NATIONAL HEALTH SERVICE ACT 2006

The Capitation and Quality Scheme 2 Statement of Financial Entitlements (Amendment) Directions 2014

The Secretary of State for Health, having consulted in accordance with section 103(4) of the National Health Service Act 2006(**1**) with the bodies appearing to the Secretary of State to be representative of persons to whose remuneration these directions relate, gives the following Directions in exercise of the powers conferred by sections 103(1) and (3), 109(4) and (5), 272(7) and (8) and 273(1) of that Act.

Citation and commencement

1.—(1) These Directions may be cited as the Capitation and Quality Scheme 2 Statement of Financial Entitlements (Amendment) Directions 2014.

(2) These Directions come into force immediately after they are signed, but have effect from 1st April 2014.

Amendment to the Capitation and Quality Scheme 2 Statement of Financial Entitlements

2. The directions given in the Capitation and Quality Scheme 2 Statement of Financial Entitlements(**2**) are amended as follows.

3. In Section 1 (introduction)—

(a) for paragraph 1.9 substitute—

"1.9 From 1st April 2014, each contractor who participates in the Scheme will be assigned to a Pilot type—

(a) Type 1 – Same contract value for same NHS commitment with payments made under the DQOF;

(b) Type 1* - Same contract value for same NHS commitment without payments made under the DQOF;

(c) Type 2 – Weighted capitation adjustments made for all NHS care with payments made under the DQOF;

(d) Type 2* - Weighted capitation adjustments made for all NHS care without payments made under the DQOF;

(e) Type 3 – Weighted capitation adjustments made for routine NHS care with payments made under the DQOF; and

(f) Type 3* - Weighted capitation adjustments made for routine NHS care without payments made under the DQOF."; and

(b) for paragraph 1.10 substitute—

(**1**) 2006 c.41. Section 103 has been amended by section 55(1) of, and paragraph 45 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) ("the 2012 Act"). Section 109 has been amended by section 55(1) of, and paragraph 50 of Schedule 4 to, the 2012 Act. Section 273 has been amended by sections 21(6), 47(7) and 55(1) of, and paragraph 137 of Schedule 4 to, the 2012 Act. By virtue of section 271(1) of the National Health Service Act 2006, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England.

(**2**) The Capitation and Quality Scheme 2 Statement of Financial Entitlements signed on 28 March 2013 is amended by The Primary Dental Services Statements of Financial Entitlements (Amendment) Directions 2014 signed on 16 April 2014. Both sets of Directions are published on *www.gov.uk*.

"1.10 Where contractors and the Board have entered into a—

(a) PDS agreement prior to the commencement of the Agreement, or a Capitation and Quality Scheme Agreement, Chapters 1 and 3 of this SFE apply; and

(b) GDS contract prior to the commencement of the Agreement, or a Capitation and Quality Scheme Agreement, Chapters 2 and 3 of this SFE apply.".

4. In Section 3 (payment of Monthly Annual Pilot Value Payments)—

(a) in paragraph 3.26 for "paragraph A.6.2" substitute "paragraph A.7.2";

(b) in paragraph 3.28 for "paragraph A.5.5" substitute "paragraph A.6.5";

(c) in paragraph 3.36 for "paragraph A.6.2" substitute "paragraph A.7.2";

(d) in paragraph 3.38 for "paragraph A.5.6" substitute "paragraph A.6.6";

(e) in paragraph 3.43 for "Section A.8" substitute "Section A.9"; and

(f) in paragraph 3.44 for "Section A.8" substitute "Section A.9".

5. In Section 5 (payment of Monthly Annual Pilot Value Payments)—

(a) for paragraph 5.24 substitute—

"5.24 The CECP is grouped into patient cohorts in line with Table A in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CECP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(b) in paragraph 5.26 for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(c) in paragraph 5.36 for "paragraph A.6.2" substitute "paragraph A.7.2";

(d) in paragraph 5.38 for "paragraph A.5.5" substitute "paragraph A.6.5";

(e) in paragraph 5.43 for "2013 to 2014" substitute "2014 to 2015";

(f) for paragraph 5.45 substitute—

"5.45 The CCP is grouped into patient cohorts in line with Table A in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CCP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(g) in paragraph 5.47—

(i) for "2013/14" substitute "2014/15", and

(ii) for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(h) in paragraph 5.57 for "paragraph A.6.2" substitute "paragraph A.7.2";

(i) in paragraph 5.59 for "paragraph A.5.6" substitute "paragraph A.6.6";

(j) in paragraph 5.64 for "Section A.8" substitute "Section A.9"; and

(k) in paragraph 5.65 for "Section A.8" substitute "Section A.9".

6. In Section 7 (payment of Monthly Annual Pilot Value Payments)—

(a) in paragraph 7.23 —

(i) after “Band 1,” insert “Band 1A,”, and

(ii) after “Schedules 1,” insert “1A,”;

(b) for paragraph 7.25 substitute—

“7.25 The CECP is grouped into patient cohorts in line with Table B in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CECP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.”;

(c) in paragraph 7.27—

(i) for “2013/14” substitute “2014/15”, and

(ii) for “Dental Capitation and Quality Scheme 2 Capitation Values document” substitute “Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document”;

(d) in paragraph 7.31 for “Dental Capitation and Quality Scheme 2 Capitation Values document” substitute “Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document”;

(e) in paragraph 7.39 for “paragraph A.6.2” substitute “paragraph A.7.2”;

(f) in paragraph 7.41 for “paragraph A.5.5” substitute “paragraph A.6.5”;

(g) in paragraph 7.46 for “2013 to 2014” substitute “2014 to 2015”;

(h) for paragraph 7.48 substitute—

“7.48 The CCP is grouped into patient cohorts in line with Table B in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CCP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.”;

(i) in paragraph 7.62 for “paragraph A.6.2” substitute “paragraph A.7.2”;

(j) in paragraph 7.64 for “paragraph A.5.6” substitute “paragraph A.6.6”;

(k) in paragraph 7.67 for “Section A7” substitute “Section A8”;

(l) in paragraph 7.69 for “Section A.8” substitute “Section A.9”; and

(m) in paragraph 7.70 for “Section A.8” substitute “Section A.9”.

