STATUTORY INSTRUMENTS

1971 No. 984

NATIONAL HEALTH SERVICE, ENGLAND AND WALES

The National Health Service (General Dental Services) Amendment Regulations 1971

Made - - -	15*th June* 1971
Laid before Parliament	22*nd June* 1971
Coming into Operation	28*th June* 1971

The Secretary of State for Social Services, in exercise of his powers under section 40 of the National Health Service Act 1946(**a**) and of all other powers enabling him in that behalf, hereby makes the following regulations :—

Citation, commencement and interpretation

1.—(1) These regulations may be cited as the National Health Service (General Dental Services) Amendment Regulations 1971 and shall come into operation on 28th June 1971.

(2) The Interpretation Act 1889(**b**) applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

Amendment of principal regulations

2.—(1) The National Health Service (General Dental Services) Regulations 1967(**c**), as amended (**d**), (in these regulations referred to as "the principal regulations") shall be amended in accordance with the following provisions of this regulation :

Provided that where a practitioner is providing general dental services, otherwise than as a salaried practitioner at a health centre, in an area where under the arrangements made by the Executive Council for that area for the provision of general dental services the forms set out in the Schedule to these regulations shall not have been brought into use he shall continue to use in relation to the treatment of a patient the dental estimate form set out in Part II of Schedule 4 to the principal regulations and in such case the principal regulations shall continue to apply as if the amendments specified in paragraphs (2), (3), (4) and (5) of this regulation had not been made.

(**a**) 1946 c. 81. (**b**) 1889 c. 63.
(**c**) S.I. 1967/937 (1967 II, p. 2816).
(**d**) The relevant amending instruments are S.I. 1969/217, 1970/1407 (1969 I, p. 605; 1970 III, p. 4651).

(2) In regulation 2(1) of the principal regulations for the definition of "dental estimate form" there shall be substituted the following :—

" 'dental estimate form' means, where any treatment in respect of which the form is required is occasional treatment, the form set out in Part IIA of Schedule 4 to these regulations, or a form to the like effect and, in any other case, the form set out in Part II of the said Schedule 4, or a form to the like effect ;".

(3) In regulation 23 of the principal regulations for the words "Part 10" in both places where those words occur, in regulation 24(2) of the principal regulations for the words "Part 6" and in regulation 28(1) of the principal regulations for the words "Part 2", there shall be substituted in each case the words "the appropriate part" and in the said regulation 28(1) after the words "manner provided by these regulations" there shall be inserted the words "and in accordance with instructions given by the Board for the completion of such forms".

(4) In Part I of Schedule 1 to the principal regulations—

(*a*) for sub-paragraph (1) of paragraph 7 there shall be substituted the following sub-paragraph :—

"7.—(1) In accepting a person for treatment and upon providing treatment for a patient, a practitioner—

(*a*) shall complete the form set out in Part IIB of Schedule 4 to the regulations and give it to the patient ;

(*b*) shall at the appropriate time, secure the completion of each relevant part of the dental estimate form as far as applicable by the patient, or, where regulation 21 of the regulations applies, by the appropriate person ;

(*c*) except where the only treatment provided is occasional treatment, shall examine the patient and complete the dental chart on the dental estimate form by charting therein in relation to the patient (i) all missing teeth and (ii) in teeth for which the practitioner proposes to provide conservative treatment, all cavities and existing conservative treatment ;

(*d*) shall, at the appropriate time, complete each relevant part of the dental estimate form in accordance with instructions given by the Board for the completion of such forms, and in particular, shall set out in the form in accordance with such instructions, the whole of the treatment necessary in his opinion to render the patient dentally fit and if the patient is not willing to undergo the whole of such treatment shall further set out in accordance with the said instructions the particulars of such part of that treatment as the patient is willing to undergo ;

(*e*) in completing the dental estimate form, shall not set out therein treatment not necessary in his opinion to render the patient dentally fit."

(*b*) in sub-paragraph (6) of paragraph 7 for the words "Part 5" there shall be substituted the words "the appropriate part".

(*c*) in paragraph 8, for all the words in sub-paragraph (1) from "a dental estimate form" to the end of that sub-paragraph there shall be substituted the words "the form set out in Part IIA of Schedule 4 to the regulations" and, in sub-paragraphs (3) and (4), for the words "a dental estimate form modified in accordance with the provisions of this paragraph", in each place where those words occur, there shall be substituted the words "the form specified in sub-paragraph (1) of this paragraph".

(5) For Part II of Schedule 4 to the principal regulations there shall be substituted the forms set out in the Schedule to these regulations and in Part III of the said Schedule 4 for the words "form EC17" there shall be substituted the words "Dental Estimate Form".

