

## BASCD 2024 Abstract #13

### A benchmarking tool to support quality assurance in NHS dental practices

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#### Background:

Across England the number of dental contracts held in each region varies widely and due to the different local geography and deprivation levels it can be hard to accurately benchmark practices across different regions. Previous work demonstrates that populations usually attend practices near to their residence.

#### Objectives:

The overall aim of this project was the development of a benchmarking tool to support commissioners and those who work in dental public health carry out quality assurance by benchmarking dental practice against their peers.

#### Methods:

A national data set containing all GDS contracts held in England was analysed and the LSOAs (Lower Layer Super Output Areas) for each contract was linked via Microsoft Access software to the index of multiple deprivation (IMD) 2019 and rural urban classification. The practices were separated by regions in England with each region analysed to show the number of dental contracts per decile of the IMD, by local authority and within each classification of rurality. The data was then divided by rurality classification and for each category a pivot table was produced to display the number of contracts within each rurality classification per decile of IMD.

#### Results:

Eight tables were produced and show there are 756 contracts within rural areas compared to 6058 in urban areas and 747 contracts within the most deprived decile compared to 495 in the most affluent. A link to a database containing contract identifiers, rurality and IMD is available to aid with identification of practices when evaluating activity.

#### Conclusion:

This work will enable commissioners to benchmark peer-practices nationwide and would allow investigation as to why practice performance may vary when it is known that this is unlikely to be due to deprivation or geographical location. This will also enable audit work to be carried out due to the straightforward comparison of practices with their statistical peers.

#### Funding source:

None

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[https://doi.org/10.1922/CDH\\_BASCD24\\_Abstract13](https://doi.org/10.1922/CDH_BASCD24_Abstract13)