

Dear Colleague

## GENERAL DENTAL SERVICES

### **NHS (General Dental Services) (Scotland) Amendment Regulations 2016 – Additional Provision Enabling NHS Boards to Make Unannounced Inspections of Practices providing NHS General Dental Services (GDS)**

#### Summary

1. [NHS PCA\(D\)\(2016\)3](#) advised NHS Boards of changes brought into effect by the NHS (General Dental Services) (Scotland) Amendment Regulations 2016.
2. This advice included an amendment to paragraph 42 of Schedule 1, enabling NHS Boards (from 1<sup>st</sup> April 2016) to make unannounced practice inspections, where (a) concerns about patient safety were raised during a previous routine inspection by the NHS Board; or (b) information comes to light that necessitates investigation by the NHS Board.
3. The Annex to this letter provides Boards with more advice regarding these changes.

29 April 2016

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#### Addresses

##### For action

Chief Executives, NHS Boards

##### For information

Chief Executive,  
NHS National Services Scotland

Director, Practitioner Services

Chief Executive,  
NHS Education for Scotland

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## **Action**

4. NHS Boards are asked to note this further advice and issue the Memorandum (**and Annex to this letter**) to all dentists and dental bodies corporate on their dental lists.

Yours sincerely,

MARGIE TAYLOR  
Chief Dental Officer

**National Health Service (General Dental Services) (Scotland) Amendment Regulations  
2016**

**Guidance on Amendment to Schedule 1 (Paragraph 42) – Additional Provision  
Enabling Boards to Make Unannounced Inspections of Practices providing NHS  
General Dental Services (GDS)**

**CDO & Dentistry Division**

**Scottish Government**

*Preamble*

1. Paragraph 42 of Schedule 1 has been amended to enable Health Boards to make unannounced inspections, where (a) concerns about patient safety were raised during a previous routine inspection by the Health Board; or (b) information comes to light that necessitates further investigation by the Health Board.

*Terms of Reference*

2. This guidance applies to all independent contractors who undertake to provide NHS General Dental Services on behalf of NHS Boards.

*Meaning of an unannounced inspection*

3. The purpose of this amendment regulation is to ensure that the inspection is unannounced; the Board provides no notice of the inspection.

*Purpose of an unannounced inspection*

4. An unannounced inspection will allow the Board to satisfy itself that patient safety has not been compromised by any actions or omissions of the dentists or dental staff within the practice.

5. It is likely that the focus of the inspection will be a patient safety concern and to protect the patient from avoidable harm. One such example could be an infection control concern and in such a case Boards may therefore examine any dental instruments, decontamination equipment, related documentation and processes within the practice.

6. The inspection cannot be used as a general inspection of the premises, or to consider other issues that are not directly linked to the patient safety issue. For example, an unannounced inspection, in relation to the decontamination issue described above, would not be an appropriate vehicle to undertake a general review of patient records held by the practice.

*Frequency of the Inspection Process*

7. An unannounced inspection cannot be used as a replacement vehicle for routine inspection process currently available to Boards.

8. Boards should therefore use these powers in exceptional circumstances, where the issue in question is of serious concern and is suspected of being a direct threat to patient safety.

#### *Information Gathering for an Unannounced Inspection*

9. The amendment regulations allows the Board to make an unannounced inspection where:

- (a) there is concern about patient safety following a regular inspection, or;
- (b) information comes to the attention of the Board that necessitates further investigation by the Board.

In the case of a concern arising as a consequence of a routine inspection, the Board will be able to make the appropriate clinical assessment, based on the information or intelligence gathered at the routine inspection, as to whether the concern warrants an unannounced inspection.

In the case where information comes to light, including where an accusation or observation is made through a third party, the Board should use their existing guidelines and protocols to make an assessment of the provenance of this particular evidence, and whether or not the nature of the allegation and the evidence supplied is sufficient to warrant an unannounced inspection. The Board will wish to use other sources of information and evidence to build up a picture of the allegation and establish the provenance, by considering the evidence that has a bearing on the accusation e.g. GDC referrals, PSD and CFS investigations, DRO reports, historic evidence related to the dentist or practice. This process of intelligence gathering should be structured within each board area before a decision is made to proceed to an unannounced inspection following information supplied by a third party.

#### *Sign-off Procedures*

10. The Board may take the view that with incidents of this nature, it may be appropriate to call on the Board's Reference Committee or equivalent to review the evidence to determine whether and what appropriate action should be taken, which may include recommending an unannounced inspection.

11. The Board should have in place clear sign-off procedures to initiate an unannounced inspection. Typically, sign-off for an unannounced inspection should take place at senior clinical management level, such as the Director of Public Health, Consultant in Dental Public Health or Medical Director after consulting with colleagues.

#### *Composition of the Inspection Team*

12. The inspection team must be entirely impartial.

13. The inspection team must consist of at least three individuals. However, the precise composition of the inspection team will depend on the nature of the incident being investigated and who is available at relatively short notice.

14. We would advise that at least one member of the team must have significant clinical dental experience, ideally, and if availability allows, this would be the Dental Practice Adviser (DPA). Another official should act as a recorder of the inspection.

15. At the discretion of the host Board where the inspection is to take place, it may be appropriate to have a substitute team, consisting of the same designated individuals, but from another Board area. Alternatively, the Board in question may wish to substitute one or more officials such that the team is a mix of host Board and other Board officials. Costs related to using officials from another Board would remain with the host Board.

16. In some circumstances we envisage that smaller Board areas may wish to use a team from another Board area.

#### *Procedure for the Unannounced Inspection*

17. NHS Boards should consider whether failure to comply with the practice inspection could constitute a breach in the terms of service of the contractor and proceed accordingly.

