



Department
of Health &
Social Care

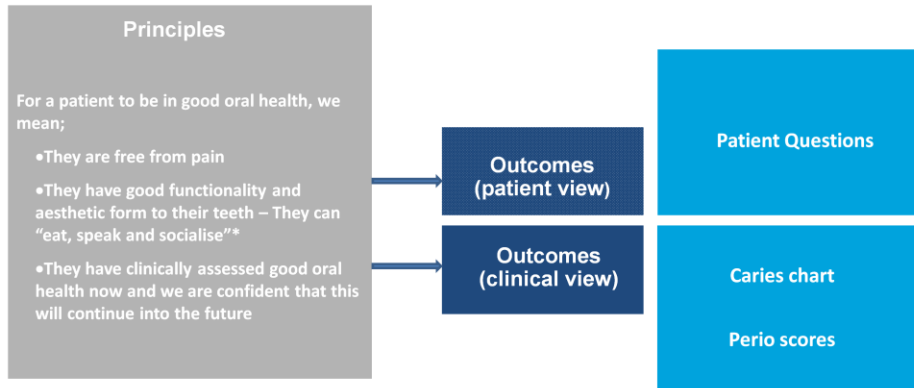


Training pack for practices

Dental quality and outcomes framework

The Development of DQOF

The DQOF working group followed the process outlined below working back from first principles to define indicators that support the consensus within dentistry that good oral health is the ideal clinical outcome:



*(World Health Organisation 1982)

The Dental Quality and Outcomes Framework (DQOF) was developed in advance of the pilot scheme. It was developed by working clinicians and academics, who took into account the quality measures in place in the health service. The purpose of the DQOF is to ensure that patients’ oral health is improved or, at the very least, maintained.

The DQOF contains measures that are based on clinical outcomes and measures that look at how patients perceive their overall care.

There are no plans for financial adjustments to be made in relation to DQOF.

Dental Quality and Outcomes Framework (DQOF)

- Four domains:
 - Patient safety – 100 points
 - Clinical effectiveness – 500 points
 - Patient experience – 300 points
 - Data quality – 100 points
- Total 1000 quality points

The Quality and Outcomes Framework is underpinned by the clinical pathway and is based on available evidence, e.g. Delivering Better Oral Health (DBOH) and professional consensus.

It covers four domains, three of which are found across the NHS. The domains are:

- Patient Safety
- Clinical effectiveness
- Patient experience
- Data Quality

The DQOF contains metrics examining:

- the quality of work
- clinical outcomes achieved
- elements of process.

The DQOF Indicator Guidance is a document which is published by the programme and is available on gov.uk

Patient Safety

Indicator		Thresholds	Max points
SA.01	Recording an up-to-date medical history at each OHA/OHR	< 90% = 0 points >= 90% = 100 points	100
Total			100

There is only one indicator in the patient safety domain – it was considered that it was important for dentists to measure whether or not the practice has recorded an up to date medical history for each patient.

The patient safety measure uses information on the proportion of patients for whom the medical history is reviewed and updated at OHR and this is based on the transmitted data for the OHA/OHR.

It is recognised that, for various reasons, a practice may not collect an up to date medical history at each OHA/OHR, and as a result a practice needs to ensure that they achieve 90% for this indicator. If they achieve this, they will receive the full 100 points available for this indicator.

Clinical effectiveness

Indicator		Thresholds	Max points
OI.01	Decayed teeth (dt) for patients aged under 6 years old	< 75% = 0 points ≥ 75% = 125 points	125
OI.02	Decayed teeth (DT) for patients aged 6 years old to 18 years old	< 75% = 0 points ≥ 75% = 125 points	125
OI.03	Decayed teeth (DT) for patients aged 19 years old and over	< 75% = 0 points ≥ 75% = 125 points	125
OI.04	BPE score for patients aged 19 years old and over	< 75% = 0 points ≥ 75% = 75 points	75
OI.05	Number of sextant bleeding sites for patients aged 19 years old and over	< 50% = 0 points ≥ 50% = 50 points	50
		Total	500

The clinical effectiveness domain focusses on two diseases – periodontal disease and caries.

The threshold for caries is 75% compliance, and the sextant bleeding sites threshold is 50%.

Clinical effectiveness outcome measures will rely on pairings of oral health assessments and oral health reviews and these measures are similar to those were used by the pilots. So, for example measure OI.05 looks at the percentage of adult patients with a BPE score of 2 or more with sextant bleeding sites improved at the next OHR. This measure would look at the BPE at OHA/OHR and when the patient next attends for OHR compare the number of sextants where bleeding is recorded with the number recorded at the previous assessment.

