Combined Practice Inspection in General Dental Practice

Pilot Study Report

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Prepared by the Combined Practice Inspection Working Group

On behalf of the Dental Quality Improvement Standards Group

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LIST OF ABBREVIATIONS

BDA	British Dental Association
CPD	Continuing Professional Development
CPI	Combined Practice Inspection
DQIS	Dental Quality Improvement Standards (Group)
HB	Health Board
HIS	Healthcare Improvement Scotland
NES	NHS Education for Scotland
NHS	National Health Service
PEQ	Patient Experience Questionnaire
PSM	Practice Support Manual
SDCEP	Scottish Dental Clinical Effectiveness Programme
SDPBRN	Scottish Dental Practice Based Research Network
VT	Dental Vocational Training

EXECUTIVE SUMMARY

Introduction

Every three years, NHS General Dental Practices in Scotland are subject to inspection by their NHS Health Board (HB). Vocational Training (VT) practices are also subject to a second, three yearly, rolling programme of inspection by NHS Education for Scotland (NES).

Healthcare Improvement Scotland (HIS) also has a remit for the inspection of NHS and independent dental healthcare services. There is uncertainty about how HIS will take forward this remit but, potentially, all dental practices/clinics in Scotland may be required to undergo HIS inspection.

To simplify the inspection requirements faced by Scotland's NHS General Dental Practices and to provide an efficient and effective single inspection system, the Dental Quality Improvement Standards (DQIS) Group has developed a single Combined Practice Inspection (CPI) process intended to meet the inspection requirements of HBs, NES and HIS.

In 2010 a feasibility pilot of the CPI process was conducted in NHS General Dental Practice in Scotland. Based on the findings of the feasibility pilot, a second, larger pilot was conducted in 2012. This report presents the findings from the 2012 pilot.

Aims and Objectives

The aims were to further develop the CPI process and assess its utility as part of an effective and efficient system of inspection and assurance.

Four objectives were addressed. These were to:

1. explore strategies to reduce the amount of time needed for the CPI process;
2. explore what support mechanisms inspectors and practices might require in order to undergo the CPI process;
3. improve the utility of the Patient Experience Questionnaire through further development and piloting;
4. explore how the implementation of the CPI process might be facilitated.

Methods

Participants: Ten inspectors (5 HB and 5 VT) and 10 NHS General Dental Practices (9 in NHS Lothian and 1 in NHS Fife) participated. All practices were due to undergo a VT and/or a HB practice inspection.

<u>The CPI Process</u>: Three methods for the conduct of the CPI visit were evaluated.

1. Two inspectors jointly inspected all items on the CPI checklist (4 visits).

2. Pre-submitted practice documentation was inspected by the two inspectors in advance of the visit. During the inspection visit both inspectors inspected all other items on the CPI checklist (3 visits).
3. The two inspectors split up during the visit. One inspector inspected the practice documentation and one inspector inspected all other items on the CPI checklist (3 visits).

Inspections undergone as part of this pilot were official practice inspections, and practices were required to meet the current criteria for VT and/or HB practice inspection.

In addition, practices were requested to try to evidence all other items on the CPI checklist and to distribute the CPI Patient Experience Questionnaire to 100 adult patients. PEQs were analysed by the Scottish Dental Clinical Effectiveness Programme's (SDCEP's) CPI team. The results were returned to each practice and their inspectors in advance of their CPI visit.

All ten CPI inspection visits were conducted in March 2012 and April 2012.

Practice Support: Practices were encouraged to sign up for access to the SDCEP Online Practice Support Manual (PSM) and were granted temporary access to the unpublished, draft of the Health and Safety Section.

A folder was provided to support practices collate, organise and store their documentation.

Practices were encouraged to contact SDCEP if they required any advice or support when preparing for their CPI visit.

Data Collection: A range of data collection methods were used to gather feedback from inspectors, practices and patients, including questionnaire, interview and focus group. Outcomes measured, included: times taken for the different aspects of the CPI process; inspectors' and practices' attitudes and beliefs towards the CPI process; and patients' attitudes and beliefs towards the PEQ.

Results Summary

The Purpose of the CPI Process: The inspectors' vision for the overall purpose of the CPI process is quality assurance, improvement, and the safety of patients and the dental team. They emphasise that the CPI process should be driven and underpinned by the qualitative, and not by the quantitative, aspects of CPI.

The remaining results are reported as they relate to each of the four objectives addressed in this pilot.

Objective 1 - to explore strategies to reduce the amount of time needed for CPI

- Although the time taken to prepare for and conduct the CPI visit is greater than for either HB or VT practice inspection, inspectors and practices believe that the time required will be significantly less for subsequent CPI visits.

- The method of two inspectors splitting up was considered to be the most efficient way of conducting the CPI visit. The inspectors were unanimous in their decision that of the three methods employed, this method is the one that they would recommend for conducting the CPI visit. Feedback from practices lends broad support to this recommendation.

- Inspectors strongly believe that dentists are the most appropriate professional to undertake the role of a CPI inspector. Furthermore, practices consider inspection to be most beneficial when delivered in a supportive, peer-to-peer type process. However, it was agreed that it would be possible to train lay members of staff to inspect practice documentation, and that consideration could be given to one member of the inspection team being a non-dentist.

- A potential source of inefficiency during the CPI visit is poor preparation and organisation of documentation. A number of suggestions were proposed to help reduce this risk.
    - Instruction on how to set up a documentation folder for inspection should be available in the PSM.
    - Practices could be sent an inspection folder with dividers and labelled poly pockets for the organisation and storage of documentation.
    - Practices could be asked to buy the materials for setting up the inspection folder.
    - Practices could be asked to sign an undertaking before inspection stating that documentation is prepared and meets inspection criteria.
    - A selection of documentation could be inspected during the visit rather than all documentation.

Objective 2 - to explore what support mechanisms inspectors and practices might require in order to undergo the CPI process

- The PSM is considered an essential support tool for the CPI process.
- A clear definition and standard for each item in the CPI checklist should be developed and disseminated via the PSM.
- Regularly updated CPD training in the requirements of the CPI process is essential for inspectors and should be made available to practices.
- A mechanism or process to enable practices to request and receive interactive support when preparing for CPI should be set up.

Objective 3 - to improve the utility of the Patient Experience Questionnaire through further development and piloting

- On average, patients require less than 10 minutes to complete the PEQ.
- Most patients find the PEQ easy to read, understand and complete.
- A number of suggestions about how to improve the PEQ were made, including: clearly defining what is meant by treatment; asking questions about the child friendliness of the practice asking questions about the premises.
- There is a need to clarify the purpose of the PEQ as part of the CPI process.
- Practices believe the PEQ provided affirmation of the work being done in the practice.
- Training for inspectors in how to interpret and feedback PEQ results to practices is required.
- There is uncertainty about how practices that consistently get poor scores should be supported.
- Methods for efficient administration of the PEQ should be explored.

Objective 4 - to explore how the implementation of CPI might be facilitated

- Inspectors believe it is possible to reconcile HB and VT inspection requirements.
- It is recommended that a scoring system is incorporated into the CPI process.
- There is a need for centralised facilitation and organisation of the CPI process.
- Inspections could be carried out by a pool of CPI inspectors – some employed by/contracted to HBs and some employed by/contracted to NES.
- A repository to enable different inspection bodies to access and review practices' inspection result is required.
- The CPI checklist and PEQ used in the pilot will require updating prior to implementation.
- It is recommended that any agreed changes are incorporated into these documents by the CPI Working Group.
- In the longer term a group with representation from all inspection bodies should be established to regularly review and update the CPI checklist and PEQ. There should be a robust process of communication between this group and SDCEP.

CONCLUDING REMARKS

Overall, practices found CPI to be a positive experience with recognisable advantages in comparison to previous inspections they had undergone. In keeping with the inspectors' vision many of these advantages relate to the more qualitative aspects of the CPI process.

There are undoubtedly challenges in preparing for and undergoing CPI. Mostly these relate to time, the requirements for new documentation and uncertainty about the standards required to evidence the CPI criteria. It is, however, anticipated that the impact of these challenges will be greatest the first time an inspector or practice undergoes the CPI process.

1 INTRODUCTION

Every three years, NHS General Dental Practices[a] in Scotland are subject to inspection by their NHS Health Board (HB). Vocational Training[b] (VT) practices are also subject to a second, three yearly, rolling programme of inspection by NHS Education for Scotland (NES). Both HB and VT practice inspections require completion of a checklist assessing a broad range of areas relating to the provision of safe dental care. Although there are differences between the HB and VT checklists, many of the individual items assessed are common to both.

Enactment of the Public Service Reform (Scotland) Act 2010 established a new health body, Healthcare Improvement Scotland (HIS), with the power to scrutinise and inspect NHS and independent healthcare services[1]. Currently, there is uncertainty about how HIS will take forward its remit for the inspection of dental services but, potentially, all dental practices/clinics in Scotland may be required to undergo HIS inspection.

To simplify the inspection requirements faced by Scotland's NHS General Dental Practices and to provide an efficient and effective single inspection system, the Dental Quality Improvement Standards (DQIS) Group initiated the development of a single Combined Practice Inspection (CPI) process intended to meet the inspection requirements of HBs, NES and HIS.

A CPI Working Group[c] was established to develop and pilot a single CPI process. The CPI Working Group consolidated the HB and VT practice inspection checklists into a single CPI checklist. This was cross-referenced against the National Standards for Dental Services[2]. National Standards that could be assessed by inspectors during the CPI visit were added to the CPI checklist (Appendix 1.1). National Standards that could not be assessed during the CPI visit were incorporated into a Patient Experience Questionnaire (PEQ) (Appendix 1.3) which was developed in collaboration with the DQIS Group's lay representative and NHSScotland's Better Together Programme.

Between June and November of 2010 a feasibility pilot of the CPI process was conducted in five General Dental Practices in NHS Lothian. Based on the findings of this pilot[3], the DQIS Group requested further development of the CPI process and additional piloting in a larger number of practices. This report presents the methods employed and the findings from the second CPI pilot.

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[a] NHS General Dental Practices are defined as practices/clinics that provide only NHS dental care or 'mixed' practices/clinics providing NHS and private dental care to their patients.

[b] Vocational Training Practices provide Dental Vocational Training, Longitudinal Dental Training, Foundation Training or Hygienist-Therapist Vocational Training.

[c] The CPI Working Group includes representatives from the Scottish Dental Clinical Effectiveness Programme, NES's VT Programme, NHS Lothian, and the Scottish Dental Practice Based Research Network.

2 AIMS AND OBJECTIVES

2.1 Aims

The aims were to further develop the CPI process and assess its utility as part of an effective and efficient system of inspection and assurance.

2.2 Objectives

The objectives were to:

1. explore strategies to reduce the amount of time needed for the CPI process;
2. explore what support mechanisms inspectors and practices might require in order to undergo the CPI process;
3. improve the utility of the Patient Experience Questionnaire through further development and piloting;
4. explore how the implementation of the CPI process might be facilitated.

3 METHODS

3.1 Setting

NHS General Dental Practices in NHS Lothian and NHS Fife.

3.2 Eligibility

NHS General Dental Practices due to undergo either a VT and/or a HB practice inspection between January and April 2012.

3.3 Recruitment

The CPI Working Group's HB and VT representatives each identified five NHS General Dental Practices for invitation to take part in the pilot. In each practice the Practice Principal (HB) or Practice Trainer (VT) was contacted by the appropriate CPI representative to discuss the study and ascertain the practice's willingness to take part. Practice recruitment was carried out in November and December 2011.

3.4 Design

The following three methods for the conduct of the CPI visit were evaluated.

1. Two inspectors (one HB and one VT) jointly inspected all items on the CPI checklist (4 visits).
2. Pre-submitted practice documentation (Appendix 1.2) was inspected by the two inspectors in advance of the visit. During the inspection visit both inspectors inspected all other items on the CPI checklist. If

clarification about any aspect of the pre-submitted documentation was required this was sought during the inspection visit (3 visits).

3. The two inspectors split up during the visit. One inspector inspected the practice documentation and one inspector inspected all other items on the CPI checklist (3 visits).

Permission was sought from practices for an observer from the Scottish Dental Clinical Effectiveness Programme[d] (SDCEP) to accompany the inspectors during the inspection visit. All practices agreed and a non-clinical observer attended each inspection.

Inspections undergone as part of this pilot were official practice inspections conducted by one HB and one VT inspector, and practices were required to meet the current criteria for VT and/or HB (as appropriate) practice inspection.

In addition, practices were requested to try to evidence all other items on the CPI checklist. By doing so, HB practices[e] that successfully evidenced the criteria for VT practice inspection would not require a separate inspection if they wished to become a VT trainer within the next three years. Similarly, VT practices[e] that successfully met the criteria for HB practice inspection would not require a separate HB inspection within the next three years.

3.5 SDCEP Practice Support Manual

Practices were encouraged to sign up for access to the SDCEP Online Practice Support Manual (PSM)[4]. To further support their preparatory work for the inspections, practices were granted temporary access to the Health and Safety Section which was in its final draft but not yet published. There was no access to sections of the PSM which were still in development (Radiation Protection and Communication).

3.6 Preparatory Materials

At least 11 weeks before their inspection visit practices were mailed confirmation of their inspection date and time; a practice information sheet (Appendix 2.1); a pre-inspection questionnaire (Appendix 2.3); a time-tracking form (Appendix 2.2); a lever-arch folder for the organisation and storage of documentation; the CPI checklist; 100 PEQs; and details of who to contact if there were any queries. The practice information sheet outlined the different stages of the pilot and what was required of the practice.

[d] All operational aspects of the pilot were carried out by SDCEP in collaboration with the Scottish Dental Practice Based Research Network.

[e] HB practices are defined as those due an HB practice inspection. VT practices are defined as those due a VT inspection.

3.7 Document Preparation

All practices were requested to compile their documentation in the lever-arch folder provided. The folder was sub-divided into sections following the same order as the checklist. Within each section a plastic poly pocket was provided for each individual document required.

Practices that had been allocated a pre-submission CPI visit were requested to compile all their documentation in the folder provided at least two weeks before the date of their inspection. Once ready, the practice contacted SDCEP who arranged for the documentation to be delivered to the inspectors conducting the visit. If the practice preferred, it was acceptable to submit photocopies. Any original documentation submitted was photocopied by SDCEP before transfer to the inspectors and the originals returned to the practice. The inspectors securely destroyed the document photocopies on completion of the practice's CPI visit.

3.8 Patient Experience Questionnaire

Practices distributed the PEQ to 100 patients over 18 years of age. It was recommended that the practice chose a start date and offered the PEQ to each consecutive adult patient until all 100 were distributed. If a patient declined the PEQ, it was then offered to the next consecutive patient.

Patients were assured by their practice that all information provided was anonymous, and were asked to complete both the PEQ and the Patient Feedback Form (Appendix 1.4) before sealing their completed questionnaires in the envelope provided and returning it to the reception desk. Patients were advised they could return the PEQ by post if they preferred.

Completed PEQs were bulk mailed to SDCEP at least three weeks in advance of the practice's CPI visit. The results were sent to the practice and the inspectors approximately one week before the CPI visit.

3.9 Data Collection

3.9.1 Inspector Data Collection

- During the CPI visit inspectors made note of any items on the checklist that required clarification, represented duplication or caused difficulty for the practice.
- An inspector focus group (Appendix 2.5) was conducted three weeks after completion of the last CPI visit. The focus group explored the inspectors' views about:
    - the different methods used to conduct the CPI visit, including the impact on the time taken and the quality of the inspection;

- the resources required to support inspectors and practices prepare for a CPI visit;
- the areas of the CPI process where inspectors might benefit from training;
- the utility of the PEQ and how best to incorporate it into the CPI process;
- how the different HB and VT 'pass' requirements might be reconciled;
- how a national CPI process might be administered.

3.9.2 Practice Data Collection

- A pre-inspection questionnaire was completed before beginning any preparation for the CPI visit. The questionnaire asked about practices' previous experience of HB or VT inspection (resources required and challenges encountered) and their attitude towards HB or VT inspection.
- During their preparation for the inspection visit, practices were asked to:
  - note any item that could not be evidenced and the difficulties that were encountered;
  - record their preparation activities and the time taken on the practice time tracking form.
- A post-inspection questionnaire (Appendix 2.4) gathered information about practices' experience of the CPI process (resources required and challenges encountered) and their attitude towards the CPI process.
- Around six weeks after their CPI visit practices participated in a semi-structured telephone interview (Appendix 2.6) to discuss their views of the CPI process in more detail.

3.9.3 Patient Data Collection

- A PEQ feedback form was used to gather information about patients' views of the PEQ including the time taken to complete it, areas of difficulty and how the PEQ might be improved.

3.10 Data Analyses

Descriptive and correlation statistics were used to analyse quantitative data. Qualitative data was analysed using a thematic analysis approach.

4 RESULTS

This section presents the feedback given by inspectors, practices and patients. In addition, suggestions for the revision of the CPI checklist and the PEQ are proposed.

4.1 Participants

Ten inspectors took part in the pilot: five HB inspectors and five VT inspectors.

Ten practices agreed to undergo CPI inspection. Nine were located in NHS Lothian and one was located in NHS Fife. All were urban practices (4 'large' urban and 6 'other' urban). As categorised by the Scottish Index of Multiple Deprivation datazones: four were located in Quintile 5 (least deprived); one in QuintIle 4; one in Quintile 3; three in Quintile 2; and one in Quintile 1 (most deprived)[5].

Of these 10 practices, five were current VT training practices. The practices ranged in size from a minimum of three surgeries to a maximum of four surgeries. One practice carried out conscious sedation.

Six hundred and ninety-nine patients completed a PEQ.

All ten CPI visits took place in March 2012 and April 2012.

4.2 Data Returns

All ten inspectors had the opportunity to feedback on CPI during their preparation for inspection and during the CPI visit. Nine participated in the focus group which lasted for approximately four hours.

