**SCOTTISH DENTAL ACCESS INITIATIVE**

**[1st etc] ANNUAL REPORT**

**Visit date:**

**Report date:**

**Annual report completed by:**…………………………………………………………

**Practice name:**…………… ……………………………………………………………

**Address**:………………………………………………………………………………….

**Name of dentist(s) employed as part of initiative:**…………………………….....

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| --- | --- | --- |
| **SDAI** | **Date** | **Funding (£)** |
| Approval Letter |  |  |
| Date of Payment of 80% |  |  |
| Date of Payment of 20% |  |  |
| Type of Grant | *Extension, new premises, relocation etc* | |

**Any problems/obstacles encountered by the Applicant(s)**

**in developing the project?**

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**Description of stage now reached:**…………………………………………………

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**Progress of marketing strategy and any action taken to improve visibility of practice, e.g. leaflets, marketing etc.**

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**Any obstacles or problems encountered in progressing with the practice/SDAI and any actions taken to address this.**

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**Number of new adult/child patients currently registered on the NHS by grant-**

**aided Dentist(s).**

*The Monitoring Report of [date] indicated that from [date] the total number of new patients registered with the practice are as follows):*

|  |  |
| --- | --- |
| ***Capitation*** |  |
| ***Continuing Care*** |  |
| ***Total New Patients*** |  |

**Confirmation that the Health Board is aware that the grant-aided Dentist(s) is treating all categories of NHS patients.**

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**Confirmation that the Health Board has not received any patient complaints regarding treatment by the grant-aided Dentist(s) or, if any complaints have been made, details of their nature.**

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**Confirmation that the Health Board has not referred, nor is considering referring, the grant-aided Dentist(s) under the NHS Disciplinary Arrangements.**

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**Confirmation that the Auditor’s accounts, or an Auditor’s certificate verifying that 80% or more of the practice’s gross income derived annually from General Dental Services. Please attach a copy of this.**

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**Any other comments from the Dentist(s) owning the Practice**

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