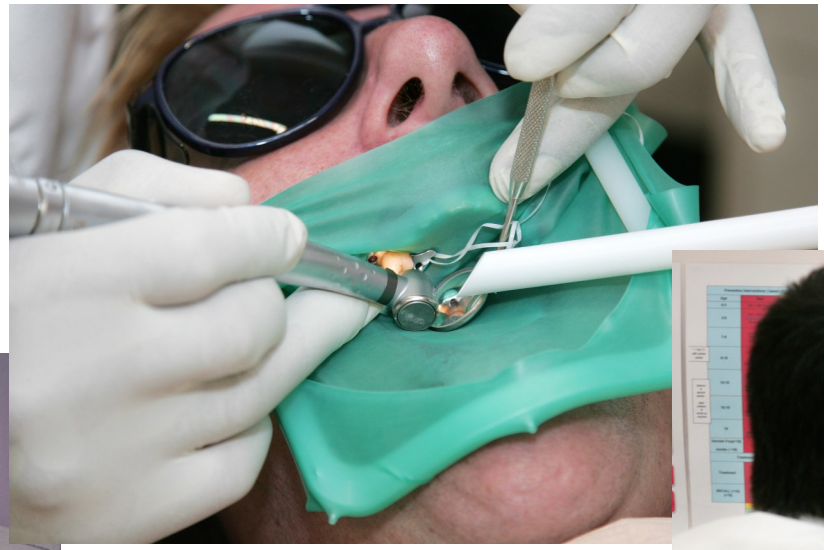
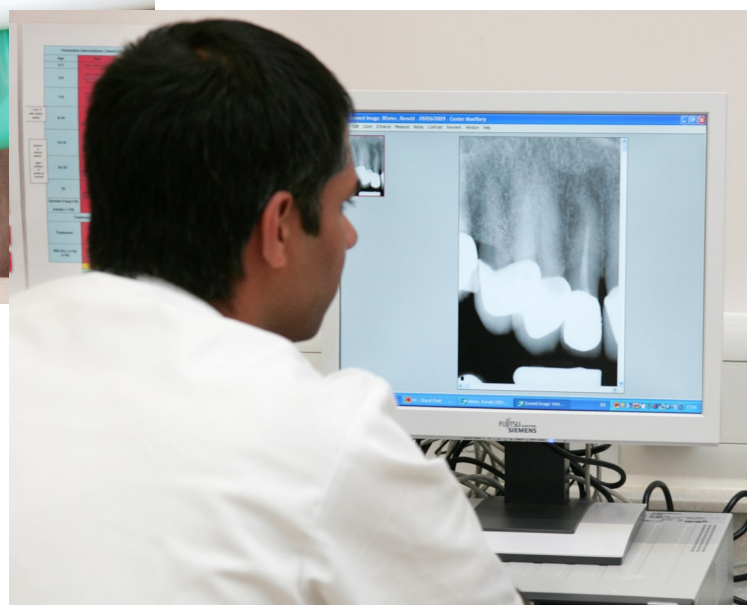
Working together, delivering change

The work of the Regulation of Dental Services Programme Board

June 2017





Regulation of Dental Services Programme Board

Care Quality Commission | NHS England | NHS Business Services Authority | General Dental Council – protecting patients, regulating the dental team | healthwatch | Department of Health

Foreword and introduction

In our December 2015 publication, *The future of dental service regulation*, we said that dental health in England is improving, and that dentistry is a great success. This has not changed, but the Regulation of Dental Services Programme Board (RDSPB) aimed to aid this improvement and play a part in streamlining how dental services are regulated.

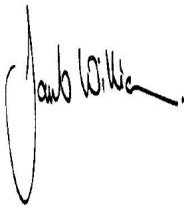
As we move into the next stage of the RDSPB, focusing on oversight, there will be an upstream shift in resource and energy to focus on encouraging improvement. By this we mean placing a greater emphasis on supporting and empowering the profession to make changes. We know that change is likely to be evolutionary, rather than revolutionary. We are also mindful of the fact that this shift in focus will require ongoing cultural change within the RDSPB's member organisations. We will look to monitor this work through the Risk and Oversight Board.

