

## Remodelling of Dental Out of Hours Service (OHH)

### 1. Purpose

The purpose of this paper is to provide an update to the OOH working group on the progress and challenges encountered whilst implementing the proposed 2013 OOH service model. This paper seeks input and advice from the group in relation to the findings set out within the paper and the proposal to consider alternative OOH models.

### 2. Background

Since the introduction of the new dental contract on 1<sup>st</sup> April 2006, the arrangements for the provision of Out of Hours (OOH) dental care became the responsibility of the Health Board to ensure adequate arrangements were in place for providing urgent care to patients outside of normal working hours.

Under the current model, patients call NHS Direct Wales (NHSDW) and are triaged by a dental nurse. If the caller meets the urgent criteria they are provided with the mobile phone number for the on call dentist and are required to call the OOH mobile to book an appointment.

The current provision operates 7 days a week including Bank Holidays. The weekday evening sessions are available from 7pm-10pm and from 4pm-7pm over the weekend period. On a rota basis, General Dental Practitioners (GDPs) across ABM provide the service from their premises based in one of the former locality areas of Swansea, Neath Port Talbot or Bridgend. **(Appendix 1)**

The annual cost for the current service is £94,725, which includes a £3,400 payment for the OOH mobile phone and courier cost which distributes the mobile phone to practices on a daily basis.

Due to an increased number of complaints from patients who had been unsuccessful in accessing appointments through the service together with a disparity in the way the sessions are managed within individual practices, an agreement was made in March 2013, through the Health Boards former Dental Services Strategy and Planning Group (DSSPG), that a new service model should be developed to ensure patients have appropriate access to urgent dental care outside of normal working hours.

The working assumption was that a move to a single base would attract more clinical staff to provide the service as it was perceived at the time that practices were withdrawing from the OOH rota and the new model would improve patient access to 'urgent' dental care by providing the service from one central location, increasing the number of sessions available over the weekend period and removing the use of the mobile phone.

### 3. The 2013 Proposed Model.

The proposed new model focused on a number of key changes to the current service:

- The centralisation of the dental out of hours service (The purpose built suite in the Port Talbot Resource Centre (PTRC) –Baglan).
- A move to a central booking and triage system
- A review of the criteria for accepting patients into the dental out of hours service as this should be an extension of patients requiring “urgent” dental care rather than “emergency” treatment (infection/septic and dental alveolar trauma)
- Development of an agreed list of criteria for access into the service
- The service to be delivered from a rota of dentists and dental nurses- (nurses under the existing model would have been the responsibility of the dentist providing the service and not previously been part of a rota).
- A review of the remuneration for the sessions
- A reduction to the mid week sessions, (due to the small numbers of patients using these sessions) and patients to be signposted to the weekday In Hours Access sessions or if emergency care is required directed straight to the A&E department.
- Over the weekend period, extended sessions to run on a Friday, Saturday and Sunday and to be reviewed at 6 and 12 months to ensure sessions are being utilised appropriately, (this will include Mondays over the Bank Holiday period).
- Ensure the dental service is appropriately stocked with drugs suitable for urgent dental care where necessary
- Ensure that financial systems and processes are in place for fee paying patient

### 4. Progress

A Programme Manager was employed to implement the proposed OOH model across ABMu Health Board. However, before any changes were made to the OOH service it was necessary to develop and implement a new model for In Hours Access service, to improve access to urgent care during the day. A new model for In Hours Access was implemented on 1<sup>st</sup> April 2014 (with a revised model implemented in September 2015), which increased the number of patients able to access urgent care during the day that would support the proposed changes to the OOH service.

In order to understand patient demand on the OOH service, information from NHSDW (*collated as part of implementation work being undertaken through 111 project*), was used to map the number of sessions required to cover the weekend period. The volume and times of patient calls into NHSDW over the weekend period were specifically analysed to ensure the proposed new sessions met existing patient demand on the service. The usage of the mid week (evening) OOH sessions was also reviewed to ensure a reduction of the mid week sessions was still applicable.

A working group was established to work through the feasibility of the proposed OOH model and to identify any key concerns. Representatives from Primary Care, the Associate Medical Director (Dental), Public Health Wales and Local Dental Committee all sit on the working group.

### 5. Findings

Over the course of 2015, three main themes emerged which have required reconsideration of the original assumptions that underpinned the proposed model:

- a) Escalating Costs
- b) Management and Governance of the Service.
- c) Support to Powys Teaching Health Board

**a) Escalating Costs**

**Additional Sessions/Staff** -increased service costs to **£101,300**

**Staff Security** – approximately **£20,000** per annum

- The Local Dental Committee raised concerns around the safety of staff working from the single site. They anticipate patients who have not used the appropriate process to access urgent care may present at the OOH session and demand treatment putting staff at risk if they have to deny patients access to treatment. To overcome this issue it was agreed a security presence would be provided for each OOH session.

