DISA DENTAL GROUP

MATLOCK - WIRKSWORTH - BELPER

QUALITY REPORT

Back Ground

Disa dental started as a single practice in Matlock as the original "Matlock Dental Practice". Over a period of 6 years three further practices were acquired and all four practices were incorporated in October 2008 as Disa Dental Ltd.
In Matlock and Wirksworth the three practices are serving the entire area as the only NHS Dental Practices. In Belper are two more practices with NHS contracts. At Babington Hospital, in Belper, is also served through DCHS.

1. Matlock Dental Practice - 92 Dale Road, Matlock (Since 1943)
2. Holt House Dental Practice - Holt Lane, Matlock (Since 1997)
3. Coach House Dental Practice - Coldwell Street, Wirksworth (Since 1995)
4. Belper Dental Practice - Green lane, Belper (Since 1995?)

Dental Care where Quality, Empathy and Investment in the Future, our priority is"

Since the take-over of the first practice, Matlock Dental Practice (2000), our mission statement encouraged us to deliver quality dental services to ALL our patients through investment in our staff, equipment, modern materials and access with ongoing improvements in our hygiene policies. Staff training through regular monthly meetings and twice yearly appraisals has proved to be successful with a very low staff turnover delivering the quality service our patients appreciate.

The Matlock and Wirksworth practices were fortunate in that the NHS made some grants available and all three practices currently boast with "State of the art" new equipment. Due to the relocation of the Belper practice this practice was also equipped with brand new equipment in 2009.

Due to a view of investment also in our Dentists we have recruited experienced GDPs - working with us in a happy synergy. Hence, we were in a potion to facilitate in delivering access for the new "High Needs Treatment Contracts"

Vital Statistics

1. **Matlock Dental Practice**
   a. Number of patients – 8500 (before new contracts – 2006)
   b. UDA numbers - 28400
   c. GDP targets – i. 9800
   ii. 8200
   iii. 6500
   iv. 3900
   d. Opening hours : Monday – Thursday: 08:00 to 16;:45
   Fridays 08:00 to 13:00

2. **Holt House Dental Practice** a. Number of patients – 5700 (before new contracts – 2006)
   b. UDA numbers - 16300
   c. GDP targets – i. 5600
   ii. 5600
   iii. 5100
   d. Opening hours : Monday – Thursday: 09:00 to 16;:45
   Fridays 09:00 to 12:30

3. **Coach House Dental Practice** a. Number of patients – 2500 (before new contracts – 2006)
   b. UDA numbers - 8100
   c. GDP targets – 8100

   d. Opening hours : Monday – Thursday: 08:00 to 16;:45
   Fridays 08:00 to 13:00

4. **Belper Dental Practice** a. Number of patients – 4800 (before new contracts – 2006)
   b. UDA numbers - 15000
   c. GDP targets – i. 6500
   ii. 7500
   iii. 2000
   d. Opening hours : Monday – Thursday: 09:00 to 16;:45
   Fridays 09:00 to 16:45

Note: ***The current patient numbers are not relevant to General Dental Practices as all patients "belongs to the PCT".***

Review

This report was reviewed by all our partners and I am confident that the content is an accurate review of the Disa Dental Groups policies.

Consultants

1. David Monaghan - Dental Advisor
2. Nico van Wyk - Ex- Principal and VT advisor
3. Michelle Bower - Practice manger
4. GDPs and DCPs in all four practices
5. Patient participation Group

Roll Payers

1. Patient Participation Group. All four practices run a constant 'patient satisfaction survey' which leads to two annual meetings with the PPG and a joint meeting with our GDPs. The outcome of these meetings was documented and the feedback was captured in changes within the management of our Dental Practices.

2. Dentists and Staff. Our monthly meetings are a much cherished "event" where everybody participates . The "chair" is rotated and the feedback is regarded as a very important part of the

minutes because recognition of all suggestions, implementations and changes are part-and-partial of recognition towards our staff.

3. PCT. A very good working relation exists with the PCT and our annual review meetings are regarded as important indicators whether our Group is on target with our UDA requirements and access. An issue that may creep in was in the past resolved at such meetings – hence the importance of such meetings cannot be underestimated.

Practice overview

The Disa Dental Group is enjoying the benefits of "strength in numbers" and it is reflected in our strengths and weaknesses and how we dealt with it towards a quality driven service.

A. Strenghts

1. NvW is an experienced VT trainer
2. NvW has been a member of the LDC – treasurer for 6 years.
3. Three senior GDPs are involved in post-graduate studies at universities
4. Internal referrals from colleagues to colleagues with special skills – i.e. RCTs
5. Post graduate study group has been in place since 2001 involving the Private practitioners from the Private practices in Matlock and Wirksworth
6. Experienced Practice manager with years of experience

Within the Clinical Governance guidelines we have developed and implemented our Practice Policies and Guidelines an attitude of "Team Participation".

1. Clinical Governance
2. Patient Safety and satisfaction
3. Clinical Effectiveness
4. Decontamination and cross infection control

- **Clinical Governance**.
  To encourage and ensure compliance all the practices obtains and maintains copies of the following relevant documents;

  a. GDPs Therapists, Hygienist – Annual Practicing Certificates
  b. GDPs , Therapists, Hygienists and DCPs - Professional Indemnity Certificates
  c. GDPs , Therapists, Hygienists and DCPS - Personal Development Plan
  d. All DCPs have been registered with the GDC and all new DCPs are working towards registration with the GDC through college training.

