

Wales GDS Reform Programme - Annual Report Guidance

This report is based on year-end methodology, i.e. for 2018-19, this includes all activity completed on or between 1st April 2018 and 31st March 2019 scheduled in or between April 2018 and June 2019.

Activity by Foundation Dentists is included.

ACORN data includes only the ACORN assessment with the earliest treatment completion date in the period for each patient identity, i.e. each patient who has received an ACORN assessment will only be counted once, regardless of how many ACORN assessments they received in the period. As such, any reporting on ACORN refers to unique ACORN patients.

ACORN patients are counted at contract level, so whilst unique to a contract, a patient may have received ACORN assessments at other contracts, where they will also be included, and subsequently would be duplicated in the respective LHB and Wales benchmark figures.

ACORN assessments will only be included if scores for each of medical history, social history, dental history, tooth decay, periodontal health, and other dental have been indicated.

ACORN Condition scores, both in charts and tables, are split by adult and child patients.

ACORN base figures refer to the count of unique ACORN patients, split by adult and child. The only exception is Periodontal Health, where counts and rates consider patients aged 12 and over only, therefore "Child" figures in this instance refers to patients aged 12-17.

Overview

Page 1 – Summary information including details such as contracted UDA, UOA, and UDA Value, based on Compass entries. This page also provides objectives of the report.

Page 2 – Charts relating to the count of ACORN patients for the contract, with yellow/green or red/amber/green percentages given for each of the six components of an ACORN assessment.

Page 3 – Tables and charts relating to access and activity, including 12 and 24 month access; patients treated, FP17W, and UDA counts; new patient counts; and FP17W counts by band.

Page 4 – Tables relating to fluoride varnish and fissure sealant treatments, broken down by individual performers. Also featured is insight on patients with red or amber tooth decay.

Page 5 – Charts for risk and need profiles as shown on Page 2, benchmarked against averages for LHB and Wales GDS contracts.

Page 6 – Tables and charts providing further detail into risk and need. This includes insight into patients with multiple dental conditions, recall intervals, treatment bands by risk/need category, and risk and need profiles for new patients.

Page 7 – This page provides an opportunity to give additional information and feedback.

Benchmarking

Local Health Board benchmarks refer to the calculation for GDS Reform contracts in the Health Board. Wales benchmarks refer to the calculation for all GDS Reform contracts in Wales. Specific benchmark calculations are outlined in the definitions where applicable.

General Definitions

Patient Age/Adult/Child: In activity data, this is based on a patient's date of birth at the date of treatment acceptance, as recorded on the FP17W. A patient is considered a child if aged under 18, and an adult if aged 18 or over. In 12 and 24 Month Access data, this refers to the patient's age at 31st March.

Unique Patient Counts: Count of the unique patient identities on scheduled FP17Ws for general treatment. A patient may have attended more than once in the year and received different treatment, so the total figure has been adjusted for duplicate patient IDs. Please note this differs from 12 and 24 Month Access counts, the definitions of which are detailed further in the notes for Page 3 – Access and Activity.

FP17W Counts: This is a count of the number of FP17Ws scheduled including adjustments for amended and deleted FP17Ws. Withdrawn FP17s are not included in the total count of FP17Ws.

Specific Definitions

Page 1 – Summary Information

Contract Address: This is the main address used for correspondence between the NHS BSA and the dental contract; it is not necessarily the address where treatment takes place.

Total Contracted Value (£): Gross value of contracts for each financial year. As recorded on CoMPASS.

Total Contracted UDA: The contracted units of dental activity to be achieved for the year. This figure is taken directly from CoMPASS.

Total Contracted UOA: The contracted units of orthodontic activity to be achieved for the year. This figure is taken directly from CoMPASS.

UDA Value (£): This is calculated by dividing the Total Contracted Value by the contract's UDA equivalent. UDA Equivalent is used to show the cost per unit of activity of all contracts incorporating UDA and UOA into the calculation. This is derived by multiplying contracted UOA by 2.4 and then adding this to any contracted UDA. The multiplier 2.4 stems from the national UDA and UOA costs of around £25 per UDA and £60 per UOA, therefore a UOA is worth 2.4UDAs (60 divided by 25).

Patient Charge Revenue (£): This includes Patient Charge Revenue deducted from a contract. This will not always match the calculated patient charges, as in some cases patient charge revenue will have been carried forward from a previous month, and in other cases there will not be enough baseline payment from which to collect the patient charge revenue.

Page 2 – Risk and Need Profile

ACORN Rates: This is a count of unique patients for each section of the ACORN assessment, expressed as a percentage of the total ACORN unique patient count. These sections are colour coded in accordance with the score. Conditions charts (Tooth Decay, Periodontal Health, and Other Dental) are split into adult and child.

Page 3 – Access and Activity

12 Month Access: Each unique patient ID is counted against the contract which the most recent claim was recorded in the 12 month period ending 31st March, with the following exceptions. If the most recent claim is for urgent treatment, orthodontic treatment, free treatment or treatment on referral the ID remains with the previous contract, if there is one within the 12 month period. If the claim for the previous contract occurred before the 12 month period the ID is allocated to the most recent contract.

24 Month Access: Each unique patient ID is counted against the contract which the most recent claim was recorded in the 24 month period ending 31st March, with the following exceptions. If the most recent claim is for urgent treatment, orthodontic treatment, free 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.

