

TRANSFORMING DENTAL CARE: A Comprehensive Service Review



March 2024

The challenge...

The Special Care Dentistry (SCD) service had an increasing backlog of patients waiting for an appointment. Limited visibility of demand, capacity and appointment utilisation was resulting in reactive planning rather than proactive forecasting and performance analysis. There was variability in capacity and administration processes between locations. This is unfair on patients who can receive a different experience accessing and waiting for their SCD treatment depending on location.

The solution ...

The goal was to have standardised referral, triage, booking and discharge processes to help manage demands into the service. Capacity will be measured, and utilisation reporting will allow analysis and management of the service to improve the patient experience.



UNDERSTANDING

THE PROBLEM



DESIGNING

THE CHANGE



IMPLEMENTING

IMPROVEMENTS



Continuous improvement

Investigation of current pathways: current levels of demand are putting pressure on a finite number of appointments, leading to long wait times. Booking processes and timelines are leading to high cancellation rates and therefore low utilisation of available capacity. A lack of reporting is preventing visibility and awareness and restricting the ability to analyse and identify improvement opportunities.

Unveiled data insights: analysis on current service demand and capacity revealed information on referral patterns, activity trends across the week, and available capacity. Referral source data showed 20% of GDPs accounting for 75% of referrals. Significant variation also existed in utilisation rates.

Engagement: discussion and listening sessions were held with colleagues at each location.

Patient experience: there was no existing patient forum in place, with anecdotal feedback that access is frustrating, with long wait times for appointments and a high frequency of cancellations which further delay access to treatment. Once at an appointment, the experience is frequently rated as positive, with supporting, friendly and caring staff.

A combination of workshops and other meetings helped to identify and subsequently design 10 streams of work within the plan. Examples included:



- > **Reporting** new reports for key metrics
- > **Triage** alignment to improve consistency



> System design - defining hierarchies and appointment coding to improve analysis and visibility of trends



Capacity - measurement of clinical activities, rotas and resource plans



> Non-clinical time - defined classifications to improve appointment availability



> Appointment booking - simplified and standardised processes



Discharge – defined criteria and processes to help reduce on-going appointment demands.

and updating existing templates and forms

Patient communications – establishing a forum



> Clinical systems – training to support consistent ways of working across clinical and admin teams

A wide range of initiatives were delivered across 2023/4, supported by a new Transformation Oversight Group (TOG) to provide governance over the plans. Highlights include:

- > **Reporting**: new operational dashboard with 20 reports (demand, activity and utilisation) and new PowerBi reporting (patient tracking lists, waiting lists and breaches).
- > **Triage:** standardised guidelines and new peer review forum
- > **System**: revised appointment codes, new location and cancellation codes, API access.
- > Capacity: modelled capacity at clinician and location level, actual versus potential reporting, job plan alignment.
- > Non-clinical: clarity on activity type, frequency and duration, increased visibility through reporting.
- > **Booking process**: improvements to portal functionality, new Recall system, new automated confirmation messaging, revised admin processes and defined accountabilities.
- > Patients: established new 'Working Together' group, new QR codes on forms, re-designed patient passports.
- > **Training**: 2 multi-team sessions to align ways of working and ensure best practices across clinical and admin teams.
- > **Discharge**: new protocols to ensure right acceptance into service, updated forms and letters, new case mix custom screens.

Post implementation and feedback sessions were held to capture learning and areas for ongoing improvement.

LessonsLearnt

- > Building team capability can be as important as system design (training, knowledge, curiosity)
- > Collaboration is essential for pathway development, involving relationship-building and role understanding. Ensuring the end user/operational owner is involved in the design is important.
- > A lack of system data and reporting can restrict visibility and identification of impact measures
- ➤ Appropriate governance structures, with external stakeholder involvement, is necessary to support changes within a service

of appointment confirmation calls now automated by SMS, saving ~3mins per call, equating to 55hrs of phone activity in 1 month

via 2 new dashboards

Patients representing service users formed a new "Working Together" group to improve co-production on future initiatives





For more information Contact: ccs.improvementteam@nhs.net

New reports on key operational

metrics available