The RDSPB has made significant progress on the seven opportunities for change that we identified as work streams following direct engagement with the profession and wider stakeholders. In other areas, such as through the data work stream, we found the analysis showed something different to the perception of the sector.

We know that some of these changes will take time to have an impact and deliver demonstrable change. The job is not complete. We have had huge commitment from the sector but now need to focus on supporting the sector to improve and supporting the RDSPB to implement change in the way we do things across dental regulation.

What you should expect to see is increased collaboration and partnership between CQC, GDC and NHS England with the aim of a single shared view of quality. The purpose was to make regulation and commissioning oversight a simpler picture rather than redefining the system; we are working together to clarify roles and responsibilities so that the right action is taken at the right time by the right organisation.

The work of the RDSPB has brought the regulators together and encouraged and enabled them to work as partners more effectively. This work has also highlighted the need for the profession to renew the way it supports itself to reduce risk and improve quality. We hope the profession will rise to the challenge of reinvigorating peer support and clinical audit, taking advantage of the collective knowledge and experience of Local Dental Committees, Local Professional Networks, British Dental Association branches and sections with added support from Health Education England. Taken together, we hope to see that the public can be reassured that the profession and the regulators are working together to improve the quality of care for people.



Dr Janet Williamson
Deputy Chief Inspector of General Practice and Dentistry, Care Quality Commission
On behalf of the Regulation of Dental Services Programme Board

The Regulation of Dental Services Programme Board (RDSPB)

Purpose

- Review the approach to dental regulation across England
- Assess effectiveness and identify issues with current arrangements
- Agree an effective way forward for improving the model for regulation for the future.

Membership

Janet Williamson, Deputy Chief Inspector of General Practice and Dentistry, Care Quality Commission
Debbie Mead, Head of Inspection for Dentistry, Care Quality Commission
John Milne, Senior National Dental Advisor, Care Quality Commission
Claire Robbie, Regulatory Policy Manager, Care Quality Commission
Sara Hurley, Chief Dental Officer, NHS England
Janet Clarke, Deputy Chief Dental Officer, NHS England
David Geddes, Director of Primary Care Commissioning, NHS England
Carol Reece, Head of Dental and Optical Services Commissioning, NHS England
Ian Brack, Chief Executive and Registrar, General Dental Council
Jonathan Green, Executive Director, Fitness to Practise, General Dental Council
Matthew Hill, Executive Director, Strategy, General Dental Council
Sarah McCallum, Performance Management Programme Lead, NHS Business Services Authority
Helen Miscampbell, Head of Dental Strategy, Department of Health
Jacob Lant, Head of Policy and Public Affairs, Healthwatch England

Opportunities for change

In the foreword, we mentioned seven opportunities for change that were identified as work streams following direct engagement with the profession and wider stakeholders. The seven areas for change and action were:

1. Roles and responsibilities of regulators
2. Joined-up model for regulation of dental services
3. Improved data and intelligence
4. Complaints
5. Support for quality improvement
6. Improved communication with providers
7. Improved communication with the public

Quality Improvement Framework: a model for quality improvement across the dental sector

One of the RDSPB's key areas of focus was to define the system of quality improvement in the dental sector and the role of key stakeholders in improvement. The RDSPB shares a commitment to ensure that continuous quality improvement drives our approach as regulators and commissioners.

