

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

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**STATUS:** COMPLIANCE

**CATEGORY:** POLICY

**Title:** NHS Dentistry – Clinical Audit, Peer Review and Quality Improvement

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**For Action by:**  
Health Education and Improvement Wales  
(HEIW)

**Action required by:** Immediate

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**Enclosure(s):** None

## **WHC on Clinical Audit, Peer Review and Quality Improvement**

This Welsh Health Circular replaces:

- WHC (2001)055 – Amendment to the Statement of Dental Remuneration (SDR) continuing professional development clinical audit, peer review and quality assurance system.
- Further guidance issued in March 2006: Guidance for clinical audit and peer review in the general dental services, Wales.

### **1. Summary**

The Welsh Health Circular describes a revised system for effective use of current Welsh Government funding to support clinical audit, peer review and quality improvement in general dental practice. Quality improvement includes the use of national improvement tools and methodologies as developed and promoted by 1000 Lives Service Improvement. To date, the funding has been available only to dentists to support audit and peer review. We want funding to support all members of the clinical dental team and to support the use of all recognised quality improvement methodologies. The funding will be administered by Health Education and Improvement Wales Dental Section.

(The term “clinical audit” was originally adopted in this context in 2001. This WHC refers throughout to “audit” to reflect the fact that audit and the audit cycle are used to review a wide range of topics relating to dental care in addition to clinical practice).

### **2. Action required**

Health boards are required to note the contents of this WHC:

- to promote understanding of quality improvement methodologies in general dental practice; and
- to encourage local dental teams to use the national tools and systems.

Health Education and Improvement Wales (HEIW) is required to:

- effectively promote and assess quality improvement by all dental team members; and
- embed systems to ensure dental teams are reimbursed in a timely and appropriate way for effective use of quality improvement tools and demonstrate understanding of quality improvement methodologies.

Healthcare Inspectorate Wales (HIW) is required to note the contents of this WHC and use its dental practice inspection process as a means to promote the use of quality improvement tools.

Dental teams should use the systems and processes available in Wales to undertake quality improvement in practice. Teams should be willing to share ideas for quality improvement and ways to enhance quality and safety for both dental teams and patients.

Under the current arrangement, NHS Business Services Authority - Dental Services (NHS BSA) undertakes the process of reimbursement for audit/peer review to dentists with a NHS contract. This system will continue for the foreseeable future. However, HEIW will keep the system under review and may decide to develop its own process for reimbursement in time. While funding will continue to be paid to dentists, HEIW will, when necessary, be expected to allocate the funding to other dental team members as noted in section 5.

### **3. Introduction**

Audit and Peer Review (PR) are well-established systems of quality improvement in healthcare and in dentistry.

“Clinical Audit” originally became a terms of service requirement for dentists in September 2001, with the overall aim of encouraging individual General Dental Practitioners (GDPs) to examine different aspects of their practice; to identify areas of good practice and compliance with standards; as well as areas for improvement. In order to support dentists to meet their terms of service, the Welsh Government established a funding mechanism to further promote the use of both clinical audit and peer review. The Clinical Audit and Peer Review fund (CAPR) has continued to the present day.

The programme is administered by the dental section of HEIW and payments to dentists are made centrally via NHS BSA. Dentists with a NHS contract and/or a performer number are eligible to claim funding on full and effective completion of an audit as assessed by HEIW dental quality improvement educators.

At present dentists can claim funding for an audit once in a 3 year cycle, although this timeframe relates to funding only and the majority of dental teams undertake quality improvement as part of a continuous improvement process. The funding recompenses the dentist for time spent on planning and conducting the audit and then reporting it to HEIW. Funding is not available to other dental team members (Dental Care Professionals), although the whole team is registered with the General Dental Council (GDC) and must meet the necessary requirements for registration. Dentists working in wholly private practice or the Community Dental Service cannot claim funding, although all participants are eligible to claim Continuing Professional Development (CPD) which contributes to the continuing registration requirements of the GDC. Funding cannot presently be awarded for quality improvement work conducted by other members of the dental team. The current system is therefore inequitable. The CAPR scheme has successfully supported dentists with clinical audit, although peer review is now less well-used. Dentists can conduct their own audit; an audit from the HEIW “audit cookbook”; or one of the all-Wales national audits.

