# Quality Assurance in Primary Care Dentistry

## Developing the role of Public Health Wales

**Author:** Dr Hugh Bennett, Consultant in Dental Public Health  
**Date:** 17 June 2013  
**Version:** 1

### Purpose and Summary of Document:

To inform the Board of a proposal for Public Health Wales to develop further its role supporting –

- Local Health Boards
- Dental Contractors
- Department of Dental Postgraduate Education, Wales Deanery, Cardiff University

in the quality and safety assurance of NHS Primary Care Dental Practices in Wales.

This will form a major component of the quality and safety assurance framework for primary care dentistry in Wales, including training practices.

To request Board approval for the proposal.

### Documents Attached:

- Appendix 1 Estimated Costings
- Appendix 2 Diagram of Proposed Organisational Structure/Workforce

### Date of the Board Meeting:

27 June 2013

### Committee/Groups that have received or considered this paper:

Executive Team and an informal meeting of the Board have considered similar earlier papers

### The Paper is for:

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Decision</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>Public Health Wales Board</td>
</tr>
</tbody>
</table>
1 Purpose
To inform the Board of a proposal for Public Health Wales to develop further its role supporting –
- Local Health Boards
- Primary Care Dental Contractors
- Department of Dental Postgraduate Education, Wales Deanery, Cardiff University
in the quality and safety assurance of NHS Primary Care Dental Practices in Wales.
This will form a major component of the quality and safety assurance framework for primary care dentistry in Wales, including training practices.
To request Board approval of the proposal.

2 Recommendation
Subject to adequate funding being allocated by Welsh Government (WG), it is recommended that the Board supports the proposal.

3 Timing
There is urgency to this issue because the rolling programme of quality and safety assurance visits provided by the Dental Reference Service (DRS) of the NHS Business Services Authority (BSA) Dental Services (DS) ceased 31 March 2013.

The lead-in time required for a new visit programme would be considerable (in the order of 8 months). Therefore, a Board decision on whether it will support the proposal would allow work on setting up new and permanent arrangements to commence sooner rather than later. This would minimise the period of risk created through not having a full dental practice quality assurance programme in place.

4 Financial Implications
This proposal has been developed at the request of the Chief Dental Officer (CDO) who has indicated that adequate funding will be allocated to implement and sustain the proposed programme. The first year costings are based upon the recruitment/implementation phase commencing in August 2013. Please see a breakdown of year 1 and recurrent cost estimates in Appendix 1.
5 Risk Analysis

It has been confirmed with Welsh Government that, as a further development of its current involvement in the quality and safety assurance of primary dental care, the Establishment Order for Public Health Wales allows it to provide a dental practice visit function/service.

Financial risks

- If WG has an expectation of Public Health Wales building this developed role into core work, within core budget, it will need to confirm that the recurring funding for Public Health Wales will be adjusted accordingly.
- As with all fixed term funding, there may be redundancy costs payable if the funding comes to an end. Although this is a low risk, because staff generally leave short term posts before they end, in order to mitigate this risk, it should be agreed with the funder that redundancy costs can be paid from this funding should they occur.
- Capacity to manage the programme within budget - mitigated by ensuring that the programme is clearly defined and appropriately funded from the outset.

Implementation Risks

- Failure to recruit staff
- Lack of Finance/Human Resources and business support for Dental Team Leader

General Governance

Risks will be minimised by:

- Robust Essential Requirements for recruited professional staff
- Induction Training, including completion of FGDP RCS Practice Visit training course
- Establishing a Peer Review relationship with other organisations delivering similar services in other UK administrations
- Appraisal and Personal Development Planning for dental staff.