Eight practices returned the pre-inspection questionnaire and eight returned the post-inspection questionnaire with six practices returning both. All ten practices participated in a post-inspection, semi-structured, telephone interview lasting from 20 to 30 minutes. Interviews were conducted with the practice principal or the person who co-ordinated or led the CPI activities in the practice. Six practices returned a practice time tracking form detailing the time associated with the different preparation activities undertaken.

Six hundred and eighty-six patients (98%, 686/699) returned a PEQ feedback form, feeding back on the time taken to complete the PEQ and giving suggestions for its improvement.

4.3 Inspector Feedback

4.3.1 The Purpose of the CPI Process

During the inspector focus group, the inspectors agreed that it was important to state that their vision for the overall purpose of the CPI process is quality assurance, improvement, and the safety of patients and the dental team. They emphasised that the CPI process should be driven and underpinned by the qualitative, and not by the quantitative, aspects of CPI.

4.3.2 Preparation for Inspection

All inspectors believed that during the development stage of the pilot, they had become very familiar with the items included in the CPI checklist. Therefore, they anticipated that preparation they had required in order to undertake a CPI visit would be less than for inspectors who were "*new*" to the CPI process.

In general, before their first CPI visit, approximately one to two hours was required to re-familiarise themselves with the CPI checklist and relate its requirements to the PSM. For subsequent inspections, this time was greatly reduced.

Inspection of the pre-submitted documentation also required between one and two hours depending on the completeness and organisation of the documents submitted.

The time taken to review the PEQ results varied from 15 minutes to around 30 minutes.

4.3.3 Methods of Conducting the CPI Visit

Both inspectors inspecting all items on the CPI checklist: All inspectors had experience of conducting at least one CPI visit during which they jointly inspected all aspects of the CPI checklist[f]. It was agreed by the group that it was not necessary for both inspectors to inspect every item on the CPI checklist.

For this method of inspection, a key source of inefficiency was the time required to conduct the inspection. An additional cost was a perceived reduction in the quality of inspection. The inspectors found that both the inspectors' and the practice staff's concentration declined markedly towards the latter part of the inspection, and it was thought that all those involved found the inspection to be an exhausting experience.

[f] For two inspectors their experience of conducting CPI visit during which they both jointly inspected all aspects of the CPI checklist was gained during the 2010 CPI feasibility pilot.

Pre-submission of documentation: When considering pre-submission of documentation, a number of benefits were identified. It may allow for more thorough examination of the documentation than would otherwise be possible. Because all the documentation would need to be collated in advance of the CPI visit, it may encourage less well organised practices to prepare the documentation in a manner that enables the documentation to be examined more efficiently than would be possible using the other methods of conducting the CPI visit.

Although, there is a requirement to cross-reference some of the documentation with equipment in the practice, inspectors believed that pre-submission is likely to reduce the time required for the CPI visit. However, the reduction in time may be relatively small in practices where the documentation submitted is incomplete or does not meet the standard required. A number of suggestions were made as to how such a situation might be managed.

One suggestion was for any deficiencies in the documentation to be addressed "*cold*" on the day of the CPI visit. Dependent on the extent of the problems identified, this may result in a CPI visit where the time required is similar to the time required without pre-submission. Furthermore, as the visit may be contentious the inspectors strongly believed that it would be essential for two inspectors to carry out the inspection.

Another suggestion was that the date of the CPI visit would not be confirmed until the pre-submitted documentation had been examined. If deficiencies were identified, the practice would be contacted and problems with the documentation discussed. Practices would then be required to bring their documentation up to standard before the date of their CPI visit was confirmed. It was noted that this method of managing deficiencies in pre-submitted documentation may require significant resource input dependent on the extent of the problem or the number of times the documentation needed re-submission before meeting the standard required. It also introduced the potential for practices to 'game' the system and delay inspection almost indefinitely, unless some mechanism was put in place to prevent this.

The organisational and administrative aspects of document pre-submission were also discussed. One aspect considered was where the documentation would be submitted and concern was raised that HBs may not have the necessary resources to undertake this. It was highlighted that the method of pre-submission used during the pilot was resource intensive: documents were submitted in hard copy; delivery and return was by courier; and original documentation required photocopying before transfer to the inspectors. In addition, there was a need for secure storage for all the documentation received.

A key risk of this method of pre-submission is the potential for loss of all or part of the original documentation. Electronic pre-submission would negate the need for physical transfer and storage of documentation, but concerns were raised that IT restrictions may prevent the transfer of files, especially large files such as scanned documentation. Also non-computerised practices and some computerised practices may not have in-practice scanners. It was further anticipated that the need to ensure all documentation was in electronic format would introduce an additional time burden for some practices.

Two inspectors splitting up during the CPI visit: The CPI visits where the two inspectors split up (with one inspecting documentation and one inspecting all other items on the CPI checklist) ran smoothly, and the time taken by each inspector was similar. At the end of the visit the two inspectors and the practitioner came together for discussion.

The benefits in comparison to both inspectors inspecting jointly were similar to those identified for pre-submission, including the reduction in time taken and the ability to examine the documentation more thoroughly without unduly increasing the time required at the visit. Also highlighted as an important benefit of this method of inspection was the ability for inspectors to collaborate and corroborate.

It was noted that the quantity of documentation to be inspected did not depend on the size of the practice and it was suggested that in practices with only one surgery the time required to inspect the documentation might be longer than the time taken for the other items on the CPI checklist. However, it was also noted that the time taken to inspect additional surgeries was relatively small, especially if all surgeries were identical, and that other non-documentation items on the CPI checklist were independent of practice size for example inspection of an LDU.

Comparison of methods: Asked which method of conducting the CPI visit they would recommend, the inspectors were unanimous that the method of two inspectors jointly inspecting all items on the CPI checklist could not be recommended.

Following discussion, and after weighing up the benefits and costs of pre-submission, it was agreed that the costs had the potential to far exceed the benefits. It was also suggested that in some circumstances, the overall time (practice, inspector and administrative) required would be greater than if the inspectors inspected jointly. Again, the inspectors were unanimous in their decision that they would not recommend this method for conducting the CPI visit.

The method of two inspectors splitting up was considered to be the most efficient way of conducting the CPI visit. Inspections where this method was used ran very smoothly with both inspectors being fully engaged throughout. The benefits were similar to those of pre-submission but without the associated costs. Again, the inspectors were unanimous in their decision that of the three methods explored, this method is the one that they would recommend for conducting the CPI visit.

During each CPI inspection visit the SDCEP observer recorded the start and finish times. These timings are presented in Table 1.

Table 1 Time Taken to Conduct the CPI Visits

Method	Practice Size	Time Taken
Joint	4 surgeries	4 hours 30 minutes
Joint	3 surgeries	4 hours 30 minutes
Joint	4 surgeries	4 hours
Joint	3 surgeries	3 hours
Pre-submission	3 surgeries	3 hours 30 minutes
Pre-submission	3 surgeries	3 hours 15 minutes
Pre-submission	3 surgeries	2 hours 45 minutes
Splitting up	4 surgeries	3 hours 30 minutes
Splitting up	3 surgeries	3 hours
Splitting up	3 surgeries	2 hours 30 minutes

4.3.4 Composition of the Inspection Team

The inspectors were asked to consider if it was necessary for inspectors to be dentists. There was strong agreement that dentists are the most appropriate professional to undertake this role. The group argued that if non-dentists were to undertake inspection, this would have a negative impact on the quality of inspection and likely devalue the process. In particular, it was argued that non-dentists would be less able to qualitatively assess many items within the CPI checklist due to their lack of training, clinical experience and the associated insight that comes with this. There was also concern that practitioners may be uncomfortable with non-dentist inspectors assessing and judging their practice and may be less accepting of feedback.

Given their recommended method of inspectors splitting up at the CPI visit, the inspectors were asked if it was necessary for both members of the inspection team to be dentists.

All inspectors believed that it was essential for at least one member of the inspection team to be a dentist and most believed that both should be. However, following discussion, the inspectors agreed that it would be possible to train a lay member of staff to effectively inspect most of the practice documentation. It was noted that this is a model that is currently used for some HB practice inspections and there was agreement that consideration could be given to training a non-dentist to inspect documentation during the CPI visit.

4.3.5 Documentation

Inspectors agree that a key source of inefficiency during inspection is poorly prepared and disorganised documentation. Given the increase in the quantity of documentation required for CPI, the risk of this happening during a CPI visit was anticipated to be relatively high.

Several strategies to help minimise this risk were suggested. One was for all practices in Scotland to be sent an inspection folder with dividers organised in the order of the CPI checklist and labelled poly pockets for the storage of documents. It was believed that practitioners would find this to be a very user-friendly approach and that empty pockets would make it straightforward for practices to identify when documentation was missing. Only one folder would be provided and if the practice 'lost' it they would be required to pay for a replacement. An indication of the potential cost implications from this strategy was given by the SDCEP administrator who informed the group that the cost of doing this during the pilot was £5 per practice including postage. An alternative suggestion was that practices could be given instruction as to how to set up the folder and be asked to buy the materials themselves.

Regardless of whether or not practices were to be sent a folder, it was agreed that there should be a section in the PSM called 'Preparing for your Practice Inspection'. This section should contain all the necessary information about preparing for a CPI, including instructions for setting up the documentation folder. It should also contain links to all the templates required.

Another suggestion was that practices could be required to sign an undertaking before inspection, stating that all documentation is in place, meets the criteria specified and is organised for inspection. A further suggestion was that if this document had legal standing, then it may be possible to inspect core documentation plus a random selection of the remaining documentation. If deficiencies were identified in the documentation

selected, the remaining documentation could then be inspected. The inspectors were divided as to the benefits of doing this but agreed that it should be put forward for consideration.

4.3.6 The Patient Experience Questionnaire

Inspectors believed that the method employed during the pilot to gather feedback from patients "*worked*" but some were concerned that practices might be selective about which patients were issued a PEQ.

It was agreed that discussion of the PEQ results did not really "*play*" into the inspection visit. In part, it was believed that this was because the results were generally good and it was believed that in these circumstances little discussion was required. However, it was perceived that practices had valued their patients' feedback, and it was noted that some practices had acted on the feedback received for example, handing the Patient Information Leaflet to patients, instead of simply making it available in the waiting room.

There was uncertainty about how practices that consistently received poor scores should be supported and what mechanisms might be put in place to deliver such support.

Some inspectors also highlighted that, regardless of the results, they did not feel comfortable about giving feedback about the PEQ results without training.

4.3.7 Inspector and Practice Support

The PSM was considered an essential support tool for the implementation of the CPI process. To help ensure that practices accessed this resource, it was suggested that when inspections were arranged, practices should be advised to refer to the proposed 'Preparing for your Practice Inspection' section of the PSM. Although the inspectors agreed that the PSM should contain all the information and document templates required to support practices throughout the CPI process, it was also agreed that it was not essential for practices to use the PSM to successfully prepare for CPI.

Inspectors also strongly believed that a clear definition and standard for each item in the CPI checklist should be developed and disseminated via the PSM. It was recommended that this should be undertaken by a small, knowledgeable and pragmatic group with experience and expertise in inspection. This group could request advice from area experts (e.g. decontamination experts, IRMER experts) as required.

Inspectors believed a number of benefits would result from the development and dissemination of definitions and standards for CPI items. This would help to frame and standardise training, giving a degree of calibration to inspection;

would help inspectors answer practice questions during inspection visits, particularly for new items or items from the National Standards; and would improve the efficiency of inspection due to the provision of clear guidance for practices to prepare inspection items and for inspectors to assess items.

Inspectors also believed there was a need to have a method of qualifying a practice's post-inspection status, such as a graded system or a "red, amber, green" system.

Inspectors emphasised that implementation of the CPI process would require training for all inspectors, regardless of their background. Training should attract Continuing Professional Development (CPD); and focus on familiarisation with the CPI process; and cover areas such as the CPI checklist, the definitions and standards at which CPI items are assessed, the PEQ, the method of qualifying a practice's post-inspection status and the support tools available (PSM). For new inspectors it was suggested that there could also be an element of "*on the job*" training or shadowing of existing CPI inspectors. The inspectors also stressed that there needs to be a system to update training at regular intervals to ensure inspectors are up to date with CPI requirements.

It was also believed that CPD training in the requirements of the CPI process should be made available to practices. In addition, it was suggested that there should be a mechanism for practices to request and receive advice during their preparation for inspection.

4.4.8 Reconciling HB and VT Requirements

The inspectors believed that reconciling the current HB process of giving practices time, after inspection, to make any necessary improvements with the VT requirement for practices to 'pass' inspection would not be overly problematic.

As with the current HB system, practices could still be given time to make any necessary improvements, perhaps according to a nationally agreed 'red, amber, green' scale. In addition, it was suggested that a scoring system similar to the current VT system could be incorporated into CPI.

Within the CPI checklist it was suggested that there could be items that are absolute requirements for VT. To meet the inspection component of the trainer selection process, practices would be required to evidence these at inspection and also meet a minimum score. Any practice that did not meet these criteria at the CPI visit would be eligible to apply for VT selection in a subsequent year, if it could, at that time, evidence full compliance with VT requirements. All inspectors indicated that they were in broad agreement with this suggested process.

4.4.9 Administering the CPI Process

The inspectors were asked to consider how a CPI process might be co-ordinated across the different organisations with inspection powers (HB, NES, HIS). All agreed that the pilot had highlighted the need for centralised facilitation and organisation, either at regional or national level. This role was undertaken by SDCEP during the pilot.

It was suggested that there could be a pool of inspectors, some employed by/contracted to HBs and some employed by/contracted to NES, as currently happens. Inspections would be arranged via centralised co-ordinators using the inspector pool.

Given that an intention of CPI is for the requirements of all inspection bodies to be met within a single inspection process, the inspectors agreed that practices not considering VT could be inspected by NES employed/contracted inspectors; and VT practices, or practices applying for VT, could be inspected by HB employed/contracted inspectors.

It was, however, emphasised that it would be necessary for a repository to be set up to enable the different inspection bodies to access and review the results of a practice's CPI. It was suggested that it may be possible to set up this repository via the existing NES portal.

4.4 Practice Feedback

4.4.1 Preparation for Inspection

Time: In the pre-inspection questionnaire practices reported that on average they required 18 hours to prepare for a HB or VT inspection (s.d. = 13.0; min = 4; max = 40). The average time required to prepare for a CPI inspection was 55 hours (s.d. = 35.6; min = 30; max = 130). Four practices answered this question in both questionnaires. For one practice preparation time increased from 20 hours to 32 hours, one practice from 10 hours to 30 hours, one from 10 hours to 60 hours and one from four hours to 60 hours.

Practices identified preparation time as the primary challenge of the CPI process. Some practices paid staff for the additional work hours needed, and in other practices the person leading the preparation activities took CPI work home on evenings and weekends. Practices attributed the excess time primarily to the amount of documentation required for CPI; the requirement for documentation to be read and signed by all members of staff; and the number and nature of "*new*" items on the CPI checklist.

All practices believed that the time and work associated with preparing for CPI would decrease substantially for subsequent CPIs, because documentation, systems and resources would be in place. In general, it was believed that

preparation for subsequent CPIs would not differ markedly from the time required for current HB or VT practice inspections.

Activities: When practices received the preparatory materials and instructions for the CPI pilot, they initially felt intimidated or overwhelmed with the amount of work involved. However, once preparation began, CPI was found to be much less anxiety-inducing and daunting than it seemed at first.

Delegation or sharing of preparatory activities varied in accordance with the manner in which practices usually prepared for inspections. Some practices stressed that the new format of and items in the CPI, as well as increased preparation time, necessitated a single leader. Other practices felt the increased preparation associated with CPI necessitated involvement of a wider range of staff. Regardless of how preparation activities were conducted, practices universally felt that preparation for CPI involved more organisation, more members of the practice team, and more of a team effort.

In general, the types of preparation activities carried out in preparation for CPI did not differ from those carried out for HB/VT practice inspection. Full details of the CPI preparation activities carried out and the associated timings are presented in Appendix 3.1.

Resources: There was also little difference in the types of resources practices required to prepare for HB/VT practice inspection and CPI. For all types of practice inspection, practices required reference/guidance materials and policy/protocol templates and most required protected time for preparation. For CPI, there was an increased need for printing of documentation and several practices evidenced the CPI requirement (new) for fixed wire testing at a cost of around £300-£400.

Strategies and resources used to facilitate preparation: Practices identified a number of strategies which facilitated their CPI preparation. Planning ahead in relation to preparation activities and anticipating the time needed for preparation was identified as a useful strategy.

Dividing CPI related work between team members was a strategy used in some practices to reduce the burden of CPI preparation. This approach was more common in practices without a practice manager. In practices with a designated leader for preparation, a non-dentist lead (practice manager or dental nurse) was seen as a good way to co-ordinate preparation without losing dentist or surgery time.

All practices used the PSM to a varying extent, for guidance or clarification and for accessing templates. A small number of practices had previously

used resources from the British Dental Association (BDA) Good Practice Scheme, and in this pilot, tended to use these resources before the PSM. However, these practices felt the BDA resources were not sufficiently specific to inspection criteria in Scotland and believed they had probably underutilised the PSM. The CPI checklist itself was also considered helpful in guiding preparation and directing practices to resources or references for individual items.

Practices used and appreciated the lever-arch file and dividers provided by SDCEP for filing inspection documentation. The file was found to be a practical tool for organising CPI documentation and practices felt "*it was easy to get lost without it*". Additional suggestions for managing documentation included electronic storage of documentation or a way of centralising documentation so it could be easily accessed by both practices and inspectors.

The telephone and e-mail support provided by SDCEP was identified as very helpful, especially when practices thought they had a fairly simple question but anticipated either a complicated answer or one that would be difficult to find (e.g. searching the internet, reading through a policy document, guidance that does not yet exist).

