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# **A summary report on the NHS General/Personal Dental Services (GDS/PDS) Quality Assurance Self – Assessment (QAS) 2022**

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**Distribution:**

General Dental Services (GDS) Quality and Safety Forum

**Purpose and Summary of Document:**

To summarise the 2022 NHS General Dental Services Quality Assurance Self – Assessment process and key findings as reported by the Health Boards' Dental Practice Advisers.

**Work Plan reference:** Quality Improvement and Safety

## **1. Summary**

The annual NHS General/Personal Dental Service (GDS/PDS) Quality Assurance Self-Assessment (QAS) tool provides an opportunity for dental practices to self-assess arrangements and systems in place to support delivery of quality and safe care. The process also provides the Health Boards with a mechanism to assess and seek quality assurance from contracted dental services in Wales. The annual QAS complements other GDS/PDS quality and safety monitoring mechanisms in place in Wales. In addition to its assurance function, the QAS tool links to training

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resources and information related to Quality Improvement (QI) and best practice.

For the year 2022 QAS was made available to dental practices from 1<sup>st</sup> November 2022 to 2<sup>nd</sup> February 2023. Health Boards' Dental Practice Advisers (DPAs) analysed the QAS data and provided action plans in line with their Health Boards' clinical governance/quality and safety framework and structures in place. This report is based on feedback from the Health Boards' DPAs.

**Overall, there was a 99.75% response rate from GDS/PDS practices in Wales** (only one practice failed to complete), compared with 99.42% in 2021. Table 1 provides the summary of the dental practices response rate and number of practices in each Health Board that were categorised as 'Red', 'Amber' and 'Green' by Health Boards' DPAs. If a dental practice is categorised as 'Red', Health Boards should seek immediate assurance that a clear action plan is in place to address the issue/s identified by the DPAs. A practice would be categorised as 'Red' if it self-assesses that it has failed to fully comply with any of the issues listed in Appendix 3.

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**Table 1: Response Rate at each Health Board, 2022**

LHB Area	Number of contracts in the Health Board	Number of contracts that completed the QAS	Percentage of contracts that completed the QAS	Percentage of contracts categorised as 'Red'	Percentage of contracts categorised as 'Amber'	Percentage of contracts categorised as 'Green' – or no action required
Aneurin Bevan	77	77	100	0%	36%	64%
Betsi Cadwaladr	82	82	100	26%	23%	51%
Cardiff and Vale	66	66	100	0%	20%	80%
Cwm Taf Morgannwg	56	56	100	5%	41%	54%
Hywel Dda	44	44	100	0%	48%	52%
Powys	22	21	95	5%	14%	81%
Swansea Bay	61	61	100	1%	10%	89%

## 2. Summary of Key Issues

### 2.1 Issues that resulted in practices being categorised as 'Red'.

- No record of clinical waste contracts
- Failure to have up to date immunisation records
- No recent fire inspection
- Failure for all staff to have completed Child Protection / POVA training
- Failure of staff to have completed CPR training
- No clarification regarding expiry date of compressor and autoclave maintenance.
- Outstanding CPR Course

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- No record of DBS check for staff
- No evidence of HIW registration
- No evidence of PAT testing
- Unable to confirm safe storage of gas cylinders

## 2.2. Other common issues as reported by the Dental Practice Advisors

- Low level of uptake of defibrillators signed up to Save a Life Cymru campaign
- Low QI/Audit activity
- Staff shortages and the recruitment and retention
- Lack of courses available by HEIW – too few and fully booked

## 3. Public Health Wales Dental Adviser's comments

**The response rate for QAS in 2021 was 99.75%.** The response rate this year was the highest over the 14-year period since the inception of the QAS process.

The quality of the data is exceptionally high level due to the level of return. The Dental Public Health team members and health boards' primary care teams proactively encourage all to complete the self-assessment and credit must be given to them for this high percentage return. In addition, dental practices continue to engage fully in this process.

There was a multitude of comments that the QAS toolkit was not pre-populated from previous year's data when it was sent out to practices for completion. This approach had been trialled in the past. Although the completion of the form would be expedited if the toolkit was partially completed from the last years return, feedback from the DPAs suggest that approach of pre-populating the toolkit from previous year's data introduces errors in submission. The ultimate purpose of the QAS is to ensure patient safety and this must always be considered as paramount.

Health Boards' DPAs continue to work hard to assimilate and digest information once gathered in a very short period. Summary reports from each Health Board's DPAs allows this national summary report to be generated.

A number of additional questions were added, although not exhaustive they included: Duty of Candour regulations, vaccination of staff for Covid-19 and flu and an updated section for feedback.

The Quality Improvement (QI) section again delved level of QI activities in GDS/PDS practices in Wales. There was direction given in the introductory QAS covering letter promoting these QI resources for further development of the dental team (Appendix 4).

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### 3.1 Focus on Quality Improvement (QI)

The main objective of dental public health team when co-ordinating the QAS process and improving the self-assessment toolkit is to integrate culture of QI within dental practices in Wales. Hence, the QI section of the toolkit the over recent years has increased.

This section is used to understand and enhance general dental practices' awareness, engagement and knowledge of QI methodologies, initiatives and learning opportunities available via Health Education and Improvement Wales (HEIW). Signposting via hyperlinks to online resources and training opportunities are given for all dental practices.

There has been a reduction in the participation of QI initiatives. Comments in the returns (Appendix 2) state that it is difficult and cumbersome to engage with HEIW. The most appropriate recommendation would be for HEIW to work with HBs and practices to continuously improve the uptake of their offer and support around QI.

Links to the NHS Wales occupational knowledge and skills e-learning for dental primary care are also provided.

Graphical representations of some of the QAS data (Appendix 1) indicate uptake of some of these resources. This shows year on year increase in numbers having taken part in many of the QI initiatives such as National Audits, Maturity Matrix Dentistry (MMD), Skills Optimiser Self-Evaluation Tool (SOSET) and Improving Quality Together (IQT) training at Bronze level.

### 3.2 General Observations

- Over the fourteen-year course of the QAS process, it is evident that there has been an on-going and progressive decrease in the number of 'Red' safety related issues being highlighted. There seems to be an ongoing trend of 'Red' categories for topics that relate to Child Protection, Vulnerable Adult and CPR training.
- Incorrect/partial completion of the QAS involving administration errors rather than lack of clinical governance at the practice continues to be an issue in several submissions that were categorised as 'Red'.
- Like previous years, higher proportion of practices in BCUHB were categorised as 'Red' compared to other health boards. The Quality and Safety/Clinical Governance team of BCUHB should assess the reasons for this. DPA network should also discuss this to ensure consistency in assessment of self-assessments across Wales.
- LHBs should continue to re-emphasise the need for the QAS return to be **checked by the provider** before submission. This should be happening

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as the verification is in the providers' names. Some reports are submitted by supporting staff with obvious errors.

