

**November  
2023 edition**



**Mouthpiece**

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## D&O Customer Services and Scottish Dental Reference Service profile

Linda Clelland is the Operations Manager for Customer Services and Scottish Dental Reference Service (SDRS). Linda provides strategic direction and support to these teams, to maintain and improve our current and new practitioner and patient services.

George Anderson is the Customer Services Manager for Dental and Ophthalmic - with David and Lorraine, the Helpdesk Officers responding to telephone and emailed enquiries from practitioners and patients; Zenash and Katie are the Communication Officers responsible for all external Dental and Ophthalmic communications.

We respond to over 1000 emails each month, with 99% responded to within the day it is received - well within our 2-day response target. We receive an average of 1500 telephone calls each month and can provide answers and information to most callers without the need to triage calls to the relevant teams. Enquiries range in subject across finance, treatment claim administration, patient SDRS appointments, and dental and ophthalmic regulations.

We support the business with targeted responsive communications that may have to be delivered at short notice to communicate a particular issue. We also have the monthly schedule communications and the biannual online magazines, Focus and Mouthpiece, which we publish on the D&O NSS website.

Nichola Greenhill is the Scottish Dental Reference Service manager - with a team of 5 staff. Nichola manages the delivery of patient appointment sessions across Scotland, where we carry out our role of assessing dental clinical verification. These clinical sessions are carried out by 3 Reference Dental Officers who provide a short 15 minute assessment on randomly selected and invited patients. SDRS staff also provide the administrative support to this service, which includes giving practitioners the opportunity to attend their patient's session and providing the assessment outcome back to the practitioner as a written report.

Linda, George and Nichola provide leadership and support for staff, team planning and development ensuring that we deliver the eDental and eOphthalmic services that support NHS practitioners and patients. They work closely with other PSD managers, management teams and the Business Change Team to implement solutions for new and changing services, to ensure a proactive and professional customer service environment.

## Dental Reform

As you will be aware, Scottish Government is implementing NHS dental payment reform. Items and codes within [Determination I of the Statement of Dental Remuneration \(SDR\)](#) have been revised. The changes and associated fees have been detailed in [PCA\(D\)\(2023\)5](#). These changes will take place from 1 November 2023.

More information is available in a [letter](#) from the Chief Dental Officer and an [FAQ](#) on Payment Reform published by the Scottish Government.

The aim of the reform is to make the treatments available under NHS GDS easier for patients to understand and to simplify remuneration for dentists, with Determination I being reduced from over 700 items to 45.

All items can now be claimed for both adults and children, where clinically appropriate, unless stated otherwise. There will be no longer be a distinction between the treatments available to registered and unregistered patients. All patients will be able to access the same range of treatments. Therefore, all occasional items have been removed. Discretionary items have also been removed, with the exception of one general item 39 code and those required for Orthodontics.

The new item codes will also have a new format. Historically all item codes have been numeric only, i.e., 1401, 1703, etc. But the item codes for the new items start with a letter followed by 3 digits, for example: A003, D001, etc.

The changes have an impact on the existing claims processes and procedures. We have published [guidance](#) on our website to help you and your team understand the changes. **Please take the time to familiarise yourself with the changes and share this within your practice.**

## Publications of Primary Care Administration notices (PCA)

Primary Care Administration notices (PCAs) are essentially the instructions from Scottish Government. The Scottish Government publishes their PCAs on [www.scottishdental.org](http://www.scottishdental.org). We request practitioners to regularly visit this site to ensure that they are aware of changes to statutory regulation and guidance relevant to the provision of dental and oral care in Scotland.

Once a PCA has been published, you will also be able to access it through our website, along with other regulatory publications, through [this page](#). We advise that you read the [monthly schedule communications](#), in which we always aim to inform you when there has been a new PCA or regulatory publication.

## Updates on List number and location changes

### Change of dental practice ownership

Previously, we requested new list numbers for a change of ownership from one contractor (including bodies corporate) to another. The new list numbers were set up at the existing location number, and practice name was updated for the location. Now we have taken the decision to manage this change of ownership differently within our payment and registration system MIDAS.

