

NHS DENTAL PAYMENT REFORM DETERMINATION I, AS REVISED 21 SEPTEMBER 2023

Overview and Frequently Asked Questions (FAQs)

Overview

As set out in PCA(D)(2023)4, Scottish Government has revised fees within Determination I of the Statement of Dental Remuneration (SDR), with the exception of Orthodontic (Item 32) items which remain unchanged.

The aim of the reform is to simplify remuneration for dentists. Accordingly, the reformed Determination I has reduced from over 700 items to 45, and these apply equally to both adult and child patients for the first time, unless where specifically stated in the provisos.

The reformed high-trust/low bureaucracy model empowers dentists to use their clinical discretion and knowledge of best practice in delivering care. The revised suite of items should be seen, therefore, as broad outcomes of care as opposed to more granular treatment items as under the previous SDR. Methodology to be used in the delivery of care is not prescribed in detail within Determination I – other than to set out any relevant exclusions or interactions with other items – and dentists are free to provide the treatment they deem appropriate to their patients, provided there is clinical justification in the course of action taken.

This FAQ helps to address any queries dentists may have about applying the new items, and interpretation of the provisos, from 'day one' operation. This sits alongside other educational material available on the NES Turas portal, and should be read in conjunction with the full Statement of Dental Remuneration.

**SCOTTISH GOVERNMENT
September 2023**

The revised Determination I comprises eight broad sections of care. Frequently asked questions, outlining key changes, are set out in each section below along with high-level information to support you and/or your practice on day one of the new system.

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Transition and Day One – key messages

This section answers common questions asked about payment reform in general, helping dentists prepare in advance, and be ready for Determination I (Det I) going live on 1 November 2023.

Why are there so few items, and will this reduce available treatments for patients?

The new system reduces the granular detail within the current Det I and repurposes it into 45 items which continue to support delivery of a full range of care and treatment to NHS patients.

The descriptions and provisos within the new Det I focus on patient outcomes and provide greater clinical discretion to dentists in the delivery of oral health care. For example, while descriptions associated with fillings do not specifically outline the use of pins, if you feel that these are clinically necessary in carrying out the treatment you should continue to use them noting that fees are now inclusive of any materials used.

All items of treatment can be claimed for both adult and child patients, with limited exceptions set out in the relevant proviso for that item. By providing a holistic set of items to be applied across patient groups, this has reduced the number of items needed within Det I without reducing the scope of treatment available.

Why are there no occasional or discretionary items?

The new Det I makes no distinction between the registration status of patients, and all patients can access the same range of treatments. Occasional and discretionary treatment items have therefore been removed.

Providing treatment to an unregistered patient does not result in the patient being automatically registered with the dentist. The current clinical obligations continue to apply to registering a patient.

Have continuing care payments been withdrawn?

Whilst the term continuing care has been withdrawn, registration payments for both adult and child patients will continue to be paid in the same manner. Further details are to be found in section X of the SDR.

What happens for courses of treatments commenced before 1 November 2023?

There is no need to transmit claims opened prior to 1 November and still in progress at that date. Any active courses of treatment opened before 1 November 2023 must remain open until the course of treatment is finished.

Once completed, claims should be submitted for payment in the usual manner, and will be paid at the prevailing SDR rate at the date of treatment acceptance. Any

claims/courses of treatment opened from the 1 November 2023 will be paid on the new Det I rate.

Can I still claim for incomplete treatment in the new system?

For certain items of treatment within the new Det I, incomplete fees can be claimed provided the patient has stopped attending for at least two complete calendar months. A miscellaneous balancing fee (item 39) has been included and should be used specifically for claiming on incomplete treatment which commenced before 1 November.

Incomplete treatment will now be paid at 70% of the relevant item fee(s), rather than having different fees for different stages. If a patient later returns to complete the prescribed course of treatment, the balancing fee (30%) will be paid upon completion.

Any appliances created for the patient during treatment and subject to an incomplete fee must be retained for at least 12 months after the date of payment, as you may be required to submit these to Practitioner Services Division at NHS National Services Scotland.