- LHBs should maximise the value of the QAS beyond quality assurance in topic areas listed on Appendix 3. Health Boards' Quality and Safety/Clinical Governance Teams should promote best practice in Quality and Safety and provide appropriate advice and support for ongoing QI in all dental practices in their area.
- Dental practices with additional conscious sedation contracts complete an additional section on the QAS toolkit. All practices that submitted this additional section on the QAS seem to be working within the standards for safe conscious sedation within primary care. This was assessed for all Health Boards by the Deputy Chair of the Strategic Advisory Forum (SAF) for Sedation. Health Boards need to work together to find a sustainable solution for assessment of sedation section of the QAS toolkit or find alternative ways to seek quality and safety assurance from practices that provide dental treatment under conscious sedation.
- Some health boards commission domiciliary dental care from dental practices. These practices complete additional domiciliary dental care section on the QAS toolkit. The safety aspects of the domiciliary dental care were assessed by DPAs and additionally by a Clinical Director for Community Dental Service.
- Further value and assurance can be gained by incorporating QAS discussion during the face-to-face engagement between practices and LHBs such as year-end contract review and visits.

### 3.3 Covid-19 Pandemic

- Although Dental Services are returning to normal, the impact of the Covid-19 pandemic is continuing to place pressures on dental teams and patients. Comments from dental practices in each Health Board (Appendix 2) gives a clear indication of the continued difficulties in delivery of NHS dental services.
- The proportion of dental practices in Wales that all staff have had their first Covid-19 booster was 50%, this lowers to 37% for their second Covid-19 booster.
- Only 29% of practices reported routinely using the video technology for dental consultations. When compared to the last year's figure of 42%, this is a significant drop in use of video consultations in 2022 compared to 2021. The higher percentage use in 2021 may be associated with the incentives to use the technology during 2021.

### 3.4 Taking Things Forward

- A newly developed platform (Corforb) will be introduced in September 2023 where the QAS toolkit will be completed. There will be very little change of the content.

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- Parts of the QAS document will be removed in 2023 due to the implementation of the Welsh National Workforce Reporting System (WNWRS). The section regarding practice personnel in 2023 will no longer be collected in the QAS return.
- It was clear that all Dental Registrants are involved in the process of QI and other training, showing that there has been a greater involvement of all team members in QI within dental practices.
- Health Boards should continue to evaluate the QAS document to identify practices that are not engaging in QI and target their support to those practices.

### **DPA Network**

The all-Wales DPA Network continues to develop. DPAs are important team members of the dental Quality and Safety structures and processes within all Health Boards giving both clinical advice and support to the primary care management teams within the Health Board and professional advice to the NHS dental practices in their area.

The HBs' DPAs are engaged in the Bi-annual All-Wales GDS Quality and Safety Forum meetings hosted by the Dental Public Health team. Forum includes representatives from all relevant stakeholders with direct or indirect role in improving Quality and Safety in the general dental services in Wales. In addition, DPAs meet quarterly either face-to-face or online.

These important platforms allow the sharing of learning from Quality and Safety issues and the exchange of relevant information for implementation of best practice. I would also add, that is anyone is interested of applying for a DPA role in the future can contact me as the Chair of the DPA network, and if they wanted to attend these meetings to observe and learn about DPA roles and responsibilities.

## **4. Areas of Concern/Opinions of GDS/PDS Providers**

The QAS provides, in its final section, an opportunity for dental contract holders to provide feedback and comments. This is a contractor's opportunity to feedback on issues of concern, to identify areas where they feel support is required and identify initiatives/support they would value. Dental contract holders' comments have been presented in Appendix 2.

Anxiety and uncertainty related to contract variation and plan for new dental contract is heavily mentioned in the comments this year including the difficulty in achieving metrics set out in the contract variation for 2022/23 and the uncertainty of clawback if targets are not met.

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Again, the trend with the difficulties of recruitment and retention of all types of dental registrants leading to a reduction in the clinical workforce have been highlighted in many returns this year.

Missed appointments by patients and their impact also features heavily in the comments and the affect that this has on the practice sustainability.

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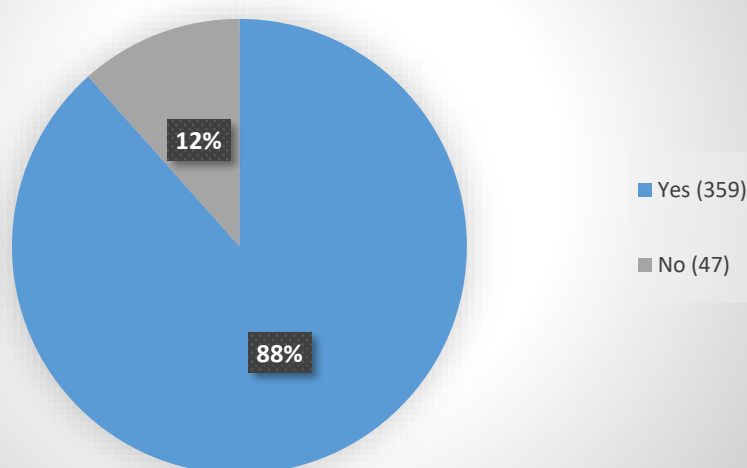


## Appendix 1

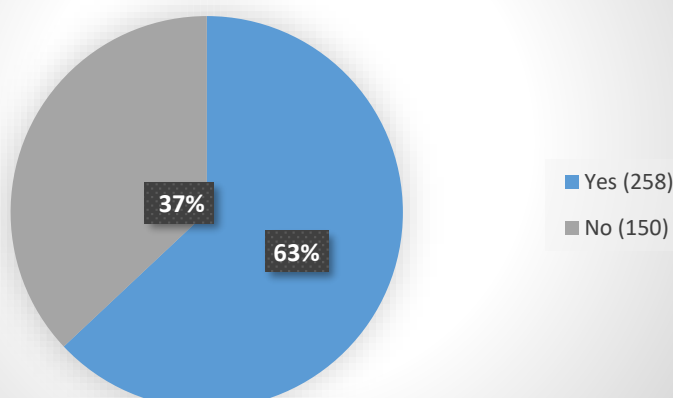
**Examples of the QAS data that could be used by dental practices, LHBs and other relevant dental stakeholders to inform action planning in QI**

### **Infection Prevention and Control (HTMo1-05) Audit**

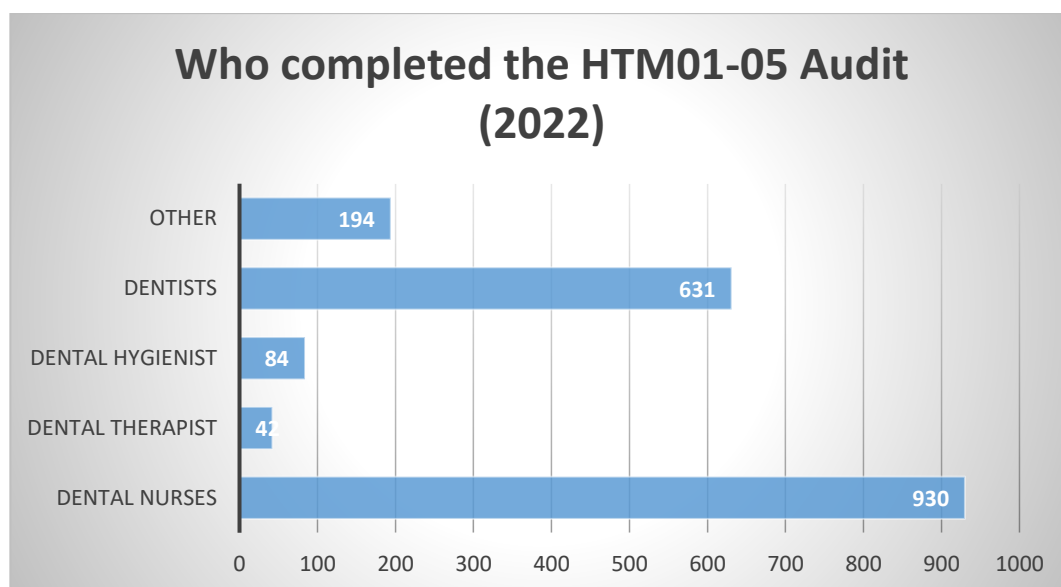
**Has the practice completed the HTM01-05  
Infection Prevention Control Audit? (2021)**