7. In Section 17 (exit from a Capitation and Quality Scheme 2 Agreement), for paragraph 17.3(a) substitute—

“(a) the Board giving notice of intention to withdraw from the Agreement pursuant to direction 11(1) of the Directions, or the contractor giving notice of intention to withdraw pursuant to direction 11(3) of the Directions, and the date of termination is—

(i) on or before 30th September there must be—

(aa) no adjustment for capitation, and

(bb) no adjustment for performance against the DQOF,

for the financial year 2014–15, and

(ii) on or after 1st October, there must be—

(aa) an adjustment for capitation made on a *pro rata* basis in respect of the contract value based on the quarterly CECP computation taken by the NHS BSA prior to the date of termination, and

(bb) an adjustment for performance against the DQOF for Type 1, Type 2 and Type 3 Agreements (but not for Type 1*, Type 2* and Type 3* Agreements) made on a pro-rata basis in respect of the contract value and using the DQOF performance prior to the date of termination,

for the financial year 2014-15.".

8. In Section 19 (payment of Monthly Annual Pilot Value Payments)—

(a) in paragraph 19.26 for "paragraph A.6.2" substitute "paragraph A.7.2";

(b) in paragraph 19.28 for "paragraph A.5.5" substitute "paragraph A.6.5";

(c) in paragraph 19.36 for "paragraph A.6.2" substitute "paragraph A.7.2";

(d) in paragraph 19.38 for "paragraph A.5.6" substitute "paragraph A.6.6";

(e) in paragraph 19.41 for "Section A.7" substitute "Section A.8";

(f) in paragraph 19.43 for "Section A.8" substitute "Section A.9"; and

(g) in paragraph 19.44 for "A.8" substitute "A.9".

9. In Section 21 (payment of Monthly Annual Pilot Value Payments)—

(a) for paragraph 21.24 substitute—

"21.24 The CECP is grouped into patient cohorts in line with Table A in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CECP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(b) in paragraph 21.26 —

(i) for "2013/14" substitute "2014/15", and

(ii) for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(c) in paragraph 21.29 for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(d) in paragraph 21.36 for "paragraph A.6.2" substitute "paragraph A.7.2";

(e) in paragraph 21.38 for "paragraph A.5.5" substitute "paragraph A.6.5";

(f) in paragraph 21.43 (reconciliation annual payment adjustment for weighted capitation) for "2013 to 2014" substitute "2014 to 2015";

(g) for paragraph 21.45 substitute—

"21.45 The CCP is grouped into patient cohorts in line with Table A in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CCP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(h) in paragraph 21.47 for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(i) in paragraph 21.57 for "paragraph A.6.2" substitute "paragraph A.7.2";

(j) in paragraph 21.59 for "paragraph A.5.6" substitute "paragraph A.6.6";

(k) in paragraph 21.62 for "Section A.7" substitute "Section A.8";

(l) in paragraph 21.64 for "Section A.8" substitute "Section A.9"; and

(m) in paragraph 21.65 for "Section A.8" substitute "Section A.9".

10. In Section 23 (payment of Monthly Annual Pilot Value Payments)—

(a) in paragraph 23.23 (interim annual payment adjustment for weighted capitation for routine care)—

(i) after "Band 1," insert "Band 1A,", and

(ii) after "Schedules 1," insert "1A,";

(b) for paragraph 23.25 substitute—

"23.25 The CECP is grouped into patient cohorts in line with Table B in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CECP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(c) in paragraph 23.27—

(i) for "2013/14" substitute "2014/15", and

(ii) for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(d) in paragraph 23.31 for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(e) in paragraph 23.39 for "paragraph A.6.2" substitute "paragraph A.7.2";

(f) in paragraph 23.41 for "paragraph A.5.5" substitute "paragraph A.6.5";

(g) in paragraph 23.46 for "2013 to 2014" substitute "2014 to 2015";

(h) for paragraph 23.48 substitute—

"23.48 The CCP is grouped into patient cohorts in line with Table B in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document. A computation of the CCP is taken by the NHS BSA for all Agreements on the —

(a) 30th June;

(b) 30th September;

(c) 31st December; and

(d) 31st March.";

(i) in paragraphs 23.50 and 23.54, for "Dental Capitation and Quality Scheme 2 Capitation Values document" substitute "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document";

(j) in paragraph 23.62 for "paragraph A.6.2" substitute "paragraph A.7.2";

(k) in paragraph 23.64 for "paragraph A.5" substitute "paragraph A.6.6";

(l) in paragraph 23.67 for "Section A7" substitute "Section A8";

(m) in paragraph 23.69 for "Section A.8" substitute "Section A.9"; and

(n) in paragraph 23.70 for "Section A.8" substitute "Section A.9".

11. In Section 33 (exit from a Capitation and Quality Scheme 2 Agreement), for paragraph 33.3(a) substitute—

"(a) the Board giving notice of intention to withdraw from the Agreement pursuant to direction 11(1) of the Directions, or the contractor giving notice of intention to withdraw pursuant to direction 11(3) of the Directions, and the date of termination is—

(i) on or before 30th September there must be—

(aa) no adjustment for capitation, and

(bb) no adjustment for performance against the DQOF,

for the financial year 2014–15, and

(ii) on or after the 1st of October, there must be—

(aa) an adjustment for capitation made on a *pro rata* basis in respect of the contract value based on the quarterly CECP computation taken by the NHS BSA prior to the date of termination, and

(bb) an adjustment for performance against the DQOF for Type 1, Type 2 and Type 3 Agreements (but not for Type 1*, Type 2* and Type 3* Agreements) made on a pro-rata basis in respect of the contract value and using the DQOF performance prior to the date of termination,

for the financial year 2014 - 15.".

12. In Section 34 (Glossary of Terms), in paragraph 34.1 (Acronyms), for—

(a) "LCAPS–1st Lowest Contractor's Annual Performance Score (1st Wave)", substitute "LCAPS–M Lowest Contractor's Annual Performance Score (Main)";

(b) "LCAPS–2nd Lowest Contractor's Annual Performance Score (2nd Wave)", substitute "LCAPS–S1 Lowest Contractor's Annual Performance Score (Subset 1)";

(c) "NPQP–1st National Peer Quality Pool (1st Wave)" substitute "NPQP–S1 National Peer Quality Pool (Main)";

(d) "NPQP–2nd National Peer Quality Pool (2nd Wave)" substitute "NPQP–S1 National Peer Quality Pool (Subset 1)";

(e) "RPP–1st Residual Payment Pool (1st Wave)" substitute "RPP–M Residual Payment Pool (Main)";

(f) "RPP–2nd Residual Payment Pool (2nd Wave)" substitute "RPP–S1 Residual Payment Pool (Subset 1)";

(g) "RPP(A)–1st Residual Payment Pool–A (1st Wave)" substitute "RPP(A)–M Residual Payment Pool–A (Main)";

(h) "RPP(A)–2nd Residual Payment Pool–A (2nd Wave)" substitute "RPP(A)–S1 Residual Payment Pool– A (Subset 1)";

(i) "RPP(B)–1st Residual Payment Pool–B (1st Wave)" substitute "RPP(B)–M Residual Payment Pool–B (Main)";

(j) "RPP(B)–2nd Residual Payment Pool–B (2nd Wave)" substitute "RPP(B)–S1 Residual Payment Pool–B (Subset 1)";

(k) "RPP(C)–1st Residual Payment Pool–C (1st Wave)" substitute "RPP(C)–M Residual Payment Pool–C (Main)"; and

(l) "RPP(C)–2nd Residual Payment Pool–C (2nd Wave)" substitute "RPP(C)–S1 Residual Payment Pool–C (Subset 1)".