Are items still subject to Prior Approval within the new system?

Individual items within the new Det I are not subject to prior approval (PA) except where, in aggregate, they breach the new PA limit of £600 per course of treatment.

This means that composite fillings for new or expectant mothers, splints and internal bleaching are no longer subject to prior approval.

A small number of exceptions exist to this:

- Orthodontic (Item 32) items will still be subject to prior approval after 1 November 2023.
- The miscellaneous balancing fee - for incomplete treatment started in advance of, and completing after 1 November – will also require prior approval.

Scottish Government retains the right to review the PA limit and position on an ongoing basis, and the sector will be informed in writing of any changes and the rationale applied.

Is there any impact on patient charge, and what do I need to do to inform my patients of the changes?

Charges levied on patients for treatment items continue to represent 80% of the total fee claimed by dentists, and therefore charges are expected to increase from 1 November. The maximum cap for patient charges will continue to be set at £384 per course of treatment.

Patient examinations, both extensive clinical and review, will continue to be free for all patients. There is also no change to the existing exemptions on charges i.e. those

in possession of a maternity exemption; passported benefits; and under 26 years of age.

Dentists must continue to ensure that their patients are fully informed with respect to:

- Details of the level of care and treatment available through NHS general dental services; and
- explanations of care and treatment prescribed, including an estimate of patient charge (in advance of treatment commencing).

Where patients are concerned about charges, dental teams should sign-post patients to information on [Help with Health Costs](#). Detail is available through NHS Inform and will be updated for 1 November 2023.

Do I need to undertake any IT changes with my system supplier in order to prepare for 1 November 2023?

Practitioner Services Division is currently working closely with Practice Management Systems (PMS) suppliers to update systems in advance of new Determination I implementation. Technical details in respect of necessary updates will be provided directly by suppliers in due course.

Where can I go to get more information?

Scottish Government has developed online resources, hosted by NES Turas, which should be viewed in conjunction with this FAQ and new Det I. This includes a series of short videos setting out key details of each section of the Determination.

Two webinar sessions, featuring Q&A with Scottish Government Deputy CDOs and representatives from Practitioner Services Division, will run on 12 and 25 October 2023. Further details will be available via NES.

Will there be continued support for dental teams post implementation?

Yes, all resources will remain available on Turas during the implementation period and there will be post-implementation webinars (details to follow).

Section I – Oral Health Examination and Diagnosis

The extensive clinical examination now has a minimum recall period of 12 months; does this apply to all patients, and how will I explain this?

Recall intervals should be determined with specific reference to the patient and tailored to meet their needs, based on clinical assessment of risk, and therefore dentists should consider items 1-(a) and 1-(b) together in determining a clinically appropriate recall. A risk-based interval webinar will be available on Turas in October, and details will follow from NES.

In scheduling examination and recall appointments where the interval is now 12 rather than 6 months, information should be clearly communicated to the patient

outlining the factors that have determined this recall period in order to alleviate concern.

For patients in good oral health, with low oral health risk factors, a recall of 12 months is sufficient to determine any changes in lifestyle, risk factors and/or development of new dental disease.

For patients assessed as having higher risk, shorter intervals may be determined as appropriate and may therefore continue to be consistent with the intervals as previously prescribed.

There is no need to cancel or re-arrange patients who were seen in the 6 months prior to 1 November.

How do I assess the interval between examinations for patients?

This assessment will ultimately be a matter for individual dentists to determine, however factors which may indicate higher-risk include but are not limited to:

- Medical and lifestyle factors, such as diabetes, alcohol, diet and smoking;
- High caries rate and/or heavily restored dentition;
- Poor oral health and Periodontal status;
- Oral mucosal lesions.

A risk-based interval webinar will be available on Turas in October, and details will follow from NES.

What is the purpose of the new review examination, and when can I use it?

