

GENERAL DENTAL SERVICES

Quality Assurance Returns 2016/17

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Note: This return is for completion by the Practice Principal or Lead Dentist on behalf of the Practice. Returns should not be completed by a non-clinician, e.g. Practice Manager

1. Northern Ireland General Dental Services Practice-Based Quality Assurance System

Practice Return for 1 April 2016 to 31 March 2017

I confirm that in respect of the dental practice located at:

*(1) There is established and operating in accordance with paragraph 31F of GDS Regulations, a practice based Quality Assurance System which is applicable to:

(a) The Specified Person. Name: _____

GDC registration No _____

(b) The Dentist. Name if different from (a) _____

GDC registration No _____

(c) Any other dentist either employed by him/her or engaged as a deputy.

Names: _____ GDC registration No _____

_____ GDC registration No _____

_____ GDC registration No _____

_____ GDC registration No _____

(d) Any employee of the dentist other than one falling within (c) above

YES NO

(2) There is displayed in a prominent position in the practice premises, in a part to which patients have access, a written statement relating to the practice's commitment to the matters referred to in sub-paragraph 5 of paragraph 31 F of Regulations

YES NO

(3) There has been compliance with all the systems specified in paragraph 31F (5) in respect of the period ending on 31 March this year, namely:

(a) a system to ensure that all dental care provided is of a consistent quality;

YES NO

(b) a system to ensure that effective measures of infection control are used;

YES NO

(c) a system to ensure that all legal requirements relating to health and safety in the workplace are satisfied YES NO

(d) a system to ensure that all legal requirements relating to radiological protection are satisfied YES NO

(e) a system to ensure that any requirement of the General Dental Council in respect of the continuing professional development of dentists are satisfied YES NO

(4) Changes to practice or procedures have occurred as a result of the operation of the practice based Quality Assurance System YES NO

(5) If answering YES to (4) above, what is the nature of those changes?

PRACTICE PRINCIPAL/LEAD DENTIST SIGNATURE:

* Where a dentist practices in partnership with one or more other dentists whose names are included in the Dental List, the information required in paragraph (1) above should be provided in respect of the partnership as a whole instead of by each dentist individually

For further information please see page 74 of the HPSS GDS Regulations (NI) 1993 at the following link:

[http://www.hscbusiness.hscni.net/pdf/General_Dental_Services_Regulations_NI_\(1993\).pdf](http://www.hscbusiness.hscni.net/pdf/General_Dental_Services_Regulations_NI_(1993).pdf)

2. HSC Complaints Procedure

Practice Return for 1 April 2016 to 31 March 2017

Name of Practice: _____

Under the HSC Complaints procedure (April 2009) guidance and accompanying regulations, all General Dental Practices are required to forward anonymised copies of ALL written complaints (letters/statements of complaint/complaints forms) and anonymised copies of their respective responses (within 3 working days of the response being issued) to the Complaints Department of the HSC Board for monitoring purposes.

Only copies of written complaints should be sent. Informal complaints resolved verbally 'on the spot' do not need to be reported.

See following link for further details:

<http://www.hscbusiness.hscni.net/services/2671.htm>

Please complete the following:

The practice has received the following number of written complaints in the period 1 April 2016 to 31 March 2017:

The practice has resolved the following number of informal complaints in the period 1 April 2016 to 31 March 2017:

I confirm that the practice undertakes Complaints reporting as required by HSCB processes.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

Note: If you have not already provided Corporate Services with anonymised complaints documentation for 2016/17 you should forward it now to:

HSCB Complaints, 12-22 Linenhall Street, Belfast BT2 8BS.

DO NOT ATTACH COMPLAINTS CORRESPONDENCE TO THIS RETURN

3. Adverse Incident Reporting

Practice Return for 1 April 2016 to 31 March 2017

Name of Practice: _____

The practice has reported to the HSCB during the period 1 April 2016 to 31 March 2017 the following number of Adverse Incidents:

I confirm that the practice undertakes Adverse Incident reporting as required by the HSCB processes.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

For further information on when, why and how to report an adverse incident please use the following link <http://www.hscbusiness.hscni.net/services/2631.htm> or contact your local Integrated Care office.

4. Controlled Drugs Self Assurance for General Dental Practitioners

Practice Return for 1 April 2016 to 31 March 2017

I confirm that in the course of my work as a dental practitioner I have written standard operating procedures (SOPs) or policies in place that are appropriate to the activities carried out in my practice covering the complete area of handling and management* of controlled drugs (CDs) as required by the Accountable Officer regulations.

Yes No

Please Note: this applies to buccal midazolam stored in emergency drug kits and the requirement for an SOP is applicable irrespective of whether you carry out sedation.

I confirm that I adhere to these SOPs in the course of my normal practice.

Yes No

I confirm that there is initial and continuing training and development of all staff who are involved in the prescribing, handling, supply, storage, administration and disposal of controlled drugs.

