Audit Committee

Meeting Date	**12 March 2020**	**Agenda Item**	**7.1**
Report Title	**General Dental Services- Multiple FP17 reports**		
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Report Sponsor	Chris White Chief Operating Officer		
Presented by	Hilary Dover/Karl Bishop		
Freedom of Information	Open		
Purpose of the Report	This paper is intended to provide assurances on the Primary & Community Services Delivery Unit (PCSDU) General Dental Services Contract Monitoring Processes and provides detailed information on the analysis of the Local Counter Fraud Team generated Multiple FP17 Report to enable members to fully consider the recommendations of the Primary and Community Services Management Board and position of the Local Counter Fraud Team in the context of the agreed national position on analysis and action of FP17 submissions.		
Key Issues	During the course of 2017/18, the local counter fraud team undertook an analysis of Multiple FP17 claim reports for the period 2016/17 in respect of all dental contracts in place within the former ABMUHB. This analysis identified 57 contracts with potential for inappropriate claiming. It was also highlighted that a significant proportion of any potential reclaim dated back to three cases identified in Swansea in 2015/16 and further investigations into these 'possible' reclaim sums were not instigated or quantified using record card checks and data reports to ascertain the detail of fraudulent activity. The Tables attached at **Appendix 1** provide a detailed analysis of those practices that have been identified within the Multiple FP17 Report that Counter Fraud generated in 2017/18 for the period 2016/2017. This analysis takes into consideration local contract knowledge and some insight into the oral health of the population in addition to the NHSBSA quarterly Exception and Vital Signs reports; this level of detailed analysis is not undertaken by Counter		

	Fraud. It also utilises the nationally agreed criteria applied by NHSBSA and is consistent with Welsh Governments guidance. It can be seen from the data that 89% of practices highlighted in Tables 1 and 2 have an appropriate and justifiable pattern for the number of multiple FP17 claims. Table 3 highlights that 8% (seven practices) that have been flagged within the Multiple FP17 Report generated by Counter Fraud and require further action when applying the criteria and using the information described above (circa £161k). A review of the current claiming patterns of the three historic cases has been undertaken and the findings are identified in Table 1 (highlighted). This analysis has confirmed a sustained positive change in claiming practices. Following the meeting with the Unit in June 2019, the Director of Corporate Governance agreed to seek specific legal advice to understand the risks of challenges to the three historic cases. Based on the legal advice it is recommended by the Director of Corporate Governance that the Health Board does not pursue the three historic cases given the passage time and the likelihood of recovery. Fraudulent activity within General Dental Services will always remain a risk both locally and nationally. This is an area where inappropriate claiming continues to be identified and requires the Health Board to ensure that the assurance process considers material risks in respect of claim probity and potential fraud. There is a need to ensure a national process is followed consistently across Wales and a review of the existing PCSDU General Dental Services Contract Monitoring Framework, and Local Counter Fraud system is required to ensure that these processes work together to ensure best use of existing resource, to avoid duplication and reduce the risk of challenge.

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☐	X

Recommendations	Members are asked to: 1. **Note** the detailed analysis undertaken for the dental practices identified within the Counter Fraud Multiple FP17 report (Annex 1) in light of additional

	information available to the PCT and Welsh Government guidance 2. **Support** the recommendation that 89% of practices require no further action (Section 2.3) 3. **Note** the action outlined for seven practices as a result of the analysis (Section 2.4) where further investigation has been instigated as part of the PCSDU General Dental Services Contract Monitoring Framework and in particular the national role of NHSBSA in contract monitoring (DAF) 4. **Support** the recommendation that the Health Board should not pursue further investigation into possible inappropriate claiming for the three historic cases identified due to reasons identified in Section 2.4 and make the request to Welsh Government for abandoned claims. 5. **Note** the preference of the Primary Care Team that the multiple FP17 analysis is not used in isolation but in in conjunction with other contract monitoring streams and managed in the Primary Care Team to avoid duplication of resource with an independent view received from Counter Fraud colleagues once the above intelligence is sought from the Primary Care Team. 6. **Agree** that national standards and guidance as used in the analysis of any performance activity to minimise the risk of challenge, noting that the data source used by CFT for mFP17 reports is no longer available 7. **Note** the view of the Local Counter Fraud Team that this current system, which has attracted positive comments and support from the NHS Counter Fraud Authority, remains the best way forward. 8. **Support** the need to review the existing PCSDU General Dental Services Contract Monitoring Framework, and Local Counter Fraud system to ensure that these process complement each other. This should include ensuring best use of existing resource, to avoid duplication and reduce the risk of challenge. The Head of Primary Care, Unit Dental Director and Head of Counter Fraud will need to meet to review, strengthen and agree ongoing working arrangements.

General Dental Services- Multiple FP17 reports

1. INTRODUCTION

In June 2019, the Director Primary & Community Services Unit requested a meeting with Swansea Bay University Health Board (SBUHB) Director of Corporate Governance to ensure that, at an executive level, the Health Board was aware of the current position in relation to the Counter Fraud analysis of general dental services multiple FP17 report, where the potential for inappropriate claiming had been identified and no action taken. It was agreed in the first instance that the Primary & Community Service (PCS) Management Board would consider the analysis of the counter fraud findings at its Board meeting in August 2019 in the context of wider information available to the Primary Care Team (PCT) and Welsh Government guidance and make recommendations for further consideration.

This report provides the detail considered by the PCS Management Board and the Board recommendations, including the view of the Local Counter Fraud Team (CFT). The report also highlights the agreed national position on analysis and action of FP17 submissions.

2. BACKGROUND

An FP17 form is submitted by a contracted dental performer at the end of a discrete episode of treatment as a method of recording Units of Dental Activity (UDAs) against payment under an agreed annual contract value/volume.

Multiple courses of treatment undertaken within a few weeks or months should be a relatively rare occurrence and may be an indicator of a poor quality service where poor diagnosis and treatment planning leads to inappropriate clinical care. It may also be an indicator of a contractor maximising income.

