In Hours Urgent Dental Access Service

April- Mid November 2014 (8 Month Review)

Introduction

The new model for in hours urgent dental access was implemented across the 3 Localities on 1st April 2014. The service was in need of review due to the number of verbal/formal complaints received from patients who were unable to access an urgent appointment during the working day, despite there being (on paper) ample provision of access across the 3 localities. In addition to this, the access sessions were commissioned very differently in each of the Localities and due to the cessation of quarterly data reports and meetings with NHS Direct Wales, limited data was available to monitor the service and patient demand effectively.

The new service model has streamlined the service across NPT, Bridgend and Swansea, all sessions are now commissioned the same and each practice is signed up to a Service Level Agreement (SLA) agreeing to the services terms and conditions. The remodelling of the service has allowed patients to have timely access to urgent treatment, a service that can be monitored by the Health Board and provides the foundation for remodelling the OOH service which is in need of change to ensure the needs of patients are met.

A 3 month review was undertaken in June 2014 which was a precursor to a full review after a 6 month period.

The review will include information on patient usage, the demand on the service, the efficiency of the current appointment systems, provide recommendations for the future operation and management of the service and how the in hours access links into general dentistry.

The Purpose of In Hours Urgent Dental Care

The in hours access service is designed for patients who do not have regular access to an NHS dentist and are in dental pain. The access session provides a one-off appointment to relieve the patient of dental pain. The patient is responsible for seeking regular dental treatment to maintain their oral health. The access sessions are not set up for patients to gain access into routine NHS Dentistry.

The Process for Booking an Appointment

Under the new model, all patients seeking urgent dental care must call NHS Direct Wales (NHSDW) to be triaged by a dental nurse. Practices are no longer permitted to book in patients to their own access sessions. If the patient meets the urgent criteria, the patient is provided with the contact details of the Dental Services Coordinator (DSC) who will allocate them an appointment with a dentist within a 24hr period. Appointments are mainly provided on the same day. The DSC will make every effort to find a practice providing access closest to where the patient lives but the patient must be willing to travel if all the appointments have been allocated in the area they live. The patient is advised to attend the appointment on time, to bring any proof of exemption (if necessary) and provided with the practice phone number to call if they are unable to make the appointment after it has been made or if they require directions.

A Positive Change to the Service

Patients are guaranteed an urgent appointment within 24hrs if they choose to accept the appointment being offered. Previously patients have complained that they have struggled to allocate themselves an access appointment under the old system.

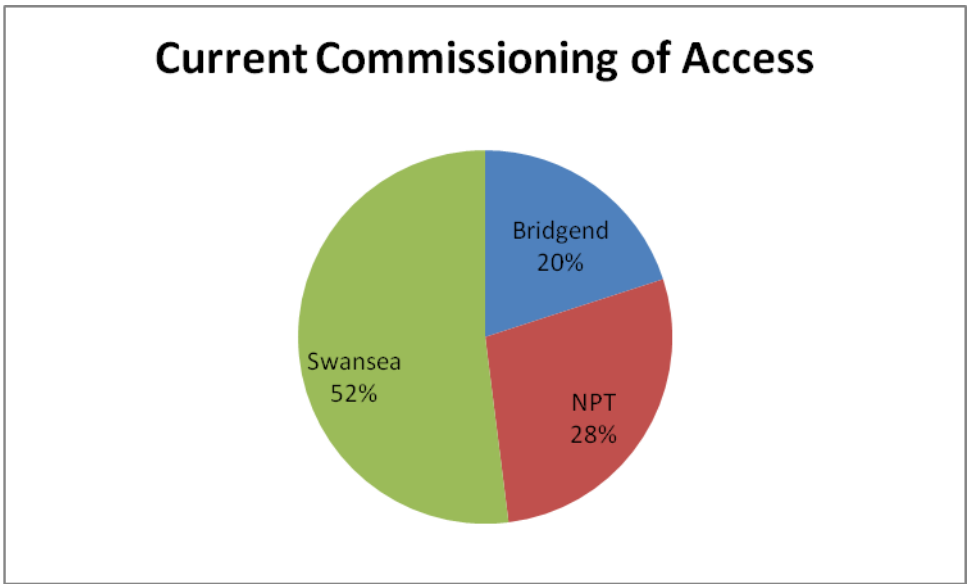
NHSDW have commented that the new model is less complex and signposting patients to treatment is more efficient.

