In-hours Dental Access Service – mid-term review

Introduction

This report is a mid-turn review of the newly introduced Dental In-hours service. The service was introduced in April 2014 and the review covers data findings from April-June 2014.

Purpose of the review

To investigate whether the new system is working efficiently and that adequate access to in-hours dental emergency is being provided.

Dental Service Co-ordinator [DSC]

During April – June, the role of the DSC was predominately carried out by a member of staff through re-deployment. Primary care / admin staff also covered at times of absence.

In September, a full time position band 3 was filled, fixed term until March 2015. However, there is no cover rota put in place to cover the DSC's leave. Currently, the DSC's leave is being covered by reception staff at the DTU or alternatively band 5 & band 6 primary care staff in the Bridgend and Neath dental team if available. Both Primary Care Managers in Bridgend and Swansea localities have been approached to offer support for the cover rota, however nothing has been forthcoming to date. *Recommendation : To include in the job description for the Dental Training Unit (DTU) reception staff to cover the dental line in times of absence so that a robust cover rota is put in place. If no rota is established, it could result in the line being closed at times where no cover can be sought, which is not acceptable.*

Data Collection

All calls are received by the DSC and recorded onto a central spreadsheet.

During April – June 2014, the following data can be reported:

- April – June = 61 days service
- Total calls = 1299 (average 21 calls per day)
- Highest number of calls in 1 day = 41
- Lowest number of calls in 1 day = 12
- The highest number of calls fall on a Tuesday

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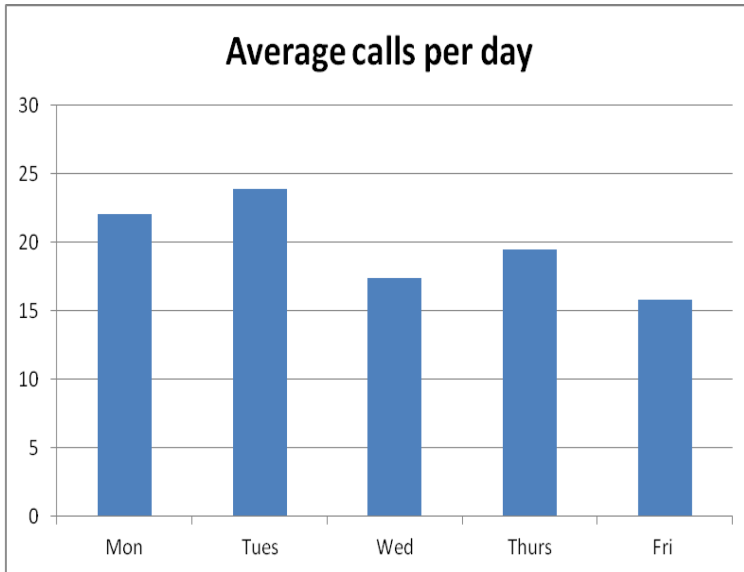
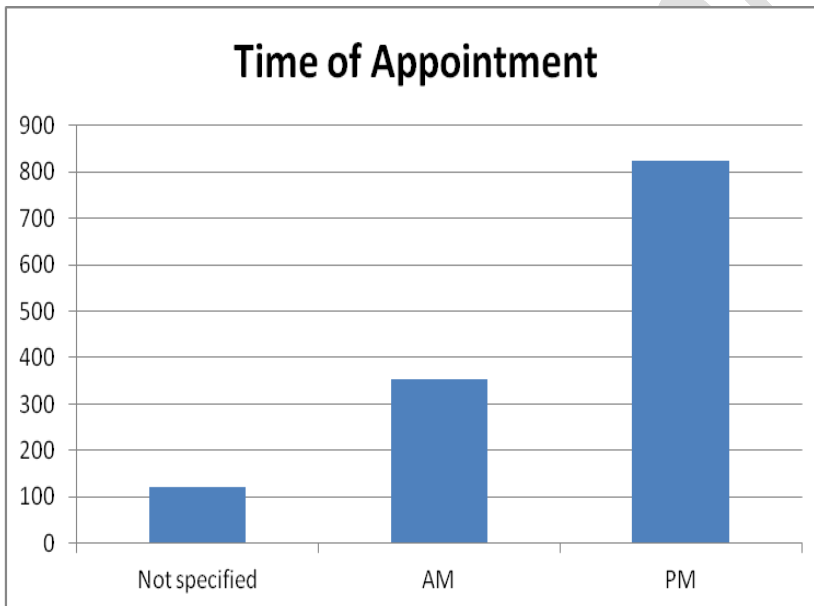


