

PCC

NHS

Primary Care Contracting

Dentists with Special Interests (DwSIs)

A step by step guide to
setting up a DwSI service

Contents

Executive Summary	3
Introduction	5
Developing Services in Primary Care	8
Step One Reviewing the current services	8
Step Two What you will need	12
Step Three Design the Service	13
Step Four Clinical Governance	20
Step Five Audit and Evaluation	22
Appendix A Example of letter to primary care dentists requesting information on areas of clinical interest and experience	27
Appendix B Sample questionnaire	28
Appendix C Sample referral proforma	29
Appendix D Sample referral guidelines	31
Appendix E Sample patient leaflet	32
Appendix F Sample service level agreement	35
Appendix G Template of a Report to a Clinical Governance Lead for Accreditation of a DwSI	37
Appendix H Sample patient questionnaire and covering letter	43

Executive Summary

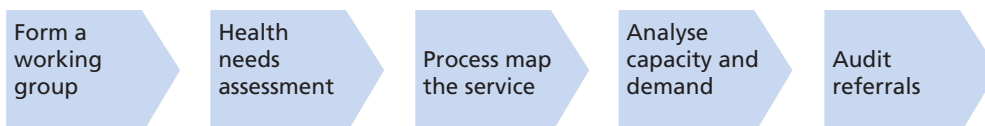
An Implementation Guide to setting up a Dentist with a Special Interest Service (DwSI)

From April 1st 2006 Primary Care Trusts (PCTs) have responsibility for reviewing the oral health needs of their population and commissioning services to meet these needs. The concept of services provided by a Dentist with a Special Interest (DwSI) is one of a range of options the PCT will wish to consider in the planning and commissioning of services

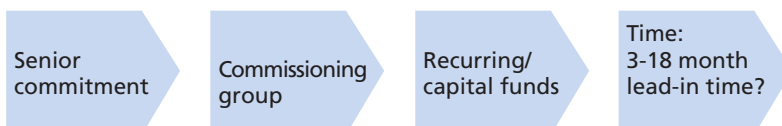
This document aims to assist PCTs interested in setting up DwSI services. The commissioning of DwSI services should be carried out in essentially the same way as the commissioning of other services – beginning with a review of current services and an assessment of health needs. Outlined below is a practical step-by-step guide to setting up DwSI services. This is not prescriptive, but is a good starting point.

Summary of the Steps

1. Review the current services



2. What you will need



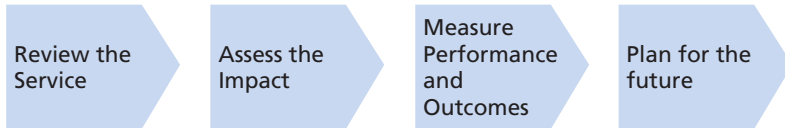
3. Design the Service



4. Clinical governance



5. Audit and Evaluation



Introduction

National context

1. *The NHS Plan* (July 2000)¹ set out a commitment to create a more patient centred health service with better access to improved services and reduced waiting times. The development of General Practitioners with Special Interests (GPwSIs) was first announced in The NHS Plan, as a service reform which would allow for the provision of a range of secondary care type procedures within a primary care setting.
2. It outlined the proposal to appoint 1000 GPs with special interests, who would take referrals from fellow GPs in areas such as ENT, dermatology and cardiology. Subsequently, the concept has been introduced for nurses, allied health professionals and more recently for pharmacists and dentists and the generic title of practitioners with special interests (PwSIs) is now widely adopted.
3. *Our health, our care, our say: a new direction for community services* (January 2006)² highlights patient choice, and the need to develop health services that are safe, high quality and closer to the community. The development of PwSIs allows for more care to be undertaken in local and convenient settings.
4. Developing a scheme for DwSIs has been endorsed and supported by the Department of Health and the Faculty of General Dental Practice (UK) who see it both as an aid to delivering enhanced services within primary care and a means of encouraging dentists to develop their practice within the NHS.

Definition

5. *Implementing a Scheme for Dentists with Special Interests DwSIs* May 2004³ issued the following definition of a DwSI.

¹ Department of Health the NHS Plan. 2000. London: The Stationery Office

² Department of Health, *Our health, our care, our say: a new direction for community services*. Crown Copyright 2006

³ Department of Health, Faculty of General Dental Practitioners (UK). *Implementing a Scheme for Dentists with Special Interests*. Department of Health; 2004

“A dentist working in the primary care setting who provides services which are in addition to their usual and important generalist role. The DwSI provides a service which is complementary to the secondary services but does not replace that provided by a dentist who has undergone the training required for entry to a specialist list. The DwSI is an independent practitioner who works within the limits of their competency in providing a special interest service, and who refers on where necessary.

The DwSI may deliver a clinical service beyond that normally provided by a primary dental care practitioner or may deliver a particular type of treatment. Individual DwSIs will be able to demonstrate their competencies in their special interest areas. Special interests may be demonstrated by dentists through the completion of formal training programmes and/or experience based evidence.”

Department of Health/FGDP(UK) 2004

Department of Health, FGDP(UK) 2004

<http://www.dh.gov.uk/Dental> progress on policy; <http://www.fgdp.org.uk/>

National Guidelines and Clinical Competency Frameworks

6. In order to ensure quality and safety of care for patients, national guidelines and competencies for the scope of treatment that can be undertaken by DwSIs have been developed in conjunction with appropriate stakeholders including specialist and professional organisations and the dental faculties.
7. Individual DwSIs will be required to demonstrate knowledge, skills and experience in their special interest area to a PCT against a national competency framework.
8. The clinical competency frameworks will also provide guidance to PCTs on the identification and accreditation of DwSIs. Whilst this list is not exhaustive, at the time of going to press, the following areas have been or are being developed (see <http://www.dh.gov.uk/cdo>).

Orthodontics

Minor oral Surgery

Periodontics

Endodontics

Special Care Dentistry

Leadership and Management

9. If a PCT wishes to appoint a DwSI, they will need to use these guidelines and competency frameworks together with professional advice, to assess the competency of potential local candidates prior to a contract being agreed.

Policy Context

10. NHS Dentistry is undergoing a period of significant change, which provides PCTs with unprecedented opportunities for imaginative commissioning of dental services in primary care. The development of Dentists with a Special Interest should be integrated with the PCT's wider commissioning aims and complement other developments in dentistry.

Access to dentistry

- 10.1 PCTs should consider how to improve access to NHS dentistry, both primary care and specialised services, using the skills of the whole dental team more appropriately, and maintaining NHS dentists' commitment by improving their working lives. The development of DwSI services could be a major part of this effort and form part of a co-ordinated approach to the provision of care where patients are seen at the most appropriate level within the system. Primary dental care should be the entry point to more specialised care.

Oral health

- 10.2 Oral health needs have changed considerably over the past three decades and this has impacted on the expectations of patients and the requirements of dental services. Adults are living longer and retaining natural teeth into older age. The majority of adults in their middle years have heavily restored dentitions which require maintenance and repair. Patient expectations of dental services are increasing as people expect to retain their natural dentition into later life.
- 10.3 The Oral Health Plan – *Choosing Better Oral Health: an Oral Health Plan for England*⁴, published as part of the *Choosing Health* delivery programme, provides advice to PCTs on commissioning for oral health improvement. PCTs should be commissioning programmes to improve oral health.

Local Commissioning of dental services

- 10.4 PCTs were given responsibility for primary care dental services under the Health and Social Care Act 2003, with the financial resources devolved in April 2006. Local commissioning of services will involve agreeing local contracts to meet the needs of the local population, and as part of this process PCTs will want to review the services currently provided to patients.