To date, there have been no formal patient complaints made regarding the new service model, although a handful of patients have commented that they did not want to attend the appointment made for them as they would like a practice close to where they live.

Provision of Access

We currently have 13 practices providing access sessions across Bridgend, NPT and Swansea. These practices provide a total of 50.3 hours of access per week and are paid a rate of £62.50 for an hour provision of access. On a per annum basis, this equates to 2615.6 hourly sessions being provided over a 52 week period and costs the Health Board £163,475 (per annum). The table below shows a simple breakdown of how access is commissioned across the 3 Localities.

Figure 1



To ensure practices continued offering access under the new model, they were permitted (to an extent) to dictate when they offered their access sessions. However, in light of the information now available, a recommendation will be made on the best system for offering appointments in practice to ensure appointments are fully utilised.

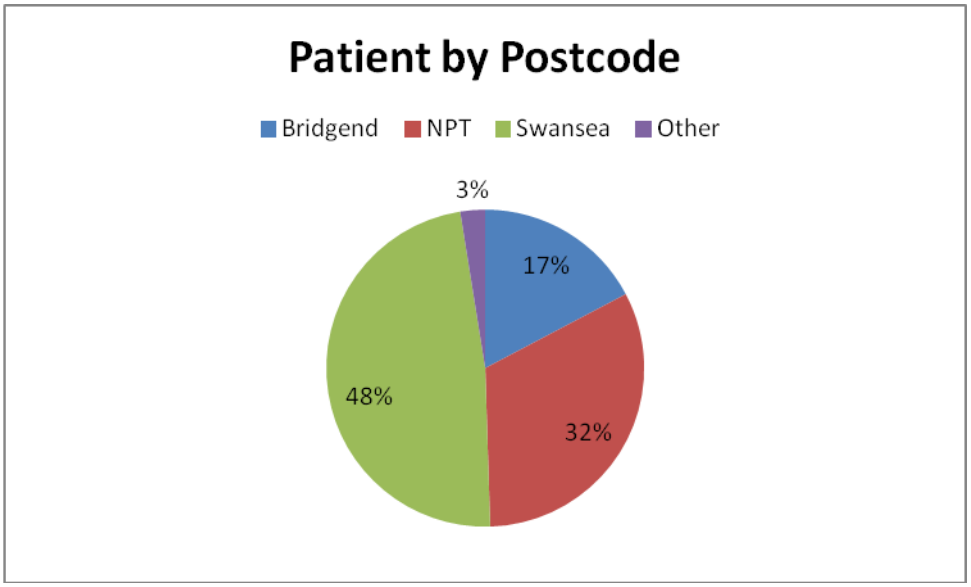
Data Collection

All calls are received by the Dental Services Coordinator and information is collated on a central spreadsheet, the following tables of information are based on data collected from patient calls from April – November 2014:

- *Number of Patients and Area of Residency by Postcode*

3428 patients have been seen under access between April and mid November 2014. The table below shows the breakdown of patients using the service by postcode. Swansea and Neath Port Talbot have the highest patient usage, this could be due to very few practices in these two areas having capacity to offer courses of treatment to new patients. Bridgend has a number of practices that have ongoing capacity to provide treatment to new patients which may indicate why there is a lower percentile of patients utilising the access sessions from this area.

