Report of Domiciliary Care Group

Further meetings of the Domiciliary Care Task and Finish Group took place on 2/12/11 and 20/01/12.

Following the review of domiciliary dental care in ABMU health board, which addressed a number of concerns about service provision across the locality, many areas have now been discussed, and agreement reached on a number of key issues. Central to this is the establishment of a point of referral hub which ABMU have now agreed to set up, whereby patients requiring domiciliary care can be referred either by other local dentists, G.P.s, care homes, or hospital CDS or social services. The local provider could then be sent the patient's details after the LHB establishes that the patient is eligible for domiciliary care. The LDC has stressed that this system must run side by side with the historical point of access to domiciliary care i.e. direct inquiry by patients or family members to their own GDP. It was felt that end of treatment returns could more easily be dealt with by e-mail, and to avoid unnecessary paperwork the LHB have agreed to set up a dedicated e-mail account. The exact proforma for the end of treatment return is still under discussion. There would also need to be provision for a shared treatment pathway, for example, where a GDP did not feel it clinically appropriate to carry out extractions for a domiciled patient, but would be happy to carry out prosthetic treatment after arranging the necessary extractions with CDS/hospital services. To avoid disagreement regarding eligibility, there would also need to be an appeals system, ideally chaired by a clinician with special interest in Special Needs dental care.

The issue of screening in residential homes has been raised and the LDC has been keen to stress that feedback from individual providers has indicated that a considerable amount of UDA contract value is taken up in this way. We feel that, despite LHB concerns about value for money of screening, a large amount of dental disease is seen and treated during these routine visits, particularly in residential homes for people with psychological deficits. This has emphasised the need for oral hygiene education in care homes, and also to ensure domiciliary care providers continue to be fully funded, especially with demand for care likely to rise in future with an ageing population.

It was agreed that dentists providing Domiciliary care should be able to demonstrate that they can comply with clinical governance requirements To this end the LHB suggested that it would be possible to set up a fully funded half or full day training session through the postgraduate department This would include legislation on care of vulnerable adults and would carry verifiable CPD units.

A final draft of the referral path should be available soon, hopefully in time to go online early in the new financial year.

Again, if any interested parties have any concerns or comments for the group, please e-mail me at mark.harris70@ntlworld.com so that they can be considered at the next meeting on 17/02/12.