4.4.2 Methods of Conducting the CPI Visit

Asked about their views of the method used to conduct their CPI visit, practices:

- that had visits conducted by two inspectors working together often suggested that inspectors should divide the work as a way to make the visit more efficient;
- that pre-submitted their documentation did not indicate any perceived time savings and felt inspectors were re-checking the documentation during the visit;
- where inspectors split up and divided inspection activities tended to endorse this method of conducting the CPI visit.

Although each practice experienced only one method for inspection, their views are broadly in line with the recommendations made by the inspectors (Section 4.3.3).

Most practices thought the CPI visit lasted a reasonable amount of time and followed a logical process. Practices where the CPI visit lasted more than four hours felt the amount of time was unreasonable and could have been reduced. Generally, visits did not feel rushed although the quantity of

documentation and flow of the checklist sometimes made visits feel slightly chaotic.

Practices also fed back on their expectations about the overall conduct of the CPI. They believe that inspection in general, and CPI in particular, is most useful and beneficial when it is a professional, mutually respectful and supportive peer-to-peer type process. Practices often associated the number of new items and criteria in the CPI with an increased rigor of inspection and a greater need for collegial support and relevant expertise from inspectors.

4.4.3 The Patient Experience Questionnaire

Most respondents felt the PEQ was a useful part of CPI as an affirmation of the work being done in their practice.

The practices that believed the PEQ to be most useful found it fairly easy to distribute; thought patients were willing to complete it; and had staff meetings to discuss the results and the need for making any changes in the practice. The practices that believed the PEQ to be less useful found it difficult to distribute; too long and/or unsuited to their patient population. Practices' concerns regarding the PEQ centred on the value of results in practices with low response rates, adequate privacy for patients to complete the PEQ, and the relevance of the PEQ in practices with a higher proportion of private patients.

Practices were not strongly for or against the use of the PEQ as part of the CPI process. Most felt "*the inspectors did not have much to say about the PEQ*" and attributed this to the generally positive responses received.

Some practices thought the PEQ offered inspectors a more holistic view of the practice and appreciated the inclusion of patient feedback in the CPI. Others thought the PEQ would be more useful as part of new patient intake or a Health Board audit separate from CPI.

Practices had some concerns over use of the PEQ as part of CPI if patient complaints or problems with care delivery were identified through the PEQ. Practices felt clarifying the purpose of the PEQ in the CPI and training inspectors to interpret and provide PEQ feedback would help address any problems.

4.4.4 Practice Support

Completion of the PSM was a priority recommendation from practices, particularly practices that used the PSM extensively.

Practices also recommended that some form of interactive support (e.g. telephone, e-mail, face-to-face) be made available during CPI preparation. Several practices suggested that inspectors be trained to provide this support.

An additional suggestion was the use of CPD events to familiarise or orient dentists and/or other dental team members to the CPI process, the PSM, and any additional supports that might be provided in future.

Practices typically identified new criteria as unfamiliar, lacking clear explanation or guidance, and without any indication of the extent or level practices were expected to achieve. Specific content in CPI which practices cited as difficult were: Radiation Safety; Health and Safety; Infection Control; Freedom of Information; practice closure; public protection; and procurement. Many practices expect these issues will be partially solved with the completion of the PSM but believe that training should also be available.

4.4.5 Disadvantages of CPI

In general, practices and/or practice staff who had not experienced many HB or VT practice inspections in the past found CPI preparation more difficult. However, for all practices, negative aspects and disadvantages of the CPI process related primarily to time and the amount of documentation involved in initial preparation. Several practices also reiterated difficulties they had encountered understanding and evidencing items related to radiation safety and regulations.

Many practices also reported a desire to perform well during inspection, and the increased number of inspection items increased the amount of stress and pressure experienced. Although increased pressure was considered a negative aspect of CPI, practices often considered CPI a more rigorous inspection, which they associated with an increased sense of accomplishment and desire to "*do well*".

4.4.6 Advantages of CPI

Overall, practices found CPI to be a positive experience with recognisable advantages. Many practices had a wider range and greater number of staff involved in the CPI visit than usual. Practices felt this increased team effort and was beneficial to the practice, ensuring everyone was up-to-date on practice standards and giving a sense of shared accomplishment. Several practices believed that with "*CPI-type*" inspections in future, team involvement would increase, particularly during preparation.

Practices thought CPI helped ensure their paperwork and policies were up-to-date, their training met expected standards, and they believed CPI was more rigorous in its breadth and depth of inspection. They also thought CPI gave

them a sense of reassurance in the quality of their work and safety of their patients.

Practices felt CPI encouraged them to consider their work and processes from a different perspective and ask questions that they would not otherwise have asked of themselves. Practices previously only inspected by their HB felt more inclined to consider applying for VT training after completing CPI.

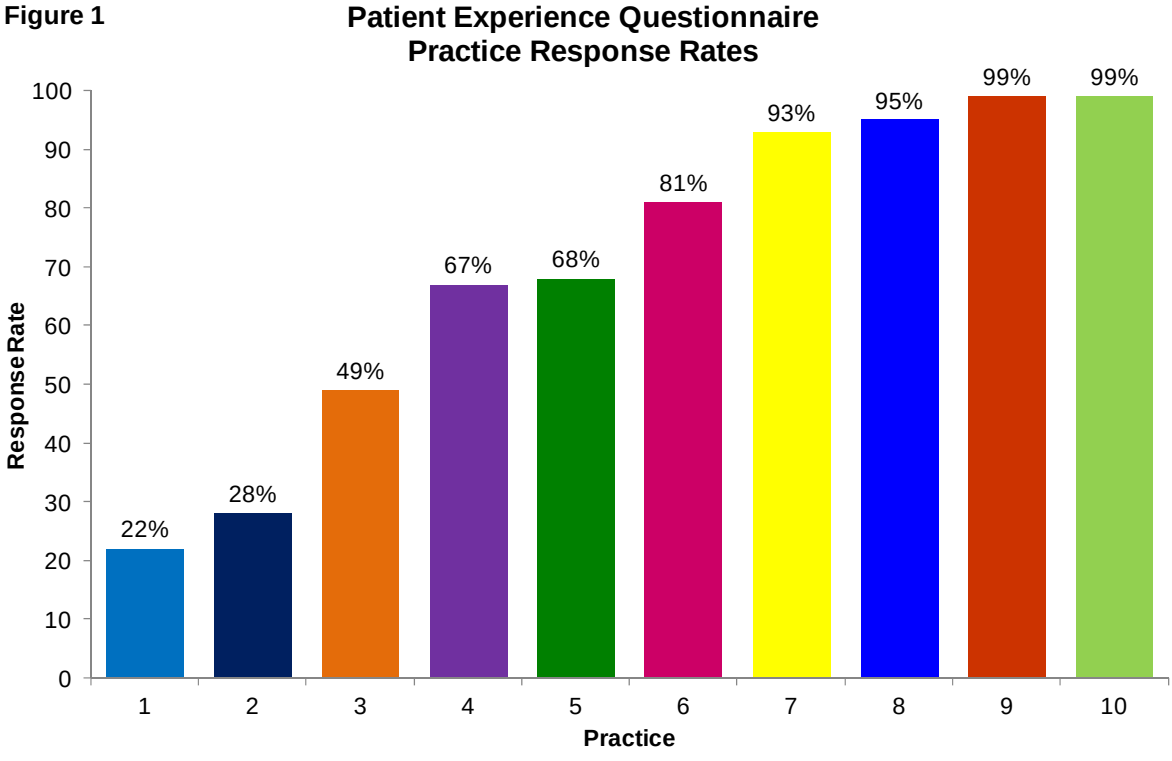
Finally, practices felt the implementation of a single, combined inspection reduced duplication of documentation and saved time by completing HB and VT inspection criteria in a single day.

4.5 Patient Feedback - PEQ[g]

4.5.1 Response Rates

The overall response rate was 70% (699/998). As shown in Figure 1, the response rate differed between practices.

Figure 1



The data suggests that the method used to return the PEQ had an impact on response rate. In the practices with a response rate greater than 80% almost all completed PEQs were handed in by the patient to the practice reception. In the two practices where the response rates were 67% and 68%, just over

[g] Patients' views about their dental practice and the service they receive are reported separately.

40% (43% and 44%) of completed PEQs were handed in to the practice reception with the remainder being posted directly to SDCEP. All returned PEQs in the practices with a response rate less than 50% were posted directly to SDCEP.

4.5.2 Patient Demographics

Forty-three percent of patients who returned a PEQ were male. Their average age was 51 years (s.d. = 15.2; min = 18; max = 89).

The majority (95%) responded that they attended their dentist regularly for check-ups, with the remainder only attending if they have a problem or are in pain. Sixty-nine percent are liable for NHS treatment charges, 15% are exempt from charges and 16% reported that they were not NHS patients.

Asked if their day-to-day activities were limited by any health problem or disability, 81% responded that their activities were ‘not at all limited’, 11% were ‘limited a little’, five percent were ‘limited a lot’ and two percent were ‘extremely limited’.

When considering their overall dental health, 27% rated this as 'excellent’, 54% as ‘good’, 16% as ‘fair’ and three percent as ‘poor’.

4.5.3 Time Taken to Complete the PEQ

The average[h] time taken to complete the PEQ was 7.5 minutes (s.d. = 3.2; min = 1; max = 20). Forty-nine percent of patients took five minutes or less to complete the PEQ, 45% took between six minutes and ten minutes and six percent took between 11 minutes and 20 minutes.

There was a small but significant correlation[i] between the time taken to complete the PEQ and the degree of limitation on a patient’s day-to-day activities (Rho = 0.17; $P < 0.01$). One patient reported that the time taken to complete the PEQ was two hours. This patient returned the PEQ directly to SDCEP and therefore it was not possible to confirm this time with the practice.

4.5.4 Patients’ Views About the PEQ

The majority of patients:

- thought the PEQ was easy to read (98%);
- thought that no questions were confusing or difficult to understand (95%);
- did not particularly dislike anything about the PEQ (97%);

[h] When calculating the average time taken the outlier observation of 120 minutes was omitted.
[i] When calculating Spearman Rho the outlier observation of 120 minutes was omitted.

- did not think any other questions should be added (95%).

A small number of patients thought the questionnaire was too long and some did not like the general layout. Other suggestions for improvement included:

- make it clearer that the PEQ is for patients receiving NHS and/or private treatment;
- define what is meant by treatment, i.e. some patients do not consider a check-up to be treatment;
- allow the responses to be based on previous appointments if no treatment is given at the current appointment;
- include a not applicable option for some questions;
- ask questions about how child friendly the practice is;
- ask questions about the practice premises, e.g. comfort in the waiting room, levels of hygiene;
- ask if the patient would recommend the practice to others.

A small number of patients also commented that they believed surveys were a good idea to help maintain high standards of care.

4.5.5 Administration of the PEQ

During the pilot, SDCEP distributed printed copies of the PEQ to all practices. On their completion, the PEQs were returned to SDCEP for data entry and analysis. For each practice, a report summarising the results was prepared by SDCEP and sent to the practice and inspectors prior to the CPI visit.

This is a resource intensive method that may not be suitable for implementation across all NHS General Dental Practices in Scotland. Consideration should be given to alternative methods of collecting, analysing and reporting PEQ feedback for example:

- machine readable PEQs;
- enabling electronic submission;
- decentralising administration of the PEQ to practices, perhaps linking it to audit;
- implementation of a national PEQ with the results feeding into CPI.

4.6 Revision of the CPI Checklist and the PEQ

The CPI checklist used to conduct the pilot inspections was developed through an iterative process informed by the DQIS Group, key experts, and consultants on specific items or areas of inspection. The checklist contains all

the items from the current HB and VT checklists plus new items relating to the National Standards for Dental Services. It also contains new items that were agreed by the DQIS Group as being necessary for a comprehensive inspection document.

Currently, the checklist differentiates items according to their origin: 'HB' denotes items originating from the current HB checklist; 'VT' denotes items originating from the current VT checklist; items that are in the current HB and VT checklists are denoted 'Both'; and new items are denoted 'New'. The purpose of these descriptors was to make it clear to inspectors and practices which items were required to be evidenced to meet current inspection criteria. It is recommended that before implementation of the CPI process these descriptors are removed.

During the pilot, inspectors and practices suggested a number of changes to the CPI checklist which they believed would improve the flow of the CPI visit, eliminate duplication and reduce ambiguity. Details are listed in Appendix 3.

The CPI checklist is a 'living' document that will require regular updating to remain in line with current regulations and to incorporate emerging issues with relevance to dentistry. During the pilot, SDCEP received two stakeholder requests for inclusion of items relating to:

- legionella bacteria, including: the method used to flush dental waterlines; which biocidal is used; the frequency of biocidal use; the procedure followed for dental water bottles; and documentation for risk assessment;
- arrangements for emergency cover within normal working hours.

In addition, the current CPI checklist may require revision in order to ensure it is consistent with the decontamination requirements which have a compliance deadline of December 2012[6].

As described in Section 4.5, the feedback received from patients regarding potential changes to the PEQ necessitates review and possible revision of this document.

The potential revisions outlined above still require consideration by the DQIS Group and have not yet been incorporated into the CPI checklist or PEQ.

It is proposed that the initial incorporation of any agreed changes into these documents is carried out by the CPI Working Group.

In the longer term, establishment of a group with representation from all inspection bodies with a stake in the CPI process, with a remit to regularly review and agree changes to the CPI checklist and the PEQ is proposed. A

robust process of communication between this group and SDCEP is required to ensure timely updating of the PSM.

5 SUMMARY

In the course of this pilot, four objectives relating to the efficiency, effectiveness and implementation of a CPI process were addressed. This section consolidates the results presented in Section 4 and summarises the findings as they relate to each of the four objectives set out in Section 2.2.

Objective 1 - to explore strategies to reduce the amount of time needed for CPI

- The time taken to prepare for the first CPI visit is greater than currently required for HB or VT practice inspection. Both inspectors and practices believe that the amount of time required will significantly reduce for subsequent CPI visits.

- Inspectors recommend that CPI visits should be undertaken by two inspectors. During visits, one inspector inspects the practice documentation and one inspector inspects all other items on the CPI checklist. Feedback from practices lends broad support to this recommendation.
    - Inspectors strongly believe that dentists are the most appropriate professional to undertake the role of a CPI inspector. Feedback from practices suggests they find inspection to be most beneficial when delivered in a supportive, peer-to-peer type process.
    - It was agreed that consideration could be given to training a lay member of staff to inspect practice documentation.

- Given the unfamiliarity of practices with the CPI process and the amount of new documentation required, a key potential source of inefficiency during the CPI visit is poor preparation and organisation of documentation. A number of suggestions were proposed to help reduce this risk.
    - Instruction on how to set up a documentation folder for inspection should be available in the PSM.
    - All practices could be sent an inspection folder with dividers and labelled poly pockets for the organisation and storage of inspection documentation. Practices found the inspection folder sent out during the pilot to be very useful and believed they would have been "*lost without it*".

    - Practices could be asked to buy the materials for setting up the inspection folder.
    - Practices could be asked to sign an undertaking before inspection stating that documentation is prepared and meets inspection criteria.
    - A selection of documentation could be inspected during the visit rather than all documentation.

<u>Objective 2 - to explore what support mechanisms inspectors and practices might require in order to undergo the CPI process</u>

- The PSM is considered an essential support tool for the implementation of the CPI process.
    - Within the PSM there should be a section called ‘Preparing for your Practice Inspection’. This section should include all the information, instruction and document templates that are required for CPI
- A clear definition and standard for each item in the CPI checklist should be developed and disseminated via the PSM. This would:
    - provide clear guidance and reduce uncertainty for inspectors and practices;
    - provide a platform for framing CPI training courses;
    - help calibrate inspectors.
- Training in the requirements of the CPI process is essential for inspectors and should be made available to practices. Training should:
    - attract CPD;
    - focus on familiarisation with CPI process and requirements;
    - be updated regularly.
- A mechanism or process to enable practices to request and receive interactive support when preparing for CPI should be set up.

<u>Objective 3 - to improve the utility of the Patient Experience Questionnaire through further development and piloting</u>

- Response rates are highest when patients complete and return the PEQ to the practice reception.
- On average, patients require less than 10 minutes to complete the PEQ.

- Most patients find the PEQ easy to read, understand and complete.
- A small number of suggestions about how to improve the PEQ were made including:
    - clearly defining what is meant by treatment;
    - asking questions about the child friendliness of the practice;
    - asking questions about the premises.
- There is a need to clarify the purpose of the PEQ as part of the CPI process.
- Practices believe the PEQ provided affirmation of the work being done in the practice.
- Training for inspectors in how to interpret and feedback PEQ results to practices is required.
- There is uncertainty about how practices that consistently get poor scores should be supported.
- Methods for efficient administration of the PEQ should be explored.

<u>Objective 4 - to explore how the implementation of CPI might be facilitated</u>

- Inspectors believe it is possible to reconcile HB and VT inspection requirements.
    - There would still be some absolute requirements for eligibility for VT trainer selection.
- It is recommended that a scoring system is incorporated into the CPI process.
- There is a need for centralised facilitation and organisation of the CPI process.
- Inspections could be carried out by a pool of CPI inspectors – some employed by/contracted to HBs and some employed by/contracted to NES.
- A repository to enable different inspection bodies to access and review practices' inspection result is required.
- The CPI checklist and PEQ used in the pilot will require updating prior to implementation.

- It is recommended that any agreed changes are incorporated into these documents by the CPI Working Group

- In the longer term a group with representation from all inspection bodies should be established to regularly review and update the CPI checklist and PEQ. There should be a robust process of communication between this group and SDCEP.

6 CONCLUDING REMARKS

The inspectors' vision for the overall purpose of the CPI process is quality assurance, improvement, and the safety of patients and the dental team, with the process being driven and underpinned by the qualitative, and not the quantitative, aspects of CPI.