**Cleaning- is included in the above cost (Cleaner/Security person to be employed)**

- Port Talbot Resource Centre is closed over the weekend, therefore no cleaning staff are available to clean the Unit following each OOH session. Additional cleaning services would be required to ensure the surgeries/WC facilities were cleaned after each session over the weekend.

**Dental Materials-** approx £10-15k per annum

**Building Security** - approximately £5,000 (one –off cost)

- This includes CCTV/New keys and fobs for building/Signage/Alarm/Equipment/Stock

**b) Management /Governance of the Service**

Under the current service model, dental providers are responsible for the operation and management of the OOH session within their own practice. However, if the service is relocated to PTRC, the responsibility and direct management of the service will transfer to the Health Board. The Primary Care Team is not available over the weekend period to support and respond to any problems that may arise with the OOH service and would not be able to manage the service and staff. Therefore, there is a potential risk that if any problems arise that cannot be resolved directly by the OOH team, this would result in the Access sessions not running over the weekend and patients not being seen.

**c) Powys Teaching Health Board**

In January 2016, Powys HB have approached the Primary Care Team to consider allowing the population of SA9 (Ystradgynlais, Ystalyfera etc), which falls on the Powys side of the Powys/ABMU border, to access urgent care through the ABMU Health Board OOH service. Powys are willing to contribute towards the cost but further negotiations will be required as to numbers of patients involved, location of OOH services and costs implications etc.

**6. Proposed Model 2013- Conclusion**

To enable the Primary Care Team to develop and commission a service that remains within a controlled budget where appropriate governance arrangements are in place, an alternative model should be considered. Alternative models are detailed in Appendix 2 & 3.

**7. Alternative Models for Consideration**

When considering alternative models, there are a number of factors that would remain the same as the proposed 2013 model:

- A reduction of the mid week sessions
- Additional sessions provided over the weekend period
- Eliminate use of the mobile phone
- NHSDW to triage patients and book patients into appointments and provide reference numbers
- NWSSP to arrange payment and collect data

- vi. Remuneration for the sessions to be addressed
- vii. **Both models will need to go out to tender**

#### **8. Model 1 ( Appendix 1)**

- Service to remain within practices across ABMU HB area
- Revised Service Level Agreement/Service Specification to be developed for the service to address the current issues arising with the service.

#### *Risks Involved- Model 1*

Based on the current session payment made to practices (£425 per session) and the additional sessions required to meet patient demand, the cost of the service would escalate **£139,106** which exceeds the current budget by £44k. Session payments would need to decrease to make this model affordable. (*Appendix 1*)

#### **9. Model 2 (Appendix 2)**

- Service to remain within practices across ABMU HB area
- 3 x PDS contracts to be established to deliver the service in practice (1x Swansea, 1 x NPT & 1 Bridgend).
- PDS contract values to be calculated to ensure costs are kept within an affordable budget.

#### *Risks Involved:*

- Possible lack of interest from practices to deliver the service- especially in the NPT and Bridgend areas.
- The proposed PDS contract value

#### **10. Community Dental Service**

- Other Health Board's utilise CDS nurses, consumables and facilities to support the OOH programme. (*Appendix 4*)
- ABMU CDS in normal circumstances would be well placed to deliver and support an OOH dental service. However, the CDS team is not currently staffed to support an OOH service but this could be considered as a future possibility.

#### **11. OOH Models in Other Health Board Areas – (Appendix 4)**

#### **12. Conclusion**

- A new model for the OOH service needs to be developed and implemented as a matter of urgency due to the current issues and concerns with the existing model. The previously agreed 2013 model presents a number of challenges i.e. escalating costs and concerns around the management of the OOH service that cannot (imminently) be resolved therefore an alternative model should be considered.
- To ensure an affordable and robust OOH model is implemented across the ABM Health Board area, alternative models (**Appendix 2 & 3**) should be considered for the provision of OOH dental care with an aim to be implemented by May 2016.

#### **13. Recommendation**

The working group is asked to consider the proposed models set out in **Appendix 2 & 3** and offer input and advice on alternative OOH models going forward.