Total Unique Patients Treated: Count of the unique patient identities on scheduled FP17Ws for general treatment. A patient may have attended more than once in the year and received different treatment, so the total figure has been adjusted for duplicate patient IDs. Please note that if a patient was seen in the period as both an adult and a child, i.e. at age 17 and 18, they will be counted in both the adult and child counts, but only once in the total count.

Total FP17Ws Submitted: This is a count of the number of FP17Ws scheduled including adjustments for amended and deleted FP17Ws. Withdrawn FP17Ws are not included.

Total UDA Claimed : This is a count of the number of UDA scheduled including adjustments for amended and deleted FP17Ws. Withdrawn FP17Ws are not included in the total count of UDA.

Patients New to Contract (Adult): An adult patient is considered “new to the contract” if they have no previous visit to the contract, or if their last visit to the contract was greater than 730 days previously. *High counts of new to contract patients may be a result of new contracts, therefore contract start dates should be considered.*

Patients New to Contract (Child): A child patient is considered “new to the contract” if they have no previous visit to the contract, or if their last visit to the contract was greater than 365 days previously. *High counts of new to contract patients may be a result of “new” contracts, therefore contract start dates should be considered.*

Patients New to Contract and NHS (Adult): An adult patient is considered “new” if they have no previous visit to any contract, or if their last visit to any contract was greater than 730 days previously.

Patients New to Contract and NHS (Child): A child patient is considered “new” if they have no previous visit to any contract, or if their last visit to any contract was greater than 365 days previously.

Patients New to Contract with Urgent (Adult): This applies the “Patients New to Contract (Adult)” methodology to patients whose treatment was classed as Urgent/Occasional.

Patients New to Contract with Urgent (Child): This applies the “Patients New to Contract (Child)” methodology to patients whose treatment was classed as Urgent/Occasional.

Patients New to Contract with ACORN (Adult): This applies the “Patients New to Contract (Adult)” methodology to ACORN FP17Ws, i.e. new patients who received an ACORN assessment.

Patients New to Contract with ACORN (Child): This applies the “Patients New to Contract (Child)” methodology to ACORN FP17Ws, i.e. new patients who received an ACORN assessment.

FP17W Totals by Band: This is a count of total FP17Ws by charge band.

Page 4 – Fluoride Varnish and Fissure Sealants

Fluoride Varnish FP17Ws: This is a count of FP17Ws where a fluoride varnish has been indicated in part 5a. Total Adult/Child FP17Ws are used as the base figure to calculate the rates. Totals are shown at both performer and contract level, with benchmarks against the LHB and Wales rates for GDS Reform contracts.

Children Aged 6-17 Fissure Sealants FP17Ws: A count of FP17Ws for patients aged between 6 and 17, where a fissure sealant treatment was indicated in part 5a.

6-17 Year Olds Who Received Neither Fluoride Varnish nor Fissure Sealants: A count of patients aged between 6 and 17 who received Band 1, Band 2, or Band 3 treatment in the period, but did not receive fluoride varnish or fissure sealant treatment on any occasion.

Red or Amber Tooth Decay Unique Patients: A count of unique patients whose tooth decay has been scored as either red or amber.

Red or Amber Tooth Decay Unique Patients with Fluoride Varnish: A count of unique patients whose tooth decay has been scored as either red or amber and a fluoride varnish treatment was indicated in part 5a of the respective ACORN FP17W.

Page 5 – Risk and Need of Contract Compared to Health Board and Wales Average

ACORN Rates: This is a count of unique patients for each section of the ACORN assessment, expressed as a percentage of the total ACORN FP17W count. These sections are colour coded in accordance with the score. Conditions charts (Tooth Decay, Periodontal Health, and Other Dental) are split into adult and child. In this section, benchmarks against the LHB and Wales rates for GDS Reform contracts are included.

Page 6 – Further ACORN Data

ACORN Unique Patients: The total unique patients who received a complete ACORN assessment. *The base number for the rate is the total count of unique patients.*

Three Green Conditions: A count of unique patients whose tooth decay, periodontal health, and other dental have been scored as green.

Two Red Conditions: A count of unique patients for whom two of tooth decay, periodontal health, and other dental have been scored as red.

Three Red Conditions: A count of unique patients whose tooth decay, periodontal health, and other dental have been scored as red.

Three Green Conditions Treated Within Nine Months: A count of unique patients whose tooth decay, periodontal health, and other dental have been scored as green, and whose previous visit to the same contract was within 276 days. *The base number for this rate is the total unique patients with three green conditions count.*

ACORN Conditions FP17Ws by Band: This is a count of unique patients by charge band for each of the ACORN condition scores.

New Child ACORN Rates: This is a count of unique child patients new to the contract for the conditions sections of the ACORN assessment, expressed as a percentage of the total count of unique child patients new to the contract who received an ACORN assessment. This is based on the earliest ACORN FP17W submitted for the patient in the period.

New Adult ACORN Rates: This is a count of unique adult patients new to the contract for the conditions sections of the ACORN assessment, expressed as a percentage of the total count of unique adult patients new to the contract who received an ACORN assessment. This is based on the earliest ACORN FP17W submitted for the patient in the period.