CDO Advisory Group

Workshop 1 - Meeting Note
Thursday 27 October 2022
13:30 – 16:30

Welcome and Introductions

CDO provided a brief background on the purpose of the group, and confirmed that a note of the workshop would be taken and circulated to group members.

Purpose: Create a system of items where it covers full treatment to use, to allow dentists to use clinical discretion and have the ability to explain NHS service options to patients.

- Rework IOS treatment codes and rules
- Build on OHIP from pre-pandemic
- Patient responsibility on self-care
- Simpler Structure (including IT)
- Holistic approach and inclusive for all patients
- Patients at the heart of the system
- Significantly reduced number of codes
- Maintain NHS service

A risk was outlined regarding reinventing the current SDR. It was encouraged that members think forward about what they would like to see and not what they do typically.

Survey Purpose and Results

A flow chart was presented to highlight the focus on prevention and that patients needed to take more responsibility for their oral health.

The number of Item of Service (IOS) codes should be reduced to allow for a more simpler system but to avoid reducing the offer of care to patients.

It was highlighted that these discussions would not be about governance, but instead about the structure of the NHS offer to patients and treatment principals. Costs of these will be withheld for discussion until later dates with the BDA.

- However, some members noted that workshops would be limited without discussion of costings, and any changes to the system could risk financial or other viability to practices. One member suggested that a cost neutral mindset is used during the workshops.

Oral Health Examination and Diagnosis

Background: The results showed that over 80% of respondents were in agreement that the proposed list of treatment items included all the examination and diagnostic tools that are required to assess a patient's oral health and make a treatment plan.

In summary the report highlighted:

- Over 80% of respondents agreed that treatment items included all the examination and diagnostic tools that are required to assess a patient's oral health and make a treatment plan.
- Preventive care/screening and sensibility/vitality testing were categories which respondents had suggested should be included.
- Follow-up appointments and periodontal care were also key themes to be included.
- There was a sense that treatment planning should be looked into more in terms of the time.

The draft Determination I detailed that an "examination" could be claimed once every 12 months with the option for a "review examination" if the dentist saw it appropriate to see a patient sooner than 12 months. This would be based on a risk assessment.

The proposed new list of items were well received by members of the group. The changes would allow the dentist to better explain the treatment to the patient, is very extensive and appropriate.

Comments and Observations

Inclusion of:

- Oral Health Risk Assessment with traffic light coding. There would also be an onus on the patient to do their part to improve their oral health.
- An extra review appointment.
- Prior approvals, periodontal charting, referral notes, radiograph reports etc. within the initial assessment (as part of the working day).
- X-rays, soft plaque removal and scale and polish would normally be carried out during an examination. However, the frequency of x-rays varies so may not be needed at every examination. It was confirmed that x-rays could be included in another code in which there would be no time bar, and it was agreed that this needed to remain separate.

Agreements:

- Move toward prevention which should be reflected in the SDR.
- Treatments should be standardised to ensure that treatment is of a high level and ensure that the time is given to a patient.
- A simplified and better structured SDR would be beneficial for patients and easier for dental teams.
- Clinical judgement rather than auditing, however, codes may need to be expansive to allow for discretion.
- Risk that a significant reduction in treatment items could result in treatments being missed out.
- An item that was suitable for both adults and children although it may be more appropriate to see a child every 6 months.
- Risk assessments to be carried out and dentists to make clinical judgements.
- "Review examination" was welcomed as it would allow the opportunity to take account of high risk patients.
- Clinical option of a review appointment.

Suggestions:

- The role of Dental Care Professionals incorporated into the SDR e.g. delivery of preventive care, periodontal cleaning and charting.
- "Oral health and diagnosis" could be separated as two single items.
- Further clarification is required on what it means to "secure and maintain oral health":
- Ensure that the whole population is cared for, and different approaches are required depending on individual differences.
- <u>Time Bars:</u>

  - Moving full oral health assessments to 12 months from 6 months was partially agreed, with the option to schedule review appointments more frequently for patients who require this.
  - Patients prefer to have an examination every 6 months. It was suggested that 12 months was suitable given the increased time that would be spent with each patient at an examination.
  - More frequent examinations for specific groups i.e. children and teenagers, who are going through life changes, or those living in deprived areas. Clinical discretion could be used in setting time bars for these types of patients. The review examination would allow for flexibility.
  - Time bars should be guided by science and follow the NICE guidelines for intervals between oral health reviews.
  - It may be helpful to have guidance within the description of each item outlining how regularly a patient should be reviewed for e.g. high risk caries, review in x months; medium risk caries; low risk caries.
  - Following a risk assessment, 24 months may be an appropriate timescale for examinations of low risk patients; but this was not fully welcomed.
  - Time bars should be removed to allow the professionals to make a clinical judgement.
- The category could be phrased as "Review" instead of "Review Examination".
- Within the review examination, there could be the inclusion of time for onward referrals for complex cases.

Differences/Concerns:

- It was appreciated that patients like the scale and polish treatment, but there was no clinical reason for this, however this could be included in the preventive section as Professional Mechanical Plaque Removal (PMPR). On the other hand, cleaning in the form of a scale and polish was required to perform treatments.
- Adding more codes. Although, additions in the examination would be beneficial given that standards have changed over the years and more time is required to be spent on each patient.
- "Examination" looked similar to the 1(f)(i) code of the current SDR but Chairs clarified that there would now be more time to have discussions with patients in the draft revised examination.

Urgent Dental Care

Background: Extractions, management of pain, oral surgery and issuing of prescriptions were some of the main categories which respondents had suggested should be included in the urgent dental care section. Not many items survey respondents felt should be removed other than crowns and re-cements.

Due to time constraints, Urgent Dental Care section would be continued at the next workshop.

AOB and Sum Up

It was noted that additional training may also be required to ensure that everyone is well equipped.

The group was asked if the template of examination and diagnosis treatment items helped with structuring the conversation and they said yes. The group was asked if they would like to see more items at the next meeting and they agreed they would. They asked if this could be sent to them prior to the next meeting.

Communication

- How the information should be communicated with patients e.g. hygiene instruction - written/photographic communication?
- Improvements could be made and it would be beneficial to communicate to the public the changes that will be taking place.

Chairs thanked members for their participation before drawing the workshop to a close.

Dentistry and Optometry Division
27 October 2022

In Attendance

DCDO Chairs

Gavin McLellan	Gillian Leslie	Zahid Imran
Fiona McFadzean	Cameron McLarty	Andrew Mee
Terri Hamilton	Gordon Morson	Mark Bradley
Lorraine Arnot	Agnieszka Nohawica	Elliott Sizer
Kirsty Dickson	Stephen Duggan	Maritza Smith
Ewan MacKessack-Leitch	Geoff Glass	Gerard Boyle (Observer)
Gillian Forsyth (Observer)		

Secretariat:

Susan Osbaldstone	Ewan Stuart	Jillian Aitken
Nicole Alterado		