 

DIRECTORATE OF INTEGRATED CARE

**GENERAL DENTAL SERVICES**

**Quality Assurance Returns 2021/22**

1. Practice Based Quality Assurance System
2. HSC Complaints Return
3. Adverse Incidents Reporting
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11. Business Continuity Plan 2021/22

**Note: This return is for completion by the Practice Principal or Lead Dentist on behalf of the Practice. Returns should not be completed by a non-clinician, e.g. Practice Manager**

**LCG Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If you are unsure of your practice number or LCG area, you can look it up in the spreadsheet that was attached with this form.*

1. **Northern Ireland General Dental Services**

**Practice-Based Quality Assurance System**

Practice Return for 1 April 2021 to 31 March 2022

I confirm that in respect of dental practice number \_\_\_\_\_\_\_\_ located at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*(1) There is established and operating in accordance with paragraph 31F of GDS Regulations,

a practice based Quality Assurance System which is applicable to:

(a) TheSpecified Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GDC registration No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Dentist Name if different from (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GDC registration No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Any other Dentist engaged at the practice during 2021/22: Associate, Assistant, Deputy or Foundation Dentist

|  |  |  |
| --- | --- | --- |
| **Name** | **Status**  (Associate, Assistant, Deputy or  Foundation Dentist) | **GDC Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(2) There is displayed in a prominent position

in the practice premises, in a part to which

patients have access, a written statement

relating to the practice’s commitment to

the matters referred to in sub-paragraph 5

of paragraph 31 F of Regulations YES NO

(3) There has been compliance with all the

systems specified in paragraph 31F (5) in

respect of the period ending on

31 March this year, namely:

(a) a system to ensure that all dental care

provided is of a consistent quality; YES NO

(b) a system to ensure that effective measures

of infection control are used; YES NO

(c) a system to ensure that all legal

requirements relating to health and

safety in the workplace are satisfied YES NO

(d) a system to ensure that all legal

requirements relating to radiological

protection are satisfied YES NO

(e) a system to ensure that any requirement

of the General Dental Council in respect

of the continuing professional development

of dentists are satisfied YES NO

(4) Changes to practice or procedures have occurred

as a result of the operation of the practice based

Quality Assurance System YES NO

(5) If answering YES to (4) above, what is the nature of those changes?

PRACTICE PRINCIPAL/LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Where a dentist practices in partnership with one or more other dentists whose names are included in the Dental List, the information required in paragraph (1) above should be provided in respect of the partnership as a whole instead of by each dentist individually

For further information please see page 38 of the GDS Regulations (NI) 1993 at the following link:

<https://hscbusiness.hscni.net/pdf/2016%20GDS%20Regulations%20(NI)%201993.pdf>

1. **HSC Complaints Return**

Practice Return for 1 April 2021 to 31 March 2022

**Name of Practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the HSC Complaints procedure (April 2009) guidance and accompanying regulations, all General Dental Practices are required to forward anonymised copies ofALL written complaints (letters/statements of complaint/complaints forms) and anonymised copies of their respective responses (within 3 working days of the response being issued) to the Complaints Department of the HSCB (now known as SPPG) for monitoring purposes. Only copies of written complaints should be sent. Informal complaints resolved verbally ‘on the spot’ do not need to be reported.

See following link for further details:

<http://www.hscbusiness.hscni.net/services/2671.htm>

**Please complete the following:**

The practice has received the following number of written complaints in the period

1 April 2021 to 31 March 2022:

The practice has resolved the following number of informal complaints in the period

1 April 2021 to 31 March 2022:

I confirm that the practice undertakes Complaints reporting as required by HSCB/SPPG processes.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If you have not already provided Corporate Services with anonymised complaints documentation for 2021/22 you should forward it now to: SPPG Complaints, 12-22 Linenhall Street, Belfast BT2 8BS. Or [complaints.sppg@hscni.net](mailto:complaints.sppg@hscni.net)

DO NOT ATTACH COMPLAINTS CORRESPONDENCE TO THIS RETURN

**3.** **Adverse Incident Reporting**

Practice Return for 1 April 2021 to 31 March 2022

**Name of Practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The practice has reported to the HSCB/SPPG during the period 1 April 2021 to 31 March 2022 the following number of Adverse Incidents:

I confirm that the practice undertakes Adverse Incident reporting as required by the HSCB/SPPG processes.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For further information on when, why and how to report an adverse incident please use the following link [http://www.hscbusiness.hscni.net/services/2631.htm](http://www.hscbusiness.hscni.net/services/2631.htm%20) or contact your local Integrated Care office.

**4. Controlled Drugs Self Assurance for General Dental Practitioners**

Practice Return for 1 April 2021 to 31 March 2022

I confirm that in the course of my work as a dental practitioner I have written standard operating procedures (SOPs) or policies in place that are appropriate to the activities carried out in my practice covering the complete area of handling and management\* of controlled drugs (CDs) as required by the Accountable Officer

regulations.

