Community Dental Service, Midlands Partnership University NHS Foundation

Summary

The Midlands Partnership University NHS Foundation Trust's Community Dental Service provides the general anaesthetic service to vulnerable children and young people (CYP) in Staffordshire and Stoke on Trent. The service's waiting list increased four-fold due to the disruption in service caused by the COVID-19 pandemic. To support equitable recovery, the team used a clinical prioritisation tool to identify and prioritise treatment for CYP most in need. As part of their efforts to clear the backlog, the team focused on identifying and implementing changes that might improve the service's efficiency. In addition to introducing a triage process, the service made other changes such as increasing contact with parents and carers in advance of pre-assessment, extending service hours and streamlining patient flow. As a result of the changes made, the service's waiting list and was not brought (WNB) rates (rates of children not brought to appointments) were reduced to below pre-pandemic levels, and capacity was increased to treating 20 patients per day, where previously it was treating 12.

"...we were just constantly looking at ways to improve what we were doing at the time...people were coming up with ideas and just always looking at ways to improve the service and that was to get these patients in the theatre and get them sorted."

Context

The elective recovery challenge

Early in the management of the COVID-19 pandemic, access to dental care was disrupted. While the Community Dental Service had a small waiting list (of six weeks) prior to the pandemic, this quickly grew. Dental services were particularly impacted, as the majority of dental interventions that take place under general anaesthetic (for example, those requiring use of a dental drill) are classified as aerosol generating procedures, likely to increase the risk of coronavirus transmission.

The health inequalities challenge

CYP who require dental treatment from a specialist community or secondary care dental service are recognised as being a disadvantaged group. In the UK, children who receive treatment from these services are more likely to belong to ethnic minority groups, be disabled or come from deprived backgrounds. This trend is borne out in the Community Dental Service's caseload. Inequalities in the dental care pathway typically occur early on in the treatment pathway, with CYP from more deprived backgrounds at greater risk of precipitating factors which result in dental caries, including being less likely to access primary dental care. CYP who require intervention from secondary care dental services may be experiencing quite severe symptoms.

The aim of changes made to the Community Dental Service

The Community Dental Service team (the team) set out to manage the waiting list for CYP awaiting procedures under general anaesthetic efficiently and equitably, ensuring that children with the greatest clinical need were prioritised for treatment.

Intervention

Summary of changes made to the Community Dental Service

While the team have always taken children's clinical needs into consideration, prior to the pandemic (when waiting lists were shorter) there was no need for prioritising those on the waiting list. However, as part of their recovery efforts, the team developed a triaging process as a response to the increased waiting list. A prioritisation framework was used to assess clinical need and assign a red, amber, or green (RAG) rating to each patient on the waiting list. These ratings were then used to prioritise treatment. The RAG rating was applied in a dynamic way. Parents and carers are made aware of the signs that a condition may be worsening and were encouraged to contact the service if a patient's condition changed. During the pandemic period, the team made a vast number of changes to their processes. While many changes were necessary to ensure patient and staff safety by reducing the risk of infection from the coronavirus, the team also maintained a focus on implementing changes to make the service as efficient as possible. Changes the team implemented included enhancing the pre-assessment processes by having more contact with parents and carers prior to patients being seen, extending their service hours, and changing processes to streamline patient flow. The team attribute a large part of the services' ability to recover their waiting list to their delivery model. Their service is delivered from a bespoke outpatient surgical unit, operating in a specialist suite as opposed to an operating theatre. This model has meant that the service has been able to treat patients without having to wait for theatre space and has provided them with the flexibility to change their processes.

Enablers of delivering changes to the Community Dental Service

Using data

The team used data to inform their recovery efforts. Historical service data was used to understand their starting position and emerging data allowed them to monitor how changes impacted service performance. The data made it possible to assess whether changes had the desired effect of reducing waits, increasing capacity, and/or reducing WNB rates.

Involving patients

Throughout the service recovery journey, the team listened to CYP and their carers and responded to their feedback. Changes brought in by the team included a focus on higher quality communication with parents and carers in advance of the patient's pre-assessment and treatment appointments, this has been well received.

Involving staff

Central to the team's approach to service recovery, was a commitment to continuous improvement. The team benefited from leadership which welcomes and encourages challenge and promotes psychological safety. Staff at all levels were willing and able to contribute to service changes and improvements. Learning from failure was expected and embraced. Excellent teamwork is recognised as an essential element which allowed the service to reduce their waiting list and improve efficiency.

System involvement

Support from the commissioner and referring clinicians enabled the team to establish and implement their new triaging process. The team requested additional data be provided at the point of referral. This required changes to the electronic referral form, which were quickly agreed with key stakeholders. The team attribute good levels of engagement and cooperation to having pre-established, positive, working relationships.

Findings and reflection

The changes observed

The Community Dental Service has recovered and even improved upon their pre-pandemic position.

- **Reduced waiting time**. Prior to the pandemic, the service's average waiting time was six weeks. This increased to 6 months during the pandemic and is now at two to four weeks.
- **Reduced WNB rates.** Children not brought to appointments have reduced from 7% prior to the pandemic and is currently 2%.
- **Increased numbers of patients treated.** With increased clinical capacity achieved through a combination of changes to operational processes the team can treat 20 patients per day, where previously 12 patients were treated.

The lessons learnt

- The team found that many small incremental improvements combined to improve service outcomes. These changes were only made possible by inviting operational staff to identify opportunities for improvement and devise and implement changes.
- Having multiple forums where service improvement discussions can take place helps to stimulate ideas and challenge the status quo.

The Community Dental Service team recommend

- Dental general anaesthetic services consider their care delivery model, specifically whether it is possible to deliver care without the use of operating theatres.
- Services focus on creating a learning culture where all members of staff are encouraged to question ways of working and make improvements that benefit patients.

Useful references/resources

- COVID-19: implications for paediatric dental general anaesthetic services, Royal College of Surgeons of England, 2020.

If you would like to know more about this case study, please contact: Richard Beck, Clinical Director Dental Services, Richard.Beck@mpft.nhs.uk.