



Department of

**Health, Social Services  
and Public Safety**

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An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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**Monitoring Protocols for the Referral Dental Service**  
**Amended November 2004**  
**Effective January 2005**



# Monitoring Protocols for the Referral Dental Service

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## Arrangement of protocols

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## **1 Introduction**

### ***1.1 Background***

The Referral Dental Service is a monitoring division of the Department of Health, Social Services and Public Safety. The Referral Dental Service was set up in Northern Ireland in 1980 and is based on an established model from the Department of Health in England. In England, monitoring is managed by the Dental Practice Board.

### ***1.2 The Role and Remit of the Referral Dental Service***

- 1.2a The Referral Dental Service is a unit within Dental Branch of the Department of Health, Social Services and Public Safety.
- 1.2b The Referral Dental Service conducts post-treatment examinations of patients who have had recent dental treatment under General Dental Service regulations.
- 1.2c The principal aim of the Referral Dental Service is to assure the Central Services Agency and the Minister for Health and Public Safety that:
  - 1.2c (1) The money from the public purse is paid correctly to dentists and is paid correctly according to the regulations.
  - 1.2c (2) The treatment provided was warranted and has been satisfactorily completed.
  - 1.2c (3) The oral health of the public availing of Health Service Dental Services has been secured and maintained.

### ***1.3 The Referral Dental Officer***

- 1.3a The Department of Health, Social Services and Public Safety retains Referral Dental Officers who are registered dentists with extensive experience of working in General Dental Services.
- 1.3b As part of their induction training the Referral Dental Officers are calibrated and there is ongoing internal and external validation of consistency of coding and report writing.
- 1.3c The Referral Dental Officers maintain links with the English Dental Practice Board and Scottish Central Services Agency.

## **2 The Process**

### ***2.1 The Central Services Agency***

- 2.1a The Referral Dental Service has a target of examining 4 patients per General Dental Practitioner per year.
- 2.1b A General Dental Practitioner coming onto a Board list for the first time will have a target of 10 patients examined in the first year.
- 2.1c Other categories of General Dental Practitioner may have a variation in the number of patients examined annually.
- 2.1d The Central Services Agency generates a patient monitoring list from the previous month's claims<sup>¶</sup> for payment from General Dental Practitioners using a random sampling frame.

### ***2.2 The Referral Dental Service***

- 2.2a The monitoring list is recorded on the Referral Dental Service database.

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<sup>¶</sup> The claims are normally for treatment carried out within the preceding month but may, on occasion, be less recent.

2.2b The Referral Dental Officers examine the list and *may* decide to exclude certain patients from examination.

e.g.:

- the very young;
- the very old;
- patients who have seen their practitioner just to re-register;
- patients whose recent visit to their practitioner was for examination only;
- orthodontic treatment<sup>β</sup>.

**This list is not exhaustive.**

2.2c The patient is sent form D5 inviting him to attend for the examination at a nominated clinic.

2.2d The General Dental Practitioner is sent form D4T informing him of patient(s) called for examination and asking for submission of radiographs and any comments in respect of the patient(s) (Schedule 2, Part IV, para. 25, subsection (3) of the *General Dental Services Regulation (Northern Ireland) 1993* refers). The General Dental Practitioner is also permitted to attend the examination. This will normally be arranged with the patient's consent.

### 2.3 *The Examination Clinic*

2.3a The patient may decline the invitation to attend. This is recorded on the Referral Dental Service database as a cancellation.

2.3b A patient who does not attend for the appointment, and has not contacted the Department, is recorded as DNA (Did Not Attend).

2.3c Those who do attend are examined by one of the Referral Dental Officers. The record of the examination forms the basis of the Referral Dental Officer report (*see 2.4 below*).

2.3d The patient is paid a nominal £10 fee for travelling expenses, etc.

2.3e The examination is normally carried out in a community dental clinic but in exceptional circumstances may be carried out in the patient's home or practitioner's surgery.

### 2.4 *The Referral Dental Officer Report*

2.4a The Referral Dental Officer produces a report based on the clinical examination and any other information as supplied by the General Dental Practitioner.

2.4b The report is given a coding as shown in Appendix 1.

2.4c The Department of Health, Social Services and Public Safety retains a copy of the report. Copies are sent to the relevant General Dental Practitioner, to the Director of Dental Services in the appropriate Health and Social Services Board<sup>ψ</sup> and the Head of Professional Dental Services in the Central Services Agency.

2.4d It is recommended that General Dental Practitioners retain their copy of each report for future reference.

2.4e The relevant Health & Social Services Board Dental Director receives the Referral Dental Officer's report within 10 days of the report being generated. Referral Dental Officers will highlight those C coded reports that give them particular cause for concern.