- The time of appointments booked is significantly higher in the afternoon



- Appointments provided to out of area patients are significantly low

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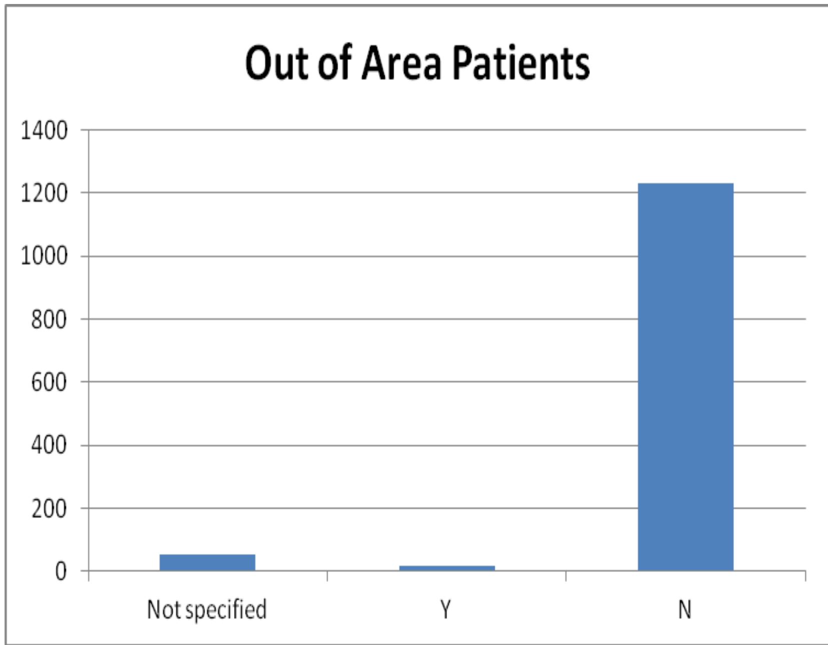
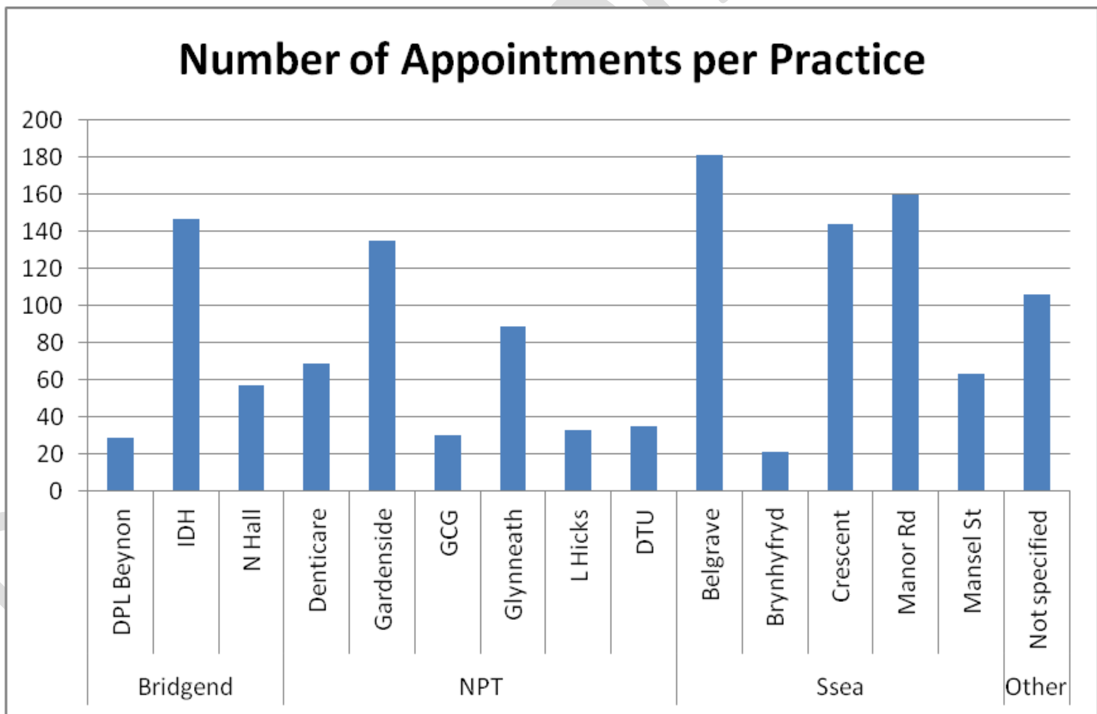
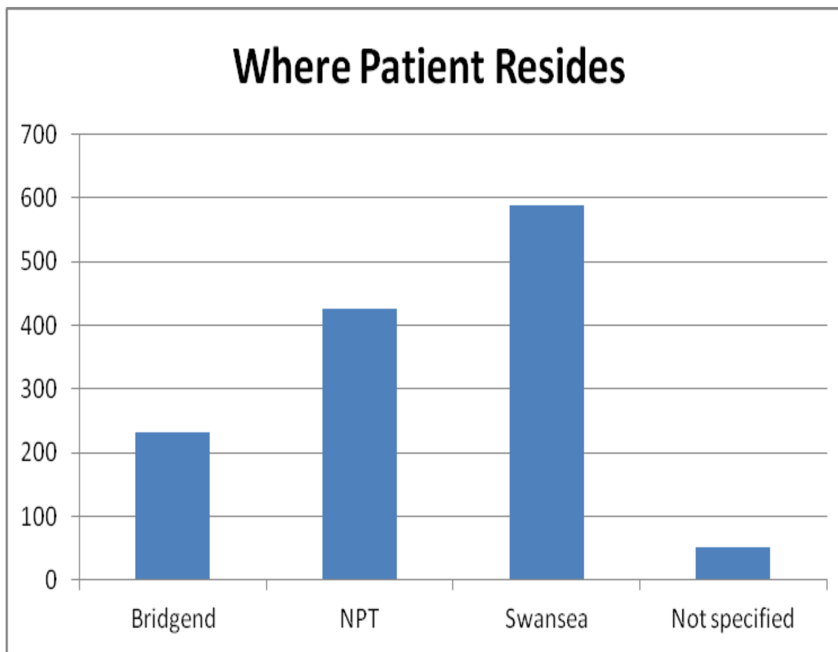


