

## PATIENT INFORMATION LEAFLET

Name of establishment or agency	Greenacre Orthodontics
Address and postcode	14 Wepre Drive Connahs Quay Deeside Flintshire
Telephone number	01244 818111
Email address	<a href="mailto:info@greenacreortho.co.uk">info@greenacreortho.co.uk</a>
Fax number	01244 818195 We no longer have a fax
Name of Registered Manager	David Plunkett
Name of Registered Provider	David Plunkett

### Summary of the Statement of Purpose

*Information to include:*

- *The kinds of treatment, facilities and all other services provided;*
- *Opening hours;*
- *Arrangements for urgent or out of hours care;*
- *Dealing with patients who are violent or abusive to staff;*
- *Dealing with complaints.*

### STAFF DETAILS

*Please provide the following details for all dentists and DCPs at the practice*

Name	Position	Relevant qualifications / experience
David Plunkett	Principal Specialist orthodontist	BDS, MDS, FRACDS Experience = 30 years
Juliet Ashley	Principal Dentist with special interest in Orthodontics	BDS, FDSRCS Experience = 28 years
Sheena Clarke	Practice Manager	NEBDN-DSA ILM level 4 in Dental Practice Management Experience = 33 years
Lucy Evans	Orthodontic Therapist	DSA = 19 years Diploma in Orthodontic Therapy Experience = 12 years therapist
Janet Cooke	Orthodontic Therapist	NEBDN-DSA = 30 years Diploma in Orthodontic Therapy Experience = 14 years
Debbie Cooper	Receptionist/ Orthodontic Nurse	NEBDN-DSA Experience = 31 years
Angela Crofts	Orthodontic Nurse	NEBDN-DSA BDA- Radiography BDA – Oral Health Education Experience = 35 years
Stephanie Cartwright	Orthodontic Nurse	NEBDN-DSA BDA- Radiography Experience = 14 years
Clare Eastwood	Orthodontic Nurse	NEBDN-DSA BDA - Radiography Experience = 27 years
Gabrielle Griffiths	Orthodontic Nurse	Level 3 Diploma in Dental Nursing BDA – Radiography Experience = 7 years


### PATIENTS VIEWS

*How do you seek patient's views on the services / treatments you provide?*

We ask patients to complete patient satisfaction surveys. These are done twice yearly, and the results collated. Patients are encouraged to comment on the service using this questionnaire.

Any issues are highlighted and discussed at staff meetings. Where necessary, this feedback is used to improve the service.

We have a comments book in our waiting room for patients to fill in if they wish. They are encouraged to do this. Not at present due to covid

We have clear notices in the waiting room showing people how to comment about the quality of service or how to make a complaint.

## DEVELOPMENT AND TRAINING

*Arrangements for the appropriate development and training of employees.*

### Staff training policy

All staff at Greenacre Orthodontics complete CPD in accordance with guide lines set by the GDC these include Medical emergencies at least 10 hours per cycle, disinfection and decontamination at least 5 hours per cycle, radiography and radiation protection at least 5 hours per cycle, these are completed in-house where available or at the nearest postgraduate department. Also recommended are legal and ethical issues, complaints handling, oral cancer early detection, safeguarding children and young adults and safeguarding vulnerable adults.

New members of staff follow our induction programme and training is given up to a point where that team member is then fully competent in their job. When new materials and equipment are used at the practice all staff receive appropriate training to be able to use it competently.

Staff are also encouraged to complete postgraduate certificate courses in radiography, orthodontic nursing, PAR scoring and impression taking. Funding is provided for this. Otherwise training or coaching is given as and when appropriate.

## OTHER ADDRESSES

*Provide the address and telephone number for each of the premises used for the purposes of carrying on a dental care practice by the registered provider.*

Greenacre Orthodontics  
14 Wepre Drive  
Connahs Quay  
Flintshire  
CH5 4HB

Tel (01244) 818111

## ARRANGEMENTS FOR ACCESS TO THE PRACTICE

Our practice is fully DDA compliant. There is wheel chair access via a ramp to the front door. 2 surgeries are available on the ground floor, with plenty of space for wheelchair access to the chairs.

The toilet facilities are on the ground floor and are DDA compliant with handrails etc present to assist users.

All treatment plans and options are provided in writing with information leaflets and waiting room information boards to support clinical information.

Longer assessment and brace fitting appointments are provided during school times, this maximises the number of after-school appointments available to patients.



## PATIENT RIGHTS AND RESPONSIBILITIES

*Provide information on the rights and responsibilities of patients including keeping appointments.*

Our aims can best be achieved if:

Patients only book appointments which they are able to attend and give adequate notification if cancellation should be necessary.