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<sup>β</sup> Orthodontic examinations are normally carried out by a dental officer with orthodontic experience.

<sup>ψ</sup> The position of Dental Director in the H&SS Board may be held by a Consultant in Dental Public Health

### **3 Protocols for Referral Dental Officer Report Codes**

#### **3.1 The A & B codes**

- 3.1a A report with an A code does not require a reply from the General Dental Practitioner or any other further action.
- 3.1b A report with a B code contains comments or information for the General Dental Practitioner. It does not require a response.

#### **3.2 The C code**

- 3.2a The Health & Social Services Board Dental Director and the Head of Professional Dental Services in the Central Services Agency consider all C coded reports.
- 3.2b The Head of Professional Dental Services in the Central Services Agency deals with C coded reports by correspondence with the General Dental Practitioner and reports any unresolved cases or unsatisfactory replies to the Health & Social Services Board Dental Director.
- 3.2c The Dental Director liaises with the Head of Professional Dental Services in the Central Services Agency on those cases that require further action.
- 3.2d The Head of Professional Dental Services in the Central Services Agency takes any appropriate action, as agreed with the Dental Director. This may involve more than one Dental Director if the General Dental Practitioner concerned practices in more than one Health & Social Services Board area. The Referral Dental Officers may be asked to carry out more examinations.
- 3.2e The C coded cases, which require further attention, are discussed at the quarterly meeting between the Central Services Agency, the Referral Dental Service and the Health & Social Services Board Dental Director. The handling of the case, and associated correspondence, is recorded in a file held by the Central Services Agency. The Health & Social Services Board Dental Director uses this documentation, along with records of any supplementary action taken directly by the Board, to produce an outcome report.
- 3.2f The Dental Director may wish to discuss management of specific C codes with each other, the Referral Dental Officers and the Head of Professional Dental Services in the Central Services Agency at the Directors' meetings with the Chief Dental Officer at the Department of Health, Social Services and Public Safety to ensure consistency and equality of approach to these cases.

#### **3.3 The D & E codes**

- 3.3a The Dental Director liaises with the Head of Professional Dental Services in the Central Services Agency to determine what action is to be taken.
- 3.3b If a report is coded either D or E code, more patients will automatically be called for examination and may require the Referral Dental Officer to become involved in re-examinations. Management of these cases is discussed at the quarterly meetings between the Head of Professional Dental Services in the Central Services Agency, the Referral Dental Officer and the Dental Director.
- 3.3c The Dental Director provides the Referral Dental Service with an outcome report after the actions outlined in paras. 3.2a, 3.2b and 3.2e have been successfully concluded.

3.3d The Dental Directors may wish to discuss management of D and E codes with each other, the Referral Dental Officers and the Head of Professional Dental Services in the Central Services Agency at the Directors' meetings with the Chief Dental Officer at the Department of Health, Social Services and Public Safety to ensure consistency and equality of approach to these cases.

### **3.4 The X code**

3.4a Radiographs of poor quality or of no diagnostic value will be awarded a C coded report.

3.4b If X code is on the report, the General Dental Practitioner is asked, in writing, to submit the appropriate radiograph(s) within 14 days. Any radiographs already submitted are held by the Department of Health, Social Services and Public Safety or Central Services Agency, to prevent resubmission.

3.4c If a General Dental Practitioner fails to submit the relevant radiograph(s) within the stipulated timescale then the appropriate fees will be recovered.

3.4d If the missing radiograph(s) involve root canal therapy then the fees for the radiograph(s), the root canal therapy and the coronal restoration will be recovered (*the Statement of Dental Remuneration states appropriate radiographs must be available*).

3.4e A General Dental Practitioner's failure to locate a radiograph is not sufficient justification for retaking the same view.

3.4f If a General Dental Practitioner is unable to furnish radiographs, then he will be asked to submit 12 sets of records including radiographs.

## **4 Procedures for Targeted Monitoring of General Dental Practitioners**

### **4.1 Identification of Dentists for Targeted Monitoring**

4.1a There are three possible sources of identification of dentists for targeted monitoring.

4.1a (1) The four Health and Social Services Boards:

- as a result of routine treatment pattern monitoring at the Board;
- as a result of concerns raised during practice visitations;
- complaints by patients;
- information received from other General Dental Practitioners, etc.

4.1a (2) The CSA:

- as a result of observing atypical treatment patterns; and/or
- atypically high earnings.

4.1a (3) The Referral Dental Service:

- as a result of information collected during routine Referral Dental Officer examinations.

