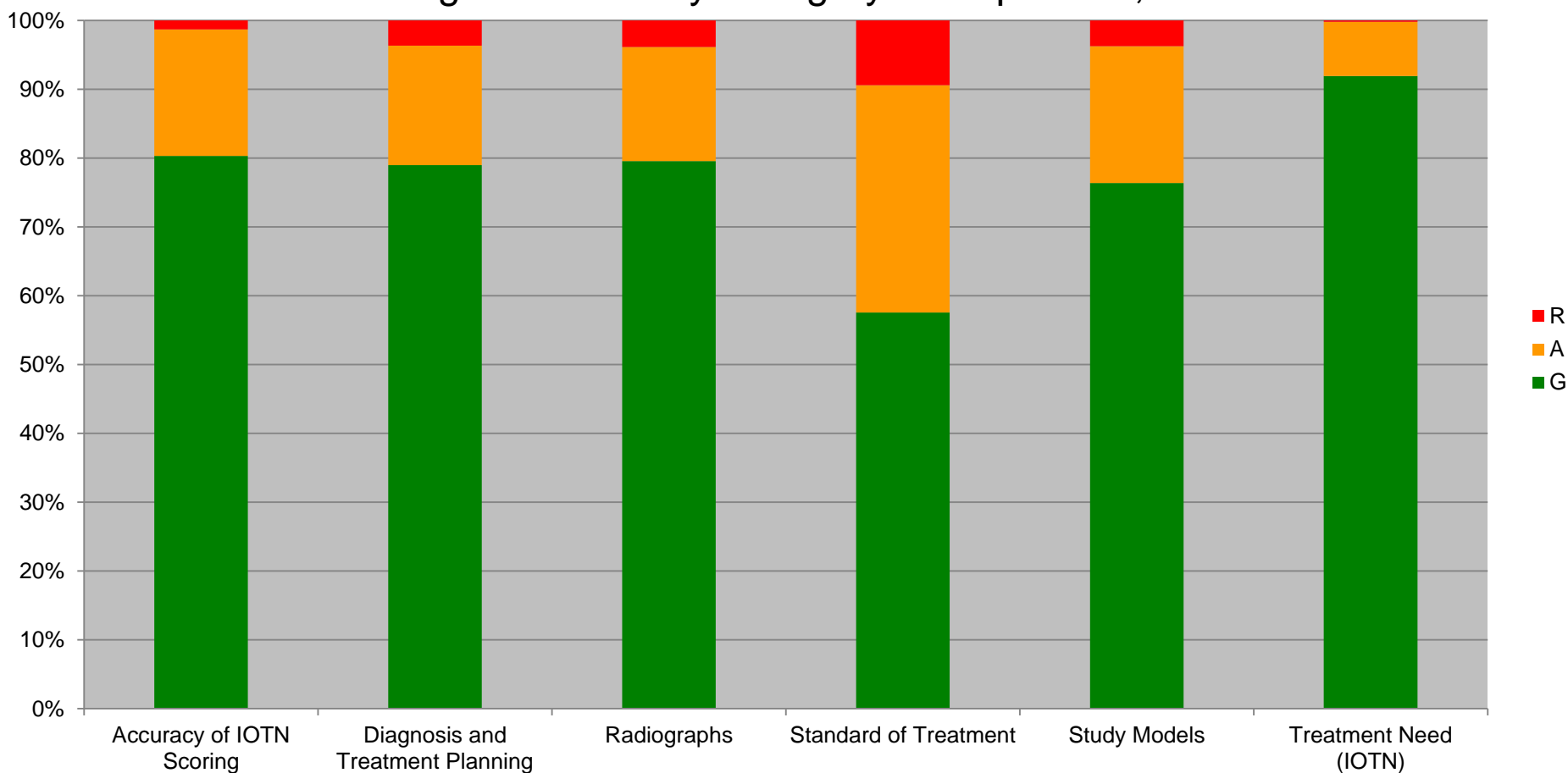
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Clinical Monitoring and Reporting: Standards being achieved ?