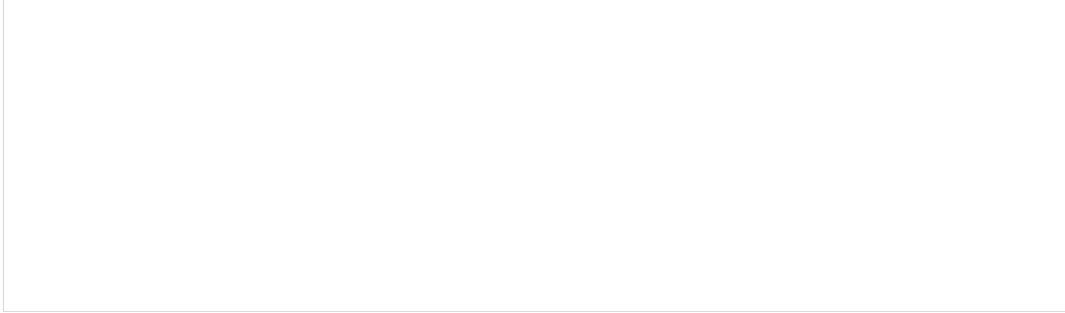
Patients allow plenty of time for attendance so that administrative matters can be dealt with before the clinical appointment time.

Patients are tolerant in circumstances where things do not always go right first time & realising that sometimes many procedural steps and staff are involved creating a complex situation.

When providing feedback on any aspect of service this is done in a non confrontational, friendly and courteous manner. We will always try to accommodate patient's views.

Patient's attend regularly and listen to the professional advice being given while also advising of any concerns which they may have.

We require each patient to provide us with an accurate Medical History detailing past and present condition, including medication.



## ACCESS TO PATIENT INFORMATION

*Provide names of persons who have access to patient information and the patients' right in relation to disclosure of such information.*

*David Plunkett  
Juliet Ashley  
Sheena Clarke (PM)  
Lucy Evans  
Janet Cooke  
Debbie Cooper  
Angela Crofts  
Stephanie Cartwright  
Clare Eastwood  
Gabrielle Griffiths*

Our IG Lead, the Practice Manager (PM), is responsible for controlling and monitoring the distribution and sharing of information as well as ensuring staff fully understand their obligations in relation to IG.

The PM, along with all relevant staff have undergone IGT training. The PM also has responsibility for making sure that all staff are up to date with training within the practice and have read and understood all policies and procedures. All training is compulsory and completed as part of the staff's induction. Each training course has an assessment to assess competency and understanding.

The training programme consists of:

- Data Protection
- Subject Access Request Handling
- Introduction into Information Governance
- Introduction into Document Management
- Password Tips
- PCI DSS Awareness Training
- Anti-Bribery and Corruption

Following this, all members of staff must agree to abide by these, signing a declaration to this effect. The agreement is renewed yearly or sooner if there is a substantial change to process or legislation.

These policies and procedures, including the Common Law Duty of Confidentiality and the Data Protection Act 1998, are followed daily.

Furthermore, all staff are expected to adhere and understand the policies in relation to Document Retention, Information Security, and Acceptable Use, all of which are accessible on file in the office. This allows our staff to deliver patient care in the most secure and responsible manner.

All paper based patient records stored at practice level are in secure, lockable filing cabinets with restricted access to only those who require access in order to complete their job role.

We have clearly defined retention periods for all records that are in line with the Records Management NHS Code of Practice. Once the relevant retention periods have expired, records are securely destroyed at our off site archive facilities and a full audit trail and report is kept within the online records management portal.

Electronic patient records are archived automatically to an offsite location, plus physically backed daily and these back ups are rotated and taken off site. Once the electronic records are up for destruction under the Retention policy, these records are destroyed in line with our Secure Destruction Policy.

All personal data held on file both paper based and electronically is protected through the application of robust security measures to ensure its confidentiality, integrity and availability. Information security is managed by strict security measures that are in place at practice level. These include but are not limited to;

- Firewall management
- Encryption
- Anti-Malware and Anti-virus software

Patients are provided with a copy of the Patient Information Leaflet when they visit the practices and are made aware of the Privacy notice. These are also available online, on our website. Patients also have access to the Model Publication Scheme which complies with the Freedom of Information Act. All staff are trained in informed consent practices and information regarding their treatment is provided in writing to patients or their parent/guardian prior to them giving informed consent.

Practice meetings are held monthly and IG is included as an agenda item. Updates are communicated within this meeting to keep abreast with standards, good practices and statutory obligations. In addition, any potential incidents or near misses, lessons learnt and any improvements to practice processes are discussed at this meeting in order to improve the service provided to patients.

The practice receives audits around IG on a bi-annual basis. This frequency is increased if required to ensure the practice remains at the expected standard when looking after patient and information confidentiality.

The sharing or transfer of data is predominately electronic via NHS.net. Where this is not possible, all data is sent through the securest means possible for the type of data shared by adhering to the secure transmission advice in the Data Protection Policy.

All information incidents are managed in line with ICO guidance on managing data breaches. Any points of interest and lessons are taken from these incidents and are implemented, reviewed and best practice shared via the staff meetings.





<b>Date Patient Information Leaflet written</b>	
<b>Author</b>	

**PATIENT INFORMATION LEAFLET REVIEWS**

Date Patient Information Leaflet reviewed	
Reviewed by	
Date HIW notified of changes	

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