National Health Service Scotland General Dental Services

Determination XI Quality Improvement Allowance



Complete this digital form submit via email to claim for the Quality Improvement Allowance in line with the Determination XI PCA(D)(2024)2.

FORMS WILL ONLY BE ACCEPTED FROM A PERSONAL/PRACTICE NHS EMAIL. Hand written forms will not be accepted

The fields marked with an asterisk (*) are mandatory

PART 1: DENTIST'S DETAILS

- 1. *Forename
- 2. *Surname
- 3. *Contact Number
- 4. *GDC Number
- 5. *Personal/Practice NHS Email
- 6. *NHS Board

PART 2: PARTICULARS OF DENTIST

7. *Dentist List Number

8. *Have you participated in the Yes Date Completed Team-based Practice Reflective

Report? (dd/mm/yyyy)

9. *Have you completed your Yes Date Completed

Online Equality and Diversity

Training (NES Module)? (dd/mm/yyyy)

10. *Have you participated in Yes Date Completed

the Practice Workforce Census? (dd/mm/yyyy)

If you have not completed all 3 activities under boxes 8,9 or 10 above, you should not complete this form, instead please complete QI FORM 2(QI002).

11. *Practice Name and Address

- 12. *Town
- 13. *Postcode

PART 3: DECLARATION BY DENTIST

- *I have read and understood the conditions set out in PCA(D)(2024)2 and satisfy these to claim this allowance.
- *My name is on the sub-part A of the 1st part of the dental list and have completed all 3 of the mandated **Quality Improvement Allowance** elements for the 2022-25 Audit Cycle.
- *I confirm that I am eligible to claim for the full payment of the Quality Improvement Allowance.
- *I agree that all the information I have provided is correct and completed to the best of my knowledge and understand that if I knowingly give wrong/or incomplete information that results in a payment being made, this may be subject to court proceedings. I understand that NSS may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public funds. Further information is available at:

. www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/

PART 4: AUTHORISATION

*Personal Identification Number (PIN)
(This is the 6 digit number you use for signing off eDental claims)

*Declaration Date (dd/mm/yyyy)

Completed forms must be saved and submitted in a PDF format and sent via personal/practice NHS email to NSS.qidentalclaims@nhs.scot labeling the subject field with your individual List Number (e.g. 56789) and "QI Allowance".