

GENERAL DENTAL SERVICES REFORM PROGRAMME

Frequently Asked Questions (FAQs) on Data and eDEN

Following on from the recent *Myth, Facts and Frequently Asked Questions* document, this FAQ aims to address additional questions relating to the area of data.

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How can I monitor my contract during the new financial year?

If you have signed a contract variation for GDS Reform Programme, you need to have an eDEN account to access your practice profile. If you chose the UDA model then you have access to your monthly statements plus Compass (Activity Actual) to monitor your UDA delivery.

Do we need to update our software program for the contract variation?

The NHSBSA has provided Dental Practice Management Software (DPMS) suppliers specifications for the contract reform changes 6 months before the contract variation. DPMS suppliers were working hard behind the scenes to implement all necessary changes ready for 01/04/2022. If you have any questions or concerns with regards to your DPMS, you will need to contact the provider directly. The NHSBSA is confident that all necessary changes will be introduced on time.

Can NHSBSA influence software providers to help iron out the issues practices are experiencing?

NHSBSA engages with software providers and share system requirements with them six months prior to any changes coming into effect. NHSBSA supports software providers to ensure they understand requirements and can deliver these in time for changes to go live. NHSBSA holds regular sessions with software providers throughout the year to field queries and feedback. If you are experiencing difficulties with your software, we advise contacting your supplier directly.

Comment: I am concerned about time taken to complete form FP17DC.

No changes have been made to the FP17DC in recent years however, NHSBSA has made changes to the FP17W form in line with the GDS Reform Programme. Although there has been some improvement to types and the level of data, we are able to capture via the FP17W form this should not have additional impacts on time. Validation is being improved to ensure the Clinical Data Set (CDS) matches the Bands of treatment provided for patients, but these data entry points remain the same as what was in previous years.

When will the NHSBSA set up individual performers' eDEN accounts so that performers and practice owners can monitor their performances monthly?

NHSBSA is working on an online registration tool for on-boarding new users to the eDEN. Once this has been set up and appropriate security levels set up, we will be in a position to build a performer level eDEN.

Will eDEN be able to report at performer level for all of the contract variation metrics?

Performer level data will be available where appropriate, such as fluoride varnish and recall. For patient numbers, consideration is ongoing as to how best to report this at performer level without introducing errors. Some patients can be seen and provided multiple courses of treatment by multiple performers within a practice within a contract year which brings challenges of allocating such patient to a performer within a practice.

When will eDEN be available for corporate providers?

During 2022-2023 work has been on-going behind the scenes to set up the appropriate levels of security, along with the addition of a new feature on Compass to capture and maintain up-to-

date contract lists for each corporate provider. Although eDEN access for corporate providers is still in development, all corporates are provided with the necessary data extracts to enable them to monitor and report effectively.

Will eDEN be updated daily instead of monthly to allow real time data collection?

Currently eDEN is slow and inaccurate.

eDEN is currently updated monthly after the schedule cut-off, as the final month-end position. If daily data was provided, this would be pre-schedule and so would be subject to change on a daily basis, until the schedule cut-off each month.

Why does eDEN not show any data for my contract, or for certain contract variation metrics?

eDEN is currently updated monthly after the schedule cut-off, as the final month-end position. If data was not completed on the FP17W or the FP17Ws not submitted and scheduled, then this would not be shown on eDEN until after the next schedule cut-off.

How will my pay statements look if I sign up to the variation?

If you signed a contract variation for the GDS Reform Programme then the metrics will be presented separately as a total contract value and monthly payment (against agreed percentages for example 25% for UDAs is High Street Dental Practice).

Those on the UDA model will see no change in their pay statements other than target will be 95% for the reporting year.

Since 1 April 2022 there have been changes to the FP17W. Is there a list of error codes and required resolution in respect of forms that fail validation?

There is a document called Dental Activity Processing Errors on the NHSBSA website - <https://www.nhsbsa.nhs.uk/activity-payment-and-pension-services/dental-activity-processing> It has been updated to include the new error codes.

In addition please look out for further updates sent via NHSBSA Bulletin where specific frequently occurring errors are highlighted.

Does the 'two month rule' still apply to FP17W submissions?

Yes, the 'two month rule' in relation to the submission of FP17Ws is still in place. This applies to the submission of FP17Ws within two months of the date of completion, or as soon as possible if a decision is made to indicate incomplete treatment.

Which Band does *Best Practice Prevention* link to in respect of the clinical data set?

Best Practice Prevention (codes 9366-9 in Wales) are available to record delivery of prevention items but is a null-banded item and can occur on any claim submitted to the NHSBSA.

What is the “*Patient Presented With*” option that is now on the FP17W?

This allows practices to capture the patient's reason for attendance, e.g. routine assessment visit/exam or pain/infection etc. Whilst it is appreciated that more than one may apply, the entry should reflect what is considered the primary reason for attendance.

Why should I complete the CDS for Cleaning and Instruction if it stops the patient from getting a free examination - offering advice only appears to be part of the examination?

'Removal of PRFs is considered treatment and would generate a patient charge if indicated as part of an Exam Only claim for patients aged under 25 years and 60 years and over. TBI, interdental cleaning, and OHI plan are considered advice; they are null-banded items and would not therefore generate a patient charge if indicated as part of an Exam Only claim.

Do all the codes for tooth brushing instruction/cleaning advice/interdental cleaning need to be put onto each COT?

Whichever apply should be indicated on the FP17W to ensure the care provided to patients is accurately captured.

Do we need to get signed consent from the patient to be able to transmit their mobile & email?

The PRW form allows the patient to decline sharing of their mobile number and email address. If the patient does not wish to opt-out, the PRW form itself is the signed consent to share their mobile number and email address with the NHSBSA.

Isn't 'Welsh Free Exam' - irrelevant now as new metrics carry band one charge?

A claim for “Free Exam” (Exam Only) in relation to patients aged under 25 year and 60 years and over is still permissible. A claim submitted as Exam Only will not raise a patient charge if fluoride varnish is indicated. However, any other Band 1 item (for example radiographs) will require a patient charge to be levied, where applicable and, if included on an Exam Only claim, will cause the claim to reject. This position has not changed since fluoride varnish was allowed to be included on an Exam Only claim. Providers should ensure their DPMS is compatible with this requirement.

For a child under age of 12 years do we leave the perio data set empty or do we use “Examination not possible”?

Performers are advised to follow the BSP guidelines in terms of providing periodontal assessment and care. It is accepted that for some patients including patients under 12 years of age, a periodontal assessment may not be possible. This option was included to cover those scenarios and for the ACORN risk assessment to not fail validation if there was no entry submitted.