

SCHEDULE 1

Regulations 2 and 15 and paragraph 32 of
Schedule 3

ADDITIONAL SERVICES

PART 1

ADVANCED MANDATORY SERVICES,
DOMICILIARY SERVICES AND SEDATION SERVICES

Provision of advanced mandatory services, domiciliary services and sedation services by the contractor

1.—(1) A contractor which provides domiciliary services or sedation services under the contract may only provide those services—

- (a) to a person to whom it is providing an entire course of treatment, during that course of treatment; or
- (b) as a referral service.

(2) A contractor may only provide advanced mandatory services under the contract as a referral service.

In this paragraph, “entire course of treatment” means a course of treatment provided by only the contractor.

Referral services

2.—(1) A contractor which provides one or more of the additional services specified in paragraph 1 as a referral service will, at the time of the first examination of the patient, ensure that the patient is provided with a referral treatment plan on a form supplied for that purpose by the Local Health Board which will specify—

- (a) the name of the patient;
- (b) the name of the contractor;
- (c) the particulars of the places where the patient will receive the referral service to be provided to him or her by the contractor;
- (d) the telephone number at which the contractor may be contacted during its normal surgery hours;
- (e) details of the services which are at the date of that examination considered to be necessary for the contractor to provide having regard to the reason for the referral; and
- (f) any proposals the contractor may have for private services as an alternative to the services proposed under the contract, including particulars of the cost to the patient if he or she were to accept the provision of private services.

(2) If the patient having considered the referral treatment plan provided in accordance with sub-paragraph (1), decides to accept the provision of private services in place of all or part of services under the contract, the contractor will ensure that the patient signs that plan in the appropriate place to indicate that he or she has understood the nature of private services to be provided and his or her acceptance of those private services.

(3) Where the services included in the referral treatment plan need to be varied for clinical reasons, the contractor will provide the patient with a revised referral treatment plan in accordance with sub-paragraph (1).

Status: This is the original version (as it was originally made).

(4) The contractor will, subject to the termination of the contract, or being unable to complete a course of treatment in accordance with paragraph 6(5) or (6) of Schedule 3 (course of treatment), provide the services which are detailed in the referral treatment plan, or where a revised treatment plan is provided pursuant to sub-paragraph (3), pursuant to that revised treatment plan.

(5) This paragraph will not apply where a patient has been referred to the contractor for advanced mandatory services limited only to examination and advice, and the contractor only provides examination and advice in respect of that patient.

Sedation services

3. The contractor will provide sedation services to a patient in accordance with the recommendations contained in the report of the Standing Dental Advisory Committee entitled “Conscious Sedation in the Provision of Dental Care”(1), in so far as those recommendations and guidelines are relevant to—

- (a) the type of sedation being administered; and
- (b) the patient to whom the sedation is being administered.

PART 2

ORTHODONTIC SERVICES

Patients to whom orthodontic services may be provided

4.—(1) A contract that includes the provision of orthodontic services will specify that orthodontic services may be provided to—

- (a) only persons who are under the age of 18 at the time of the case assessment;
- (b) only persons who have attained or are over the age of 18 years at the time of the case assessment; or
- (c) persons falling within paragraph (a) or (b).

(2) Where a contract specifies the matters referred to in sub-paragraph (1)(b) or (1)(c), it will in addition specify the circumstances in which orthodontic services may be provided to a person over the age of 18 years at the time of a case assessment.

(3) The contractor will only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in—

- (a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need(2); or
- (b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for its opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

(4) In a case where a person does not have a treatment need but the contractor has reasonable grounds for its opinion that orthodontic treatment should be provided to that person because of

(1) The Standing Dental Advisory Committee is a statutory body established under section 6 of the Act. A copy of the Report can be obtained at www.wales.gov.uk.

(2) The Development of an Index for Orthodontic Treatment Priority: European Journal of Orthodontics 11, p309-332, 1989 Brooke, P.H. and Shaw W.C.

the exceptional circumstances of the dental and oral condition of that person, such treatment as is referred to in sub-paragraph (3) may be provided.

Orthodontic course of treatment

5.—(1) Subject to sub-paragraph (2), the contractor will provide orthodontic services to a patient by providing to that patient an orthodontic course of treatment.

(2) The contractor may provide orthodontic services that are not provided by virtue of an orthodontic course of treatment where—

- (a) it provides a repair to an orthodontic appliance of a person; and
- (b) the orthodontic course of treatment in which that orthodontic appliance was provided is being provided by another contractor, hospital or relevant service provider under Part 1 of the Act.

(3) The contractor will use its best endeavours to ensure that an orthodontic course of treatment is completed within a reasonable time from the date on which the orthodontic treatment plan was written in accordance with paragraph 6(1).

(4) If an orthodontic course of treatment is—

- (a) terminated before it has been completed; or
- (b) otherwise not completed within a reasonable time,

any further orthodontic services to be provided to that patient under the contract must be provided as a new orthodontic course of treatment.

(5) An orthodontic course of treatment may only be terminated by—

- (a) the contractor where—
 - (i) the circumstances referred to in paragraph 3(1) of Schedule 3 (violent patients) occur and notice that it will no longer provide services has been given to the Local Health Board;
 - (ii) the patient has refused to pay a charge in the circumstances referred to in paragraph 4 of Schedule 3 (refusal to pay NHS Charges during treatment); or
 - (iii) in the reasonable opinion of the contractor, there has been an irrevocable breakdown in the relationship between the patient and that contractor and, notice of such a breakdown has been given to the patient and the Local Health Board;
- (b) the patient; or
- (c) a person specified in paragraph 1(2) of Schedule 3 acting on the patient's behalf.