New Contract

- 10.5 New contractual arrangements for dental practitioners have been introduced in April 2006, presenting a challenge and opportunity to PCTs.
- 10.6 Regulations for general dental services contracts and personal dental services agreements and for a new system of dental charging have now been published.

⁴ Department of Health, *Choosing Better Oral Health: An Oral Health Plan for England*. Department of Health; 2005

Developing Services in Primary Care

Step One Reviewing the current services

Essential considerations

11. The development of Dentists with Special Interests should always be carried out in the context of priority areas within the wider health community, and after following a oral health needs assessment. Whilst it is acknowledged that the development of these roles may be career enhancing and provide additional interests to the individual practitioner, this must be balanced against the need to develop services in a strategic context and as part of a managed clinical network.
12. Services provided by DwSIs are one of a range of options PCTs may consider in the planning and commissioning of dental services to meet the needs of their population. The planning and delivery of these services requires a structured multidisciplinary approach, ensuring involvement and good communication.
13. Patient experience and public involvement are crucial when designing services and all opportunities should be sought to ensure that newly developed services reflect the needs of the local community. PCTs need to engage fully with local patients through, for example, patient surveys, focus groups and patient forums. Representation should be sought from these groups when designing a new service. See www.dh.gov.uk _ Patient and public involvement_ Involving patients and the public in health_ patient and public involvement – a brief overview
14. Patients view their conditions in terms of the pathways they take to be treated and, in designing services, the entire patient pathway should be considered. For example, when redesigning services in periodontics, the team involved in the planning of this service should include patients, primary care dentists, consultants, specialists, dental public health colleagues, managers and professionals complementary to dentistry from across primary and secondary care. The importance of gaining support from all parties cannot be over-emphasised.

How to use this Guide

15. This guide is not meant to be prescriptive or exclusive. It is an advisory document and has been designed to help you to work through some of the issues and learn from the experience of others.

Process

16. The processes for establishing DwSI services are essentially the same as those for commissioning any new service in the NHS.

Reviewing the current services

17. Set up a working group with representation from primary and secondary care clinicians, dental public health colleagues and managers.
18. Establish that the service in question is a local priority for the redesign and development of additional capacity. This is particularly important if the interest in establishing a new DwSI service is in response to a dentist's existing skills or enthusiasm. Dental public health colleagues should provide an assessment of needs and demands to determine if the service is a priority for development.

Health Needs Assessment

Health needs assessment is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves epidemiological, qualitative, and comparative methods to describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources (Wright et al, 1998).

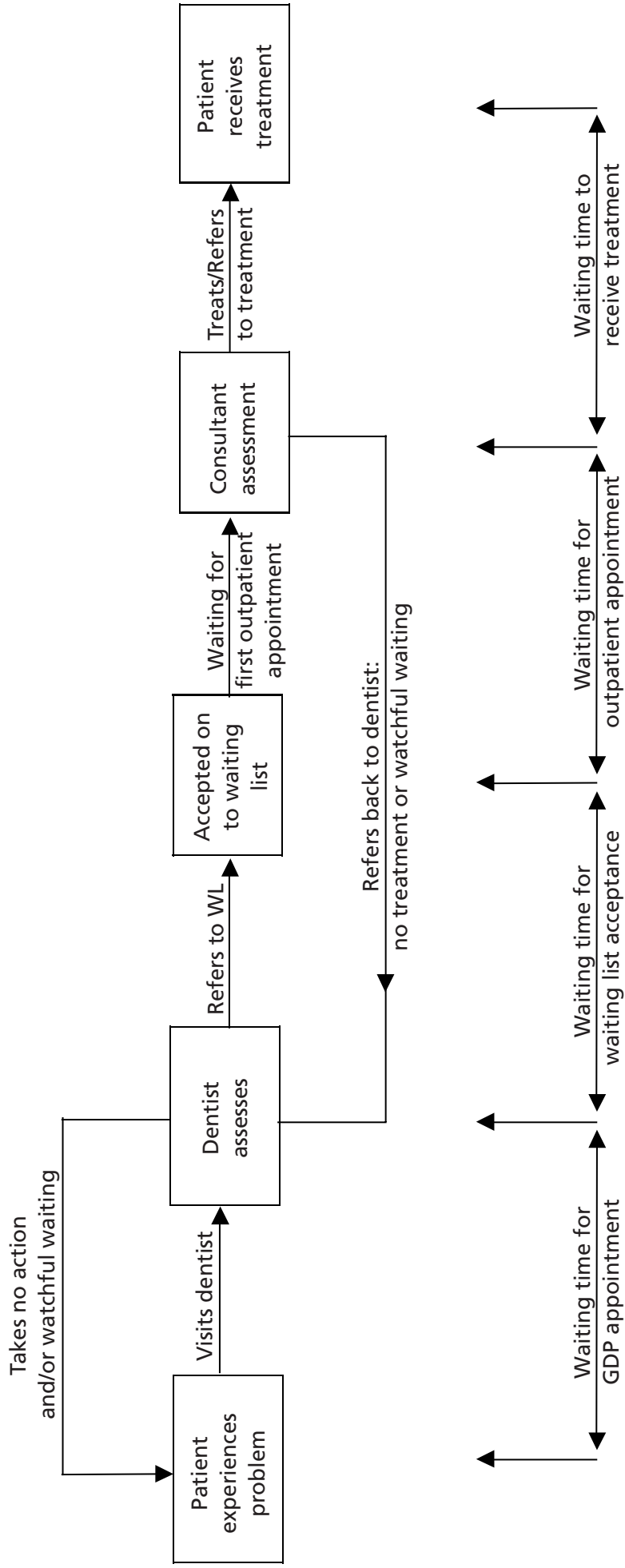
19. An Oral Health Needs Assessment Toolkit is available on the Primary Care Contracting website at: www.primarycarecontracting.nhs.uk. This toolkit provides PCTs with a guide to undertaking an oral health needs assessment and has been prepared by drawing together examples of oral health needs assessment undertaken by PCTs in planning dental services and from examples of health needs assessment in other settings.
20. The national decennial surveys of oral health of children and adults, local NHS surveys of oral health and the national diet and nutrition surveys provide important information on health trends and geographic variations in oral health and the impact of diet and nutrition on oral health.
21. PCTs are required as part of their Dental Public Health responsibilities under the 2006 Regulations to undertake local NHS dental epidemiological surveys. The local surveys complement the decennial national surveys of adult and children's teeth and local school dental screening. In addition to local surveys of child oral health, PCTs may wish to commission surveys of adult dental health and other specific population groups to produce a full picture of oral health needs in the locality. It is important to relate current information on need to the demographic population and future changes, e.g. population expansion, ageing population, high birthrate.
22. Oral Health Advisory Groups (OHAGs) and Local Dental Committees (LDCs) can be an effective source of professional advice for PCTs. Likewise, the views of dental members of PCT Professional Executive Committees (PECs) and the views of local clinicians in primary and secondary care should be sought where their area of expertise is under consideration.