13. For Annex A (Dental Quality and Outcomes Framework)(**3**) and Annex B (Daily Capitation Values), substitute Annex A (Dental Quality and Outcomes Framework) and Annex B (Weighted Patient Numbers)(**4**) set out in the Schedule.

(**3**) The Dental Quality and Outcomes Framework is revised with effect from 1st April 2014. The revised version is published on the www.gov.uk website.

(**4**) The document referred to in Annex B "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15" is published on the www.gov.uk website.

Signed by authority of the Secretary of State

Peter Howitt
A Member of the Senior Civil Service
Department of Health

5th August 2014

SCHEDULE Direction 12

ANNEX A
DENTAL QUALITY AND OUTCOMES FRAMEWORK

A.1. Introduction

A.1.1 The Dental Quality and Outcomes Framework (DQOF) is revised with effect from 1st April 2014, and this revised version will apply to the Capitation and Quality Scheme 2 for 2014-15. Further background on the development of the DQOF and its purpose can be found in the document entitled "Dental Quality and Outcomes Framework (DQOF)" that was published on the Department of Health website on 4th May 2011, now available on www.gov.uk.

A.1.2 The maximum amount of points available to be achieved in the DQOF by a contractor is 1,000.

A.1.3 The DQOF consists of four domains:

(a) Clinical effectiveness
(b) Patient experience
(c) Patient safety
(d) Data quality.

A.2. Clinical effectiveness

A.2.1 A key component of all Agreements will be the implementation of the oral health assessment and a pathway approach to care, supported by evidence-based clinical guidelines where available. All Agreements will use the Oral Health Assessment (OHA). The OHA is a standardised, comprehensive assessment of a patient's oral health status in which standardised information is collected using the clinical software to support decisions about prevention, treatment and recall frequency. It involves taking a full patient history and carrying out a thorough dental and head and neck examination including:

(a) tooth charting
(b) assessment of caries, erosion and dental decay

(c) assessment of periodontal disease
(d) assessment of tooth service loss
(e) assessment of soft tissue condition
(f) the patient's medical history
(g) the clinically relevant aspects of the patient's social history.

A.2.2 A contractor will carry out an OHA when a patient first visits a practice. The OHA is to be updated at Oral Health Review (OHR). The interval between the OHA and OHR is dependent on the clinical need. The clinical software will set the recall based on oral health status but this can be overridden by the dentist if there are clinical reasons to do so. Contractors must follow the clinical and software guidance that will be provided.

A.2.3 The clinical effectiveness outcome indicators included in the DQOF are based on the clinical elements of the standardised OHA and the associated process of determining the patient's oral health status. The oral health status can be described using a Red, Amber, Green (RAG) methodology. This is discussed between dentist and patient who then agree a personalised care plan which is recorded on the self-care plan provided to the patient and a defined care pathway. It enables an assessment of the patient's current status and patient modifying factors to determine risk of future disease, and should be refreshed at each review. It can also provide an assessment of need across a practice population.

A.2.4 The aim of this domain of the DQOF is to measure the maintenance or improvement of oral health with respect to caries and periodontal health. The risk screening process incorporates both clinical and patient modifying factors. For the purposes of the outcome measures, only the clinical factors are measured and evaluated.

Clinical effectiveness indicators

A.2.5 The following clinical effectiveness indicators are derived from the clinical elements of the assessment/review based on the standardised OHA and OHR and the associated process of determining the patient's oral health status. The indicator information will be captured at review, and achievement of the indicator is based on either maintaining or improving a patient's condition between consecutive oral health assessments/reviews (OHA/OHRs) at the practice.

Ref	Indicator	Points available
OI.01	Decayed teeth (dt) for patients aged under 6 years old – improved or maintained	125
OI.02	Decayed teeth (DT) for patients aged 6 years old to 18 years old – improved or maintained	125
OI.03	Decayed teeth (DT) for patients aged 19 years old and over – improved or maintained	125
OI.04	Basic periodontal examination (BPE) score for patients aged 19 years old and over – improved or maintained	75
OI.05	Number of sextant bleeding sites for patients aged 19 years old and over – improved or maintained	50

A.2.6 Clinical Effectiveness Outcome Indicator OI.01

Definition

Percentage of patients aged under 6 years old whose number of deciduous teeth with established caries is maintained or reduced between consecutive OHA/OHRs.

Denominator is all OHA/OHR pairs with age group derived from age at the first OHA/OHR and the second OHR occurring in the financial year.

Numerator is number of OHA/OHR pairs where the number of deciduous teeth with established caries on any surface recorded in the second OHR is the same or less than the number of deciduous teeth with established caries on any surface recorded in the first OHA/OHR.

Age Range: Patients aged under 6 years old

Exclusions: None

Achievement threshold

< 75% = 0 points
> 75% = 125 points

The achievement threshold allows for both the impact of patients and carers on attaining required outcomes and the susceptibility of individual patients.

Rationale
Dental caries is preventable and at early stages reversible. This indicator will monitor the primary dental care team's adoption of evidenced informed preventative advice and intervention and their impact on oral health.

Evidence
Delivering Better Oral Health (DBOH), evidence based prevention. Selected Cochrane reviews;

Marinho VC, Higgins JP, Sheiham A, Logan S. 2003. Fluoride toothpastes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. Issue 2. Art. no: CD002278 DOI: 10.1002/14651858.

Marinho VCC, Higgins JPT, Logan S, Sheiham A. 2007. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. Issue 2. Art. no: CD002279. DOI: 10.1002/14651858.

