

# NHS Dental Services Quarterly Vital Signs Reports

Gateway ref: NHSBSA/DSD/0009

## Introduction

This guidance introduces a set of reports that provide “vital signs” metrics to help LHBs monitor the contracts they have commissioned. It is hoped that these reports will further enable LHBs to monitor and plan their commissioned services efficiently and effectively.

The Vital Signs Reports provide measures (metrics) across four key areas; access, activity, quality and value for money.

There are two main types of Vital Signs report. The main Vital Signs Report provides a table of metrics with RAG status indicators. The Vital Signs At a Glance Report provides a summary of that information using charts and tables.

## Vital Signs (Contract) Report for LHB

The metrics are reported at LHB level on a quarterly basis

The metrics provided in the report are largely self-explanatory. More detailed explanations about the metrics can be found in the Vital Signs Technical Explanations document.

Each LHB will receive two versions of this report. The first details the metrics for that LHB (Vital Signs Report for LHB) and the second version provides the metrics at contract level (Vital Signs Contract Report for LHB).

## Vital Signs At a Glance (LHB/Contract) Report

A further report which is called the Vital Signs At a Glance Report presents the access, activity and quality information in a more visually informative way that allows trends to be monitored and comparisons made quickly and easily. The report is produced for LHBs at contract and at LHB level.

The following sections describe the metrics used in the LHB and contract level reports and explain how the information can be interpreted and used.

## Vital Signs At a Glance Metric Descriptions

### Contract Summary

The first section in the report provides an overview of the contract position. For contract level reports this will describe the position at contract level while the LHB level report will provide a summary at LHB level. This information is already reported regularly in existing reports but is provided here as a useful reference for aiding interpretation of the access, activity and quality measures.

Contract and commissioned UDA activity information is produced from data held on the Payments Online system (POL). The usefulness and accuracy of this measure is, therefore, dependent on the corresponding details being updated on POL when any change is made to the contract.

## Access

We have used a measure, which describes the number of patients seen in the previous 24 months to report on access within a LHB. The measure provides a count for each LHB of the number of distinct patient identities where their most recent course of dental treatment (scheduled during the last 24 months) was with a contract within that LHB. This metric is an indication of the number of unique patients that are considered NHS patients of the LHB.

Because of the need to refer back to a point 24 months earlier within the current NHS contract arrangements the first point at which this metric can be provided for contracts is March 2008. The access figures are provided at quarterly points thereafter and the access picture will build over time.

The access information is displayed in two formats.

### Access Trend Analysis

The main body of the table displays counts of the 24 month patient access position (totals) at the end of each of the quarters within the current year.

For the LHB level report there are two measures which appear on the first and last lines of the table. The first describes the access position as at 31 March 2006 and the last provides the change since this point (measured from the most recent quarter's access figure). These measures do not appear on the contract level report.

For LHB and contract level a variance since last quarter measure provides the change from the last quarter's report.

Indicators have been presented along side these measures to show the direction of change, i.e. whether access has gone up or down. These are presented using a RAG system with the following definitions;

### Change since March 06

Red change is -0.5% or less

Amber change is between -0.5% to +5%

Green change is 5% or more

### Change since last quarter

Red change is -1% or less

Amber change is between -1% to +2%

Green change is 2% or more

### Access Trend Analysis graph

The second display is a graphical representation of the access measure for all patients and for adults and children separately. This will help to identify whether there are any differences in the trends being observed for adults and children and how each contributes to the overall trend.

## Activity

Activity is reported using measures of GDS and PDS UDA activity commissioned and delivered across all contracts. The commissioned activity is produced from information held on POL. The usefulness and accuracy of this measure is, therefore, dependent on the corresponding details being updated on POL when any change is made to the contract. The delivered activity is taken from the information submitted on scheduled FP17s.

There are two elements to this section.

- The first is a chart comparing delivery of GDS and PDS UDA (as a percentage of commissioned activity) for the current financial year against the same measure for the previous financial year using monthly cumulative counts.
- The second section presents a monthly breakdown of the cumulative counts of the UDAs delivered (scheduled) in a table layout.

