Dental E-Referral Management System

Implementation Planning

Background

- Dental Connectivity Project

- Taking Oral Health Improvement and Dental Services Forward in Wales

- Welsh Government Funding

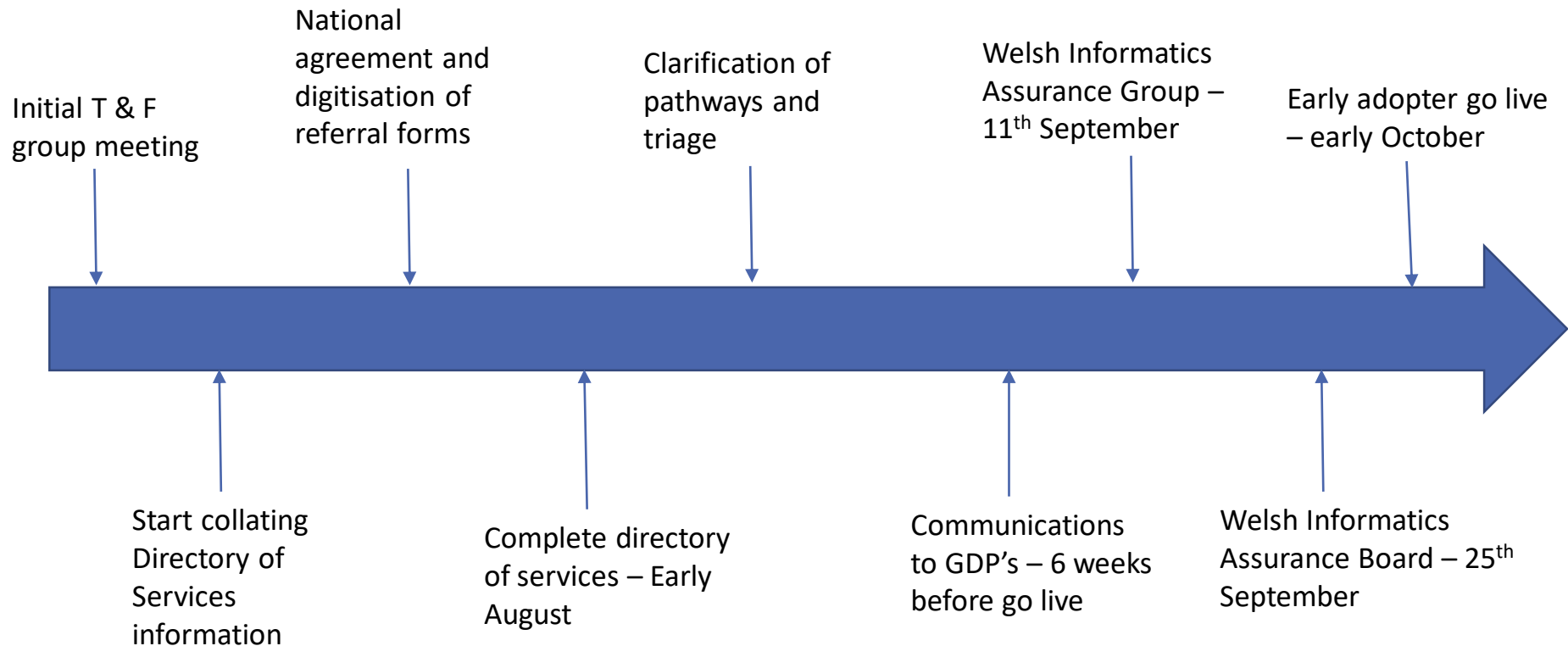- Procurement completed May 2018 – Contract awarded to FDS Consultants.

System Benefits

✓ Improving patient outcomes – the patient will get the right treatment in the most appropriate setting in a timely way.

✓ Dental referrals will have consistent information that all specialists can interpret quickly and accurately, including the ability to view high quality radiograph images digitally.

✓ A more robust referral process will make it easier to identify local service delivery needs and practice level training needs.

✓ The timely information received by health boards on source, complexity and appropriateness of all referrals to dental specialist services will support service redesign decisions.

✓ Reduce time taken to process referrals, as they will all be electronic rather than postal.

✓ Reduce waiting times for treatment by improving visibility of available services and a more robust referrals pathway where clinicians and patients can track their progress within the system.

System Features

- PACS system

- Workflow management

- Administrative & Clinical Triage

- Web-based

- Can be tailored for all pathways across all specialties

- Easy tracking of referrals for patient and referring dentist

- Consistent information on referral forms

- Ability to query and feedback to referring dentist

- Robust data to help drive service change and identify training needs

Implementation Timeline

Initial T & F group meeting

National agreement and digitisation of referral forms

Clarification of pathways and triage

Welsh Informatics Assurance Group – 11th September

Early adopter go live – early October

Start collating Directory of Services information

Complete directory of services – Early August

Communications to GDP's – 6 weeks before go live

Welsh Informatics Assurance Board – 25th September

Where are we now?

- Initial meetings taken place with all health boards and FDS

- Implementation plan agreed and directory of services template circulated

- National Directory of Services lead appointed

- Digitised referral forms have been reviewed by clinical leads

- Website content being reviewed

- Project benefits and how they will be measured being reviewed

- Work underway to meet WIAG/ WIAB requirements

Directory of Services

- Generic departmental NHS email needed for secondary care specialties – More than one person to triage.

- PReSS system for primary care – No PII shared, can use normal practice email to log in to the web portal

- The system supports existing local triage pathways

- Opportunity to identify all services and where nuances in provider contracts may exist (e.g.

Directory of Services

- Level 1 - "return to GDP" the treatment can be done in practice, it doesn't need a specialist

- Level 2 - generally a primary care oral surgery provider

- Level 3 - secondary care.

- Level 1 can also mean a sedation provider, and refers to a provider that carries out uncomplex treatment that could be done in practice by the patient's GDP. Used when patient is nervous and wants sedation, and therefore needs a specialist for the sedation element not the oral surgery.

Training

- GDP's contacted approx. 6 weeks before go live. Supplier will then conduct a digital audit of all practices.

- Estimate over 80% practices will respond and set up on the system after initial communications.

- Training provided for all users via webinars, videos, how to guides and face to face where necessary.

- Practices not set up prior to go live identified to health boards and mopped up with face to face meetings – Estimated around 10% practices.

- Should be no initial changes to secondary care providers way of working – referrals sent securely via NHS email.

Questions