23. Information is also available from Patient and Public Involvement Groups and the Patient Advice and Liaison Services (PALS).
24. The Health Development Agency has also produced a Health Needs Assessment Workbook, which takes you through the process of undertaking such an assessment.
See: <http://www.publichealth.nice.org.uk/>
25. The next step is to consider whether the service being designed can more appropriately be delivered by a specialist or DwSI. Does it fit with the local health economy's strategy to improve access to services?
26. Be very clear about the objective(s) of using a DwSI (or other clinician). These may include:
 - To add capacity
 - To reduce the number of inappropriate referrals into the secondary care system
 - To reduce waiting times for secondary care services
 - To offer further patient choice
 - To provide more convenient services in a local setting
27. Remember that more staff is not always the answer. Provision of these services may be through the reallocation of existing resources.
28. Map existing services across primary and secondary care, NHS and private, and consider location of services, workforce and activity levels. It will be important to determine if there is any additional capacity available in these services.
29. A vital step is to map the current patients' journey across both primary and, where appropriate, secondary care to identify bottlenecks and waits in the system. See the example process map overleaf (**Figure 1**) and refer to the Modernisation Agency's Improvement Leaders' Guide to process mapping, analysis and redesign available from <http://www.modern.nhs.uk/improvementguides/reading/processmapping.pdf>

Advantages of mapping a process

30. A process map event can also help inform this, by working through the process involved in a referral letter arriving and the patient attending at a clinic. Using some dedicated time, with as many representatives as possible, this process is mapped out, by "walking the journey". With post-its and one long piece of wallpaper, staff are invited to think through the steps, and place them in order along the route; this is when unnecessary loops and delays are identified, and become visually obvious.
31. Apart from the opportunity to have protected time to work as a team, one of the many advantages is that members of the same team, supporting the same patients, often realise that

Figure 1 – Example of process map – traditional pathway



they and their colleagues are not aware of duplications or unnecessary steps that are occurring in the process.

32. Consider evidence from this guide or other sources about what works before designing your system. Visit www.primarycarecontracting.nhs.uk for examples of innovation in developing NHS dentistry.
33. Measure and analyse the capacity, demand and activity of this service. Please refer to the Modernisation Agency's Improvement Leaders' Guide to matching capacity and demand, available from <http://www.modern.nhs.uk/improvementguides/capacity/>.

Capacity and demand in brief:

Measure demand, capacity, backlog and activity at the bottleneck in the process. Measure each in the same units for the same period (e.g. in minutes over seven days).

Make improvements at the bottleneck by reducing demand or increasing capacity, including reducing all unnecessary waits and delays.

Aim to match capacity to demand on a daily basis; plan capacity at 80-85% of the fluctuation in demand to ensure that queues and waiting lists do not build up.

Audit of Referrals

34. The clinical competency frameworks identify suitable conditions that an appropriately trained DwSI could see. An audit needs to identify how many of these conditions are currently being referred to secondary care. The audit needs to identify which practice each referral is from to allow you at a later stage to work out the number of sessions that are required from each local population. This is best done as a joint exercise between primary and secondary care clinicians.
35. In areas where there is a shortage of specialists, there will be a proportion of unmet need/demand. An incremental approach to assessing need based on response to services should therefore be undertaken.
36. A survey of local dentists to build up a register of interest, skills and experience can be useful. An example letter requesting information on areas of clinical interest and experience and a sample questionnaire is included at **Appendices A and B**.

Step Two What you will need

37. High-level support from all organisations/individuals involved.
38. Establish a commissioning group that may include: a primary care dentist; consultant, specialist outwith hospital providing the aspect of care under consideration, dental public health

consultant, commissioner, managers from the Primary Care Trust, the Acute trust (and other health professionals depending on the service), PEC dentist and patient representatives.

39. An impact assessment will ensure that resource issues are considered (staffing, facilities etc.) and that a wider appraisal of the proposal can be undertaken to take account of the extent to which the development:
 - i. Is part of an integrated commissioning strategy, linked to the Local Delivery Plan
 - ii. May affect current primary and acute sector services locally
40. Identify sufficient funds on a recurring revenue basis and possible funding for capital outlay. A DwSI is not necessarily a cheap option!
41. Identify and ensure access to appropriate premises.

Timescales

42. A DwSI service should not be a 'quick fix' but is potentially an integral part of the provision of enhanced primary care. Even with an experienced dentist, from the point of deciding to set up a service, it is likely to take a minimum of three months, but if the DwSI requires training it could take eighteen months to two years.

Step Three Design the Service

Scope of the Service

43. The scope of the service will be determined either by the number of sessions the DwSI can provide or the resources available (financial, premises or equipment). Alternatively, if these are not constraints, use the audit of referrals from the population that the DwSI will be serving to help to define the scope of the service.
44. It is important that the appropriate clinicians are fully involved in the service design process.
45. The following factors need to be considered (see examples below):
 - Range of care and type of conditions the DwSI will see as defined through the clinical competency frameworks
 - Length of session (including time for administration)
 - Location: In DwSI's practice, community clinic, hospital etc. or mix
 - Clinical network/link with secondary care

- Length of appointments: use secondary care appointment times as a guide for new and follow ups
- Administrative support
- Estimate the ratio of new patients to follow up appointments
- Number of sessions per year
- Patient charges
- Additional training provision

If the referrals are sent directly from dentists to the new DwSI service, there will be a lead-in time for the referrals to reach a level. This needs to be taken into consideration when planning the first few months of anticipated activity.

Design the process

46. Design the ideal process for the DwSI service including the clinical parameters of the service and the competencies required using the clinical competency frameworks.
47. However, when implementing the service, you may need to adjust the process to take into account the skills, confidence and experience of the DwSI and the views of secondary care consultants and specialist practitioners. It may be necessary to take an incremental approach to implementing the ideal service.

Charges for dental treatment

48. In dentistry, unlike special interest developments in other healthcare areas, transferring non-exempt adult patients from a secondary care setting to a primary care setting for treatment will have an impact on patients' charges.
49. Under the new arrangements GDS contracts and PDS agreements can include Additional Services defined as advanced mandatory services, dental public health services, domiciliary services, orthodontic services and sedation services. For sedation and domiciliary services the contractor must refer for the *entire* course of treatment. Additional services include DwSI services.
50. Where a dentist is unable to provide the whole or part of a patient's treatment as they do not have the associated skills, facility or expertise, the patient may be referred for advanced mandatory services for part of the course of treatment.
51. Charges are based on bands of complexity of treatment provided. Under the new dental charges regulations the patient pays only one charge when referred for part of a course of treatment and the charges are collected by the *referring* dentist for any treatment undertaken on referral to another clinician.