The review examination has no time bar and can be claimed as clinically required, based on the risk factors recorded in the patient notes, in order to allow dentists to vary recall intervals to best meet the needs of the patient. This can also be used to review suspicious lesions as required.

When can I claim the new **Unscheduled Care, Assessment and Treatment item?**

This can be claimed when a patient presents with any issues that are not already claimable in the Determination I such as re-cementing a crown or incising an abscess. There are examples in the provisos for 1-(c), but this list is not exhaustive. This item **MUST** be claimed on it's own, on a single treatment plan, and cannot be claimed on an existing open treatment plan. A claim under item 1- (c) can be claimed and transmitted where there is an existing open course of treatment.

Section II – Preventive Care and Periodontal Treatment

What is the purpose of the enhanced preventive advice and treatment item?

The 2-(a) enhanced preventive advice and treatment item encompasses a range of preventive treatment including [Childsmile](#) activities.

This item has been created to support delivery of a range of preventive treatments, as set out in the provisos, including treatment of patients with a BPE of 1 or 2 or as part of maintenance therapy per the British Society of Periodontology (BSP) guidance. This can also be used to provide strong foundations for optimum periodontal therapy and treatment.

Treatment under this item can be prescribed by the dentist and then delivered by a therapist, hygienist or Childsmile nurse.

Does the enhanced preventive advice and treatment item replace the scale and polish; can I still perform a scale and polish?

The new enhanced preventive advice and treatment item encompasses a range of activities previously listed as separate items under the SDR. This means that the item includes a scale and polish – now termed Professional Mechanical Plaque Removal (PMPR) – but is not limited to provision of that treatment, and there is no requirement to perform PMPR in order to make a claim under this item.

Are there any exclusions on the provision of fluoride varnish or other topical applications such as fissure sealants?

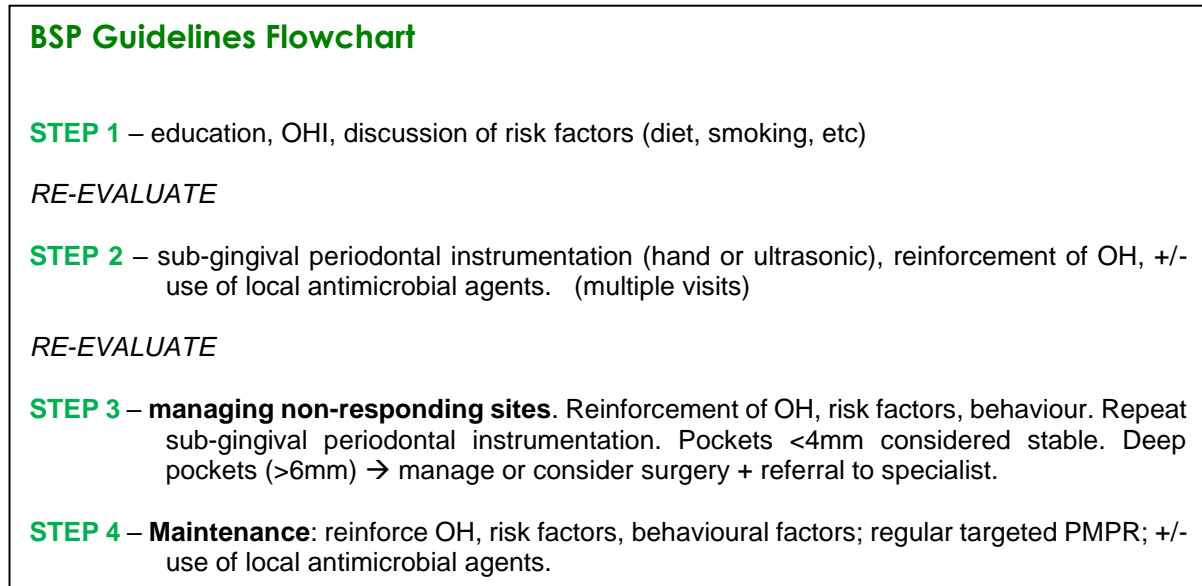
As before, fluoride varnish should be applied to children, with parental/guardian consent, as part of the [Childsmile](#) programme.