NHS Dental Epidemiology programme survey of 5 year olds in 2007/08 reports that 69% of 5 year olds are caries free.

A.2.7 Clinical Effectiveness Outcome Indicator OI.02

Definition
Percentage of patients aged 6 to 18 years old whose number of permanent teeth with established caries is maintained or reduced between consecutive OHA/OHRs.

Denominator is all OHA/OHR pairs with age group derived from age at the first OHA/OHR and the second OHR occurring in the financial year.

Numerator is number of OHA/OHR pairs where the number of permanent teeth with established caries on any surface recorded in the second OHR is the same or less than the number of permanent teeth with established caries on any surface recorded in the first OHA/OHR.

Age Range: Patients aged 6 to 18 years old

Exclusions: None

Achievement threshold

< 75% = 0 points
> 75% = 125 points

The achievement threshold allows for both the impact of patients and carers on attaining required outcomes and the susceptibility of individual patients.

Rationale
Dental caries is preventable and at early stages reversible. This indicator will monitor the primary dental care team's adoption of evidenced informed preventative advice and intervention and their impact on oral health.

Evidence
Delivering Better Oral Health (DBOH), evidenced based prevention toolkit. Selected Cochrane references; as above and

Ahovuo-Saloranta A, Hiiri A, Nordblad A, Worthington H, Mäkelä M. 2007. Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents. Cochrane Database of Systematic Reviews. Issue 2. Art. no: CD001830. DOI: 10.1002/14651858 CD001830 pub 2

Marinho VCC, Higgins JPT, Logan S, Sheiham A. 2007. Fluoride mouthrinses for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. Issue 2. Art. no: CD002284. DOI: 10.1002/14651858.

NHS Dental Epidemiology programme survey of 12 year old children 2008/09 found 66.7% of 12 year olds with no caries experience.

A.2.8 Clinical Effectiveness Outcome Indicator OI.03

Definition
Percentage of patients aged 19 years old and over whose number of permanent teeth with established caries is maintained or reduced between consecutive OHA/OHRs.

Denominator is all OHA/OHR pairs with age group derived from age at the first OHA/OHR and the second OHR occurring in the financial year.

Numerator is number of OHA/OHR pairs where the number of permanent teeth with established caries on any surface recorded in the second OHR is the same or less than the number of permanent teeth with established caries on any surface recorded in the first OHA/OHR.

Age Range: Patients aged 19 years old and older

Exclusions: Edentate patients

Achievement threshold

< 75% = 0 points
> 75% = 125 points

The achievement threshold allows for both the impact of patients and carers on attaining required outcomes and the susceptibility of individual patients.

Rationale
Dental caries is preventable and at early stages reversible. This indicator will monitor the primary dental care team's adoption of evidenced informed preventative advice and intervention and their impact on oral health.

Evidence
Delivering Better Oral Health (DBOH), evidence based prevention toolkit;

Baysan A, Lynch E, Ellwood R et al. 2001. Reversal of primary root caries using dentifrices containing 5,000 and 1,100 ppm fluoride. Caries Res. 35: 41–46.

Adult Dental Health survey 2009 reports that 72% of adults in England had no visible coronal caries.

A.2.9 Clinical Effectiveness Outcome Indicator OI.04

Definition
Percentage of patients aged 19 years old and over whose periodontal condition (measured using the Basic Periodontal Examination (BPE) score) is maintained or improved between consecutive OHA/OHRs.

Denominator is all OHA/OHR pairs with age group derived from age at the first OHA/OHR and the second OHR occurring in the financial year.

Numerator is number of OHA/OHR pairs where the maximum BPE score recorded in the second OHR is the same or less than the maximum BPE score recorded in the first OHA/OHR. Any changes in the maximum BPE score from 0 to 1 will be treated as no change i.e. included in the numerator.

Age Range: Patients aged 19 years old and older

Exclusions: Edentate patients

Achievement threshold

< 75% = 0 points
> 75% = 75 points

The achievement threshold allows for both the impact of patients and carers on attaining required outcomes and the susceptibility of individual patients. The threshold also takes into consideration that periodontal disease is not always reversible.

Rationale
With early identification of a periodontal condition practitioners can improve and maintain BPE status. This will monitor the primary dental care team's adoption of the BPE and evidenced informed preventative advice and intervention.

Evidence

Delivering Better Oral Health (DBOH) evidence based prevention toolkit;

Guidelines for the management of patients with periodontal diseases. J Periodontol. 727: 1607–1611.

Nunn ME. 2003. Understanding the etiology of periodontitis: an overview of periodontal risk factors. Periodontology. 32: 11–23.

Albandar JM. 2002. Global risk factors and risk indicators for periodontal diseases. Periodontology. 29: 177–206.

Davies RM, Davies GM. 2005. Periodontal disease and general health. Dent Update. 32: 438–442.

Van der Weijden GA, Hioe KP. 2005. A systematic review of the effectiveness of self- performed mechanical plaque removal in adults with gingivitis using a manual toothbrush. J Clin Periodontol. 32(Suppl 6): 214–228.

A.2.10 Clinical Effectiveness Outcome Indicator OI.05

Definition
Percentage of patients aged 19 years old and over whose number of sextant bleeding sites have been maintained or reduced between consecutive OHA/OHRs.

Denominator is all OHA/OHR pairs with age group derived from age at the first OHA/OHR and the second OHR occurring in the financial year and where the patient had a minimum BPE score of 2 recorded for at least one sextant in the first OHA/OHR.

Numerator is number of OHA/OHR pairs where the number of sextants with bleeding recorded in the second OHR is the same or less than the number of sextants with bleeding recorded in the first OHA/OHR.

Age Range: Patients aged 19 years old and older

Exclusions: Edentate patients

Achievement threshold

< 50% = 0 points
> 50% = 50 points

The achievement threshold allows for both the impact of patients and carers on attaining required outcomes and the susceptibility of individual patients. The threshold also takes into consideration that periodontal disease is not always reversible.

Rationale
With early identification of a periodontal condition and monitoring of sextant bleeding, practitioners can improve and maintain levels of gingival bleeding. This will monitor the primary dental care team's adoption of the BPE and evidenced informed preventative advice and intervention.

Evidence
Delivering Better Oral Health (DBOH) evidenced based prevention toolkit;

Baker P, Needleman I, 2010. Risk management in clinical practice. Part 10. Periodontology. British Dental Journal, vol 209 no 11 557-565.

Weighting given to clinical effectiveness

A.2.11 The maximum amount of points available to be achieved in the Clinical Effectiveness domain of the DQOF by a contractor is 500.