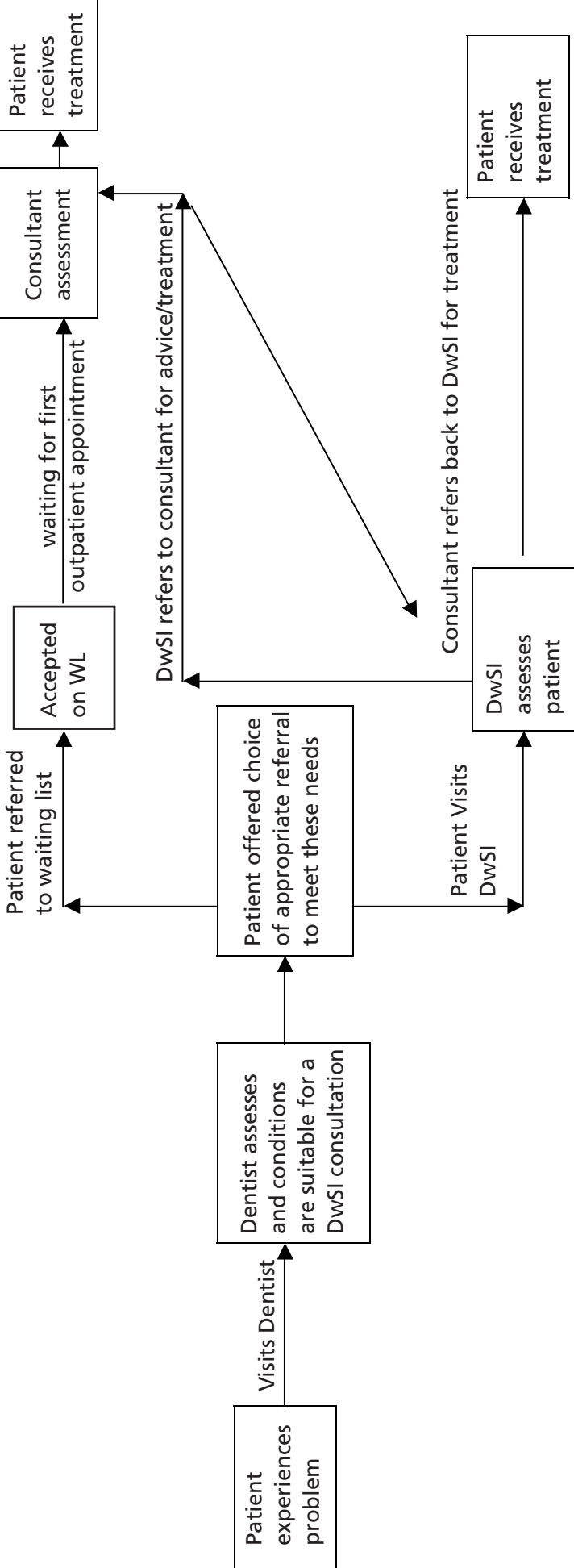


Figure 2

52. In effect, this means that if a patient is referred to a Dentist with a Special Interest for treatment, the latter will not be levying a charge on the patient for the treatment. In most instances, treatment from Dentists with Special Interest will trigger a Band 2 charge and if the referring dentist has already undertaken treatment on the patient prior to referral at this band level the treatment undertaken on referral will not trigger an additional charge.
53. The referring dentist receives the UDAs associated with the entire course of treatment in line with the charge collected. The DwSI receives the UDAs appropriate to the banded course of treatment provided on referral.
54. Where a dentist is providing DwSI work in addition to generalist work, the UDAs obtained through the DwSI work will contribute towards their overall UDA requirement. Where a practitioner has restricted his practice to DwSI work then the PCT may agree a separate contract measured on cases treated.

Administrative arrangements

55. Practitioners will need to identify what additional equipment is required to provide the service. In most cases it will be down to the practitioner to fund the cost of additional equipment, materials and any alterations to the practice. However, there may from time to time be a case for PCT funding support.
56. If the DwSI is an independent contractor the dental records remain the property of the contractor. There is no reason why computer records cannot be held on the computer system used by the practice for their own patients. Consideration needs to be given to what data will be held on computer, which will permit audit and evaluation of the service. Data protection principles also apply.
57. Referral protocols may be introduced as part of the new service if agreeable to local clinicians. The protocol, in conjunction with the clinical competency frameworks, which define the conditions the DwSI can and cannot see, will help clarify which patients dentists should refer to the DwSI service. For an example of a referral proforma and sample referral guidelines see **Appendices C and D**.
58. The main model for referral is for the dentist to refer directly to the DwSI. (**See Figure 2**) In terms of the patient pathway this model is the most efficient, but the choice of model may vary with local circumstances. In some service models it may be necessary at the outset for the dentist to refer to secondary care, and the consultant selects patients to delegate to the DwSI.
59. Depending on the booking arrangements for outpatients locally, the referrals can be sent either by letter, phone call, a web-based system or by email. Ideally, referring clinicians should be able to book a date for a DwSI appointment from their surgery, just as they make referrals to hospitals. This will be through either an electronic link, fax or email.
60. In each case, patients should be fully informed and given the choice of being seen by a DwSI or waiting to see a consultant if they choose. A sample patient leaflet is included at **Appendix E**, which explains to patients what DwSIs are, what they do, and what it means if a patient is referred to one.

61. It may be necessary to form a clinic template with details of the assessment and treatments available in each clinic, although this will vary with the type of DwSI service to be provided.
62. At the point a decision is made to refer it is good practice for the dentist to give the patient information about the DwSI service, a map and information about how the booked appointment will be made.

Access to secondary care

63. The DwSI needs rapid access to formal and informal second opinions from secondary care consultants; this needs to be considered in planning from the outset. Care needs to be taken to ensure patients are not disadvantaged because they have first waited to see a DwSI. Patients who might be more appropriately seen by a DwSI may be sent on to them from a consultant.

Clinical network

64. The clinical network is a group of professionals providing treatment care in the relevant special interest area. This will consist of consultants, specialist practitioners, primary care dentists with a special interest and a representative of referring dental practitioners. The university department may also be represented where appropriate. The creation of an effective clinical network is key to the provision of a quality service.
65. The make up and balance of the network will vary within PCTs and Strategic Health Authorities depending on the local workforce, as there will be a geographical variation in the distribution of specialist providers and DwSIs.
66. The PCT will need to work closely with the clinical network to ensure appropriate needs assessment, development of the service and monitoring standards of delivery and outcomes of care.

Commissioning or appointing a DwSI

67. If it is decided to appoint a primary care dentist with a special interest as part or all of a service development, then the PCT (acting singly or as a lead PCT for local PCTs) will make an appointment after due process in line with this guidance and in collaboration with relevant stakeholders including clinicians and providers.
68. The contract agreed with practitioners will depend on whether he or she is a generalist undertaking more specialised work **in addition** to generalist activity or whether the practitioner is restricting his or her practice to the specialised activity. In the former, the DwSI can be commissioned as an addition to the existing GDS contract. In the latter case where a practitioner does not undertake generalist functions but provides purely specialised activity the contract will be a PDS contract.
69. A sample service level agreement can be found at the end of this document. See **Appendix F**.
70. A DwSI service would usually be commissioned or appointed by the PCT.

71. The contract for a DwSI will need to specify:
- The core activities and the competencies required
 - The types of patients and clinical problems suitable for the service including age range, minimum caseload, medical status and reasons for referral
 - The facilities and staffing that must be present to deliver that service
 - The clinical governance, accountability and monitoring arrangements, including links with other practitioners working in primary care, at PCT level and specialists in Acute Trusts
72. Consideration should be given to the type of contract specified. Will the DwSI be an independent contractor or directly employed by the PCT? If an independent contractor, the contract should specify:
- Cost and volume
 - Cost per case
 - Identified sessions
 - Support with premises and equipment
 - Quality issues
73. HR procedures, standing financial instructions and current legislation will also need to be taken into account.
74. In appointing a primary care dentist with a special interest you will also need to consider:
- The development of a managed local clinical network appropriate for the delivery of the necessary services and need for treatment care. (This is covered in greater detail under Step 4 – Clinical Governance).
 - The views of key people in delivering the services locally, including the consultant, specialist practitioners and clinicians and managers in other relevant Acute and Primary Care Trusts, and local general dental practitioners. It is important that the primary care dentist with a special interest commands the support and respect of others involved in delivering the service and of potential service users.
 - Evidence of generalist primary dental care competencies (accepting where a practitioner is restricting his or her practice to the specialised activity). The DwSI will be able to demonstrate a continuing level of competence in their generalist skills. Evidence of training and experience in generalist skills should be provided through a portfolio approach and should demonstrate competence in the following areas:
 - Clinical Record Keeping

- Infection Control
- Legislation and Good Practice Guidelines
- Medical Emergencies
- Radiography
- Risk Management and Communication
- Team Training

The FGDP(UK)'s *Key Skills in Primary Dental Care* is one means by which generalist skills can be demonstrated and independently assessed. The Key Skills assessment is part of the MFGDP(UK) coursework module which provides a portfolio approach to the validation of general fitness to practice.