All existing Body Corporate (BC) contractor and BC assistant numbers will be changed to ordinary and assistant list number types without the list number changing; the single BC list number will be retained.

If Dental Body Corporate (DBC) ownership changed to a non DBC, that BC list number would simply resign.

Any new DBC ownership simply requires a BC list number to be requested and existing list numbers can be retained.

If ownership changes from DBC to DBC, a resignation of previous owners BC list number and new owner BC list number is required. This will eliminate the need for the treatment continuation case process to be followed.

The NHS Board will be required to advise us of all ownership changes that involve non-DBC to DBC, and DBC to non-DBC. Notification will be through the normal GP21A process.

### Dental practice location moves (same owner)

Previously, in cases where a practice moved location, all list numbers should be resigned and new list numbers requested, at a new location number.

Now we have taken the decision to manage a practice moving location, by retaining the list numbers, and changing the practice location number on MIDAS. This means the continuation case cannot be used for unfinished treatment claims and claim management guidance should be sought from [NSS.psddental@nhs.scot](mailto:NSS.psddental@nhs.scot)

Change scenario	List number changed?	Location number changed?
Change of dental practice ownership	No	No
DBC to DBC	Yes, DBC list number changed only.	No

Non-DBC to DBC	Issue DBC list number only.	No
DBC to Non-DBC	Resign DBC list number only.	No
Dental practice location moves (same owner)	No	Yes

In all other circumstances not detailed above, our claim processes apply for continuing treatments.

Where general dental treatment continues with another dentist within the same practice, typically because the first dentist is resigning, the dentist with open incomplete treatment should follow the [continuation case process](#)

For orthodontic dental treatment, where a course of treatment is started under one list number, and continued under another list number within the same practice location, or transfers to a different location, follow the process for [Continuation and Transfer cases](#)

## Practitioner Profiles

We have now reintroduced Practitioner Profiles. A practitioner profile is an activity report that provides data for the previous year including earnings, registrations, and treatment activity for individual list numbers. It will provide comparisons for treatment carried out in your contracting authority area and the whole of Scotland, allowing you to compare your treatment activity with other practitioners.

Those on our list currently receiving these monthly communications and “eSchedules are available” prompts, will be contacted when Practitioner Profiles are available. If you would like to be added to this list, or if you are a newly listed dentist, please send your up-to-date NHS email and one of your dental list numbers to [nss.psddental@nhs.scot](mailto:nss.psddental@nhs.scot).

See our guidance on [managing and understanding practitioner profiles](#).

## Claims

### The Three-Month Rule

The **Statement of Dental Remuneration (SDR)** states that where care and treatment for a patient is provided to a patient the dentist should submit the appropriate dental

payment claim to the Board within three months of the completion of such care and treatment. If a general or orthodontic payment claim is submitted over 3 months from the date of completion of the treatment plan, the claim will reject on your system with the error: **E000626: Your claim was not received within 3 months of the completion date.**

There are some exceptional circumstances where payment will be considered, including:

- any claim where a computer software issue was the cause that was beyond the practitioners' control and can be verified;
- if errors or omissions are attributable to Practitioner Services;
- if entry of the claim into our payment system could have been delayed.

Payments will not be made unless the conditions listed under paragraph 3 in the SDR apply. We cannot pay claims if:

- claims have been submitted more than 3 months after the completion date; or
- claims have been returned to the you for amendment, which take more than 30 working days to be resubmitted.

Additional considerations

#### *Incomplete Treatment Plans*

Where a claim has been submitted without treatment being completed – for example a patient failed to attend (PFTR), or there has been repeated cancellation of appointments, the date of submission should be the date of the last appointment that the patient was due to attend, **or** the date the practitioner decided the patient was not going to attend (not the last attended appointment).

#### *Claims involving discretionary items*

The timescale for submitting a claim involving a discretionary payment should be calculated using the date we provided the discretionary fee and the date the claim was submitted.

