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

All 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 personalised 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 to monitor how you deliver care and use your teams effectively.

The previous article explored how patients can be risk assessed and patient databases can be profiled according to need to develop clinically driven practice management systems. This provides a system to tailor care to the patient’s needs and fits well with private practice profits, the Care Quality Commission and the care pathways outlined in the Steele Review. And why wouldn’t it? After all it’s just “good dentistry”!

Green (low needs) patients do not need to log 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 super-visited neglect. A lot 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.

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- or 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.

Red (high needs) patients have active disease which can preclude you from undertaking any advanced work until their oral environment is fit to receive more complex treatment. The preventive care team really comes into its own here as they enable you to keep your diary time reserved for disease management and therapy.

Delegate personalised diet analysis, quarterly fluoride varnish applications on kids (yes, that’s in the evidence base!), flossing demos and all the other aspects of care that can be delivered by dental care professionals and would otherwise require you to work every night... and on Sundays.

Just pop the guide below on the wall in your surgery and in your hygienist’s surgery, delegate effectively, get your whole team delivering personfised care, treatment and support and do the dentistry you enjoy.