Overall, practices found CPI to be a positive experience with recognisable advantages in comparison to previous inspections they had undergone. In keeping with the inspectors' vision, many of these advantages relate to the more qualitative aspects of the CPI process, including: increased team involvement in inspection; the incentive to consider their work and processes from a different perspective; and a sense of shared accomplishment.

There are undoubtedly challenges in preparing for and undergoing CPI. Mostly these relate to time, the requirements for new documentation, and uncertainty about the standards required to evidence the CPI criteria. It is, however, anticipated that the impact of these challenges will be greatest the first time an inspector or practice undergoes the CPI process.

Based on the feedback from participating practices, inspectors, patients and SDCEP observers, a number of recommendations to help address these challenges and facilitate the implementation of CPI have been proposed. It is anticipated that the strategies identified will lessen the impact of any challenges encountered and will increase the potential for the implementation of the CPI process to be both efficient and successful.

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Appendix 1.1

Combined Practice Inspection Checklist

- Thank you for agreeing to take part in this pilot of a Combined Practice Inspection (CPI) process. Please use this CPI Checklist (the Checklist) and your **CPI Pilot Information Sheet** to guide your preparation activities.

- The Checklist contains current Health Board (HB) and Vocational Training (VT) inspection items (items denoted 'Both' are existing items common to HB and VT inspections). The Checklist also includes items from the National Standards for Dental Services which are anticipated to be future inspection requirements.

- Items that are in the current HB and/or VT inspections are categorised as 'A' (essential), 'B' (best practice), or 'I' (for information) in the Checklist.

- All items that are not included in the current HB or VT inspections are denoted 'N' (new).

- To successfully complete your HB inspection during this pilot, you must meet all **essential** HB criteria (i.e. those items identified as 'HB' or 'Both' and categorised as 'A'). If you are a VT practice, you must **also** meet all **essential** VT criteria (i.e. those items identified as 'VT' or 'Both' and categorised as 'A'). Practices with a successful inspection will not require another inspection for 3 years.

- All other items on the Checklist (i.e. items identified as 'N') are potential future requirements for inspection. **It is important that you also try to meet these inspection items**. Please note if any are particularly difficult to evidence.

- Please keep a record of the time it takes you to prepare for your CPI using the **CPI Pilot Practice Preparation Time Tracking Sheet** provided.

- The inspection visit will take approximately 4-5 hours to complete depending on your practice size.

  We will need access to all the surgeries in your practice during the inspection visit. Please be sure to schedule accordingly.

- To minimise the length of time required for the inspection, **please have all relevant documentation prepared for inspector review.** A lever-arch file has been provided as part of this pilot to assist your preparation.

- To help prepare for your inspection, sources of information have been included in the final column of the Checklist. These resources have been designed to support your practice in providing the best care possible. The primary references are:

  - SDCEP: Scottish Dental Clinical Effectiveness Programme, www.sdcep.org.uk
  - PSM: Practice Support Manual, www.psm.sdcep.org.uk

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Appendix 1.1

Part 1 Practice Details and Personnel

Practice/Clinic Name:		
Address:		
Tel No:		
E-mail address:		
Website address:		
Visitor(s):		
Name:		
Designation:		
Name:		
Designation:		
Date of Visit:		
Room Type:	**Number of rooms:**	
Dentist's surgery (non-trainers)		
VT trainer's surgery		
VDP's surgery		
VDHT's surgery		
Local decontamination unit/Decontamination area		

Appendix 1.1

Practice/Clinic Hours

(Must be completed by VT practices. Optional for non VT practices that may be considering becoming a VT practice)

Please complete prior to the visit (there will not be time to complete this on the day of the visit).

Surgery hours	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
AM						
PM						
EVENING						

Will the trainer carry out clinical work alongside the VDHT/VDP at these times? ☐ Yes ☐ No **(if no, please complete the section below)**

Please give details in the table below, the hours when the potential trainer would be carrying out clinical work alongside a VDP or VDHT:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
AM						
PM						
EVENING						

Workload		
Number of trainer-registered patients		
Number of VDP-registered NHS patients, if applicable (adults/children)	**A:**	**C:**
Total number of NHS patients registered in practice (adults/children)	**A:**	**C:**
Total number of non-NHS patients registered in practice		
Number of new patients per week during past four months		
When is the first ½ hour appointment available in the practice/clinic?		
Are there sufficient patient numbers to support a VDP or VDHT?		
Is the workload light enough to allow the trainer sufficient time to train?		

Appendix 1.1

Certification for All Dental Team Members

Please have the following ready prior to the inspection visit:

1. Complete names and designation of all dental team members below
2. Provide certification for all dental team members (where appropriate)

	Name	Designation*	GDC Registration†	Professional Indemnity	Hep B Status	Hep C Status (new staff)	HIV Status (new staff as of 1 Aug 2008)¥
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Are staffing levels adequate for patient volume (i.e. one dental nurse per dentist, plus a receptionist)? Yes ☐ No ☐

***Designation**

Dentist	VT Trainer	Vocational Trainee	Hygienist	Therapist	Dental Nurse	Receptionist	Practice Manager

† **Or evidence that a Dental Nurse is in training. NB: If a Dental Nurse is enrolled but not yet in training then evidence of start of training must be submitted to the inspectors within 6 months of this inspection. (Not existing HB or VT inspection requirement.)**

¥ **For definition of 'new staff' see 'Health Clearance for New Staff' on the Practice Support Manual (www.psm.sdcep.org.uk) or refer to *Immunisation against infectious disease* (The Green Book) (/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917) (Not existing HB or VT inspection requirement.)**

Part 2 Practice Requirements

Section 1 Premises, Facilities and Equipment

A. Premises

				Yes	No	Information Source
			Car Parking:			
1	I	VT	Private / Public / On Street (please *circle)*			
			Access:			
2	I	HB	Is there access without use of stairs?.....			**PSM** Disability Equality
			Waiting Area:			
3	A	Both	Adequate number of seats (3 per surgery)……			
4	A	Both	Waiting area is clean and in good repair and free from identifiable hazards……			
5	A	HB	Complaints notice displayed……			
			Toilets:			
6	A	VT	Clean and accessible toilet facilities……			**PSM** Health and Safety
7	A	VT	Adequately equipped toilet(s), including sanibin, soap, disposable paper towels/air dryer……			
8	B	HB	Adequate number of toilets……			
			Surgeries:			
9	I	HB	Number partially equipped (i.e. not used for restorative procedures)……			
10	I	HB	Number fully equipped (i.e. suitable for a dentist to provide a full range of treatments) ……			
			Local Decontamination Unit:			
11	I	VT	If no LDU at present, are plans to create one in place……....			

B. Fire Extinguishers

				Yes	No	Information Source
12	A	Both	Suitable for wood, paper, etc. – water/powder……			**PSM** Health and Safety
13	A	Both	Suitable for electrical fires – carbon dioxide……			
14	A	Both	Maintained or within expiry date……			

C. Resuscitation (Medical Emergencies), First Aid and Drugs

				Yes	No	Information Source
			Recommended medical emergency drugs available, in date and stored safely:			
15	A	Both	• Adrenaline (1-ml ampoules [x 5 for VT] or pre-filled syringes of 1:1000 solution for i.m. injection)……			
16	A	Both	• Aspirin (300 mg dispersible tablets)……			

A = Essential B = Best practice I = For information N = New item

C. Resuscitation (Medical Emergencies), First Aid and Drugs *(continued)*				Yes	No	Information Source
17	A	Both	• Glucagon (for i.m. injection of 1mg)……			Resuscitation Council (UK): www.resus.org.uk **PSM** Medical Emergencies and Life Support **SDCEP** *Drug Prescribing for Dentistry*
18	A	Both	• Glyceryl trinitrate spray (400 µg per metered dose)……			
19	A	Both	• Midazolam buccal liquid (10mg/ml) or injection solution (2 mg/ml 5-ml ampoules or 5 mg/ml 2-ml ampoules) (for topical application of 10 mg)……			
20	A	Both	• Oral glucose ……			
21	A	Both	• Salbutamol inhaler (100 µg per actuation) x 2 for VT……			
22	A	Both	Oxygen cylinder (10 litres/min): minimum of 2 size D or C/D (preferred) or 1 size E for VT; minimum of 1 size D/risk assess need for 2 cylinders for HB ……			
23	A	Both	• serviced at least every 5 years (or according to manufacturers' instructions)……			
24	A	Both	• charged: at least 75% full and evidence of regular checks……			
25	A	Both	• bag-valve-mask……			
26	N	N	• adult and child face masks for attaching to bag-valve-mask…..			
27	A	Both	• basic set of oropharyngeal airways for adults and children……			
28	A	Both	• pocket masks with oxygen port available in every surgery (for single operator) ……			
29	A	Both	• independent suction……			
30	N	N	• oxygen face mask with tubing……			
31	A	VT	Single-use sterile syringes and needles……			
32	N	N	Spacer device for inhaled bronchodilators……			
33	B	Both	Defibrillator……			

D. Decontamination Equipment (see also Sections 2K Decontamination Documentation, 3E Decontamination Processes and Part 3 Decontamination Observation)				Yes	No	Information Source
34			Steam sterilizer (Autoclave)* :			**PSM** Health and Safety **SDCEP** *Decontamination into Practice*
35	A	Both	• Number of non-vacuum (Type N) sterilizers:……			
36	A	Both	• Number of vacuum (Type B) sterilizers:……			
37	I	Both	• If only one steam sterilizer, what is back-up:_____			
38	A	HB	• Steam sterilizer serial no:_____			
39	A	HB	• Steam sterilizer serial no:_____			
40	A	HB	• Steam sterilizer serial no:_____			
41	N	N	Number of Ultrasonic baths……			
42	N	N	Number of Washer-disinfectors……			
43	A	VT	Illuminated magnifier for inspection of instruments……			

***It is an essential requirement of VT practices to have two steam sterilizers.**

A = Essential B = Best practice I = For information N = New item

E. Training and Education				Yes		No		Information Source
44	B	VT	Camera designed for intra-oral clinical pictures, preferably digital….					
45	A	VT	Easy uninterrupted access for the trainer and the VDP/VDHT to internet and email (preferably in all areas of the practice/clinic, including all surgeries and training rooms)……					

A = Essential B = Best practice I = For information N = New item

Section 2 Documentation and Certification

Please have the following documentation and certification ready prior to the visit.

			A. Practice Inspection	Yes	No	Information Source
46	N	N	Letter stating successful completion of Health Board inspection displayed……..			

			B. Staff	Yes	No	Information Source
47	A	Both	Employer's liability insurance (certificate on display)……			**PSM** Health and Safety
48	A	VT	Practice/clinic recruitment and selection policy*……			
49	N	N	Enhanced Disclosure Scotland/PVG certificate for all dentists……			
50	A	VT	Practice/clinic equal opportunities policy**……			
51	A	VT	Staff contracts*……			
52	A	VT	Staff appraisal system……			
53	N	N	Protocol for staff support (e.g. access to occupational health services)*……			
54	A	VT	Discipline, dismissal and grievance procedures*……			
55	A	VT	Practice/staff meetings – minutes and action points……..			
56	N	N	Staff induction including reading and signing practice policies*……			
57	N	N	Public protection policy* (for raising concerns about performance that might endanger patient safety), and confidential record of concerns and action taken……..			**PSM** Risk Management
58	N	N	Business continuity plan……..			
59	A	HB	Suitable back-up protocol in place for computerised records……			**PSM** Record-keeping

***To be read and signed by all relevant staff**

			C. Training and Education	Yes	No	Information Source
60	N	N	Protocol for managing medical emergencies*……..			**PSM** Medical Emergencies and Life Support; Resuscitation Council: www.resus.org.uk
			Staff training records, including:			
61	A	Both	• medical emergencies, including CPR (updated annually)……..			
62	A	Both	• radiation protection (every 5 years)……			
63	A	Both	• decontamination/infection control (ongoing training to ensure infection control procedures are known and are being carried out)……..			**SDCEP** *Decontamination into Practice*
64	A	HB	NES Infection Control Support Team in-practice *(unless using central facility)*. Training: ARRANGED / COMPLETED (please circle)….			***PSM*** Health and Safety
65	A	VT	Dental reference books/peer reviewed journals……			

***To be read and signed by all relevant staff**

A = Essential B = Best practice I = For information N = New item

			D. Patients	Yes	No	Information Source
66	A	Both	Practice Information Leaflet to meet National Standards should include:			**PSM** Disability Equality
67			- information about the services provided;……			
68			- whether services are provided under the NHS, privately or mixed NHS/private……			
69			- names and professional details of all dentists and hygienists;……			
70			- practice contact information;……			
71			- opening hours;……			
72			- details of any disabled access or facilities;……			
73			- arrangements for emergency cover;……			
74	N	N	- guide to charges and how to pay;……			
75	N	N	- policy on cancellation of appointments……			
76	N	N	- contact details for interpreting services.....			
77	A	Both	Practice Information Leaflet made available (e.g. patient notice ***or*** leaflets at Reception)……			
78	N	N	Practice Information Leaflet made available in large print (16–22 point), on request……			**PSM** Disability Equality
79	B	HB	Appropriate NHS information available (e.g. exemption categories)…			
80	N	N	Dental team members are identified to patients (e.g. name badges / information poster)……			
81	N	N	Patient notice on how complaints can be made is displayed……			
82	A	Both	Data Protection registration for all computerised records (required for all those who hold their own patient list, including Associates)……			**PSM** Ethical Practice; Information Commissioner: www.ico.gov.uk
83	A	VT	Data protection/confidentiality/information security policy (including patient access to records)*……			**PSM** Ethical Practice
84	N	N	Protocol for arrangements for safe storage and retrieval of patient records if practice closes permanently……			
85	N	N	Freedom of Information Act Publication Scheme:			**PSM** Ethical Practice
			(i) BDA model, no formal approval required; ***or***			
			(ii) non-BDA model, approval required from Scottish Information Commissioner……			
86	A	HB	Disability policy (compliant with the Equality Act 2010)*……			**PSM** Disability Equality
87	A	HB	Written policy for child protection*……			**PSM** Ethical Practice; DoH guidance: www.cpdt.org.uk
88	A	HB	Contact information for local Child Protection Team easily accessible			**PSM** Ethical Practice
89	N	N	Policy on obtaining consent (including for treatment of children)*……			
90	A	Both	Complaints procedure policy*……			
91	N	N	Complaints log……			
92	N	N	Referral protocol (statement that if care cannot be provided, patient will be referred; includes details of who patients will be referred to)…			
93	N	N	Protocol for patient notification if practice closes (3 months' notice required)……			

***To be read and signed by all relevant staff**

			E. Audit	Yes	No	Information Source
94	N	N	Audit records (15 hours per 3 years), with actions, including:			**PSM** Audit and SEA;
95	N	N	• radiology audit (see Section I Radiation Protection)……			

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F. Health and Safety				Yes	No	Information Source
96	A	Both	Health and safety policy statement*……			
97	A	Both	Health and safety law poster displayed and filled in *or* Health and Safety information leaflets given to staff……			
98	A	Both	Health and safety risk assessment carried out……			
99	A	Both	COSHH assessments**……			
100	A	Both	Fire policy, including:			
101	A	VT	• fire action protocol*……			
102	N	N	• fire action notice displayed……			
103	A	Both	Documented fire risk assessment* carried out……			
104	A	HB	Documented regular visual inspection of portable appliances (at least annually, preferably twice a year)……			**PSM** Health and Safety
105	A	Both	Portable Appliance Testing (PAT) by contractor/competent person (a minimum of every 3 years)……			
106	N	N	Documented fixed wire testing……			
107	A	HB	Blood Borne Virus protocol including check for new employees*……			
108	A	Both	Needlestick policy including post-exposure protocol*……			
109	A	Both	Accident book and compliance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations)*……			
110	N	N	Appointed/named person for first aid……			
111	A	Both	First aid box present and adequately filled for size of practice……			
112	N	N	NHS facility or accredited laboratory used for biopsy/pathology tests			
113	N	N	Standard Operating Procedure for Controlled Drugs……			**PSM** Medical Emergencies; **SDCEP** *Drug Prescribing for Dentistry*

***To be read and signed by all relevant staff**

G. Waste Management				Yes	No	Information Source
114	A	HB	Special waste consignment notes or written contractor arrangements for:			
115	N	N	• orange stream: low-risk healthcare waste such as disposable PPE, dressings, swabs……			
116	N	N	• yellow stream: high-risk healthcare waste such as sharps, pharmaceuticals, LA cartridges, teeth without amalgam, highly infectious waste or blood [in yellow stream containers (formerly known as sharps bins)]……			
117	A	HB	• red stream: waste amalgam……			**PSM** Health and Safety
118	A	HB	• red stream: amalgam capsules……			
119	N	N	• red stream: teeth with amalgam……			
120	N	N	• red stream: waste from amalgam separation units……			
121	A	Both	• red stream: X-ray developer/fixer……			
122	A	HB	• red stream: lead foil……			

A = Essential B = Best practice I = For information N = New item

H. Pressure Vessels				Yes	No	Information Source
			Compressors:			
123	I	Both	Number of compressors……..			
124	B	HB	Compressor instruction manual available……			
125	A	Both	Pressure vessel insurance certificate including third party liability….			
126	N	N	Written Scheme of Examination if compressor >250 bar litres (certification required every 26 months)……			
			Record of:			
127	A	Both	• safety testing/inspection in line with Written Scheme of Examination……			**PSM** Health and Safety
128	A	Both	• maintenance in accordance with manufacturers' instructions…			**SDCEP** *Decontamination into Practice*
			Steam Sterilizers (Autoclaves):			
129	A	HB	Written Scheme of Examination (certification required every 14 months).....			
			Record of:			
130	A	VT	• safety testing/inspection……			
131	A	Both	• routine servicing (maintenance and testing) in accordance with manufacturer's instructions……			
132	N	N	• any repairs.....			