Practice Currently providing OOH Service

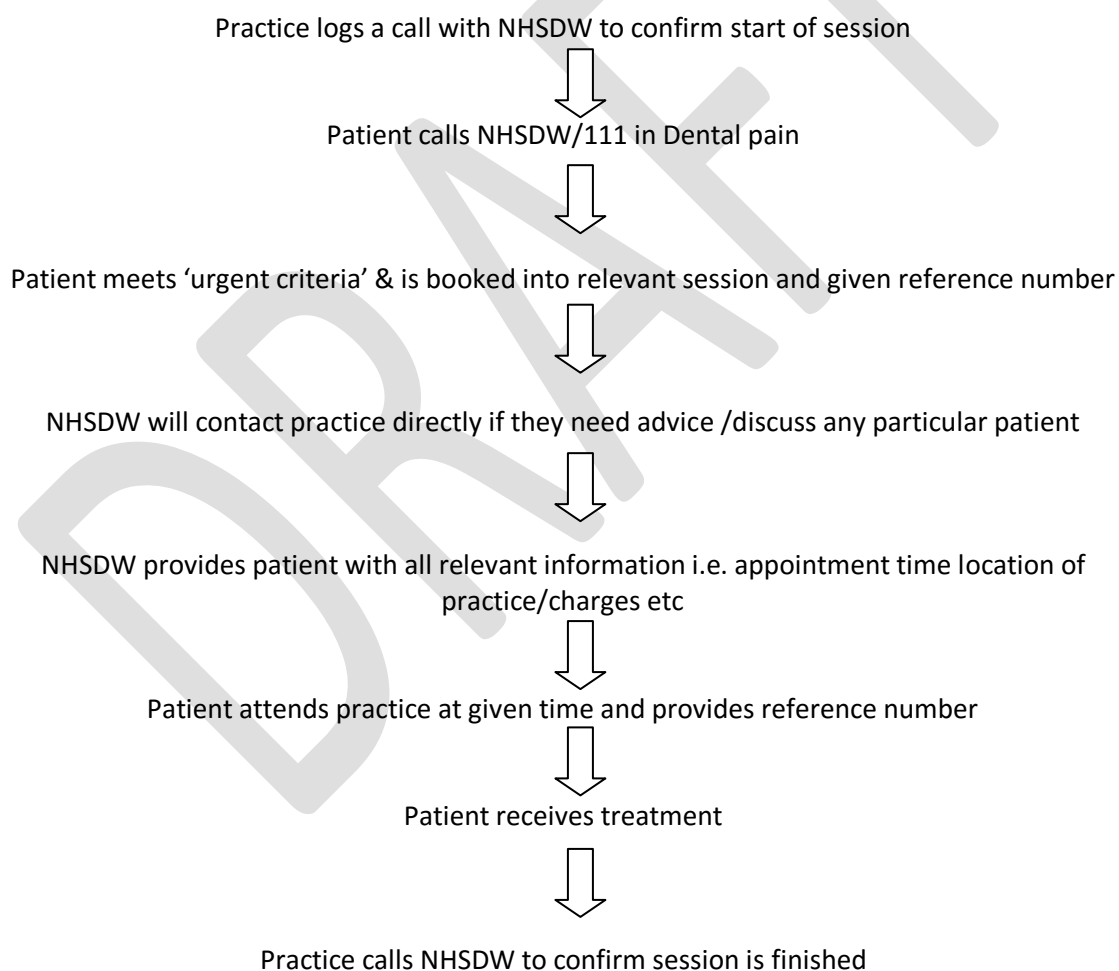
SWANSEA (12)	54C Mulberry Avenue, West Cross, Swansea, SA3 5HA
	9 Pentrepoeth Road, Morriston, Swansea, SA6 6AA
	2 Compton Houses, West End, Penclawdd, SA4 3YU
	71 Walter Road, Swansea, SA1 4QA
	15 Chapel Street, Mumbles, Swansea, SA3 4NH
	102 Woodfield Street, Morriston, SA6 8AS
	72 Manor Road, Manselton, Swansea, SA5 9PN
	14 Sway Road, Morriston, Swansea, SA6 6HT
	46 Morfydd Street, Morriston, SA6 8BU
	65 Walter Road, Swansea, SA1 4PT
	566 Middle Road, Raven Hill, Swansea, SA5 5DH
	36 High Street, Clydach, Swansea, SA6 5LG
NEATH (3)	109 London Road, Neath, SA11 1HL
	97 Heol Cae Gurwen, Gwaun Cae Gurwen, SA18 1PB
	116 Talbot Road, Port Talbot, SA13 1LB
BRIDGEND (2)	3 Dunraven Place, Bridgend, CF31 1JF
	33 Mary Street, Porthcawl, Bridgend, CF36 3YN

**Option 1- Service Delivered through SLA in Practice**

Under this model the service would remain within dental practices across the ABMU Health Board area with a revised Service Level Agreement (SLA). The number of sessions available over the weekend would be increased to meet patient demand and the mid week sessions reduced. Triage and a new booking in system would be revised and managed by NHSDW and NWSSP would manage payments and practice rota. Staff levels at the practice would also be specified within the SLA.

Remuneration for the sessions would need to be addressed, the current levels of payment per session together with an increase of sessions would exceed the current budget available.

