Morgannwg
Local Dental Committee

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Suggested Alternative Model for OoH

I received an email from a colleague today suggesting an alternative model for OoH. I think it is worthy of consideration.

OOH some ideas
I believe the current system works but just needs to be standardised and tweaked.

Figures show there is little or no reduction in OOH numbers despite increased numbers of in hours access patients. We are seeing more and more very neglected mouths with no regular Dentist who only use OOH as their prime dental visit.

DTU now declining to see high needs patients mean there is nowhere that these patients can be referred to and so they continue to rely on the access sessions both in and OOH. Reinstate DTU high needs referrals may reduce these patients numbers.

Not sure who is expected to "tender" for the OOH service I thought it is the LHB's responsibility to provide one.

If the midweek sessions are undersubscribed and the weekend oversubscribed and most complaints seem to relate to the mobile phone going un-answered then:-

1. Continue with providing OOH services in practices, these are already set up , familiar to those operating the sessions and compliant with everything necessary to provide the service.

2. Reduce the weekday sessions to 2 hours (7-9pm) increase the weekend sessions to 4 hours on Fri (6-10), 4.5 hours Sat 1.30-6pm, 4.5 hours, Sun 1.30-6pm

3. Write a simple SLA to ensure participating practices have a dentist, a nurse and receptionist present on the OOH session to answer the phone. (This should also a be a requirement for Medical emergencies and as a chaperone)

4. All practices to log on with NHS direct at the close of the normal working hours and give their LANDLINE number to be given out during the evening or weekends and called by the patients as the session starts. (If you are on call your answer phone message will obviously need to inform patients of the fact and when the next session starts so they are not directed back to NHS direct!)

5. Scrap the mobile phone, its completely un-necessary- if you are on call you should be in the practice for the session and we all have a landline.

6. Write to all practices in ABMU and explain if we all contribute to the rota, each individual practice would only be on once or twice a year, It is reasonable that if you use the rota you should

contribute.

7. Designate bank Holidays (Christmas and Easter) as “special days”- if you are allocated to one you do not need to do another until everyone on the rota has done one (unless you volunteer!)- these are paid (as now) at double the normal rate.

8. Session fees, paid pro rata should be increased to reflect fees paid to other OOH providers in other localities and cost increases since the fee was set (ten years ago?).

9. Increase patients charge in line with the normal banding for exts or a permanent filling. If a patient doesn't have a dentist a more "definitive " treatment should be considered otherwise they will be back using the service in a few weeks. OOH treatment should not be a "bargain". This will also help to reduce annual costs.

10. Consider days on call to be allocated differently- may result in a better uptake if you get at least one day off at the weekend?

Sunday and Monday
Tues, Wed, Thurs
Friday and Sat