Morgannwg
Local Dental Committee
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Response to PHW Clinical Pathways document following LDC meeting of 13th May 2021

The LDC meeting debated the document in depth. There were 40 attendees, mainly dentists with there being a mix of practice owners and associates, and lesser numbers of DCPs. The following is a summary of the debate and comments made, both positive and negative:

Discussions and Points Raised

1. The consultation document was poorly formatted making it difficult to read. Of specific difficulty were the tabulated Caries and Periodontal pathways, especially the boxes to the left of these charts which were illegible even when magnified considerably.
2. Poorly formatted and partially illegible documents are likely not to be read by busy clinicians, hence negating the undoubted value of consultation.
3. At the present time practices are trying to catch up following the pandemic, working under considerable pressure and stress, often with staff shortages, the stresses of additional new patients when trying to return to full ACV, losing surgery space and time when treating patients requiring AGP conditions in line with current SOPs and working under the considerable strain and physical difficulties when wearing the recommended PPE. Is this the most appropriate time to be introducing relatively new pathways which will take more time to explain, debate and justify to patients, thus adding to the difficulties colleagues are attempting to overcome?
4. WG's and LHB's concerns appear to be access for patients, but with new pathways and already extensive notes to write per patient, appointment times will need to be extended, especially for the expected new patients, thus reducing access.
5. It was felt that ideally treatment should not be withheld but the complexity of the issue was appreciated. Some were concerned about the ethics of delaying or withholding treatment. Dental indemnity suppliers had been consulted and gave the view that provided a practitioner followed WG guidance and accurately recorded conversations with patients and decisions taken then there should be no comeback. It was felt that engagement with patients and their co-operation led to much more efficient use of scarce resources of public money.
6. Concern was expressed however that withholding treatment from children, who are not responsible for ensuring their own compliance, is wrong and it was suggested they should be exempt from the pathway. Similarly for other vulnerable groups of patients, such as special needs patients.
7. Many colleagues present felt that the framework would help focus on the patients who were prepared to exhibit behaviour conducive to good dental health and having a document which clearly demonstrates the guidance from the WG would help to explain the pathways to patients.

8. Educating patients and getting their cooperation will be fundamental in ensuring the pathways work, but this may be difficult and time consuming. What motivates patients to attend? Will they return if they do not get the treatment they want when they want it? Will they simply tell the dentist what they think needs to be said to get the work done, without the long-term commitment? Are the number of failed appointments going to increase? It was suggested that patients that do not want to engage will simply return regularly for emergency appointments once they understand the system.
9. Most colleagues appreciate and agree with the thinking behind DCPs enhancing their skills and then using those enhanced skills to free up the dentist to do the work 'that only the dentist can carry out'. In many instances this requires additional surgery space and extra nurses and / or chaperones. The economic practicalities of this were questioned:
    - Nurses will require pay increases because of additional skills.
    - Dentists may even be required to work less to free up surgery space for sessions.
    - A dental therapist expressed concern that her role would no longer be required.
    - It may be inconvenient for patients to return for treatment that could be completed within a few minutes whilst in the chair at the time of examination.
    - How will these increased costs be funded? In addition, there was concern around FP17W recording dental nurses carrying out treatment. When processes have been designed in the past there has been a lack of communication between NHSBSA and Software providers resulting in rejected claims resulting in increased administrative time having to be devoted to problems.
    - There is still confusion with guidance on scale and polish under Band 1 treatment changes. Information has not been communicated to practices resulting in much confusion as to patient entitlements. Apparently, patients that were 'green' on ACORN should not be offered a scale and polish.
10. Once a patient reaches 'Step 3' on the periodontal pathway, and there is still no improvement there should be clear guidance where to refer the patient. Often there are long waiting lists in secondary care departments and dentists with enhanced periodontal skills are few and there is no formal pathway for referral, nor indeed increased reward for such colleagues. What is intended when referral is recommended but dentists and patients are faced with long waiting lists?
11. The caries pathway recommends that in many cases semi-permanent or temporary restorations should be used to stabilise the dentition. This is accepted in many situations but can often lead to problems further on, such as fractured cusps, restorations failing etc., which then require more time - often things are more efficiently carried out at the time when a patient is anaesthetised.
12. There was an undertone of feeling that the pathway was cast in stone and that clinicians' clinical freedom was being eroded. Reassurance came from a colleague who works at HEIW and stated that this was not the case, that the pathways were for guidance and that they are a foundation for discussion with patients. The pathways have been designed so that they are not prescriptive and individual clinician's clinical judgements remain. In addition, HEIW was working on training for colleagues, including methods of behavioural change to assist with patient education. This reassured colleagues as to the intentions.

Response to PHW

1. **What advantages do you see in using the pathways for NHS patients?**

    a) Treatment will be offered to patients who respond to advice given or who continue to follow self-care guidance and who change their behaviour positively.
    b) This results in rewarding those who are able and prepared to look after themselves.
    c) It gives incentives to those patients who are assessed as 'amber or 'red' to improve their self-care resulting in practice time being used more productively.

2. **What disadvantages or challenges do you see in using the pathways for NHS patients?**

    a) Denial of treatment to unresponsive patients. This may result in extended discussions, even arguments with patients which could be time consuming and result in complaints, taking staff time away from necessary clinical care.
    b) Vulnerable groups such as children and special needs patients, who are often not responsible for their own care will be denied treatment if the guidance is followed to the letter. We would recommend that the pathways are modified to exempt such patients from the pathway.
    c) It should be made clear that the pathways are laid out as guidance only and that the clinician's assessment of patients is paramount and overriding.

3. **What help would you need ahead of using the pathways for NHS patients?**

    a) Reformatting of the charts in the document so that they can be easily read.
    b) Clearly written documents, that can be reproduced in practices, to help explain the pathways to patients.
    c) It should be clear in the documents that the guidelines are designed by WG. We suggest that WG should advertise the fact that dental services are changing so that patients are aware of this before they attend.
    d) Training, as detailed in 5 below for all practice staff.

4. **What would help you explain the pathways to your NHS patients?**

    a) Clearly written documents, that can be reproduced in practices, to help explain the pathways to patients as suggested in 3b above.
    b) It should be clear in the documents that the guidelines are designed by WG as in 3c above.

5. **What sort of training and education on using the pathways would help to support you and your practices?**

    a) Training and education to be designed by HEIW and accessed through their website.
    b) Should be available to all practice staff.
    c) Should be available as educational videos and carry credited hours towards CPD requirements.

Finally, but not of lesser importance, the question was raised as to whether patients' views are being sought, bearing in mind the importance of patients as major stakeholders in the NHS in Wales.