**Has the practice completed the HTM01-05  
Infection Prevention Control Audit? (2022)**

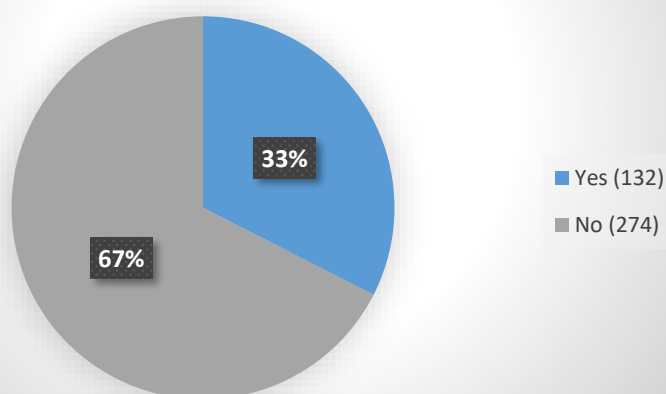


**There is now a trend in a net decrease in the number of practices that have used this audit since last year. A timeframe of the last 5 years since the audit was carried out was included.**

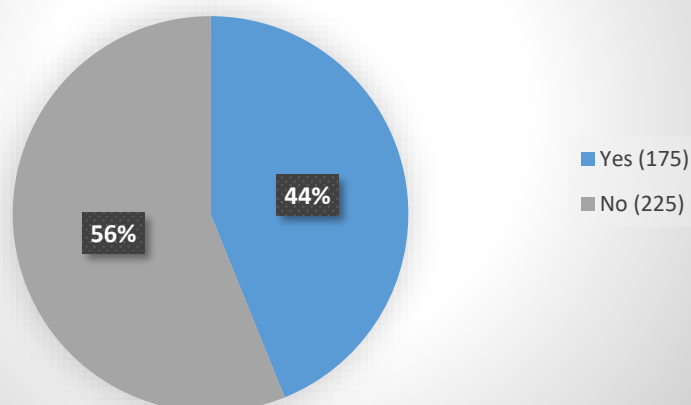


## Smoking Cessation Audit

### Has the practice completed the National Intergrating Smoking Cessation Audit? (2021)

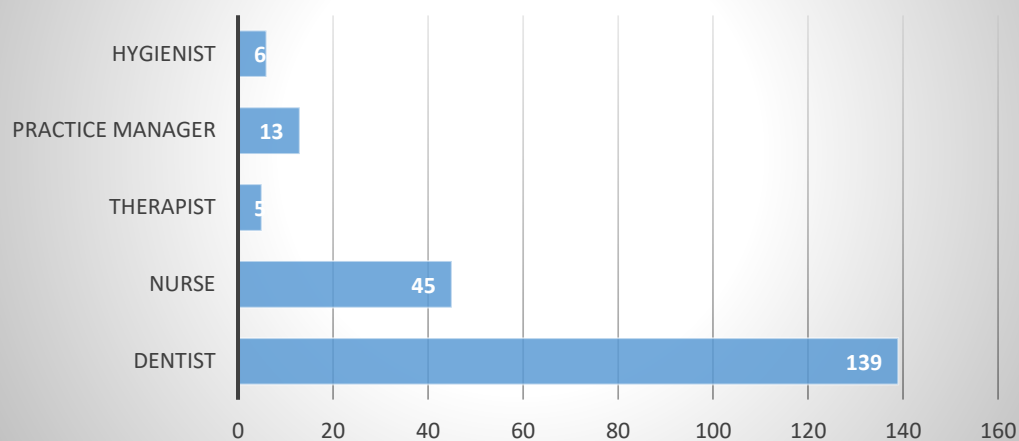


### Has the practice completed the National Intergrating Smoking Cessation Audit? (2022)

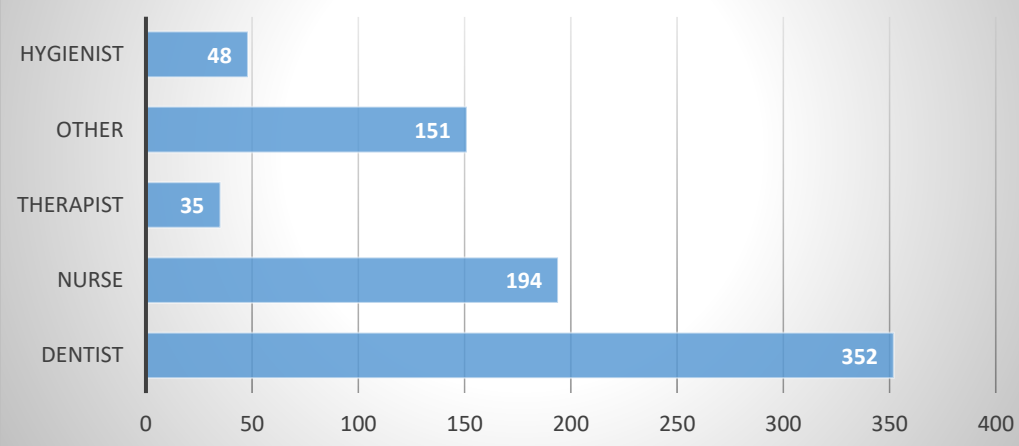


**Net increase of 53 practices have used this audit since last year.**

### Who completed the Smoking Cessation Audit? (2021)



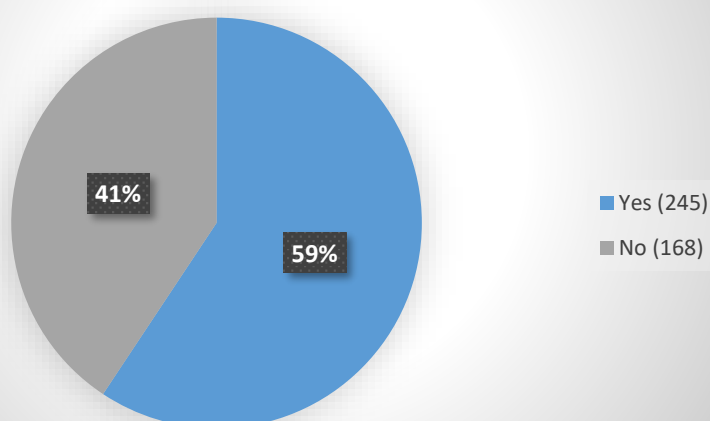
### Who completed the Smoking Cessation Audit?(2022)