What if it all goes wrong? – i.e. if we undertake the quality and safety assurance visits and it is later discovered that a visit/report was not up to standard and patients, dental staff and others are subsequently found to have been left at risk. The risk to the organisation in this situation will be mitigated by the governance measures listed above, and in addition:

- Personal Professional Indemnity for dental staff
Welsh Risk Pool (WRP) - the Head of Financial Control and Governance, Finance Directorate, Department for Health and Social Services, Welsh Government has stated:

"I have received the following response from the Risk Pool: If PHW were to take on an inspection role it would seem reasonable that their activities were covered by the WRPS, as assessments of this nature would appear core to the role of the NHS in Wales, especially where the dentists receive payments as independent contractors.

We (WG) cover the activities of the National Clinical Assessment Service's work in Wales and therefore it would be completely consistent to include PHW's role within the indemnity arrangements."

Continued role of NHS Business Services Authority Dental Services

The DS will still provide LHBs with a “non routine” service through its Clinical Dental Advisers e.g. carrying full case assessments, that include a practice visit, and which are associated with the most serious cases such as suspected fraud. This reduces the risk to Public Health Wales.

6 Board Members are asked to:

Board Members are asked to approve the proposal, subject to a satisfactory level of recurrent funding being confirmed by Welsh Government.

7 Introduction

Welsh Government (WG) policy of a 3-yearly cycle of NHS dental practice quality assurance visits and reporting has become well established, and the new Minister for Health and Social Services has indicated that he wishes to retain this approach.

The previous provision for routine practice visits was commissioned by the Welsh Government from the Dental Reference Service (DRS) of the NHS Business Services Authority (BSA) Dental Services (DS) and ceased on 31 March 2013.

In late April, in the interests of safety for patients and dental staff, to maintain access to dental services and to support primary care contractors, the Chairman and Chief Executive of Public Health Wales agreed that the existing Dental Public Health and Dental Governance Team of Public Health Wales could, as an interim, carry out urgent practice visits.
8  Background

I understand that, following the DS decision to withdraw their services, the CDO drafted an internal and confidential paper discussing options for the future risk management/quality assurance of NHS general dental practices. Subsequent to this the Ministerial decision was to retain the 3 year rolling programme of NHS dental practice visits, rather than move to an enhanced risk based monitoring system, that would be linked in with other quality assurance processes already managed by LHBs and Public Health Wales. The Chief Dental Officer requested that the leader of the Public Health Wales Dental Team draft a proposal for a new approach to quality and safety assurance in primary dental care building upon the work Public Health Wales already does in supporting –

- Local Health Boards
- Primary Care Dental Contractors
- Department of Dental Postgraduate Education, Wales Deanery, Cardiff University

- in the quality and safety assurance of NHS Primary Care Dental Practices in Wales.

The CDO also indicated that the Welsh Government wished the quality assurance visits and reporting to be carried out by dentists, because external assessment by like peers would be in tune with the recommendations of the recent Mid Staffordshire NHS Foundation Trust Inquiry.

This proposal should be viewed as an evolution of the Public Health Wales’ involvement in the governance and support of primary dental care.

Through an agreement with WG the Public Health Wales Dental Public Health Team have, since 2007, on behalf of all LHBs developed and managed the annual national online Quality Assurance Self-assessment process (QAS) of NHS dental practices. QAS returns from practices are analysed by the Dental Practice Advisers and reports are prepared at practice, LHB and national level.

The Dental Public Health Team has enjoyed a long and close working relationship with the previous provider of the practice quality assurance visits (the DRS) e.g. having jointly developed the current generation of assessment and reporting documentation. There is an opportunity to combine the existing QAS and this proposed practice visit programme into a single verifiable quality assurance system for primary dental care. This approach seems to be in tune with general direction of thinking by the General Dental Council that has been consulting future revalidation of dentists and other dental care professionals.
Quantifying the task - There are 460 NHS GDS dental practices that require inspection over a three year rolling programme period. In addition, there will be ad hoc/urgent visits required as a result of concerns and new start ups. The total annual visits required can reasonably be predicted to be about 175 per year.