(6) For paragraphs 1 and 3 of Schedule 6 to the principal regulations there shall be respectively substituted the following paragraphs :—

"1. Rates applicable to whole-time employment at a health centre

Grade *Scale of Remuneration*

I Commencing at £3,033 per annum in the Metropolitan Police District and at £2,943 per annum elsewhere rising to £3,807 per annum and £3,717 per annum respectively by annual increments as follows:—

Metropolitan Police District	*Elsewhere*
£	£
3,033	2,943
3,144	3,054
3,252	3,162
3,363	3,273
3,477	3,387
3,588	3,498
3,699	3,609
3,807	3,717

II Commencing at £2,247 per annum in the Metropolitan Police District and at £2,157 per annum elsewhere rising to £3,324 per annum and £3,234 per annum respectively by annual increments as follows:—

Metropolitan Police District	*Elsewhere*
£	£
2,247	2,157
2,328	2,238
2,415	2,325
2,514	2,424
2,613	2,523
2,709	2,619
2,814	2,724
2,913	2,823
2,988	2,898
3,096	3,006
3,207	3,117
3,324	3,234

3. *Rates of sessional remuneration*

Grade	*Fees per session of 3 hours*
I	£7·80
II	£6·25"

Keith Joseph,
Secretary of State for Social Services.

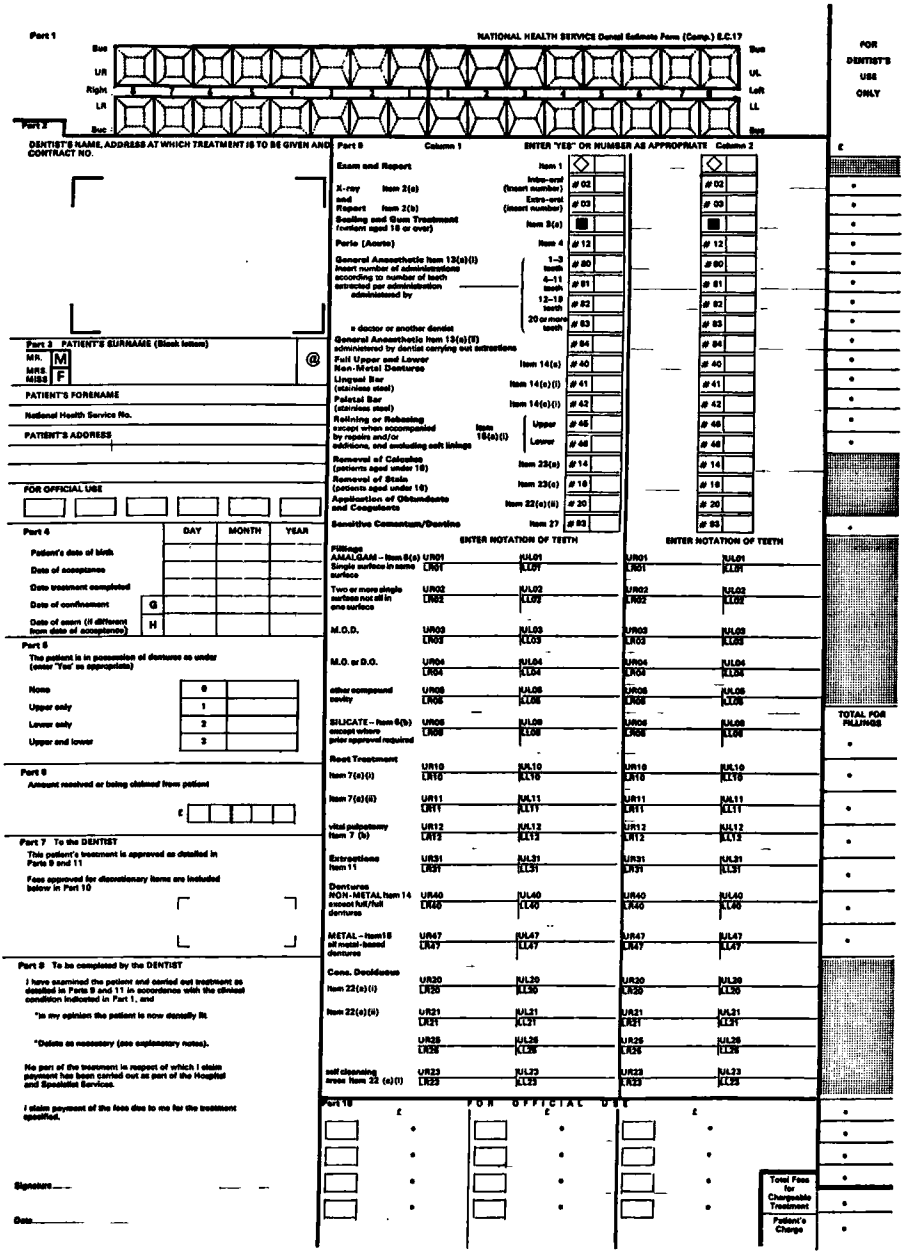
15th June 1971.