This is an area where inappropriate claiming continues to be identified both locally and nationally and requires the Health Board to ensure that the assurance process considers material risks in respect of claim probity and potential fraud.

However, there may be instances where multiple FP17 (mFP17) submissions are appropriate e.g. there may be occasions where patients return after short intervals when there is a problem with a tooth, or teeth, that was not apparent during the previous course of treatment e.g. damage to a filling, or an unrelated episode of trauma or is part of a long-term treatment plan. Welsh Government and the NHSBSA have provided guidance on this issue as well as establishing a national programme and Forum to ensure consistency across Wales. This guidance highlights that information from mFP17 submissions should not be taken in isolation when considering performance issues.

2.1 Historic Monitoring and Assurance Process

Historically, prior to 2017, mFP17 submissions for the same patient over a short period of time could be one of the indicators of possible inappropriate claiming or poor clinical practice. For this reason multiple FP17 reports were produced by

Health Board's Locality Primary Care Teams (PCTs) on a regular basis for contracted performers, directly from COMPASS, a national software programme which provides access to data on FP17 submissions.

These reports were generated when a practice was identified as an outlier (but not validated) through receipt of 'Vital Signs' and Exception Reports from NHSBSA, and used to assist health boards in monitoring Genera. Dental Services (GDS) contracts. The reports were escalated to the senior PCT management and clinical leads for further investigation and action if necessary. This subsequent more detailed scrutiny and analysis included consideration of a range of factors including an evaluation of the clinical context of the FP17 submissions, the local population needs, national guidance etc. In cases where there is clear evidence of inappropriate claiming the Health Board would follow WHC (2018) 019 guidance for managing performance concerns and this would have resulted in the details being passed to the local counter fraud team (CFT).

Using this methodology, between 2012 and 2015, the former Swansea Locality Primary Care Team identified a number of cases where multiple FP17s had been submitted with initially no obvious justification. The PCT directed the Clinical Advisor (NHSBSA) to undertake record card checks and the resulting reports made reference, in respect to four cases, to:

- Concerns in respect of the probity of a number of claims reviewed
- The identification of inappropriate claims, with reference to evidence of splitting of courses of treatment
- The need for the Health Board to challenge the contract holders in respect of the inappropriate claims identified and the financial implications involved.

These cases were then passed to local CFT and at one Practice, a substantial recovery (£45k) was made following successful joint working between the CFT and PCT colleagues. In addition, an agreement was made that the CFT in the former ABMUHB would absorb, with an appropriate transfer of resource from the GDS budget (equivalent to a B6 1.0wte), the function of the initial analysis of mFP17 reports previously undertaken by the PCT and to then bring to the attention of the PCT any findings for their further analysis and advice. This agreement was reached at the request of, and with the support of, the Health Board's Executive Team and established in 2016/17.

Detailed retrospective mFP17 analysis was also undertaken by the CFT in respect of the remaining three cases identified above, however, further investigations into the possible reclaim sums were not instigated or quantified at the remaining three Practices. Further detail on this is outlined in section 2.4 below.

2.2 Current General Dental Services Contract Monitoring Framework

On the inception of the Primary & Community Services Delivery Unit, work commenced to take this the learning to review management arrangements and develop local performance monitoring frameworks, standards and governance structure which were introduced in 2016/17. The PCSDU **General Dental Services Contract Monitoring Framework,** attached at **Annex 1**, outlines the various

information sources used within the PCT team to manage Swansea Bay University Health Board (SBUHB) dental contracts and ensure compliance and seek assurance that quality driven services are provided within general practice. This includes:

- NHS Business Services Authority (NHS BSA) Data Reports
- Vital Signs Reports
- Exception Reports
- DAF/DAR Reports
- Quality Assurance Self-Assessment submissions (QAS)
- Health Inspectorate Wales (HIW) Reports
- Multiple FP17 Reports
- Patient Record Review
- Concerns or Complaints
- Whistle Blowing
- General Dental Council (GDC)
- Local Dental Committee (LDC)
- Deanery Professional Support Unit (PSU)
- National Clinical Assessment Service (NCAS)

The PCT use their knowledge of the contract to review the data within the reports and highlight any flags that are a cause of concern. This review is undertaken as a Unit peer group with contract managers and the dental practice clinical advisory team on a quarterly basis ensuring other intelligence sources are available at time. The team works collaboratively with the Clinical Advisor from NHSBSA to ensure an independent view, which triangulates the data against the national figures and thresholds.

This information is reported to the Primary Care Dental Governance Group (PCDGG), which will agree appropriate course of action. The PCDGG reports to the Oral Health Quality, Safety and Patient Experience Group which in turn reports into the PCSDU Quality and Safety Group.

It should be noted that local performance monitoring frameworks and standards introduced in 2016/17, early in the establishment of the PCSDU, and used by the PCT, identify performance concerns earlier and more robustly than the single multiple FP17 report alone which is invariably undertaken annually and retrospectively. Furthermore, the process followed by CFT is still heavily reliant on the PCT to generate and interpret data without which there is a risk of identifying 'false positives' or not being aligned to the national position. The latter could leave the Health Board vulnerable to legal challenge and reputational risk. Furthermore, following national changes in 2019, the data source used by CFT is no longer locally available.

In addition, relevant national guidance has been produced on this issue since 2015 (see below) which highlights the importance of understanding the clinical context of multiple FP17 submissions in deciding whether the activity is valid. Legal precedent is also established in relation to the extent that Health Board's can extrapolate findings to actual reclaims. Furthermore, since 2017, a national programme has been established to provide consistency across the UK on how multiple FP17

submissions are identified, analysed and actioned. This programme is commissioned by Welsh Government and is delivered through the NHSBSA, using agreed evidence based standards. This includes regular meetings between the Primary Care Team and Welsh Government as detailed below.

i. National Guidance

Welsh Government provided guidance on this issue in 2015 (*Delivering NHS dental services more effectively - A resource pack for health boards and dentists (December 2015))*. This guidance outlines the factors such as the type of contract held and/or other services offered at the practice, practice data reports and record card checks which should be undertaken before any decisions are made as to whether any inappropriate claiming has taken place. This work is undertaken by the PCT.