A.3. Patient experience

A.3.1 Patient experience indicators are a fundamental part of performance frameworks in healthcare and are important for delivery of a patient-centred service. The indicators are needed to help ensure that the service delivered is in line with patient expectations and that the outcomes are in line with what patients want and need.

A.3.2 The surveys to assess performance against the patient experience indicators will be conducted by NHS BSA using their existing survey methodology but using a larger sample size for the Agreement practices.

Patient experience indicators

A.3.3 The following patient experience indicators are to be used.

Ref	Indicator	Points available
PE.01	Patients reporting that they are able to speak & eat comfortably	30
PE.02	Patients satisfied with the cleanliness of the dental practice	30
PE.03	Patients satisfied with the helpfulness of practice staff	30

PE.04	Patients reporting that they felt sufficiently involved in decisions about their care	50
PE.05	Patients who would recommend the dental practice to a friend	100
PE.06	Patients reporting satisfaction with NHS dentistry received	50
PE.07	Patients satisfied with the time to get an appointment	10

A.3.4 Patient Experience Indicator PE.01

Definition
Percentage of patients who respond positively to survey question "Are you able to speak and eat comfortably?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is "Yes". Denominator is total number of survey responses - "Yes" or "No".

Achievement threshold

< 75% = 0 points
> 75% & < 85% = 15 points
> 85% = 30 points

A.3.5 Patient Experience Indicator PE.02

Definition
Percentage of patients who respond positively to survey question "How satisfied were you with the cleanliness of the practice?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is either "Very satisfied" or "Quite satisfied". Denominator is total number of survey responses - "Very satisfied", "Quite satisfied", "Quite unsatisfied" or "Very unsatisfied".

Achievement threshold

< 90% = 0 points
> 90% & < 95% = 15 points
> 95% = 30 points

A.3.6 Patient Experience Indicator PE.03

Definition
Percentage of patients who respond positively to survey question "How helpful were the staff at the practice?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is either "Very helpful" or "Quite helpful". Denominator is total number of survey responses - "Very helpful", "Quite helpful", "Quite unhelpful" or "Very unhelpful".

Achievement threshold

< 90% = 0 points
> 90% & < 95% = 15 points
> 95% = 30 points

A.3.7 Patient Experience Indicator PE.04

Definition
Percentage of patients who respond positively to survey question "Did you feel sufficiently involved in decisions about your care?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is "Yes". Denominator is total number of survey responses - "Yes" or "No".

Achievement threshold

< 85% = 0 points
> 85% & < 90% = 25 points
> 90% = 50 points

A.3.8 Patient Experience Indicator PE.05

Definition
Percentage of patients who respond positively to survey question "Would you recommend this practice to a friend?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is "Yes". Denominator is total number of survey responses where the answer is either "Yes" or "No".

Achievement threshold

< 90% = 0 points
> 90% & < 95% = 50 points
> 95% = 100 points

A.3.9 Patient Experience Indicator PE.06

Definition
Percentage of patients who respond positively to survey question "How satisfied are you with the NHS dentistry received?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is either "Very satisfied" or "Quite satisfied". Denominator is total number of survey responses - "Very satisfied", "Quite satisfied", "Quite unsatisfied" or "Very unsatisfied".

Achievement threshold

< 90% = 0 points
> 90% & < 95% = 25 points
> 95% = 50 points

A.3.10 Patient Experience Indicator PE.07

Definition
Percentage of patients who respond positively to survey question "How do you feel about the length of time taken to get an appointment?"

Result is based on all surveys returned relating to FP17s processed by NHS Dental Services within the financial year.

Numerator is number of survey responses where the answer is "As soon as necessary". Denominator is total number of survey responses – "As soon as necessary", "Should have been a bit sooner" or "Should have been a lot sooner".

Achievement threshold

< 70% = 0 points
> 70% & < 85% = 5 points
> 85% = 10 points

Weighting given to patient experience

A.3.11 The maximum amount of points available to be achieved in the Patient Experience domain of the DQOF by a contractor is 300.

A.4. Patient Safety

A.4.1 Safety quality measures will fall also under the remit of the CQC and work with professional bodies such as the GDC. The dental profession and commissioners are committed to ensuring that clinical practice remains safe and that safety is a fundamental part of the service that is delivered. Consequently, patient safety overall is not something that should be rewarded through a quality payment as all dentists should adhere to safe practices.

Patient safety indicator

A.4.2 However clinical aspects of patient safety can be monitored and rewarded through payment and payment will be made on the following indicator:

Ref	Indicator	Points available
SA.01	Recording an up-to-date medical history at each oral health assessment/review	100

A.4.3 Safety Indicator SA.01

Definition
Percentage of patients for whom an up-to-date medical history is recorded at each oral health assessment/review (OHA/OHR)

Measurement will be based on all OHA/OHRs within the financial year.

Age Range: All

Exclusions: None

Achievement threshold

< 90% = 0 points
> 90% = 100 points

Rationale
The capture of a patient's past medical history is required under GDC standards of professional conduct – "Make and keep accurate and complete patient records, including a medical history, at the time you treat them". Patients are significantly at risk if this is not conducted prior to treatment.

Evidence
D'Cruz L, 2010. Risk management in clinical practice. Part 1. Introduction. British Dental Journal. Volume 209, No 1 July 10

Weighting given to patient safety

A.4.4 The maximum amount of points available to be achieved in the Safety domain of the DQOF by a contractor is 100.

A.5. Data quality

A.5.1 The submission of timely and accurate data is an essential requirement of any quality and outcomes framework. The submission of timely and accurate data is also essential for the pilot in terms of capturing evidence and learning.

Data quality indicators

A.5.2 The following data quality indicators are to be used.

Ref	Indicator	Points available
DQ.01	Appointment transmissions received within five days	50
DQ.02	FP17 submissions received within two months of completion of course of treatment	50

A.5.3 Data quality Indicator DQ.01

Definition
Percentage of appointment transmissions successfully received by NHS BSA within the five day rule.

Result is based on all appointment transmissions for appointments that have taken place in the financial year. Appointments are grouped by claim reference number and the interval from appointment date to first transmission date is used.

Numerator is all appointment transmissions successfully received within the five day rule. Denominator is all appointment transmissions successfully received.

Achievement threshold

< 80% = 0 points
> 80% & < 90% = 25 points
> 90% = 50 points

The achievement threshold allows for any issues that pilots may need to resolve with their software providers impacting the timely transmission of appointment data.