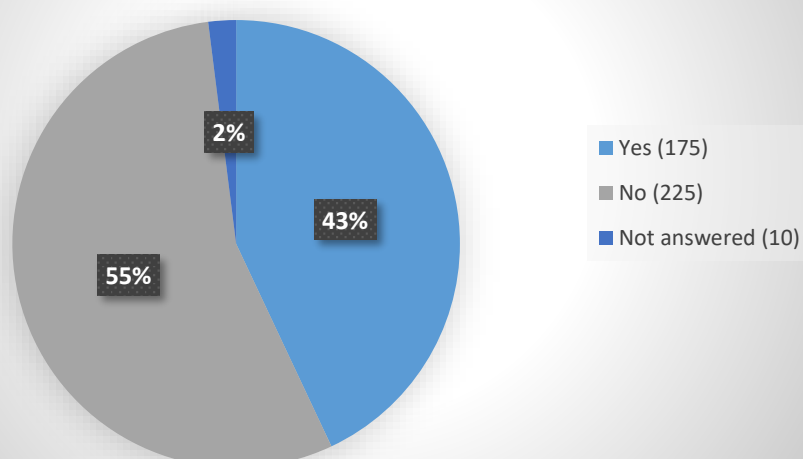
## Practice Development

### Maturity Matrix Dentistry (MMD)

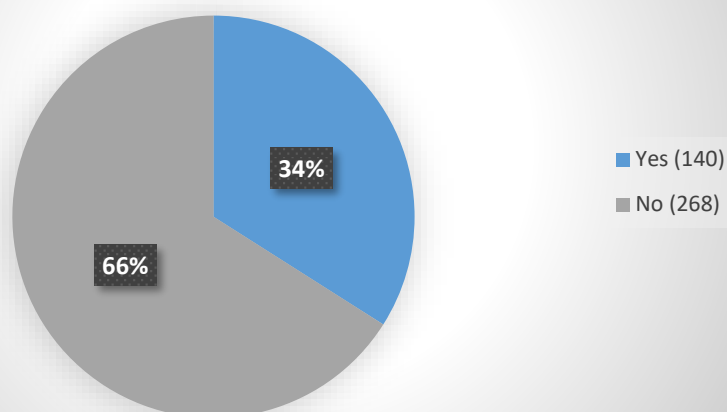
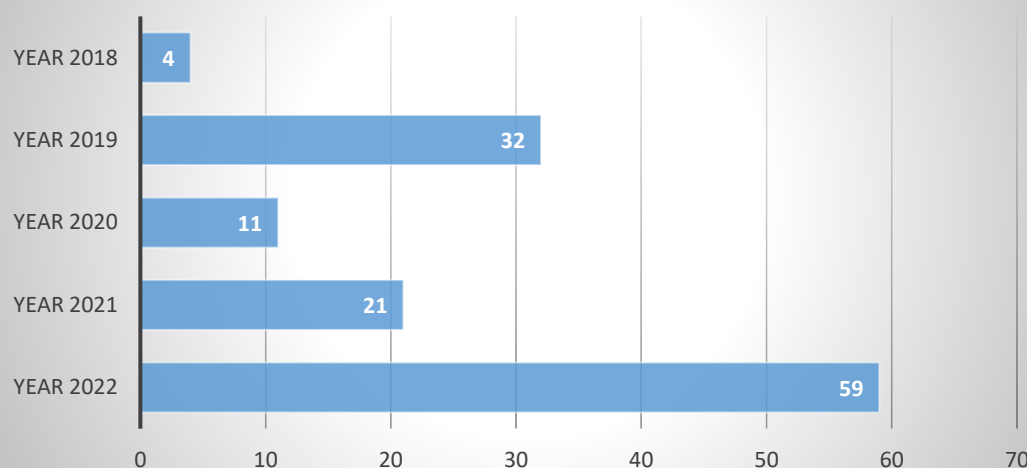
#### Has the practice used the MMD practice development tool? (2021)



#### Has the practice used the MMD practice development tool? (2022)

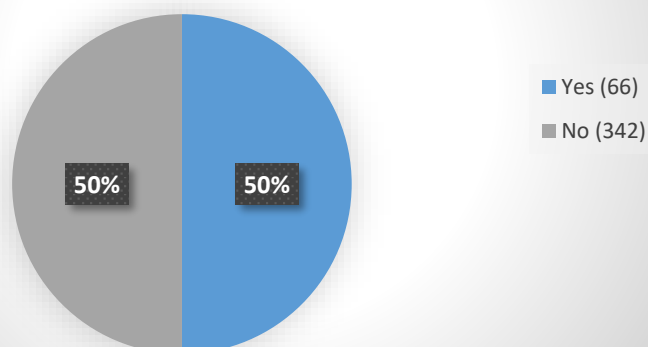


**There has been a net decrease of 70 practices as a timeframe of the last 5 years was added to this question.**

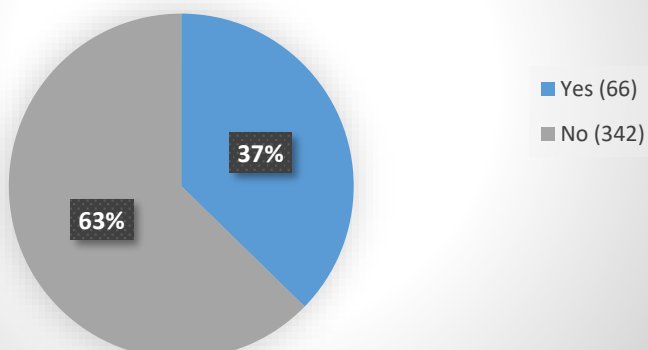
**Skills Optimiser Self-Evaluation Tool (SOSET)****Has the practice used SOSET for practice team development? (2022)****In what year did you complete SOSET?**

## Covid-19 Vaccinations

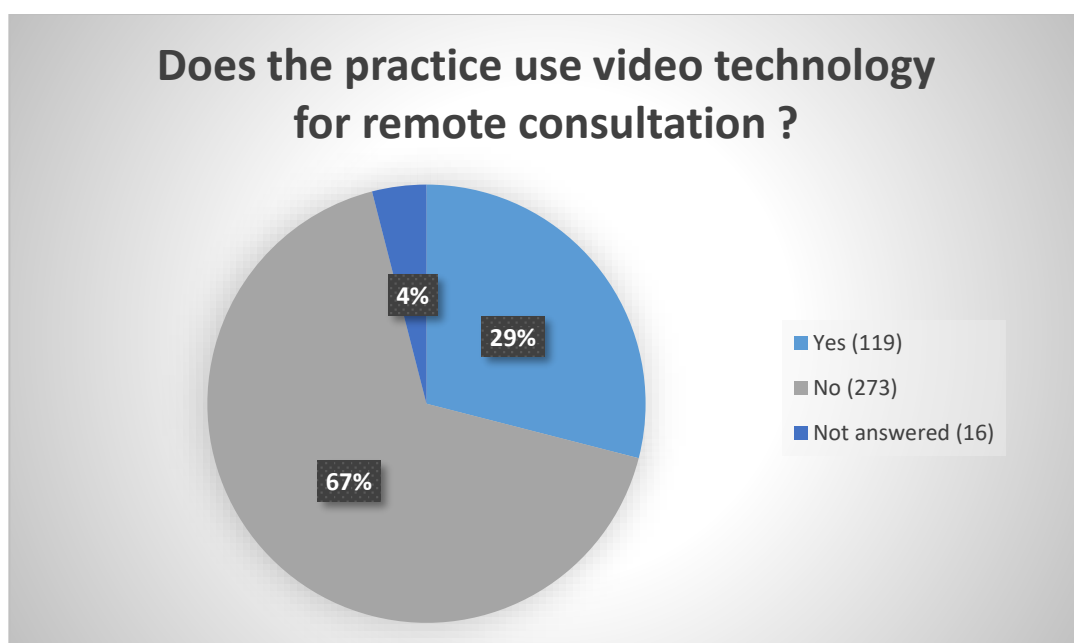
### Proportion of dental practices where all staff have had their 3rd Covid Vaccination (1st booster)?