The revisions to Determination I also introduce the ability to apply fluoride varnish to any dentate or partially dentate patient, including adults, where there is a high risk of caries as a result of lifestyle or other medical factors.

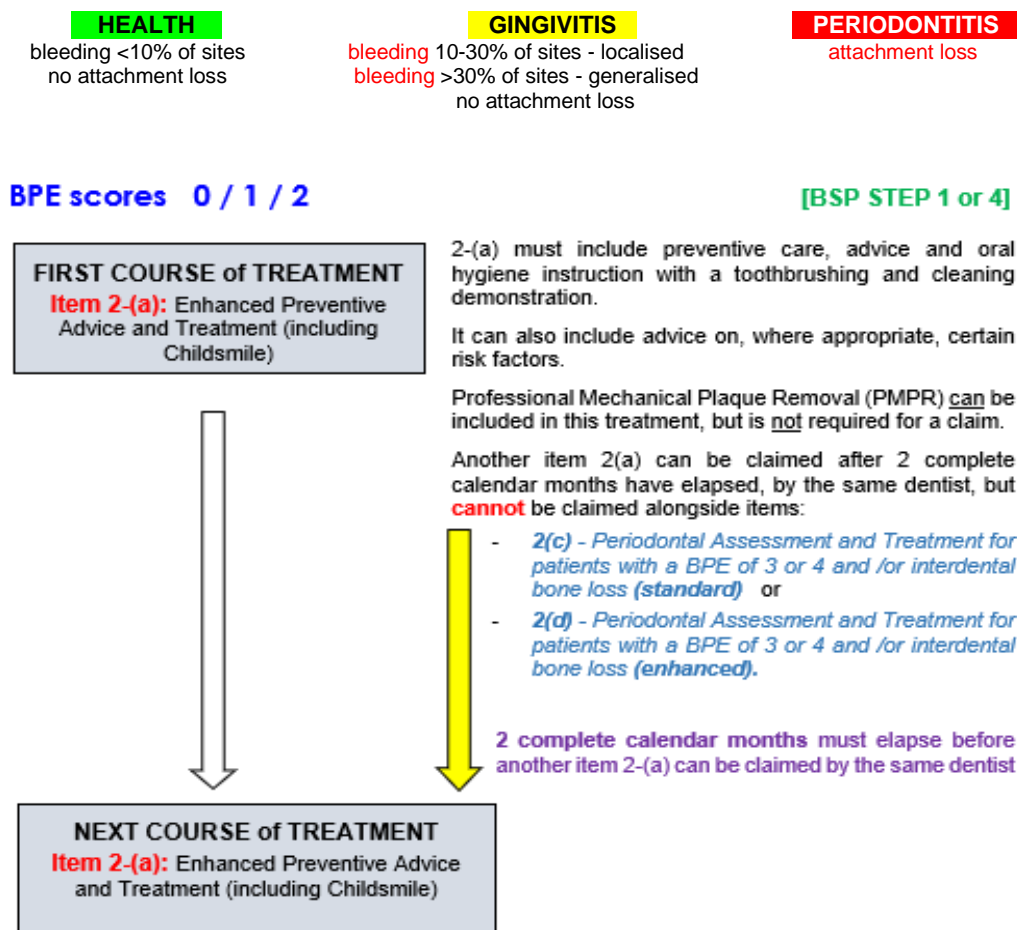
Similarly, fissure sealants can now also be applied to these patient groups with a view to protecting against decay in patients with high caries risk, and reducing the likelihood of fillings.

