

Improving Access

Members' Views

Access

Question

If further funds were available to improve access for NHS patients, would practices be able to increase their availability for NHS work?

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- Patients of the practice who do not have a problem but who want to recommence regular care. **Direct contact to practice**

Reasons why Patients find difficulty getting Access to Dental Care

1. Access was a problem before the pandemic.

a. Manpower issues

Accurate manpower figures (both Dentist and DCP) not available

b. Work/Life Balance

2. Worsened during pandemic because of:

a. Fallow time

b. Social distancing

c. Need for longer appointments

d. Staff sicknesses – stress levels in staff have increased

e. Staff sickness – Family members positive.

e. Generally working to the SOP operating at any time

d. Contract Reform

Current Services for Access

- Out of Hours – additional payments – introduced before pandemic – currently 40 patients every weekend.
- In hours Access Sessions – additional payments – introduced before pandemic – currently 300-320 calls weekly, 80-100 every Monday.
- In order to maintain ACV at 90% 2 new patients per £165K CV per week (can be from Practice WL) – introduced during pandemic.
- In order to raise ACV to 95% an additional 1 new patient per £165K CV per week from RMC – introduced during pandemic – Total 3np pw.
- In order to raise ACV to 100% an additional 2 new patient per £165K CV per week from RMC – introduced during pandemic - Total 5np pw.

Possible Solutions

- RMC will identify those patients who only want to be seen in order to solve a problem, informing them they will not be penalised for not wanting continuing care.
- A solution needs to be found for those patients who are prescribed medication and need follow-up. It is felt that follow-up needs to be with the practice that prescribes the medication.
- Similarly with further complications of any treatment given.

Suggestions Please!!!

Method of Delivery of Access Sessions

- Should Access sessions be delivered in GDS?
- Should Access sessions be delivered outside GDS? If so by which service?
- Could unused CDS clinics be used?
- Could HB commission surgery space and extra hours at practices?
- Should a separate service be commissioned?

Suggestions Please!!!