### Proportion of dental practices where all staff have had their 4th Covid Vaccination (2nd booster)?



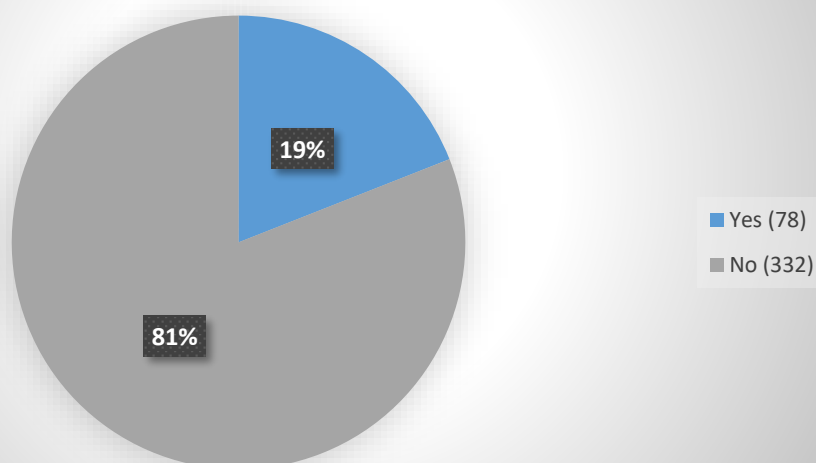
## Video Technology



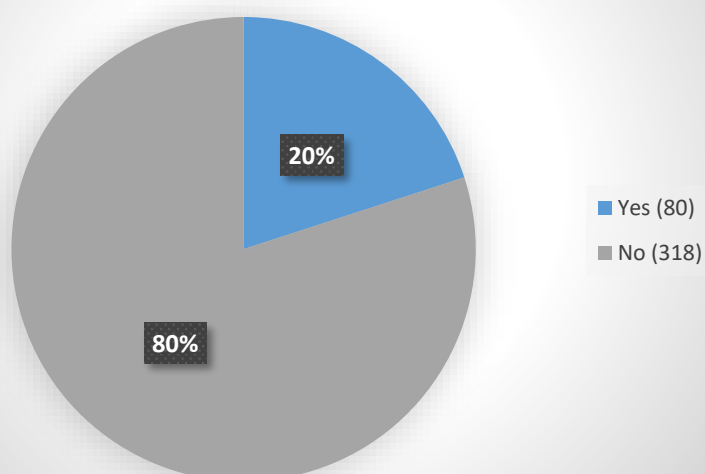


## Defibrillators

Is the practice defibrillator registered with 'Save a life Cymru' campaign? (2021)

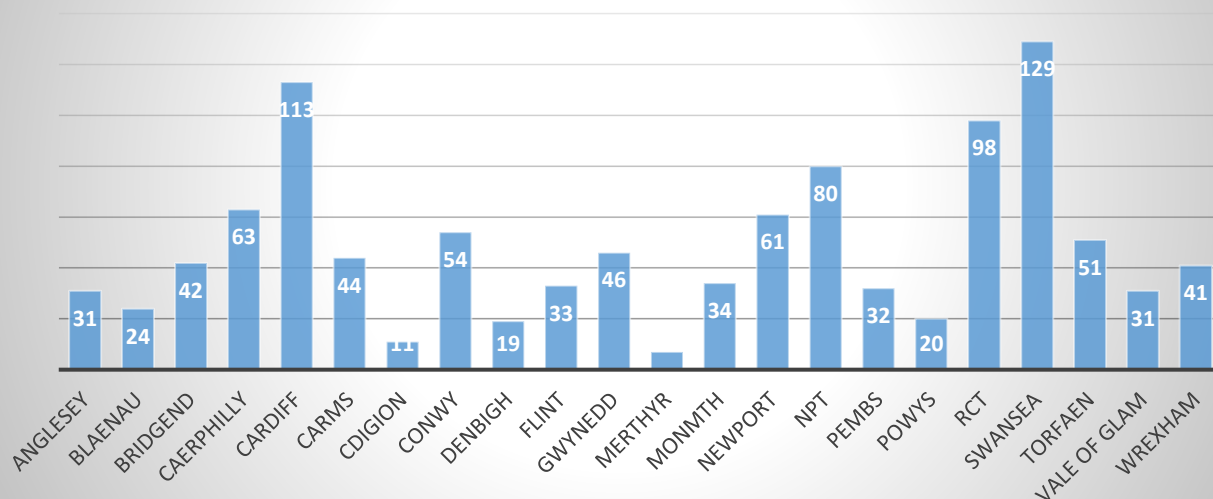


Is the practice defibrillator registered with 'Save a life Cymru' campaign? (2022)



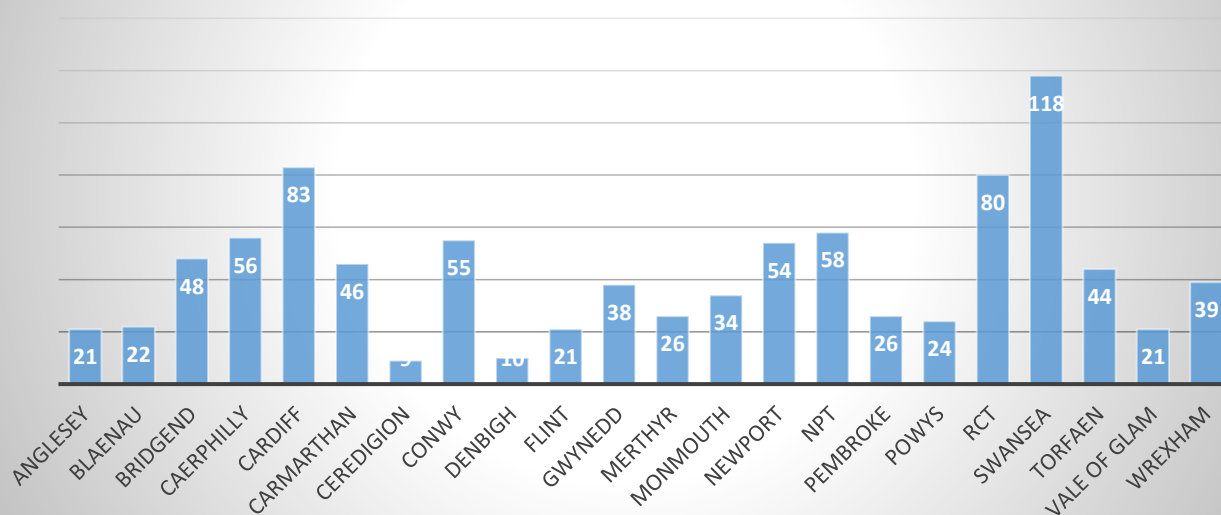
## Quality Improvement

### Number of practice members who have completed IQT bronze level training (2021)



**Number of practice members who have completed IQT bronze level training  
2021 TOTAL=1026**

### Number of practice members who have completed IQT bronze level training (2022)



**Number of practice members who have completed IQT bronze level training  
2022 TOTAL= 933**

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## Appendix 2

### Areas of Concern/Opinions of Contractors GDS/PDS Providers in each Health Board

Quotes from the QAS 2022:

#### Aneurin Bevan University Health Board

- Practices feel unsupported in the main by Welsh Government (but not in general by the HB); just not listened to centrally.
- The workload is still very much in recovery mode and contract variation volume metrics are unachievable.
- Extremely high levels of missed appointments and no method of charging for these.
- The contract variation method is not working but this is not being acknowledged by Welsh Government.
- Dentists are not being asked to carry out the work that they feel is currently necessary.
- Grave concerns re: clawback on top of increase in practice expenses without a realistic pay rise this year.
- Business instability.
- Unfairness and unworkability of late timings of information this year regarding the demands of the metrics.
- Mental health and well-being of staff is at an all-time low.
- On-going staff sickness absences with Covid-19 infections still rife and impacting on practice activity.
- Verbal abuse from patients, frustrated by wait for appointment then by new system of treatment delivery.
- Problem of recruitment and retention of all levels of practice staff – mainly associate dentists plus nurses.

#### Swansea Bay University Health Board

- Staff are still struggling with adapting to the new ways of working and understanding how to implement this clinically to deliver the contract in line with provisional treatment. They are concerned over sanctions from the LHB if targets are not met.
- The new contract reform changes have made the contract impossible to perform. The HB is refusing to acknowledge and make any adjustments for this. Morale in the team is at an all-time low with us seriously considering our future in the NHS if changes are not made quickly.

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- We felt practices needed more guidance/ information and much more time understanding Contract Variation to help us achieve the new metrics, there is still confusion and uncertainty surrounding the metrics.
- Regular updates on referral waiting times please.
- Feel that extra support is needed. Covid-19 has and still is impacting dentistry.
- Communication is confused.
- Staff are still struggling with adapting to the new ways of working, and understanding how to implement this clinically to deliver the contract in line with provisional treatment. They are concerned over sanctions from the LHB if targets are not met.
- Recruitment strategies to encourage people to work in dentistry.
- Lots of cancellation of appointment from patients
- Cancellations high due to Covid-19 positive tests amongst patients.
- More guidance / support regarding contract reform. Ways of working.
- Recruitment strategies to encourage people to work in dentistry.
- More recognition and remuneration for DCPs to encourage them to gain additional skills and utilise them once gained.
- Protected learning time to complete enhanced skill courses.
- Recruitment strategies to encourage people to work in dentistry.
- Initiative to help the nursing staff feel part of the NHS, pay scale, pension
- Funding to be available for intra oral cameras.
- Staff are having to deal with aggressive and rude patients on a daily basis.
- Changes in contract reform metrics to take into account we are a high needs practice and therefore we cannot see the volume of patients WG expects for the size of our ACV.
- Cannot perform an impossible historic patient metric as we don't have the number of patients that we are required to see and that the HB will force claw back on us as a result of not performing this impossible metric.
- Patient access to dental care on a routine and urgent basis.
- High number of dental nurses leaving the profession
- Unable to employ hygienist/therapist
- NHS contract not working; too many targets
- Patients are becoming more and more demanding; we are dealing with increasingly rude and aggressive patients. Not everyone, but far more than in previous years
- Staff morale, staff retention
- Patient understanding of the changes in NHS dentistry leading to frustration and aggression to our reception staff.

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- Dentists not wishing to work under the NHS, so we have had dental associates leave to go into private practice and despite numerous attempts at recruitment we have been unable to replace the associates that have left.
- Unable to start QI projects due to no response from HEIW
- Challenging and staff morale is low due to the workload
- The threat of clawback, staff feel that they are working harder than ever. Staff are feeling burnt out and unappreciated.
- Abuse from patients to staff
- Our annual NHS contract increase doesn't come close to covering these increases.
- Staff morale, trying to meet the demands of contract reform and patients' expectations.

### **Betsi Cadwaladr University Health Board**

- Still within the Covid-19 recovery and current contract targets are unachievable
- Contract reform is not working
- Too much bureaucracy
- The inability to recruit any types of staff
- Concerns over recruitment over dental nurses and lack of nursing courses
- Concerns over the lack of NHS labs
- Additional core CPD courses, via HEIW/maxcourse. Too few and fully booked
- Have appreciated assistance from the LHB.
- In regards to QI and HEIW. It would help if the National Audits process would be more straightforward, emailing too many people. Too busy within practice to chase up when not responded to.
- Nurses to be rewarded money for doing audits
- National dental nurses pay scale needs to be considered

### **Cwm Taf Morgannwg University Health Board**

- Staff are still struggling with adapting to the new ways of working, and understanding how to implement this clinically to deliver the contract in line with provisional treatment. They are concerned over sanctions from the LHB if targets are not met.
- The provision of PPE during the pandemic and grants for ventilation systems was helpful.
- Providing Flu vaccinations at the practice resulted in more staff uptake.
- Supported by providing new patient urgent hub patients and new patient waiting list to help with the NHS metrics for 22/23

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- At times in the last 2 years the practice can feel very isolated. All help seems to have a punitive undertone when coming from LHBs
- Areas of Covid-19 Guidance have been left for self-interpretation with many grey areas and no continuity amongst practices. This is confusing for practices and patients and will give obvious discrepancies in patient footfall between practices and mixed messages to patients. Opening up guidance has not been clear enough in my opinion.
- We are all very stressed at the moment with concerns about the future of our NHS contract - and what impact this will have on our ability to continue to provide high quality care for our patients. We do not feel our concerns have been properly addressed.
- We have invested heavily in providing resources to our patients - a huge amount of time and money has been spent to encourage disease prevention. We've embraced skill-mix and made changes to support contract reform. The Welsh Government and LHBs need to do more to support us with this. Re-assessing our metrics would be a start.
- Lack of access to Hep B vaccinations is a huge concern especially when hiring new staff. Phone calls are very rarely answered and if messages left on answer phone, never returned.
- New metric system unworkable, associates do not want to work the new system, choosing to take jobs with UDAs/working in England with enhanced UDA
- Understaffing major issue, associates, therapist, hygienist and DCPs
- We do feel under immense pressure with the targets that have been set.
- I would like to see principal dentists helped with the ever-increasing administrative burden they are given.
- I would like to see proper investment in practices rather than just continually papering over the cracks
- More recognition and remuneration for DCPs to encourage them to gain additional skills and utilise them once gained.
- Protected learning time to complete enhanced skill courses.
- Recruitment strategies to encourage people to work in dentistry.
- Initiative to help the nursing staff feel part of the NHS, pay scale, pension
- More funding towards dental material costs especially on new patients that require a lot of treatment
- Fair consideration with targets first year of a new contract under these conditions
- New graduates to have to complete a number of years in NHS before moving to fully private, pensions trap is forcing older Dentist to retire early.
- More government funding and providing more places for the training of dental nurses, hygienists and dental therapists.