- Evidence of successful acquisition of the nationally defined special interest competencies. Please refer to <http://www.dh.gov.uk/Dental> and/or www.fgdp.org.uk
- While an appropriate diploma or formal training process would usually be a credible source of evidence of the acquisition of competencies, many applicants will offer other experience based evidence. (This is dealt with in greater detail in Section 79 under Accreditation)

75. In the circumstances where there are no appropriately skilled candidates, the PCT (acting singly or as a lead PCT for local PCTs) may consider sponsoring a suitably motivated local primary care dentist on an appropriate programme to acquire the necessary competencies.
76. The Faculty of General Dental Practice (UK) and the Deaneries are keen to support the DwSI role, by developing suitable education and training programmes to enable future DwSIs to acquire the necessary knowledge, skills and experience to meet the requirements of the role.

Remuneration

77. Remuneration and method of payment of the DwSI is a matter for local negotiation between the PCT and the practitioner but would normally be on a monthly basis as part of the existing contractual arrangements that the PCT has with the practitioner for generalist functions.

Launching the Service

78. Primary care dentists, practice staff and patients will need to be informed about the new service. Follow-up your communication with reminders.

Step Four Clinical Governance

Clinical Governance

79. A clinical governance framework, based on *Standards for Better Health*, has been developed by the Department of Health to assist PCTs in developing detailed local criteria to assess the standard and quality of primary care dental services provided or commissioned by the PCT. The draft framework, together with an introduction and an example of a detailed mapping exercise for one of the core standards, can be downloaded from www.primarycarecontracting.nhs.uk.

Define the lines of accountability

- 79.1 The DwSI is fully responsible for the clinical service he/she provides. A confirmation letter from the dental defence organisation should be provided to support the accreditation and confirm that they are covered. This cover is at no additional cost to the standard fee for dentists. NHS indemnity will apply to dentists who are directly employed by an NHS body, but will not apply to those dentists who are engaged under contracts for services.
- 79.2 A decision needs to be made about whether the clinical governance arrangements are through the PCT or other body, i.e. NHS Trust. The DwSI service may be provided alongside a service provided by the acute trust or neighbouring PCT i.e. within the clinical governance of that department and sanctioned by the Medical Directors of the department and Trust.
- 79.3 A PCT may make a considered judgement to commission a service without the approval of the Hospital Trust. In this case, clinical governance would be the responsibility of the PCT Board.
- 79.4 Any complaints from patients should be handled in accordance with the PCT complaints procedure. The clinical standards/governance function within the PCT should also play an active role in the management of complaints.
- 79.5 PCTs should ensure that the quality of the service to be provided is of a consistently high standard. Relevant quality markers should be discussed with the service provider, together with audit and reporting requirements demonstrating the agreed standards are being met.
- 79.6 When a dentist refers a patient to a DwSI, the DwSI becomes responsible for the care of the patient in the same way that a patient normally referred to secondary care becomes the responsibility of the consultant for that aspect of care.
- 79.7 If referrals are made to the DwSI via secondary care (i.e. the consultant triages referrals to decide which referrals are appropriate to be passed on to the DwSI), the consultant does not become responsible for the patient unless he/she directs the DwSI to refer the patient back to the consultant after seeing or treating the patient.

Continuing professional development

- 79.8 Each DwSI should have a consultant or specialist practitioner (where applicable) mentor who provides advice about the service provision and ongoing professional development.

- 79.9 The DwSI should receive regular training and continuing professional development in the special interest area. Regular time must be allocated for clinical sessions with a consultant or specialist practitioner (where applicable). These sessions could take place in either primary or secondary care.
- 79.10 A PCT may decide to meet the cost of any formal training courses/conferences.
- 79.11 The DwSI should be appraised annually for their GDS or PDS work. This appraisal should cover all of their clinical work, including that undertaken as a DwSI.
- 79.12 The DwSI does not need to have a second appraisal for their DwSI role.
- 79.13 The appraiser should have a good knowledge of the work of the dentist they are appraising. Before the appraisal the appraiser should discuss the DwSI's work with the local clinicians who work with the DwSI – for example the consultant at the local acute trust.
- 79.14 When allocating an appraiser to a DwSI the PCT needs to consider which appraisers are able to adequately discuss the special interest clinical work of the DwSI.
- 79.15 A toolkit to guide dentists through the appraisal process is available at www.appraisals.nhs.uk.

Accreditation

- 79.16 For a dentist to work formally as a DwSI there is a formal process of accreditation by the employing/commissioning organisation.
- 79.17 The clinical competency frameworks provide a national system of assessment and evidence required to demonstrate competence for each special interest.
- 79.18 The process should ensure that the practitioner can demonstrate the necessary competencies for the role they are undertaking.
- 79.19 The mechanism for this process has been determined at national level, (see National Guidelines and the clinical competency frameworks for each special interest area) ideally through appraisal of the practitioner's portfolio of evidence. This should include local appraisers, and may include the following: consultant/specialist in the clinical area, an FGDP(UK) representative, representing primary care dentistry, a Local Dental Committee representative and a PCT representative).
- 79.20 PCTs may also consider it appropriate to interview potential candidates for accreditation as DwSIs. Where the frameworks have specified the requirement for direct observation of the applicant's relevant ability and competence, the PCT should first determine locally whether there is an appropriate supporting testimonial(s) from a consultant/specialist with whom the applicant has worked with. In most cases this should supersede the need for direct observation.
- 79.21 Although many dentists undertake training programmes, this should not be seen as the only way to develop and demonstrate competency. Indeed, however good the training may be, there is no guarantee that the competencies gained are relevant to the role the DwSI will be undertaking. The emphasis, therefore, needs to be around the competencies and the role.

- 79.22 Whilst accreditation of the practitioner is crucial, it is also important to ensure that the infrastructure, such as administrative support is available and that premises are fit for purpose.
- 79.23 A template of a Report to a Clinical Governance Lead for Accreditation of a DwSI is included as **Appendix G**.

Risk Assessment

Premises

80. Within the clinical competency frameworks (<http://www.dh.gov.uk/cdo> and/or www.fgdp.org.uk) there are sections dealing with the necessary facilities to support DwSI services. General guidance on developing premises can be found at <http://primarycare.nhsestates.gov.uk/secure/content.asp>.

Maintaining records

- 80.1 The DwSI should maintain all patient records relevant to the service
- 80.2 The DwSI should forward all correspondence, detailing outcomes etc, to the patient's registered dentist.
- 80.3 Copies of correspondence to the referring dentist need to be forwarded to secondary care only when the patient was transferred from the hospital waiting list or referred from a hospital consultant.
- 80.4 Data collection should meet the minimum standards required for local development plans and be in accordance with the Data Protection Act and all relevant codes and guidance.

Step Five Audit and Evaluation

81. Monitoring of the service should be against a previously agreed service specification that describes the quantity, nature, duration and quality of services.
- 81.1 PCTs have a duty to ensure that the services they commission represent value for money and that the commissioning process provides the opportunity for open competition. It is important to ensure that the costs compare favourably with those available locally from other providers, taking into account the added value of the service for patients
- 81.2 It will be important for the PCT to consider the likely effects of a DwSI service on existing services, and to discuss the change in commissioning arrangements with the existing local providers.
- 81.3 Patient and dentist satisfaction questionnaires are an important tool in evaluating the service. A sample patient questionnaire and covering letter are included as **Appendix H**. Audit the referral patterns of dentists to the DwSI and to secondary care to see if there has been an impact

on demand and on the patterns of service delivery. At a minimum, PCTs should monitor the following on a quarterly basis, comparing the results against the objectives identified in developing the DwSI service.