4.1b The decision whether or not to target is made during consultation between the Head of Professional Dental Services in the Central Services Agency, Referral Dental Officers and the Dental Director of the Health & Social Services Board or Boards involved. A decision is also made as to whether the dentist is to be informed.

## **4.2 Targeting Procedure**

The General Dental Practitioner concerned has additional patients examined by the Referral Dental Service on the following basis:

- 4.2a The number of patients to be examined is agreed during consultation between the Head of Professional Dental Services in the Central Services Agency, Referral Dental Officers and Health & Social Services Board Dental Director(s).
- 4.2b During the consultation, any decision regarding the profile of the patients to be examined is also made. Categories may include:
- age;
  - gender;
  - types of treatment received;
  - place of residence, etc.;
  - exemption and remission statements.
- 4.2c The consultation includes whether:
- each patient should be examined by more than one Referral Dental Officer;
  - any particular Referral Dental Officer should be excluded; and
  - more or less than two Referral Dental Officers should be involved in the targeting.
- 4.2d The consultation also determines whether, in exceptional circumstances, the General Dental Practitioner concerned will not be notified of the intention to target.
- 4.2e The Central Services Agency identifies suitable patients for examination and passes this list to the Referral Dental Service.
- 4.2f A single Referral Dental Officer examines each of the patients, but at least two Referral Dental Officers are involved in the process of examination, unless a decision to the contrary has been made at the initial consultation.
- 4.2g The Chief Dental Officer, as Director of the Referral Service, is kept informed of the investigation, informally by the Referral Dental Service, and formally by report from the Dental Director.
- 4.2h The Administrative arrangements for examinations will be made in the normal manner by the Referral Dental Service support staff.
- 4.2i The results of, and findings from, the examinations are collated by the Referral Dental Officers and are presented to a conference of Central Services Agency, Dental Director(s) of the Health & Social Services Board(s) involved, Referral Dental Officers and the Chief Dental Officer.
- 4.2j The Dental Director advises their Health and Social Services Board Finance Director of relevant actions being undertaken. The Chief Dental Officer will advise Department of Health, Social Services and Public Safety Finance Directorate, as appropriate.

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The following appendices are guidance quoted from various sources.  
They are included as supplementary reference material.  
As such, they must not be considered as part of the monitoring protocols.

## 5 **Appendix 1: Referral Dental Officer - report coding guide**

The Referral Dental Officer coding is a system of letter symbols intended to indicate to the CSA the broad category into which the findings of the examination fall.

### ***5.1 The classifications in current use - A, B, C, D, E and X - are intended to convey the following:***

- A Treatment as detailed in the dentist's estimate has been satisfactorily completed. Minor errors in charting would not in themselves preclude an A classification.
- B Where although treatment, as detailed in the dentist's estimate, had been satisfactorily completed, sometime during the interval between completion of the estimate and the referral examination, the need for further treatment, not connected with that provided under the estimate, had arisen.
- C The dental officer disagrees in some respect with estimated or completed treatment but not to a major degree. Written clarification would be required from the practitioner.
- D The dental officer disagrees to a major degree with estimated or completed treatment.
- E The dental officer disagrees fundamentally with estimated or completed treatment.
- X Where the dentist has claimed a fee for radiographs but has failed to return these for referral examination.

**6 Appendix 2: Verification Data Sheet** (September 2004)

<b>ITEM</b>	<b>RECORDS</b>	<b>HS45/EDI CLAIM</b>	<b>PATIENT EXAMINATION</b>
Patient details  (a) Name (b) DoB (c) CHI	(a) must be recorded (b) must be recorded (c) must be recorded	(a) must tally with records (b) must tally with records (c) must tally with records	(a) patient to verify (b) patient to verify (c) patient to verify
Acceptance/ completion dates	Must be recorded	Must tally with records	Patient to verify
Patient Signature	N/A	HS45; must be present HS45 PR; form must be signed in its entirety. Signed copy for each E.D.I. claim	Patient may be questioned to verify
HS45 DC (Treatment plan)	Required in specific situations as per GDS regulations	Cross reference with HS45 DC	Patient may be questioned to verify
Materials used/correct surfaces	Must be recorded	Must tally with records	Examination should verify
Item claims  (Separate guidance on specific items is available)	Must be recorded as per Regs and SDR	Must tally with records	Patient to verify  Item must be present and correct

## 7 Appendix 3: Detail Required in Record Cards for Evidence of Service Provision for GDS Claims

### 7.1 Examinations

#### 1(a) examination

This should include a dated charting and monitoring of the periodontal health. This means gingival tissue healthy, unhealthy, plaque present etc.

