Q Exchange Project – Oral Health

Interim Report

As we come to the mid-part of our project, there are a number of reflections we would like to share, representing both early successes as well as unexpected challenges that we have (or are working to!) overcome.

One of our aims was to provide early engagement and ‘informed decision-making’ to reduce the number of children referred for treatment under GA, reducing treatment waiting times. This would also seek to reduce non-attendance for clinical visits. At this mid-point in the project, 40 children have been received this engagement, 71% who were GA patients, and 29% new patients. The impact of this on DNA rates and waiting times is part of our measurement plan and we are looking forward to updating on this as the project continues.

We have provided training to staff to support these conversations with parents and children. However, in order to further increase the training capacity and expand the number of staff that feel equipped and confident in the options available to children and parents, we have also developed training materials which will be made available by video.

We have spent a lot of time in the first part of this project really working to understand our system, and bringing key stakeholders together which has been invaluable when looking to scale up the project from the initial pilot. This has thrown up some unexpected challenges, but has also increased our confidence in ensuring we will be putting in place a robust system for the future. We’ve reflected on some of the unintended outcomes that have resulted from this work (both positive and negative) below:

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| **Unintended outcomes** | |
| **Positive** | **Negative** |
| OHIT has gained more knowledge of EMIS system and how this can improve Oral Health improvement programmes outcomes and engagement with other health professionals involved in the team around the child for support . EMIS team will devise a significant event template specifically for oral health directorate. This will allow clinical and OH health improvement teams to raise events quickly within the system. | Additional service pressures have resulted in restrictions in opening clinical diaries for appointments for families. This has reduced the ability of the team to provide contact for families to offer support. Contact is still possible prior to the clinical assessment, but window of engagement has been reduced |
| Change within the budget to allow for creation of supportive training/educational videos has been positive as this will assist with the wider team | There have been difficulties experienced when Interpreting services are required for appointments, with services not turning up at dental appointment, resulting in patients needing re-appointment |
| DHSW’s have gained insight to Public dental Service referral process and the wider dental team | Not all children over 5 years has an active child health record on EMIS. However, significant events are still being raised and completed by OHIT to allow for future clinicians/other professionals to view this important intervention within the child’s chronology |

We look forward to sharing more of the outcomes of this project over the next few months and would like to leave you with a few key stats from this first 6 months.

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| Target Group | Under 5ys | Over 5ys |
| Number of children referred | 10 | 48 |
| Number children successfully contacted | 7 | 47 |
| Number Children Not successfully contacted i.e. Was Not Brought, failed contacted | 3 | 1 |
| Number of Children declined support from team\* | 3 | 36 |
| Number of completed contact forms | 2 | 37 |
|  |  |  |
| \*Reason for declining additional support | Under 5ys | Over 5ys |
| Parent feels that all relevant information given today is enough to support |  | 26 |
| Happy with support from their GDP |  | 2 |
| Happy with support from their PDS |  | 0 |
| No Reason Given | 3 | 6 |
| Other |  | 2 |