- i. Value for money
- ii. Local DwSI capacity (how many DwSIs are available providing how many sessions in what specialities?)
- iii. The change in referral patterns (how many specialist consultations that would have taken place in an acute setting are now being undertaken in Primary care settings? How many DwSI referrals result in a further referral for a consultant intervention)
- iv. Any change in the relevant waiting times?
- v. Any change in demand for specialist consultations (is the availability of a DwSI service driving up demand?)
- vi. The effect on the relevant consultant caseload (has the DwSI service resulted in the release of capacity (or a significant change in case-mix) in the consultant clinic?)
- vii. The views of patient and local health professionals on the DwSI service and its impact.

81.4 The PCT, in reviewing the service and the DwSI's work (through clinical governance, annual review of the contract and future revalidation requirements), will seek the following:

81.4.1 Evidence that the guidelines for use of the service are being followed.

81.4.2 Evidence that the caseload is appropriate.

81.4.3 Evidence of relevant continuing professional development in general and special interest area, clinical audit, exploration of the views of patients, carers and other health professionals, peer observation and compliance with future revalidation requirements.

81.4.4 Evidence of involvement in appropriate clinical governance arrangements, including when appropriate in the local Acute Trust(s).

81.4.5 Evidence of satisfactory process and outcomes of care, including patient views.

81.4.6 Evidence that the individual's generalist service is not being adversely affected (accepting where a practitioner is restricting his or her practice to the specialised activity).

Assessing the Impact of DwSI Services

82. An Impact Assessment Tool to assist PCTs in measuring the impact of PwSI services was developed by NatPaCT's PwSI team, and is available on the NatPaCT's website. **(Please note that the NatPaCT Programme closed on 31 March 2005 and the PwSI team has now been disbanded. The NatPaCT website is no longer being updated. However for the purposes of**

this guide, there is archived material on the site that may be useful to PCTs and this is referenced below). It takes PCTs through the whole process of setting objectives for PwSI services and directs PCTs to a range of tools and outcome measures that are available to assist in this task. Many of these tools and measures are generic and can be applied to dentistry. See Practitioners with Special Interests (PwSI) Impact Assessment Framework, January, 2005. http://www.natpact.nhs.uk/uploads/2005_Jan/PwSI_Impact_Assessment_Framework.pdf

Measuring Performance, Outcomes & Best Value using a balanced scorecard

- 83 PCTs will need a system of measuring performance and outcomes.
- 83.1 Stakeholders will put increasing pressure on new models of healthcare provision for measured performance, demanding data on quality and patient satisfaction, while simultaneously pressing for sensible and prudent cost structures.
- 83.2 In response to demands for accountability and performance, there is a requirement for a broader set of measures to be put in place that not only capture cost and activity, but also the value. The framework most commonly used to build these more broadly based measurement systems is the concept of the balanced scorecard.

Planning for the future

- 83.3 Consideration should be given to succession planning as necessary to sustain service delivery – do not underestimate how long this will take, particularly if appropriate training needs to be delivered.

Where to go for more help?

84. The PwSI Document Map can be found at www.natpact.nhs.uk. It includes a service level agreement, local frameworks, contracts, job descriptions, referral forms, etc. Although these were developed for GPwSI and PwSI services, they contain material that may also be useful for DwSI services.

What	Who	Where
Implementing a Scheme for Dentists with Special Interests	Department of Health, Faculty of General Dental Practice May 2004	http://www.dh.gov.uk/cdo_progress_on_policy_implementing_a_scheme_for DwSIs and/or www.fgdp.org.uk
Clinical Competency Frameworks	Department of Health, Faculty of General Dental Practice	http://www.dh.gov.uk/Dental and/or http://www.fgdp.org.uk
Information on Schemes locally	Primary Care Contracting Advisors	http://www.primarycarecontracting.nhs.uk
Redesigning Services	Primary Care Contracting Advisors	http://www.primarycarecontracting.nhs.uk

National Support

85. With effect from April 2005 responsibility for supporting the implementation of PwSI services has rested with Strategic Health Authorities.

Learning from Experience

86. PwSI services have been set up in over 95% of PCTs over the last four years. This experience can be invaluable in setting up DwSI services.
87. 10 top tips for setting up a PwSI service
1. Do not develop any new service in isolation – use a whole system or service redesign approach to changing clinical practice and involve the whole clinical team in the change process. Remember the new service needs to be sustainable.
 2. Always work across both Primary and Secondary Care. You need to have ‘buy in’ from both areas in order to develop a PwSI service, and a team approach better meets patient needs.
 3. Consider where best the contract for these positions should lie. Not all PwSI contracts necessarily need to sit in Primary Care.
 4. Set up evaluation and impact assessment processes before beginning to develop the role, by taking some base line statistical data and agreeing what you are going to measure. It may be worth evaluating the same things in both primary and secondary care in order to gain some comparative data.
 5. Be prepared to spend time (and money) training the whole team, including the patients, in order to gain maximum impact from a newly redesigned service, especially if the roles are changing significantly.
 6. When designing new services, consider the unmet need as well as the current demand for services; new Primary Care based services may well lead to an increase in demand.
 7. Do not reinvent the wheel. Talk to other PCTs and your SHA about who else is delivering new services and what works well, and what does not.
 8. Refer to the appropriate accreditation and validation process for the PwSI service. Look to see what training programmes are available nationally, and talk to local education providers to see what is available.
 9. Ensure that there are adequate Risk Assessment and Clinical Governance procedures in place.
 10. Consider where the sustainable funding for the new post(s) is coming from. This should be addressed in commissioning services and through the LDP, and again should be considered across both secondary and primary care

Other sources of Information

88. The Action On Programme guidance for ENT and dermatology both contain a lot of information on developing GPwSI services. They are available on the Action On website:
- [www.modern.nhs.uk/action-on _ dermatology_ Action on Dermatology Good Practice Guide](http://www.modern.nhs.uk/action-on/_dermatology/)
- [www.modern.nhs.uk/action-on _ ENT_ Action on ENT Good Practice Guide](http://www.modern.nhs.uk/action-on/_ENT/)

Appendix A

Example letter to primary care dentists requesting information on areas of clinical interest and experience.

Direct Dial _____

E-mail address: _____

Date: _____

Dear Dentist

Developing a Primary Care led NHS

Dissemination of primary care dentists' special interest skills/clinical interest & experience

A primary care led NHS is about ensuring healthcare decisions are taken as close to patients as possible. Developing primary care revolves around utilising its traditional strengths and the wealth of special interest skills and experience held by primary care dentists.

With this in mind, the PCT is beginning the process of collating information, via the sending of a questionnaire to all dentists and constituent practices with xxxPCT. The longer-term view is to utilise existing expertise within primary care to deliver enhanced and equitable Primary Care based services. This proposal has been discussed and agreed within your PCT development/commissioning sub-group.

The questionnaire is deliberately brief and uncomplicated in order to not take up too much of your time.

Your co-operation regarding this exercise would be greatly appreciated.

Yours sincerely

Appendix B

Sample Primary Care Dentist Questionnaire

XXX PCT

Primary Care Dentist Questionnaire

Special Interest Skills and Experience

Dentist's Name

Practice Address

Please outline special interest skills and clinical assistant experience as per below:

Clinical/non-Clinical Area

Special Interest Skills

Clinical Assistant Experience

Orthodontics

Minor Oral Surgery

Endodontics

Periodontics

Special Care Dentistry

Leadership and Management

Please detail any other clinical areas not listed above

Additional comments

Please return completed form to:

Appendix C

Sample referral Pro-Forma

PRIMARY CARE ORTHODONTIC SERVICE

Clinical Lead: xxxxxxxx (xxxxx Dental Practice)

Tel No: 01282 xxxxxxxx

Fax No: 01282 xxxxxxxx

Please return completed form to:

Mr/Ms/Mrs xxxxxxxx

Primary Care Orthodontic Service

xxxx Dental Practice

Any Street

Anytown

Lancs

xxx xxxx

PATIENT DETAILS

Patient Name: _____

Address: _____

Postcode: _____

DOB: _____

Daytime Tel: _____

PROVISIONAL DIAGNOSIS/REASON FOR REFERRAL

HISTORY & PAST MEDICAL CONDITIONS

CURRENT MEDICATION

OTHER RELEVANT INFORMATION/ALLERGIES etc.