'Phased' treatment. One of the purposes of this document was to clarify where it might be appropriate to provide a phased approach to care and treatment planning over several courses of treatment (multiple FP17 submissions) in any given year, particularly for high need patients. It is likely that this guidance will result in an increase in valid multiple FP17 submissions, especially as the Contract Reform Programme expands significantly in the next 12-18 months with the corresponding move away from UDAs as a driver for care becoming more established.

NHS Business Services Authority (NHSBSA) provide a range of services to Health Boards to support the monitoring and risk management of NHS dentistry and highlight that in analysing multiple FP17 reports:

'It is important to stress that, whilst identifying statistical outliers is an important part of monitoring contract performance, commissioners should not be wholly reliant upon this and should be triangulating data indicators with other available information regarding a contract. In addition, local knowledge about a contract may allow identification of similar contracts in terms of factors such as setting, population or services delivered to allow comparison of contracts with peers.'

ii. National Frameworks: NHSBSA Dental Assurance Framework (DAF)

NHSBSA produce quarterly Dental Assurance Framework (DAF), Exception and 'Vital Signs' reports to assist health boards in monitoring GDS contracts and identifying areas of activity which may be cause for concern. The DAF data is compared against the average figure for all contracts within the Health Board area and across Wales. It is accepted nationally that a single area of activity being flagged within a contract report does not necessarily indicate there is a concern.

iii. National Frameworks: NHSBSA Dental Activity Review (DAR)

Since 2017, the NHSBSA Dental Activity Review (DAR) team carry out reviews on FP17 claim submissions to provide FP17 assurance to Health Boards. Each review exercise includes 35 contracts, usually selected as outliers based on national data. Where inaccurate claiming is identified financial recovery and refunds of patient charges may be sought with Health Boards fully engaged in the process. This

national approach is based on a model which works with the profession using data to drive insight and affect behavior change but where poor practice is identified the Health Board are responsible for initiating and necessary further action.

iv. National Service FP17 Working Group Report

As part of the FP17 assurance process there is a national service working group attended by the SBUHB Primary & Community Services Delivery Unit (PCSDU) which supports the delivery of the NHSBSA's Health Board FP17W Assurance Service. This is managed nationally through a Service Level Agreement with Welsh Government. The working group sets a framework for collaborative working between Health Boards (on behalf of Welsh Government) as the sponsor for the service, and NHSBSA as the provider, a key objective being to ensuring that the recovery process and policy are aligned and consistent across all Health Boards, including with any appropriate client/sponsor working groups

The DAR data from the Wales assurance group is reviewed and discussed by this group, which has a membership of Health Board management, NHSBSA Clinical Advisors and Welsh Government advisors.

The Table below summarises the work completed in 2018/19 demonstrates the recovery and perceived risk by each Health Board. It can be seen that ABMU/Swansea Bay UHB (7A3) is a low risk Health Board for perceived financial risk recovery, being 2.7% opposed to 49.2 % for 7A2.

WFP17A Band 3 Other	Original Risk	Cumulative Cash	% of risk
Total	£ 284,100	£ 19,214	6.8
7A1	£ 43,200	£ 6,467	15.0
7A2	£ 7,500	£ 3,689	49.2
7A3	£ 73,500	£ 1,956	2.7
7A4	£ 47,100	£ 1,840	3.9
7A5	£ 39,600	£ 282	0.7
7A6	£ 70,500	£ 4,897	6.9
7A7	£ 2,700	£ 83	3.1

This example also highlights the significant difference between 'potential' (as described by a mFP17 report) and 'actual' mis-claims when detailed analysis is undertaken by clinical Primary Care Teams.

v. Legal Precedent

Health Boards face a significant potential for legal challenge if attempts are made to reclaim monies from practices unless a robust process is followed, consistent with agreed national policies and practice and previous legal precedence. This should not deter reclaims being pursued following a full investigation. Awareness of previous challenges against Health Boards should be considered, alongside the assurance that appropriate process has been followed that would reduce the risk of successful legal challenge.

Dental Protection advises members not to pay monies back to Health Boards and to seek immediate legal advice. For information, outlined below provides the detail of two cases have been challenged in other Health Board areas and the outcome of the challenges should be noted, although not directly linked to the current:

a) Powys Teaching Local Health Board v. Dr. Piotr Dusza and Dr. Hako Sobhani [2015] EWCA Civ 15. Case concludes, whilst there is a contractual requirement on a dental contractor to record that a Full Mouth Exam has taken place, the recording of a FME is not a condition precedent for the crediting of UDA. The failure to carry out a FME will not disentitle a dental contractor to all UDA but there will be a pro rata reduction in the amount of UDA to reflect the failure to carry out that component of the COT. Which had been suggested as 1 UDA deducted.
b) The NHS Litigation Board determined a dispute between the NHS Commissioning Board and BargainDentist.com on 30 December 2013. The Commissioning Board had refused to pay a dental contractor for dental work on the basis that there was no record that the work had taken place. The Litigation Board made the following observations:

> "*NHS England refers to the FGDP publication "Clinical Examination and Record Keeping Good Practice Guidelines" as regards the standards for record keeping. This may inform any consideration of whether or not a contractor has complied with obligations under a contract to keep appropriate records but I have not found it of any assistance in determining the issues which I have had to address…*
> *The comment from those guidelines included* [in] *NHS England's submissions… that "If it is not in the record, it did not happen" is oft repeated but, <u>while that may be a helpful way to encourage practitioners to make full records, I cannot accept it as a principle on which to decide whether events did or did not occur</u>….*
> *NHS England argues that it has established a prima facie case that the records do not contain evidence of a full examination. That may be so, but I have not found any prima facie evidence that examination, assessment or treatment planning was not carried out. No information has been produced which suggests that the patient disputes the conduct of an examination and assessment and the development of a plan for treatment in any case…*"

These cases highlight that a decision to reclaim monies have to be on a robust and consistent basis and confirms Welsh Government and NHSBSA advice that a single

indictor of performance is insufficient to justify action by itself. In addition it highlights the needs for a consistent approach by Health Boards on how these matters are managed.

