Countdown to CQC registration

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

All NHS and private dentists have to register with The Dental 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, to the patient’s needs...and fits this provides a system to tailor care according to need to develop clinically driven practice management systems. This provides a system to tailor care to the patient’s needs...and fits this provides a system to tailor care according to need to develop clinically driven practice management systems. This provides a system to tailor care...and fits a system to tailor care according to need to develop clinically driven practice management systems. This provides a system to tailor care to the patient’s needs...and fits this provides a system to tailor care according to need to develop clinically driven practice management systems. This provides a system to tailor care...and fits a system to tailor care...and fits...and
dentistry – the dentistry you enjoy. And why wouldn’t it? After all it’s just “good dentistry”!

Green (low needs) patients do not need to cllog 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- vised 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 pro- vide the most high end treatment for such as whitening, implants, cosmetic dentistry etc, because they do not have active disease precluding treat- ment 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. The 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 en- sure 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), fissure sealing and all the other aspects of care that can be deliv- ered 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 hygi- enist’s surgery, delegate effectively, get your whole team delivering person- alised care, treatment and support and do the dentistry you enjoy.

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 OHI/B1C/DQ/gingivostaging

Disclose plaque & biofilm

Debridement

CARIES RISK (no caries but poor sugar control or plaque control)

As for green plus

Diet Recording & Analysis

Evaluate sealants on eruption of permanent molars

(5%) artif saliva if dry mouth

INCREASE FLUORIDE AVAILABILITY

(i) Fluoride supplements

(ii) Fluoride mouthrinse

FLUORIDE VARNISH

(Age 0-3): 2 x annum

(Age 16+): 2 x annum

CANCER RISKS

Smoking/tobacco cessation

Alcohol consumption advice

Advice/Intervention by Dentist

Advice/Intervention by Dental

Therapist (caries control)

Advice/Intervention by Dentist

Intensive Care Team

3 MONTHLY PROFESSIONAL CARE – with hygienist/preventive care team

IF PERIODONTAL DISEASE

As for amber plus

Consider chlorhexidine mouthrinse

Debridement

Toppin an affected sextant, active treatment, botulinum control

Referral as necessary

IF CARIED

As for amber plus

Referral to oral health educator for caries control programmes

FLUORIDE AVAILABLE & VARNISH

As for amber plus

(16+) 2800 ppm F toothpaste

(16+) 5000 ppm F toothpaste

CANCER RISKS

As for amber plus

Advice/Intervention initially by

Dentist reinforced by preventive team, website and literature

SKILL MIX

Dental Nurse (F V apps)

Dentist (oral Health Advice)

Hygienist (peri control)

Therapist (caries control)

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

SKILL MIX

Dental Nurse (F V apps)

Dentist (oral Health Advice)

Hygienist (peri control)

Therapist (caries control)

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 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/betel Limit alcohol intake

6-12 MONTHLY PROFESSIONAL CARE

With hygienist/preventive care team

OHI/B1C/DQ

Scaling and polishing

FLUORIDE VARNISH

(Age 0-3): 2 x annum

Advice by the Dentist reinforced practice team and literature

SKILL MIX

Dental Nurse (extended training for F V apps)

Hygienist (maintenance)