A.5.4 Data quality Indicator DQ.02

Definition
Percentage of FP17s [successfully] received by NHS BSA within 2 months of completion of course of treatment.

Result is based on all FP17s received and scheduled within the financial year including any that relate to previous financial years.

Numerator is all FP17s [successfully] received within two months of the treatment completion date for the course of treatment. If a treatment completion date is not provided, the treatment acceptance date is used instead. Denominator is all FP17s [successfully] received and scheduled in current financial year.

Achievement threshold

< 90% = 0 points
> 90% & < 95% = 25 points
> 95% = 50 points

Weighting given to data quality

A.5.5 The maximum amount of points available to be achieved in the Data Quality domain of the DQOF by a contractor is 100.

A.6. Developing a quality score

A.6.1 The NHS BSA must assess the performance of each contractor on behalf of the Board. The NHS BSA will send a performance report to the Board by 30th of June in 2014 and 2015.

A.6.2 The performance of each contractor against each of the indicators in Sections A.2, A.3 A.4 and A.5 must be calculated using the table below:

A.6.3 If in the course of the duration of the Capitation and Quality Scheme 2, elements of the DQOF prove unworkable or significantly affect the ability of the Board to monitor or evaluate the Scheme or the analysis of any data provided as a consequence of the Agreement effectively, the Secretary of State has the power to amend the DQOF, in consultation with the Board and contractors participating in the Scheme, in order to make its operation feasible.

A.6.4 If a contractor has less than 30 patients or survey returns for any particular indicator then they will score full points for that indicator. Where one or more indicators cannot be applied for any contractors for reasons that are not the responsibility of individual contractors then full points would be awarded to all contractors for the relevant indicators. In circumstances where one or more indicators cannot be applied for a subset of contractors then:

(a) where the number of contractors affected is less than 10, then full points are awarded to those contractors affected for that relevant indicator

(b) where the number of contractors affected is equal to or greater than 10, then full points are awarded to those contractors affected for that relevant indicator. These contractors are then treated as a separate Subset of Agreements for the peer elements of the DQOF calculations unless all contractors scored full points for the relevant indicators. So contractors will be pooled into either a Main or a Subset 1, Subset 2, and so on, depending on the numbers of subsets that are generated.

Ref	Indicator	Contractor's Performance	Points available	Scoring rules[5]	Contractor's Score achieved
OI.01	Decayed teeth (dt) for patients aged under 6 years old – improved or maintained		125	If <75%, then Score = 0 If ≥75%, then Score = 125	
OI.02	Decayed teeth (DT) for patients aged 6 years old to 18 years old – improved or maintained		125	If <75%, then Score = 0 If ≥75%, then Score = 125	
OI.03	Decayed teeth (DT) for patients aged 19 years old and over – improved or maintained		125	If <75%, then Score = 0 If ≥75%, then Score = 125	
OI.04	BPE score for patients aged 19 years old and over – improved or maintained		75	If <75%, then Score = 0 If ≥75%, then Score = 75	
OI.05	Number of sextant bleeding sites for patients aged 19 years old and over – improved or maintained		50	If <50%, then Score = 0 If ≥50%, then Score = 50	
PE.01	Patients reporting that they are able to speak & eat comfortably		30	If <75%, then Score = 0 If ≥75% & <85%, then Score = 15 If ≥85%, then Score = 30	
PE.02	Patients satisfied with the cleanliness of the dental practice		30	If <90%, then Score = 0 If ≥90% & <95%, then Score = 15 If ≥95%, then Score = 30	
PE.03	Patients satisfied with the helpfulness of practice staff		30	If <90%, then Score = 0 If ≥90% & <95%, then Score = 15 If ≥95%, then Score = 30	
PE.04	Patients reporting that they felt sufficiently involved in decisions about their care		50	If <85%, then Score = 0 If ≥85% & <90%, then Score = 25 If ≥90%, then Score = 50	

5 Contractors should note that the scoring described in paragraph A.6.4 will be applied in relation to the indicators in this table if the conditions described in that paragraph are met.

Ref	Indicator	Contractor's Performance	Points available	Scoring rules[5]	Contractor's Score achieved
PE.05	Patients who would recommend the dental practice to a friend		100	If <90%, then Score = 0 If ≥90% & <95%, then Score = 50 If ≥95%, then Score = 100	
PE.06	Patients reporting satisfaction with NHS dentistry received		50	If <90%, then Score = 0 If ≥90% & <95%, then Score = 25 If ≥95%, then Score = 50	
PE.07	Patients satisfied with the time to get an appointment		10	If <70%, then Score = 0 If ≥70% & <85%, then Score = 5 If ≥85%, then Score = 10	
SA.01	Recording an up-to-date medical history at each oral health assessment/review		100	If <90%, then Score = 0 If ≥90%, then Score = 100	
DQ.01	Appointment transmissions received within five days		50	If <80%, then Score = 0 If ≥80% & <90%, then Score = 25 If ≥90%, then Score = 50	
DQ.02	FP17 submissions received within two months of completion of course of treatment		50	If <90%, then Score = 0 If ≥90% & <95%, then Score = 25 If ≥95%, then Score = 50	

A.6.5 A Contractor's Estimated Annual Performance Score (CEAPS) must be calculated by adding up the "Contractor's Score Achieved" for each of the fifteen indicators from the table above with the data available on 31st March 2015.

A.6.6 "A Contractor's Annual Performance Score (CAPS) must be calculated by adding up the "Contractor's Score Achieved" for each of the fifteen indicators from the table above. Contractors should note that the scoring described in paragraph A.6.4 will be applied in relation to the indicators if the conditions described in that paragraph are met. The CAPS score will be out of 1,000."

Annual performance report

A.6.7 The performance report will cover:

(a) the contractor's performance against each of the indicators
(b) the points scored by the contractor for each of the indicators
(c) the CAPS for that contractor
(d) the CEPS for that contractor

A.7 Weighting for performance

A.7.1 The percentage of payment relating to performance against the DQOF is reviewed and set by the Secretary of State at the start of each financial year.

A.7.2 The quality weighting for Agreements will be 10% for the financial year 2014 to 2015.

A.8 Assessment of peer performance across all Agreements

A.8.1 An assessment of peer performance across all Agreements must be calculated in accordance with paragraphs A.8.2 to A.8.11.

A.8.2 All the calculations in this section will be done by the NHS BSA and this section is provided for information. The payment for peer performance will come from the Board's budget.

