



Dear Colleague

1. AMENDMENT NO 134 TO THE STATEMENT OF DENTAL REMUNERATION
2. e-DENTISTRY - TIMETABLE

Summary

1. This letter advises NHS Boards and Practitioner Services of the publication of an amendment to the Statement of Dental Remuneration (SDR), Amendment No 134, which takes effect from 1 April 2017. The Memorandum to this letter also advises dentists and dental bodies corporate of the implementation dates for IT-related developments.

Action

2. NHS Boards and Practitioner Services are asked to note the amendments to the SDR and the implementation dates for IT-related developments, details of which are included in the Memorandum to this letter.

3. NHS Boards are asked to:

3.1 note that contractors have been advised that they can view or download Amendment No 134 to the SDR at:

<http://www.scottishdental.org/professionals/statement-of-dental-remuneration/> .

17 March 2017

Addresses

For action

Chief Executives, NHS Boards

Director, Practitioner Services

For information

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A pdf version of Amendment No 134 has also been provided to each NHS Board. If an individual contractor cannot access the electronic version of Amendment No 134 a hard copy should be provided by the NHS Board on request;

3.2 issue the Memorandum to this letter to all dentists and dental bodies corporate on their dental lists.

Yours sincerely

MARGIE TAYLOR
Chief Dental Officer

**DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES**

**1. AMENDMENT NO 134 TO THE STATEMENT OF DENTAL REMUNERATION
2. e-DENTISTRY - TIMETABLE**

1. This Memorandum advises of the publication of an amendment to the Statement of Dental Remuneration (SDR), Amendment No 134, which takes effect from 1 April 2017. It also advises dentists and dental bodies corporate (DBsC) of the implementation dates for IT-related developments.

AMENDMENT NO 134 TO THE STATEMENT OF DENTAL REMUNERATION

2. Amendment No 134 is the full SDR. This amendment will be available to view or download at <http://www.scottishdental.org/professionals/statement-of-dental-remuneration/>. NHS Boards have been sent an electronic copy of the SDR. If you do not have internet access or other means of accessing the full SDR electronically you should contact your NHS Board.

3. The amendments to the SDR are explained below and are side-lined in the attached Amendment No 134.

Determination I (Scale of Fees)

Item 29

4. The Memorandum to NHS: PCA(D)(2015)2 advised that a new item 29(f) had been added for the provision of a laboratory processed pressure-formed soft occlusal appliance. This item had previously been a discretionary item and required prior approval. Following the change to make this a main SDR item the number being provided has increased substantially. It has therefore been agreed that this item should be moved back to a discretionary item and from 1 April 2017 will require prior approval.

Discretionary Fee Items

5. A number of changes are being made to discretionary fee items following a review. The review identified that some discretionary items could be recorded as tooth specific items. To enable Practitioner Services to record tooth specific information each item must have a unique fee code. A number of discretionary items listed in the SDR have therefore been changed, or revised to include a range of fee codes, to enable the recording of tooth specific information.

6. A further change requires the deletion of item 40 (Any Other Treatment). Item 40 is being replaced by two new discretionary items (items 38 and 39), as follows:

Item 38 Any Other Treatment: For treatment necessary to secure and maintain oral health, but not included elsewhere in this fee scale, **pre-determined fee items:**

such fee as the Board may determine

Item 39 Any other Treatment: For treatment necessary to secure and maintain oral health, but not included elsewhere in this fee scale, **non pre-determined fee items;**

such fee as the Board may determine.

7. Item 38 contains the discretionary item codes that have a fee attached and Item 39 contains those discretionary items that require a fee to be given by Practitioner Services.

8. All discretionary items; fee codes and fees will be published by Practitioner Services in the Dental Discretionary fee guide, which will be sent out to all practices. The new fee codes will be available from 1 April 2017.

Determination XII (Remote Areas Allowance)

9. The following amendments to Determination XII have been made:

9.1 the definition of “remote dentist” in paragraph 1(1) has been amended to provide that the 0.5 person per hectare data, which is used to determine whether a dentist is a remote dentist, will be reviewed annually in December by Practitioner Services. The revised definition also excludes any dentist who provides general dental services (GDS) from an area which is predominately non-residential from being classed as a remote dentist for payment of this allowance;

9.2 a new paragraph 5 (Change of Status of a Remote Dentist) has been added which provides that a remote areas allowance will no longer be payable where Practitioner Services determines that:

- a dentist, previously classed as a remote dentist, provides GDS in a predominately non-residential area;
- a dentist is no longer classed as a remote dentist following an annual review.

Determination XIII (Recruitment and Retention Allowance)

10. With effect from 1 April 2017 the areas where recruitment and retention allowances are available to those joining sub-part A of the first part of a dental list i) within 3 months of completion of training; (ii) for the first time; or iii) after a break of 5 years are being re-defined as follows:

- a designated area means “Shetland Health Board and within the area of Western Isles Health Board, Isle of Lewis”;
- a non-designates area means “within the area of Highland Health Board, Grantown, Invergordon, Nairn and Wick”.