#### *Corrections to claims*

In the event of protracted discussions regarding a claim, the practitioner has one month from the date of resolution to make the necessary corrections and resubmit.

### **Observations on claims**

We are experiencing a large increase in unnecessary observations on claims which take longer to be processed and can delay payment. Please note, we do not require observations to be entered on a claim in the following circumstances:

- **Patient Failed to Return (PFTR)** - If a patient fails to return to complete treatment, your practice management software (PMS) has a function to declare the PFTR and you should not additionally record any comments about PFTR in



the observations. Note: Completion date of a PFTR is the last missed appointment date.

- **Patient has refused treatment** - When a patient has refused treatment, you must select the field that indicates that the patient refused treatment and you have provided the care and treatment the patient was willing to undergo. There is no requirement to additionally record comments for example listing the treatment not carried out or the reason the patient refused treatment.
- Observations should also not be used for any of the following: comments that are already within your claim detail, for example patient is under 26 years old; patient is pregnant; SIMD area code; x-rays available.

## Duplicate claims

We are noticing a high volume of duplicate claims where practices are adding omitted treatment and resending the same or replacement claims after they have submitted the original claim. Staff and dentists must be aware of the claiming process where there cannot be two claims with any overlapping dates. The original claims can be adjusted (post payment) using the 283 form to change any aspect of a claim including dates and treatment.

## Continuation cases

### Prior Approval Continuation cases

If a course of treatment is started under one list number, and completed under another list number within the same practice, then this is a continuation case. This process is a function of your Practice Management Software (PMS) and therefore general and technical support for these claims should be from your PMS support.

The same date of acceptance must be used on all parts, to reflect that it is one course of treatment. The separate parts 1 and 2 (or higher) must be submitted in the correct sequence, and it is advisable to allow at least 1 day between submitting the different parts.

Your PMS maintains the patient charge, the patient's exemption status and any prior approval granted on the part 1 claim by carrying it on to the part 2. This ensures the maximum patient charge is not breached, applies the correct exemption for the whole course of treatment and treatment can continue for an approved case if the treatment plan is unchanged.

If after you take over treatment on the part 2, you realise the proposed treatment has changed, for either an existing prior approved case or where the combined cost of all parts of a continuation case is now above the prior approval limit, **stop treatment, amend the treatment plan** on your PMS which will invite you to **apply for approval or re-approval**.

Your PMS may request you to enter the claim number, Case ID, or DRS of the part 1 onto the part 2 claim and state what part number the claim is. There may also be a

requirement to add prior approval details such as the date and 30-digit approval code onto the part 2 although some PMS may do this automatically.

Do not enter any of the above information in 'observations'; use your PMS to manage these cases and enter details only in the specific data fields provided in your system.

**PMS systems may have variations of the same process, so we again recommend you take their advice and support.**

#### Final payment continuation case

Orthodontic continuation and transfer case claims for final payment of both part 1 and 2 must include observations, detailing what incomplete treatment or balance fees are being claimed for. Claims without observations will get processed, but this may result in an incomplete payment being made for those items.

### Claiming Orthodontic discontinued treatment

When a course of active orthodontic treatment has been started which then needs to be discontinued, either for a list number change or if the patient's treatment is not to be completed within the same practice, this 1<sup>st</sup> part of the treatment needs to be discontinued. Part fees need to be allocated for appliances that have been made, whether fitted or not, but not completed.

To claim payment for this 1<sup>st</sup> part of the treatment you need to follow a 2-step process.

Firstly, submit a "Discontinued Fee Request" claim for the active appliances that have been made/fitted but not completed. Part fees for the made/fitted appliance(s) and adjustment visit(s) will be authorised by Practitioner Services and the authorised "discontinued fee request" returned to you.

Secondly, submit the "Final payment" claim which should include the "authorised" part fees as well as any other diagnostic items, completed appliances, referral fees etc carried out during that first part of the treatment. The authorised final payment claim will then be processed for payment.