I. Radiation Protection (see also Section 3D Radiation Processes and Part 4 Section 7 Radiology)				Yes	No	Information Source
			Radiation Protection File completed, including:			
For compliance with the Ionising Radiation Regulations 1999 (IRR99):						
133	N	N	• Health & Safety Executive notified of use of X-ray……			
134	A	Both	• local rules available and accessible……			
135	A	Both	• details of quality assurance system for radiation equipment and processes……			
136	A	Both	• radiation safety assessment carried out for each machine (every 3 years)……			
137	A	VT	• evidence of training of radiographic operators……			
138	A	HB	• Radiation Protection Adviser appointed: Name: _____			
139	N	N	• Radiation Protection Supervisor appointed: Name: _____			
For compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (as amended) [IR(ME)R]						
140	N	N	• full set of Employer's Written Procedures in place……..			
141	N	N	• Employer's Written Protocol for each type of exposure in place and up to date……			
142	N	N	• documented quality assurance system for Employer's Written Procedures and Protocols in place and up to date……			
143	N	N	• all duty holders (referrers, practitioners and operators) identified and properly entitled by the employer……,,			

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			I. Radiation Protection *(continued)*	Yes	No	Information Source
144	N	N	• documented training for practitioners and operators in place…			
145	N	N	• any radiographic incidents recorded and reported in accordance with Employer's Written Procedures……			
146	A	VT	• protocol for management of radiographic incidents……			
147	A	VT	• clear referral criteria for radiographic exposures……			
148	N	N	• diagnostic reference levels (DRLs) in place……			
149	N	N	• procedure for dose assessment and recording in place……			
150	A	VT	• protocol for radiographic prescribing and dose levels..……			
151	N	N	• radiology audit undertaken in accordance with Employer's Written Procedures……			
152	N	N	• equipment inventory in place……			
153	A	VT	• filing system for radiographs……			
154	N	N	• Medical Physics Expert appointed: Name: _____			

			J. Lasers	N/A	Yes	No	Information source
155	I	HB	Laser equipment in use……				
156	N	N	If using a Class 3b or 4 laser, Laser Protection Adviser appointed: Name:_____				**PSM** Health and Safety
157	N	N	Local rules available and accessible……				

			K. Decontamination (see also Sections 1D Decontamination Equipment, 3E Decontamination Processes and Part 3 Decontamination Observation)	Yes	No	Information Source
158	A	VT	Decontamination/infection control policy (to include or accompany the following policies)***:**			
159	A	VT	• Hand hygiene policy……			
160	A	VT	• Environmental cleaning policy (cleaning schedule and routine monitoring).....			**PSM** Health and Safety **SDCEP** *Decontamination into Practice* Scottish Dental website: www.scottishdental.org
161	A	VT	• Personal protective equipment (PPE) policy……			
162	A	VT	• Sharps handling and disposal policy……			
163	A	VT	• Cleaning re-usable instruments protocol (including transportation and storage)……			
164	A	VT	• Processing of lab work/dentures……			
165	A	VT	• Procurement policy for Re-usable and Single Use items……			
166	A	VT	• Waste disposal policy and certification……			
167	A	VT	Action Plan from decontamination team……			

***To be read and signed by all relevant staff**

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K. Decontamination *(continued)*				Yes	No	Information Source
168	A	HB	Verification system for each steam sterilizer (Autoclave)			
169			• print out for every cycle; or.....			**PSM** Health and Safety
170			• data logger……			**SDCEP** *Decontamination into Practice*
171	A	Both	Steam sterilizer (Autoclave) instruction manual(s) available……			
172	A	Both	Ultrasonic bath instruction manual available……			
173	A	Both	Washer-disinfector instruction manual available……			

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Section 3 Processes

Please note for Sections A-C the inspectors will require access to a small sample of patient records. Meeting the following inspection requirements might help in a possible future medico-legal situation.

A. Patient Records System				Yes	No	Information Source
174	I	Both	Manual system……			
175	I	Both	Computerised system……			
176	I	HB	(i) Fully ***or***.....			**PSM** Record-keeping,
177	I	HB	(ii) Partly……			**PSM** Ethical Practice
178	A	HB	Records stored securely……			
179	N	N	Paper records stored securely (preferably kept in fireproof cabinet)..			

B. Medico-legal and Patient Care				Yes	No	Information Source
			Dental records demonstrate recording of:			
180	A	VT	• medical history updated at every recall, or at last visit (whichever is longer) ……			
181	N	N	• charting of missing/present teeth and existing restorations (dental history)……			
182	A	VT	• soft tissue examination……			
183	A	VT	• basic periodontal examination and charting, plus any necessary follow up……			**PSM** Record-keeping;
184	N	N	• Information regarding habits (behavioural and dietary) and actions taken ……			**SDCEP** Oral Health Assessment
185	N	N	• estimates given to patient/record in notes (where appropriate)			
186	N	N	• analgesics used are recorded……			
187	N	N	• treatment notes for each visit include date, name/identifier of clinician/treatment provided……			

C. Appointment and Recall Systems				Yes	No	Information Source
188	A	VT	Efficient appointment system, including provision for dental emergencies during practice hours……			
189	A	VT	Efficient recall system……			
			Emergency cover outwith normal working hours:			
190	A	HB	• midweek ……			**SDCEP** *Emergency Dental Care*
191	A	HB	• weekends and holidays……			

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			D. Radiation (see also Section 2 I Radiation Documentation and Part 4 Section 7 Radiology)	**Yes**	**No**	**Information source**
192	A	VT	Easy access to X-ray facilities……..			
193	I	HB	Number of intra-oral machines:…… ☐			
194	A	HB	• compliance with report recommendations for all machines….			
195	I	HB	Number of OPT machines:…… ☐			
196	A	HB	• compliance with report recommendations for all machines….			
197	A	Both	Local rules, easily accessible to operator……			
			Type of X-ray unit:			
198	I	Both	(i) Digital ***or***……			
199	I	Both	(ii) Film……			
200	A	HB	Film speed (E or faster [digital taken to be faster]) _____			
201	A	Both*	Film-holding beam-aiming devices……..			
202	A	Both*	Rectangular collimation used……			
			X-ray developing facilities:			
203	A	Both	automatic ☐ manual, temperature controlled ☐ digital ☐			

***Best practice for HB inspection**

			E. Decontamination (see also Sections 1D Decontamination Equipment, 2K Decontamination Documentation and Part 3 Decontamination Observation)	**Yes**	**No**	**Information Source**
204	A	Both	Non-porous floor covering, without gaps and with sealed edges, throughout the clinical and decontamination areas……			
205	A	VT	Good ventilation (air flow away from patient areas, does not carry contaminants from dirty to clean areas……			**PSM** Health and Safety;
206	A	Both	Clean and dirty zones are segregated with clear flow of work from dirty to clean areas……			
207	A	VT	Demarcated transportation systems for dirty and clean instruments			**SDCEP** *Decontamination into Practice*
208	A	VT	Environmental cleaning products for cleaning and disinfection			
			Separate sinks (preferable) or bowls for:			Scottish Dental website: www.scottishdental.org
209	A	VT	• handwashing……			
210	A	VT	• cleaning instruments……			
211	A	VT	• rinsing instruments……			
212	A	VT	Appropriate hand hygiene products available ……			
213	N	N	System in place to manage current decontamination (if no LDU)……			

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E. Decontamination *(continued)*				Yes	No	Information Source
214	I	HB	**System(s) used for cleaning instruments**:			
			• manual……			
			• ultrasonic bath……			
			• washer-disinfector……			
			Appropriate detergent or cleaning product used for:			
215	A	Both	• manual cleaning of instruments (using solutions according to manufacturer's instructions)……			
216	A	VT	• ultrasonic cleaning of instruments (using solutions according manufacturer's instructions)……..			
217	A	HB	- ultrasonic bath changed at least every 4 hours			
218	A	VT	- ultrasonic bath compliant with SHTM 2030 (if appropriate)			
219	A	VT	• washer-disinfector cleaning of instruments (follow manufacturer's instructions)……			
			System used for sterilizing instruments:			**PSM** Health and Safety;
220	A	Both	• quality of water used in steam sterilizer is appropriate……			
221	A	HB	• water in steam sterilizer is drained at least daily ……			**SDCEP** *Decontamination into Practice*
222	A	HB	• instruments are prepared correctly for sterilization (only wrap instruments before sterilizing in a vacuum steam sterilizer)….			
223	A	HB	All instruments compatible with decontamination processes used….			Scottish Dental website: www.scottishdental.org
224	A	Both	All decontamination equipment operated according to manufacturers' instructions……			
			Single-use Equipment (i.e. disposed of after every patient visit)			
225	A	Both*	• 3-in-1 tips……			
226	A	Both*	• aspirator tips……			
227	A	VT	• saliva ejectors……..			
228	A	Both	• matrix bands……..			
229	A	HB	• disposable mouthwash cups……			
230	A	VT	• endodontic files……			
231	A	VT	• stainless steel burs……..			
232	A	VT	• polishing cups/brushes……			
233	A	VT	• impression trays……			
234	N	N	• all other items marked 'single-use'……			

Best practice for existing HB inspection; if not single-use must be steam sterilized after each use.

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Part 3 Observation of Decontamination Process

Visitors will observe a brief simulation of a typical surgery turn round process involving decontamination and sterilization (only in one of the surgeries). Please provide a tray containing instruments you would routinely use, including an endo file, matrix band and impression tray. Guidance notes on observation process have been provided separately.

	Disposables (into appropriate containers)	Yes	No	N/A
235	Matrix band……			
236	ALL endodontic files……			
237	Disposable impression tray……			
238	Any disposable sheaths, if used……			
239	3 in 1 syringe tip……			
240	Saliva ejector/aspirator tip……			
241	All other items marked “Single Use” ……			

	Preparation	Yes	No	N/A
242	Appropriate transportation of instruments……			
243	Appropriate setting-down area……			
244	Heavy-duty/household gloves worn……			
245	Visor or mask plus eye protection worn……			
246	Apron worn……			
247	Appropriate hand hygiene before, during and after decontamination process……			

	Manual Cleaning	Yes	No	N/A
248	Water of an appropriate temperature used: 45–54^{o}F, or as directed by detergent manufacturer……			
249	Thermometer used……			
250	Appropriate detergent used (low-foaming neutral or mild alkaline detergent, diluted according to manufacturer’s instructions) ……			
251	Instruments fully immersed during cleaning……			
252	Suitable brush used (and is used solely for this purpose) ……			
253	Instrument brushes are washed with detergent and hot water after each use and stored in an upright position to allow to dry ……			
254	Instrument brushes are replaced at least once per week or more frequently if soiled or worn			
255	Instruments rinsed……			
256	Instruments pat dried and inspected……			

A = Essential B = Best practice I = For information N = New item

Ultrasonic Cleaning (if applicable)		Yes	No	N/A
257	Appropriate solution used (low-foaming neutral or mild alkaline detergent)……			
258	Cycle used as per manufacturer's instructions……			
259	Cycle completes without interruption……			
260	Instruments removed for rinsing within basket……			
261	Instruments rinsed……			
262	Instruments dried after rinsing……			
263	Instruments inspected……			

Washer Disinfection (if applicable)		Yes	No	N/A
264	Instruments loaded evenly and not over packed……			
265	Cycle used as per manufacturer's instructions……			
266	Cycle completed without interruption……			
267	Instruments inspected……			

Steam sterilizer (Autoclave)		Yes	No	N/A
268	All re-usable instruments are steam sterilized:……			
269	• Non-vacuum……			
270	• Vacuum……			
271	Any/all items in a non-vacuum (downward displacement) steam sterilizer are processed **unbagged**……			
272	Items are loaded without overlapping……			
273	134–137°C cycle selected……			

Processes		Yes	No	N/A
274	Flow of processes is from dirty to clean areas throughout……			
275	Sinks used for decontamination are separate from hand-washing sinks, and preferably have non handling taps……			
276	Sinks used for decontamination are separate from sinks used for domestic purposes……			
277	Cleaning processes carried out as far from patient treatment area as physical layout will allow			
278	Instruments prepared appropriately for storing at end of process (e.g. forceps in bags)] ……			

A = Essential B = Best practice I = For information N = New item

Part 4 Individual Surgeries

This part to be photocopied for the appropriate number of surgeries

Practice/clinic name:								
Surgery Number:								
Type of Surgery	**Dentist (non trainer)**		**VT trainer**		**VDP**		**VDHT**	

			Section 1 General	**Yes**	**No**	**Information Source**
279	A	HB	Premises well maintained and clean……			**PSM** Health and Safety
280	A	VT	Room size and layout adequate for purpose (ideally, minimum of 9 square metres) ……			
281	A	VT	Good lighting……			
282	A	VT	Good ventilation……			

			Section 2 Suction	**Yes**	**No**	**Information Source**
283	A	Both	Adequate venting of suction system:……			**PSM** Health and Safety
284	B	HB	(i) preferably exhaust air is vented outside the building ***or***……			
		HB	(ii) mechanical ventilation (extract fan) in surgery……			

			Section 3 Unit/Chair	**Yes**	**No**	**Information Source**
285	A	HB	Access in emergency……			**PSM** Health and Safety
286	A	HB	Unit free of risk to patients or staff……			
287	A	Both	Adequate fixed equipment in good repair, including fully reclinable chair that is upholstered with water-resistant material with no tears or cracks……			

			Section 4 Cabinets/Work Surfaces	**Yes**	**No**	**Information Source**
			Work surfaces are:			**SDCEP** *Decontamination into Practice*
288	A	VT	• clean, dry, uncluttered……			
289	A	Both	• smooth, impervious with sealed edges without gaps……			
290	A	VT	Satisfactory number and arrangement of sinks [1 sink dedicated for hand-washing; if decontamination in surgery, 1 (preferably 2) additional sink(s) for cleaning and rinsing instruments]……			
291	A	VT	Cabinetry adequate for 4-handed dentistry……			

A = Essential B = Best practice I = For information N = New item

Section 5 Floor Coverings				Yes	No	Information Source
292	A	Both	Non-porous floor covering, without gaps and with sealed edges, throughout the clinical and decontamination areas……			**SDCEP** *Decontamination into Practice*

Section 6 Amalgam Mixing				Yes	No	Information Source
293	A	Both	Dentomat in surgery on aluminium foiled tray……			**PSM** Health and Safety www.psm.sdcep.org.uk
294	A	HB	Encapsulated with mixing chamber cover in use……			
295	A	Both	Spillage kit……			
296	A	Both	Amalgam separation system in place……			
297	A	HB	Suitable storage of waste amalgam……			

Section 7 Radiology

(see also Part 2 Sections 2 I Radiation Protection Documentation and 3D Radiation Processes)

A. X-Ray Machine				Yes	No	Information Source
298	A	HB	X-ray machine present ……			
299	A	HB	Record X-ray machine serial no:_____			
300	A	Both	Local rules available and accessible ……			
301	A	HB	Film speed used in radiology is E speed or faster (digital taken to be faster)……			

B. Radiation Protection				Yes	No	Information Source
302	N	N	Controlled area designated with suitable and sufficient signs in place			
303	A	Both	Rectangular collimation used……			
304		HB	All persons not undergoing X-ray examination outside controlled area……			
305		HB	Adequate protection for all persons in building……			

Section 8 Cross-infection Control

(see also Part 2, Sections 1D Decontamination Equipment, 2K Decontamination Documentation, 3E Decontamination Processes)

A. Instruments and Equipment (all items that are not single use) (see Part 2 Section 3E for single-use items)				Yes	No	Information Source
306	A	HB	Each set of instruments cleaned and steam sterilized (autoclaved) between patients……			**SDCEP** *Decontamination into Practice* Scottish Dental website: www.scottishdental.org
307	A	HB	Non-single-use burs cleaned and steam sterilized after each use……			
308	A	HB	Matrix band retainer cleaned and steam sterilized after each use……			
309	A	HB	Handpieces cleaned and steam sterilized after each use……			
310	A	HB	Waterlines flushed after each patient……			

A = Essential B = Best practice I = For information N = New item

Section 8 Cross-infection Control *(continued)*

			A. Instruments and Equipment (all items that are not single use) (see Part 2 Section 3E for single-use items)	**Yes**	**No**	**Information Source**
311	A	HB	Sterilized instruments stored in closed trays or sealed bags……			**SDCEP** *Decontamination into Practice* Scottish Dental website: www.scottishdental.org
312		HB	Extraction forceps and surgical instruments bagged……..			
313	A	Both	Impressions disinfected by immersion in appropriate solution (check with manufacturer of impression material)……			

			B. Personal Protective Equipment	**Yes**	**No**	**Information Source**
			Suitable protective clothing for dentists and staff:			**SDCEP** *Decontamination into Practice'* **PSM** Health and Safety
314	A	Both	• eye protection……..			
315	A	Both	• masks/visors……..			
316	A	Both	• disposable gloves……..			
317	A	VT	• heavy-duty rubber gloves……..			
318	A	VT	• aprons (waterproof) ……..			
			Fresh disposable gloves worn for each patient by:			
319	A	HB	• dentist……..			
320	A	HB	• dental nurse……..			
			Suitable protection for patients:			
321	A	HB	• eye protection……..			
322	A	HB	• bibs……..			

			C. Waste (see also Part 2, Section 3F)	**Yes**	**No**	**Information Source**
323	A	VT	Suitably located disposal containers for segregated waste……..			**PSM** Health and Safety

Section 9 Instruments and Equipment

			A. Hand Instruments	**Yes**	**No**	**Information Source**
			Are there adequate numbers of hand instruments for the number and types of procedures offered and performed?.....			
324	A	HB	• examination instruments.....			
325	A	HB	• routine conservation instruments.....			
326	A	Both*	• endodontic kit…….....			