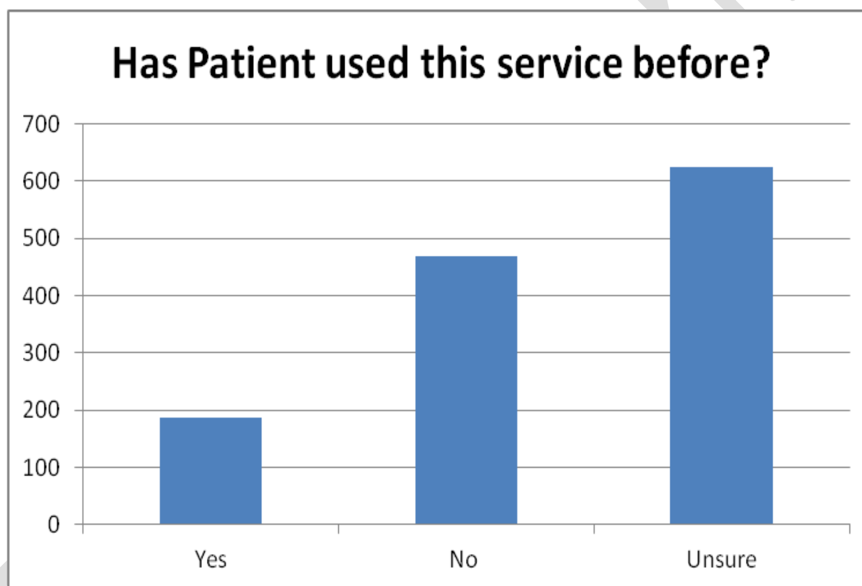
- Number of appointments per practice range from 21 to 181 appointments



- The highest number of patients using the In-Hours Access service reside in Swansea



- When asked if the patient had used the service before, most were unsure



Patient Experience

A sample of 30 patients selected at random and who have used the new in-hours access service were contacted and asked to take part in an over the telephone questionnaire.