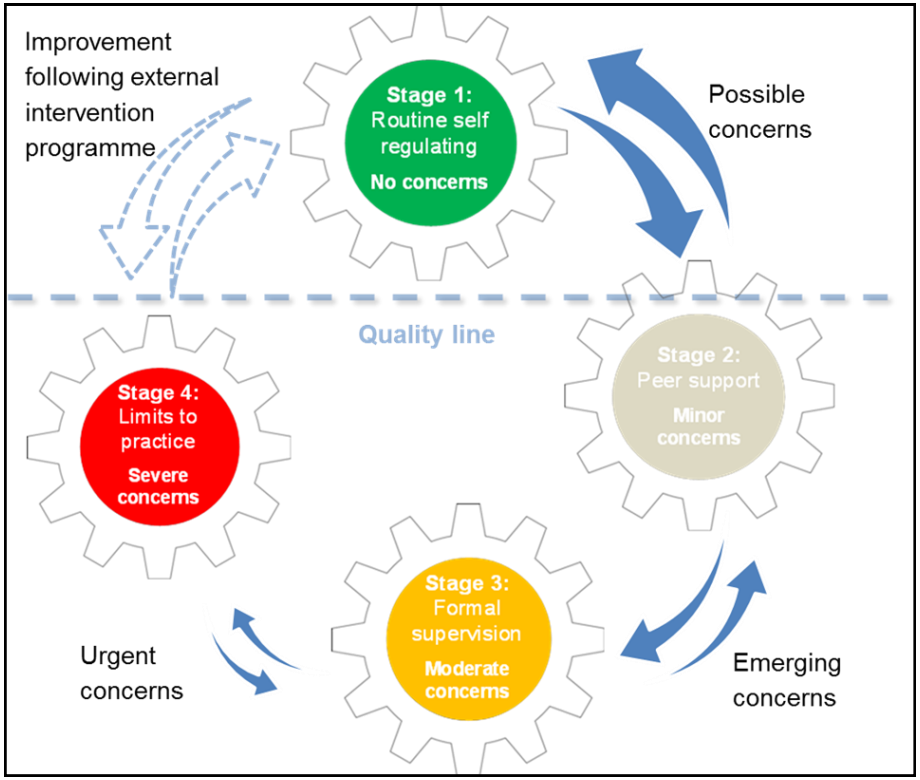
We recognise that the profession is doing a good job under difficult circumstances and only a small proportion of all practitioners and practices are of concern.

This model illustrates the four stages of improvement and recognises that earlier intervention and remedial action can reverse the flow. If concerns arise, a proportionate structured approach would be used, involving peer support, followed by more direct supervision and finally externally governed sanctions.

We have shared this concept with key national stakeholders and local professional dental network members and received enthusiastic support for the model. We are looking for the profession to participate in the self-help process, in particular to consider time for peer review. For example, we are looking for Local Dental Networks (LDNs) and Local Dental Committees (LDCs) to help organise local peer review and shift the balance of regulation upstream.

Encouragingly, we are already seeing a number of groups taking this work forward. Cheshire and Merseyside LDN have established a network of peer review groups, and Hampshire and Isle of Wight LDC have also established a Practitioner Advice and Support Service to provide support to those on the front line.

NHS England is the lead organisation for this model, with other RDSPB members supporting, but it is now up to the profession to own this model and take practical steps to make this vision a reality.



Source: RDSPB, A model for quality improvement across the dental sector, 2017

Underpinning concept of the proposed framework:

- Maintaining good practice and preventing poor practice from emerging.
- An open learning culture, with structured peer support between professionals, where dental clinicians monitor and regulate their own clinical performance.
- If concerns arise, a proportionate structured approach involving peer support, followed by more direct supervision and finally externally governed sanctions.

Improved data sharing and intelligence

Data sharing in dental regulation is a complicated picture. When we looked across individual data sets we found that because of the different emphasis Board members place on regulation; from practitioner (GDC) to practice (CQC) to contract (NHS England) there are considerable challenges in matching data reliably.

Where we were able to match data we found that there was little operational overlap across organisations. This means that where a practitioner was under review by an organisation, they were rarely under review by all three at once. This was surprising as the perception within the sector is of the practitioners being challenged on the same issues by more than one regulatory body. We were unable to find any evidence of this, nevertheless, we will monitor it carefully going forward.

What we have achieved through this work is a greater understanding of one another's data and strong working links between the analytical teams. The benefits of this cannot be overstated. We shall continue to work together to ensure that our individual approaches to risks are aligned and do not overburden the profession.

The RDSPB set up the Risk and Oversight Board to embed and operationalise the framework and protocol and we will incorporate risk profiling as part of this Board's remit. This will enable us to ensure that the right risks are picked up at the right time by the right organisation. Additionally, a joined-up approach to managing risk will enable us to provide a shared view of what 'quality' means in dentistry.

An area that has been identified as a gap in all our data sets relates to collecting patient feedback across dentistry. There are a number of small individual sources of such data, but this would be more valuable if it were collected in higher volumes and made available to all stakeholders. In an ever changing environment with all of us regularly asked to provide feedback, our challenge is to identify how best to get patients to engage. We will be jointly piloting and reviewing a number of approaches in the future.