**Note:** Progress against activity may alter on successive reports as a result of changes to POL e.g. in respect of the carry forward UDAs or UDAs required.

Please refer to the DSD's Progress against activity – Risk report for more information about national profiles and the percentages at which activity levels present risks to the delivery of UDAs.

## Quality

This section allows for comparisons to be made across three (LHB level report) or four (contract level report) indices.

We have developed seven indicators of quality that build on the data currently provided to LHBs at contract level. Five of the indicators draw on information captured from scheduled FP17s and two are based on responses to the random patient questionnaires that are sent out by the DSD (in excess of 25,000 per month).

The FP17 based measures are all year to date values. The patient questionnaire measures are based on a rolling 12 month period. These measures can be compared across the following levels of analysis:

- Contract
- LHB

### **% of FP17s for the same patient ID re-attending within 3 months**

This measure is reported as, in general, a patient who has completed a course of treatment that renders him or her “dentally fit” should not need to see a dentist again within the next three months.

The measure reports the percentage of FP17s for the same patient identity where the previous course of treatment for that patient ID ended 3 months or less prior to the most recent course of treatment for that patient ID.

### **% of FP17s for the same patient ID re-attending between 3 months and 9 months**

This measure reports the percentage of FP17s for the same patient identity where the previous course of treatment for that patient ID was ended between 31 and 90 days prior to the most recent course of treatment for that patient ID.

Please refer to the National Institute of Clinical Excellence Guidance on Dental recall which provides guidance on recall intervals. <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=10952>

The base figures showing for the re-attendance measures differ from the quality measures as the variables are calculated using the scheduled year to date and include both orthodontic courses of treatment and courses of treatment carried out by VDPs.

### **% FP17s for band 1 urgent courses of treatment**

This is a measure of the percentage of FP17s scheduled where the patient charge band was band 1 urgent. A high proportion of band 1 urgents may indicate an issue with the quality of diagnosis or treatment planning, conversely a very low proportion of band 1 urgents may indicate that patients are not able to access urgent treatment.

### **% FP17s relating to free repair or replacements**

This is a measure of the percentage of FP17s scheduled where treatment was provided as a free repair or replacement item. A high percentage of free repairs or replacements may indicate an issue with the quality of treatment being provided, conversely no free repairs or replacements over a period of time may indicate an issue for patients being able to access this service.

### **% FP17s relating to continuations**

This is a measure of the percentage of FP17s scheduled where treatment was provided as a continuation of a previous same or higher banded course of treatment. A high percentage of continuation treatment may indicate an issue with the diagnosis, planning or quality of treatment being provided, conversely no continuations over a period of time may indicate an issue for patients being able to access this service.

### **% Patients satisfied with the dentistry they have received.**

This measure is derived from the results of the DSD's routine random patient questionnaires. The results of these are reported quarterly at LHB level to LHBs. It provides the patients' view of dental quality. The analysis each quarter is based on responses to questionnaires sent to a random sample of over 25,000 patients. The national response rate (the proportion of questionnaires completed and returned by patients) is currently around 50%.

The sample is stratified by health body (to ensure the same number of cases are selected from each health body) and charge band (to over-sample the higher charge bands). The question asked is as follows:

Q10. How satisfied are you with the NHS dentistry you received? (Tick **one** box)

Completely satisfied  Fairly satisfied  Fairly dissatisfied  Very dissatisfied

The figure reported is the percentage of respondents who stated that they were either completely or fairly satisfied.

### **% Patients satisfied with the time they had to wait for an appointment.**

This measure is also derived from the DSD's random routine patient questionnaires. The question asked is:

Q9. How do you feel about the length of time taken to get an appointment with the dentist? (Tick **one** box)

It was as soon as was necessary

It should have been a bit sooner

It should have been much sooner

The figure reported is the percentage of respondents who stated that the length of time taken to get an appointment was as soon as was necessary.

Should you have any further questions about this report or have any other information requirements please contact the Information Services team via the main help desk on **0845 126 8000** or by e-mail on [dentaldata@dpb.nhs.uk](mailto:dentaldata@dpb.nhs.uk).