Not relevant to VDHT surgery. For VT, surgeries must have one endodontic kit each

A = Essential B = Best practice I = For information N = New item

Section 9 Instruments and Equipment *(continued)*

A. Hand Instruments *(continued)*				Yes	No	Information Source
327	A	Both	• access to periodontal kit.....			
328		HB	- simple.....			
329		HB	- complex.....			
330	A	VT*	• access to oral surgery kit.....			
331	A	VT*	• prosthetics kit.....			
332	A	VT*	• access to orthodontic kit.....			
333	A	VT*	• access to crown and bridge kit.....			

Not relevant to VDHT surgery

B. Handpieces				Yes	No	Information Source
334	A	HB	Sufficient number and types of handpieces for range/procedures carried out:……			
335	A	VT*	• minimum of 3 high-speed……			
336	A	VT*	• minimum of 3 contra angled……			
337	A	VT¥	• minimum of 2 straight ……			
338	A	VT	Adequate sets of burs (dependent on patient throughput) ……			

Information point for existing HB inspection, but is recommended minimum number;
¥Information point for existing HB inspection, with recommended minimum of 1 (dependent on number of surgeries and decontamination).

C. Other Equipment				Yes	No	Information source
339	A	Both	Pocket mask available in every surgery……			
340	A	HB	Aspirating syringes in routine use……			
341	A	Both*	Rubber dam kit ……			
342	B	HB	Chair-side X-ray viewer ……			
343	A	VT	Viewing box / digital screen for radiographs……			
344	A	VT	Light curing unit……			
345	A / B ¥	VT	Access to ultrasonic/air 'scaler', with minimum of 3 tips……			

**** For HB, may be separate from endodontic kit; for VT, must be included in endodontic kit***
¥ Essential for VT trainer's surgery

A = Essential B = Best practice I = For information N = New item

Appendix 1.1

Section 10 Sedation (not relevant for VDHT)				Yes		No		Information source
346	I	HB	Is sedation carried out?.....					**SDCEP** *Conscious Sedation in Dentistry*
347	I	HB	• Inhalation……					
348	I	HB	• Intravenous……					
349	A	Both	- pulse oximeter.....					
350	A	Both	- indwelling cannulae.....					
351	A	Both	- Flumazenil 500mcg (5ml) x 5 ampoules.....					
If you carry out sedation in your practice please complete the 'conscious sedation in dentistry: practice inspection checklist' prior to the visit. (Supplies are available from your health board/dental practice adviser or contact SDCEP.)								

A = Essential B = Best practice I = For information N = New item

Appendix 1.1

Part 5 Practice/Clinic Visit Report

Trainer Name (VT only):	
Practice Address:	

As a result of the inspection and information provided by the practice staff, the practice is awarded a:

☐ Pass ☐ Conditional Pass* ☐ Fail†

*Conditions/actions that require to be fulfilled are noted below and on the following page.

†Reasons for the practice failing the inspection are noted below.

1. Premises, Facilities and Equipment comments (Praiseworthy performance / areas for future development / reason for failure)

2. Documentation and Certification comments (Praiseworthy performance / areas for future development / reason for failure)

3. Processes (Praiseworthy performance / areas for future development / reason for failure)

4. Decontamination and Infection Control comments (Praiseworthy performance / areas for future development / reason for failure)

5. Training and Education (Praiseworthy performance / areas for future development / reason for failure)

6. Dentist's/Trainer's Surgery(ies) comments (Praiseworthy performance / areas for future development / reason for failure)

7. VDP Surgery comments (Praiseworthy performance / areas for future development / reason for failure)

8. General Comments/Determination X Proposals (VT)

Actions Required

The following actions are recommended in order to change a conditional pass into a full pass. Items suitable for Determination X are noted.

Action	Timescale

We have also discussed the following:
Further information requested by practitioner:
I note and have the following comments:

Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	

Inspector Name:		Signature:	
Inspector Name:		Signature:	

Date:

Appendix 1.2

Checklist for documents to be submitted before inspection

Use this checklist to help you collate those documents to be submitted before inspection. If you have difficulty with, or cannot provide any of the items and tick the 'No' box, please let us know why by recording the item number and difficulty encountered on the feedback sheets.

See the Combined Practice Inspection Checklist (Section 3 of Folder 1) for those documents that are **essential** items for inspection.

Item No	Document for submission	CPI Checklist page no	Enclosed	
			Yes	No
1	Practice details	3		
2	Practice/clinic hours and workload	4		
3	Dental team member certifications	5		
4	Fire Extinguishers: maintained or within expiry date [any appropriate paperwork]	6		
5	Practice/clinic recruitment and selection policy	9		
6	Practice/clinic equal opportunities policy	9		
7	Protocol for staff support	9		
8	Discipline, dismissal and grievance procedures	9		
9	Public protection policy	9		
10	Business continuity plan	9		
11	Back-up protocol for computerised records	9		
12	Protocol for managing medical emergencies	9		
13	Practice Information Leaflet	10		
14	Data Protection registration for computerised records (for all those who hold their own lists)	10		
15	Data protection/confidentiality/information security policy	10		
16	Protocol for arrangements for safe storage and retrieval of patient records if the practice were to close permanently	10		
17	Freedom of Information Act Publication Scheme	10		
18	Disability policy	10		
19	Child protection policy	10		
20	Policy on obtaining consent (including children)	10		
21	Complaints procedure policy	10		
22	Referral protocol	10		
23	Protocol for patient notification if practice closes	10		
24	Health and Safety policy	11		
25	Health and Safety risk assessment	11		
26	COSHH assessments	11		
27	Fire policy including Fire Action protocol	11		
28	Fire Safety risk assessment	11		

continued over

Item No	Document for submission	CPI Checklist page no	Enclosed	
			Yes	No
29	Record of regular visual inspection of portable electrical appliances	11		
30	Record of Portable Appliance Testing (PAT)	11		
31	Record of Fixed Wire testing	11		
32	Blood borne virus protocol	11		
33	Needlestick policy including post-exposure protocol	11		
34	Standard Operating Procedure for Controlled Drugs	11		
35	Special waste consignment notes or written contractor agreement for orange, yellow, and red stream	11		
36	Pressure vessel insurance certificate including third part liability	12		
37	Record of safety testing/inspection of pressure vessels	12		
38	Written Scheme of Examination for pressure vessels	12		
39	Record of routine servicing of pressure vessels	12		
40	Record of any repairs of pressure vessels	12		
41	Infection control policy	13		
42	Action plan from NES Infection Control Support Team	13		

Appendix 1.2

Feedback sheet

If you had difficulty with, or were unable to provide any of the items and ticked the 'No' box on the checklist, please record the reasons why below.

Item No:	**Document title:**
Reason:	

Item No:	**Document title:**
Reason:	

Item No:	**Document title:**
Reason:	

Item No:	**Document title:**
Reason:	

Item No:	**Document title:**
Reason:	

Item No:	**Document title:**
Reason:	

PATIENT EXPERIENCE QUESTIONNAIRE

General Dental Practice

January – March 2012

Dental Services Patient Experience Survey

Introduction

The purpose of this new survey is to help your dental team and local Health Board assess how well the National Standards for Dental Services are being met in the NHS General Dental Service. The results of the survey will help to improve the services received by patients.

The survey is being conducted by the Scottish Dental Practice Based Research Network (SDPBRN; www.sdpbrn.org.uk) in collaboration with NHS Scotland's Patient Experience Programme (www.bettertogetherscotland.com), NHS Education for Scotland (www.show.scot.nhs.uk), and NHS Lothian (www.nhslothian.scot.nhs.uk).

The survey will take about 10 minutes to complete. Because you are one of the first patients to complete this survey we have included a form where you can give feedback on how easy the survey was to complete and how you think it could be improved.

Taking part in the survey is voluntary and you cannot be identified from the answers that you give.

Once you have completed the survey, please seal it in the envelope provided either return it to the dental practice receptionist. If you cannot return your survey at the practice, please put it in the post. If you are posting your survey, you do not need a stamp.

Completing the Survey - Guidance Notes

Please base your answers on your experiences during your **most recent course of treatment** at this practice. If a relative, friend or carer is helping you to complete the survey please remember that all answers are given from **your** point of view – not the point of view of the person helping you.

For each question please place a tick within the appropriate box - for example, if you strongly agree with a question then place a tick as follows in the strongly agree box.

Please tick **one** box for each question	**Strongly agree**	**Agree**	**Neither agree or disagree**	**Disagree**	**Strongly disagree**
Question	☑	☐	☐	☐	☐

- Read the questions and instructions carefully.
- Don't worry if you make a mistake. Simply cross it out and tick your preferred answer.
- Only answer questions you are comfortable answering. If you don't want to answer a question leave it blank and move on to the next.
- For help with filling in the survey or if you would like more information please contact: Dr. Anna Templeton, Scottish Dental Practice Based Research Network, telephone 01382 740912 or email SDPBRN@nes.scot.nhs.uk

Thank you for your time

SECTION 1: Before your appointment

Question 1:

It is easy for me to make a convenient appointment with my dentist.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 2:

The information I was given before my appointment was helpful.

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, not at all
- ☐ I wasn't given any information
- ☐ I don't remember

Question 3:

If I am a new patient at this practice, I was offered a patient information leaflet.

- ☐ Yes
- ☐ No
- ☐ I don't remember
- ☐ Does not apply

Question 4:

I received information to help me understand if I need to pay for my NHS dental treatment.

- ☐ Yes
- ☐ No
- ☐ I wasn't given any information
- ☐ I don't remember

Question 5:

The amount of time I had to wait to be seen after I arrived at the practice was:

- ☐ Reasonable
- ☐ Too short
- ☐ Too long
- ☐ I don't remember

Question 6a:

If I spent more than 15 minutes waiting to be seen, I received an explanation.

- ☐ Yes
- ☐ No
- ☐ I waited less than 15 minutes
- ☐ I don't remember

Question 6b:

If I spent more than 15 minutes waiting to be seen, I was given the opportunity to discuss alternative arrangements.

- ☐ Yes
- ☐ No
- ☐ I waited less than 15 minutes
- ☐ I don't remember

Question 7:

At my appointment today, I saw the following dental team members (*please tick all that apply*):

- ☐ Receptionist
- ☐ Dental Nurse
- ☐ Hygienist
- ☐ Dentist
- ☐ Other:

SECTION 2: At your appointment

Question 8:

How much do you agree or disagree with each of the following statements about your visit to this dental practice?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I know who the members of my dental team are.	☐	☐	☐	☐	☐
My different treatment options are discussed with me.	☐	☐	☐	☐	☐
I am given the chance to ask questions about my dental treatment.	☐	☐	☐	☐	☐
I am given an explanation of what will happen during my treatment.	☐	☐	☐	☐	☐
The explanation I am given helps me understand my treatment.	☐	☐	☐	☐	☐
I have the opportunity to ask for more information.	☐	☐	☐	☐	☐
I am told how long my course of treatment is likely to last.	☐	☐	☐	☐	☐
My dentist makes every effort to make sure I am in as little pain as possible.	☐	☐	☐	☐	☐
My dentist makes every effort to reduce any anxiety I have about my dental treatment.	☐	☐	☐	☐	☐
I am given an explanation of what I need to do to take care of my teeth at home.	☐	☐	☐	☐	☐
The explanation I am given helps me understand what I need to do to take care of my teeth at home.	☐	☐	☐	☐	☐
My dentist is considerate and understanding.	☐	☐	☐	☐	☐
Before I receive any treatment, the costs are explained to me.	☐	☐	☐	☐	☐

Question 8, continued:

How much do you agree or disagree with each of the following statements about your visit to this dental clinic?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I understand which parts of my care and treatment are available to me under the NHS.	☐	☐	☐	☐	☐
I can pay for my treatment using the payment method most suited to my circumstances.	☐	☐	☐	☐	☐
I do not feel rushed in making decisions about my treatment.	☐	☐	☐	☐	☐
I am able to schedule my follow-up appointments within a reasonable timeframe.	☐	☐	☐	☐	☐

SECTION 3: Your care in general

Question 9:

I am involved in making decisions about my dental care and treatment.

- ☐ More than I want to be
- ☐ As much as I want to be
- ☐ I am not involved enough
- ☐ I do not wish to be involved

Question 10:

My dentist and dental team treat me with courtesy and respect.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 11:

When talking to my dentist or dental team, I do not have to worry other people can overhear what I am saying.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 12:

If I have a concern or complaint about my dental care, I know how to make a confidential complaint.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 13:

I have received a written copy of my treatment plan.

- ☐ Yes
- ☐ No
- ☐ I don't remember

Question 14:

If I have an emergency or my dental practice is closed, I know how to get help.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 15:

There is another member of the dental team in the room when my dentist treats me.

- ☐ Yes
- ☐ No
- ☐ I don't remember

Question 16:

Overall, I would rate the care provided at this dental practice as:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

SECTION 4: Your medications

Question 17:

Have you been prescribed medications at this dental practice?

- ☐ Yes → Please complete Question 17
- ☐ No → Please skip ahead to Question 18

Question 17, continued:

How much do you agree or disagree with each of the following statements about any medications you have been prescribed at this dental practice?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I was given enough information about what my medications are for.	☐	☐	☐	☐	☐
I was given enough information about how and when to take my medications.	☐	☐	☐	☐	☐
I was given enough information about possible side effects of my medications.	☐	☐	☐	☐	☐
I was given information about what to do if I have any problems with my medications.	☐	☐	☐	☐	☐

SECTION 5: Your comments

Question 18: If there is anything else you would like to tell us about your experience at this dental practice, please write your comments below.

SECTION 6: About you

You cannot be identified by your answers. If you do not wish to answer a question, leave it blank.

Question 19:

Are you male or female?

- ☐ Male
- ☐ Female

Question 20:

What was your age at your last birthday?

☐ years

Question 21:

Are your day-to-day activities limited by any health problem or disability which has lasted, or is likely to last, more than 12 months?

- ☐ Extremely limited
- ☐ Limited a lot
- ☐ Limited a little
- ☐ Not at all limited

Question 22:

Why did you come to this practice for your dental care?

- ☐ Close to home
- ☐ Practice had a good reputation
- ☐ I needed emergency care
- ☐ Other (please describe below):

Question 23:

If you are an NHS patient, do you usually pay for your dental care?

- ☐ Yes
- ☐ No
- ☐ I am not an NHS patient

Question 24:

Do you go to the dentist:

- ☐ Regularly for check-ups?
- ☐ Only if you have a problem or pain?

Question 25:

How would you rate your overall dental health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Question 26:

How long did it take you to reach the dental practice from home today?

hours _____ minutes _____

How did you travel to the dental practice today (e.g. bus, car, foot, etc)?

PATIENT EXPERIENCE QUESTIONNAIRE: PATIENT FEEDBACK FORM

Thank you for completing the Patient Experience Questionnaire. We would be grateful if you would complete this form to tell us a little bit about your experience. We will appreciate any feedback you provide.

Please seal this form in the same envelope as your questionnaire and return either via Freepost or at the reception desk.

OVERALL IMPRESSIONS:

Approximately how long did it take you to complete this survey?	

Was the survey easy to read (e.g. with respect to language)?	Yes	No
Suggestions for improvement:		

Were any questions confusing or difficult to understand?	Yes	No
Suggestions for improvement:		

Is there anything you particularly dislike about the survey?	Yes	No
Suggestions for improvement:		

Are there any questions you think should be added to the survey?	Yes	No
Suggestions for improvement:		

If you would like to comment on any other aspect of the survey, please use the box below.

SURVEY SECTIONS:

Section 1: Before your appointment

Suggestions for improvement:

Section 2: At your appointment

Suggestions for improvement:

Section 3: Your care in general

Suggestions for improvement:

Section 4: Your medications

Suggestions for improvement:

Section 5: Your comments

Suggestions for improvement:

Section 6: About you

Suggestions for improvement:

Thank you for taking the time to give your feedback.

If you would like to discuss any aspect of this survey, please contact Dr. Anna Templeton, Research Fellow, Scottish Dental Practice Based Research Network.
Telephone 01382 740912, E-mail SDPBRN@nes.scot.nhs.uk

Combined Practice Inspection Pilot Information Sheet

Please share this information sheet with dental team members who will be helping with inspection preparation and hosting the inspection visit.

Background

Every three years, all NHS dental practices in Scotland must undergo a Health Board (HB) inspection. Dental Vocational Training (VT) practices must also undergo a VT inspection every three years by NHS Education for Scotland (NES). In addition, it is anticipated implementation of the National Standards for Dental Services will require practices to undergo an additional inspection in future. In an effort to provide an efficient, effective, single inspection system, the Chief Dental Officer and Dental Quality Improvement Standards (QIS) Group initiated the development of a Combined Practice Inspection (CPI) process intended to meet the needs of General Dental Practitioners and their dental teams, dental patients, Health Boards, NES, and Healthcare Improvement Scotland.

A CPI working group, including representatives from the Scottish Dental Clinical Effectiveness Programme (SDCEP), practice inspection teams in NES and NHS Lothian, and the Scottish Dental Practice Based Research Network (SDPBRN), began development of a CPI process by combining HB and VT inspection forms into a single checklist which was then reviewed beside the National Standards. The National Standards that could be feasibly assessed by inspectors were added to the CPI checklist. National Standards that could not be assessed by CPI inspectors during the inspection visit were incorporated into a patient experience questionnaire (PEQ) in collaboration with NHSScotland's Better Together Programme. The final versions of the CPI checklist and PEQ were reviewed and approved by the Dental QIS Group and key experts.

Between June and November of 2010, the CPI working group and six experienced HB and VT inspectors tested the initial utility and feasibility of the CPI checklist in a small number of practices. The PEQ was piloted in the same practices between January and February of 2011.

Findings and recommendations from the practices and inspectors who participated in the initial pilot were presented to the Dental QIS Group in February 2011. Based on these findings, the Dental QIS Group requested further development of a CPI process and conduct of a broader scale pilot to test the CPI in a wider range of practice settings. This current pilot is the second in-practice test of the CPI.

Aims and objectives

The aim of this pilot is to further develop the CPI process and assess its utility as an effective and efficient system of inspection and assurance.

