

# Dental Protection advice on compliance with CQC - Outcome 3 : Fees

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## Regulation

*The Care Quality Commission (Registration) Regulations 2009* state:

### Fees, etc

19. - (1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partially), the registered person must provide a statement to the service user, or to a person acting on the service user's behalf –

(a) specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees; and (b) including, where applicable, the form of contract for the provision of services by the service provider.

(2) The statement referred to in paragraph (1) must be –

(a) in writing; and

(b) as far as reasonably practicable, provided prior to the commencement of the services to which the statement relates.

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## Guidance

The CQC *Guidance about compliance : Essential Standards of Quality and Safety* is designed to help providers comply with the regulations.

CQC will use this guidance to decide whether to register a provider, and also when monitoring the service after registration.

CQC has produced guidance for providers about what kind of evidence can be used to demonstrate that the outcomes described in the *Essential Standards of Quality and Safety* document are being met - [Using evidence of outcomes to demonstrate compliance](#)

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## Outcome

This is what the CQC expects people using a service will experience when the provider is meeting the essential standards

**People who use services, or others acting on their behalf, who pay the provider for the services they receive:**

- Know how much they are expected to pay, when and how.
- Know what the service will provide for the fee paid.
- Understand their obligations and responsibilities.

**This is because providers who comply with the regulations will:**

- Be transparent in the information they provide about any fees, contracts and terms and conditions, where people are paying either in full or in part for the cost of their care, treatment and support.

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## Prompts for all providers to consider

### Manage risk through effective procedures about financial agreements

3A. People who use services, or others acting on their behalf, who pay the provider in full for their care, treatment and support either from private means, money received as a grant, benefit, or an insurance scheme, in order to purchase it:

- Are made aware of the requirement for them to pay for their care, treatment and support and the expected costs.
- Are given the time they need to consider whether they wish to proceed with the care, treatment and support.
- Are not placed under undue pressure to agree to sign an agreement.
- Receive a copy of the agreement they will enter into if they decide to proceed with the care, treatment and support and are given time to consider whether they wish to proceed with it in line with applicable consumer regulations.
- Are given a statement of their account at any time they request it.
- Are given terms and conditions that clarify the actions that will be taken in the event of non payment and/or late payment of fees.
- Receive a final copy of any agreement they sign.
- Are offered a receipt for money they pay to the service.

3B. People who use services whose care, treatment and support funding is paid to the service provider by a third party purchaser, but where the person or others acting on their behalf makes a contribution to the provider from their own private means:

- Are offered a receipt for money they pay to the service.

3C. People who use services who enter into a separate arrangement with a service provider because they choose to pay for additional care, treatment and support which is not contracted on their behalf by a third party purchaser:

- Have the additional services they purchase arranged so that they:
  - are made aware of the requirement for them to pay for their care, treatment and support and the expected costs
  - are given the time they need to consider whether they wish to proceed with the care, treatment and support
  - are not placed under undue pressure to agree to sign an agreement
  - receive a copy of the agreement they will enter into if they decide to proceed with the care, treatment and support
  - receive a final copy of any agreement they sign
  - are offered a receipt for money they pay to the service
  - are given a statement of their account at any time they request it, and when the account is fully paid.

3D. People who use services benefit from a service that:

- Takes into account relevant guidance, including that from the Care Quality Commission's *Schedule of Applicable Publications* (see appendix B).

3E. People who use services who pay the provider in full for their care, treatment and support and people who use services who enter into a separate arrangement with a service provider because they choose to pay for care, treatment and support that is not contracted on their behalf by a third party purchaser:

- Are able to discuss the terms of the agreement with someone who knows enough about it to be able to answer any questions they have, so that they can decide if they wish to proceed.
- Can make decisions about the costs and terms because information is given about these.
- Know when they or the service can cancel the agreement.
- Are told what the fee is and what it covers.
- Are given an estimate of how much it will cost if a fixed price cannot be given.
- Are told of any likely costs in addition to the price or estimate quoted.
- Are told when any unexpected additional costs need to be made, before the care, treatment and support that will lead to those additional costs is provided, wherever this is possible.
- Are notified of any planned increases in ongoing fees with sufficient time that they can consider whether they wish to continue with that service.
- Are told when payments are due and are given reasonable notice of these dates so that they have the opportunity to arrange payment without incurring a penalty of any sort, and to ensure they do not build up debt.
- Are told about how they can make payments and the payment process.

3F. People who use services whose care, treatment and support funding is paid to the service provider by a third party purchaser, but where the person makes a contribution from their own private means and which is collected by the provider on behalf of a third party purchaser:

- Are told what the fee is.
- Are told when payments are due and are given reasonable notice of these dates so that they have the opportunity to arrange payment without incurring a penalty of any sort.
- Are told about how they can make payments and the payment process.

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## Compliance

When completing an application for registration a provider must declare compliance or non-compliance with each regulation, eg, *The Care Quality Commission (Registration) Regulations 2009 : 19 Fees*. For obvious reasons it is important that the information in the application is true and accurate.