The current all-Wales national audits are:

- Antimicrobial prescribing;

- Decontamination and Disinfection/Infection Control (WHTM 01-05); and
- Smoking Cessation.

The CAPR funding system has remained unchanged since it was originally introduced. There have, however, been considerable changes in the field of quality improvement and with the establishment of HEIW it is appropriate to revise the way in which this funding is used.

#### **4. Requirements for quality improvement in general dental practice**

The value of quality improvement is recognised by dental professionals and underpinned by Regulations and Standards as well as requirements of the GDC and the Welsh Government.

#### **5. Regulations**

The NHS (General Dental Services Contracts)(Wales) Regulations 2006 and the NHS (Personal Dental Services Agreements)(Wales) Regulations 2006 require that “The contractor will establish, and operate a practice based quality assurance system”. A practice based quality assurance system means one which comprises a system to ensure that:

“...any requirements of the General Dental Council in respect of the continuing professional development of dental practitioners are satisfied.”

#### **6. The Quality Assurance Self Assessment Scheme (QAS)**

All practices in Wales are required to complete the QAS annually. This well-established scheme is a key part of the assurance framework for dental care in Wales and supports dentists to meet their contractual requirements for a “quality assurance system”. It prompts reflective practice and is designed to help practices to identify areas where they do well and areas where they can improve.

#### **7. Health and Care Standards for Wales**

The Health and Care Standards for Wales (published April 2015) apply to all NHS organisations and therefore, all NHS personnel. They include the following requirements:

- Standard 3.3 Quality Improvement, Research and Innovation:

Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

- Standard 7.1 includes the following:

Staff are enabled to learn and develop to their full potential. The leaders of any NHS organisation have a duty to set the appropriate tone, promote the right culture and ensure that individual members of staff can fulfil their responsibility to deliver high quality and safe services;

Health service organisations - promoting the continuous improvement of services through better ways of working; and

the workforce:

- are appropriately recruited, trained, qualified and competent for the work they undertake;
- maintain and develop competencies in order to be developed to their full potential;
- develop their role; and
- demonstrate continuing professional development.

## **8. GDC Standards for the Dental team**

The GDC Standards for the Dental Team apply to all members of the dental team (not only dentists) and include the following:

- Principle 7: Maintain, develop and work within your professional knowledge and skills.

Patients expect:

- To receive good quality care;
- That all members of the dental team:
  - are appropriately trained and qualified; and
  - keep their skills up to date.

GDC Registrants must:

- Provide good quality care based on current evidence and authoritative guidance;
- Work within your knowledge, skills, professional competence and abilities; and
- Update and develop your professional knowledge and skills throughout your working life.

## **9. The Quality Framework**

As part of 'A Healthier Wales: our plan for Health and Social Care', a Quality Framework for Wales is being developed. This will draw on the legacy of the Quality Delivery Plan (QDP) which introduced the concept of national improvement methodologies and a common language to underpin improvement. As part of the QDP, 1000 Lives Service Improvement developed and promoted

Bronze, Silver and Gold level quality improvement training as part of an overarching process for Improving Quality Together (IQT). A specific IQT guide has been developed for dental teams in Wales. Dental team members across Wales embraced the national improvement methodologies and they have become embedded into the work of HEIW Dental Section; the Community Dental Service; and many primary care dental teams.

## **10. 'A Healthier Wales: our Plan for Health and Social Care' - The oral health and dental services response**

The primary goals of the oral health and dental services response to 'A Healthier Wales' include the need to:

- Enrich the well-being, capability and engagement of the dental workforce; and
- Increase the value achieved from funding of dental services and programmes through improvement; innovation; use of best practice; and eliminating waste.

A key priority is to ensure dental teams are trained, supported and delivering. The HEIW *Designed to Smile in Practice* e-learning resource is an example of innovative engagement with Foundation Dentists and primary care dental teams, supporting them to deliver effective preventive care in line with the evidence base and consistent with Designed to Smile.