2.3. Analysis of Counter Fraud Generated Report

The Tables attached at **Appendix 1** provide a detailed analysis of those practices that have been identified within the Multiple FP17 Report that Counter Fraud generated in 2017/18 for the period 2016/2017. This analysis takes into consideration local contract knowledge and some insight into the oral health of the population in addition to the NHSBSA quarterly Exception and Vital Signs reports; this level of detailed analysis is not undertaken by Counter Fraud. It also utilises the nationally agreed criteria applied by NHSBSA and is consistent with Welsh Governments guidance and includes the following reference criteria:

1) Top 10 on the DAF for several quarters
2) Concerns confirmed by a data report from above
3) Clinical Advisor Record review highlighted concerns around claim probity
4) Health Inspectorate Wales concerns
5) Dental Activity Review concerns / reclaim.

It can be seen from the data that 89% of practices highlighted in Tables 1 and 2 have an appropriate and justifiable pattern for the number of multiple FP17 claims on the basis that:

The practice has a specialist contract.	Contract type is not a General Dental Service contract and therefore multiple FP17 data is expected.
The practice has a domiciliary contract.	Contract type is not a General Dental Service contract and therefore multiple FP17 data is expected.
Practices have two or less performers per contract	NHSBSA/WG guidance on potential risk of multiple MFP17 with two or less performers advises that there is little benefit in using MFP17 methodology unless concerns are raised by triangulation of data eg DAF / DAR /data reports
Demographic of the local area- high need area.	High need areas especially where new patients / access is high will naturally produce more multiple claims due to the nature of the work. Data reports are a much better tool to understanding the narrative around such contracts if they flag on the DAF rather than the MFP17 rationale. The risk is that the LHB will lose access as providers will see such patients as a risk to their contract as they are triggering overzealous investigation by MFP17
The practice provides an in-hours access service	SLA provided will skew metrics of GDS contract and inappropriately flag the practice as an outlier, this should not be a trigger for MFP17
The practice is a part of the contract reform programme	NHSBSA / WG guidance excludes practices which are participating in the NHS dental contract reform

	programme as their working pattern and data will be inappropriate for MFP17, and prevent learning from new working patterns.
New practice that has opened within the past 18 months.	Practice data tends to outlie due to new Providers and performers as well as accepting new often high needs patients. It would be deemed that at least two years of data would be more significant for consideration
The practice has not flagged on the Dental Assurance Framework (DAF)	Recommendation by NHSBSA / WG to Local commissioners is that the top 10 outliers on the DAF are considered for further review which begins with lines of discussion that may lead to MFP17. Practices that do not routinely lie in the top 10 and do not flag in exception reports, DAR i.e have no concerns raised by triangulation of data from other sources are not to be considered for MFP17
The practice is a Dental Foundation Practice (VT)	Foundation Dentists are more likely to have higher levels of multiple treatments as a recognised pattern of their limited experience. This can skew the practice profile inappropriately.

Based on this analysis it has been recommended by the Primary Care Team that no further action is required for these practices.

Table 3 highlights that 8% (seven practices) that have been flagged within the Multiple FP17 Report generated by Counter Fraud and require further action when applying the criteria and using the information described above (circa £161k).

It should be noted that all these practices had been highlighted for further investigation by the Primary Care Team based on the Primary and Community Services Delivery Unit General Dental Services Contract Monitoring Framework [Annex 1] in advance of the notification by Counter Fraud's MFP17 work and the following actions were taken.

- Data reports requested for each practice, these reports have been received and reviewed by the Dental Practice Advisors (DPAs) and Dental Director. As a result three practices had been identified as having limited concerns and following the provider responses/Clinical Advisor input a 12 month data review.
- In four practices, potential fraudulent activity was suspected and a request made that the NHSBSA Clinical Advisor undertakes multiple FP17 Report and examines the relevant patient's record cards. Following this activity the NHSBSA has advised the Health Board on potential reclaims of 186.6 UDAs (£4,500). These cases will now be subject to more detailed scrutiny and analysis and if evidence is established of inappropriate claiming the WHC (2018) 019 guidance for managing performance concerns will be implemented and details passed back to the local counter fraud team (CFT).

The status of these cases is reported to the Oral Health Quality and Patient Experience Group.

2.4. Historic Cases

The combined work by the PCT and CFT in 2015/16 highlighted a possible sum of monies that needed to be reclaimed from practices. A significant proportion of this reclaim dates back to three cases identified by the previous Swansea Locality Team in 2015/16 (£280,500). However, due to Health Board structural changes and changes to the Locality Primary Care management arrangements the collaboration between the CFT and the PCT did not occur and further investigations into these possible reclaim sums were not instigated or quantified using record card checks and data reports to ascertain the detail if any of possible fraudulent activity.

In August 2018, the Head of Primary Care (at the time) met with senior finance and counter fraud colleagues to discuss the three outstanding 2015 cases and it was decided that the Health Board would not pursue further investigation into possible inappropriate claiming due to:

1. Practices not being notified at the time regarding the Health Boards initial concerns around claiming patterns (2015).
2. None of the three practices had been sent notifications during the three year period since 2015 of a possible reclaim.
3. All three contracts (by 2018) had new owners, or performers had retired, making investigations difficult, particularly as any reclaim would be the responsibility of the new owners if evidence of inappropriate claiming was established.

However, it was agreed that a review of the current claiming patterns of the three practices would be undertaken and the findings are identified in Table 1 (highlighted). This analysis has confirmed a sustained positive change in claiming practices.