Regulation 2(5)

SCHEDULE

Forms substituted for Part II of Schedule 4 to the principal regulations

PART II



Part 11 OTHER TREATMENT AND/OR OBSERVATIONS

Fee requested

£ *

£ *

£ *

£ *

£ *

£ *

£ *

Enclosures

This form is the property of the Department of Health and Social Security

FOR OFFICIAL USE

Date Received

FOLD HERE

Part 12 To be completed by the DENTIST in prior approval cases only

To the DENTAL ESTIMATES BOARD

I have examined the patient, shown in Part 1 the clinical condition, and entered in Parts 9 and 11 details of the treatment which I consider necessary to secure dental fitness. The Board's approval of my estimate is requested

Signature Date

Part 13 To be completed by the PATIENT before acceptance

I desire treatment under the National Health Service and understand that it is a condition of receiving such treatment that I shall, if required, submit myself for examination by a Dental Officer of the Department of Health and Social Security. I am not at present being treated by another dentist.

†Signature Date

Part 14 After examination the PATIENT should EITHER – (1) Delete part (b) below and sign in the space provided the undertaking to pay; OR (2) delete part (a) and complete and sign part (b).

(a) I undertake to pay the dentist towards the cost of treatment the appropriate sum required under the National Health Service Acts 1946 to 1968 or regulations made thereunder. I understand that the dentist may require me to pay the whole or part of this sum before proceeding with my treatment. Any payment by the Department of Health and Social Security on my behalf shall be in relief of the whole or part of my undertaking.

(b) I claim exemption from the charges authorised by the National Health Service Acts 1946 to 1968 or regulations made thereunder, on the grounds that

* I am/the person is –

* (i) expecting a baby on or about

* (ii) the mother of a child born on (i.e. within the twelve months previous to acceptance for this course of treatment) and I undertake to provide such documentary evidence of this as may be required.

* (iii) aged under *sixteen/twenty-one years and was born on

* (iv) attending full-time School at (Town)
(applies only if aged sixteen or over and claiming exemption from charges for dentures, addition to or relining of dentures, or bridges).

Delete all those which are not applicable.

†Signature Date

Persons knowingly making a false declaration under (b) above may be liable to a fine not exceeding £100 or to imprisonment for a term not exceeding three months or both.

Part 15 To be signed by the PATIENT when treatment is completed.

I certify that to the best of my belief treatment has been completed.

†Signature Date

†Where the patient is under the age of 16, or is an invalid, the parent, guardian or other authorised person should sign for the patient in Parts 12, 14 and 15, indicating after his signature his relationship to the patient.

PART IIA

NATIONAL HEALTH SERVICE Dental Estimate Form (Comp.E.) E.C.17a

FOR DENTIST'S USE ONLY £

Part 1 DENTIST'S NAME, ADDRESS AT WHICH TREATMENT IS TO BE GIVEN AND CONTRACT NO.

Part 2 PATIENT'S SURNAME (Block Letters)

MR. M
MRS. MISS F

PATIENT'S FORENAME

National Health Service No.

PATIENT'S ADDRESS

FOR OFFICIAL USE

Part 3

	DAY	MONTH	YEAR
Patient's date of birth			
Date of acceptance of patient (as Part 8)			
Date of confinement G			
Date treatment completed (If different from Part 8) J			

Part 4

Amount received or being claimed from patient £

Part 5 To be completed by the DENTIST

I have carried out treatment as detailed in Part 6 for this patient. I claim payment of the fees due to me for the treatment specified.