Who is conducting the pilot?

This pilot is being conducted on behalf of the Dental QIS Group by SDCEP and SDPBRN in collaboration with NHS Lothian, NHS Fife, and NES.

How will the pilot be of benefit?

By taking part in this pilot, you are contributing to the ongoing development of a combined practice inspection process that meets the needs of practices, patients, Health Boards, NES, and Healthcare Improvement Scotland. Your experience and the feedback you provide will help ensure that any potential changes to dental practice inspections will be as efficient and effective as possible.

In recognition of your participation, you can claim two GDP Dental Guild Rate payments (£540). You can claim this payment on completion of your inspection visit by completing and returning the enclosed **Sessional Payments claim form** to SDCEP (address on the reverse of the form).

What does the pilot involve?

Enclosed with this information sheet is a lever-arch file to assist your practice in collating and storing relevant documentation. The lever-arch file contains: a copy of the CPI checklist, with additional sets of those pages relevant to individual surgeries; a pre-pilot questionnaire and return envelope; a preparation activity and time tracking sheet; and your Sessional Payments claim form. You are also supplied with 100 Patient Experience Questionnaire packets (PEQ, patient feedback form, and individual return envelope) and several large Freepost envelopes to bulk mail PEQs back to SDPBRN.

Your CPI visit is a real inspection and will require you to meet ***current*** inspection criteria for any HB or VT inspection due. Additional criteria on the CPI Checklist, identified as 'N' (new), are potential future requirements for inspection; ***it is important that you also try to meet these*** as part of this pilot**.** Please note if any of these additional inspection items are particularly difficult to evidence. We will be asking for your feedback after your inspection is complete. Please be assured that all information you provide will be held in the strictest confidence.

What you need to do

1. Before starting any preparation, complete the **Pre-Inspection Questionnaire**. This questionnaire will take about 15 minutes to complete and should be filled out by the Practice Principal/VT Trainer and returned in the Freepost envelope provided.

2. As soon as possible, distribute the **Patient Experience Questionnaire** to 100 patients over 18 years of age. We recommend that you pick a start date and offer the PEQ to each consecutive adult patient until all 100 are distributed. Reassure patients the PEQ is anonymous. If a patient declines the PEQ, simply offer it to the next person. Patients should complete both the PEQ and the Patient Feedback Form, seal them in the envelope provided and return it to the reception desk. If a patient does not have the time to complete the questionnaire before leaving the practice, they may return it by post.

   Completed PEQs must be returned to SDPBRN ***at least three weeks*** before your inspection is due; earlier if possible. Please return the completed PEQs in batches of 20 using the large, Freepost envelopes provided. SDPBRN will compile your PEQ data into a brief report which will be sent back to you before your inspection visit. A copy of the report will also be given to the inspectors visiting your practice.

3. Prepare for the CPI visit as best suits your practice. Document your preparation activities and time spent on the **CPI Pilot Practice Preparation Time Tracking Sheet**.

4. Host the CPI visit. Your inspection will last approximately 4-5 hours and will be conducted by one HB and one VT inspector. With your permission, a researcher from SDPBRN or SDCEP may accompany the inspectors to observe the inspection process.

5. Upon completion of your inspection visit, you will be given a **Post-Inspection Questionnaire**. This questionnaire should take about 15 minutes to complete and should be filled out by the principal or the person who had the most involvement in preparing for and completing your practice inspection. Return the questionnaire in the Freepost envelope provided.

6. Once your questionnaire has been returned, a researcher from SDPBRN will contact you to arrange a telephone interview to discuss your views of the CPI process in greater detail. The interview will be carried out at your convenience and will take around 30 minutes to complete.

Once all the inspections are complete, SDPBRN will review and analyse the feedback from all dentists, dental teams, patients and inspectors who contributed to the pilot. This will be compiled into a single report to be delivered to the Dental QIS Group and will guide subsequent review and revision of the CPI. An abbreviated version of this report will be sent to your practice. The complete version will be available upon request.

Use of the Practice Support Manual

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has developed an online Practice Support Manual (PSM) to help dental teams keep up to date with current legislation and professional regulations, support preparation for inspections, and carry out best practice. The PSM is available at www.psm.sdcep.org.uk

As part of this CPI pilot, you will have access to all current content and temporary, enhanced access to the Health and Safety topic (not yet published).

If you have already registered for the PSM, contact Trish Graham, SDCEP (see below) for enhanced access to the Health and Safety topic. If you have not yet registered for the PSM, go to www.psm.sdcep.org.uk, click on "New Users Register Here" and enter the registration code **PSM2489**. Once registered, contact Trish Graham for enhanced access to the Health and Safety topic.

Confidentiality

All data collected in this pilot will be managed according to the Data Protection Act 1998. The confidentiality of your data is of prime consideration in this pilot. Please be assured that all your information will be held in the strictest confidence. It will not be possible to identify you or your practice in any report or other publication resulting from this pilot.

Contact information

Please do not hesitate to contact us with any questions or if you would like more information:

Health Board:	Alan Whittet, Dental Practice Adviser, NHS Lothian Telephone: 0131 537 8435 E-mail: alan.whittet@nhslothian.scot.nhs.uk
	Alison McNeillage, Primary Care Contracts Manager, NHS Lothian Telephone: 0131 537 8422 E-mail: alison.mcneillage@nhslothian.scot.nhs.uk
Vocational Training:	Jimmy Boyle, Assistant Director, West of Scotland PGDE (NES) Telephone 0141 352 2830 E-mail: james.boyle@nes.scot.nhs.uk
PSM/Admin Enquiries:	Trish Graham, Programme Administrator, SDCEP Telephone: 01382 740992 E-mail: psm.sdcep@nes.scot.nhs.uk (PSM enquiries) E-mail: scottishdental.CEP@nes.scot.nhs.uk (Admin enquiries)
Other questions:	Anna Templeton, SDPBRN Research Fellow Telephone: 01382 740912 E-mail: anna.templeton@nes.scot.nhs.uk

Combined Practice Inspection Pilot Information Sheet

Please share this information sheet with dental team members who will be helping with inspection preparation and hosting the inspection visit.

Background

Every three years, all NHS dental practices in Scotland must undergo a Health Board (HB) inspection. Dental Vocational Training (VT) practices must also undergo a VT inspection every three years by NHS Education for Scotland (NES). In addition, it is anticipated implementation of the National Standards for Dental Services will require practices to undergo an additional inspection in future. In an effort to provide an efficient, effective, single inspection system, the Chief Dental Officer and Dental Quality Improvement Standards (QIS) Group initiated the development of a Combined Practice Inspection (CPI) process intended to meet the needs of General Dental Practitioners and their dental teams, dental patients, Health Boards, NES, and Healthcare Improvement Scotland.

A CPI working group, including representatives from the Scottish Dental Clinical Effectiveness Programme (SDCEP), practice inspection teams in NES and NHS Lothian, and the Scottish Dental Practice Based Research Network (SDPBRN), began development of a CPI process by combining HB and VT inspection forms into a single checklist which was then reviewed beside the National Standards. The National Standards that could be feasibly assessed by inspectors were added to the CPI checklist. National Standards that could not be assessed by CPI inspectors during the inspection visit were incorporated into a patient experience questionnaire (PEQ) in collaboration with NHSScotland's *Better Together* programme. The final versions of the CPI checklist and PEQ were reviewed and approved by the Dental QIS Group and key experts.

Between June and November of 2010, the CPI working group and six experienced HB and VT inspectors tested the initial utility and feasibility of the CPI checklist in a small number of practices. The PEQ was piloted in the same practices between January and February of 2011.

Findings and recommendations from the practices and inspectors who participated in the initial pilot were presented to the Dental QIS Group in February 2011. Based on these findings, the Dental QIS Group requested further development of a CPI process and conduct of a broader scale pilot to test the CPI in a wider range of practice settings. This current pilot is the second in-practice test of the CPI.

Aims and objectives

The aim of this pilot is to further develop the CPI process and assess its utility as an effective and efficient system of inspection and assurance.

Who is conducting the pilot?

This pilot is being conducted on behalf of the Dental QIS Group by SDCEP and SDPBRN in collaboration with NHS Lothian, NHS Fife, and NES.

How will the pilot be of benefit?

By taking part in this pilot, you are contributing to the ongoing development of a combined practice inspection process that meets the needs of practices, patients, Health Boards, NES, and Healthcare Improvement Scotland. Your experience and the feedback you provide will help ensure that any potential changes to dental practice inspections will be as efficient and effective as possible.

In recognition of your participation, you can claim two GDP Dental Guild Rate payments (£540). You can claim this payment on completion of your inspection visit by completing and returning the enclosed **Sessional Payments claim form** to SDCEP (address on the reverse of the form).

What does the pilot involve?

Your CPI visit is a real inspection and will require you to meet ***current*** inspection criteria for any HB or VT inspection due. Additional criteria on the CPI Checklist, identified as 'N' (new), are potential future requirements for inspection; ***it is important that you also try to meet these*** as part of this pilot**.** Please note if any of these additional inspection items are particularly difficult to evidence. We will be asking for your feedback after your inspection is complete. Please be assured that all information you provide will be held in the strictest confidence.

Enclosed with this information sheet are two lever-arch files to assist your practice in collating and storing relevant documentation.

Folder 1: Is for the storage of documentation to be reviewed ***during your inspection***. This folder contains your CPI checklist with extra copies of the sections relevant to individual surgeries; your **Pre-Inspection Questionnaire**; the **CPI Pilot Practice Preparation Time Tracking Sheet**; and your **Sessional Payment claim form**.

Folder 2: Part of this pilot is to investigate whether or not pre-submission of documentation improves the efficiency of the CPI process. As such, Folder 2 contains a checklist and brief feedback form for documents to collate and submit ***before your inspection*** (see Step 4 below).

You are also supplied with 100 **Patient Experience Questionnaire** packets (PEQ, patient feedback form, and return envelopes) and several large Freepost envelopes to bulk mail PEQs back to SDPBRN (see Step 2 below).

What you need to do

1. Before starting any preparation, complete the **Pre-Inspection Questionnaire**. This questionnaire will take about 15 minutes to complete. It should be filled out by the person leading your CPI preparation, either the Practice Principal/VT Trainer or Practice Manager, and returned in the Freepost envelope provided.

2. As soon as possible, distribute the **Patient Experience Questionnaire** to 100 patients over 18 years of age. We recommend that you pick a start date and offer the PEQ to each consecutive adult patient until all 100 are distributed. Reassure patients the PEQ is anonymous. If a patient declines the PEQ, simply offer it to the next person. Patients should complete both the PEQ and the Patient Feedback Form, seal them in the envelope provided and return it to the reception desk. If a patient does not have the time to complete the questionnaire before leaving the practice, they may return it by post.

   Completed PEQs must be returned to SDPBRN ***at least three weeks*** before your inspection is due; earlier if possible. Please return the completed PEQs in batches of 20 using the large, Freepost envelopes provided. SDPBRN will compile your PEQ data into a brief report which will be sent back to you before your inspection visit. A copy of the report will also be given to the inspectors visiting your practice.

3. Prepare for the CPI visit as best suits your practice. Document your preparation activities and time spent on the **CPI Pilot Practice Preparation Time Tracking Sheet**.

4. On your CPI checklist, items to collate and submit before your inspection are highlighted in green. Photocopies of documentation are acceptable. Please see **Folder 2** for more details.

   Your pre-inspection documentation should be returned ***at least two weeks before your inspection visit*** to allow your inspectors enough time to review the folder. As soon as your documentation is ready, please contact SDCEP and we will make arrangements for a courier to collect your folder. Your documentation will be held in strictest confidence and will only be reviewed by relevant members of the inspection team.

5. Host the CPI visit. Your inspection will last approximately 4 hours and will be conducted by one HB and one VT inspector. With your permission, a researcher from SDPBRN or SDCEP may accompany the inspectors to observe the inspection process.

6. Upon completion of your inspection visit, you will be given a **Post-Inspection Questionnaire**. This questionnaire should take about 15 minutes to complete and should be filled out by the Principal/VT Trainer, Practice Manager, or the person who had the most involvement in preparing for and completing your practice inspection. Return the questionnaire in the Freepost envelope provided.
7. Once your questionnaire has been returned, a researcher from SDPBRN will contact you to arrange a telephone interview to discuss your views of the CPI process in greater detail. The interview will be carried out at your convenience and will take around 30 minutes to complete.

Once all the inspections are complete, SDPBRN will review and analyse the feedback from all dentists, dental teams, patients and inspectors who contributed to the pilot. This will be compiled into a single report to be delivered to the Dental QIS Group and will guide subsequent review and revision of the CPI. An abbreviated version of this report will be sent to your practice. The complete version will be available upon request.

Use of the Practice Support Manual

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has developed an online Practice Support Manual (PSM) to help dental teams keep up to date with current legislation and professional regulations, support preparation for inspections, and carry out best practice. The PSM is available at www.psm.sdcep.org.uk

As part of this CPI pilot, you will have access to all current content and enhanced access to the Health and Safety topic (not yet published).

If you have already registered for the PSM, contact Trish Graham, SDCEP (see below) for enhanced access to the Health and Safety topic. If you have not yet registered for the PSM, go to www.psm.sdcep.org.uk , click on 'New Users Register Here' and enter the registration code **PSM2489**. Once registered, contact Trish Graham for enhanced access to the Health and Safety topic.

Confidentiality

All data collected in this pilot will be managed according to the Data Protection Act 1998. The confidentiality of your data is of prime consideration in this pilot. Please be assured that all your information will be held in the strictest confidence. It will not be possible to identify you or your practice in any report or other publication resulting from this pilot.

Contact information

Please do not hesitate to contact us with any questions or if you would like more information:

Health Board:	Alan Whittet, Dental Practice Adviser, NHS Lothian Telephone: 0131 537 8435 E-mail: alan.whittet@nhslothian.scot.nhs.uk
	Alison McNeillage, Primary Care Contracts Manager, NHS Lothian Telephone: 0131 537 8422 E-mail: alison.mcneillage@nhslothian.scot.nhs.uk
Vocational Training:	Jimmy Boyle, Assistant Director, West of Scotland PGDE (NES) Telephone 0141 352 2830 E-mail: james.boyle@nes.scot.nhs.uk
PSM/Admin Enquiries:	Trish Graham, Programme Administrator, SDCEP Telephone: 01382 740992 E-mail: psm.sdcep@nes.scot.nhs.uk (PSM enquiries) E-mail: scottishdental.CEP@nes.scot.nhs.uk (Admin enquiries)
Other questions:	Anna Templeton, SDPBRN Research Fellow Telephone: 01382 740912 E-mail: anna.templeton@nes.scot.nhs.uk

Collation of documents for submission before inspection

Use this folder to collate documents for submission before the inspection, and to provide general practice information.

Documents for submission are required at least **two weeks** before your inspection. Please contact SDCEP once you have prepared these documents and SDCEP will arrange for a collection of the folder:

1. Complete the details on pages 3-5 of the CPI Checklist* (excluding information about Hep B, Hep C and HIV status) and file those pages in Section 1 of this folder.

2. Complete the Additional Practice Information sheet in Section 1 of this folder.

3. Collate all other documentation for pre-inspection submission and file them in Section 3 of this folder. Items required are highlighted in green throughout the CPI Checklist*. Photocopies are acceptable.

4. Use the checklist in Section 2 of this folder to assist with collation of documents. Mark any documents you file in the top right hand corner with the item number shown on the checklist. If you encounter any difficulty with, or you tick the 'No' box for any of the items, please let us know why on the feedback sheets (Section 2).

5. See the CPI Checklist* for those documents that are **essential** items for inspection.

If you require advice or clarification on any aspect of the CPI pilot, additional stationery or help to access the Practice Support Manual, please contact us:

Trish Graham
SDCEP Programme Administrator
Dundee Dental Education Centre
Frankland Building
Small's Wynd
Dundee, DD1 4H
Tel: 01382 740992
e-mail: scottishdental.cep@nes.scot.nhs.uk

*The CPI Checklist is in Section 3 of Folder 1.

Appendix 2.2

CPI Pilot – Practice Preparation Time Tracking Sheet

Practice:

Date	Person/Role	Preparation activities	Time	Notes
Example: 4 January 2012	Practice Manager Principal Dentist	Collating documentation for Health & Safety Section in checklist	1 hour	To meet new item needed to have Standard Operating Procedure for Controlled Drugs. Used template from PSM Medical Emergencies topic.

Please e-mail scottishdental.cep@nes.scot.nhs.uk if you need additional tracking sheets.

Appendix 2.3

Combined Practice Inspection Pilot
Pre-Inspection Questionnaire

Thank you for agreeing to take part in the Combined Practice Inspection (CPI) Pilot. The purpose of this questionnaire is to gather information about your experience and views of previous Health Board (HB) practice inspections.

Complete this questionnaire before beginning any preparation for the CPI. It should take around 15 minutes to complete. Please be assured that your responses will be confidential and you will not be identified in any report or other publication arising from this pilot.

Return the questionnaire to SDPBRN in the FREEPOST envelope provided as soon as possible. If you have any questions, please contact Dr. Anna Templeton, SDPBRN Research Fellow, 01382 740992 or scottishdental.cep@nes.scot.nhs.uk.