Training Practices - The proposal for Public Health Wales to develop its input into quality assurance in primary dental care will also further develop its relationship with the Department of Dental Postgraduate Education, Wales Deanery, Cardiff University. Approximately 15% of NHS dental practices are involved in dental postgraduate training and these practices must be regularly assured to be of the highest standard in terms of quality and governance.

A Dental Practice Quality Assurance Unit could be established as a new arms-length unit of the current Public Health Wales Dental Team. The provisional organisational and workforce structures are set out in Appendix 2.

What Public Health Wales has done in the interim - The risks to dental patients, staff and the wider population of not conducting practice visits can be summarised by the following examples:

- Deficient decontamination procedures
- Non compliance with IRMER (Radiography Regulations)
- Inappropriate use of and disposal of sharps
- A range of safeguarding issues

In view of the above, as already reported, the Chairman and Chief Executive agreed that the Dental Team could carry out urgent dental practice visits as an interim measure if requested to do so by a Local Health Board.

9. Statutory, Regulatory and Contractual Issues

The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006

Under these 2006 Regulations LHBs are the Statutory Bodies that hold NHS GDS contracts with general dental practitioners (dental contractors).

Clinical governance within NHS primary dental care is a responsibility of LHBs. Providers of NHS primary care dental services contracted with an LHB are expected to co-operate with such clinical governance requirements as the LHB establish. The regulations also state that the
The dental contractor will establish, and operate a practice based quality assurance system, see appendix 3.

In addition these regulations state that the contractor will ensure that there are appropriate arrangements for infection control and decontamination in place.

**Rights of Entry to Practices and working on behalf of the LHB**

The 2006 Regulations also state that the dental contractor will allow persons authorised in writing by the Local Health Board to enter and inspect the practice premises at any reasonable time, see Appendix 3. This authorises of Public Health Wales to act on behalf of LHBs and to gain access to dental practices.

Therefore, on behalf of the LHB Public Health Wales officers may carry out a quality assurance visit of a dental practice contracted to the LHB, and compile a report for the LHB.

However, it will be for the LHB to assess the quality assurance report and take forward action with the dental contractor. The actions the LHBs can implement are effectively those through the GDS contractual arrangements.

However, if there is non-compliance, or suspected non compliance, with statutory health and safety and/or professional requirements identified the LHB can impose contractual sanctions, but it can also inform other Statutory Regulatory Bodies e.g. the Health and Safety Executive, Health Inspectorate Wales, and General Dental Council as appropriate. The LHBs will need to ensure strong liaison arrangements are in place between all these stakeholders.

**The Health and Safety Executive** (HSE) - is the body responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare. It has a right of entry to all work premises at any time.

Mostly, it gives verbal or informal written advice but, in cases where legal requirements are not met, it can issue an improvement notice requiring specified actions within a certain time limit. Where an imminent risk exists, it can issue a prohibition notice, banning a certain activity until the risk is properly controlled. In extreme cases, HSE inspectors can decide to prosecute to ensure a person's health and safety.

Following receipt of a practice quality assurance report from Public Health Wales there may be circumstances where a LHB will need to communicate concerns to the HSE.
Healthcare Inspectorate Wales (HIW) - Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales. HIW’s primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens’ experience of healthcare in Wales whether as a patient, service user, carer, relative or employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW has a regulatory role for private dental services in Wales.

LHBs would be advised to have in place a memorandum of understanding with HIW concerning the quality assurance of dental practices contracted with the LHBs to provide NHS general dental services.

General Dental Council

The General Dental Council regulates the dental profession by setting standards, quality assuring education, and registering dentists and other dental care professionals. The GDC will take action against those who work outside the law.

