Countdown to CQC registration

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 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 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 fills well with private practice profits, the Care Quality Commission in April 19-25, 2010.

Maintenance Programme

SELF CARE
Brush twice daily systematically, last thing at night and one other time, with fluoride 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 4 x a day and, when consumed, limited to mealtimes, never in the last hour before bedtime.

CANCER RISKS
Do not smoke or chew tobacco/herbal limit alcohol intake.

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

On-site/TDC
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 V/Varnish apps)
• Hygienist (maintenance)

Preventive Care Team

Green
Low risk

Amber
Medium risk

Red
High risk

Advice & Intervention

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

PERIO RISK (poor plaque control, diabetes, smoker)
As for green plus:
Detailed On-site/TDC screening
Disclose plaque & biofilm
Debridement

CARES RISK (for caries but poor sugar control or plaque control)
As for green plus:
Diet Recording & Analysis
Fissure sealants on eruption of permanent molars
(5%/artif saliva dry mouth)

INCREASE FLUORIDE AVAILABILITY
(6-7) Fluoride supplements
(2)Fluoride mouthrinse

FLUORIDE VARNISH
Age 3-11: 2 x annum

ADVICE/INTERVENTION
Smoking/tobacco cessation
Alcohol consumption advice

Intensive Advice & Intervention

3 MONTHLY PROFESSIONAL CARE – with hygienist/preventive care team

IF PERIODONTAL DISEASE
As for amber plus:
Consider chlorhexidine mouthrinse
Debridement
Topp in affected sextant, active therapy, L7s control
Referral as necessary

IF CARIES
As for amber plus:
Referral to oral health educator for caries control programme

IF FLUORIDE AVAILABLE & VARNISH
As for amber plus
(16) 820 ppm F toothpaste
(16) 5000 ppm F toothpaste

IF HIGHER RISK
(10+)
Extra brushing, twice daily

CANCER RISKS
Self reinforced

Advice/Intervention initially by Dentist reinforced by practice team, website and literature

SKILL MIX
• Dental Nurse (F V apps)
• DNT (Oral Health Advice)
• Therapist (caries control)

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