For clarification, if treatment is being discontinued under a list number and part fees need to be calculated for appliances which have been made/fitted but not completed, please follow the above process.

**Do not submit the claim initially as a "Final payment" claim with observations stating that you require part fees for fitted appliances and adjustment visits. Practitioner Services cannot add part fees to a "Final payment" claim type and will be unable to process the final payment claim for payment.**

For more information please go to our website: [Orthodontic dental treatment - claim message types - Continuation and Transfer cases](#)

## Orthodontic Appeal Cases

When a Dental Advisor (DA) declines a prior approval claim, the status of the claim on eOrtho will change to “Rejected as unable to approve request”. If a patient then appeals, the DA will change the status of the claim to “Under Appeal”. If this appeal is successful, the claim status will be updated to “Approved”.

Once we have received an appeal, it can take up to two weeks for us to approve the claim. Therefore, practices should wait two weeks from receiving the appeal letter and should NOT submit a brand-new prior approval claim until a response to their appeal has been received.

## Error message guidance

If you receive an error message on your software when trying to submit a claim for payment or for prior approval, you should check the guidance on the [eDental error messages](#) page of our website (found under [Allowances, Claims and Payments](#)) to help you resolve the error.

## eSchedules

### Understanding eSchedule reports

The monthly eSchedule consists of a number of pre-defined reports. If you are new to using eSchedules, or require some support in running and understanding the reports available, there is [information and guidance](#) available on our website covering how to run and manage your reports, as well as guidance on the information contained within each report.

### Accessing and maintaining your eSchedule access

New application forms for eSchedule access are now online, any applications using outdated forms will be returned.

1. If you're a General Dental Practitioner, Orthodontic Contractor, or Public Dental Service Practitioner you can request online access to your payment schedule and practice reports. Complete the dental online reporting application form called [eSchedule dentist registration form - OLR001](#)
2. A practice can authorise one nominated General Dental Practitioner or Orthodontic Contractor to access all the dentist's monthly payment schedule reports within a practice. The form can also be used to change access for an existing eSchedule contact. Complete the dental online reporting application called [eSchedule contact form - OLR002](#)

3. For Health Boards only, if you're a Clinical Director or a Clinical Lead you can get access to the PDS payment schedule and activity measure reports in your NHS Board. Normally the number of accounts is limited to 2/3 staff per board and the form can also be used to inform us to remove and designate new access. Complete the application form called [NHS Board registration form - OLR003](#)

Please ensure you read the [eSchedule access terms and conditions](#). We also have guidance on managing your reports and how to use eSchedules [here](#).

### **E-schedule contacts**

We send a monthly email regarding the availability of eSchedule reports and schedule communications to the relevant eSchedule contacts in different practices. If the eSchedule contact resigns their list number, they or a newly designated person will need to apply to be the eSchedule contact. If you wish to update or provide an amendment to the eSchedule contacts for your practice to receive these emails, please fill out the [eSchedule contact form](#) and send it via email to [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot)

## **Updated GP200 process for providing Practitioner Services with lists of patients for withdrawal**

An update on the GP200 process is outlined below and will be implemented with immediate effect in order to assist Practices, Health Boards and Practitioner Services to ensure that details submitted are correct and can be actioned without unnecessary delay.

GP200 volumes have increased but there is a significant number of incorrect patient lists being submitted to Practitioner Services on a regular basis and this is having a major impact on administration resources. An excessive amount of time is spent going through these lists, also individual GP200's, and finding a significant number of wrongly submitted registration details. The submission therefore cannot be actioned and has to be returned to the practices where, in turn, must be adding administrative challenge at both Practice and Health Board level and delaying the process. Additionally, it is noticeable that a high number of retrospective submissions have been received, both in terms of time wasted in returning incorrect submissions for re-submission, also where Practices and Health Boards are not providing sufficient advance notice as required. Within the National Health Service (General Dental Services) (Scotland) Regulations 2010, it clearly states that the practitioner should provide patients with not less than 3 months' notice of a de-registration, therefore the Practice and Health Board should be in a position to submit the GP200 to Practitioner Services at that time. Whilst there are occasions whereby an unplanned or emergency situation arises and the Practice has to submit a GP200 at short notice, these delays in submitting from Practices and Health Boards, together with the provision of

inaccurate registration information, is causing an increase in the number of retrospective de-registration dates requiring immediate action.