10. Next Steps

If the Board approves the proposal the CDO will need to seek Ministerial approval. If this is forthcoming satisfactory funding arrangements will need to be confirmed before the recruitment phase of implementation can be commenced.
**Appendix 1**

**Provisional costings for Dental Practice Visit Programme**

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Band</th>
<th>WTE</th>
<th>Year 1 August 2013 recruitment/implementation</th>
<th>Recurrent years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff costs (with on costs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Lead (additional responsibilities predicted from July)</td>
<td>0.1</td>
<td>8,888</td>
<td>11,850</td>
<td></td>
</tr>
<tr>
<td>DPQA Unit Leader</td>
<td>0.6</td>
<td>35,550</td>
<td>71,100</td>
<td></td>
</tr>
<tr>
<td>Business Support Manager</td>
<td>XN05</td>
<td>1.0</td>
<td>17,775</td>
<td>33,979*</td>
</tr>
<tr>
<td>Administrator</td>
<td>XN03</td>
<td>1.0</td>
<td>7,744</td>
<td>23,465</td>
</tr>
<tr>
<td>Dental Quality Assurance Officers</td>
<td></td>
<td>1.2</td>
<td>36,051</td>
<td>108,154</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td></td>
<td></td>
<td>106,008</td>
<td>248,548</td>
</tr>
</tbody>
</table>

* Post will be reviewed after implementation phase
<table>
<thead>
<tr>
<th>Item</th>
<th>Year 1 October 2013 start</th>
<th>Recurrent years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation (3 office based)</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Equipment - desks</td>
<td>2,400</td>
<td>-</td>
</tr>
<tr>
<td>- IT hardware</td>
<td>8,000</td>
<td>-</td>
</tr>
<tr>
<td>- Phones</td>
<td>800</td>
<td>500</td>
</tr>
<tr>
<td>Recruitment costs</td>
<td>2,000</td>
<td>500</td>
</tr>
<tr>
<td>Management overheads</td>
<td>13,777</td>
<td>13,777</td>
</tr>
<tr>
<td>Start up IT development costs (through NWIS)</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Induction Training in-house, IT training, FGDP course x5 @£1650</td>
<td>8250</td>
<td></td>
</tr>
<tr>
<td>+ Travel (non recurrent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT development and hard and soft ware repairs and updates (through NWIS)</td>
<td></td>
<td>4,500</td>
</tr>
<tr>
<td>Training/CPD</td>
<td>3,600</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>5,000</td>
<td>10,000</td>
</tr>
<tr>
<td>including practice visit, meetings e.g. Unit/calibration/Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td>300</td>
<td>800</td>
</tr>
<tr>
<td>Printing/stationery</td>
<td>100</td>
<td>600</td>
</tr>
<tr>
<td>Postage</td>
<td>200</td>
<td>1,000</td>
</tr>
<tr>
<td>Meeting room hire</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>56,327</strong></td>
<td><strong>40,777</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>162,335</strong></td>
<td><strong>289,325</strong></td>
</tr>
</tbody>
</table>
Appendix 3

The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006 - Clinical governance arrangements

SCHEDULE 3 - OTHER CONTRACTUAL TERMS - Part 10

Clinical governance arrangements

79.—(1) The contractor will comply with such clinical governance arrangements as the Local Health Board may establish in respect of contractors providing services under a contract.

(2) The contractor will nominate a person who manages services under the contract to have responsibility for ensuring compliance with clinical governance arrangements.

(3) In this paragraph, “clinical governance arrangements” means arrangements through which the contractor endeavours to continuously improve the quality of its services and safeguard high standards of care by creating an environment in which clinical excellence can flourish.

Quality assurance system

80.—(1) The contractor will establish, and operate a practice based quality assurance system which is applicable to all the persons specified in sub-paragraph (2).

(2) The specified persons are—

(a) any dental practitioner who performs services under the contract;

(b) any other person employed or engaged by the contractor to perform or assist in the performance of services under the contract.

(3) A contractor will ensure that in respect of its practice based quality assurance system, it has nominated a person (who need not be connected with the contractor’s practice) to be responsible for operating that system.

