Is your PCT (preventive care team) ready? asks Seema Sharma

A ll NHS and private dentists have to register with The Care Quality Commission in 2011, and CQC has developed a set of outcomes around personalised care, treatment and support.

How many times have you been to a practice building seminar which tells you that your hygienist is the key to your practice’s success? Well, here is an opportunity to tie this success back to CQC requirements, demonstrate how you provide personalisation care for all patients and free your time up for higher production dentistry – the dentistry you trained to do. Practice management gurus tell you time and time again that most of your practice’s success is sitting unclaimed in your filing cabinet, and your hygienist can help you unlock it. The key, however, is elusive unless you develop systems that are at a higher risk of dental disease because they have risk factors, but not necessarily active disease. They are often the patients you will need to provide the most high end treatment for such as whitening, implants, cosmetic dentistry etc because they do not have active disease precluding treatment but they are not problem free.

Amber (moderate needs) patients are at a higher risk of dental disease because they have risk factors, but not necessarily active disease. They are often the patients you will need to provide the most high end treatment for such as whitening, implants, cosmetic dentistry etc because they do not have active disease precluding treatment but they are not problem free. Such patients should be on a four- to six-monthly regime with the preventive care team who can play an invaluable role by devoting TIME to motivating and education patients, just as a personal trainer can sometimes be the only motivator for weight loss. Their work can be funded by a payment plan, an innovative NHS contract or the patient themselves...it does not matter as long as your whole team’s communication skills ensure that the patient understands the benefit of a preventive approach for long term comfort, aesthetics and avoidance of unexpected bills, and signs up to your advice.

Preventive Care Team

Green (low needs) patients do not need to clog your diary up by coming in for a chat and a check-up! Send them away for a two-year ‘NICE recall’ but remember a recall is a ‘review of oral health’ not a scale and polish, so that is not going to take care of their dental and periodontal maintenance requirements or your risk of unwittingly providing substandard care. Lots can happen in two years! Bring them back with your hygienist for their interim care at least six monthly for younger patients, and 12 monthly for older patients with no disease and no risk factors.

Advice & Intervention

4-6 MONTHLY PROFESSIONAL CARE
With hygienist/preventive care team

PERIO RISK (poor plaque control, diabetes, smoker)
As for green plus
Detailed OHE/TBI/DSC/explaining
Disclose plaque & biofilm
Debridement

CARES RISK (no caries but poor sugar control or plaque control)
As for green plus
Diet Recording & Analysis
Fluoride mouthrinses

INCREASE FLUORIDE AVAILABILITY
(≥1) Fluoride supplements
(≥1) Fluoride mouthrinses

FLUORIDE VARNISH
(Age 5-11) 2 x annum
(Age 12+) 2 x annum

CANCER RISKS
Smoking/tobacco cessation
Alcohol consumption advice

Advice/Intervention by Dentist reinforced by preventive team, website and literature

Intensive Advice & Intervention

3 MONTHLY PROFESSIONAL CARE – with hygienist/preventive care team

IF PERIODONTAL DISEASE
As for amber plus

IF CARIES
As for amber plus

IF FLUORIDE AVAILABILITY & VARNISH
As for amber plus

IF CANCER
As for amber plus

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SPEAKERS
SEEMA SHARMA
CEO, Dentabyte.co.uk
Owner of 2 mixed practices & 2 predominantly NHS practices and won 2 tenders, one of which is a Wave 1 Pioneer Steele Pilot.

RAJ RATTAN: Guest Speaker
Owns 2 mixed practices and is a partner in a third. Raj is the author of “Understanding NHS Dentistry”, a PCT and a dento-legal advisor at Dental Protection.

Maintenance Programme

SELF CARE
Brush twice daily systematically, last thing at night and one other time, with fluoridated toothpaste at least 1350 ppm fluoride. Spit out after brushing, do not rinse.

DIET
The frequency and quantity of sugary food and drinks should be reduced no more than 6 times a day and, when consumed, limited to mealtimes, never in the last hour before bedtime.

CANCER RISKS
Do not smoke or chew tobacco/betel nut limit alcohol intake

6-12 MONTHLY PROFESSIONAL CARE
With hygienist/preventive care team

ONI/TBI/DSC
Scaling and polishing

FLUORIDE VARNISH
(Age 3-11) 2 x annum

6 MONTHLY PROFESSIONAL CARE
With hygienist/preventive care team

ONI/TBI/DSC
Scaling and polishing

FLUORIDE VARNISH
(Age 3-11) 2 x annum

Advice by the Dentist reinforced practice team and literature

SKILL MIX
Dental Nurse (extended training for varnish apps)
Hygienist (maintenance)

Intensive Advice & Intervention

Advise/Intervention initially by Dentist reinforced by preventive team, website and literature

SKILL MIX
Dental Nurse (IF V apps)
DNT (oral health advice)
Hygienist (peri control)
Therapist (caries control)

Preventive Care Team

Green
Low risk

Amber
Medium risk

Red
High risk

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