

No Complaints?

Running alongside the QAP is our Complaints Procedure. If you have any concern about what we do and you wish to raise this with us, please let us know via reception. We would be happy to discuss whatever it is with you, and hopefully resolve the matter quickly and informally.

If you prefer to have the matter dealt with formally, we would ask you to write to the Practice (and QA) Manager, Kirstie Allen, with details of your complaint. You can email her on kirstie@smilebydesign.biz. You can expect an acknowledgement of your letter within a few working days. The matter will be investigated, and a formal response will be made with whatever findings and remedial action (if necessary) outlined to you.

Records will be kept of all communications made under the Complaints Procedure. The subject and outcome of any complaints will be collated and incorporated into the practice's yearly QA report that is sent to the Health Authority.

So you can be assured that we do take any complaints very seriously (well, the two we've had so far we did) and will act upon them if there is a case to be found. Don't forget though, that the Patients Satisfaction Survey is another way in which you can let us know about any areas in which we don't come up to scratch. However, in the (likely) event that you have nothing but good things to say about us, then these comments are more than welcome!



Committed to Quality

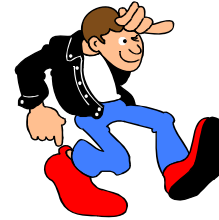
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Achieving Quality and Handling Complaints

Quality Assurance - who needs it?

Our aim as a practice is to provide a professional but informal and friendly environment for our patients, whilst providing high quality orthodontic treatment. Despite the dual pressures of running a practice under the weight of bureaucracy in today's NHS whilst treating large numbers of patients as per our targets, we manage to achieve these aims most of the time. The few complaints that we have tend to be about the length of the waiting list - currently 6 months!



There are many factors that influence quality in an orthodontic practice, and unlike many other businesses, some of these are affected by the level of co-operation we receive from our customers - you! Each new course of treatment that we carry out is never the same as the last, because patients themselves are different. Nevertheless, achieving the highest possible quality of professional care for a given patient will mean paying attention to all of the following:

- ☺ A good result of treatment involving...
 - ...an appropriately large improvement in the alignment of the teeth
 - ...keeping the teeth straight afterwards
 - ...good (and certainly not worse) appearance of the facial structures.
- ☹ Avoidance of damage, such as...
 - ...tooth decay
 - ...gum disease
 - ...root damage.
- ☹ Safety of treatment, in terms of...
 - ...cross infection risk
 - ...exposure to x-rays
 - ...surgery 'mishaps'.
- ☺ A good service from the practice, for example...
 - ...accessibility and availability of appointments
 - ...courteous and helpful staff
 - ...prompt response to problems and emergencies
 - ...all the advice and information that you need.



To name but a few!

So what assurances can we give you that these goals will be met in your case? In the past, quality control was a matter for the individual practitioner, but various examples of “wrong ‘uns” hit the headlines a few years ago (including, unfortunately, cases involving “Orthodontists”) so that the Government become more directly involved. As a result, Dental Practices were required to set up formal Complaints Procedures and Quality Assurance Programmes.



Looking at our own practice, to achieve all the things in the list involved adopting various systems and procedures which you can read about in the rest of this leaflet. Over the last few years we have expanded and modernised the practice to increase the number of sessions available to patients, and moved to bigger, purpose built and more accessible premises.

In the meantime, you may like to know that your Orthodontists are very experienced practitioners; Phil has obtained postgraduate qualifications in both General Dentistry and Orthodontics, and is entered on the Specialist Register administered by the General

Dental Council. Nick is a former Postgraduate Tutor for the region and Vocational Trainer, and is currently Chairman of the Local Dental Committee. Both are very active in postgraduate education and have excellent relationships with colleagues in General Dental Practice and with our local Hospital Consultant Orthodontist, Jonathan Sandler.

Above all, success in Orthodontics is a team effort, involving you the patient, the Orthodontist and the supporting staff. Keeping you motivated and happy is of crucial importance to the outcome of your treatment. As for us, we are a small, but happy and close-knit team, and proud of it.

Our Practice Manager, Kirstie Allen, is in overall charge of the administration of both the Quality Assurance (QA) Programme and Complaints Procedure, and is the one to talk to if you need to know more. Otherwise, read on...

Feel the Quality!

QA is about finding ways to:

- a) examine and measure the quality of our work, and
- b) modify our techniques if we find a need to improve anything.

This needs to be done in an open and accountable way so as to provide the necessary *assurance* to you and our masters that our work is of the standard you would expect. Our programme enables us to look at the practice in two ways; the outcomes of treatment, and the quality of the service we provide. The two things are related, but the programme is designed to take advantage of the existence of simple ways of measuring the former, and to directly involve you in the latter.

A: Outcome of Treatment

1. Measuring the standard of result of our orthodontic treatments. This uses a special index which gives a score to reflect the crookedness of the teeth and bite, both before treatment (usually a high score) and after treatment (hopefully a very low score!). The difference in the two (or actually the percentage reduction) is a measure of quality of treatment, which can be recorded and compared to others.

Our programme examines randomly selected batches of 30 treated cases every 3 months, approximately 20% of our case turnover. The scores achieved are analysed, and the overall performance is reviewed at regular intervals. Any adverse trends will, of course, be acted upon. An annual report will be compiled and submitted to the Health Authority,

2. Annual audit projects are undertaken by the Principals to examine a particular aspect of clinical practice, the in-depth study of which also forms part of the Principal's commitment to Continuing Professional Education (CPE). The current project looks at the best ways of keeping the teeth straight in the long term. It's a very hot topic, because the recent changes to NHS orthodontic provision means that we are unlikely to be allowed to provide a second course of treatment for a patient.

B: Service Provision

1. Oh no, not another survey (The Patient Satisfaction Survey). But it's a very *simple* questionnaire, which you will already have seen. We ask you to rate your level of satisfaction with the service we have provided, and to give us any related comments you may wish to make. You (or your parents if you are under 16) will be asked to complete a PSS form at 4 key stages in your overall management:

1. After the consultation phase;
2. Halfway through appliance treatment;
3. At the end of appliance treatment;
4. At discharge.

The survey data will be stored on your database record, and analysed every year. Any adverse ratings and comments will be brought to the immediate attention of the Principals and dealt with appropriately.



2. Staff Training. The practice holds training days every 6 months (patients not invited!) to look at all aspects of practice affecting safety and quality. Topics include: patient management, surgery hygiene and cross infection control, X-Ray safety, Fire Practice and other Health and Safety Matters. After that, we all go out for a drink! We also hold regular training sessions in dealing with medical emergencies and basic life support, and have all the necessary equipment on hand – just in case!

3. Radiographs. X-rays are an essential part of our work and are subject to additional quality measures. We have invested hugely in state of the art digital equipment which is regularly inspected, whilst the images produced are routinely audited for quality and usefulness.