Referrer Name: _____

Referrer Address: _____

Tel & Fax Nos: _____

Urgency status – Please circle: URGENT / SOON / ROUTINE

Appendix D

Sample Referral Guidelines

xxxx DENTAL PRACTICE

Referrals to: Name of practitioner xxxx

PRIMARY CARE DwSI ORTHODONTIC SERVICE

REFERRAL CRITERIA: *(who can refer?)*

Primary care dentists who are members of xxxxxx PCT

HOW TO REFER:

All referrals made in writing and should include the following:

- Patient's name, address, postcode, date of birth, daytime telephone number.
- Reason for referral, with clinical findings and history.
- Medication.
- Referrer's name and signature.
- Priority (routine, soon or urgent).

WHERE TO REFER:

Name of practitioner xxxxxx, xxxx Dental Practice, FULL POSTAL ADDRESS

Tel: 01282 XXXXXX

Fax: 01282 XXXXXX

WAITING LIST AND ORGANISATION

Consideration will be given to referring dentist's assessment of urgency.

- URGENT – within two weeks
- SOON – within six weeks
- ROUTINE – within thirteen weeks

PRIMARY CARE DwSI ORTHODONTIC SERVICE:

The following conditions are deemed appropriate for referral to the Primary Care DwSI Orthodontic Service (Adults and Children).

List suitable treatment care or refer to clinical competency frameworks

FURTHER INFORMATION: *As required*

Appendix E

Sample Patient Leaflet

Introducing Dentists With Special Interests (DwSis)

Who they are, what they do – and how they can help you

This booklet tells you about dentists with special interests (DwSIs) and what it means if you have been referred to one.

More dental services that have traditionally been carried out in hospitals can now be offered locally within the dental practice by appropriately trained and experienced practitioners known as 'DwSIs for short.

Who are Dentists with Special Interests?

In addition to their day to day general work, dentists with special interests (DwSIs) can offer patients a wider range of clinical services and treatments than those normally provided by a high street dental practitioner.

The DwSIs provides a service which is complementary to the hospital services, but does not replace that provided by a dentist who has undergone the training required for entry to a specialist list.

All DwSIs are experienced practitioners who have built up the knowledge and skills necessary for their special interest field over a period of time. The DwSIs will refer you to a specialist or consultant if and when necessary.

Which additional services do they provide?

These services and treatments include straightening teeth, treatment of the gums and treatment of injuries and diseases affecting the tooth root. A number of minor operations, such as the extraction of wisdom teeth, where appropriate, can also be carried out.

Why have I been referred to one?

Being referred to a DwSIs means you will get a choice over where you are seen – usually at a dental practice close to where you live. It also means you will be seen quicker as you won't have to wait for an appointment with a hospital consultant. There are wider advantages as well, in that hospital consultants' time is freed up for handling only the most complex cases, reducing waiting time for the patients who need to see them.

Will I receive the same standard of treatment if I opt to see a DwSI rather than wait for a hospital appointment?

Whilst not offering the same range of clinical services as a hospital consultant, the DwSI will be required to practice to a standard consistent with that expected from the established consultant, in the clinical services he/she provides.

Will there be any additional charges for treatment?

Being referred to a Dentist with a Special Interest does not necessarily mean that there will be any additional charge to pay. Most work undertaken by a DwSI will fall into the Band 2 level patient's charge. If your dentist has already undertaken treatment for you within this band there will be no further charge payable on referral to a DwSI. Additional charges will only be levied where your dentist has undertaken care within Band 1. In this instance you will need to pay the additional top up into Band 2 payment to your dentist prior to your referral to a DwSI.

What extra qualifications do DwSIs have?

All DwSIs are experienced practitioners who have built up the knowledge and skills necessary for their special interest field over a period of time. Before they can be appointed, all DwSIs have to provide their primary care trust with evidence of their skills in the form of formal training qualifications and/or proof of practical experience in the special interest area concerned.

Are DwSIs the same as specialists or consultants?

No – DwSIs, specialist and consultants each have different roles and backgrounds:

- A DwSI has gained the appropriate training in his/her special interest either through previous experience or via a formal training programme. In order to have been appointed as a DwSI, he/she will have had to submit evidence of this experience and/or training to their local Primary Care Trust.
- A specialist is an independent practitioner who has successfully completed a programme of specialist training. As a result he/she has obtained specialist qualifications which make him/her eligible for inclusion on a specialist list held by the appropriate statutory professional regulatory body. In the case of dentistry, this body is The General Dental Council (GDC).
- Consultants are specialists appointed by advisory appointments committees on the basis of their training and qualifications. As well as leading clinical teams, they provide guidance to general practitioners and other colleagues and advise hospital management on the efficient and smooth running of specialist services.
- Anyone admitted or seen in an NHS hospital – including dental patients – comes under the clinical responsibility of a named consultant who takes full responsibility for their care until discharged.

Will there be list held by the General Dental Council (GDC) for Dentists with Special Interests?

No. 'Dentist with a Special Interest' is not a protected title registrable with the GDC. The term, 'Dentist with a Special Interest' refers to an appointment by a Primary Care Trust, rather than a qualification or protected status.

Can I still see a consultant if I want to?

Yes, you can still opt to see a hospital consultant although it may well take longer for you to be seen. Or, having examined you, your DwSI might decide your condition needs to be dealt with by a consultant and will refer you, as and when appropriate.

How do I know the scheme is being run properly?

The DwSIs scheme is overseen by the Department of Health and Faculty of General Dental Practice(UK) which has issued national guidelines and competencies to ensure the quality and safety of care for patients at all time. Developed with the help of expert groups and patient representatives, DwSIs is part of a wider programme, now well-established in the NHS, which has already seen special interest services introduced for GPs, nurses and allied health professionals. In these areas, patients are already benefitting from faster and more convenient access to secondary care services, without unnecessary referral to hospital. This in turn has helped take the pressure off hospitals.

If you do not understand this leaflet, we can arrange for an interpreter to tell you what it means. Please call xxxxx to request this. [Translated into other key languages]

For information in large print format, audiotape or Braille, please call xxxxx.

If you have any questions or concerns which are not covered in this booklet, please speak to a member of staff at the practice, or contact xxxxx.

Appendix F

Sample Service Level Agreement

XXXXXXXXXX DENTISTS WITH SPECIAL INTERESTS

Service Level Agreement 2005/06

1. Terms of Reference

This Service Level Agreement is between insert Primary Care Trust and insert General Dental Practitioner for the provision of XXXXXXXX Dentists with Special Interests (DwSI) services.

2. Definition

“A dentist working in the primary care setting who provides services which are in addition to their usual and important generalist role. The DwSI provides a service which is complementary to the secondary services but does not replace that provided by a dentist who has undergone the training required for entry to a specialist list. The DwSI is an independent practitioner who works within the limits of their competency in providing a special interest service, and who refers on where necessary.