Periodontal – BSP flowchart

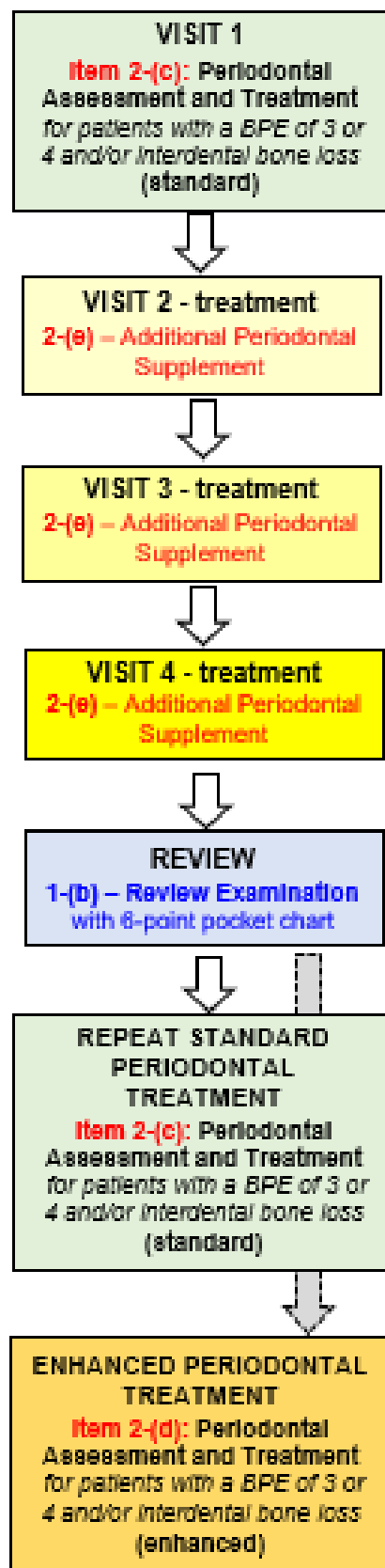
The flowchart below has been included to clarify the British Society of Periodontology (BSP) guidelines, and is provided for further information on the distinction between the periodontal items included in the new Det I.



BSP Guidance – classification of disease



BPE score(s) 3/4 with interdental recession/attachment loss [BSP STEP 2]



Appropriate radiographic assessment.

Initial periodontal therapy.

This item is to be used for initial periodontal assessment and **subsequent treatment and advice** (as opposed to 2-(a), where there is no subsequent periodontal treatment).

Where more than 1 appointment is required, additional appointments (up to 3) under **2-(e) - Additional Periodontal Supplement** can be claimed in a course of treatment.

PMPR with supra and subgingival scaling can be completed, to allow for assessment.

A treatment plan should be given to the patient, explaining their role in their own treatment.

2 complete calendar months must elapse before a Review Examination and Repeat 2-(c) can be undertaken

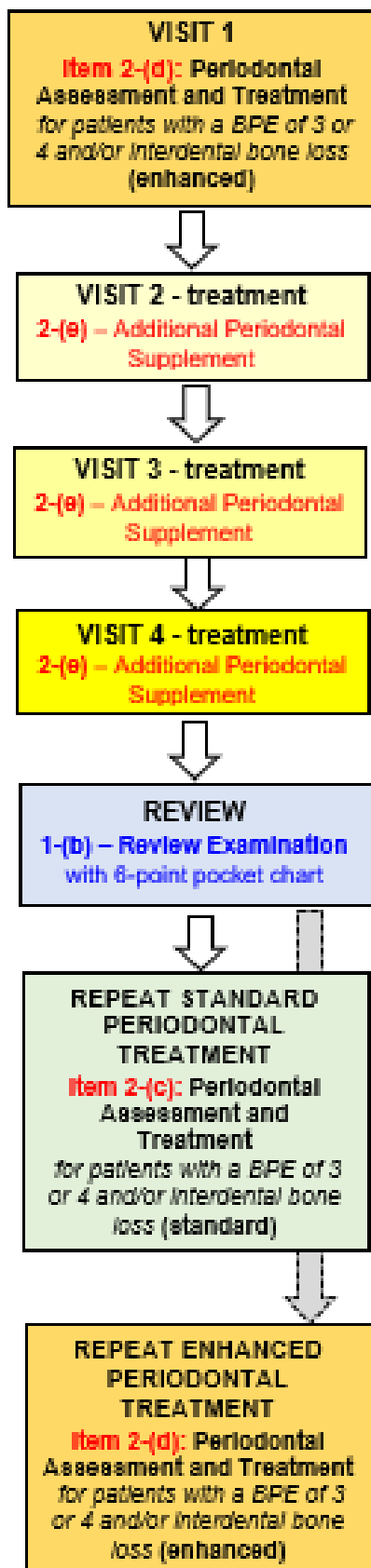
A 2-(c) course of treatment can be repeated after 3 months if a **1-(b) - Review Examination** with a 6-point pocket chart has been completed, after no less than 2 complete calendar months have passed since the previous course of treatment.