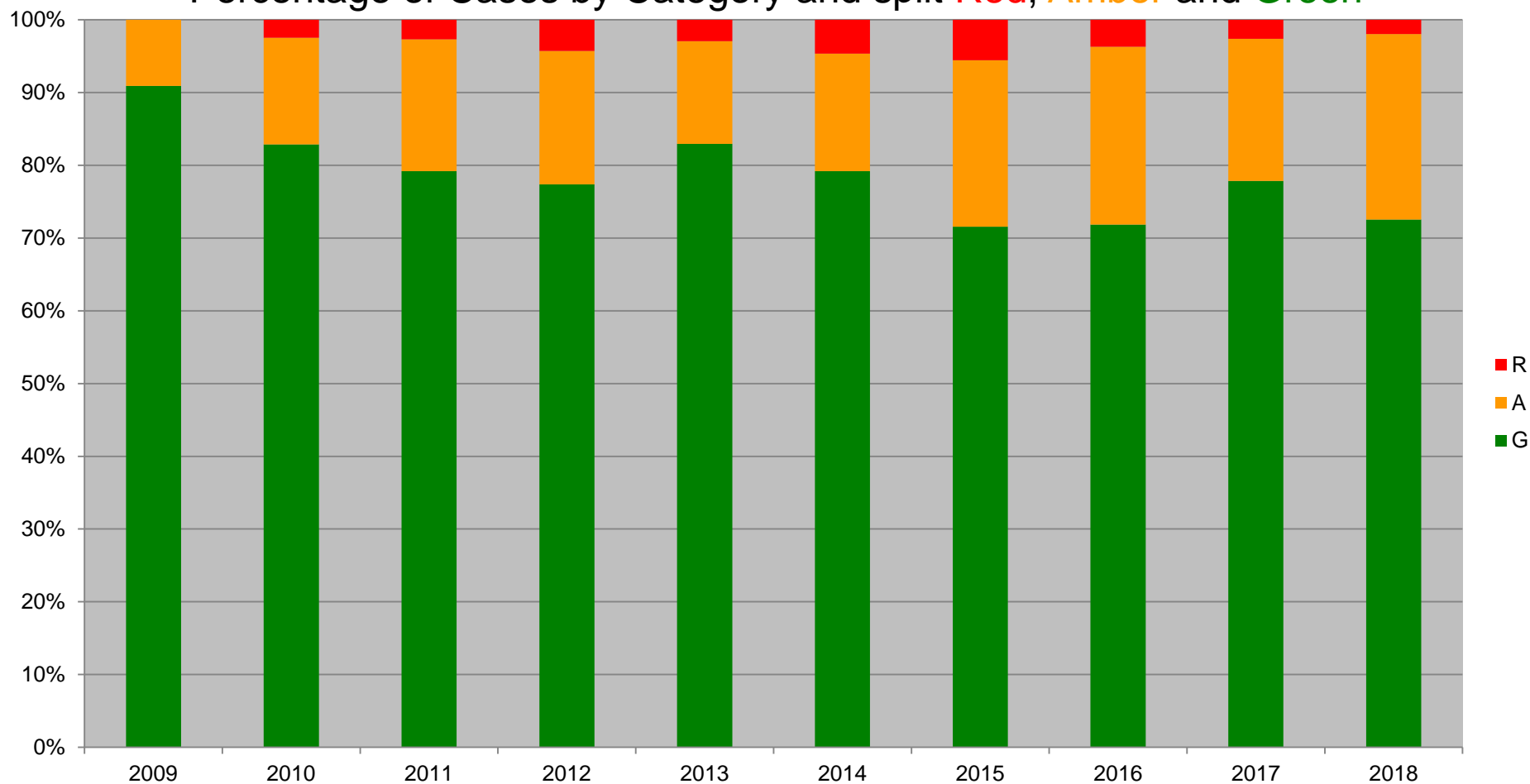
OCA Reporting Outcomes from CMS - December 09 to March 18
 Number of Cases by Category and split Red, Amber and Green



OCA Reporting Outcomes from CMS - December 09 to March 18
 Percentage of Cases by Category and split Red, Amber and Green