(4) In this paragraph, “a practice based quality assurance system” means one which comprises a system to ensure that—
(a) effective measures of infection control are used;
(b) all legal requirements relating to health and safety in the workplace are satisfied;
(c) all legal requirements relating to radiological protection are satisfied; and
(d) any requirements of the General Dental Council in respect of the continuing professional development of dental practitioners are satisfied.

SCHEDULE 3 - OTHER CONTRACTUAL TERMS - Part 5

Entry and inspection by the Local Health Board

44.—(1) Subject to—

(a) the conditions in sub-paragraph (2); and
(b) sub-paragraph (3),

the contractor will allow persons authorised in writing by the Local Health Board to enter and inspect the practice premises at any reasonable time.

(2) The conditions referred to in sub-paragraph (1) are that—

(a) reasonable notice of the intended entry has been given;
(b) written evidence of the authority of the person seeking entry is produced to the contractor on request; and
(c) entry is not made to any premises or part of the premises used as residential accommodation without the consent of the resident.
Appendix 2 Proposed Organisational Structure/Workforce

**DENTAL PRACTICE QUALITY ASSURANCE UNIT**

Unit Team Leader

**SUMMARY OF OPERATIONAL ROLE**

THREE YEAR ROLLING PRACTICE APPRAISAL TO COVER GDS SCHEDULED AND ALERT TARGETED/DF1/NEW PRACTICE APPRAISAL VISITS.

SAMPLING OF DOCUMENTS AND POLICIES AT PRACTICE VISIT - PATIENT RECORD CARD CHECK

REPORTING TO LHB AND CONTRACTOR

EXISTING QAS MODIFIED TO PROVIDE ONE ONLINE AND PHYSICAL APPRAISAL DOCUMENT MAPPED TO SUMMARY FRONT SHEET USED NOW.

PATIENT QUESTIONNAIRES/INTERVIEWS TO TRIANGULATE

QAS ANALYSIS AND REPORTING TO LHB AND CONTRACTORS PLUS GENERIC NATIONAL REPORT TO WG

**PHW DENTAL PUBLIC HEALTH AND DENTAL GOVERNANCE TEAM**

DPHDG Team Leader

**LHBs**

**DENTAL POSTGRAD**

**HIW**

**Consultants in DPH**

**Primary Care Dental Practice Advisers**

DPA Role remains fundamentally the same-

ADVICE AND SUPPORT TO LHBS INCLUDING -

CONTRACT MONITORING QAS RESPONSE, PRACTICE VISIT RESPONSE

COMPLAINTS AND POOR PERFORMANCE, COMMISSIONING/TENDERING - SUPPORT OF LHB FOLLOW UP PROCESSES

ADVICE AND SUPPORT TO CONTRACTORS AND DENTAL TEAMS

LIAISE WITH THE DPQAU

DENTAL PERFORMERS LIST CLINICAL REFERENCES

**NHS DENTAL SERVICES**

**DRS/CPA FUNCTION**

TARGETED RECORD CHECKS

DATA DUMPS E REPORTING

**NHS DENTAL SERVICES**

UDA PERFORMANCE DATA

END OF YEAR REPORTS

VITAL SIGNS

**Welsh Assembly Agreements with / or Regulatory Requirements placed upon all above stakeholders organisations**
Appendix 2 (continued)

Summary of Proposed Workforce - Dental Practice Quality Assurance Unit

Appraisal Unit

1. The new Unit will be led by a Unit Team Leader, 0.6WTE.
2. Practice Appraiser Officers (PAO) will be registered dentists with current or recent experience of working within GDS/PDS arrangements. 4 officers would be required, each working 2 days per week (4 sessions), adding up to 0.8WTE.
3. Business Support Manager/Programme Co-ordinator Band 4. Initially 1.0WTE to provide support through recruitment and implementation, this post would be reviewed after year 1.
4. Administrator Band 3, 1.0WTE

The above structure will provide the resilience, flexibility and sustainability required to see the service through the implementation phase and beyond.