Avoidance of Doubt
Provision of Phased Treatments

Background

The purpose of this document is to support dental professionals, and to clarify where it might be appropriate to provide phased treatment spanning over several courses of treatment (CoT). In turn, this should improve access to high quality NHS dentistry to meet the needs of patients who will not usually have accessed and completed routine dental care in the previous 24 months. This cohort of patients would generally be those with high dental needs and as such are more likely to be adults from a vulnerable background with additional health or social needs.

Description of phases

Phased treatment may consist of up to three courses of treatment; all these CoTs will usually be completed within a 12 month period. It is acknowledged that often the first course is an initial assessment with pain relief, stabilisation of active disease and initiation of initial preventive measures where it is not possible to produce a robust plan for further treatment at the examination stage.

It is only after this first course has been completed and the patient reassessed to see how they have responded and a further treatment can be devised (CoT 2). In some cases a further reassessment and plan will be required (CoT 3).

At the very outset the patient should be made aware that they will be required to return for further courses of treatment, and that this may incur further NHS dental charges. It is not always possible to predict the exact nature and, therefore, cost of the next phase until the reassessment course of treatment.

What needs to be documented in terms of phased treatment?

In CoT 1 the proposed treatment should be detailed with notes about the reasons for phasing into different CoTs. The patient should be made aware that the future CoT will be dependent on the reassessment at CoT 2 and so at this stage a detailed plan cannot be provided for the future CoTs. An appropriately completed FP17DC must be provided to the patient at each CoT. The impact on the patient charges must be explained to the patient and their understanding confirmed. The explanation for phasing treatment must be recorded in the notes. Clinical and patient factors should be considered carefully before advance care is provided.

Table 1. Example of documentation for phased treatment Course of Treatment (CoT 1)

CoT 1
Urgent treatment unless the patient wishes to have a full examination and treatment plan, and enter into the phased treatment pathway.
	• Examination (Band 1)
	• Risk assessment (Band 1)
	• Preventative advice (Band 1)
	• Periodontal assessment (Band 1)
	• Other appropriate treatment, such as
	  • dressing of carious lesions (Band 1 Urgent or 2)
	  • removal of calculus (Band 1 or 2)
	  • pulp extirpation (Band 1 Urgent or 2)
	  • extraction of teeth/tooth fragments (Band 1 Urgent or Band 2)

Table 2. Example of documentation for phased treatment Course of Treatment 2 (CoT 2):

CoT 2
Reassessment
	• Examination (Band 1)
	• Risk reassessment (Band 1)
	• Assess whether active caries has been halted (Band 1)
	• Reinforcement of preventative advice (Band 1)
	• Periodontal reassessment (Band 1)
	• Other appropriate treatment, such as:
	  • definitive restorations (Band 2)
	  • periodontal therapy (Band 2)
	  • endodontic therapy (Band 2)
	  • extractions (Band 2)
	• Decision regarding further courses and timescale

Table 3. Example of documentation for phased treatment Course of Treatment 3 (CoT 3)

CoT 3
Definitive
	• Examination (Band 1)
	• Risk reassessment (Band 1)
	• Reinforcement of preventative advice (Band 1)
	• Periodontal reassessment (Band 1)
	• Other appropriate treatment, such as:
	  • Crowns, bridges (Band 3)
	  • Dentures (Band 3)
	  • Periodontal therapy (Band 2)
	• Setting of recall interval

What can be claimed?

Each CoT can be claimed separately. Phased treatment could potentially produce various clinical scenarios, each resulting in differing generation of both bands of treatment and patient charges.

Table 4. Example of potential Bands and Patient Charges generated from phased treatment.

Phases	**Bands**	**Patient Charges as at 2017/18 rates**
CoT 1 Urgent treatment unless the patient wishes to have a full examination and treatment plan, and enter into the phased treatment pathway.	1 Urgent, 1 or 2	Up to £56.30
CoT 2 Reassessment phase	1 or 2	Up to £56.30
CoT 3 Definitive phase	Up to 3	Up to £244.30

There will be cases where an immediate prostheses may be provided in the initial CoTs. This will be Band 3 treatment.

FAQs

If I provide a phased treatment will it put me at risk of being highlighted by the Business Services Authority (BSA)?

Claims for multiple CoTs will be acceptable where the clinical notes clearly state that rationale for the phased treatment for patients with high and complex dental, medical or social needs with supporting clinical evidence. The BSA data will continue to track Units of Dental Activity (UDAs) claimed per patient and number of FP17s per patient.

Would it be appropriate to treat patients who already attend my practice with the phased treatment approach?

Normally patients who regularly attend your practice should not require phased treatment spanning a number of CoTs. However, there may be a very small number of patients where there has been a significant and unexpected decline in dental health where this approach may be appropriate.

How many patients can I use the phased treatment approach for?

As many patients that the phased approach is appropriate for. However it is considered unlikely that this will be significant in relation to the practices patient base. The BSA will be monitoring activity and in the case of outliers, may request clinical records to be reviewed for possible phased treatment to ensure appropriate claims have been made.

What should I record in the patient's clinical record:

Patient clinical records should clearly state that rationale for the phased treatment for patients with high and complex dental, medical or social needs. They should fall in line with current clinical record keeping guidelines. Each new course of treatment should contain a full examination and record of discussion with the patient of their treatment needs.

What if my patient fails to attend part way through a course of treatment?

If a patient fails to return and you have made a reasonable attempt to get the patient to return, then close the treatment off as incomplete. However, multiple new CoTs with the patient failing to attend, with incomplete claims, would be considered inappropriate.

What if a patient requires an urgent appointment?

If you have an open CoT then the urgent care is part of that CoT. If you do not have an open CoT then it would be reasonable to treat the acute problem under an urgent CoT (generating 1.2 UDAs). This would be in addition to the routine CoTs which would make up the rest of the phased treatment. However multiple urgent CoTs for the patient in a short time period would not be appropriate.

When should I claim for an urgent, and what should I claim if the patient FTA after the first appointment when I have relieved pain?

If you have carried out treatment / relieved pain appropriate to an urgent appointment then an urgent claim appropriate to Band 1 charge should be made. It would not be appropriate to claim a Band 2 CoT for a single item of treatment, such as extraction of a tooth.

References

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