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- More public health messaging about what people can expect from the dentist which will save time 'discussing' in surgery and with receptionists.
- A better NHS contract that will entice and encourage newly qualified dentists to stay within the NHS system. Also, for reducing current dentist burnout so they do not leave the NHS.
- Levelling up for practices in high need areas or reduction in targets for the same contract value.
- A proper means of reporting/recording wasted appointments (FTAs and last-minute cancellations).
- The metrics for patient numbers are already unachievable. Wasted appointments are more of a problem than ever - especially with all the extra new patients. We shouldn't be penalised when they don't turn up.
- Financial incentives for skill mix, taking on new patients
- Clarity regarding overperformance/underperformance in seeing new/existing patients
- Support for zero tolerance for violent and aggressive patients. This would include verbal abuse
- Staff morale. With the ever-changing environment and restraints, it has been a difficult time for the profession along with many others. We aim to maintain a passionate engaged workforce which is difficult when they have additional pressures to deal with, especially as dentistry is often portrayed negatively in the media. This has damaging effects on patients and staff.
- Attitude and entitlement of patients, we are getting a lot more grief and verbal abuse from patients
- Hitting our current targets on new contract reform, whilst still dealing with the effects of Covid-19 in 2022/23 year
- Attracting dentists to work in NHS dentistry
- No response from HEIW in relation to QI
- The associates still not having access to Eden.
- We should not have clawback but a different method of checking quality (like the DROs of past) of work carried out!!
- Burnout of existing staff is another concern, especially dentists.
- Prevention based practice and completing ACORN leads to longer appointment times, in turn reducing the number of patients we can see in clinical time and adding hours to the end of clinical sessions in order to maintain an acceptable quality of record keeping along with completing and submitting ACORNs.
- Routine patients with large treatment plans, which can take a number of visits to complete and seeing hundreds of new patients, (especially those with high caries rate) will make achieving the goals set for this year very difficult if not impossible and will inevitably lead to staff burn out.
- Retaining qualified nurses and associates.

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- A very uncertain future.
- Concerns re: other financial outgoings e.g., gas bills and material prices.

### **Hywel Dda University Health Board**

- Box ticking NHS forms to prevent aggressive clawback
- Risk of financial penalties
- Too much unnecessary administration. Overzealous regulation of GDS.
- The continuing impact of the pandemic on staff morale
- Recurrent absences due to Covid-19 infections and more recently influenza, have meant normal staffing levels have not been achievable, with resultant extra pressure on those "holding the fort". The return to pre-Covid-19 levels of care provision is still not possible
- Stress and pressure on the team due to high demand.
- Both dentist recruitment and nurse recruitment of a high enough calibre
- Recruitment of dentists is a big concern at present and retention of existing staff
- GDS reform contract – Welsh Government not listening and ploughing on
- Staff shortage
- 2023 New contract targets - unachievable
- Workforce retention and contract reform with ever increasing costs.
- An initiative to reduce administration and bureaucracy in general dental practice is required
- More dental nurses' courses
- Much better dental public health integrated into school and education from the earliest possible age. (Designed2Smile and the toothbrush bus)
- Update the banding structure to reward the preservation of restorative dental treatment. i.e., expand the banding structure to accommodate/reward all treatments available.
- Accelerated Cluster development
- Fast tracking of GDC registration for overseas dentists seeking entry into the UK.

### **Cardiff and Vale University Health Board**

- Historical patient targets on the contract reform are the biggest issue for as we have high needs patients and high percentages of our patients should really be coming in on a 3 monthly basis but because of the way the contract counts historical patients (only counting them once in a 12-month period)
- Staffing is still an issue; we have been able to recruit trainee nurses, but not qualified nurses and we have had issues keeping hygienists at the practice because of the high periodontal needs of our patients. We are



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still facing issues with recruitment of Dentists especially to deliver NHS care, so some sort of initiatives to help place qualifying dentists into practices would be very helpful.

- We have good relationships with the health board and local practices and the health board know the pressures we are under as a practice and the issues we are coming up against.
- We feel as an NHS practice that the way the new Contract Reform was introduced last April was poorly timed with short notice and a huge Covid-19 backlog to catch up.
- The contract was not piloted properly, and the new patient targets are unachievable and detrimental to our loyal existing patients.
- The threat of financial penalty for not hitting these untried targets is wholly unfair and puts the whole NHS dental system at risk of collapse and practices withdrawing from the NHS as the contract is too financially risky and uncertain.
- Unable to achieve contract targets and clawbacks
- The amount of plastic waste we as a profession are generating.
- Upcoming GDS reform/contract variation - need more information as the current one is not ideal.
- Added long term costs because of Covid-19
- Lack of a sufficient pool of qualified nurses.
- Our principal focus and concern remain maintaining staff numbers, maintaining staff & patient safety throughout this pandemic and maximising patient access to our services
- Pressure to meet targets over the winter months as more patients and staff are ill and will affect the performance of the practice.
- Finding the balance between meeting the targets set by Welsh Government and treating the right number of patients in a safe way.
- General study time allowed within a new contract
- Contractual requirement to ACD involvement to improve services for our communities
- Living wage for trainee dental nurses in conjunction with LHB.
- We are extremely concerned about our current inability to recruit associate dentists impacting on our ability to care for our cohort of patients.
- Difficulty with targets due to very frequent patient DNAs and the restrictions on imposing any form of penalties on those DNAs
- Dental Nurses getting the same NHS benefits as those working in the hospital
- Poor and late communication with regards to contract reform, proposed changes and clawback shows lack of respect for the dental providers in Wales. We are being used as a live experiment for a contract that has been untested.

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### **Powys Teaching Health Board**

- The ability to recruit and retain staff
- The GDS contract and the difficulties around Contract Reform
- Angry and verbal abuse from patients

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## Appendix 3

### **All Wales QAS 2022 – Issues that would be categorised as ‘Red’ requiring urgent assurance or action as agreed by all Dental Practice Advisers in Wales**

Non-compliance on any of the following areas would be identified as a ‘Red’ issue i.e., of significant concern requiring immediate action or assurance.

