

Communication for Dental Directors regarding submission of activity records

Background

In the latest [Primary Care Announcement](#) published on Monday 15 June, Tom Ferris outlines the routemap for the reintroduction of dental services and outlines the proposed way forward with an interim Statement of Dental Remuneration (SDR) as part of Phase 2. The date that this interim SDR will take effect from is not yet known as it will be dependent on an announcement from the Cabinet Secretary around the wider lockdown measures. The next 3 weekly review of the lockdown regulations is Thursday 18 June.

Action	Scottish Govt. 'routemap' 21 May 2020
Practices closed apart from telephone triage. All urgent care from Urgent Dental Care Centres(UDCC)	Lockdown
Increase care offered at emergency dental hubs as practices prepare to open.	Phase 1
All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures.	Phase 2
All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures.	Phase 3
Limited introduction of AGPs to dental practices, this will be dependent on evidence of risk and possible mitigation.	Phase 4

NHS Boards were asked to record activity in response to the immediate demands placed upon them by COVID-19. There are a number of different ways in which this information is being captured across Scotland. The submission of information was put on hold after an email from Tom Ferris was issued to NHS Board clinical directors on 21 May 2020 asking NHS Boards to hold claims in the system until a solution was found to the patient charges not being levied.

Purpose of this document

The purpose of this document is to provide some guidance to NHS Board clinical directors on how the data captured prior to the UDCC list numbers being set up should be submitted.

Moving forward

While the expectation may have originally been that there is a way to get these submissions in and under a new list number, this is not possible. When R4+ creates claims, the list number and claim reference is stored against the claim as soon as it is created. It is therefore not possible to simply update the list number on all of claims pending submission and submit under the new UDCC list number, without NHS Boards having to re-create new claims under the new list number. In making

the assumption that NHS Boards would not wish to do this for nearly 3 months of claims, PSD have been looking at how the backlog of claims can be submitted.

Issues identified from early submissions

The main issue being presented is where an NHS Board has used the patient status of PDS non GDS on a non PDS list number (out of hours, emergency for example) to get around the patient charging. This PDS non GDS category can only be used with a PDS specific list number as was originally designed and intended. We understand from NHS Boards that this is an option for users to select within R4+, and so it is possible that users are creating this invalid combination. Emergency is a different service to that of PDS and so different validation rules apply to each. This has not changed with the introduction of the urgent dental care centres.

Suggested approach

As there are a number of different scenarios to cater for, the following covers those that are known at this time:

- If activity has been recorded in the usual manner under a PDS list number, you should be able to submit as per your existing process pre Covid-19.
- If activity has been recorded on an emergency or an out of hours type list number, you will experience rejections if you have used the category, **PDS non GDS**. Where an NHS Board recognises they may have claims pending or already rejected as a result of using this invalid combination, the only way we believe these claims can be processed through successfully is to amend the patient status to the correct status as it would have been had patient charges still applied. We understand from NHS Boards that when a patient has not paid, this will raise an exception within R4+ and therefore the only option is to locally cancel the patient debt on the system and add a note.
- As NHS Boards are more familiar with R4+, perhaps a Scotland wide approach can be agreed and taken so that there is consistency while ensuring adequate auditability.