If a patient has **not responded well** to treatment or advice, then 2(c) can be repeated as required. This can be carried out **every 3 months** (following a **1-(b) - Review Examination** each time) if you think a patient is engaged, and has mitigating factors beyond their control.

Should the patient **respond well** to treatment and advice, but there are residual non-responding sites, you should progress to item **2-(d) - Periodontal Assessment and Treatment for patients with a BPE of 3 or 4 and/or interdental bone loss (enhanced)**, [Step 3 of BSP guidance].

If a patient has responded well to treatment and is stable then they should proceed to maintenance therapy, **Step 4 of guidance** using item **2-(a) - Enhanced Preventive Advice and Treatment (including Childsmile)**.

BPE score(s) 3/4 with interdental recession/attachment loss [BSP STEP 3]



2-(d) is for the treatment of patients who have completed 2-(c) - *Periodontal Assessment and Treatment for patients with a BPE of 3 or 4 and/or interdental bone loss (standard)* - but have non-responding sites. This allows for a re-assessment and review of treatment.

Where more than 1 appointment is required, additional appointments (up to 3) under 2-(e) - *Additional Periodontal Supplement* can be claimed in a course of treatment.

A treatment plan should be given to the patient explaining their role in their own treatment.

This aligns with **Step 3 of the BSP guidance**.

2 complete calendar months must elapse before a Review Examination and Repeat 2-(d) can be undertaken

A 2-(d) course of treatment can be repeated after 3 months, if a 1-(b) - *Review Examination*, with a 6-point pocket chart has been completed, after no less than 2 complete calendar months has passed since the previous course of treatment.

If a patient has not responded well to treatment or advice, then:

2-(c) - *Periodontal Assessment and Treatment for patients with a BPE of 3 or 4 and/or interdental bone loss (standard)*

or

2-(d) - *Periodontal Assessment and Treatment for patients with a BPE of 3 or 4 and/or interdental bone loss (enhanced)*

can be repeated as required.

2-(d) can be carried out every 3 months (following a 1-(b) - *Review Examination* each time) if you think a patient is engaged and has mitigating factors beyond their control.

If a patient has responded well to treatment and is **stable** then they should proceed to **MAINTENANCE THERAPY**, **Step 4 of BSP guidance**, using item 2-(a) - *Enhanced Preventive Advice and Treatment (Including Childsmile)*.

What is the difference between 2-(c) and 2-(d) periodontal assessments – they're paid the same?

Fee levels are the same as the levels of clinician time and materials used for both 2-(c) and 2-(d) treatment, as well as the method of treatment itself, should be the same.

Item 2-(c) should be used for the early management of periodontal disease, or for disease which remains generalised. Item 2-(d) enhanced periodontal treatment and assessment should only be claimed for the treatment of patients who have: completed treatment under 2-(c) standard periodontal treatment and assessment; and who have localised non-responding sites.

Assessment and treatment under Item 2-(d) is intended to allow for re-assessment and review of treatment, reflecting Step 3 of BSP guidance.

What do I do if a patient does not respond to periodontal treatment and their situation deteriorates?

If a patient has not responded well to periodontal treatment or advice but is engaged and has mitigating factors beyond their control, Item 2-(c) or 2-(d) can be performed and claimed every three months, provided a 1-(b) review examination is performed each time. This review can be prescribed by the dentist and completed by a hygienist or therapist.