**Pathway to Access Urgent Care**



OOH Session	Session	No of Patients Seen	Locality
Friday	7pm-10.00pm (3hrs)	9	Alternate between NPT/Bridgend or Swansea
Saturday AM	11am-3pm (4hrs)	9	Swansea
Saturday PM	3.00pm-7pm (4hrs)	9	NPT/Bridgend
Sunday AM	11am-2.40pm (3.40hrs)	8	NPT or Bridgend
Sunday PM	3pm-6.40pm (3.40hrs)	8	Swansea
<b>BH Mondays/ Good Friday &amp; BH's over Christmas Period</b>	Same as Sunday hours		

### Costs

The current remuneration for the service already delivered from practices across ABMU is £425 for a 3hr session and £500 for a 3hr session over the Bank Holiday.

To commission the sessions at the same rate as contractors are currently remunerated, the cost remains high and exceeds the existing budget by £44k, due to the additional sessions required over the weekend period. To reduce cost, a reduction to the session rate would need to be applied.

Day	Session (hrs)	Session Cost (£)per annum
Friday	3	£22,100
Saturday	8	£59,072
Sunday	6.80	£50,211
*Bank Holiday Monday/Good Friday/ Christmas Period	8	£7,723
Annual Cost		£139,106

### Option 2- Service Delivered through PDS Contract

A PDS contract to be established to deliver the service. Remuneration for the service revised to keep service costs close to the existing budget.

PDS contract to be prescriptive on the delivery of the service in practice.

To ensure an appropriate service is delivered across ABMU Health Board, a PDS contract to be awarded to cover the Swansea area and a separate PDS contract awarded to cover NPT and Bridgend (1x Bridgend practice and 1 x NPT practice).

The number of sessions available over the weekend would be increased to meet patient demand and the mid week sessions reduced.

The pathway for accessing urgent care would be identical to the pathway specified in Appendix 2.

Payments for sessions would be made via 12 monthly contractual payments via POL (Compass) arranged through NWSSP.

#### Time Table

The Friday evening session would be delivered alternatively in each locality area and both PDS contracts would cover weekends and Bank Holidays. The PDS contract covering NPT and Bridgend would provide the service alternatively over a weekend period.

OOH Session	Session	No of Patients Seen	Locality
Friday	7pm-10.00pm (3hrs)	9	Alternate between NPT/Bridgend or Swansea
Saturday AM	11am-3pm (4hrs)	9	Swansea
Saturday PM	3.00pm-7pm (4hrs)	9	NPT or Bridgend
Sunday AM	11am-2.40pm (3.40hrs)	8	NPT or Bridgend
Sunday PM	3pm-6.40pm (3.40hrs)	8	Swansea
BH Mondays/ Good Friday & BH's over Christmas Period	Same as Sunday hours		



## Costs

The PDS contract value to be based on an hourly session rate of £100 per hour. 3 x PDS contracts would be set up to deliver the service across ABMU Locality area with an annual overall sum of £100,400. The Swansea PDS contract value would be set at £50,000 with NPT and Bridgend both being allocated a PDS contract value of £25,000 each.

Day	Session (hrs)	Session Cost per annum(£)
Friday	3	£15,600
Saturday AM	4	£20,800
Saturday PM	4	£20,800
Sunday AM	3.40	£18,720
Sunday PM	3.40	£18,720
Annual Cost	925.60	£94,640
*Bank Holiday Monday/Good Friday/ Christmas Period	8	£5,760
Total Annual Cost		£100,400

## Examples of OOH Models in Other Health Board Areas

Health Board	Brief Description of OOH Model
Health Board 1	<ul style="list-style-type: none"> <li>• NHSDW provide triage and book appointments</li> <li>• Service is delivered in general practices across Health Board area</li> <li>• Practices are paid an enhanced UDA rate of £32 per patient seen</li> <li>• No additional payments are given for provision for the service over Bank Holiday</li> </ul>
Health Board 2 & 3	<ul style="list-style-type: none"> <li>• NHSDW not used to triage</li> <li>• Health Board communication hub manages/triages dental OOH calls and appointments. Dental nurses and dentists on rota provide additional triage where necessary.</li> <li>• Service is delivered in community Hospital</li> <li>• CDS Nurses provide dental support/facilities/reception staff/consumables</li> <li>• Dentists are paid £325 for a 4hr clinical session and are expected to be available for on-call for an 8hr session</li> </ul>
Health Board 4	<ul style="list-style-type: none"> <li>• NHSDW not used to triage</li> <li>• GP OOH coordinates calls and the on call dentist triages patient</li> <li>• Service delivered in Community Clinic</li> <li>• CDS staff support service</li> <li>• Dentists paid £500 for 3hr session over the wkd and Bank Holiday which also includes a week of on call. No week day sessions available.</li> <li>• 12 patients seen per session wkd session</li> <li>• CDS staff support service</li> </ul>

**NB-There is disparity across the Health Board's on the models used to deliver the OOH service, this is currently being reviewed under the National 111 project.**