

### *Out of Hours Meeting with Localities, 12 October 2015*

Present: Kim Dunn, Rhian Bond, Lindsay Davies, Karl Bishop, (representing HB) Ros Davies (representing CDS), Keith Silvester, Roger Pratley (representing LDC).

The meeting had been called after comments had been received in response to the discussion paper on the proposed new model for the Out of Hours Service.

The meeting was reminded that a proposed new model for the OoH service, to be run from a single site, was agreed at a DSSPG meeting in March 2013. This was based on increasing number of complaints being received about the current service and an assumption that an improved in hours access service would reduce the need for out of hours cover so that weekend OoH could be increased at the expense of some weekday evening sessions and that this service should be run from a single site, the recommendation at the time being that the site should be at Neath Port Talbot Hospital. The LDC agreed with this on the condition that the evidence supported the assumption.

It was agreed earlier in 2015 that a newly organised and managed in hours access programme should be implemented with appointments being made centrally to increase the efficiency of the system and the ease at which patients could access the service, with the service being operated at various commissioned practices, working under SLAs, across ABMU. The system started in September 2015.

A discussion paper, Dental OoH service, Proposed New Model - Discussion Paper, was circulated in early September 2015 and was discussed at the LDC meeting of 22 September. The LDC detailed concerns with the proposed new model and informed the HB of these concerns.

The first concern of the LDC was around the suitability of the PTRC as the single centre, based on its position, suitability of the surgeries and support areas for the service and security of the staff and the building. The meeting was informed that the decision to utilise the PTRC for the single site OoH followed a decision by Paul Stauber, the then Director of Planning at ABMUHB and chair of the DSSPG to decommission the dental surgeries at NPT Hospital.

Considerable discussion took place at the meeting, particularly around the LDC concerns and it was eventually agreed that the following should be the way forward:

- ABMUHB is the pilot area for the new 111 service. The pilot is due to start in early 2016 and it would be ideal if the new OoH service ran alongside this with the 111 service fielding the calls to the service and doing the triaging of patients.
- This would give time for assessing the effect of the new In Hours Access service on OoH requests and the statistics can be used to examine trends and the assumptions that drove the changes.
- During this time preparations can be underway in preparing the PTRC as the single site including instruments, stock, security and firm interest of staff in running the service once the details have been finalised. Also during this time a new computer booking system will

be developed and trialled. The existing service will be audited to examine efficiency and inform on potential security issues.

- The statistics will be continuously updated to examine trends, the relevant statistics being calls to the service, accepted patients to IO and OoH, daily differences in numbers, complaints and types of complaints and outcomes of visits. Other statistics which are deemed relevant can be collected and examined as necessary.

This will be discussed in detail once again at the LDC meeting in November.

### *Out of Hours Meeting with Localities, 9 November 2015*

Present: Kim Dunn, Rhian Bond, Lindsay Davies, Karl Bishop, (representing HB) David Davies (representing CDS), Keith Silvester, Roger Pratley (representing LDC), Mary Wilson (PHW).

Meeting was held at Port Talbot Resource Centre so that time could be taken assessing surgeries and facilities for suitability for use as a single site for delivering OoH services in future.

Statistics were reviewed, OoH patients are remaining steady compared with 2014, although it was agreed that a longer period of time was needed to compare trends in OoH figures since the start of the new In Hours arrangements. The in hours figures (looking at the April to October months) are showing month on month increases compared with 2014.

OOH	2014	2015
Jan	203	210
Feb	133	159
Mar	175	183
Apr	209	178
May	164	241
Jun	204	204
Jul	190	203
Aug	257	217
Sep	193	179
Oct	176	176
Nov	185	0
Dec	197	0
<b>TOTAL(Jan-Oct)</b>	<b>1904</b>	<b>1950</b>

In hours	2014	2015
January	0	452
February	0	382
March	0	473
April	431	461
May	398	466
June	470	483
July	422	520
August	382	534
September	494	615
October	482	571
November	458	0
December	560	0
<b>TOTAL (Apr-Oct)</b>	<b>3079</b>	<b>3650</b>

The questionnaire on violence and aggression had only been sent out recently and there were only 2 responses to date. One response reported no incidents but the other response but the other response reported 2 incidents and this resulted in the practice withdrawing from the OoH service.

Group agreed that a form of security presence would be required when the service is implemented and should be reviewed as part of the whole service review within 6 months. The point was also made that the OOH staff team should not be made responsible for opening and closing the building or for the cleaning of the premises. Kim Dunn to further investigate the security options and link in with Procurement colleagues if quotations are to be sought and the process to be used.

Considerable time was taken in assessing the various rooms for suitability for providing the service and it was agreed that the surgery containing the bariatric chair was not suitable and following discussions on the suitability of other CDS surgeries and Restorative Dentistry surgeries it was decided that CDS surgery 8 would be most suitable.

Further work needs to be done in establishing methods of radiography, computer systems, patient charge collection and security of takings, instruments and materials required, staffing, particularly nursing requirements in early days and staff training, details of security within the building.

There is a need to find out the definite commitment of dentists and nurses as soon as possible, rather than just expressions of interest. It was also felt that if current nursing staff at the resource centre wished to be involved with the rota it would be logical to use them early doors because of their familiarity with the surroundings.

The development of the 111 service was not discussed but would be a part of the next meeting (4<sup>th</sup> December 2015).

**Keith Silvester**

**Roger Pratley**