Signature

Date

Part 6 ENTER 'YES' OR NUMBER AS APPROPRIATE

X-Ray and Report
- Item 2(a) Intra-oral (insert '1') #02
- Item 2(b) Extra-oral (insert '1') #03

General Anaesthetic administered by
- Item 13(a)(i) (insert '1') #80 — a doctor or another dentist
- Item 13(a)(ii) #84 — dentist carrying out extractions

Denture Repairs

CRACK OR FRACTURE	Item 16(a)(i) (insert number)	Upper	#53
		Lower	#54
CLASP	Item 16(a)(iii) (insert number)	Upper	#55
		Lower	#56
		Upper	#28
		Lower	#29
RENEWAL OF GUM	Item 16(c)	Upper	#57
		Lower	#58
ENTER 'YES' IF DENTURE REPAIRED IS METAL	Item 19(b)	Upper	#68
		Lower	#69

Domiciliary Visits — Item 26 (insert number) #92

Arrest of Abnormal Haemorrhage — Item 29 (insert number of visits) #95

Arrest of Abnormal Haemorrhage (Removal of plugs and/or stitches only) — Item 29 (insert number of visits) #96

ENTER NOTATION OF TEETH

Extractions – Item 11

UR31 | UL31
LR31 | LL31

Denture Repairs – Refixing or Replacing Teeth Item 16(a)(ii)

UR41 | UL41
LR41 | LL41

Denture Repairs – Covering Pins – Item 16(a)(iv)

UR42 | UL42
LR42 | LL42

Dressing of Teeth – Item 25

UR08 | UL08
LR08 | LL08

Part 7 FOR OFFICIAL USE £

Total Fees For Chargeable Treatment

Patient's Charge

This form is the property of the Department of Health and Social Security

Part 8 Application for treatment – to be completed by the PATIENT

I desire treatment under the National Health Service and understand that it is a condition of receiving such treatment that I shall, if required, submit myself for examination by a Dental Officer of the Department of Health and Social Security. I am not at present being treated by another dentist.

† Signature . . . . . Date . . . . . .

Part 9 After acceptance the PATIENT should EITHER – (1) Delete part (b) below and sign in the space provided the undertaking to pay; OR (2) delete part (a) and complete and sign part (b).

(a) I undertake to pay the dentist towards the cost of treatment the appropriate sum required under the National Health Service Acts 1946 to 1968 or regulations made thereunder. I understand that the dentist may require me to pay the whole or part of this sum before proceeding with my treatment. Any payment by the Department of Health and Social Security on my behalf shall be in relief of the whole or part of my undertaking.

(b) I claim exemption from the charges authorized by the National Health Service Acts 1946 to 1968 or regulations made thereunder, on the grounds that

* I am/the patient is –

* (i) expecting a baby on or about . . . . . .

* (ii) the mother of a child born on . . . . . .
(i.e. within the twelve months previous to acceptance for this course of treatment) and I undertake to provide such documentary evidence of this as may be required.

* (iii) aged under twenty-one years and was born on . . . . . .

* Delete all those which are not applicable.

† Signature . . . . . Date . . . . . .

Persons knowingly making a false declaration under (b) above may be liable to a fine not exceeding £100 or to imprisonment for a term not exceeding three months or both.

Part 10 To be signed by the PATIENT when treatment is completed.

I certify that to the best of my belief treatment has been completed.

† Signature . . . . . Date . . . . . .

† Where the patient is under the age of 16, or is an invalid, the parent, guardian or other authorized person should sign for the patient in Parts 8, 9 and 10, indicating after his signature his relationship to the patient.

NOTE

This form is to be used only when a patient is accepted for occasional treatment, as specified in the terms of service in force at the date of acceptance. In all other cases, the Dental Estimate Form (Comp.) E.C.17 must be used.

FOR OFFICIAL USE

PART IIB

NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES

To be signed by the DENTIST and retained by the PATIENT.

I am prepared to accept

Mr.
Mrs.....
Miss

as a patient under the National Health Service for
* a course of treatment as detailed by me / or
* emergency treatment

on.....19

E C Contract No.....

Signature.....

* Delete as necessary.

PATIENTS - IMPORTANT

Please read notes on back.

This form is the property of the
Department of Health & Social Security

Form EC17D

NOTES FOR PATIENT

1. Give your dentist as much notice as possible if for any reason you are unable to keep an appointment. Failure to do so may delay your treatment. You may have to pay the dentist for his lost time if you break an appointment without notice.

2. If you wish to change your dentist during a course of treatment you must at once give notice of the fact to the dentist you wish to leave.

3. If you lose or damage your dentures you may have to pay the full cost of replacement.

4. If you need help to pay the charges for dental treatment or dentures please ask the dentist for Form F1D.

EXPLANATORY NOTE

(This Note is not part of the Regulations.)

These Regulations further amend the National Health Service (General Dental Services) Regulations 1967 by making provision for revised dental estimate forms to be introduced so as to allow for the use of computers by the Dental Estimates Board. The Regulations also provide for a new scale of remuneration for salaried dental practitioners.