Figure 2

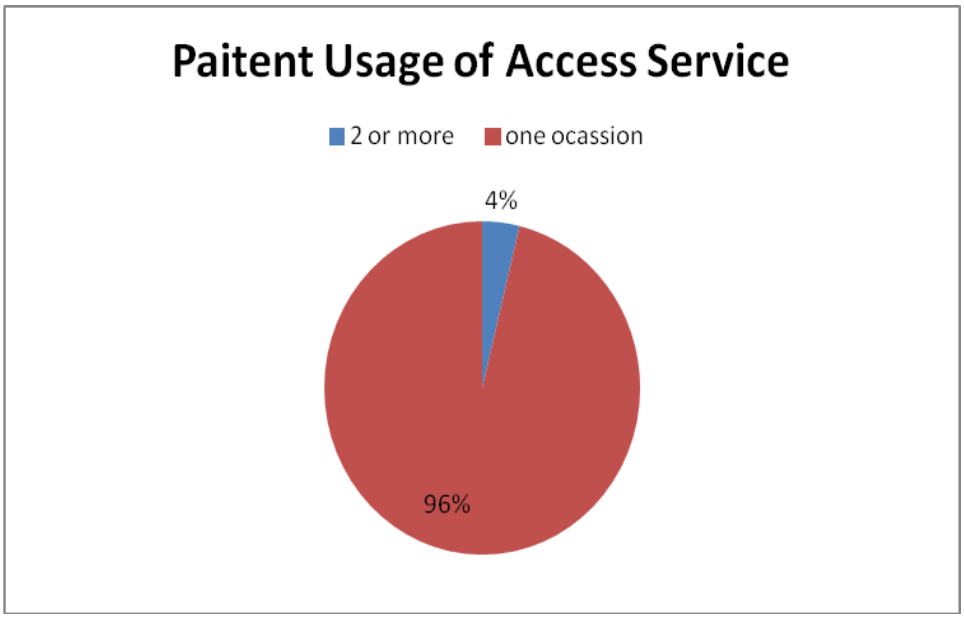


- *Patient Re-Attendance*

132 patients reused the service between April and November 2014, reasons for this include:

1. Patient still in pain despite previous access appointment (it is probable that the patient requires a full course of treatment)
2. Patients using the service as access to general dentistry because they do not have regular access to a dentist
3. Patients re-using the service out of choice i.e. a cheaper patient charge
4. Patient has FTA/cancelled a previous appointment and comes through access helpline again for another appointment

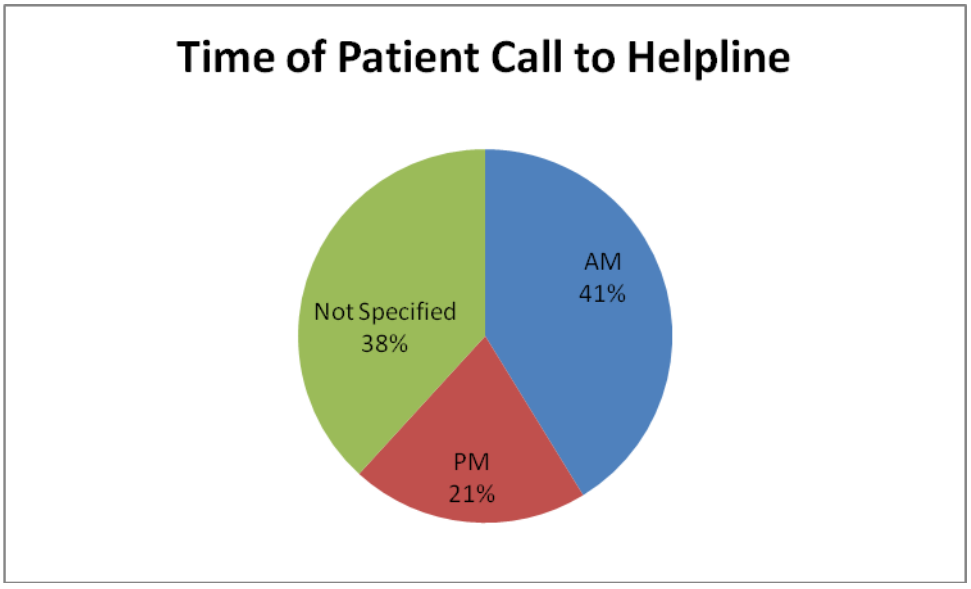
Figure 3



- *Time of Patient Call to Access Helpline*

Most patient calls come through the helpline during the morning. This data has not always been logged hence the 38% not specified, from November this has been continuously logged so that the localities can monitor the times of patient calls to the help line to determine if this trend changes.

Figure 4



Time of Appointment Provided by Practice

Most appointments are utilised during the afternoon, this is due to the majority of appointments being available at that time and patients tend to request afternoon appointments. Early appointments tending to be allocated to patients who were unable to access an appointment the previous day (usually due to calling later in the day) or to patients who call first thing in the morning that require an immediate appointment.