The timelines which Practitioner Services work to is that Practices and Health Boards should submit GP200's as close to the 3 months advance notice as possible. Practitioner Services then aim to process those GP200's within the current month, provided receipt of the GP200 is in accordance with the above. There should be no retrospective submissions received for previous months.

In order to negate the provision of inaccurate information being submitted and ease the impact on the administration resources within Practices, Health Boards and Practitioner Services, the updated process and guidelines are noted below. This will allow administrative resources to concentrate on the smooth processing of the submissions within the timelines noted.

## **Guidance to Practices**

### Individual GP200 (max of 100 withdrawals)

- Individual GP200's can be submitted if there are a maximum of 100 patients being withdrawn (but lists can be provided for under 100 if preferred). The information must be checked on the eSchedule report to confirm the patient is registered with the list number prior to sending to the Health Boards. The "Registration Detail" report can be accessed via eSchedules. There is a guide on how to do this attached,
- The report must be checked just prior to the GP200 being submitted to your Health Board to ensure the information you are providing is accurate.

### List of Patients (where 100 or more withdrawals from same list number)

Lists of patients to be withdrawn MUST be taken from eSchedules using the report named "Registrations Detail". Each dentist and any designated Schedule contacts have access to this report which has a definitive list of patients registered with a dentist.

- All patient lists must be provided on an excel spreadsheet (registration detail report from eSchedules), excel format is selected when you are exporting the report. There is a guide on how to do this attached,
- The report must be created just prior to the GP200 being submitted to your Health Board to ensure the information you are providing is accurate,
- Provide a separate report for each list number (**only ONE list number per e-mail**). It must be data sorted to present surnames in alphabetic order, only showing the patients to be withdrawn and name the report by list number as you save it to your PC,
- The GP200 can be a scanned PDF file type to accompany the attached excel list of patients,

- Data Quality – Practitioner Services will check the first 20 withdrawals requested and if we find the data to be inaccurate the list will be returned to you to update and check the “Registration Detail Report”.

## Guidance for Health Boards

All GP200’s must have a future de-registration date to allow Practitioner Services to withdraw the patients within a timely manner (as outlined above).

- **Individual GP200 (max of 100 withdrawals)** - The email subject field must include GP200, Health Board, the number of patients to be withdrawn and the withdrawal month eg. ***GP200, Health Board, 100 withdrawals, July 2023, Only one withdrawal month per email.***
- **List of Patients (where there are 100 or more withdrawals)** - The email subject field must include GP200, Health Board, dentist list number, the number of patients to be withdrawn and the withdrawal date eg. ***GP200, Health Board, list number, 450 withdrawals, 01/12/2023.*** All patient lists must be provided on an attached excel spreadsheet (registration detail report from eSchedules), **Only one list number per email.**

## Checking Patient Registrations

If you are unsure whether a patient is registered at your practice, or you would like to know which dentist a patient is registered with within your practice, you can follow the steps below to run registration reports. These reports provide registration details for all patients registered within a practice.

The eSchedule contact for the practice can access the patients registered at the practice by choosing the option “Registrations Detail”

### Online Reports

Treatment, payment and patient reporting

The following reports are available:

Payment Schedule Reports

[Remittance Advice](#)

[Account 7 General](#)

[Account 7 Commitment](#)

[Additional Payments and Recoveries](#)

[Allowances and Superannuation](#)

[Capitation and Continuing Care Payments](#)

[Capitation and Continuing Care Patient Information](#)

[Item of Service Payments](#)

[Item of Service Detail](#)

[Item of Service Adjustments](#)

