Developing a Service

11.50am – 12.20pm
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doing, thinking, understanding and problem-solving
Thanks for the invitation

• I was Clinical Director of a Maxillo-Facial Unit for 6 years
• Clinical lead of a Hospital Dentistry Department for 8 years
• In that time we achieved many things and moved from a ‘happy shack’ to a purpose-built facility for the 21st century
• I now spend much of my time with the organisation and management of training (TPD SL LP for DFY2s / CDPs & TPD London Restorative Dentistry)
Learning Outcomes

• Improved awareness of the Important steps of Developing a Service
• Understand how the bits fit together within the NHS and your Trusts
• Awareness of the problems
• Appraising the advantages of managing a service
• Sharing a real example –that has improved my service
Some examples of new secondary care dental services

- Implant use for specific MDT patients
- MDT Oncology (hygiene / Rest Dent / therapist input)
- IV Bisphosphonate dental service
- Sleep Apnoea appliances
- Endodontic Rx of strategic teeth
- Paediatric Dentistry (DSU)
- Oral Surgery (LA MOS)
- Additional GA & IV services for Special Care Adults
- Inhalation Sedation service
Future Dental Services

• Most future dental services will involve primary / secondary clinical networks

• The trend is to get work ‘out’ of expensive secondary environments (even when only 5% of dentistry is provided in secondary care)

• It is difficult to use the ‘18 week target’ as a driver for NHS expansion – the 7 day Consultant service may prove to be a driver

• The development of a new service should be driven by people (leadership), established need, teamwork, collective determination and perseverance – not just because it pays a good tariff or fits in with empire building!
Developing a Service

Vision & leadership (10-20% of our managerial time should be spent on strategy – sadly this is rarely the case in the NHS as everyone is busy fire-fighting – crisis management)
Developing / Setting up a Service

First Questions

- Why do you want to do it?
- How will patients / population / trainees benefit?
- How will your Trust / University / School benefit?
- What do you want to put in place?
- What is the size of service you wish to develop?
- Who is going to run it (expertise) and what are they doing at present (displacement)?
Developing / Setting up a Service

First Questions

• How quickly do you want to start?
• Is it NHS service delivery only – or will it also have training / university function?
• Who will be responsible for putting the business case together?
• Will it be profitable?
• Are the ‘major players’ supportive?
• Does it fit within local and national clinical commissioning, LETB and health strategies?
Fact Finding – initial questions

• What are the potential strengths, weaknesses, opportunities and threats (SWOT analysis) to your Department / Trust of providing or not providing this new service?

• **Infrastructure**: Where will it be run from? Is there realistically space, within your Trust, or are you looking at a new build? (not good news if you are in 2014!)

• Better still can it come out of the hospital?
If most of the answers to the initial questions are positive then we then need to look a little ‘deeper’ at the detail.
Fact Finding

• Where is the nearest service provided at present & who provides it (local or distant)?
Fact Finding

• A good example is the planned build-up of local dental / implant / oncological services in Brighton & Kent at the likely detriment of London Dental Hospitals.
Clinical Governance

• Have you the people that can deliver the proposed quality or will you need to get in new people? – How do you know?

• Will national (RCS / specialist societies / consultant groups) and local bodies (LDCs / OHAGS / LETBS / health commissioners) support the initiative?
Clinical Governance

• Do you have a good clinical, educational & training record in the area of the new service?
• How will you record, capture and make analysis of your outcome data?
• Will you need to set up a MDT & if so is this feasible within your Trust?
• Where will your clinical governance links be?
Final Fact-Finding ticking the **Support** boxes

• Support of Local Primary Dental Care Teams (Community / CDPH / LETB / LDC / LETBs etc)?

• Support of Local And Regional Commissioners To Set Up Something New?

• Business Plan likely to be supported by The Regional Strategic Board, Commissioners and your Trust Board?

• Does it financially stack up?

• Clearly Being a Foundation Trust Gives You More Room For Development

• Do You Have The Support And Co-operation Of Patient Representatives / User Forum?
Second (detailing) Questions

• Will other Trusts / Colleagues potentially suffer from the proposed new service – if so expect flack?

• If you want to use existing space – will something need to be moved to allow it? – and how much might this cost to re-locate them?