Yes No

Please Note: this applies to buccal midazolam stored in emergency drug kits and the requirement for an SOP is applicable irrespective of whether you carry out sedation.

I confirm that I adhere to these SOPs in the course of my normal practice.

Yes No

I confirm that each GDP has read the SOPs and signed to agree that they will work to them.

Yes No

I confirm that there is initial and continuing training and development of all staff who are involved in the prescribing, handling, supply, storage, administration and disposal of controlled drugs.

*\*This includes the following areas,*

* *Access to Controlled Drugs*
* *Storage*
* *Security*
* *Disposal and destruction*
* *Who should be alerted if complications arise*
* *Record keeping, including Drug Registers & Standing Operating Procedures*
* *Identifying, dealing with and learning from adverse incidents involving controlled drugs*

Yes No

I declare that to the best of my knowledge and belief that the handling, management and

use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971 and its associated regulations.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For further information please use link below:

<http://www.hscbusiness.hscni.net/services/2670.htm>

**5.**  **MDS documents**

Practice Return for period 1 April 2021 – 31 March 2022

MDS 744 Practice Allowance Application

(May 2021)

MDS 745 Amendments to the SDR

(July 2021)

MDS 746 CPDA Claims

(July 2021)

MDS 747 FSS v3

(August 2021)

MDS 748 Practice Allowance Application

(November 2021)

MDS 749 Support Arrangements Level 2 PPE

(January 2022)

MDS 750 Practice Allowance Application

(April 2022)

I have read and actioned the above documents as appropriate.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above documents (and previously published MDS documents) can be accessed via the BSO website: <http://www.hscbusiness.hscni.net/services/2370.htm>

**6. Safety, Drug and Medical Devices Notices/Alerts for 2021/22 Period.**

Practice return for 1 April 2021 to 31 March 2022

**General Letters**

* [HSS(MD) 41/2021 Hepatitis C](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-41-2021_0.pdf)
* [HSS(MD) 45/2021 EU Settlement Scheme](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-45-2021.pdf)
* [HSS(MD) 47/2021 PPE and Heat Stress](https://hscbusiness.hscni.net/pdf/HSS_MD_47_2021.pdf)
* [HSS(MD) 48/2021 Use of EMA Authorised Medicines](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-48-2021.pdf)
* [HSS(MD) 83/2021 Healthcare Workers and Bloodborne Viruses](https://hscbusiness.hscni.net/pdf/HSS(MD)_83_2021.pdf)
* [HSS(MD) 14/2022 CD Accountable Officer](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh_hss-md-14-2022.pdf)

**Medical Device Alerts**

* [MDSI-2021-007 Field Safety Notice: Venflon Product Recall](https://hscbusiness.hscni.net/pdf/MDSI-2021-007-BD_Venflon_FSN.pdf) and [link](https://hscbusiness.hscni.net/pdf/MDSI-2021-007-Recall_BD_Venflon_Pro_safety.pdf)
* [DSI/2021.010 Rheovalve Alert](https://www.gov.uk/drug-device-alerts/rheovalves-disposable-needle-free-valves-stop-using-specific-lots-due-to-risk-of-breakage-in-patient-dsi-slash-2021-slash-010)

**Drug Alerts**

* [PHC-04-2021 - MidaBuc - Midazolam Product Recall](https://hscbusiness.hscni.net/pdf/PHC-04-2021.pdf)

**Estates and Facilities Alert**

N/A

**Safety and Quality Learning Letter/Alerts**

* [NISN-2022-01 Reporting of Medical Device and Estates Adverse Incidents](https://hscbusiness.hscni.net/pdf/NISN_2022_001.pdf)
* [Learning Matters: Risk of Choking](https://www.publichealth.hscni.net/sites/default/files/2021-10/Learn%20Matters%20-%20Issue%2018%20%28Special%20Edition%20Coking%29%20FinalTagged.pdf)

**Northern Ireland Adverse Incident Centre (NIAIC) Alerts**

* SQR-SAI-2021-080 (AS PHC) - Risks associated with Nitrous Oxide Waste Gases in Dental Surgeries is available[**HERE**](https://hscbusiness.hscni.net/pdf/SQR-SAI-2021-080_(AS%20PHC).pdf)**.**
* NIA-2021-001 Reporting to the NI Adverse Incident Centre documents are available [HERE](https://hscbusiness.hscni.net/pdf/NIA-2021-001_Reporting-to-NIAIC.pdf), [HERE](https://hscbusiness.hscni.net/pdf/NIAIC_Report-Form_PDF%20Version_2021-01.pdf) and [HERE](https://hscbusiness.hscni.net/pdf/NIAIC_Reporting_Ver1.3_DB2010(NI)01.pdf)**.**

I have read and actioned the above documents as appropriate to my practice**.**

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above documents (and previously published alert documents can be accessed via the BSO website: <http://www.hscbusiness.hscni.net/services/2442.htm>

**7. GDC Standards for the Dental Team**

Practice return for 1 April 2021 to 31 March 2022

I confirm that I have read and understand the GDC Standards for the Dental Team document, effective from 30 September 2013, and comply with these at all times.