The majority of patients were made aware of the service through NHS direct and nearly all of them found the service very easy to use and was able to be booked a same day appointment. For those who were unable to be given a same day appointment, the DSC advised them to either ring NHS direct for the Out of Hours service or to ring back the DSC early the next day. *Recommendation : It could be considered that some next day morning*

appointments are held back for patients who ring later in the day when all same day appointments have been filled.
All except one patient was satisfied with the customer care received through the process and all who did not have a regular dentist already, were now actively seeking a regular dentist.

27 out of 30 patients would be happy to use the service again and when asked if they had any further comments to make, the following comments were made :

> 'Would recommended the service to anybody'
> 'It done what it needed to do'
> 'Easy, Nice, friendly, top service'
> 'Excellent service'
> 'Prompt and efficient'
> 'Really professional and helpful'
> 'Did over and above on appointment'
> 'Brilliant and very helpful from beginning to end'

Only one patient commented that their appointment was a bit too far to travel to.

DSC Experience

Role of the DSC is to manage the call from the patient following NHS direct triage. During the call, they record the patients personal details, explain the NHS charges and the importance of providing proof of exemption to the practice, if they are exempt from paying. The DSC then continues to arrange a same day access appointment in their locality if possible, otherwise appointments in neighbouring localities within ABMU Health Board are offered to the patient.

A questionnaire was completed by both the band 4 and band 5 member of staff covering the dental service line *(up until now, the position has been filled by a re-deployed member of staff and dental support officer – a full time position is currently out to advert and aiming to be put in place in September)*

The DSCs believe this to be a fairer system to patients with several practices across the ABMU Health Board offering access appointments.

However, patients are struggling to get through at high need times (e.g. first thing in the morning) as there is only one member of staff operating only one line. *Recommendation: It could be considered to use an answer machine messaging service so that those who cannot get through to the DSC initially, have the opportunity to leave a message for the DSC to ring back as soon as they are available.*

There are also many morning appointments going to waste as by the time some patients ring through to the DSC, the fixed morning appointments have been missed. *Recommendation : To consider using some fixed morning appointments for those patients*

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who were unable to be given a same day appointment the day before. These patients could on initial call to the DSC be booked for an early next day appointment.

At the moment, some practices have fixed and some have flexible appointments that they may change each day. The DSCs believe that to cut the number of calls down and the time taken (current number of calls consist of initial call to NHS direct, NHS direct call back, phone call to the DSC for appointment, DSC all to the practice to arrange appointment and then DSC call back to the patient to confirm appointment time and place = 5 calls per emergency), it would be easier to have fixed appointment times, rather than 'as and when' so that an appointment can be given to the patient on initial call, rather than having the DSC ringing the practice for an appointment and then having to ring the patient back to confirm. *Recommendation : To consider all practices providing fixed appointments, spread out throughout the day across all localities. Other suggestions could be for those who wish to remain flexible, the DSC to ring the practice on a daily basis first thing in the morning and before lunch to confirm appointments available in the morning / afternoon for that particular day.*

Almost everyday, the DSCs reported that all 'same day' appointments would have been filled by 3.30pm (the dental line is currently open 9.00am – 4.45pm (however once all appointments have been filled and NHS Direct have been notified, the line is then closed and put onto answer machine)). *Recommendation : To consider whether enough appointments are available during each day of the working week and whether the time of appointments are spread out enough. This could be measured by how many morning appointments on average are lost per week and if early next day appointments can be provided, how many are taken up – further analysis to be carried out following mid-turn review.*

When the DSCs were asked if they would like to make any further comments, they suggested a mouth piece for the DSC as a health and safety issue. *Recommendation : To consider health and safety risk assessment for the DSC*

Currently the dental line is being covered by a DTU member of staff and previously by other members of the primary care team at the Neath Locality. In September a full time member of staff will be in post. However, there will be occasions where this member of staff will not be available i.e training planned leave or unexpected leave. Therefore it should be noted that as from the date the position is filled, there are no cover arrangements in place. *Recommendation: To put together a cover rota for such circumstances. Rota to be covered by appropriate members of the primary care team within ABMU Health Board. The line does not have to be based in a specific room and therefore can be transferred to the appropriate location. There should be at least one member of staff in each locality trained on how to operate the line and be available to cover at short notice.*

GDP Experience

All GDPs who provide the service in ABMU Health Board were asked to complete a questionnaire.

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GDPs feel by not having direct communications with the patient it has alleviated some potential irate conversations and abuse to staff. This has also allowed for less phone calls to the practice, thus freeing up receptionist time.