Figure 5

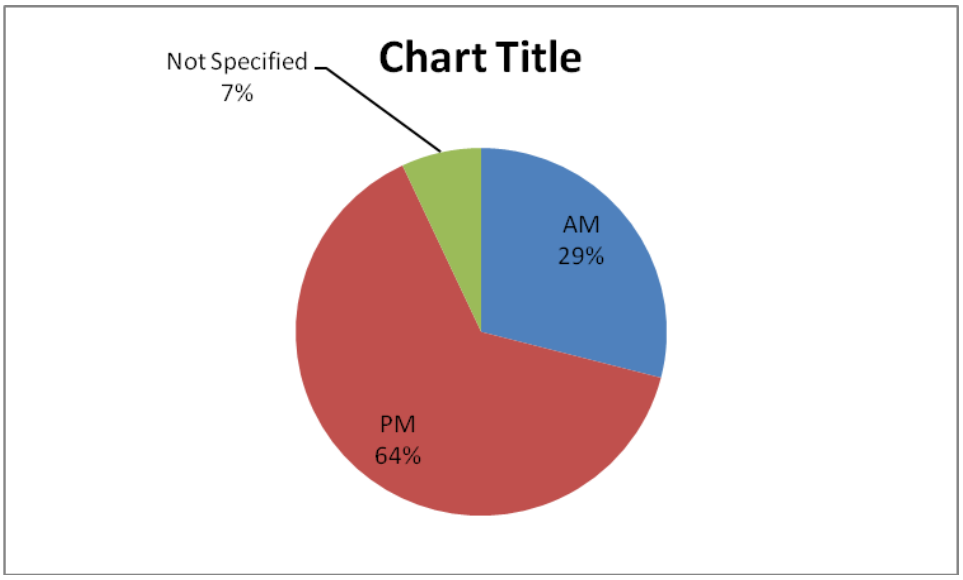
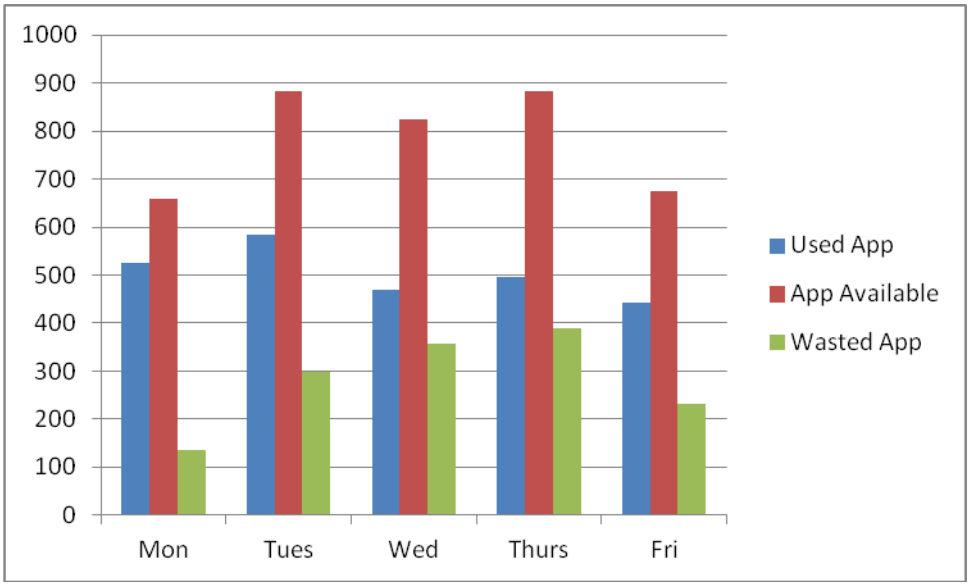


Figure 6

- *Daily Appointment Breakdown – (April- September 2014)*



- *Wasted Appointments - between April- September 2014*

The historical commissioning of access sessions was not amended when the new model was introduced in April 2014. This was mainly due to the Locality teams having no valid data on how the service was operating in practice and the level of patient demand for the service. Therefore, the same number of access sessions was commissioned under the new model with the proviso that changes would be made once the data was available.

It was also understood when implementing the new in hours model that there would be an increase in the number of patients seeking in hours urgent access when the planned changes to the current OOH service (a reduction of some mid week sessions) is implemented. As it stands, (on paper at least) there is adequate access sessions being commissioned under the in hours access to 'mop up' any patients that will be redirected to the in hours sessions once OOH sessions are reduced. Therefore, no further access sessions will need to be commissioned when the new OOH model is implemented.