The information used to generate the indicators will be captured across consecutive oral health assessments and reviews and achievement of the indicator is described as either maintaining or improving a patient’s condition. For example the definition of indicator OI.01 is:

*“Percentage of patients aged under 6 years old whose number of deciduous teeth with established caries is **maintained or reduced** between consecutive OHA/OHRs.”*

If you achieve all the thresholds, there are 500 points available for clinical effectiveness.

We will also collect information on other aspects of clinical effectiveness, e.g. fluoride varnish applications and tooth brushing instructions. Similarly appointment data will allow us to generate information on compliance with NICE guidance on recalls. This information will be assessed to see whether there is scope to introduce additional indicators based on these areas.

Patient Experience

Indicator		Threshold	Max points
PE.01	Patients reporting that they are able to speak & eat comfortably	< 75% = 0 points ≥ 75% & < 85% = 15 points ≥ 85% = 30 points	30
PE.02	Patients satisfied with the cleanliness of the dental practice	< 90% = 0 points ≥ 90% & < 95% = 15 points ≥ 95% = 30 points	30
PE.03	Patients satisfied with the helpfulness of practice staff	< 90% = 0 points ≥ 90% & < 95% = 15 points ≥ 95% = 30 points	30
PE.04	Patients reporting that they felt sufficiently involved in decisions about their care	< 85% = 0 points ≥ 85% & < 90% = 25 points ≥ 90% = 50 points	50
PE.05	Patients who would recommend the dental practice to a friend	< 90% = 0 points ≥ 90% & < 95% = 50 points ≥ 95% = 100 points	100
PE.06	Patients reporting satisfaction with NHS dentistry received	< 90% = 0 points ≥ 90% & < 95% = 25 points ≥ 95% = 50 points	50
PE.07	Patients satisfied with the time to get an appointment	< 70% = 0 points ≥ 70% & < 85% = 5 points ≥ 85% = 10 points	10
		Total	300

Patient experience measures are assessed using patient questionnaires sent to a sample of patients selected from monthly scheduled FP17s.

Under the UDA system a certain number of patients receive a survey from the BSA to complete. The principle of this remains for prototypes, but the number of patients surveyed has been increased to 25 per month, providing a bigger sample for each practice.

The survey asks patients six questions about function and their experience at the dental practice. The responses to the questions are used to generate the following indicators.

Data Quality

Indicator	Thresholds	Max points	
DQ.01	Timeliness of appointment transmissions	< 80% = 0 points >= 80% & < 90% = 25 points >= 90% = 50 points	50
DQ.02	Timeliness of FP17 submissions	< 90% = 0 points >= 90% & < 95% = 25 points >= 95% = 50 points	50
	Total	100	

There are two data collection streams in prototyping:

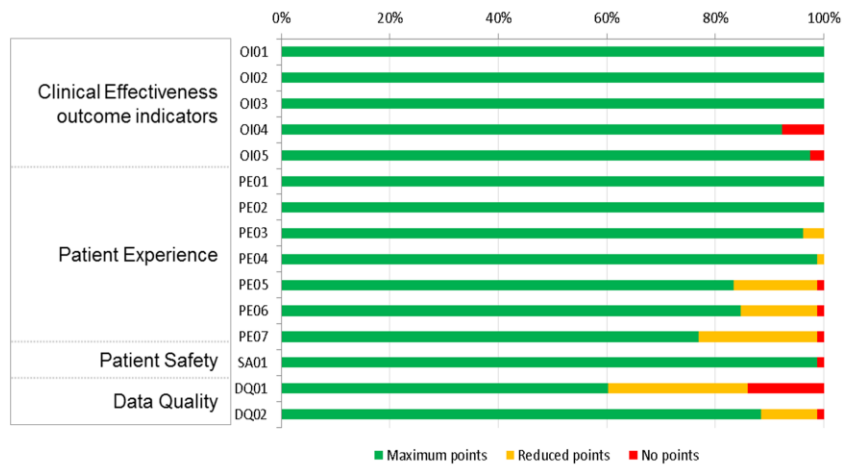
- Appointment data
- FP17 data

The data quality indicators are based on the timeliness of both FP17 and appointment transmissions.

This indicator was introduced as the prototypes stage of the reform programme is a much a learning process as it is about the delivery of clinical services.

Since the inception of the reform programme there have been two evidence and learning reports which have helped to refine the pathway, and this has only been possible because the data collected from practices was good.

Prototype DQOF achievement in 2016/17



Most practices achieved maximum points during 2016/17.

Areas where reduced achievement occurred were mainly in the patient experience domain, as some patients experienced difficulty in getting appointments while practices transitioned to new systems.