Asking for support

Whether you’re dealing with difficult patients or need specific information, contacting your PCT helps to build a good relationship. Sharon Holmes explains...

As you know, we have just completed another contract year with the NHS. The race to complete all our allocated UDAs, or at least to fall within the four per cent of our contractual agreement to avoid clawback, always gets the adrenaline pumping. Due to previous bad experiences, we decided to be proactive and forward thinking. We monitor our UDA performance weekly, but what we usually fail to do is to check that associates are processing claims and payments correctly. This year, however, we ran an audit and discovered that there were some errors. There was nothing too destructive, but it involved a loss of income and as a result, we now check our schedules monthly.

There isn’t much that can be done when it comes to certain claims. The loss of income simply has had to be written off as a bad debt, albeit it minimal, but a loss is a loss. But because of these situations, we did some research into how claims were being made on the NHS and under what criteria depending on the patient. Some of the errors were down to poor communication between the dentist and patient, as well as the dentist and receptionist. Some errors were purely due to lack of knowledge and understanding of the NHS contracts, which are full of red tape and don’t read easily.

Emergency patients

Booking emergency patients seems to be an area which causes the most confusion. It is also one of the main types of claims monitored carefully by all PCTs. Unfortunately, the higher your emergency claims, the higher your practice is flagged on their data records. This leads to the PCT keeping a very close eye on you, which, to some of us, is an unfair disadvantage. However, we are all issued with contracts full of clauses, which are our duty and responsibility to read and understand.

Once we had established what the actual causes of the errors were, with rightful claim, we did some thorough research, making use of our local PCT, as well as the BDA. We compiled all the information and handed a copy to each member of staff. We then held a training session to discuss each process when making a claim. To facilitate this, we are lucky enough to have an associate who is also a PCT adviser, who led an educational workshop. It was very informative and we all learned from the toolbox discussion.

Complex claims

The first complex claim is one involving taking note of whether a new patient should pay, or whether they are entitled to discount or support if they fall into certain categories, such as if they are on state benefits, are a student over 18 and in full-time study or an expectant mother – mothers are entitled to free NHS care up until the toddler is one year old.

All patients eligible for support should be able to provide evidence to support their situation. Of course on many occasions, patients do not bring in their certificates despite being asked several times. If this happens, we have to indicate this on our administration system, and see the patient, as we are not allowed to turn patients away from receiving NHS treatment.
Patients must sign a PR form, containing all the necessary information, which serves as a receipt to let the PCT know what our patients have been told us. These forms must be kept for a period of two years, and are also used to track payment claims as well as fraud by patients.

Next, prior to claiming their UDAs, the dentist must check with the patients what their employment status is, and record this information on the computer or on the FP17DC forms. If a patient receives benefits, this also entitles their partner to free NHS dentistry.

**Defining an emergency**

Defining emergency dental care has been debated regularly with our dentists. Let us make it very clear. Emergency dental care is when a patient calls or walks in on the day to book an appointment because they are in acute pain and discomfort. Patients are entitled to emergency treatment to address severe pain and prevent significant deterioration in or be-at health. Emergency treatment is not restricted to one-day treatment, and if it is required within the next day or two, it can be regarded as a course of urgent treatment.

Patients who have been booked in two weeks prior for a regular exam, but turn up on the day in pain, cannot be processed as emergency treatment. Your team need to be trained in accordance with the patient’s needs. As indeed emergency care had to be carried out, but on statistics recorded by our PCR it can look suspicious as IT forensics has it booked as an exam. Much administration is explainable and is accepted and validated by the PCR but it is always worth the extra effort to train our staff effectively so that on recording of data our records remain clean.

**Treatment expiry**

The last issue I will address is treatment expiry and claiming UDAs. If the patient does not return for treatment within the two-month period to have treatment completed then they will incur the NHS fee again. As long as the practice has behaved reasonably with regards to enquiring why the patient failed to complete their treatment and that the practice had been reasonably flexible with the patient understanding the exceptional circumstances.

If the patient returns within the two-month period and requires further band one treatment, we can claim another UDA. Where a course of treatment (other than urgent) has been completed, but within two months of the date of completion a patient needs further treatment from the same contactor that falls within the same or a lower charging band, no patient charge is payable.

The FP17/FP17W continuation box in part six should be crossed so that the UDAs will be credited for the treatment but the patient charge element will not be deducted from the monthly contract value payment. The patient’s record should make clear the clinical circumstances requiring a second course of treatment to be provided as well as the original treatment plan.

If the patient requires treatment under a higher band, we can claim the UDAs for that band, however, dentists are advised to be careful because the PCT feel that ideally the patient should have been treated according to the higher band in the first instance. Only in exceptional circumstances should the patient’s treatment have to be moved into the higher band. Patients will be charged the full fee for treatment in the higher band and not the difference.

**Achieving the best**

The obvious is to continually strive to achieve a better understanding of our PCT contracts. You should always contact the PCT when you are not sure of any particular required procedure. I have always found our PCTs to be helpful when going through some difficult issues. The more you ask, the more help you receive, and in doing so, you build a trusting relationship with your PCT.

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**About the author**

Originally from South Africa, Sharon Holmes has worked in the field of dental practice management since 1992. In 2005, she moved to London City Dental Practice where after 18 months, was responsible for managing four practices in the group. The London City Dental Practice is now part of a mid co-operative group called Dental Arts Studio, of which she has been instrumental in its creation. She holds the position of operations director and manages every aspect of the group along side her principal dentists.