Where patients are not engaged and stop attending for treatment, but later wish to restart treatment, the process of periodontal reviews and assessment can be restarted.

Where patients respond well to periodontal treatment and are now stable, they should proceed to maintenance therapy per Step 4 of BSP guidance.

Section III – Restorative Treatment

Do I use the filling items to claim any filling? What if I use composite rather than amalgam?

The filling items (item 3-(a), 3-(b), and 3-(c)) are per filling, and the appropriate item, depending on the number of surfaces involved, should be claimed for all NHS fillings provided. The fee for these items is for providing an amalgam filling.

Where a composite filling can be provided, as set out in the provisos, then a composite filling supplement fee (item 3-(d) or 3-(e)) can also be claimed alongside the general filling fee.

What do I do if I complete more than one filling on a tooth?

If you provide two different types of filling on the same tooth then you would claim both of the relevant filling items. For example, if you complete a single surface filling

and a two surface filling on the same tooth then you would claim both a 3-(a) – single surface filling and a 3-(b) – 2 surface filling.

If you provide two of the same type of filling on the same tooth, for example two single surface fillings on one tooth, then you would claim item 3-(a) – 2 single surface fillings on the same tooth.

What has happened to the additional incisal fees for anterior teeth? What if I need to claim a mesio-incisal or disto-incisal on the same tooth?

All of the filling fees are general fees which cover all the various scenarios and no additional fees are available for specific angles.

What treatments are covered under the 3-(f), (g), (h) endodontic fee items?

Items 3-(f), (g), and (h) are for the provision of a course of endodontic treatment, and the item that should be claimed depends on which teeth are being treated. The fee includes the filling of a root canal with radiopaque material; the provision of dressings and preparatory treatment; and if appropriate the opening and draining of root canals, pulp extirpation and incision of an abscess.

If a patient is seen as an emergency and the full root canal course of treatment cannot be started at that appointment, but the dentist needs to drain the root canal, do a pulp extirpation, or incise an abscess, as a palliative for a patient in pain until they can be seen for a routine appointment to undertake the course of treatment, then a 1-(c) could be claimed for the unscheduled care appointment. Once the patient comes back to start the course of treatment then item 3-(f), (g), or (h) could be claimed (as appropriate) for the routine treatment.

Am I able to claim pulpotomy (3i) for a permanent tooth?

A pulpotomy under item 3-(i) can only be claimed for a deciduous or retained deciduous tooth.

If a pulpotomy is provided on a permanent tooth as part of a course of endodontic treatment item 3-(i) cannot be claimed.

Under what circumstances can I use internal bleaching? Am I able to provide teeth whitening under the NHS?

Internal bleaching can be provided where a patient aged 18 and over presents with a successfully root-filled incisor or canine tooth which has become discoloured. The root treatment may be provided within the same course of treatment as the internal bleaching, or may be historical and have been completed by any dentist.

General cosmetic teeth whitening cannot be provided under the NHS.

Section IV – Extra-Coronal Restorations

Do I need to use commercial laboratories to construct crowns or other restorations?

This is a decision for individual dentists. Some prefer to use a commercial laboratory but others may have access to milling equipment and can create crowns and other restorations in-house.

Do I need to apply for prior approval where I am looking to place a crown or bridge in a patient under 17?

No, you do not need to apply for prior approval to place a crown or bridge in a patient under 17 years of age. If a crown or bridge is being provided for someone under 17 years of age then patient records should document the clinical reasoning for providing this treatment when it is not normally indicated.

Why is there only one fee item to cover all post and core retentions for crowns and bridges?

A single fee item for all post and core retentions has been chosen to encompass all forms of crown and bridge retention. The single fee item recognises that dentists may choose a method of retention which requires greater chair-side time, whereas others may utilise a commercial lab and incur associated costs. The single fee item accommodates this flexibility and reflects the different clinical methods for providing retention.