Following the meeting with the Unit in June 2019, the Director of Corporate Governance agreed to seek specific legal advice to understand the risks of challenges to the three historic cases. The advice was as follows:

- There is a limitation issue with referring the matter to be dealt with under the NHS disputes resolution procedure, so that path may not be available to the LHB to pursue. Whilst the common law limitation period (six years from the date of the breach) in respect of pursuing a claim for breach of contract has not expired, in the event civil proceedings were issued for recovery of the allegedly over claimed amounts the delay in notifying the practices of the HB's concerns for over three years (now four years in 2019) will be viewed in a dim light by the court.
- The situation is further complicated in that all 3 contracts have since 2015 changed hands, so the Health Board would need to establish whether it was in order to pursue the previous owners or the new owners of the practices. This would depend on the contracts between the previous owners and the new owners and whether indemnities were given by the incoming owners to the outgoing owners and vice versa.

Based on the legal advice it is recommended by the Director of Corporate Governance that the Health Board does not pursue the three historic cases given the passage time and the likelihood of recovery.

2.5. Multiple FP17 Analysis Process

The use of Counter Fraud to undertake the initial multiple FP17 analysis requires review in light of new reports available via NHSBSA that analyse the same set of data whilst also considering wider relevant information available and within an all-Wales context.

Since 2015, NHSBSA and the Health Board have developed new and robust methods of identifying concerns and risks within contracts with clear oversight of the relevant Health Board Quality and Safety Groups. By working collaboratively with the Clinical Advisor from NHSBSA the primary care team receive an independent view which triangulates the data against the national figures and thresholds. This is in line with all Health Boards across Wales and consistent with Welsh Government's policy of having an all-Wales context for managing contracts and concerns.

There is therefore currently duplication of work taking place between the PCSDU Primary Care Team, NHSBSA and Counter Fraud with the former using a wide range of information to inform decision-making. As such, there is a risk that practices are being flagged through two separate systems, using different criteria and at different times in the year with a potential for lack of connection. This creates additional work for the PCT, possible flagging of unnecessary concerns and also a risk that action is taken by the Health Board that could be inappropriate and open to challenge.

This report demonstrates that the Multiple FP17 report is useful but only in conjunction with other streams of monitoring undertaken by the Primary Care Team. The DAR information automatically falls into the primary care teams monitoring processes and FP17 reports can be requested by the team as and when required as multiple FP17 submission data can no longer be accessed locally.

The PCT had requested consideration to be given to the transfer of the resource allocated to the CFT be pulled back into the team. This would enable it to support and enhance the contract monitoring processes described within the report and to ensure there was no risk of duplication and challenge; thereby reducing the risk to the organisation of challenge. The request identified that the PCT would continue to liaise with counter fraud for an internal (Health Board) independent view once the additional monitoring information has been collated and evaluated. This work would be in 'real time' and not annually which is currently the case thereby being a more timely and arguable more robust review.

It was acknowledged that this proposal would need to be considered in the wider context of the previous decision by the Executive to support the transfer of the function of analysing the reports to the local counter fraud team, the national and local processes; and the view of the local counter fraud team which has been included below.

2.6 View of the Head of Local Counter Fraud Services

General Dental Services is an area where fraud and inappropriate claiming continues to be identified both locally and nationally. Remembering that this is also an area which does not have the deterrent effect of external Post Payment Verification review, material risks in respect of claim probity and potential fraud clearly need to be considered as a factor when thinking about the overall assurance required, and the mechanisms put in place to achieve it.

The current process (i.e. the regular systematic review of Multiple FP17 reports by Counter Fraud) was put in place at the request of and with the support of the Executive, in order to address concerns regarding the risk posed by inappropriate dental claims. The recent conviction and striking off of a Swansea Dentist indicates that these risks still exist.

At its inception, it was recognised that this analysis was only one part of the picture, and that this would need to be reviewed in conjunction with other indicators and intelligence available to/within Primary Care in a sharing two-way collaborative approach involving both functions. There is certainly scope to improve the way in which that system has worked to date. However from the point of view of assurance and control in respect of counter fraud/claim probity, it is the opinion of the Head of Local Counter Fraud Services that this current system, which has attracted positive comments and support from the NHS Counter Fraud Authority, remains the best way forward.

2.7. Primary & Community Services Management Board

The PCS Management Board considered at its meeting on 13 August 2019 the analysis of Counter Fraud Generated Report, the supporting information and recommendations of the Primary Care Team. The Board had the opportunity to scrutinise the information and seek assurances on the PCSDU General Dental Services Contract Monitoring process.

It was noted that whilst the Board could consider the recommendations of the Primary Care Team the PCS Management Board would need to, in the first instance, present its recommendations to the Director of Corporate Governance for consideration of next steps.

The PCS Board *noted the detailed analysis undertaken for the dental practices identified within the Counter Fraud Multiple FP17 report, the data and mechanisms for contract monitoring*.

The PCS Board supported the recommendations that 89% *of practices require no further action and advised that the three outstanding cases from 2015 will need to go back to the Director of Corporate Governance.*

It was recommended that prior to a report and recommendations being presented, further supporting detail was added to the analysis (updated version included at Appendix 1) and the report strengthened to outline and include a copy of the PCSDU General Dental Services Contract Monitoring Framework (Section 2.2 and Annex 1). It was also requested that it was demonstrated in the report how through the national mechanisms the Health Board ensures independent review and scrutiny (Section 2.2)

3 GOVERNANCE AND RISK ISSUES

Should the Health Board pursue an investigation for a potential reclaim from the three historic contracts (section 2.4) there is significant potential for legal challenge due to a failure of notifying and pursing investigations at the time of initial concerns around claiming patterns (2015). Legal advice has been sought and is outlined in section 2.4 above.

There is a risk with the current process within SBUHB that the organisation will be open to challenge relying on a mFP17 report as a basis for a reclaim or legal recourse against a practitioner. There is also the risk in that the Health Board is not using its expertise / resource effectively and is working outside of national guidance. There is a need to ensure a national process is followed consistently across Wales.