## **11. The case for change**

At present funding is only available to dentists with a NHS contract and only for clinical audit or peer review. As illustrated above, the quality improvement landscape has changed considerably since the introduction of requirements for audit. It is necessary to revise the way in which the funding is used to ensure it promotes effective and efficient use of the whole spectrum of quality improvement tools and systems by all members of the dental team:

- The former CAPR fund will be renamed the Quality Improvement Fund to recognise the wider spectrum of quality improvement work now conducted by dental teams; and
- All dental team members are to be eligible to claim funding if they work in a dental practice with a NHS contract.

### **11.1 Funds are no longer to be available only to dentists with a NHS contract.**

They can be allocated to all members of the dental team who are registered with the GDC. We expect to see DCP led audit and recognise there will be some audits where dentists do not actively participate. This will further encourage DCPs to lead on and participate in quality improvement work. Although the existing reimbursement system will continue to reimburse dentists directly, they

will be expected to pass on the funds to DCPs in their practice. Where quality improvement work involves a number of dental team members, funding will be allocated according to the level of participation based on a process to be developed by HEIW.

As with the current system, CPD will continue to be awarded to those working in the CDS or wholly private practice on effective completion of a piece of improvement work. However, these groups will not be eligible to claim funding.

#### 11.2 Improvement work conducted by a single dental team member:

HEIW and the Welsh Government actively encourage and promote team and practice quality improvement work. However, there are occasions when it may be appropriate for a single dental team member to carry out a piece of quality improvement work and they will be eligible to claim funding in the same way as groups can, providing they meet the criteria.

#### 11.3 Recognising the whole range of improvement systems and tools:

Funding can be allocated for full and effective completion of improvement work, as recognised and promoted by HEIW. The principle improvement systems are listed below but this is not exhaustive. HEIW will need to be sufficiently flexible to recognise new and emerging evidence based/informed improvement methodologies:

- Audit (including non-Clinical and Clinical Audit);
- Practice to practice Peer Review;
- e-learning which includes delivering improvement in the dental practice/clinical environment; and
- Promote improvement - as well as identifying where improvement is needed.

Audit can be an effective tool for identifying good practice to share and where improvement is needed. However, it does not always result in improvement unless further steps are taken to ensure this happens. We want to see greater use of recognised improvement methodologies alongside audit and which promote sustained learning.

#### 11.4 The current system does not require sharing of good practice or to collate learning from dental teams:

We want to see a system which promotes sharing of good practice and learning. HEIW is expected to embed this in the reports they require from practices and in the systems which underpin award of funds. This will reinforce the need for dental teams to share learning and improvements.

#### 11.5 Support systems which are not currently well-developed in dental practice e.g. patient safety incident reporting and learning:

We want HEIW to develop ways in which they can use funds to further promote systems which are not well-developed in dental practice. An example is patient safety incident reporting and learning where there is considerable scope to engage dental teams to share learning.

## **12 Resource Allocation**

Dental Quality Improvement funding will continue to be held centrally by the Welsh Government.

The revised system set out in this WHC does not require additional resources. In the light of changes and system reforms introduced by the GDC, HEIW may in the future, decide it is appropriate to fund quality improvement more than once in a 3-year cycle.

## **13 Payment mechanism**

The Director for Postgraduate Education, HEIW, Dental Section will authorise payment for quality improvement work which has been effectively completed and which meets all requirements as stipulated by HEIW.

NHS BSA will process these payments, drawing money down from the Welsh Government centrally held budget. As with the present system, payments will be made to NHS contract holders via standard NHS BSA systems.

## **14 Monitoring and Reporting**

HEIW has established a multi-organisational, multi-professional Quality Improvement Forum which meets twice a year. The Forum receives information on quality improvement activity. HEIW will incorporate this reporting into an annual report describing the delivery, uptake and outcome of quality improvement work by dental registrants. The report will be agreed by Forum members before being submitted to the Welsh Government, shared with health boards and published on the HEIW web site.