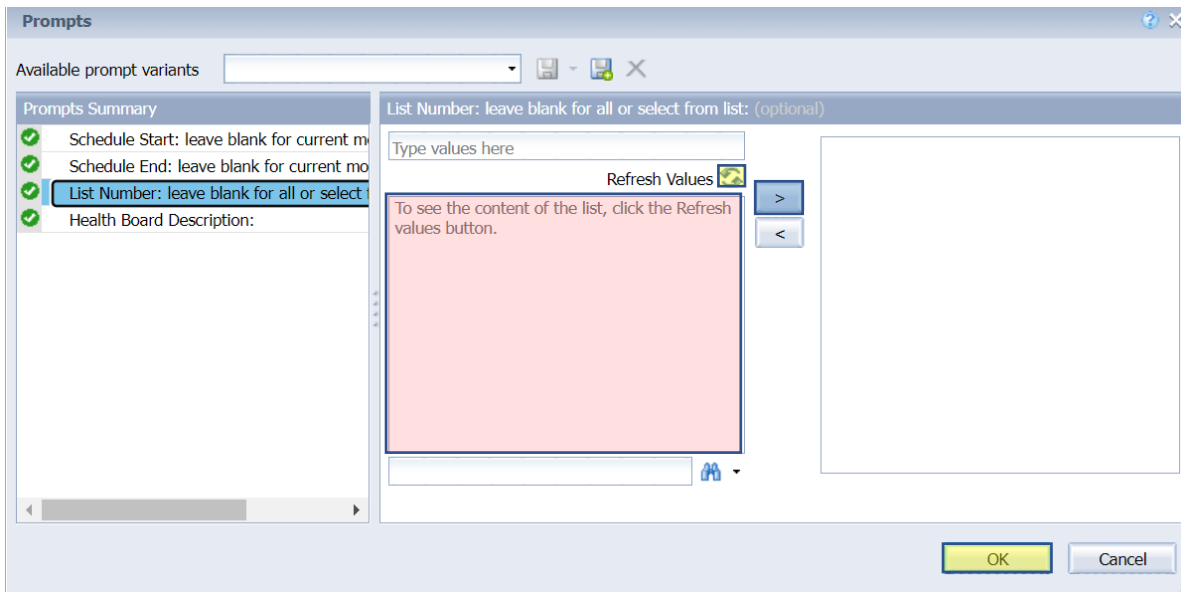
[Registrations Summary](#)

[Registrations Detail](#)

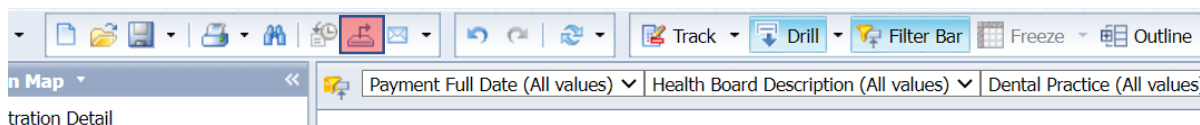
[Superannuation Cumulative](#)

The following prompt will appear. Under List Number, press the “Refresh Values” button. This will show all the active and historical list numbers within the practice that

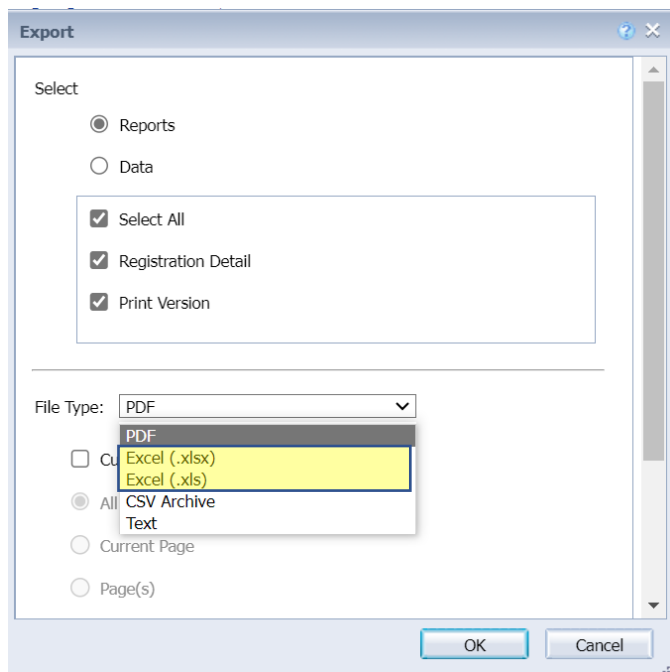
the eSchedule contact has access to in the box highlighted in pink. Select the relevant values from the box and click the arrow pointing to the right. And finally select “OK”.