Fraudulent activity within General Dental Services will always remain a risk both locally and nationally but the Health Board can be assured that the robust framework and early intervention managed through the Units Dental quality assurance structure has demonstrated an improved position and reduced risk. This is substantiated by the NHSBSA DAR Review and Working Group national comparisons (section 2.2 iv).

4 FINANCIAL IMPLICATIONS

There are no financial implications that impact on Health Board expenditure from the recommendations within this report.

5 RECOMMENDATION

The Primary & Community Service Management Board make the following recommendations and Members are asked to:

1. **Note** the detailed analysis undertaken for the dental practices identified within the Counter Fraud Multiple FP17 report (Annex 1) in light of additional information available to the PC Team and Welsh Government guidance
2. **Support** the recommendation that 89% of practices require no further action (Section 2.3)
3. **Note** the action outlined for seven practices as a result of the analysis (Section 2.4) where further investigation has been instigated as part of the PCSDU General Dental Services Contract Monitoring Framework and in particular the national role of NHSBSA in contract monitoring (DAF)

4. **Support** the recommendation that the Health Board should not pursue further investigation into possible inappropriate claiming for the three historic cases identified practices due to reasons identified in Section 2.4 and make the request to Welsh Government for abandoned claims.
5. **Note** the preference of the Primary Care Team that the multiple FP17 analysis is not used in isolation but in in conjunction with other contract monitoring streams and managed in the Primary Care Team to avoid duplication of resource with an independent view received from Counter Fraud colleagues once the above intelligence is sought from the Primary Care Team.
6. **Agree** that national standards and guidance as used in the analysis of any performance activity to minimise the risk of challenge, noting that the data source used by CFT for mFP17 reports is no longer available
7. **Note** the view of the Local Counter Fraud Team that this current system, which has attracted positive comments and support from the NHS Counter Fraud Authority, remains the best way forward.
8. **Support** the need to review the existing PCSDU General Dental Services Contract Monitoring Framework, and Local Counter Fraud system to ensure that these process complement each other. This should include ensuring best use of existing resource, to avoid duplication and reduce the risk of challenge. The Head of Primary Care, Unit Dental Director and Head of Counter Fraud will need to meet to review, strengthen and agree ongoing working arrangements.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	X
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	X
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	X
	Effective Care	X
	Dignified Care	☐
	Timely Care	X
	Individual Care	☐
	Staff and Resources	X

Quality, Safety and Patient Experience

The PCSDU **General Dental Services Contract Monitoring Framework,** attached at **Annex 1**, outlines the various information sources used within the primary care team to manage Swansea Bay University Health Board (SBUHB) dental contracts and ensure compliance and seek assurance that quality driven services are provided within general practice

Financial Implications

There are no financial implications that impact on Health Board expenditure from the recommendations within this report.

Legal Implications (including equality and diversity assessment)

Should the Health Board pursue an investigation for a potential reclaim from the three historic contracts (section 2.4) there is significant potential for legal challenge due to a failure of notifying and pursing investigations at the time of initial concerns around claiming patterns (2015). Legal advice has been sought and is outlined in section 2.4 above.

There is a risk with the current process within SBUHB that the organisation will be open to challenge relying on a mFP17 report as a basis for a reclaim or legal recourse against a practitioner. There is also the risk in that the Health Board is not using its expertise / resource effectively and is working outside of national guidance. There is a need to ensure a national process is followed consistently across Wales.

Fraudulent activity within General Dental Services will always remain a risk both locally and nationally but the Health Board can be assured that the robust framework and early intervention managed through the Units Dental quality assurance structure has demonstrated an improved position and reduced risk. This is substantiated by the NHSBSA DAR Review and Working Group national comparisons (section 2.2 iv).

Staffing Implications	
The local counter fraud team, with an appropriate transfer of resource, undertake the function of analysing the MFP17 reports. This report identifies duplication of work taking place between the PCSDU Primary Care Team and Counter Fraud with the former using a wide range of information to inform decision making. This report identified a need to ensure the two systems work more collaboratively together.	
Long Term; recommendations support maintaining quality relationships with existing contractors to ensure ongoing quality and access to general dental services.	
Report History	Report considered by the Primary & Community Services Unit Delivery Unit Management Board 13 August 2019 – recommendations of the Board included within this report.
Appendices	Appendix 1 - Analysis of Counter Fraud Generated Report Annex 1 - PCSDU General Dental Services Contract Monitoring Framework

Appendix 1
Table 1 - Historic Cases

Practice Name	Potential Overclaim due to MFP17 2016-17	Potential Overclaim due to MFP17 2017-18	DAR reclaim 2017/18	DAR 2018/19 reclaim	Total Contract Value (2019/20)	Analysis
Glynneath Dental Practice	4.79% £9,799.82	4.99% £11,230.34	0.00	£1,793.50	£417,406.53	Investigated in 2012 50% claims challenged, provider and performers taken to reference panel. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 18/19 reclaimed £1793.05 and will be reviewed in 12 months to show behaviour change. Contract Reform Practice
Crescent Dental	3.11% £21,633.15	3.80% £23,566.41	£0.00	£0.00	£1,017,646.99	In 2013 an investigation was undertaken and 85% claims challenged. This resulted in the provider and performers taken to reference panel. Recoveries in excess of £200k were made from this Practice following work by Counter Fraud. Change of behaviour has been monitored since and tolerance is deemed acceptable for this contract type. DAF concerns were low level and provider comments accepted.

Practice Name	Potential Overclaim due to MFP17 2016-17	Potential Overclaim due to MFP17 2017-18	DAR reclaim 2017/18	DAR 2018/19 reclaim	Total Contract Value (2019/20)	Analysis
Gower Healthcare - Pentrepoeth	1.20% £2,842.82	1.13% £2,691.00	£343.65	£0.00	£332,704.22	Investigation in 2013, 62% claims challenged, provider and performers taken to screening panel. Recoveries of £45k were made from this Practice following work by Counter Fraud. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 1819 with small reclaim and will be reviewed in 12 months to show behaviour change.
J Isaac	2.48% £4,813.42	2.01% £5,272.32	£910.80	£0.00	£468,705.39	Previous provider was investigated in 2016 53% claims challenged, provider and performers taken to screening panel. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 1819 with small reclaim and will be reviewed in 12 months to show behaviour change. Claiming has been reviewed by the HB and behaviour change evidenced and is confirmed by the 2% figure compared with circa 53% in 2016.

