Morgannwg
Local Dental Committee

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Summary of Correspondence with HB on Expectations for Qs 1 & 2

Following the meeting of 10th June 2021 when we discussed conflicts in the expectations between practices and SBUHB, we wrote to the HB and received a reply which we present to colleagues. For simplicity sake, under each numbered point we summarise the discussion at the last meeting in black type, followed by questions and comments put by the LDC in red and then the HB response in blue. We ask you to consider the responses and we will discuss at the meeting.

1. The HB had raised the issue that some new patients had complained at not being "registered" with a practice after being seen for examination. The issue of these patients taking preference over existing patients of practices was discussed.
   Concern was raised that GDS was in danger of becoming an emergency service, as it was proving more difficult to provide routine care to existing patients.
   Some GDPs requested clarification of how to manage expectations of existing patients of the practice who are unable to be booked in for routine appointments due to the volume of new patients, In hours access Patients and emergency appointments they are required to see to meet contract expectations.
   It was felt the RMC was giving patients false expectations as to the treatment they would receive. With patients expecting full courses of treatment to be carried out in a matter of weeks. The consensus was to get patients out of pain and stabilise. The LDC to seek clarity from HB around this issue.

   The LDC suggests that while practices are still working under the current SOP the RMC should make it clear to patients that practices are still working below capacity, and it is not possible to arrange follow up appointments after addressing the initial problem. Practices need to have guidance as to whether the HB expects new patients should take priority over existing patients when it comes to routine treatment. This should be written guidance so that it can be shown to all patients, or even in the form of a notice that can be displayed.

   HB Response:
   We've had this query from a number of practices and others have brought it up in their year-end meetings. And I do sympathise with them on this - the Urgent patients referred to them by the RMC are likely to be Red patients, which according to the SOP means they need to be seen for routine care before Green patients – and as a result this means that they are having to book these new patients to the practice into routine appointments before their long-standing patients who are Green or those that have been on a waiting list for a long time can get in.
   Whilst the RMC will question patients to ensure that those with no intention of looking for an NHS dentist are put into IHA slots rather than NP where possible, the RMC are not routinely informing patients of the existence of the NP pathway – for the simple reason that we are already inundated and we didn't want the message getting out that we can find a dentist for patients.

2. Issues around in hours access sessions were reported with one GDP having an empty slot and being informed by HB they couldn't fill this slot with a patient of the practice and had to be left empty even if the RMC didn't have a patient to fill the appointment. It was felt unfilled slots should still therefore be credited to the practice.

   It is important that all slots are used, and as mentioned in your letter and referred to above the arrangement needs to be agreed collaboratively with the HB and practice, or even a general

arrangement made e.g. if a slot hasn't been filled one hour prior to the time the practice should be able to fill that slot from their own list. Whatever, this should be made clear in writing.

HB Response:
It is very rare that we wouldn't have enough patients to refer to a practice but I would certainly not expect the RMC to be confirming to a practice that they can't fill the slot with their own patient if the RMC won't be sending a patient through. I do think this would be a rare occasion though because we are still inundated with access calls. I will speak to the RMC to make sure they're not giving out this message. We did have an issue with early morning slots not always being filled but I've stressed to the RMC that these need to be booked in the previous day.
I agree with the principle of giving practices 1 hour notice – the only issue we have at the moment is that we can't get through to the practices to tell them about the patients so setting a time limit may backfire on us.

3. It was reported a small number of patients were reappearing in access sessions within a week of being prescribed antibiotics by a different practice. Therefore, the patient was using two access sessions in one week. The patients were not being given appointments by the original prescribing dentist to complete treatment – the feeling was that practices that provide antibiotics should follow up. This needs to be raised with RMC.

   A solution is needed for this issue. If this is happening regularly for particular practices it should be monitored and resolved. LDC happy to collaborate on this.

   HB Response:
   Whilst we've known about this happening during the pandemic, I was not aware it was still happening so will ask the RMC to record any instances over the next 2 weeks to see if there is a pattern with certain practices and we will then approach the practices to ensure that they are aware that if they prescribe antibiotics, they should be booking the patient in for the follow up appointment and not telling them to go back through 111/RMC.

4. There was confusion around referral to specialist practices and the responsibility for collection of fees. Clarity needed.

   This issue is around collection of fees when an urgent appointment (Band 1) needs to be referred e.g. to OS for a surgical extraction (Band 2) when patient has been told that the fee would be Band 1. Needs a resolution.

   HB Response:
   This would be the case for any further treatment – the patient has been advised it's £14.70 for an Urgent appointment. But if they require further treatment whether at the practice or to be referred on to a specialist, the practice would need to advise this at the initial urgent appointment and explain the Band 2 fee. If the patient agrees to the further treatment then it's a Band 2 fee that needs to be collected. This isn't new advice but I appreciate that some practices didn't take Urgent referrals previously (although it would be the same process at their own practice if they see one of their patients as an Urgent).
   I can ask the RMC to change their wording when advising about the fees that it's £14.70 for an Urgent but the fee may increase if there is a need for further treatment?