To export it, click the following option found on the top left corner.



You can choose to export them into an excel document, which will be editable.



Once you have exported these reports, you can search for names and/or dates of birth to doublecheck the registration of patients. This will allow dentists to access the up-to-date list of patients registered to them. The eSchedule contact will be able to have multiple list numbers on one report and will therefore be able to check which dentist a patient is registered with within the practice.

After exporting the report into excel, all the data will present on one tab. It will show the list of patients registered under each list number (see below). Therefore, when searching for a specific patient, please ensure that you check which list number they are registered under.

List number 00000  
Name XX XX XX

Patient ID	Surname	Forename	CHI	Date of Birth	Sex	Postcode	Registration Type	Initial Registration Date	Period Start Date	Due to Reduce Date

List number 00000  
Name XX XX XX

Patient ID	Surname	Forename	CHI	Date of Birth	Sex	Postcode	Registration Type	Initial Registration	Period Start Date	Due to Reduce Date

List number 00000  
Name XX XX XX

Patient ID	Surname	Forename	CHI	Date of Birth	Sex	Postcode	Registration Type	Initial Registration	Period Start Date	Due to Reduce Date

If you find duplicate patient records after analysing your patient lists using the registration detail report in Business Objects, please use the 287 form to correct the details. You can find the form and details on how to send the form [on this page](#).

If a patient is not registered within your practice, please advise them to contact the Public Dental Service. The Public Dental Services are able to check where the patient is registered and advise them accordingly. Please do not advise patients to contact PSD, as PSD cannot provide this information to them directly due to data privacy policy.

## Scottish Index of Multiple Deprivation (SIMD) file update

The [SIMD look up tool](#) has now been updated with a new SIMD file. The updated file includes any changes to a post code's SIMD area and the addition of post codes that have not previously been linked to a SIMD area. The SIMD tool helps you identify patients that may need different levels of care and enables you to manage their claims more effectively.



## Importance of Dentists' access to and use of NHS email

Dentists' NHS email is used for a variety of NHS communications and as a user identifier for some eDental services for example eSchedules. Future e-services and administration may also go through ServiceNow which is always connected to an NHS email. We would therefore like to highlight the importance for all dentists to maintain their access.

If you have an NHS email address, then please make sure that you are accessing this email address regularly to ensure that you receive the relevant communications and that the email address remains active.

Newly listed dentists should receive their email account from the local health boards. If they have never received this account information, they should contact their local health board.

If a dentist has changed their name and wants to change their email, again contact the local health board.

If you need to change/reset your eSchedule password, you can visit the login screen on the [Directory Information System website](#). If you have a CAT20 secure connection please use an unconnected device, such as your personal Smart Phone, to access this website.

Because dentists' emails are linked to some eDental services it's important to maintain that access by advising us of any change to their email addresses using the contact for customer services at the end of this communication.

## Changing NHS connection

If you're changing your eDental technical set up for any of the following reasons, then you are required to advise us so we can help maintain your eDental connection.

### Changing practice management software (PMS)

If you have decided to change your PMS supplier you should advise us formally by emailing [NSS.psddental@nhs.scot](mailto:NSS.psddental@nhs.scot) providing us with the practice details, an example list number and a go live date, as well as detailing the old PMS supplier and the new PMS supplier.