Practice Name	Potential Overclaim due to MFP17 2016-17	Potential Overclaim due to MFP17 2017-18	DAR reclaim 2017/18	DAR 2018/19 reclaim	Total Contract Value (2019/20)	Analysis
United Dental (Llangyfelach Rd)	4.65% £10,168.41	3.01% £8,223.24		£0.00	£405,233.96	Historically previous provider was investigated in 2014 62% claims challenged, provider and performers taken to screening panel. Recoveries of £35k have been made from this Practice following work by Counter Fraud. Further recoveries are currently being pursued. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 1819 with small reclaim and will be reviewed in 12 months to show behaviour change. Claiming has been reviewed by the HB and behaviour change evidenced.
Manor Road	2.77% £4,577.32	3.80% £5,329.69		£215.37	£290,706.86	Historically previous provider was investigated in 2013 -2015 circa 50% claims challenged, provider and performers taken to reference panel. Following the completion of the initial analytical work, the LCFS received a request to undertake a further detailed review of Companies House records in respect of this Practice. The results of this review were provided to Primary Care colleagues, along with a recommendation that advice be sought from NWSSP Legal & Risk Solicitors in respect of the appropriate liabilities in this matter. Change of behaviour has been monitored since with new provider. Contract reform Practice

						Coupled with low lever concerns raised by DAF and small reclaim of DAR (to be reviewed in 12 months).
Practice Name	**Potential Overclaim due to MFP17 2016-17**	**Potential Overclaim due to MFP17 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Total Contract Value (2019/20)**	**Analysis**
Mansel Street Dental	3.43% £38,788.68	1.78% £6,149.18		£0.00	£411,220.68	Historically previous provider was investigated in 2013 -2015 55% claims challenged, provider and performers taken to reference panel. Change of behaviour has been monitored since with new provider. Contract Reform Practice. No concerns raised by DAF / Exception reporting / DAR.
West Coast Dental	1.28% £5,578.14	1.11% £4,199.06		£0.00	£535,785.49	Investigated in 2013 -2015 69% claims challenged, provider and performers taken to screening panel. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 1819 with small reclaim and will be reviewed in 12 months to show behaviour change. Claiming has been reviewed by the HB and behaviour change evidenced.

United Dental London Rd	N/A	1.83%		£0.00	£1,406,561.89	Investigated in 2016 65% claims challenged, provider and performers taken to screening panel. Change of behaviour has been monitored since with new provider. DAF concerns were low level and provider comments accepted. DAR challenge in 1819 with small reclaim and will be reviewed in 12 months to show behaviour change. Claiming has been reviewed by the HB and behaviour change evidenced

Table 2 – Low Risk

Practice Name	Potential Overclaim % 16-17	Potential Overclaim % 2017-18	DAR reclaim 2017/18	DAR 2018/19 reclaim	Analysis
Belgrave Dental Ltd	2.83% £1,302.86	5.62% £3,202.92		£0.00	Domiciliary contract claiming patterns are therefore expected.
Belgrave Dental Ltd	5.06% £6,062.69	5.52% £6,245.74		£0.00	High needs area with new patient increase In hours Access sessions Contract reform. No concerns raised by DAF or Exception reporting / DAR.
Brynteg Dental	2.52% £2,631.13	2.62% £4,138.49		£0.00	New provider in last 18 months. DAF concerns were low level and provider comments accepted by NHSBSA
Cambria	22.74% £5,001.92	16.67% £3,806.22		£0.00	Specialist Services (MOS)
Cwmbwrla Dental Practice - PB	3.53% £7,267.71	2.59% £6,484.84		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Cwmbwrla Dental Practice - DF	6.05%	3.79%		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.

Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Cwmdulais Dental Practice	2.95% £7,813.30	2.23% £5,422.12		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Cwmtawe	5.38% £8,767.44	2.97% £4,774.18		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Denticare Ltd Forge Road	3.34% £8,712.77	3.97% £13,045.70		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Denticare Ltd Victoria Road	2.65% £10,164.85	2.79% £8,018.30		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
GCG Dental Practice	1.41% £4,469.44	1.92% £5,541.30		£0.00	High need demographic, high number of DNAs, patients having to restart courses Contract Reform Practice No concerns raised by DAF or Exception reporting / DAR.
Gorseinon Dental Practice	3.92% £10,667.97	5.15% £12,670.25		£275.64	High need demographic, high number of DNAs, patients having to restart courses New patients and provides in-hours access sessions. Contract reform practice. Coupled with no concerns raised by DAF or Exception reporting.

					New provider since 2018, small reclaim on DAR 1819 and will be reviewed in 12 months to show behaviour change.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Gower Healthcare - Chapel St	2.10% £3,626.30	1.56% £2,386.30		£0.00	High need demographic, high number of DNAs, patients having to restart courses Contract Reform Practice. No concerns raised by DAF or Exception reporting / DAR.
Gowerton Dental	5.27% £10,435.64	3.62% £6,151.03		£62.18	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Gupta Dental Surgery	1.06% £2,414.50	1.85% £4,048.69		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns / low concerns raised by DAF and Exception reporting. No concerns with DAR. Provider is being monitored through improvement plan due to HIW concerns.
J & LV Ltd The Village Dental	1.20% £991.98	1.54% £964.16		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
My Dentist (Denticare) Killay	1.91% £4,120.82	4.49% £10,125.86		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Oasis Dental Ltd	1.45% £5,464.32	0.79% £2,214.19	£825.34	£0.00	High need demographic, high number of DNAs, patients having to restart courses

					No concerns raised by DAF or Exception reporting / DAR. DAR challenge in 1819 and to be reviewed in 12 months to show behaviour change.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Pantyffynon	4.18% £12,468.12	2.45% £7,375.28		£0.00	High need demographic, high number of DNAs, patients having to restart courses Contract Reform Practice No concerns raised by DAF or Exception reporting / DAR.
Penclawdd	2.91% £4,174.85	4.20% £5,024.55		£0.00	High need demographic, high number of DNAs, patients having to restart courses Contract Reform Practice No concerns raised by DAF or Exception reporting / DAR.
Petrie Tucker	1.95% £8,232.45	2.46% £7,958.03		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Promenade Dental Practice	3.08% £6,109.26	3.58% £4,179.55		£0.00	High need demographic, high number of DNAs, patients having to restart courses Contract Reform Practice No concerns raised by DAF or Exception reporting / DAR.