Working together to reduce duplication

The RDSPB has co-produced an operational protocol, developed with NHS England, the General Dental Council (GDC), the Care Quality Commission (CQC) and with the support of the NHS Business Services Authority (BSA).

The protocol has been developed so that our organisations can work more effectively together and reduce duplication. It encourages information to be shared more routinely which, in turn, improves the intelligence of each organisation, avoids duplication and provides a mechanism for improved communication between organisations. It provides clarity about respective roles and responsibilities as members across RDSPB at a national and local level.

How are we now sharing information?

- Routine information sharing
- Emerging and urgent concerns (non-routine)
- Local liaison
- Coordination of ongoing activities.

By learning more about one another's organisations, we are able to share information more effectively, ensuring better outcomes for patients and providers. Recent workshops held between CQC and NHS England have looked to enable a closer working relationship, demonstrating how each organisation works in practice.

We continue to revise the protocol and demonstrate an ongoing commitment from member organisations to work collectively. We know it is working in parts, but it needs cultural change within RDSPB members' organisations to embed and see practical improvements. The RDSPB is committed to working with the sector to encourage further partnership and collaboration.

Risk and Oversight Board

The Risk and Oversight Board has been set up to build on the improved joint working established by the RDSPB. Its aim is to embed and operationalise shared objectives with a focus on ensuring that patients receive safe, high quality dental services that continuously improve. The Risk and Oversight Board aims to have a shared vision of quality and safety across England.

The protocol in practice: a GDC casework manager's point of view

"GDC received the concerns from the informant on 18 May 2017 and while the case was still awaiting to be triaged we received a phone call from CQC on 22 May. The contact at CQC noticed that GDC and NHS were both involved in the matter and wanted to bring all three agencies together in investigating the matter. The information from the informant was incomplete, but CQC offered to seek further information from the police and also stated that they would arrange an unannounced visit of the practice within a week. They would then feed back any outcomes to the GDC and NHS.

Historically, the GDC used to lead on such investigation, and had to chase other agencies for cooperation. Whilst we have since received more information independently and have referred the case to IOC, the cooperation from CQC at such an early stage is invaluable."

A joined-up complaints system

It is important that people give feedback about their experiences of dental care, so that services know what they are doing well and where they can improve. The RDSPB would like to see a well-functioning system, where patients are consistently signposted to the right place, and service improvements are made in response to feedback. In turn, this should increase public confidence and encourage more people to give their views.

We heard repeatedly from patients, dentists, and national bodies that the complaints process could be confusing. Organisations had overlapping responsibilities, with a lack of consistency. We were also concerned that people who complained to the 'wrong' body might be lost to the system entirely.

Together with representatives from across the sector, we developed a single statement on dental complaints, which all RDSPB members signed up to. The statement aims to give patients consistent and clear messages about what to do when they have a problem with their dental treatment.

Published in November 2016, it clarifies the roles and responsibilities of complaints handling bodies, and covers both NHS and private treatment. We intend that dental providers, as well as other relevant bodies, make sure that the wording of their patient-facing materials and processes are compatible with it. This should mean that patients receive consistent and clear signposting wherever they first make an enquiry.

The RDSPB has played its part by publishing the statement and sharing it widely across the dental sector. For example, CQC is using the complaints statement when inspecting how practices handle complaints. The next step is for providers, regulators and commissioners to make use of it, so that experiences of the complaints handling process improve for both patients and professionals.

Department of Health | Care Quality Commission | NHS England | healthwatch | General Dental Council – protecting patients, regulating the dental team

Statement on dental complaints

It is important that dental patients give feedback about their experiences, so that services know what they are doing well and where they can improve.

If you are not happy with the treatment or service you have had, it is usually best to tell the practice directly that you're unhappy, and give them a chance to put things right. They may be able to sort out the problem there and then.

If you do need to make a more formal complaint to the practice, ask for a copy of the policy that explains what you need to do.

If you had NHS dental treatment (including NHS treatment that you paid for)

1. The quickest and simplest way to resolve the problem is to contact the practice, who may be able to sort it out there and then.

