

ARE WE UTILISING OUR DENTAL WORK FORCE? A STUDY FROM ONE DENTAL INSTITUTION

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Introduction We surveyed dental care professionals (DCPs) across dental specialties in a dental hospital in London. At the time of the study, the first authors were dental core trainees with a target audience of the whole dental team including dental policy makers at the institution.

DCPs are trained in a large scope of practice. We investigated whether these skills were being fully utilised in our institution. Considering current NHS challenges in dentistry, such as patient waiting times, we were keen to explore ways we could overcome these to improve patient care.

Aims and objectives of the research project or activity We distributed questionnaires to DCPs across all specialties. Respondents included dental nurses, dental therapists, dental hygienists, clinical dental technicians and dental technicians. We explored their scope of practice and trained skills. We assessed the extent to which their skill set is utilised and what further skills/CPD they would like to be trained in. Our findings were formally presented to our clinical director and consultant in dental public health discussing barriers and possible solutions.

Method or approach Our impact is widening scope of practice initiatives for DCPs leading to improvement of patient care. The anticipated benefits are; adoption of an open team culture where DCPs can use their skill set working alongside dentists; expanding multi-disciplinary care; improving relationships and treatment planning between clinicians. Barriers to change relate to existing care systems and significant change is required from different departments involved in NHS framework of care. A broader scale study and long term follow up will aim to gather essential data for large scale improvement within the NHS.

Our proposed changes

- Encourage dentists to involve DCPs in their treatment plans, ensuring all diary slots are filled.
- Moving DCPs to different specialty departments, encouraging engagement from specialty dentists and undergraduate students.
- A team culture where DCPs feel empowered to voice their concerns
- Boosting clinicians' confidence and widening scope of practice initiatives, refresher sessions established for education on treatment planning for DCPs.
- Supporting DCPs to attend CPD programmes with allocated study allowances.
- Conduct broader-scale studies with other institutions to gather data for improvement.
- Engage with established integrated care systems to widen the scope of practice so DCPs can work in primary, secondary and tertiary care setting.

These interventions should be reproducible amongst all secondary care NHS services to work to reach the 18-week target of referral to treatment (RTT). DCPs working to their full scope of practice can contribute to optimisation of service provision and can inspire involvement in more leadership duties.

Findings We aim to broaden our survey to encompass a larger pool of DCPs and include other institutions. Additionally, involving clinical leads who possess valuable insights into the inner workings of their various departments, can identify practical ways to support each department in achieving its desired goals. This collaborative approach can lead to more effective and holistic improvements in the service.

Our results established a baseline consensus on the current utilisation of the dental team and attitudes towards this. Following our proposed interventions, we are monitoring via audits to assess how well they are being executed and their impact. This has been done by tracking CPD participation, conducting further surveys, monitoring waiting times and regular meetings with the dental team.

Following the implementation period, we will conduct service evaluation encompassing a variety of data sources, including feedback from DCPs, clinical leads, consultants, and relevant quantitative data including waiting times for patients. We will analyse changes, improvements and trends compared to data prior to interventions. This will include identifying any shifts in attitudes, improvements in dental team utilisation, and overall satisfaction among DCPs. It is essential that we maintain transparent communication with all stakeholders, including DCPs, clinical leads and consultants. This will be of interest to NHS policymakers and commissioners.

Key messages We must aim to improve the efficiency and effectiveness of our services. Patients are on long waiting lists leading to time off school/work, pain, premature tooth loss and mental health distress. The culture of our current health care system must adapt to these ever-changing needs and support DCPs to prioritise patients' best interests.

ENHANCE: SUPPORTING INTEGRATED CARE SYSTEMS IN MEETING THEIR LOCAL HEALTHCARE PRIORITIES AND WORKFORCE DEVELOPMENT NEEDS

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Introduction

- Integrated care systems (ICSs) were established in 2022 to meet the needs of local populations
- ICSs have responsibility for workforce development of health and care staff in the locality
- NHS England's enhance programme is an educational development offer, applicable to all health and care staff (including non-clinical), with emphasis on system working, health inequalities, environmental sustainability and population health, aligning to ICS priorities
- Learners are encouraged to develop their leadership skills through service improvement projects and collaborative learning activities.

Aims and objectives of the research project or activity

- enhance aims to address the educational requirements that can support sustainable workforce planning and delivery of integrated person-centred care through initiatives which prioritise staff wellbeing and self-directed professional development.
- Its flexible place-based offer aims to allow ICSs to address their local health priorities whilst encompassing the values of enhance and developing and retaining their workforce.