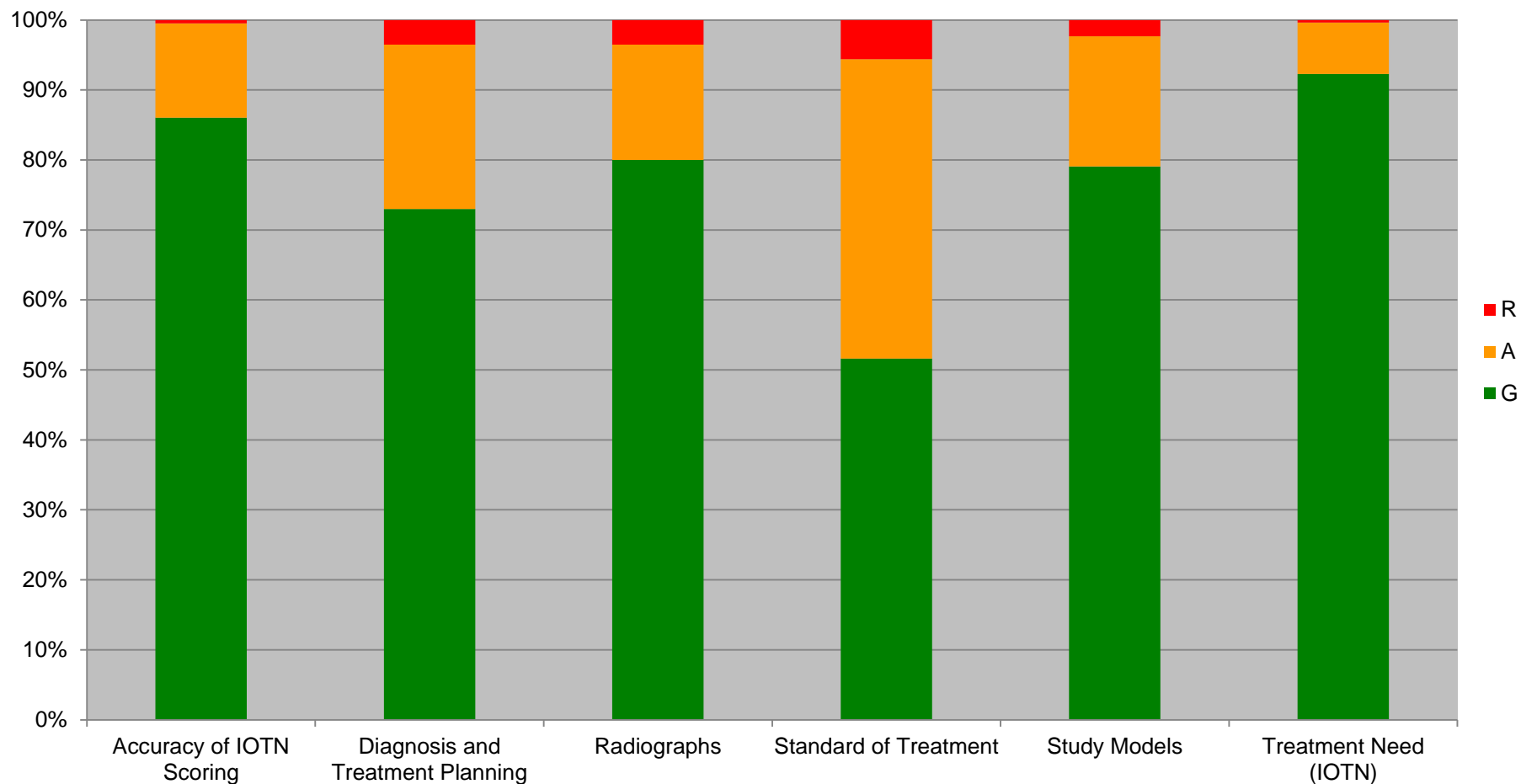


OCA Reporting Outcomes from CMS - December 09 to March 18 Percentage of Cases by Category and split Red, Amber and Green



OCA Reporting Outcomes from CMS - January 2017 to March 18

Percentage of Cases by Category and split **Red**, **Amber** and **Green**



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