

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	27 Jan 2009.	Unrestricted		
Report of: Tower Hamlets PCT Originating Officer(s): Vivienne Cencora Bernadette Beckett		Title: Emergency Dental Services Review – North East London Ward(s) affected: All		

1. Summary

The Tower Hamlets PCT has lead a review of Emergency Dental Services which is to be taken forward for consultation with the communities and stakeholders within the London North East Boroughs commencing end January and concluding end April 2009. This paper has been put forward to the Tower Hamlets Health Scrutiny Panel to inform elected members about the review and the consultation process.

2. Recommendations

1. The Emergency Dental Services (EDS) Steering Group welcomes the views of Elected Members on the proposals for the future delivery of the Emergency Dental Services across North East London.
2. The EDS Steering Group would like to know how best to involve the Elected Members in the consultation process.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Afazul Hoque 020 7364 4636

3. Background

Please see attached report.

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

5. Comments of the Chief Financial Officer

6. Equal Opportunity Implications

7. Anti-Poverty Implications

8. Sustainable Action for a Greener Environment

9. Risk Management Implications

Report to the Health Scrutiny Panel

Emergency Dental Services Review – North East London

Introduction

This paper has been put forward to the Tower Hamlets Health Scrutiny Panel to inform elected members that a review of Emergency Dental Services is to be taken forward for consultation with the communities and stakeholders within the London North East Boroughs commencing end January and concluding end April 2009.

Background

PCTs have been required to provide Out of Hours dental services from April 1st 2006. This service, covering North East London boroughs, is currently provided by Tower Hamlets PCT and consists of a telephone triage service and walk in service at the London Hospital. This was set up as a temporary arrangement. The PCTs within North East London all make equal contributions towards the delivery of the triage service.

The current Emergency Dental Service (EDS) includes both triage and face-to-face consultation. The service is accessed by a single Out of Hours (OOH) telephone number for the whole of the NE Sector. The calls are triaged by a dentist. The patient may be offered anything from advice to referral on to a face-to-face consultation at either the London Hospital or Hornchurch. In addition, to accessing the service through triage, there is also a walk in service at the London Hospital and Hornchurch.

The telephone triage service opening hours are:

Weekdays	6.30 p.m.	-	10.00 p.m.
Weekends	7.30 a.m.	-	3.00 p.m.
Bank Holidays	7.30 a.m.	-	8.00 p.m.

The London dental OOH service based at Whitechapel (Tower Hamlets PCT) provides clinical care during:

Weekday	7.00 p.m.	-	11.45 p.m.
Weekends	8.00 a.m.	-	5.15 p.m.
Bank Holidays	8.00 a.m.	-	10.00 p.m.

The emergency dental service only provides a temporary dental care solution and therefore patients are advised to access their local general dental practices to continue with ongoing dental care.

Review of North East Emergency Dental Care Services

At the request of the Dental Services Commissioning Group across the North East sector a review was carried out of the arrangements for providing dental triage across the sector and the urgent care dental services (EDS) based at the London Hospital.

Whilst the current arrangements allow patients the flexibility of accessing the triage service for advice and information, or limited open access to the EDS, the ongoing availability of two

different types of entry to the service is inconsistent and does not provide equitable access. It is also difficult to manage and causes a number of problems for patients:

- **Equity of access:** Initially whilst patients with a true urgent need were definitely seen if they went through the triage this was not necessarily true for the patient that queued. The service is operating at full capacity and therefore even patients who access the triage and are assessed as having true urgent need may not be able to get an appointment if all the care slots have been taken;
- **Confusion:** It is difficult for patients to understand that queuing up for hours may still result in being turned away, while they see patients who have been triaged coming forward and jumping the queue;
- **Patient wellbeing:** The walk in service is provided on a small site within the London Hospital and therefore those that queue have to wait outside in all weathers. Queuing often starts at 5.00 p.m. and therefore patients can be waiting for 2 hours before the doors are opened for emergency dental care to be provided. On most occasions the numbers within the queue immediately fill all the available slots for the evening for walk-in patients and often some of those queuing have to be turned away and advised to ring triage. A patient with urgent care needs still may not access care that evening if all the triage slots have also been taken;
- **Health and Safety:** Open door means limited control of the number of patients that arrive at any one time, as well as the frequency with which they arrive. As the clinic is small, there is often overcrowding and even those patients that are able to be seen have to be sent away and asked to return later, causing upset, inconvenience to the patient and on occasion aggression towards staff working within the service.
- **A service of convenience:** A number of people call and attend the service more than once even though they are only provided with a temporary solution and should really go on to more permanent arrangements for their care in general practice later.
- **Ineffective systems:** Having two systems of access to the service makes it possible for patients to ensure they are seen despite not having urgent care needs. A patient refused a face-to-face contact during a triage consultation knows that if they come along early enough the next day, they will be guaranteed to see the dentist
- **European Working Time Directive:** The current opening hours mean that shift finish times – 11.45 p.m. on weekdays, do not permit an adequate rest period for staff who may be working the following day.
- **Triage Costings** - The triage service is presently delivered by dentists and the cost per call is approximately double the cost than if the service was provided by dental nurses using proven algorithms. There is considerable precedent in other parts of the UK, for dental nurses providing telephone triage of dental problems.
- **In hours demand** - There is an unquantified daytime demand for emergency dental treatment that comes through informal arrivals at the EDS premises when it is closed and telephone calls to the walk-in service. This would suggest that patients are unaware of how to access local dental care that should be available in hours.

The objectives of the review:

- i. To enable consistent prioritisation of urgency for treatment, i.e. to give priority to patients where a delay in time could have significant impact on the outcome of subsequent treatment;
- ii. To reduce the number of unnecessary face-to-face contacts between patients and dental professionals

- iii. To ensure non urgent patients are referred appropriately and develop long term relationships with a local dentist, therefore improving oral health outcomes.
- iv. To improve the cost effectiveness of the triage service.
- v. To ensure that all patients with a true emergency need have access to a clinical contact
- vi To ensure that the Emergency Dental Service works within a 'whole system' approach to providing emergency dental care in the sector by ensuring effective interfaces and consistent protocols between this service and other out-of-hours and in-hours emergency dental service provision, such as the daytime emergency service at the London Hospital, the out-of-hours service at Hornchurch and any newly commissioned emergency slots in GDS practices.

The proposals for change

The following recommendations are proposed:

- Linking the telephone triage with face-to-face services through direct appointments in general dental services;
- Removing the current open-door access route to EDS at the London Hospital, and ensuring that patients are provided with emergency care when needed at the London Hospital or Hornchurch; and urgent care through appointments in General Dental Practices across the sector
- Employing dental nurses, rather than dentists, to provide telephone triage using proven algorithms.
- To reduce the hours of the service

Consultation

Tower Hamlets and the PCTs within the North East sector are committed to involving patients and the public in any changes to service delivery and therefore are taking forward a three month consultation starting end January, and concluding end April 2009. The consultation will involve stakeholders, patients and the public and will ensure that the future delivery of emergency dental services within North East London meets the needs of the community and there are no gaps in provision. The consultation document will be provided to members of the Health Scrutiny Committee.

A Steering Group has been set up to oversee the implementation of activity and a representative of the Tower Hamlets LINK, THINK, has been invited to participate in this group, alongside a stakeholder representative from outer London.

Recommendations

2. The Emergency Dental Services (EDS) Steering Group welcomes the views of Elected Members on the proposals for the future delivery of the Emergency Dental Services across North East London.

3. The EDS Steering Group will keep Elected Members informed of activity as deemed appropriate by the Health Scrutiny Committee

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