The DwSI may deliver a clinical service beyond that normally provided by a primary dental care practitioner or may deliver a particular type of treatment. Individual DwSIs will be able to demonstrate their competencies in their special interest areas. Special interests may be demonstrated by dentists through the completion of formal training programmes and/or experience based evidence.”

Department of Health, FGDP (UK) 2004
<http://www.dh.gov.uk/cdo>;
<http://www.fgdp.org.uk>

3. Services to be Provided

4. Length of Agreement

5. Payment

6. Clinical Governance & Accountability

Performers

Premises

Human Resource Management

Continuing Professional Development

Performer Appraisal

7. Data Protection & Confidentiality

8. Monitoring and Review Meetings

9. Holiday & Sickness

10. Service Level Agreement

Step by Step Guidance

This document comprises the Service Level Agreement between insert Primary Care Trust and insert General Dental Practitioner for the completion of the XXXXXXXX Dentists with Special Interests (DwSI) services.

There shall be no variation on the terms and conditions except where mutually agreed in writing between both parties.

We confirm our agreement to the Service Level Agreement.

Signed on behalf of insert PCT

Name _____

Title _____

Date _____

Signed by DwSI

Name _____

Title _____

Date _____

Appendix G

Template of a Report to Clinical Governance Lead for Accreditation of a Dentist with a Special Interest Service (DwSI)

NAME OF PRACTITIONER _____

PROFESSIONAL ROLE _____

SERVICE TO BE PROVIDED _____

LOCATION OF SERVICE _____

PROPOSED START DATE _____

1 CASE OF NEED

BENEFITS OF SERVICE

E.G. TO INCREASE CAPACITY, REDUCE WAITING TIMES, IMPROVE QUALITY OF CLINICAL SERVICE AND/OR PATIENT EXPERIENCE, IMPROVE LOCAL ACCESS, ENABLE COMPLIANCE WITH NEW NATIONAL OR LOCAL GUIDANCE.

STRATEGIC PRIORITIES

HOW DOES THE SERVICE FIT WITH THE PCT'S STRATEGIC COMMISSIONING INTENTIONS?

EVIDENCE BASE

WHAT IS THE EVIDENCE TO SUPPORT INTRODUCTION OF THIS SERVICE E.G. RESEARCH EVIDENCE, MODELS OF GOOD PRACTICE FROM ELSEWHERE?

2 CLINICAL PARAMETERS

TYPE OF CONDITIONS SEEN

ATTACH REFERRAL PROTOCOL IF APPROPRIATE

EXCLUSION CRITERIA

MODEL FOR REFERRAL

DIRECTLY TO PWSI, SECONDARY CARE, REFERRAL PATHWAY – TO INCLUDE BOTH REFERRAL IN AND REFERRAL ON IF NECESSARY

3 CLINICAL PARTNERSHIPS AND ACCESS TO SECONDARY CARE

NAME AND ROLE OF CLINICAL PARTNERS EG, SECONDARY CARE CONSULTANTS, OTHER HEALTH PROFESSIONALS

ACCESS TO FORMAL AND INFORMAL SECOND OPINION IN BOTH ROUTINE AND URGENT SITUATIONS IE FAST TRACK ACCESS TO SECONDARY CARE CLINICS

4 OUTLINE OF SERVICE

LENGTH OF SESSION AND APPOINTMENTS

ACCESS TO SERVICE

SPECIFY LOCALITY, ALL PCT ETC

5 DwSI COMPETENCY

GENERALIST AND SPECIAL INTEREST COMPETENCIES

EVIDENCE OF GENERALIST AND SPECIAL INTEREST COMPETENCIES

CONTINUING PROFESSIONAL DEVELOPMENT

INCLUDE PEER REVIEW AND APPRAISAL ARRANGEMENTS

6 LINES OF ACCOUNTABILITY

INDEMNITY

PLEASE STATE WHO IS RESPONSIBLE FOR MEDICAL INDEMNITY – INCLUDE COPY OF CONFIRMATION LETTER FROM DENTAL PROTECTION ORGANISATION IF APPLICABLE

CLINICAL GOVERNANCE RESPONSIBILITY

EG ORGANISATION RESPONSIBLE FOR CLINICAL GOVERNANCE ARRANGEMENTS

7 INFRASTRUCTURE

PREMISES

APPROPRIATENESS FOR PURPOSE

EQUIPMENT

MAINTENANCE OF FITNESS FOR PURPOSE

INFECTION CONTROL

CONFORMS TO CHECKLIST FOR INFECTION CONTROL

OTHER STAFF SUPPORT

APPROPRIATENESS OF SUPPORT STAFF, COMPETENCIES REQUIRED AND EVIDENCE OF COMPETENCIES, TRAINING RECEIVED ETC.

8 PUBLICITY FOR THE SERVICE

HOW WILL PRACTICES BE INFORMED ABOUT THE NEW SERVICE?

WHAT INFORMATION WILL BE DISSEMINATED AND TO WHOM?

9 AUDIT AND EVALUATION PLAN

SERVICE SHOULD BE EVALUATED AGAINST REASONS FOR INTRODUCING IT, AS PER CASE OF NEED. AUDIT AND MONITORING SHOULD IDENTIFY CASE MIX OF REFERRALS, CLINICAL OUTCOMES OF INITIAL CONSULTATION AND FOLLOW UP APPOINTMENTS, AND REFERRALS TO SECONDARY CARE, AS MINIMUM. PATIENT SATISFACTION WITH THE SERVICE SHOULD BE MONITORED.

APPROVAL BY CLINICAL GOVERNANCE LEAD

RECOMMENDATIONS/FURTHER INFORMATION REQUIRED

DATE OF MEETING

CLINICAL ACCREDITATION

DATE OF MEETING

APPROVAL EFFECTIVE FROM

APPROVAL EFFECTIVE TO

REVIEW DATE

DATE OF CLINICAL REACCREDITATION

SIGNATURE OF CHAIR

Appendix H

Sample Patient Questionnaire

PRIMARY CARE DwSI ORTHODONTIC SERVICE

CLINICAL LEAD: xxxxx

Please tick the following boxes on a scale of 1- 5 (1 – very poor, 2 – poor, 3 – satisfactory, 4 – very satisfactory, 5 – excellent). Please grade each element separately.

	VERY POOR	POOR	SATIS-FACTORY	VERY SATIS-FACTORY	EXCELLENT
	1	2	3	4	5
LENGTH OF WAITING TIME BEFORE APPOINTMENT					
RECEPTION ON ARRIVING AT THE SURGERY					
EASE OF ACCESS TO CLINIC					
LENGTH OF WAIT TO BE SEEN FOR APPOINTMENT					
ASSESSMENT DURING APPOINTMENT					
TREATMENT GIVEN (IF APPROPRIATE)					
UNDERSTANDING OF TREATMENT AND ADVICE					
FOLLOW UP TREATMENT					

Your co-operation in this questionnaire will be very useful in suggesting any elements of the service that could be improved upon.

ANY ADDITIONAL COMMENTS PLEASE

Please post your completed form back using the SAE provided.

For informal discussion on any issues relating to your experience or general views please contact the following person on: 01282 xxxxxxxxxxxx

Questionnaire – Dentist Covering Letter

Primary Care Orthodontic Service

Date:

Dear

Re: PRIMARY CARE DwSI ORTHODONTIC SERVICE

As a patient who has attended the DwSI xxxxxx Service in the past I would be grateful for your opinion of how the service operated. Attached is a short questionnaire, which if you could fill in and return to me within two weeks, would be extremely helpful. Enclosed is a stamped addressed envelope.

Many thanks for your co-operation.

Yours sincerely

DR xxxxxxxxxxxxxxxxxxxx

Dentist with Special Interest xxxxxxxxx

Encs

