


A novel Quality Improvement (QI) approach to introduce QI methodology to primary care dentistry


Authors: Laura Wilson, Lorraine Arnot, Lee McArthur, Alison Wright, Alice Miller

Introduction


The application of QI methodology within NHS dentistry has proved challenging. The Advisers in Clinical Effectiveness (ACE) have sought to address this by introducing an adapted, co designed QI concept to a cohort of primary care dental teams based in NHS Greater Glasgow & Clyde (NHS GG&C). This was packaged as ‘The Problem Solving Toolkit’.



Problem-Solving Toolkit trialled virtually in 2024 using interactive webinar format (MS Teams). Participant feedback positive.



From this, we learned that MS Teams is not in regular use in primary care dentistry and that In Practice Training (IPT) was the preferred format.



Barriers identified from the feedback include Identifying time for training and facilitating whole team participation (especially in the online format).

Aim

By April 2025, 10 Dental Practices in NHS GG&C will have participated in face-to-face QI Methodology training in practice.

Method

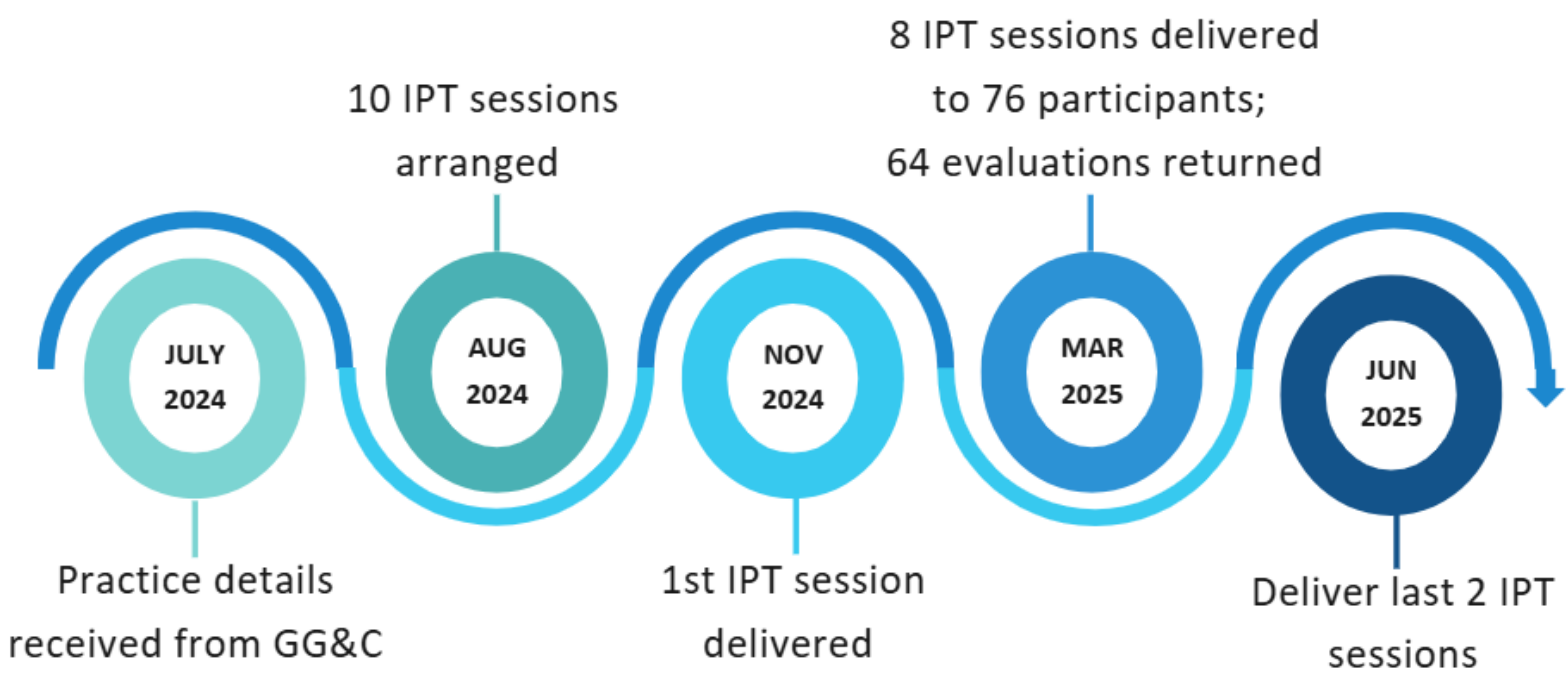
Following the virtual events, the ACE team liaised with NHS GG&C Clinical Excellence (CE) Committee to re-evaluate aims, targets and methodology. A fully funded IPT pilot scheme to be extended to the first 10 dental practices that expressed interest was advertised.

The ACE team then provided pilot practices with:-

- A checklist to help prepare for the IPT session on booking
- The Problem Solving Toolkit 2 weeks in advance of the session
- 3 hour in house training session eligible for CPD and CPDA
- Post session check-ins to monitor project progress and provide help if required, 2 weeks later and then at 3-monthly intervals.

Formal feedback was obtained immediately after the IPT and 6 months later.

Timeline



Results

Initial feedback indicated that all participants intended to use the toolkit in their practice and that they found IPT both useful and enjoyable. Survey responses revealed that problem solving in practice was important to participants; time was still considered a barrier but interestingly less so following IPT when compared with virtual training.



Training was fabulous. Engaging, interesting and helpful. The most interesting way of delivering QIA information I've had to date in my career. Fantastic and should be rolled out for all practices in Scotland.

The training session was very informative and I really enjoyed the delivery

Very enjoyable session for all the team

Conclusion

Initial results following IPT are positive. We have learned that rolling out novel concepts is slower than anticipated. Barriers to implementation included practices being able to allocate time for training and improvement as well as achieving whole team engagement. The ACE team, in collaboration with the NHS GG&C CE committee will continue to encourage participating practices and utilise feedback to test changes prior to further roll out.