   If an informal approach doesn't solve the problem, ask for a copy of the complaints procedure. Any NHS dental practice must have one.

   If you would like support to make a complaint, you can get help from an NHS Complaints Advocate. Contact your local Healthwatch to find out who provides Independent Health Complaints Advocacy in your local area.

2. If you would rather not go directly to the practice, you can contact NHS England instead. NHS England is responsible for commissioning (buying) NHS dental services.

3. If you are not happy with the way in which your formal complaint was handled (either by the dental practice or NHS England, if you chose to go to them) you can go to the Parliamentary and Health Service Ombudsman (PHSO). The Ombudsman makes the final decision on complaints that have not been resolved by the NHS in England.

If you have been unable to find an NHS dentist or your usual NHS dentist is unable to see you

Communicating effectively

We have joined up our communication with providers so that we are aligning and rationalising our key messages. Recent examples include communicating the complaints statement; aligning organisational strategies; and providing joined-up responses on key issues. This paints a clearer picture of the regulatory landscape for providers and allows the RDSPB to greater realise its aims.

We now have regular collaborative meetings between GDC, CQC and NHS England to enable open effective communication channels while ensuring that duplication of burden to local practices is reduced.

Regular meetings also allow RDSPB members to discuss strategic issues and, although these issues are approached from different perspectives, the RDSPB remains committed to connecting our messages to the sector.

What's next?

The mark of success for the RDSPB will be whether its proposals remain future-proof. This is done not simply by communicating its work, but through a deeper, and more long-lasting strategic alignment of the key players. This will provide the sector with the time it needs to embed these proposed changes and improvements.

There is a continued need to engage with the sector to ensure these proposals are taking root. In the autumn, we are holding an event to canvass the sector about how it is implementing the RDSPB's work and taking it forward. The ongoing areas of focus for the RDSPB were identified by engaging with the sector, so we are committed to repeating this.

To ensure that this work continues to embed within the sector, the Risk and Oversight Board will pick up many operational aspects of the RDSPB's work, focusing on its practical proposals. This will include efforts to support effective liaison at local and regional levels between CQC, NHS England and GDC staff as part of a nationwide network. The RDSPB will continue to meet as a strategic vehicle.

This report is a call to action to the sector, but it should also be seen as an opportunity. Through the RDSPB, we will ensure that areas of good practice and innovation are shared across organisations and then more widely across the dental landscape to encourage improvement, innovation and sustainability of care where required.

Quality improvement is at the heart of the RDSPB's work, and it is now for the profession to put it at the heart of its own work. This update report represents the culmination of the work of the RDSPB over the last three years. It also points to a vision going forward of how the profession can become part of a cohesive picture of regulation and quality improvement, shifting to focus on quality improvement, sustainability and implementation.

Find out more about the RDSPB and its member organisations

The **Care Quality Commission** is the independent regulator of quality for health and adult social care in England. It provides assurance and encourages improvement by registering providers, monitoring, inspecting and rating their quality, taking enforcement action and using its independent voice to share information and insight.

www.cqc.org.uk

The **Department of Health** helps people to live better for longer. It leads, shapes and funds health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

www.gov.uk/government/organisations/

NHS England provides national leadership in commissioning NHS services. It oversees the planning, budget and operation of the NHS commissioning system with a view to improving the health and care outcomes for people in England. It is also the commissioner of primary care, offender healthcare, some services for the armed forces and specialised services .

www.england.nhs.uk/

The **NHS Business Services Authority** is an Arm's Length Body of the Department of Health. It provides a number of services including managing payments to dentists for NHS work in England and Wales.

www.nhsbsa.nhs.uk/

The **General Dental Council** is the UK-wide statutory regulator of just over 100,000 members of the dental team. Its primary purpose is to protect patient safety and maintain public confidence in dental services. To achieve this, it registers qualified dental professionals, sets standards of dental practice, investigates complaints about dental professionals' fitness to practise, and works to ensure the quality of dental education.

www.gdc-uk.org

Healthwatch England are the independent national champion for people who use health and social care services. They support local Healthwatch to find out what people want and to advocate for services that meet local communities' needs, with the power to make sure their voices are heard.

www.healthwatch.co.uk/