A.8.3 For all Agreements with an element of payment relating to quality, that is all except Type 1*, Type 2* and Type 3* Agreements, some of the payment will be dependent on performance against the other Agreements. The calculation of the peer performance award for each Agreement will be calculated either in one national pool or two or more pools depending on the application of DQOF scores as outlined in paragraph A.6.4(b).

A.8.4 The lowest CAPS is defined for each DQOF pool:

(a) Lowest CAPS (Main) (LCAPS-M) across all Agreements is calculated as the lowest CAPS value for that financial year across the Agreements that have not had any exceptions to DQOF scores outlined in paragraph A.6.4(b)

(b) Lowest CAPS (Subset1) (LCAPS-S1) across all Agreements is calculated as the lowest CAPS value for that financial year across the Agreements that have had any exceptions to DQOF scores outlined in paragraph A.6.4(b). Note that there might be more than one pool for these, in which case they would be described as additional pools Lowest CAPS (Subset 2) (LCAPS-S2) and so on. Note that in the subsequent calculations, only the equations for Subset 1 are shown. Other subsets are calculated by replacing "Subset 1" for "Subset 2" and "S1" for "S2" and so on.

A.8.5 A Contractor's Excess Performance Score (CEPS) is calculated:

(a) For Main Agreements by subtracting the LCAPS-M from that contractor's CAPS
(b) For Subset 1 Agreements by subtracting the LCAPS-S1 from that contractor's CAPS

For example, if a contractor has a CAPS of 950 and the LCAPS for their pool is 850, then the CEPS would be 100.

A.8.6 A Contractor's Contract Size Weighting (CCSW) is defined as the percentage of the value of all Agreements in that DQOF pool that is due to that particular Agreement. The calculation is:

(a) For Main Agreements:

$$\text{CCSW} = \frac{\text{FAPV}}{\text{Sum of all FAPVs for Main Agreements}}$$

(b) For Subset 1 Agreements:

$$\text{CCSW} = \frac{\text{FAPV}}{\text{Sum of all FAPVs for Subset 1 Agreements}}$$

A.8.7 A Contractor's Weighted Excess Performance Score (CWEPS) is calculated by multiplying the CEPS by the CCSW.

A.8.8 The National Weighted Excess Performance Points (NWEPP) is calculated as

(a) For Main Agreements, the sum of all the CWEPS across all Main Agreements
(b) For Subset 1 Agreements, the sum of all the CWEPS across all Subset 1 Agreements.

A.8.9 A Contractor's Percentage Share of Peer Pool (CPSPP) is the proportion of the money available for performance against peers that a contractor will receive. The calculation is:

$$\text{CPSPP} = \frac{\text{CWEPS}}{\text{NWEPP}}$$

A.8.10 The total amount notionally available for distribution across all the Agreements for performance relative to peers:

(a) For Main Agreements, is called the National Peer Quality Pool (Main) (NPQP-M). It is the sum of all the FAPV(Peer Quality Pool) across all the Main Agreements
(b) For Subset 1 Agreements, is called the National Peer Quality Pool (Subset 1) (NPQP-S1). It is the sum of all the FAPV(Peer Quality Pool) across all the Subset 1 Agreements.

A.8.11 The amount that an Agreement would notionally receive from the NPQP-M or NPQP-S1 is known as the Quality Payment (Peer) (QP(P)).

(a) For Main Agreements the calculation is:

QP(P) = CPSPP x NPQP-M

(b) For Subset 1 Agreements the calculation is:

QP(P) = CPSPP x NPQP-S1.

A.9 Redistribution of capped peer quality payments

A.9.1 Every Agreement must have an RP calculated in accordance with paragraphs 9.1 to 9.11 of this part of Annex A.

A.9.2 Capping the QP(P) to produce a FQP(P) is intended to limit the liability of the Board's participation in the Capitation and Quality Scheme 2. It is not intended to limit the total amount of money paid out across all contractors. Therefore any money that was subtracted from a QP(P) to produce a FQP(P) needs to be distributed to other Agreements. The calculation for this distribution is done by NHS BSA.

A.9.3 For each Agreement, the QP(P)R is calculated in line with paragraphs 3.43, 5.64, 7.69, 19.43, 21.64 and 23.69. In some cases, the value of the QP(P)R is £0.

A.9.4 The QP(P)Rs are combined into two separate pools:

(a) The sum of all the QP(P)Rs across all Main Agreements is known as the Residual Payment Pool (Main) – A (RPP-M(A))
(b) The sum of all the QP(P)Rs across all Subset 1 Agreements is known as the Residual Payment Pool (Subset 1) – A (RPP-S1(A)).

A.9.5 The Residual Payment (RP) to each contractor is then calculated by the NHS BSA. This calculation applies only to Agreements whose QP(P)R is equal to £0.

A.9.6 The Contractor's Share of the Residual Payment Pool – A (CSRRP(A)) is calculated as:

(a) For Main Agreements:

$$CSRRP(A) = \frac{\text{FAPV (Peer Quality Pool)}}{\text{Sum of the FAPV (Peer Quality Pool) of all Main Agreements whose QP(P)R>0}}$$

(b) For Subset 1Agreements:

$$CSRRP(A) = \frac{\text{FAPV (Peer Quality Pool)}}{\text{Sum of the FAPV (Peer Quality Pool) of all Subset 1 Agreements whose QP(P)R>0}}$$

A.9.7 The Potential Residual Payment - A (PRP(A)) for each Agreement is then calculated as:

(a) For Main Agreements:

$$PRP(A) = RPP\text{-}M(A) \times CSRRP(A)$$

(a) For Subset 1 Agreements:

$$PRP(A) = RPP\text{-}S1(A) \times CSRRP(A)$$

A.9.8 A check is then made by NHS BSA to ensure that the PRP(A) for any Agreement is not so big that it exceeds the 2% cap.

(a) If the sum of the FAPV(Primary Pool) plus the QP(NP) plus the QP(P) plus the PRP(A) $\leq$ 102% of FAPV, then RP(A) = PRP(A)
(b) If the sum of the FAPV(Primary Pool) plus the QP(NP) plus the QP(P) plus the PRP(A) $>$ 102% of FAPV, then RP(A) = (1.02 x FAPV) minus the FAPV (Primary Pool) and minus the QP(NP) and minus the QP(P).