Why is there no distinction between retainers and pontics?

The distinction between retainers and pontics has been removed to follow convention on bridges which are typically described by the number of individual units. It is important that you ensure that the dental charting is accurate.

I'll need to assess a patient before I can recement a conventional bridge, am I able to claim an unscheduled care assessment (1-(c)) with this?

If the recement is being carried out by the same dentist who provided the original bridge, and it is provided within the previous 11 complete calendar months, then no fee item can be claimed for recementing the bridge.

If the recement is not being provided by the same dentist who provided the original bridge, or it is more than 11 complete calendar months since the bridge was provided, then a 1-(c) can be claimed for recementing the bridge.

For resin-retained bridges, item 4-(h) can be claimed subject to the provisos.

Section V – Extractions

Are the extraction fees per tooth? Is there any limit to the number of extractions I can claim?

While previously extractions were subject to varied fees according to the number of teeth extracted, the new Determination I introduces a flat fee for each tooth extracted e.g. if five teeth are extracted, the fee can be claimed five times. There is no additional fee for each visit required where multiple teeth are removed within a course of treatment.

While the fee covers all care expected with an extraction such as removal of sutures, if additional appointments are required on the same or subsequent days to manage abnormal post-operative haemorrhage, a claim can be made under Item 1-(c). Similarly, if a dentist is responsible for removal of sutures placed within another practice or secondary care setting, this is also claimable under 1-(c).

Section VI – Sedation

What is the purpose of the new sedation assessment item? Does this replace the sedation allowance?

The new Determination I introduces a sedation assessment item for the first time. This should be used for delivery of a full assessment, in line with current conscious sedation guidelines, by sedationists with the requisite knowledge and training. It will replace the sedation allowance previously included within the SDR, and cannot be claimed more than once per course of treatment. A sedation assessment should be carried out for each course of treatment where sedation is required.

The purpose of the assessment is to determine whether a patient is suitable for sedation within a primary care setting. The item can be claimed for all assessments, and is not dependent on a patient ultimately receiving sedation.

Are there any limits to the number of times I can claim the sedation fee?

The sedation fee is claimable for each appointment in which the patient receives sedation in connection with NHS treatment. The fee is not claimable for oral sedation, and can only be claimed for intravenous or inhalational sedation.

Section VII – Protheses

Would I claim the full denture item (7-(b)) for a full set of acrylic dentures?

Under the previous SDR, there was an item for a full/full set of dentures however this is not replicated in the new Determination I and Item 7-(b) covers only a full upper or lower denture. For complete (full/full) dentures, the fee should be claimed twice.

Why is there an item for a bleaching tray? Is tooth whitening now available on the NHS?

The item 7-(h) bleaching tray can only be claimed in connection with Item 3-(k) internal bleaching. The benefits to patients of combination internal and external bleaching of a root-filled tooth are recognised, and item 7-(h) is intended to support this.

This item (and tray) must not be used for any general whitening of teeth, and it remains the case that tooth whitening is not available on the NHS.

Why is there a separate item for hard occlusal splints?

There is recognition that hard splints are sometimes prescribed by secondary care specialists for provision by primary care dentists and, with laboratory fees generally higher than for other types of splints and trays, there was a need for separate appropriate fee item.

Section VIII – Domiciliary Visit and Recalled Attendance

Is this fee claimable for each patient per visit (e.g. if I attend a care home and see multiple patients)? Is the fee impacted by distance?

The fee is claimable for each separate attendance at each location. This means if you are attending a care or nursing home to see multiple patients, only one claim can be made under item 8-(a). The fee is not impacted by distance, and the same fee is claimed irrespective of distance travelled.

The conditions around recalled attendance have not changed.

Where has the enhanced domiciliary examination fee gone? Is the Enhanced Skills in Domiciliary Care Allowance still available?

The enhanced domiciliary examination has been removed. The Enhanced Skills in Domiciliary Care Allowance is still available and the Care and Treatment Allowance has been increased to reflect the removal of the domiciliary examination fee.