I confirm that all GDC Registrants working in the practice have been asked to read the GDC Standards for the Dental Team document and to comply with them at all times. For copy of the document please use link: <https://www.gdc-uk.org/professionals/standards>

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** **Training in Medical Emergencies**

Practice return for 1 April 2021 to 31 March 2022

I confirm that I, and all GDC registered persons working in this practice, have fulfilled the recommendation of the General Dental Council in relation to training in Medical Emergencies.

As noted in the GDC Recommended CPD Topics; “Medical Emergencies: at least 10 hours in every CPD cycle – and we recommend that you do at least two hours of CPD in this every year;”

For copy of document please use link: <https://www.gdc-uk.org/professionals/cpd/cpd-topics>

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE

**9. IV Sedation**

Practice return for 1 April 2021 to 31 March 2022

Does your practice provide IV Sedation? Yes No 

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

If yes, please sign the following declaration:

I declare that this practice complies with recommended best practice with regard to the use of IV sedation in line with the Professional Dental Guidance issued by the DOH.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. COVID-19 Guidance**

Practice return for 1 April 2021 to 31 March 2022

I have read and actioned the documents available at <https://hscbusiness.hscni.net/services/3111.htm> and <https://hscbusiness.hscni.net/services/3184.htm> in relation to the COVID-19 pandemic.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I, and all GDC registered persons working in this practice, have read and implemented the following GDS Operational Guidance documents:

* “[Preparation for the Re-Establishment of the General Dental Services – Operational Guidance](https://hscbusiness.hscni.net/pdf/Prep_for_the_Re-establishment_of_the_GDS_020221.pdf)” issued in February 2020
* “[Seasonal Respiratory Infections and COVID-19: General Dental Services - Operational Guidance](https://hscbusiness.hscni.net/pdf/Seasonal_Respiratory_Infections_and_COVID-19_GDS_Operational_Guidance_Dec21.pdf)” which replaced the above in December 2021

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I prepared, submitted and continue to follow a COVID-19 specific Business Continuity Plan as per <https://hscbusiness.hscni.net/pdf/COVID%2019%20Dental%20Business%20Continuity%20Letter.pdf>

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BUSINESS CONTINUITY PLAN 2021/22**

Practice return for 1 April 2021 to 31 March 2022

A Business Continuity Plan is intended to help a practice overcome any unexpected incident to its premises, key personnel or to any important systems that it relies upon in its day to day operations. In order to maintain as much service as possible to the public at such times, the SPPG is asking all dental practices to complete fully the following template summarising your Business Continuity Plan that was in place during the 2021/22 year.

Dentist responsible for update, maintenance and implementation of this plan:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DS Number: \_\_\_\_\_\_\_\_\_\_

Address of Dental Practice:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following FULLY**

**1 Practice Information**

* Number of dentists normally working in the practice
* Number of other staff normally working in the practice
* Number of Health Service patients normally seen per day

in the practice

**2 Patient Management**

* In the event of the practice having to close unexpectedly (e.g. adverse weather conditions, environmental issues such as power failure or flood, a population flu or other disease outbreak) arrangements will need to be put in place for registered patients of that practice and who are experiencing a routine or an urgent dental problem. (depending on the nature and the length of closure) This may involve arrangements with other dental surgeries.

Please specify these arrangements

* The practice has put in place a plan as to how patients might be informed of special arrangements

Please specify these arrangements

1. **Education and Training**

* The practice will develop, update and regularly review the business continuity plan

Yes No

* The practice will have in place procedures to ensure that all staff have sight of relevant information concerning the management of patients and the practice environment during an interruption to patient care

Please specify

**Annual Governance Returns 2021/22**

I confirm on behalf of the practice that the information contained in the above documentation is correct.

PRACTICE PRINCIPAL/ LEAD DENTIST SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GDC REGISTRATION NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENTAL LIST NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the complete set of forms **by 30 June 2022** to:

[GDS.Correspondence@hscni.net](mailto:GDS.Correspondence@hscni.net)

**In the subject field of the email, please ensure your email heading is as follows: QA return, Practice number XXX, LCG area XXXXX**

*If you are unsure of your practice number or LCG area, you can look it up in the spreadsheet that was attached with this form.*

Please note, scanned copies are the most preferable way of returning the forms. We cannot accept photos of your forms due to the amount of space they take up in our mailbox.