- Performer/Provider registration with GDC
- Membership of defence society
- Documentation of Hepatitis B inoculation
- Off-site backup of Patient Data
- Fire exit instructions and signage
- Fire extinguishers
- Employers’ liability insurance/certificate
- Health and Safety poster
- Complaints process
- Cross infection policy
- Autoclave inspection/certification
- Compressor inspection/certification
- Policy for response to inoculation injuries within 1 hour
- All IR(ME)R related items excepting development of a QAS, which has a three-month timeframe
- All items related to resuscitation equipment and emergency drugs
- First aid kit
- All policies and protocols and procedures related to decontamination of instruments
- All policies protocols and procedures relating to disposal of Clinical and Hazardous waste
- Registration with HIW
- Safe storage of gas cylinders
- Eye protection for patients and staff
- Appropriate use of disposable/single use items
- Legionella testing by a qualified body
- Implementation of a safe sharps policy
- Incomplete submission of the QAS document
- Verification of submission not carried out by Provider of the contract

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## Appendix 4

**The purpose of the toolkit including its utility in Quality Improvement was highlighted in the QAS covering letter to practices.**



30 September 2022

Dear Colleague

**Re: Quality Assurance Self-assessment (QAS) 2022**

The QAS is a self-assessment toolkit that supports the General/Personal Dental Service (GDS/PDS) providers to identify areas for Quality and Safety improvement.

We encourage you to discuss the completed toolkit and findings in your team meetings.

Completion of the QAS also helps you to comply with your NHS GDS/PDS contractual requirement. **The focus of the QAS toolkit has been aligned to focus on Quality Improvement.**

Information Links to online resources are signposted within the QAS document.

The QAS can be completed using an online process which will go live on 1<sup>st</sup> November 2022. Please do not try to access prior to this date as the system will not be active. You will be able to access your practice form at <https://formbuildertwo.wales.nhs.uk/> using most types of computer set up for internet access.

Username: xxxxxxxx  
Password: xxxxxxxx

***Please note, these are case sensitive!***

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We advise you to start the QAS process as early as possible so that you can identify and address any deficiencies before submitting the form.

It is strongly advised that the online form is completed by the provider. If the provider delegates this responsibility to a senior member in the practice, **the provider will still need to verify the accuracy of the answers before submission.**

**Please complete and submit the online form by 1<sup>st</sup> February 2023 at 23:59 (GMT) as after this date you will not be able to access the form.**

The QAS is a process that improves Quality and Safety in primary dental care and we advise you to save a copy of the completed form for your own reference and use it to identify improvements areas on ongoing basis.

Quality improvement support to practices is available from Health Boards' dental practice advisors and Quality Improvement tutors/practitioners employed by the Health Education and Improvement Wales (HEIW).

Your Health Board may serve a notice of breach of contract if you fail to complete and submit the QAS by the deadline date. Submission of an inaccurately completed QAS form will result in additional work for you and your Health Board.

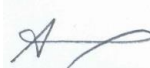
Additional information about the QAS and how the data is used can be found [here](#)

If you have any questions, please don't hesitate to contact [kate.eyre@wales.nhs.uk](mailto:kate.eyre@wales.nhs.uk).

Yours faithfully



**Anup Karki**  
**Consultant in Dental**  
**Public Health**  
**Public Health Wales**



**Adrian Thorp**  
**Lead Dental Practice**  
**Adviser**  
**Public Health Wales**

## Further information on the Quality Assurance Self-assessment (QAS)

### Further information on the Quality Assurance Self-assessment (QAS)

#### **What is the QAS?**

The QAS is a self-assessment toolkit that supports the General/Personal Dental Service (GDS/PDS) providers to identify areas for Quality and Safety improvement. The QAS also adds information to the Health Boards' 'Dental Data Pool' to identify any issues that need to be addressed to improve Quality and Safety in primary care dentistry.

#### **What do the dental regulations require?**

The Regulations require the contractor to establish and operate a practice-based quality assurance and improvement system which should ensure that:

- All legal requirements relating to health and safety in the workplace are satisfied
- Mechanisms are in place to continuously monitor and improve quality and patient safety
- Effective measures of infection control are used
- All legal requirements relating to radiological protection are satisfied (Failure to comply with IRMER regulations is a criminal offence and may be referred to the GDC)
- All staff have the required vaccinations
- Any requirements of the General Dental Council in respect of continuing professional development of dental practitioners are up to date

The QAS supports the GDS/PDS providers to satisfy this contractual requirement.

#### **How does the QAS support the GDS/PDS providers?**

The annual QAS process supports providers:

- To identify those areas where the practice is doing well and areas which need to be improved and to formulate an action plan to make improvements
- By signposting to legislation, guidance, sources of advice and support
- To be prepared for the HIW practice inspection

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Although the Health Boards only require the GDS/PDS providers to self-assess annually, practices could utilise the QAS toolkit to identify areas for improvement on an ongoing basis.

### **Who co-ordinates the QAS?**

The Dental Public Health Team of Public Health Wales co-ordinates the all-Wales Quality Assurance Self-assessment (QAS) process.

### **Who prepares the QAS report and action plan?**

Following a self-assessment, dental practices should be able to identify areas for improvement and develop an 'in-house' improvement plan. Practices are encouraged to discuss the self-assessment in their team meetings.

- The Dental Practice Advisers (DPAs) employed by your Health Board will collate and scrutinise the returns and compile reports and any action plans for the LHBs.
- The Health Board will then contact the provider to complete the action plan, if any, within a specified timeframe.

### **Who has access to my QAS?**

- Your document can be viewed by yourself, the Local Health Board (LHB) Primary Care Team and the Dental Practice Adviser, and members of the Dental Public Health Team, Public Health Wales.
- Your Health Board may provide your annual QAS report to Healthcare Inspectorate Wales (HIW) to inform their practice inspection process.

### **What are the duties of the Health Boards and how does the QAS support them?**

- It is the duty of your Health Board to have in place arrangements for monitoring and improving the quality of health care provision in their area including the services they commission.
- The annual QAS helps Health Boards to monitor compliance of dental services with the relevant regulations, standards and evidence-based practice/best practice.

### **What are the other uses of the data collected through the QAS?**

Databases generated through the QAS also assist NHS Wales to:

- Map healthcare services
- Support service planning
- Support research and development (R&D) projects formally approved by the NHS R&D and/or Research Ethics Committee, Wales
- Help the Dental Deanery (and its successor organisation) to identify topics for CPD sessions/Quality Improvement projects.

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### **Is any advice or support on Quality Improvement (QI) available to dental teams in Wales?**

Health Boards' dental practice advisors should be able to offer you advice and support. Additionally, Health Education and Improvement Wales (HEIW) employs quality improvement tutors/practitioners who can be contacted for advice and support on quality improvement.

### **Further queries**

The Introduction section on the online form provides information that will help you to complete the QAS.

### **Further support**

- **If you have any queries about the QAS Toolkit, please contact your Dental Practice Adviser at the LHB in the first instance.**
- If required, you can also contact the Public Health Wales team for advice and support via email [kate.eyre@wales.nhs.uk](mailto:kate.eyre@wales.nhs.uk)

### **Please note:**

1. Completion and submission of your QAS also helps you to comply with your NHS General/Personal Dental Service (GDS/PDS) contractual requirement.
2. Failure to do so may result in your Health Board serving a notice of breach of contract.
3. The QAS form will be available online from 1<sup>st</sup> November 2022.
4. The QAS form can be accessed at <https://formbuildertwo.wales.nhs.uk/>
5. The contract holder needs to verify the accuracy of the answers on the form before submission.
6. The deadline for the completion and submission of the form is 1<sup>st</sup> February 2023, 23:59 (GMT).