All patients who are given an access session have to provide a reference number given to them by NHS direct on initial call into the system. This has now resolved the issue of patients using old codes for access sessions and phoning up saying they had been same day triaged when they hadn't.

The GDPs welcome the direct contact with the DSCs and as time has gone on with the new system, there are better levels of consistency between the practices and DSC.

The new system, enables practices to manage designated in-hours access appointment times which is therefore easier for practices to plan their appointment books and patients are not kept waiting.

However positive the service has been, some practices are reporting that they are having no prior information about the patients dental problem before they arrive to the appointment. *Recommendation : The DSC to query dental problem with the patient and inform the practice when making the appointment.*

Patients with non-urgent dental problems are still getting through the system despite in-depth triage from NHS direct. *Recommendation : To include on dental access scheme – session log (that is sent to the DSC from the practice each month), a section to identify whether patient was an urgent / non-urgent appointment – further analysis can then be undertaken to capture numbers of patients and identify reoccurring patients using the service for non-urgency dental concerns (this data should be made available for all providers and the Local Dental Committee)*

Those practices who provide flexible appointments are sometimes asked by the DSC to accommodate late request appointments, which is not always possible for the practice to provide. *Recommendation : To consider those providing flexible appointments, to be agreed in the morning of the session rather than agree throughout the day*

Some patients arrive late for their appointments and underestimate travel time and some are unsure of practice location. *Recommendation : DSC to provide directions for all practice appointments and to reiterate to patient to allow for travel time and arrive 15 minutes prior to appointment time to complete practice paperwork. DSC to be made aware of travel times*

Some patients also do not turn up for their appointment or leave the practice after their appointment without paying. *Recommendation : To put in place a penalty fee if a patient does not turn up for their appointment or does not notify the practice of their cancellation and to send a outstanding debt letter to those patients who leave their after their appointment without paying (if they are not exempt)*

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Often GDPs have reported patients turning up late for their appointment, which causes disruption to their working day. *Recommendation : DSC to be aware of all practice locations and provide directions for all appointments and to reiterate to patient to allow for travel time and arrive 15 minutes prior to appointment time to complete practice paperwork. DSC to be made aware of travel times*

Other observations reported by the GDPs include:

- DSC not to give advice to patients on what treatment a patient may or may not receive as this can lead to unrealistic expectation when patient arrives at surgery **(to confirm, the DSC does not do this and therefore it could be misleading information passed from patient to practice?)**

- DSC to phone the practices first thing in the morning to arrange appointments and not throughout the day **(to note this does now occur for most practices)**

- Some GDPs preferred the previous system as they feel they were able to provide access to a greater number of patients throughout the day. GDPs also feel that practices were also able to triage affectively and ensure payments/exemption details were provided **(to note both the NHS direct call handler and the DSC talk through the charges and proof of exemptions with the patient prior to their appointment at the practice).**

- The ability to provide verbal advice to less urgent cases has been removed.

- Some GDPs feel they were previously able to provide the service without compromising the appointments of our own regular patients and the work load of our providers and staff.

- Patients who were unsuccessful in obtaining access appointment the same day as all appointments have been filled should be offered a next day appointment (to note, this is now taking place)

- Some GDPs would like the old system brought back as they believe it was more efficient

- While the access system is useful to most patients who have genuine emergencies and do not have a dentist, there are a large number of access patients who are still abusing the system. For example, practices have reported:

    1. Patients who have a dentist using access to get an earlier appointment than own dentist can offer
    2. Patients attending with long standing problems which require long term routine treatment plans, and are not emergencies / urgent

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3. Patients have used the access system on consecutive days as they have not received the treatment they wanted at the first access dentist
4. Patients using access as a cheaper way too access treatment e.g. single fillings

- The message to access patients must not be 'that they will always have treatment', but that they will have an assessment and appropriate treatment.

- All dentists should take payment before a patient is seen as there have been occasions where a patient has left without paying following treatment. *Recommendation : To encourage practices to take payment / proof of exemption on the patient arriving for an access appointment rather than following treatment.*

Prior to the new system being put in place, the practices providing the in-hours access made an agreement with the Health Board on whether they would provide fixed or flexible appointments on the days they were to provide access. The majority of practices confirmed that they feel their current time slots are suitable for the practice. However one practice had a number of morning slots wasted. *Recommendation : to make arrangements with practice concerned to change morning slots to later in the day*

Since the new system has been put in place, 5 out of the 11 practices reported a decrease in patient numbers entering the practice for access appointments.