Orthodontic treatment plans

6.—(1) Where the contractor has, following a case assessment, determined that orthodontic treatment should be provided to a patient, it will, at the time of that case assessment, ensure that the patient is provided with an orthodontic treatment plan on a form supplied for that purpose by the Local Health Board which will specify—

- (a) the name of the patient;
- (b) the name of the contractor;
- (c) particulars of the places where the patient will receive orthodontic treatment;
- (d) the telephone number at which the contractor may be contacted during normal surgery hours;

- (e) details of the orthodontic treatment which is, at the date of the examination, considered necessary to secure the oral health of the patient;
- (f) the NHS charge, if any, in respect of those services if provided pursuant to the contract; and
- (g) subject to paragraph 10 of Schedule 3 (mixing of services provided under the contract with private services), any proposals the contractor may have for private services as an alternative to the services proposed under the contract, including particulars of the cost to the patient if he or she were to accept the provision of private services.

(2) If the patient, having considered the treatment plan provided pursuant to sub-paragraph (1), decides to accept the provision of private services in place of orthodontic services under the contract, the contractor will ensure that the patient signs the treatment plan in the appropriate place to indicate that he or she has understood the nature of private services to be provided and his or her acceptance of those private services.

(3) Where, for clinical reasons, the services included in the orthodontic treatment plan under sub-paragraph (1) need to be varied, the contractor will provide the patient with a revised orthodontic treatment plan in accordance with that sub-paragraph.

(4) Subject to paragraph 5(4) and (5), the contractor will provide the orthodontic services which are detailed in the orthodontic treatment plan provided pursuant to sub-paragraph (1) or, where the orthodontic treatment plan is revised, pursuant to the revised orthodontic treatment plan.

Monitoring outcomes

7.—(1) The contract will require the contractor to monitor, in accordance with this paragraph, the outcome of the orthodontic treatment it provides.

(2) The contractor will, in respect of orthodontic courses of treatment it provides in which orthodontic treatment is provided following the case assessment, monitor the outcome of that orthodontic treatment in accordance with sub-paragraph (3).

(3) The contractor will monitor the outcome of orthodontic treatment in accordance with “Methods to determine outcome of orthodontic treatment in terms of improvement and standards”(3) in respect of—

- (a) where the total number of cases is 20 or fewer, all the cases of orthodontic courses of treatment it provides; or
- (b) where the total number of orthodontic courses of treatment provided is greater than 20—
 - (i) 20 of the cases; and
 - (ii) in addition, 10 per cent of the number of cases over 20, of orthodontic courses of treatment it provides.

(4) The contract will specify the period of time which is relevant for calculating the number of orthodontic courses of treatment that need to be monitored in accordance with this paragraph.

(5) As part of its monitoring of the outcome of orthodontic treatment under sub-paragraph (2), the contractor will, in respect of the patients whose courses of treatment are monitored calculate a peer assessment rating of the patient’s study casts—

- (a) taken at or after the case assessment but prior to the commencement of orthodontic treatment; and
- (b) taken at the completion of the orthodontic course of treatment,

(3) European Journal of Orthodontics 14, p125-139, 1992 Richmond S., Shaw W.C, Anderson M. and Roberts C.T.

using either the Clinical Outcome Monitoring Program software⁽⁴⁾ or by applying the methodology set out in “An introduction to Occlusal Indices”⁽⁵⁾.

(6) In sub-paragraph (5), “peer assessment rating” means an index of treatment standards in which individual scores for the components of alignment and occlusion are summed to calculate an overall score comparing pre- and post-treatment⁽⁶⁾.

Completion of orthodontic courses of treatment

8.—(1) The contractor will indicate on the form supplied to the Local Health Board pursuant to paragraph 38 of Schedule 3 (notification of a course of treatment) whether or not the orthodontic course of treatment was completed.

(2) If the Local Health Board requests in writing that the contractor provides reasons for the failure to complete one or more orthodontic courses of treatment, the contractor will, within such period as the Local Health Board may specify, provide the reasons for that failure.

(3) If the Local Health Board—

- (a) determines that the number of orthodontic courses of treatment provided by the contractor which have not been completed is excessive; and
- (b) does not consider that the reasons given by the contractor for the failure to complete the orthodontic courses of treatment are satisfactory,

it will be entitled to exercise its powers under paragraph 73 of Schedule 3 on the grounds that the contractor is not, pursuant to paragraph 5(3) of this Schedule, using its best endeavours to ensure orthodontic courses of treatment are completed.

(4) Clinical Outcome Monitoring Program — Version 3.1 for Windows 98, XP and 2000. See also Weerakone S and Dhopatkar “A: Clinical Outcome Monitoring Program (COMP): a new application for use in orthodontic audits and research”, *American Journal of Orthodontics and Dentofacial Orthopaedics* 2003;123:503-511.

(5) Richmond, O'Brien, Buchanan and Burden, 1992, Victoria, University of Manchester, ISBN 1-898922-00-4.

(6) A description of this methodology can be found in the *European Journal of Orthodontics* 14, p180-187, 1992, Richmond S, Shaw WC, Roberts CT and Andrews M: “Methods to determine the outcome of orthodontic treatment in terms of improvement and standards”.