- **Patient Safety and Satisfaction**
  The regular practice meetings and meetings with the Patient Participating Group it has developed in a very effective quality control tool.

  a. Reception and appointments – Receptionist and DCPs are trained.
  b. We installed a Text Message System linked to our appointment book acting as a reminder to our patients – eliminating fail appoints significantly
  c. Waiting times was brought down dramatically – especially due to minimising "fail attendance".

d. Implementing the latest decontamination and cross infection controls
e. Implementing safe guidelines through dialogue with the above mentioned groups
f. Well organised stock control system in order to use the best value for money materials and equipment to safeguard quality towards our patients
g. Questionnaires covering every aspect of patient satisfaction are leading to a successful practice to ensure patient safety and satisfaction.
h. Due to the diversity of the three practices in Matlock and Wirksworth the problem of wheelchair access was overcome. The ***disability act*** may have been a threat to some practices – to Disa Dental it was an opportunity to solve.
i. Significant event audits are standard agenda items because it leads to the all important *Reflection / action* discussions.

- **Clinical Effectiveness**

  All our practices have implemented the recommendations of the DBOH Revision of July 2009.

  i. To assist in the day-to-day implantations of the recommendations simple aids were produced and attached in each surgery.
  ii. Basic periodontal examination – guidelines
  iii. Referral guidelines for GDPs to comply with the NICE Guidelines
  iv. Guide to highlight special interests of in-house dentists/therapists
  v. Various opportunities for the GDPs to lead post-graduate study groups with a topic covering their special interests.
  vi. If and when DCPs went to CPD events/meetings an opportunity is given for feedback during staff meetings.
  vii. Audits covering every aspect of our clinical governance is a regular feature. Hence the important topics such as decontamination, cross infection, frequency of radiographs, frequency of recalls and NICE guidelines recommendations are covered.

Weaknesses

The financial restraints created by the very low DDRB uplifts in 2008 and 2009 has significantly challenged our practices when we look into the future and do our annual financial planning's towards new equipment and materials and in keeping the staff financially happy and rewarded for their efforts towards the best possible quality controlled practices. In particular the Best Practice standards as identified in HTM 01 05 already created significant challenges.

Opportunities

- As we can identify weaknesses the opportunities to adapt and change is clearly evident in our diverse skilled staff – i.e. the large number of GDPs with different interests in a variety of subjects.
- The text reminder system has given us the opportunity to organise the appointment books efficiently – see more patients.

- Our participation in Belper towards the “High Needs” patient contracts for these patients and the quick access this has created has lead to a very effective quality driven Group Practices.

Threats

The Coach House is a very small practice and a significant decontamination and cross infection control cannot be implemented. There is just not enough space for ma separate sterilisation room.

The original Matlock Dental Practice has a problem with the disability act as wheelchair access is almost impossible. This has been dealt with because we have wheelchair access at our Holt house Dental Practice in Matlock – 300 yards up the road. However, the disability act is looming in the background.

NHS
Derbyshire County

Quality Account Statement
DISA Dental Group

General Comments

The DISA Dental Group Quality Account 2010 broadly reflects the information known by NHS Derbyshire County (the PCT), the commissioner, through its contract monitoring arrangements. The PCT will continue to work with DISA Dental Care, as with all dental practices, to ensure there is good progress and reporting against contractual requirements and agreed quality measures.

Measuring & Improving Performance

The PCT has in place a system of practice visits for monitoring both contractual requirements and quality of services. DISA Dental Group will receive a practice visit as part of this programme. The Practice has completed a declaration against the Standards for Better Health. This is a system of self declaration against the core standards describing quality healthcare.

The use of significant event analysis as a tool to learn from incidents is documented. The account would benefit from some information about specific learning points identified and subsequent changes to improve care.

Decontamination and infection control has been a national focus for dentistry in 2009/2010.The account should demonstrate the measures taken by the practice to achieve compliance with Department of Health guidance. Professional governance has been a priority area for the PCT. The account describes measures for assuring patients and PCT.

There is reference to clinical care and the use of national guidance with some use of technical language but there is no explanation for patients and public of the effect this has on patient care.

The practice has an active Patient Participation Group. It would be helpful to have examples of changes to care and any future plans for improvements to be included as a result of the input from the Patient Participation Group within the narrative of the quality account.

The patient survey is referred to but again there is no narrative for patients and public. It would be helpful to provide narrative on changes made and future plans as a result of the patent survey.

Additional Comments

The Practice has fully participated in the pilot account project leading to the production of this account and this is recognised as evidence of good practice

by the PCT. The Practice have included information which was required as part of the pilot project. There is information on achievements in 2009/2010 to benefit patient care.

Future accounts would benefit from emphasis on improvements to services and care that have resulted from analysis of complaints, significant events, audits, patient surveys and future plans. In addition the presentation and use of use of language in a public facing document should be improved to make the document more appealing to patients and public.

NHS Derbyshire County
22nd June 2010