The majority of practices reported instances where patients have been booked for an in-hours access appointment but have not turned up. One practice reported 9 patients not turning up for their appointment between April – June. At this stage, no further action has been taken with these patients.

There have been times where GDPs have failed to provide the sessions as agreed in their SLA. Where the Health Board has been notified of sessions being cancelled, the practice are able to provide those sessions on an alternative day near or around the date of the cancelled session preferably. Failure to do this, contractors will have access payments deducted accordingly. To date, we have received several notifications that practices can provide access on their designated days, for those practices all have provided their sessions on alternative days and one practice opted for a deduction of payment rather than change session day. GDPs have been very accommodating in notifying the Health Board of changes to their sessions and providing us with alternative dates.

NHS Direct experience

NHS Direct was visited by the Primary Care Development Manager as part of the review, to observe calls from patients needing in-hours access appointments.

The in-hours access is a 5 step process is as set out overleaf:

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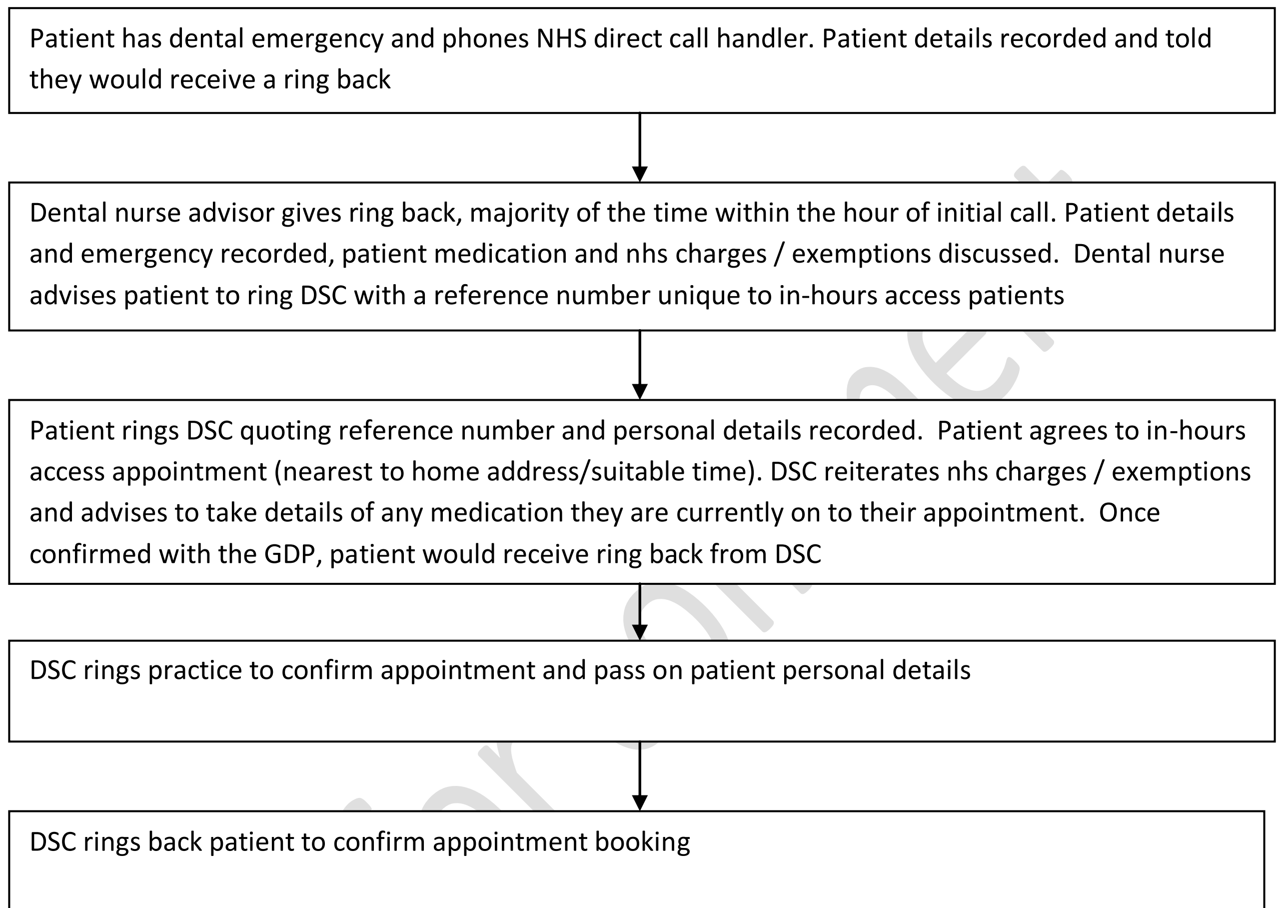