If a provider is non-compliant this must be declared and at the same time a compliance plan must be submitted with details of how the provider will become compliant and the timescale.

A provider who demonstrates insight in identifying and declaring non-compliance and submitting an appropriate compliance plan is likely to be in a better position than a provider who declares compliance and is later found not to be in a position to demonstrate compliance.

### Using evidence of outcomes to demonstrate compliance

When CQC monitors your compliance with the Essential Standards, it will check that you are meeting these outcomes. CQC will focus on evidence which demonstrates that people who use services:

- Have good outcomes and experiences, meaning that their care is effective and that they are safe.
- Are involved in their care and that their views are listened to and acted on.

By focusing on outcomes rather than looking only at a provider's policies and procedures, CQC states that it can assess health and social care services in a way that is centred on people who use services. This means actually considering the effect that a service has on people.

The evidence a provider uses may be influenced by the factors in the service it provides. For example, you could use evidence directly from people who use services and those acting on their behalf, such as:

- Surveys of people who use services, their carers and families.
- Complaints and feedback from people who use services.
- Patient reported outcome measures (PROMs).
- Feedback from other sources eg local groups.

Many dentists are used to collecting feedback from patients. In reality patient feedback is a valuable practice development tool. It collects the views and opinions of patients and service users on the care they have experienced. There are different ways of collecting feedback including the use of anonymous feedback forms, comments books, audits, complaints and compliments. Some practitioners have also used, one-to-one interviews and focus groups. Once you have collected the feedback you need to review it and decide how to use it to continue to develop your practice. A useful next step is to then inform patients of how their feedback has been used and what

changes have been made. This could be done in the practice newsletter or by way of information in the waiting room. In this way patients feel more involved in the practice.

When you evaluate your own compliance, CQC expects you to focus on evidence that relates to outcomes for people. However, CQC recognises that you may not be collecting direct outcome evidence for all services or all outcomes. Therefore, it anticipates a greater initial emphasis on evidence from policies, procedures and systems. It is therefore appropriate to consider this in relation to the impact that they have on people who use your service.

As the system for ongoing monitoring of compliance is embedded, CQC will increasingly expect you to gather and use evidence that directly demonstrates outcomes or comes directly from people who use your service. This will mean that you can be in a position to demonstrate your compliance.

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## Resources

### Available from CQC

CQC refers to the following documents in appendix B:

- *Office of Fair Trading: Guidance on unfair terms in care home contracts*
- *Office of Fair Trading: Guidance on unfair contract terms*
- *General Medical Council code of conduct*

Members may also find it helpful to review the additional appropriate information below when developing and reviewing their fees procedure and ensuring that all staff are appropriately trained.

Members may also find it helpful to review the additional appropriate information below when developing and reviewing their consent procedure and ensuring that all staff are appropriately trained.

### Available from the GDC

All GDC registrants should follow the appropriate GDC guidance - *Standards for Dental Professionals* sets out the principles a dental professional should follow.

**2.4** Listen to patients and give them the information they need, in a way they can use, so that they can make decisions. This will include:

- communicating effectively with patients;
- explaining options (including risks and benefits); *and*
- giving full information on proposed treatment and possible costs.

In addition to this The GDC guidance *Principles of Patient Consent* states:

**1.5** Always make clear to the patient:

- the nature of the contract, and in particular whether the patient is being accepted for treatment under the NHS or privately; *and*
- the charge for an initial consultation and the probable cost of further treatment.

**1.6** Whenever a patient is returning for treatment following an examination or assessment, give them a written treatment plan and cost estimate.

**1.7** If, having agreed an estimate with the patient, you think that you will need to change the treatment plan, make sure you get the patient's consent to any further treatment and extra cost, and give the patient an amended written treatment plan and estimate.

### Available from Dental Protection

In order to demonstrate compliance members may want to put themselves in the position to demonstrate that they have an appropriate and effective treatment planning procedure in place which takes into account the GDC guidance and that patients are advised of the nature of the contract, the details of the treatment advised and the associated costs.

Patients can develop selective memories and providing a patient two copies a written detailed costed treatment plan, one of which they sign and return to the practice can assist in demonstrating that the appropriate information on fees has been conveyed to the patient. It is not unusual in dentistry for a treatment plan to need to be modified and if this occurs a further discussion should take place with the patient and a new or amended detailed costed treatment plan should be provided to the patient.

If fees are charged for missed appointments (the *NHS [General Dental Services contracts] Regulations 2005* do not allow this) then information regarding the circumstances under which missed appointment fees may be charged and the charging structure must be conveyed to patients appropriately from the very outset. Some practices facilitate this by way of: signs in the waiting room, information on appointment cards, information on treatment plans.

- b) How the fee structure is brought to the attention of patients
- c) That their team is appropriately trained in conveying fees information to patients and documenting this appropriately.
- d) that patients are provided with appropriate receipts for fees paid.

Compliance with Outcome 3 : Fees is also closely associated with:

- **Outcome 2 : Consent**
- **Outcome 21 : Records**