11. If a dentist moves from being an assistant to a contractor, i.e. moves from the second part of a dental list to sub-part A of the first part of the list, a recruitment and retention allowance should not be paid, with the exception of when an assistant becomes a contractor on completion of vocational training or general professional training. A new condition of entitlement has been added at paragraphs 7(5)(f) and 7(6)(f) to clarify this.

12. A dentist who is returning to providing GDS after a break cannot receive a recruitment and retention allowance if their name was included in a dental list in the previous 5 years; this includes being listed as an assistant. New paragraphs 7(5)(f) and 7(6)(f) clarifies this condition in relation to those who were previously assistants.

Determination XIV (Practice Allowances)

13. A number of amendments have been made to Determination XIV. The main amendments are:

13.1 a new definition of “partially NHS committed practice” has been added at paragraph 1(1) and the current definition of “NHS committed practice” has been changed to “fully NHS committed practice” and these new definitions are used through this Determination. This replicates the changes made to Determination XV (Reimbursement of Practice Expenses) advised in the Memorandum to NHS: PCA(D)(2015)2;

13.2 the Memorandum to NHS: PCA(D)(2015)6 advised that from 1 November 2015 only those new practices in a SDAI designated area would continue to be deemed committed for the first year for the purposes of payment of the additional general dental practice allowance (GDPA) and rent reimbursement;

From 1 April 2017, following a review of the SDAI designated areas, the deemed committed designated areas for the purposes of the additional GDPA will be:

- within Highland Health Board, Grantown, Invergordon, Nairn and Wick, Shetland Health Board and within Western Isles Health Board, Isle of Lewis.

From this date only eligible new generalist practices, i.e. non-specialised practices, will be deemed committed for the purposes of entitlement to the additional GDPA.

Paragraph 6, which sets out the conditions for a new practice in a designated area, has been amended to provide for the above.

14. The following additional amendments to Determination XIV have been made;

14.1 the definition of “category of patients” in paragraph 1(1) has been amended to include those in receipt of Universal Credit (where there were no earnings or earnings within the allowed limit);

14.2 the definition of “designated contractor” in paragraph 1(1) has been amended to make it clear that it is the practice that determines who the designated contractor should be;

14.3. a practice which relocates from one address to another in an NHS Board area or which is purchased by another contractor is counted as the same practice for the purposes of the GDPA. New paragraphs (2) and (3) have been added at paragraph 8, which deals with changes in circumstances, to make this clear.

Determination XV (Reimbursement of Practice Expenses)

15 Similar changes to those being made to Determination XV in relation to SDAI designated areas have been made as follows:

15.1 from 1 April 2017 the designated areas for the purposes of being deemed committed in the first 12 months to rent reimbursement will be:

- within Highland Health Board, Grantown, Invergordon, Nairn and Wick, Shetland Health Board and within Western Isles Health Board, Isle of Lewis;

15.2 paragraph 9, which sets out the conditions for a new practice in a designated area, has been amended to provide that specialist practices will no longer be deemed committed for the purposes of rent reimbursement;

15.3 a new sub-paragraph 9(3) has been added to make it clear that a practice which moves from one address to another in a NHS Board area will not be classed as a new practice for the purposes of being deemed committed.

16. The following additional amendments have been made to Determination XV:

16.1 the definition of “category of patients” in paragraph 1(1) has been amended to include those in receipt of Universal Credit (where there were no earnings or earnings within the allowed limit);

16.2 the definition of “designated contractor” in paragraph 1(1) has been amended to make it clear that it is the practice that determines who the designated contractor should be;

16.3 paragraphs 2(2)(g) and (3) require the designated contractor to send certain declarations to Practitioner Services by a specific date. These paragraphs have been amended to require that such declarations need to be received by, rather than sent to, Practitioner Services by the specified date;

16.4. the circumstances in which a review of the current market rent can be undertaken outwith the 3 yearly review are set out in paragraph 3(3) and do not include where there has been an increase in the practice’s actual lease rent payable. Paragraph 3(3) has been amended to make this clear;

16.5 paragraph 3(8) has been amended to make it clear that where Practitioner Services requires any evidence, information, including the name of the designated contractor, or a declaration in support of rent reimbursement any reimbursement will only become payable when such evidence, etc., is received by Practitioner Services. Reimbursement will not be payable for any period prior to receipt by Practitioner Services of the required evidence, etc.

e-DENTISTRY - TIMETABLE

17. The Memorandum to NHS: PCA(D)(2015)7, issued on 22 October 2015, advised of the strategic vision for eDentistry, this set a target date for electronic submission of payment and prior approval claims by 1 January 2018. As we approach that target date we wished to provide some more detail around the implementation dates for specific claim types and these are as follows:

- general dental payment claims by 1 January 2018;
- general dental prior approval submissions by 31 July 2018;
- payment and prior approval submission for orthodontic claims by 31 December 2018.

Enquiries

18. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Scottish Government Population Health Directorate
17 March 2017