18. The inspection team should present themselves at the reception desk and explain to practice staff what is about to take place. The team must hand over documentation relevant to this particular inspection at this stage, describing the nature of the incident being investigated. The inspection team may wish to use the relevant section of the previous Combined Practice Inspection report for the practice as a baseline position.

19. The inspection should be carried out to minimise disruption to patient care, and will take account of instances where the dentist(s) involved are currently with a patient (see below). *However, it is recognised that in the exceptional situation where an unannounced inspection is required, the business of the practice may be disrupted.*

20. Where the inspection team requires access to a dentist, or a surgery, and the dentist concerned is with a patient, the inspection team must wait until the dentist has concluded their treatment of that particular patient. It may be possible for the inspection team to have access to another surgery, or if relevant the local decontamination unit, during the course of time the dentist is with the patient.

21. Where the inspection involves all the surgeries in the practice, and access to all dentists, then we envisage that each dentist should be allowed to finish with their particular patient.

22. For those patients already waiting to be seen, and for those who may attend the practice while the unannounced inspection is in process, it should be considered whether it is appropriate that these patients are rescheduled to a later date. It may be possible with larger practices, and only one surgery or dentist is subject to the inspection, that patients can continue to be seen during an inspection.

23. It is envisaged that if a practice owner is present they may want to act as witness during the inspection, but it is permissible for another member of staff to do so. This ensures that the practice has representation during the actual inspection, and they are a witness to what is taking place during the inspection. Should no-one from the practice team be willing to act as a witness during the inspection, this will be noted and the inspection will then proceed.

#### *Digital Photographic Record*

24. The Board may wish to rely on a photographic record during the practice inspection visit. They may wish to make use of this facility to ensure the tabulation of evidence. The

third person on the inspection team could act as custodian of the equipment. The camera may only be used by a member of the inspection team.

25. The inspection team **must** only take pictures of premises and equipment. Images of patients, staff or visitors **must not** be taken. Clinical records **must not** be photographed.

26. The inspection team will need to use their judgement as to whether a photographic record is needed to support the findings of the inspection. For example, there may be certain issues that can only be adequately documented through supporting visual evidence. Photographic evidence can only be captured that directly relates to the purpose of the inspection (i.e. evidence that presents a risk to patient safety).

#### *Time of the Unannounced Inspection*

27. Inspections should be within the normal working hours period of the dental practice.

28. To ensure appropriate evidence gathering, consideration should be given to the best time to conduct an unannounced inspection.

#### *Following the Inspection*

##### *Immediate Feedback*

29. In the first instance it would normally be appropriate for the lead official of the inspection team to provide feedback to the practice owner, or the witness for the practice during the inspection. This should include the next steps that the Board is likely to take, and the necessary immediate actions that are required to be taken by the practice (if appropriate).

30. Also, the content of this initial verbal feedback, including details of any necessary immediate actions that are required, should be sent in writing to the practice owner within 2 working days.

##### *Inspection Report*

31. The NHS Board should write a draft report of the inspection and findings, within 10 working days of the date of inspection. The draft report should consider what actions are required to comply with the appropriate standards, and should be shared with the practice owners, for accuracy and comment. A final report of the inspection should be completed within 20 working days and should reflect any immediate remedial actions taken by the practice.

##### *Improvement Action Plan*

32. The Board should discuss the final report with the practice, and use this as the basis for an agreed action plan to address in full the requirements and recommendations contained in the report. Part of that discussion should be to implement the action plan to an agreed timescale, the improvement monitoring arrangements and the consequences of not complying with the improvement action plan.

### *Follow-Up Activity*

33. The particular circumstances of each case will determine the type of follow-up activity required by the Board. This may include a further meeting with the practice owners, or a telephone or video conference call. In some situations we envisage that it may be appropriate for the Board to organise either further announced or unannounced inspections, to ensure that the action plan has been implemented.

### *Escalation*

34. In some instances the threat to patient safety may be such to warrant an immediate escalation to sanctions available to the Board, including the suspension of dentist(s) from the list, referral to the NHS Tribunal or the General Dental Council (GDC).

35. The Board may also wish to involve other organisations where escalation is required, such as the Health and Safety Executive and Health Protection Scotland.

36. Further escalation may be required where the practice has failed to action the improvement plan in full.

### *Guidance Review*

37. This guidance will be reviewed within 24 months to ensure that the unannounced inspection process is being used appropriately and implemented uniformly across Boards in Scotland.

**DENTISTS/DENTAL BODIES CORPORATE  
NATIONAL HEALTH SERVICE  
GENERAL DENTAL SERVICES**

**NHS (General Dental Services) (Scotland) Amendment Regulations 2016 – Additional Provision Enabling NHS Boards to Make Unannounced Inspections of Practices providing NHS General Dental Services (GDS)**

**Summary**

1. This Memorandum advises dentists and dental bodies corporate (DBC) of further advice that has been issued to NHS Boards on unannounced inspections of practices providing NHS GDS.

**Background**

2. The Memorandum to NHS PCA(D)(2016)3 advised NHS Boards of changes brought into effect by the NHS (General Dental Services) (Scotland) Amendment Regulations 2016. This included an amendment to paragraph 42 of Schedule 1, enabling NHS Boards (from 1st April 2016) to make unannounced practice inspections, where (a) concerns about patient safety were raised during a previous routine inspection by the NHS Board; or (b) information comes to light that necessitates investigation by the NHS Board.

3. Guidance has now been issued to NHS Boards on unannounced inspections, and they have been asked to forward a copy to all dentists and DBCs on their dental lists.

**Enquiries**

4. Any enquiries arising from the Memorandum should be taken up with your NHS Board.

Scottish Government Health Quality and Strategy Directorate  
29 April 2016