NHS Direct confirmed that they are happy with the new system and commented that it is useful to have a direct contact number in primary care to pass onto those patients who require in-hours access services.

It was evident from the observations; the dental nurse call handler carries out an in-depth triage of the patient prior to directing them to the DSC. During the triage, they enquire about the patient's medication and dental concern. They also discuss NHS charges and exemption criteria and strongly advise the patients to take proof of exemption if they meet the criteria for this.

It was also confirmed by NHS that following triage, there are a number of patients who do not qualify for an in-hours access appointment and therefore these patients are not provided with a unique reference number nor provided with the DSC contact telephone number. GDPs in this review have reported that some patients are still turning up for access appointments who are not real emergencies, therefore it is still evident that there are patients unfortunately abusing the system. *Recommendation: Closer monitoring of patient's*

being seen through the in-hours access system, to look for trends of patients re-attending. To include on in-hours log that practices complete, a section to tick whether patient was deemed urgent or not for treatment. Next step would be to consider what action to take against patients abusing the system?

Recommendations

Following all above findings and observations, a number of recommendations can be put considered in the aim of improving the current service and these are summarised below:

- *To include in the job description for the Dental Training Unit (DTU) reception staff to cover the dental line in times of absence so that a robust cover rota is put in place. If no rota is established, it could result in the line being closed at times where no cover can be sought, which is not acceptable. The line does not have to be based in a specific room and therefore can be transferred to the appropriate location.*

- *To consider whether some next day morning appointments can be filled by patients who ring late in the day when all same day appointments have already been filled.*

- *To use an answer machine messaging service so that those who cannot get through to the DSC initially, have the opportunity to leave a message for the DSC to ring back as soon as they are available.*

- *For those practices who provide fixed appointments, to spread out the times throughout the day across all 3 localities.*

- *To consider whether enough appointments are available during each day of the working week and whether the time of appointments are spread out evenly enough.*

- *To carry out a health and safety risk assessment for the DSC and to arrange for the DSC to have a head set to use due to the amount of time they spend on the telephone.*

- *The DSC to query dental problem with the patient to inform the practice prior to appointment.*

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- *DSC to be aware of all practice locations and provide directions for all appointments and to reiterate to patient to allow for travel time and arrive 15 minutes prior to appointment time to complete practice paperwork. DSC to be made aware of travel times*

- *To put in place a penalty fee if a patient does not turn up for their appointment or does not notify the practice of their cancellation and to send a outstanding debt letter to those patients who leave their after their appointment without paying (if they are not exempt)*

- *Closer monitoring of patient's being seen through the in-hours access system, to look for trends of patients re-attending. To include on in-hours log that practices complete, a section to tick whether patient was deemed urgent or not for treatment. Next step would be to consider what action to take against patients abusing the system?*

- *To encourage practices to take payment / proof of exemption on the patient arriving for an access appointment rather than following treatment.*

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Conclusion

Overall the findings from the review have been positive and it suggests that it is working efficiently, although it is still open to abuse from patients using the system for non urgent appointments.

There have been a large number of recommendations put forward in order to improving the service. Some of these recommendations could mean small changes that would make a big difference and could be put in place immediately. A high priority following this review would be to have a robust cover rota in place for the DSC role as without someone available to operate the line, the service and patient care would be compromised.

With regards to whether the service is providing adequate access to in-hours dental emergency, the findings suggest that this may not be the case. As some patients are being turned down an in-hours appointment for the same day as all slots are usually full by around 3.30pm. However, some morning slots are being wasted due to the time of the patient calling the DSC, and therefore if the time of the appointments are changed to be later in the morning or more available in the afternoon, less patients should be refused on the day in-hours access appointments.

A formal review of the service will take place in November 2014.