#### 1(b) examination

This is the extensive clinical examination. It should include a dated charting and charting of the periodontal status e.g. BPE (basic periodontal examination)

#### 1(c) examination

Full case assessment, to be used in connection with item 10(c) non-surgical treatment of periodontal disease, bridgework, items of special complexity, orthodontic cases or where the treatment cost exceeds the prior approval limit. It should include a dated charting, a full periodontal charting, and a full treatment plan (form HS45 DC or equivalent).

NB: The requirements outlined above apply equally to specialist practitioners e.g. orthodontists and surgical dentists.

### 7.2 Periodontal Treatment

10(a) As per the SDR a scale and polish and appropriate OHI should be noted in the record card and dated.

10(b) again a periodontal charting such as a BPE should be present to justify the need for the treatment and there must be two separate visits recorded and dated on the chart.

10(c) this must include a full periodontal charting of all affected teeth with dates.

### 7.3 Sealant Restorations

#### ITEM 14(e)

Preventive fissure sealants are an accepted part of the ongoing care of minors within modern dentistry and payment for this is inclusive in the capitation payment arrangements. The narrative to item 14(e) states that it is for the treatment of early or small carious lesions, which may or may not involve the removal of said caries. The following will give the indications for claims under 14(e) codes, 1441, 1442, 1443 and 1444, which relate to **restorative** sealant restorations.

<i>Type of sealant restoration.</i>	<i>Indications</i>
1441 Sealant alone	Decalcified fissure No radiographic sign of dentine involvement Less than two other carious lesions present
1442 – Composite Plus sealant	Decalcified fissure More than two other carious lesions present Lesion in enamel
1443 – Glass ionomer Cement plus sealant	Cavity in dentine with minimal lateral spread Margins not in occlusal contact

### *Type of sealant restoration.*

1444 – Glass ionomer  
plus composite  
plus sealant

### *Indications*

Lesion in dentine with lateral spread along EDJ  
Cavity margins in occlusal contact

The materials used should be noted and the charting/records should indicate caries in the teeth that have been restored with the sealant restorations.

## **7.4 Surgical Extractions**

The problem involved with claims under this item is a simple one of lack of narrative in the clinical notes. The clinical notes should include:

- Notation of tooth or root
- Flap raised if necessary
- Bone removal if necessary
- Number and type of sutures, if required
- Post op instructions given

If items 2204 and/or 2205 have been claimed, records should state whether impacted third molars required division of roots or crowns.

There also should be a suitable radiograph present.

## **7.5 Radiographs**

Each radiograph claimed should be recorded. The clinical notes should include a justification and a report. This can be as simple as ‘iopa to check for apical pathology, pathology present or absent’ and either an action was taken or it was felt that no action was appropriate at that time. Even if no action is taken it must be noted on the record card that the x-ray was checked.

Radiographs should be properly mounted and a system developed to minimise their loss.

## **7.6 Sedation**

When using intravenous sedation a consent form must be signed and forms part of the clinical record. What is probably more important is that the clinical record shows it was informed consent and the patient was given all relevant information and options.

The notes should include drugs and injection sites used including the local anaesthetic used. The dosages of any drugs should be noted and any problems encountered during the procedure should be recorded. Any blood pressure readings and pulse oximeter print outs also form part of the clinical record.

In the case of inhalation and intravenous sedation under items 2571 - 2574 justification for the higher fee, if claimed, should be recorded.

## **7.7 Dentures**

A record should be kept of the material and type of denture (single bar or multiple) and also the number of teeth on the denture should be noted.

## **7.8 Restorative Treatment**

For bridgework a 1(c) exam should be carried out with appropriate x-rays, usually 2 bitewings and IOPA's of the abutment teeth. Type of bridge and materials used should be noted. In the case of

adhesive bridgework a note should be made of the number of wings, as again there is a differential in fee.

For fillings the type of filling, tooth surface and material should be recorded.

For crowns and posts the type of crown/post and material used should be recorded e.g. Porcelain bonded to precious metal/non- precious metal. This is especially important where there is a differential in fee. All laboratory notes should be retained.

### **7.9 Endodontics**

Appropriate radiographs should be taken one of which must be a radiograph of the completed RCT. A note should be taken of the working length, which can be worked out, from a radiograph or by using an apex locator.

At each visit a note of the treatment carried out should be recorded in the clinical notes with details of filing and cleaning.

A note of completion of the RCT should include the material used for the root filling, sealer used, and final restoration.

### **7.10 Recalled Attendance**

Can be claimed if it is necessary to reopen the surgery and provide emergency treatment under Health Service arrangements at a time when the surgery would not normally be open.

Only applies to calls received from patients outside normal surgery hours and multiple claims should not be made in a day if it is possible to see a number of patients at the one time.

Time of opening and treatment provided should be noted.

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