SECTION 1

1. On average, how long does it usually take for your practice to prepare for a HB inspection? _____ hours

2. On average, how long does a HB inspection visit take to complete? _____ hours

3. Which members of your dental team are usually involved in preparing for a HB inspection? *(please tick all that apply).*

☐	Reception and administrative staff	☐	Hygienists/Therapists
☐	Practice Manager	☐	Associate GDPs
☐	Dental Nurses	☐	Principal GDP
☐	Others (*please list in the box below*)		

4. Which members of your dental team are usually involved in the inspection visit? (*please tick all that apply)*

☐	Reception and administrative staff	☐	Hygienists/Therapists
☐	Practice Manager	☐	Associate GDPs
☐	Dental Nurses	☐	Principal GDP
☐	Others (*please list in the box below*)		

5. What activities do you usually need to do in order to prepare for a HB inspection? (P*lease tick all that apply)*

☐ Write new protocols	☐ Update existing documentation
☐ Collate documentation	☐ Repair or update equipment
☐ Other activities (*please describe in the box below*)	

6. In order to prepare for a HB inspection, what resources do you usually need? (p*lease tick all that apply*)

☐ Reference or guidance materials	☐ Protected time for preparation
☐ Policy/protocol templates	☐ Help from other dental team members
☐ Other resources (*please describe in the box below*)	

7. Please describe any challenges you have encountered when preparing for a HB inspection or during the inspection visit.

8. Do you usually close your practice during the inspection visit? ☐ Yes ☐ No

Appendix 2.3

SECTION 2

(*Please circle the number that most closely represents your views)*

1. I know why my practice must undergo regular inspection.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

2. I think the time my practice usually spends preparing for a HB inspection is reasonable.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

3. I think the time taken to conduct a HB inspection visit is reasonable.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

4. I think preparing for a HB inspection is:

Very difficult	1	2	3	4	5	6	7	Not at all difficult

5. I think meeting the inspection criteria for a HB inspection is:

Very difficult	1	2	3	4	5	6	7	Not at all difficult

6. Usually, I have or can easily obtain the resources I need to prepare for a HB inspection.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

7. I think preparing for and undergoing a HB inspection is beneficial for my practice.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

Please describe the main benefits for your practice in the box below.

8. I believe the benefits of a HB inspection outweigh the costs of a HB inspection.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

Please describe the main costs for your practice in the box below.

9. If you wish to comment on any of the answers given above, please use the box below.

10. Compared to a HB inspection what do you think are the advantages of a combined practice inspection?

11. Compared to a HB inspection what do you think are the disadvantages of a combined practice inspection?

SECTION 3

1. Have you ever considered becoming a VT trainer?

☐ Yes ☐ No ☐ I was previously a VT trainer

If you answered 'yes' or 'no' please tell us why in the box below.

2. Is your practice a member of a quality assurance scheme (e.g. BDA Good Practice Scheme)?

☐ Yes (please list below) ☐ No

3. If you wish to comment on any other aspect of practice inspection, please use the box below.

Thank you for your time

Appendix 2.4

Combined Practice Inspection Pilot
Post-Inspection Questionnaire

Thank you for participating in the Combined Practice Inspection (CPI) Pilot. The purpose of this questionnaire is to gather information about your experience and views of the CPI process.

The questionnaire should take around 15 minutes to complete. Please be assured that your responses will be confidential and you will not be identified in any report or other publication arising from this pilot.

Return the questionnaire to SDPBRN in the FREEPOST envelope provided as soon as possible. If you have any questions, please contact Dr. Anna Templeton, SDPBRN Research Fellow, 01382 740992 or scottishdental.cep@nes.scot.nhs.uk.

SECTION 1

1. How long did it take for your practice to prepare for the CPI? ☐ hours

2. How long did the CPI visit take to complete? ☐ hours

3. Which members of your dental team were involved in preparing for the CPI? *(please tick all that apply).*

☐ Reception and administrative staff
☐ Hygienists/Therapists
☐ Practice Manager
☐ Associate GDPs
☐ Dental Nurses
☐ Principal GDP
☐ Others (*please list in the box below*)

☐

4. Which members of your dental team were involved in the CPI visit? (*please tick all that apply)*

☐ Reception and administrative staff
☐ Hygienists/Therapists
☐ Practice Manager
☐ Associate GDPs
☐ Dental Nurses
☐ Principal GDP
☐ Others (*please list in the box below*)

☐

5. What activities did your practice need to do in order to prepare for the CPI? (P*lease tick all that apply)*

☐ Write new protocols ☐ Update existing documentation

☐ Collate documentation ☐ Repair or update equipment

☐ Other activities (*please describe in the box below*)

6. In order to prepare for the CPI, what resources did you need? (p*lease tick all that apply*)

☐ Reference or guidance materials ☐ Protected time for preparation

☐ Policy/protocol templates ☐ Help from other dental team members

☐ Other resources (*please describe in the box below*)

7. Please describe any necessary resources that were not available. (*e.g. a template that was required to develop a new protocol*)

8. Please describe any challenges you encountered when preparing for the CPI or during the inspection visit.

9. Did you close your practice during the CPI visit? ☐ Yes ☐ No

Appendix 2.4

SECTION 2

(*Please circle the number that most closely represents your views)*

1. I think the time my practice spent preparing for the CPI was reasonable.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

2. I think the time taken to conduct the CPI visit was reasonable.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

3. I think preparing for the CPI was:

Very difficult	1	2	3	4	5	6	7	Not at all difficult

4. I think meeting the inspection criteria for the CPI was:

Very difficult	1	2	3	4	5	6	7	Not at all difficult

5. I had or could easily obtain the resources I needed to prepare for the CPI.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

6. Distributing the Patient Experience Questionnaire did not disrupt the practice routine.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

7. The results of the Patient Experience Questionnaire were useful.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

8. I think preparing for and undergoing the CPI was beneficial for my practice.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

Please describe the main benefits for your practice in the box below.

9. I believe the benefits of a CPI outweigh the costs of a CPI inspection.

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

Please describe the main costs for your practice in the box below.

10. If you wish to comment on any of the answers given above, please use the box below.

11. Compared to a HB inspection what do you think are the advantages of a CPI?

12. Compared to a HB inspection what do you think are the disadvantages of a CPI?

If you wish to comment on any other aspect of practice inspection, please use the box below.

Thank you for your time

Return the questionnaire to SDPBRN in the FREEPOST envelope provided as soon as possible.

Appendix 2.5

CPI Pilot – Inspector Focus Group, Schedule

22 May 2012

Introduction:

Purpose: Gather inspector feedback from their experiences preparing for and conducting CPI pilot inspections.

Preparation:

1. How did you find general preparation for the CPI in relation to:
    a. Time taken?
    b. The support material available on the PSM (e.g. were any essentials missing)?
    c. Previous inspections?
2. How did your preparation activities for this CPI pilot differ:
    a. From routine HB or VT inspection?
    b. Between CPI practices?
    c. According to whether a practice pre-submitted their documentation or not?
    d. According to whether first visit or next?
3. Do you have any recommendations on how the time required might be shortened?

Visit:

1. In general, how did you find the general CPI visits in relation to:
    a. Time?
        i. Together
        ii. Pre-submission
        iii. Separate
    a. For each is there any way the time might be shortened?
2. How did your activities during the visit differ:
    a. From routine HB or VT inspection?
    b. According to the way the inspection was conducted:
        i. Pre-submission of documentation?
        ii. CPI checklist completed by both inspectors together or completed in parts by inspectors working separately?

Time savings:

1. Were different approaches to CPI more effective than others are reducing the amount of time (preparation and visit) required?
    a. Pre-submission of documentation?
    b. CPI checklist completed by both inspectors together or completed in parts by inspectors working separately?
2. When thinking about the availability of inspector time and the resources needed to conduct a CPI, what seem like effective (i.e. do not reduce the quality of the inspection) time saving techniques?

Practice perceptions of the CPI:

1. Do you think practices found the CPI to be a positive or negative experience?
    a. Do you think, having completed their first CPI, practices feel differently about having a CPI in future?
2. Do you think practices engaged differently in CPI than they do in routine HB or VT inspections?

Patient Experience Questionnaire in CPI:

1. Do you think the questions in the PEQ are:
    a. Appropriate?
    b. Useful?
        i. For practices?
        ii. For CPI inspectors?
2. As part of CPI, do you think the PEQ is:
    a. Appropriate?
    b. Informative?
    c. Useful? Does it give you different insight to the practices?
3. Whether or not you think the PEQ should be part of CPI, how do you think it could be incorporated into the CPI process?

Inspector training:

1. Are there areas of CPI where inspectors need training?
    a. Are any of these more critical or essential than others?
    b. To what extent will training need to incorporate some element of calibration/standardization of CPI criteria?
2. What is the best way to deliver this training?

3. What support tools/mechanisms do practices need?

Implementing the CPI:

1. Who should have responsibility for developing/agreeing an assurance system?
2. How might the different HB and VT 'pass' requirements be reconciled?
3. How should the administration and logistics of CPI be organized (given that there are currently two individual organizations responsible for inspection)?

Overall:

1. Are there additional supports needed to implement CPI?
    a. For inspectors?
    b. For practices?
2. What are the advantages and disadvantages of CPI?
    a. For inspectors?
    b. For practices?
    c. For public?
3. Any other comments

Combined Practice Inspection Pilot Study – Interview Schedule

Interviewer: _____

Dental Practice: _____

Interviewee: _____

Role: _____

Interview date: _____

FOR ALL INTERVIEWS READ PRE- AND POST-QUESTIONNAIRES FIRST AND BE SURE TO ADDRESS OR ACKNOWLEDGE COMMENTS AND SUGGESTIONS MADE IN THE QUESTIONNAIRES

Discussion checklist:

1. Thank you for participating in the CPI pilot study and agreeing to do this interview
2. Researcher introduction: advise not a clinician, Research Fellow with SDCEP
3. Aim of the interview: gather feedback on the CPI process, elicit further detail on some of your questionnaire responses
4. Practicalities and timescale: this is a brief series of questions which will last approximately twenty minutes, I will be taking written notes and would also like to tape the interview if you are agreeable
5. Assurance of confidentiality

Questions:

1. Before we discuss the CPI, could you please tell me if:
    a. Your practice is part or fully NHS?
    b. Your practice uses a paper or computer based record system?
        i. **COMPUTER** – What software package?

Thank You.

I'm going to being by asking you some questions about your preparation for the CPI. I'll then ask you about the Patient Experience Questionnaire and the actual CPI visit itself. Please feel free to ask me any questions of your own along the way.

2. In the questionnaire you completed before you started the CPI, you said it usually takes your practice _____ to prepare for a **HB / VT** inspection. I see from your final questionnaire that your preparation time for CPI took _____. What do you think were the primary reasons for needing additional time?

   E.g. collating additional documentation, needed changes in the surgery

3. What might have helped you reduce the length of time required for preparation?

   E.g. more information about what is needed, additional resources like templates

   a. Do you think subsequent CPIs will require the same amount of preparation time?

      i. **NO** – Why?

      ii. **YES** – Do you think it would be about the same amount of time required for your usual **HB / VT** inspection?

4. In your final questionnaire you said **you / receptionist / practice manager / nurses / therapists-hygienists / associates / other folks** were involved in the preparations.

   a. Is this your whole team?

      i. **NO** – Who wasn't involved? **receptionist / practice manager / nurses / therapists-hygienists / associates / other folks**

   b. Would you say that one person took the lead?

      i. **YES** – Who?

ii. **YES** – Do you think you could have delegated any of the preparations to other team members?

1. **YES** – What could you have delegated?

2. **NO** – Why couldn't you delegate?

5. In comparison to the preparations your practice has carried out in the past, did preparing for the CPI offer any additional benefits/costs (excluding time)? Please tell me a bit more about it.

6. In your final questionnaire, you said preparing for the CPI was **easy / fairly easy / fairly difficult / difficult**. Could you tell me the main reasons why?

a. **EASY** – ask if any challenges

7. In your final questionnaire, you said meeting the inspection criteria was **easy / fairly easy / fairly difficult / difficult**. Could you tell me why?

8. In general how did you find preparing the documents for the inspection using the CPI checklist?

Prompts: difficult/easy/straight forward? Ask for examples

a. Were there any areas where you felt further clarification was necessary? Please provide details.

b. Did you find the additional materials, such as the preparation folder, useful?

9. Did you use the SDCEP PSM?

a. **YES** – Was accessing and using the information you needed **easy / difficult**?

i. **DIFFICULT** – Can you name any specific problems?

a. Are there any areas or templates which were not included in the current PSM chapters which would be useful to include, bearing in mind PSM is not yet complete?

Thinking about the patient questionnaire:

10. If questionnaire response states this was disruptive to any degree find out why.

11. Did your patients seem willing or happy to complete the questionnaire?

12. Once your received your results, did you find them useful? In what way?

a. For your practice?

b. During your inspection?

13. Do you have any suggestions for how the PEQ might be better incorporated into the inspection process?

Thinking about your inspection visit:

10. Your CPI inspection visit took _____ to complete.
    a. Did you think this was necessary?

        i. **TOO LONG** – How could it have been improved?

        ii. **TOO SHORT** – How could it have been improved?

11. If different members of staff than usual took part in the CPI visit please ask: In your final questionnaire you said **you / receptionist / practice manager / nurses / therapists-hygienists / associates / other folks** were involved in the CPI visit.
    a. Did you find having these staff involved useful or beneficial?

12. Did you feel that the inspection visit followed a logical process?

    a. **NO** – Why not? What could be improved?

13. Would you say that the inspection process was a positive/negative experience?

    a. **POSITIVE** – In what ways?

    b. **NEGATIVE** – In what ways?

Thinking about the CPI process overall:

14. What do you think are the main advantages of a CPI?

15. What do you think are the main disadvantages of a CPI?

16. Do you have any suggestions for way to improve any aspect of CPI?

For HB practices only:

17. Do you think having a CPI would make you more likely to consider becoming a VT practice?

Any other comments:

Thank you very much.

Appendix 3.1

Summary of Practice Time Tracking Sheets

Practice	**A**	**B**	**C**	**D**	**E**	**F**	
Member(s) of team carrying out majority of preparation	Principal Dentist	Practice Manager	Dental Nurse	Principal Dentist	Principal Dentist	Dental Nurse	
Activity	**Total Number of Hours Taken Per Activity**						**Average**
Adapting folders to new layout				3.5			**3.5**
Check surgery equipment				3			**3**
Checking files				5		6	**5.5**
Collecting information		7					**7**
Collecting staff CPD and certification				2			**2**
Completing forms/documentation	2					10	**6**
Discussions/Meetings with staff					1	10.5	**5.75**
Final check for inspection					2		**2**
Preparing documentation for new starts				4.5			**4.5**
Reading/Collecting documents	7		5.5	3	2.5	4.5	**4.5**
Researching new policies		3.75					**3.75**
Reviewing/Updating policies			2.5			12	**7.25**
Writing protocols	6.5			4			**5.25**
Mixed activities	13.5	48.25	23.5	10	7 hours + 12 shifts	59	**30.85**
Total hours (unless stated otherwise):	**29**	**59**	**31.5**	**35**	**12.5 hours + 12 shifts**	**102**	**51.3**

N.B. The hours returned in the time tracking sheet may differ from the total hours reported in the post-inspection questionnaire.

Appendix 3.2

Item	Inspector comments and recommended changes to CPI Checklist
n/a	1. Add text to specify page should be complete prior to inspection visit 2. Remove "Number of trainer-registered patients" and "Number of VDP-registered NHS patients…" as recorded elsewhere with VT 3. Remove "Are there sufficient patient numbers to support a VDP or VDHT?" and "Is the workload light enough to allow the trainer sufficient time?" as both assessed within VT application process
n/a	Add check boxes into columns for Hep B, Hep C, and HIV (i.e. Checked Yes ☐ No ☐)
15	Question whether an EpiPen is a suitable supplement to required adrenaline, no recommended change at this time
45	Question whether should be extended to HB as a "both" item and recommended that although classed as "A", as a part of a grading or scoring system for CPI would not be grounds for a practice "failing" to pass their inspection
46	Item cannot currently be assessed as no letter is issued and does not apply to newly opened practices. Item has been included secondary to NSDS. Recommend removal of item until it can be measured.
51, 52	Inspectors to be instructed to ask either for a sample of contracts/appraisal from willing staff members or to have a blank copy of staff contracts and appraisal forms
53	Add related template to PSM
62	Clarification in relation to radiation protection, anyone who is involved in the taking/processing of radiographs is considered an operator
65	Should be dental reference books **and** peer reviewed journals
74	Guide should available online, at reception, and via treatment plans and cost estimates as a reference
81	Remove, duplicate of Item 5
n/a	1. Section 1E to be renamed as "Quality Assurance" 2. Audit information is held with NES, is a terms of service requirement from HB, and a GDC requirement but without specified hours; as such do not recommend that CPI does not require official documentation of the number of hours of audit completed
95	Change to "radiology quality assurance"
110	Question whether should be moved to Section 1C, Resuscitation and Medical Emergencies
111	Question whether should be moved to Section 1C, Resuscitation and Medical Emergencies
132	Remove, unnecessary as long as equipment is working
149	Item is only possible/relevant for digital radiology, recommend this be specified in checklist
178	To become Item 179, to read "Records stored securely"
179	Remove current Item 179, create new Item 178 to include check boxes indicating whether record systems are computer, paper, or mix of computer and paper
186	1. Change to "local anaesthetics" in place of "analgesia" 2. Should be documented as "drug name, amount given"
201	Move to Part 4 Section 7A, individual surgeries/x-ray machines
202	Remove, duplicate of Item 303

Appendix 3.2

Item	Inspector comments and recommended changes to CPI Checklist
213	1. Question whether item will become obsolete after January 2013, if so, recommend removal 2. Anticipate substantial changes to Part 2 Section 1E (Decontamination) with changes January 2013
214	Add lines and instructions to inspectors to specify which system is primary decontamination method and which is back up
218	Item needs advice from Decontamination Team as inspectors do not know whether SHTM 2030 is more/less/equally important than manufacturers guidelines
225 to 234	1. Items 225-234, move to Part 4 assessment of individual surgeries 2. Add check box to each item to indicate Single Use Yes ☐ No ☐
n/a	Part 3, first section, change title to “Single use items (into appropriate containers)”
278	Change example to read “(e.g. in bags or closed trays)”
282	Inspectors will need guidance/advice/training
295	Move item to Part 2 as is normally stored centrally
342, 343	Combine into single item reading “Means of viewing x-rays in surgery: _____”