St James Dental	1.95% £2,328.94	1.91% £3,033.05		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Ty Gwyn	2.37% £3,428.92	2.04% £3,023.28	£269.76	£0.00	High need demographic, high number of DNAs, patients having to restart courses Low lever concerns raised by DAF and DAR.
United Dental	2.82% £1,726.56	0.66% £593.65		£0.00	Domiciliary contract claiming patterns appropriate.
United Dental - Britton Ferry	2.50% £6,422.83	3.42% £7,809.81		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
University Dental Care	5.53% £18,307.00	4.36% £14,851.84	£2551.36 / £920.70	£0.00	Following concerns picked up with DAR band 3s, data report was requested. Comments from provider were considered reasonable and case closed. Due to understanding of the demographic and intelligence based on contract data is deemed acceptable for this contract type. .
West Cross Dental Practice	1.16% £1,820.92	2.25% £2,501.54		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.

Woodfield Dental Practice -GP	2.71% £1,642.79	3.01% £1,592.78		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Woods Dental	2.06% £4,107.84	1.92% £4,835.46		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Beak Dental	2.52% £361.93	3.18% £528.15		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns identified.
Cilgerran House Dental Care	1.25% £237.15	1.71% £320.88		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Cymmer Dental Practice	N/a	N/a		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. No over claim data available.
G Davies	4.23% £357.11	2.58% £139.35		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Killay Dental	5.87% £984.06	3.31% £689.33		£261.36	High need demographic, high number of DNAs, patients having to restart courses

					No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Marsh Dental	2.25% £640.94	1.54% £365.23		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Mumbles Dental Suite - NP	6.59% £1,305.67	2.80% £437.56		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Mumbles Dental Suite - RG	4.57% £238.19	2.44% £105.08		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Parkway	23.60% £2,160.90	3.24% £313.20		£0.00	Specialist Services (MOS).
St Teilo Dental AE Walker	3.50% £2,474.07	1.89% £929.20		£0.00	Domiciliary contract claiming patterns acceptable
St Teilo Dental AE Walker	0.00% £0.00	0.54% £50.73		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.

St Teilo Dental D Roderick	5.83% £2,615.76	1.73% £701.52		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
The Family Practice	0.73% £135.18	0.41% £160.02		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Practice Name	**Potential Overclaim % 16-17**	**Potential Overclaim % 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Webster and Close	0.78% £108.10	1.30% £219.40		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Woodfield Dental Practice - JR	2.24% £2,002.79	3.33% £1,973.06		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR.
Woodlands	0.63% £64.89	1.16% £87.80		£0.00	High need demographic, high number of DNAs, patients having to restart courses No concerns raised by DAF or Exception reporting / DAR. Also child and exempt data claiming patterns acceptable.
Belgrave Dental Ltd	N/A	N/A		£0.00	Contract Reform Practice
Dental Teaching Unit	N/A	N/A		£0.00	Health Board Dental Training Unit

Parkway	N/A	N/A		£0.00	Specialist Services (MOS).
Waterfront (Eastside)	N/A	N/A		£0.00	Contract Reform Practice

Table 3 – Further Investigation

Practice Name	Potential Overclaim due to MFP17 2016-17	Potential Overclaim due to MFP17 2017-18	DAR reclaim 2017/18	DAR 2018/19 reclaim	Analysis
Laurels Dental Practice	10.48% £21,466.25	6.11% £12,121.80	£819.67	£0.00	Contract data is deemed unacceptable level for this contract type. Concerns raised by DAR. A data report requested to investigate potential inappropriate claiming

Ravenhill Dental Surgery (R Elliott)	5.26% £17,582.22	4.95% £19,772.58	£534.97	£0.00	Contract data is deemed unacceptable level for this contract type. Concerns raised by DAR. A data report requested to investigate potential inappropriate claiming
Russell Street Dental Practice	4.76% £12,495.60	4.48% £12,558.46		£966.66	Data is deemed unacceptable level for this contract type. Concerns raised by DAR. A data report requested to investigate potential inappropriate claiming
Practice Name	**Potential Overclaim due to MFP17 2016-17**	**Potential Overclaim due to MFP17 2017-18**	**DAR reclaim 2017/18**	**DAR 2018/19 reclaim**	**Analysis**
Sketty Road Dental	6.12%: £15,784.98	6.31% £16,004.65		£0.00	Data is deemed unacceptable level for this contract type. A data report and record card check was conducted. A screening meeting has been arranged with the provider to discuss findings.
Townhill Dental Practice	9.07% £9,607.92	4.41% £10,122.09		£3,581.28	HB is currently monitoring this contract and a data report has been requested to investigate potential inappropriate claiming. Following DAR Band 2, data report requested - outcome is to review in 12 months time.

Brynhyfryd	22.72% £9,270.71	11.41% £4,408.29	£109.80	£0.00	HB is currently monitoring this contract and a data report has been requested. Following DAR data report requested - outcome is to review in 12 months time.
Talbot Road Dental Practice	4.40%	4.13%		£0.00	Contract data is deemed unacceptable level for this contract type. Concerns raised by DAF. A data report requested to investigate potential inappropriate claiming