**This includes the following areas,*

- *Access to Controlled Drugs*
- *Storage*
- *Security*
- *Disposal and destruction*
- *Who should be alerted if complications arise*
- *Record keeping*
- *Identifying, dealing with and learning from adverse incidents involving controlled drugs*

Yes No

I declare that to the best of my knowledge and belief that the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971 and its associated regulations.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

For further information please use link below:

<http://www.hscbusiness.hscni.net/services/2670.htm>

5. MDS documents

Practice Return for period 1 April 2016 – 31 March 2017

- MDS 726 Payment Claims - Changes of practice ownership and situations where more than one contractor has carried out treatment (7th July 2016)
- MDS 727 Completion of Claim Forms under Determinations III; V – IX & XI (12th January 2017)
- MDS 728 Important EDI Security Notification (10th February 2017)
- MDS 729 GDS Amendments to the Statement of Dental Remuneration (27th February 2017)

I have read and actioned the above documents as appropriate.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

The above documents (and previously published MDS documents) can be accessed via the BSO website: <http://www.hscbusiness.hscni.net/services/2370.htm>

6. Practitioner Notices/Alerts for Period

Practice return for 1 April 2016 to 31 March 2017

Prescribing

HSCB Letter to GDPs regarding Information on the Monitoring of Controlled Drug Prescribing (5th August 2016)

HSCB Letter to GDPs regarding Buccolam Syringes (25th November 2016)

HSCB Letter and supporting guidance from HSCB to GDPs regarding Prescription Security (3rd March 2017)

All available at this link:

<http://www.hscbusiness.hscni.net/services/2670.htm>

Patient Safety Notices

[PSN032 - Risk of patient harm from an interaction between Miconazole and Coumarin anti-coagulents](#)

Medical Device Alerts

[MDA-2017-014 Letter from Philips re: HeartStart MRx monitor / defibrillator](#)
[MDA-2017-013 Letter from Physio-Control Inc re: Lifepak 1000 automatic external defibrillator](#)
[MDA-2017-009 BD Plastipak 100ml catheter tip syringe with luer slip adaptor](#)
[MDA-2016-018 Faulty Defibrillator Warning](#)

Drug Alerts

[PHS122016 - Drug Alert Class 2 - GlucaGen HypoKit 1mg - NovoNordisk Ltd](#)
[PHC52017 -Diclo-SR 75 Tablets \(Diclofenac Sodium\)](#)

I have read and actioned the above documents as appropriate.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

The above documents (and previously published alert documents can be accessed via the BSO website: <http://www.hscbusiness.hscni.net/services/2442.htm>

7. GDC Standards for the Dental Team

Practice return for 1 April 2016 to 31 March 2017

I confirm that I have read and understand the GDC Standards for the Dental Team document, effective from 30 September 2013, and comply with these at all times.

I confirm that all GDC Registrants working in the practice have been asked to read the GDC Standards for the Dental Team document and to comply with them at all times.

For copy of the document please use link: <https://www.gdc-uk.org/professionals/standards/team>

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

8. Training in Medical Emergencies

Practice return for 1 April 2016 to 31 March 2017

I confirm that I, and all GDC registered persons working in this practice, have fulfilled the recommendation of the General Dental Council in relation to training in Medical Emergencies.

As noted in the *Continuing Professional Development for dental professionals* publication from the GDC; "Medical Emergencies: at least 10 hours in every CPD cycle – and we recommend that you do at least two hours of CPD in this every year;"

For copy of document please use link: <https://www.gdc-uk.org/professionals/standards/medical->

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

9. IV Sedation

Practice return for 1 April 2016 to 31 March 2017

Does your practice provide IV Sedation? Yes No

If yes, please sign the following declaration:

I declare that this practice complies with recommended best practice with regard to the use of IV sedation in line with the Professional Dental Guidance issued by the DOH April 2016 at the link: <https://www.health-ni.gov.uk/articles/professional-dental-guidance>

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

10. Monthly News Sheets on BSO Website

Practice return for 1 April 2016 to 31 March 2017

As notified in writing to all practitioners, a Monthly News Sheet is now posted onto the Dental Contractor page of the BSO website to highlight non-urgent alerts and other important information, news items and reminders. Each News Sheet provides electronic links to the various items and replaces the issue of correspondence in hard copy.

Practitioners are expected to check the website every month for the latest update and to take all relevant action. The News Sheets can be accessed using the following link: <http://www.hscbusiness.hscni.net/services/2369.htm>

Please confirm that the practice is aware of this process by signing below:

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

The News Sheets can be sent directly to one or more email accounts on request. Please provide email addresses as relevant:

11. BUSINESS CONTINUITY PLAN 2016/17

Practice return for 1 April 2016 to 31 March 2017

A Business Continuity Plan is intended to help a practice overcome any unexpected incident to its premises, key personnel or to any important systems that it relies upon in its day to day operations. In order to maintain as much service as possible to the public at such times, the Health and Social Care Board is asking all dental practices to complete fully the following business continuity plan template.

Dentist responsible for update, maintenance and implementation of this plan:

Name: _____ DS Number: _____

Address of Dental Practice:

Contact email address: _____

Contact mobile number: _____

Please complete the following FULLY

1 Practice information

- Number of dentists normally working in the practice
- Number of other staff normally working in the practice
- Number of Health Service patients normally seen per day in the practice

2 Patient management

- In the event of the practice having to close unexpectedly (e.g. adverse weather conditions, environmental issues such as power failure or flood, a population flu or other disease outbreak) arrangements will need to be put in place for registered patients of that practice and who are experiencing a routine or an urgent dental problem. (depending on the nature and the length of closure) This may involve arrangements with other dental surgeries.

Please specify these arrangements

- The practice has put in place a plan as to how patients might be informed of special arrangements

Please specify these arrangements

3 Education and training

- The practice will develop, update and regularly review the business continuity plan

Yes No

- The practice will have in place procedures to ensure that all staff have sight of relevant information concerning the management of patients and the practice environment during an interruption to patient care

Please specify

Annual Governance Returns 2016/17

I confirm on behalf of the practice that the information contained in the above documentation is correct.

PRACTICE PRINCIPAL LEAD DENTIST SIGNATURE:

PLEASE PRINT NAME:

DATE: _____

GDC REGISTRATION NO _____ DENTAL LIST NUMBER _____

CONTACT EMAIL ADDRESS:

Please return the complete set of forms (pages 2 to 13 inclusive) **by 30th June 2017** to your local Integrated Care office.