You must complete the [code of connection](#) to reflect the new system you are using and attach it to the email.

Please make sure you transfer any open treatments and claim response messages for rejected claims from your existing PMS before the go live date on your new PMS. We cannot support a practice attempting to use two PMS systems simultaneously or requesting to go back to the old PMS.

If required, we will arrange for your new supplier to receive an EPOC which is a password which allows your PMS to connect to the NHS network.

Other considerations you should advise us about:

1. If you are altering your local area network equipment, for example new PCs or other hardware, you should advise us of this in your email.
2. If your SWAN connection uses your own broadband and you are changing broadband provider, we will require the new internal default gateway IP address.
3. If your location requires a new NHS connection equipment this may take up to 6 weeks to order and deliver for the practice to plugin/install.

There is a [general guide](#) to managing your edental connection available on our website.

### Changing location

Please contact us to advise of the move details and depending on the situation we will offer the appropriate support and advice.

### Changing Internet provider or replacing your internet router

As soon as you have replaced an internet router or plan to change internet provider you should ask your IT support to look at the guidance for [managing eDental connections](#) which refers to updating the CAT20 with the new default gateway IP details. You should contact us with details of these changes, and we are also here to provide support if required.

## Scottish Dental Reference Service (SDRS) & Dental Reference Officer (DRO)

When a patient is selected to attend for DRO examination, the dentist will be notified via a D4 letter from the SDRS. Previously, this would have been received by post, and any communication from the dentist was also by post.

**Please note, all communication is now via secure NHS mail only.**

Dentists must ensure they respond to such requests from SDRS within 7 days, attaching any information relevant to the case, such as clinical observations, radiographs, and any other supporting information - in electronic form to: [nss.sdrs@nhs.scot](mailto:nss.sdrs@nhs.scot)

Please do not post anything to our offices at Meridian Court or Gyle Square.

## Risk Posters for display at all Practices

This [poster](#) is used across Scotland to explain patient radiographic risk. It is an accommodation that allows dental practitioners to use this resource rather than explain to every patient the amount of radiation a patient may be exposed to prior to any dental radiograph.

It is a requirement that this poster be visible and readable for all patients. It was distributed a number of years ago and many posters have been moved or removed as surgeries redecorated. This is a reminder that it is required across primary care and is available on [IR\(ME\)R2017 Risk Poster with Guidance | Scottish Dental](#).

## Updated Stamp Requests

The D&O Customer Administration team still receives paper forms for stamp requests, could you please ensure to use the [updated form](#) which includes the following:

*Email completed forms to Practitioner Services from your NHS.Scot email address. Please only use an alternative email address if you are a new dentist and your NHS email address has not yet been set up. In this circumstance, it will require you to print, sign and scan the form.*

*Send completed form to [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot) with 'Stamp Form' in the subject field.*

**Do not send this form by post**

## Mail delivery guide

All administration forms and correspondences should be by email and **no** paper forms should be sent to Meridian Court or Gyle Square. All administrative and prior approval forms received by post will be returned. Please make sure all administration forms and correspondences are emailed to: [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot)

No dental work should be sent to Bain Square. Any dental work sent to Bain Square may not be processed.

Please also ensure that all payment forms are sent by email to: [nss.psd-dental-payments@nhs.scot](mailto:nss.psd-dental-payments@nhs.scot)

See our up to date [mail delivery guide](#) for more details.

## **NHS NSS Practitioner Services Customer Satisfaction Survey**

Thank you to everyone who took time to respond to this year's Customer Satisfaction Survey - we have had a total of 554 responses across Primary Care. Your participation and input are greatly appreciated and valued.

Early look at the data tells us that many of you have had good experiences of our services and there are positives to build on going forward. However, there are clearly also areas for improvement, and a detailed analysis is now under way to look at what these are. Key findings will be followed up in focus groups with practitioners in September and the results will be shared with you in due course.

Thank you again for your support.

Anna Rist, Customer Experience Manager