Figure 7

Locality Area	Number of Wasted Appointments	Percentage of Wasted Appointments	Cost of Missed Appointments
NPT	**450**	**40%**	**£9,375**
Swansea	**673**	**35%**	**£14,020**
Bridgend	**448**	**49%**	**£9,312**
Total	**1571**	**39%**	**£32,707**

From 1st April - Mid November 2014, wasted in hours access appointments have cost the Health Board a staggering £32,707. There is still an ongoing patient demand for these appointments so it needs to be questioned why so many appointments are being wasted.

***A wasted appointment means that a patient was not allocated to a practice for an appointment*.** It appears that the appointment system in practices is strongly contributing to the number of wasted appointments:

1. Practices that have fixed appointment times for access and are unwilling to see patients that are not allocated to them on the fixed times they have set for access, therefore the appointment goes unused but a session payment is still made to the practice. Possible reasons for this occurring could be that the appointment times are set too early in the morning to be utilised or that multiple appointments are available at one exact time and there is not enough patient demand at that specific time to fill the all the appointments.

2. Practices offering flexible appointment times mean that there is no fixed appointment time for access. The coordinator should be able to allocate 3 patients (under one session) to the practice during the day. Unfortunately, this is not always the case and some practices are refusing to allocate the 3 appointments for access if they are busy or feel the call has come to them too late in the day, although some practices have refused to offer appointments past 3pm.

3. Some practices are not centrally based so patients are unable/unwilling to travel to 'out of town' practices offering access due to lack of transport or time constraints.

Recommendations:

1. Practices who have fixed appointments need to spread appointment times out throughout the day i.e. not have 2/3 appointment all at the same time. By spreading out the appointments means they are more likely to be filled. **It may be beneficial to consider all access appointments being moved to late morning or end of day so that patients can be allocated/booked in to these appointments continually throughout the day.**

2. Practices offering flexible appointments need to ensure they are able to offer the number of appointments they are paid for under the session i.e. they are obliged to see 3 access patients per session, and if no set times are given for appointments the coordinator should be able to allocate patients to those appointments throughout the day. As above, **Locality teams may wish to instigate that all access appointments are offered late morning or late afternoon so that patients can be successfully booked into the appointments throughout the day.**

3. For those practices that are not central to town centres and patients are unwilling or unable to travel to these practices and appointments are being wasted as a result i.e. some of these practices have over 60% wasted appointments. **These practices should be asked to be more flexible on how they offer appointments or the Locality teams need to consider the suitability of the practice offering access if such a high percentage of appointments are being continually wasted and consider reallocating the service to a more central practice.**

It appears that despite practices signing up to their individual SLAs to deliver the in hours access under the new model, some are failing to understand their responsibility to offer the number of appointments they are paid to offer under the new model and how patients should be booked in to these appointments. Practices need to understand the implications of wasted appointments at their practice and the cost to the Health Board.

Management of the In Hours Service

The management of the in hours access service has always been the responsibility of the Band 6 Dental Locality Leads, each being responsible for the practices providing access within their area and any patients complaints that arise. In reality, the service became difficult to monitor and manage when the data and quarterly meetings to discuss the analysis of access calls with NHSDW ceased.

The new streamlined service still remains under the management of the 3 Locality teams, however no direct management of the service or its staff has yet been agreed. As a result, problems are arising with the responsibility for line management arrangements/recruitment of staff and cover for the phone line, as it is not just the responsibility of one Locality to manage the service. For the interim period NPT Locality has taken the responsibility for the service but a permanent solution needs to be found. The service is an ABM wide service so all Localities will need to discuss and plan how the line will be managed/covered in the future. If arrangements are not put in place the risk is the phone line will be left unmanned if the coordinator has to take leave.

- **It is recommended that the daily management of the service is given to one member of staff who is able to take responsibility for the core management of the service, i.e. managing the phone line and staff management of the coordinator post/s. The Dental Leads in each Locality would still be responsible for managing the practice's responsibilities under the SLA and resolving any patient complaints.**

Storing Information

The patient/practice/appointment information should be logged on one spreadsheet. This will enable reports to be automatically retrieved from the spreadsheet more efficiently. IT has been contacted (Craig Barker) who will configure a new spreadsheet which will enable simple retrieval of reports from the information being stored. This will inform any necessary future commissioning/changes to be made to the service on an ongoing basis.

