

Dental Contract Reform

Prototype Patient Case Studies

Here are some examples, provided for the programme anonymously by the dental prototypes, showing how the preventative pathway approach has had a positive impact on the oral health of some individual patients.

Patient A

This patient attended the practice for an OHA and was diagnosed with moderate chronic periodontal disease. She brushed once a day and smoked 5 cigarettes per day (down from 20). The RAG score at this stage was RED. It was decided that a multi course visit of periodontal treatment with the hygiene therapist was indicated. Following this a maintenance schedule of 3/12 ICMs with the therapist and 6/12 OHAs with the dentist was implemented. Over the course of 12 months we are delighted with the progress this patient has made. Her RAG score was GREEN at the last OHR and due to the intensive OHI and smoking cessation advice we have seen a stabilisation in her periodontal condition.

Conclusion: The prototype contract has helped this patient in a number of ways, the most obvious being a significant improvement in the RAG score. Having more time in the original OHA allowed the dentist to conduct all the proper investigations (including radiographs), explain to the patient in detail what was going on and the treatment proposed and finally to explain the RAG scoring system. This gave the patient ownership of her treatment plan, as she was motivated to improve her RAG score and in turn her periodontal condition. Our practice has fully embraced the prototype approach and the tiered clinical structure it encourages. Referring this patient to our dental therapist meant she received the best treatment possible. Following the initial course of treatment, the maintenance schedule worked very well. The patient saw the same therapist who carried out her initial treatment for ICM appointments every three months. At these visits her oral hygiene was assessed, the periodontal condition reviewed and recorded and any plaque retentive factors were removed. This was complimented by six monthly OHRs with the dentist who ensured a holistic approach to the patient's oral health.

Patient B

This young child attended their first OHA nervous, with caries in the LLD and poor oral hygiene. A RAG score of RED was recorded. The patient was deemed a high caries risk and required acclimatisation, regular fluoride application, fissure sealants and treatment of the carious lesion. A maintenance schedule of 3/12 ICMs and 6/12 OHRs was initially established. Over the following 12 months the patient visited 4 times. We were able to acclimatise them to treatment, starting with fluoride application, then fissure sealants and finally restoration of the carious lesion without local anaesthetic. At each visit oral hygiene instruction was stressed and a plaque

score was recorded. We also issued a diet sheet, which helped tailor the instructions given. At the end of the 12-month period there was a noticeable difference in this child's demeanour when attending the practice and the RAG score had improved to GREEN. This was reflected in a change to the maintenance schedule to 6/12 ICMs and 12/12 OHRs.

Conclusion: This case is a great example of how the prevention-based dentistry the prototype contract is built around has worked. Having more time during the appointments allowed the team time to acclimatise the patient and work with them and their parents on identifying the issues. Prevention was at the forefront of this treatment plan (as it should be); the patient and their parents are now equipped with the education and knowledge they need to ensure good oral health in the future. A multi-disciplinary approach was taken, with our OHI trained nurses delivering some of the toothbrush instruction, the dental therapist administering topical fluoride, fissure sealants and recording a plaque score and finally the dentist completing the restoration and ensuring the correct toothpaste was being used. As there were so many appointments needed in a short period of time, having a full-time dental therapist and OHI trained nurses has helped our diary and ensured we were able to offer appointments at the correct intervals and at times that suited the parents. This reduced the likelihood of missed or cancelled appointments and ensured the entire process ran smoothly.