• Or are you planning on dropping another part of your current service (e.g. more routine) to make way for the new service?
Business Plan (income)

• Evaluate the ‘financial-reality’ – best and worse case scenarios

• What is the likely ‘annual total annual income for the new service’ – based on as accurate as possible patient predictions – do not be over-optimistic

• Will the new service reduce income elsewhere in your team?

• Where will this income come from (which commissioners) and based on what National HRG Tariffs?
Business Plan (income)

• Is this income **Stable** for the foreseeable future or is it **At Risk**? (others may be wanting to do the same)

• Will you still be able **To Meet Your Waiting Targets For This And Other Services that You Run**?

• Have all agreed **Strict Clinical Inclusion And Exclusion Criteria and Triage arrangements**?
Business Plan (costs & expenditure)

• What are your predicted additional staff costs?
• If staff moved to the new service – how will these holes be filled?
• Use of non-Consultant grade generally cheaper – but are they appropriate for what you want – need a close look at staff mix
• What are your one-off capital set-up costs – new equipment / new clinical facilities / infra-structure changes & building etc.?
Business Plan (costs & expenditure)

• Are you fully aware of your increased recurring non-pay costs? e.g. consumables / repair & maintenance / staff training / IT / data capture / administration & management / infrastructure rent & hospital Trust charges / radiographic services / laboratory services / pathology / library services / research equipment etc?
Business Plan

• Must be approved by regional (sometimes national but rare in dentistry) and local strategic specialty and commissioning arms
• It will need to be ‘stressed-tested’
• Will need to be approved and signed off by your CE & head of finance
• Once approved – will need to identify both clinician and senior manager to drive through and implement / commission the new service
Implementation & Action

• Create an appropriate equipped infrastructure for new service
• Recruit and train appropriate staff to fill skill-mix and provide service
• Inform widely (GDPs / LDCs / GMPs / other teams within your hospital / NHS Trusts) that service is starting and open for business
Action

• **Agree Clinical Governance processes & Patient & Staff Safety Issues** – adhere to any agreed National protocol and guidelines (e.g. NHS / NICE / RCS / Specialist Group / external visitation suggestions)

• **Continually review service performance** against agreed targets (financial, clinical, governance, training performance, audit, patient satisfaction, referrer satisfaction etc.)

• **Constantly look to improve**, refine, tweak & be honest and act early if things do not go to plan
Case Example – Primary / Secondary managed clinical pathway for SW London Endodontics

• Problem St. G’s and Kingston hospitals overwhelmed with endodontic referrals from 2006 – as a result patients ‘thrashing around’ London to get care – often referred to several hospitals by GDP at same time

• To avoid 18 week rule – most patients declined secondary care

• DOH keen in 2008/9 for development of DwSI skills – and close primary / secondary care working – on London Deaneries radar

• Not helped with present GDS NHS contract
Case Example – Primary / Secondary managed clinical pathway for SW London Endodontics

• You can either accept the situation and do nothing or attempt to improve the situation and try and make a small difference

• If you are not careful and give up people / patients lose faith in the dental profession – if they perceive that we are inaccessible and not looking to help them
Our solution

• Agree managed clinical network of endodontic referrals to involve GDPs, GDPs with enhanced / special interest skills in endodontics / secondary acute Trust care
• Triage system – hospitals provide ‘gate keeper’ role for referrals
• Agreed clinical criteria – Routine (GDPs) Moderately difficult (DwSI) and Complex and strategically important (secondary care) to ensure correct distribution of patients - simple flow chart
• Audit – DwSIs return completed outcome sheets of cases under their care to the referrer
Solution

• Engage with the Training of geographically placed DwSIs within SWL (2009-2011)
• Involvement with 24 month training course
• Agree with commissioners DwES UDA value and volume
• Inform patients exactly what DwESs are and their role and their difference to specialists
• If the DwSIs struggle – then they can simply refer case to one of the secondary care triaging centres for help (one does a session within our Department)
• Patients able to get good endodontics in SWL
• We help patients
• Governance - safe – we know the people providing the care can do it
• Hospital service can concentrate on the things we should be doing in an acute trust
• We do not need lots of specialists – we need competent practitioners with an incentive to provide high quality care
• Patient feedback of service has been excellent
Remember – leadership is very different to management and there is no I in TEAM.