In Hours Access and General Dentistry

Now that the new access model has been implemented it is imperative that the service is continually monitored and reviewed to ensure its efficiency and that it is meeting patient demand.

In the long term, there should be an aim to minimise the costs spent on providing in hours access and to reinvest this money into general dentistry. Dental Leads should be continually monitoring the recall of patient's in general dental practice by ensuring all practices are adhering to NICE guidelines. This will ensure that practice appointment books are not blocked with patients re-attending for inappropriate recalls which in turn would free up appointments for patients who require access to full courses of treatment. By creating more open access in practices will minimise the need for patients having to access the in hours /OOH service as they will be able to contact practices in their local area for treatment rather than use access sessions. This should help improve the overall dental health of patients as they will be able to access full courses of treatment rather than repeatedly receiving 'temporary' treatment under one off appointments.

<u>Quality Concerns</u>

- One practice that provides access that also has capacity to see new patients has stated that although they are aware they can offer a patient (who has attended the practice under access) a full course of treatment if they wish, the dentists are choosing which patients they offer this service to, as the dentists would rather see their own patients and do not want to offer patients full courses of treatment who come through access that have a high treatment need. **Localities need to be aware of this and address any issues with individual practices**

who appear to be 'cherry picking' patients based on their treatment need. This could be seen as 'discrimination' of patients under the contract.

- Not all practices are aware of the content of the SLA and their responsibility under this agreement. This causes problems/confusion with the daily operation of the service i.e. practices changing and cancelling access sessions on particular days without giving prior notification to the co-ordinator, confusion with the treatment that can be offered to the patient under access etc. **Practices need to ensure they understand the terms and conditions of the service and be aware that any cancelled sessions will be deducted from the session pay received.**

- An issue has arisen regarding patients having treatment under access and returning to the same practice within a few days if they are still in pain. Some practices want clear guidance if they should book the patient in for an appointment or if the patient should ring NHS Direct again to be allocated another appointment under access, this appears to be the case when an extraction has been carried out and dry socket has occurred. **It should be noted that not all practices providing access have capacity to treat new patients so it may prove difficult for it to become part of the SLA that a patient should be re-seen at a practice outside of access**.

- A number of patients are using the service because they could not get an appointment from their 'regular' practice, some which have set recalls at their regular practice. Some practices even sign post patients to use access because they are too busy. **Locality teams need to decide whether this is acceptable and should note that the access sessions are designed for patients who do not have regular access to a dentist. If the access service is continually picking up patients that cannot be seen at their regular practice the opportunity to reinvest access monies into mainstream dentistry will not occur.**

- There is a need to seek advice on whether the co-ordinator is able refuse to arrange appointments for patients who:

    - Use the service out of choice even though they have been advised on previous occasions there are practices in their local area able to provide treatment to new patients

    - Have been aggressive in 2 or more previous access appointments

    - FTA 2 or more appointments

Locality teams to link in with Dental Practice Advisor/LDC for further discussion on this matter.

Conclusion

Based on the information that is now available, there are a number of key areas that need further consideration:

- The ongoing cost of the in hours service
- The number and cost of wasted appointments
- Practice access appointment systems
- Practices understanding the role of new in hours service/SLA

  and....

- Locality management of the service

Options Analysis

Option 1

An unnecessary amount of time is taken up on the help line trying to arrange appointments for patients with a number of practices. In the main it appears to be a lack of understanding and in some cases reluctance of practices to accept the new model and their responsibility to offer appointments under the new system (as per their SLA). There also appears to be confusion when offering/starting full courses of treatment under an access appointment although this is clearly stated in the documentation given to practices.

To enable the service to run more efficiently practices need to be clear on their responsibilities when providing access under the new service model.

It is recommended that a workshop is held with all participating practices to discuss the new service model, the SLA and how the service is working in their individual practice and to have a question /answer session/suggestions session.

The intended outcome will be for practices to be more informed regarding the purpose of the in hours service and to be aware of their individual responsibilities under the SLA.

Option 2

In light of the above and the current cost of wasted appointments, it may be beneficial to remove the delivery of the in hours access from general practice and establish a new model for in hours unscheduled urgent dental care. Consideration should be given to a model based on:

- A PDS contract to deliver the service by a salaried GDP
- A central location for in hours access to be delivered for the 3 Localities