A.9.9 It is then possible that capping the PRP(A) to get the RP means that income for more Agreements has been capped and that there is more money that still needs to be distributed. In this case the process described above is repeated with a smaller number of Agreements within each pool. This means:

(a) The Quality Payment (Peer) Residual B (QP(P)R(B)) is calculated for each Agreement whose PRP(A) was capped by subtracting the RP(A) from the PRP(A)
(b) The QP(P)R(B)s are combined into two separate pools:
    (i) The sum of all the QP(P)R(B)s across all Main Agreements is known as the Residual Payment Pool (Main) – B (RPP-M(B))
    (ii) The sum of all the QP(P)R(B)s across all Subset 1 Agreements is known as the Residual Payment Pool (Subset 1) – B (RPP-S1(B))
(c) The Contractor's Share of the Residual Payment Pool – B (CSRRP(B)) is calculated only for each Agreement whose QP(P)R(B) is equal to £0, as:
    (i) For Main Agreements:

$$CSRRP(B) = \frac{\text{FAPV (Peer Quality Pool)}}{\text{Sum of the FAPV (Peer Quality Pool) of all Main Agreements whose QP(P)R(B) is equal to £0}}$$

(ii) For Subset 1 Agreements:

$$CSRRP(B) = \frac{\text{FAPV (Peer Quality Pool)}}{\text{Sum of the FAPV (Peer Quality Pool) of all Subset 1 Agreements whose QP(P)R(B) is equal to £0}}$$

(d) An additional Potential Residual Payment – B (PRP(B)) is then calculated as:

(i) For Main Agreements:

$$PRP(B) = RPP\text{-}M(B) \times CSRRP(B)$$

(ii) For Subset 1 Agreements:

$$PRP(B) = RPP\text{-}S1(B) \times CSRRP(B)$$

(e) The same check that the total payments do not exceed the 2% cap is then made again:

(i) If the sum of the FAPV(Primary Pool) plus the QP(NP) plus the QP(P) plus the RP(A) plus the PRP(B) $\leq$ 102% of FAPV, then RP(B) = PRP(B)

(ii) If the sum of the FAPV(Primary Pool) plus the QP(NP) plus the QP(P) plus the RP(A) plus the PRP(B) $>$ 102% of FAPV, then RP(B) = (1.02 x FAPV) minus the FAPV (Primary Pool) and minus the QP(NP) and minus the QP(P) minus the RP(A).

A.9.10 It is then possible that capping the PRP(B) to get the RP(B) means that income for more Agreements has been capped and that there is more money that still needs to be distributed. If there are still Agreements for whom this applies and therefore money still to be allocated then the calculation in paragraph A.9.9 is repeated for those Agreements only with the same two distinct pools, based on a QP(P)R(C), RPP-M(C) or RPP-S1(C), CSRRP(C) to get a PRP(C) and an RP(C). The calculation is repeated as many times as is necessary until all the money has been allocated.

A.9.11 The RP must be calculated by adding the RP(A) plus the RP(B) plus the RP(C) and so on, depending on how many iterations needed to be done to allocate all the money

A.9.12 For those Agreements whose QP(P)R is not equal to £0, the RP = £0. The RP is then used as part of the calculation of the CAAPV.

ANNEX B
WEIGHTED PATIENT NUMBERS

B.1 National patient capitation weightings

B.1.1 National patient capitation weightings are published on the www.gov.uk website. The document is called "Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15". The document contains two tables:

(a) Table A - Capitation weightings for Type 2 and Type 2* Agreements for 2014 to 2015
(b) Table B - Capitation weightings for Type 3 and Type 3* Agreements for 2014 to 2015.

B.1.2 The tables in the Dental Capitation and Quality Scheme 2 Patient Capitation Weightings for 2014-15 document show the daily capitation weightings for each patient cohort. The weighting is dependent on the:

(a) patient's gender
(b) patient's age group
(c) rank of the Index of Multiple Deprivation for the patient's home postcode.

B.2 Local adjusted capitation values

B.2.1 One of the principles of the Capitation and Quality Scheme 2 is that no contractor should be financially advantaged or disadvantaged simply because they are participating. This means for Type 2 and Type 3 Agreements, where some of the payments are dependent on capitation, it is intended that contractors will receive the same payment through capitation as they would have received through activity if those contractors are seeing the same number of patients with the same patient mix as under their underlying PDS agreements or underlying GDS contracts. In practice this is unlikely to happen but in order to reflect the fact that those contractors who elect to enter Agreements will have a range of UDA values, the NHS BSA will calculate an adjustment to the capitation values for each contractor and this section is provided for information.

B.2.2 The Local Capitation Adjustment Factor (LCAF) is the amount by which the notional capitation payment is multiplied to determine the Adjusted Year's Capitation Payment (AYCP) for that specific contractor. The LCAF will vary for different agreements.

B.2.3 The LCAF must be calculated by the NHS BSA for each Agreement based on:

(a) the notional capitation payments applicable for the underlying contract or the underlying agreement in the previous financial year using the national capitation values
(b) the AAPV2 for Type 2 Agreements and the AAPV3(R) for Type 3 Agreements

(c) any necessary adjustment to reflect the local approach to carry-forward and financial recovery where under delivery has occurred.

B.2.4 The LCAF is then used in the calculation of the Month 12 payment to Type 2 and Type 3 Agreements in line with paragraphs 5.29, 5.50, 7.31, 7.54, 21.29, 21.50, 23.31 and 23.54.

B.3 Determining the amount of money for routine and complex care for Type 3 Agreements

B.3.1 Type 3 Agreements have a fixed payment for complex care and only the component of the AAPV3 that relates to routine care is varied by capitation.

B.3.2 For this to happen, the AAPV3 is split between AAPV3(R) and AAPV3(C). This must be done by the NHS BSA on behalf of the Board and this section is provided for information.

B.3.3 The AAPV3(C) for an Agreement is calculated as:

(a) the number of Band 3 courses of treatment carried out by the contractor in the financial year immediately prior to that contractor becoming a participant in the Capitation and Quality Scheme 2, or where it applies, the Capitation and Quality Scheme(**a**);
(b) multiplied by 9;
(c) divided by the total number of UDAs delivered in the financial year immediately prior to that contractor becoming a participant in the Capitation and Quality Scheme 2, or where it applies, the Capitation and Quality Scheme;
(d) multiplied by the AAPV.

B.3.4 The AAPV3(R) = AAPV3 – AAPV3(C).

B.3.5 This calculation is the same for Type 3* Agreements.

(a) The AAPV3(C) for those contractors who entered the Capitation and Quality Scheme in 2011/12 is based on the number of Band 3 courses of treatment carried out by those contractors in 2010/11.