

**RE: RELOCATING CLINICAL SERVICES TO WESTMOUNT DENTAL SURGERY
IN HIGH BARNES**

Further to our correspondence in August 2017, and after carrying out a full patient consultation, we would like to propose changes to our Silksworth Contract. Our main proposal is to request the location of transfer of dental services provided at our practice in Silksworth (2757860006) to our main practice in High Barnes (2757860005) hopefully by the beginning of the next financial year. We would also like to take this opportunity to merge the 2 existing dental contracts into one if possible.

We believe that this request will help us perform more efficiently as a dental practice and we strongly believe it will also benefit our patients overall and we hope to demonstrate this throughout this document.

Our overall aim is to be able to provide a stronger, higher quality, more reliable and much more accessible dental service for all the patients in our area which we believe will infinitely help improve oral health care in Sunderland.

CURRENT SITUATION

Currently Westmount @ Silksworth has 10507 UDAs (Units of Dental Activity) with a contract value of £232,532.40. The location is 12 Blind Lane in Silksworth and has 2 dental surgeries, 1 waiting area, a local decontamination room, a disabled access toilet, a staff room and an office. There are currently no dental surgeons working at the premises, the last one being, Kathryn Anderson, who worked at the practice alongside a dental therapist and several auxiliary staff members. The practice is open for 34 hours a week, Monday – Thursday 9am - 5pm and Friday 9am – 4pm with a lunch hour from 1pm – 2pm during which the practice is closed. The practice is not contracted to open on evenings or weekends. We currently provide 30 minutes of dental emergency access per day and we do not have access to an OPG machine on site. We have roughly 2900 patients that have been built up since we took over in February 2010.

Last financial year (2016/2017), Westmount Dental Surgery @ Silksworth managed to achieve within 4% tolerance of UDAs but the year before this (2015-16) failed to achieve within the 4% required of our UDA target for the fourth time in the last 8 contract years. The previous financial years when the target has not been met are 2009/2010, 2011/2012 and 2013/2014. We have however been able to achieve within the 4% tolerance on four occasions namely 2010/2011, 2012/2013, 2014/2015 and 2016/2017. The pattern that we normally have is that we alternate between reaching this target and failing to do so. In our opinion, this is an unacceptable trend and one that we are desperate to stop but I feel there are several factors at play, which unfortunately keep on causing us to fall back into this pattern.

CURRENT PROBLEMS

Recruitment of Dentists

Recruiting dentists has been a very difficult task over the last 8 years at Westmount @ Silksworth. We have interviewed over 25 dentists for Associate positions at our Silksworth practice and offered posts to 23 of them with only 7 dentists taking up these positions. The main reason that Associates have cited for not taking up positions is that they do not like to work as a single-handed dentist in the practice. Almost all of the associate dentists ended up taking positions where the practice had at least 3 dental surgeries so they could work in an environment with surgical and clinical back up. This also almost completely eliminates dentists who are just finishing their Foundation Training, as they need experienced clinicians around them in order to develop themselves. In our current situation, our last dentist handed in their 4-month notice in May 2017, and we were unsuccessful in finding an applicant in those 4 months. We have therefore had to temporarily relocate our contract to our High Barnes location and have been there since September 2017. I have included a document highlighting our efforts for recruitment in Appendix 1.

If we compare this to our practice in High Barnes, over the last 8 years, we have interviewed 9 dentists, offering 8 associate positions and 8 dentists accepting the

posts. Our ethos, décor, clinical and non-clinical systems are almost identical across both practices so why this difference? We asked all the associates who refused our offers and the most common answer by far was that they did not like to work alone in the practice and would prefer to be working in a bigger team. This is a problem we have faced since we first took over the practice.

Since September 2017 we have continued advertising for an associate and have seen 4 candidates. Of the candidates seen, we initially told them that the position available was for working at Silksworth. None of the candidates responded or accepted the offer. Once declined, we re-offered the position at our High Barnes location. We have since found an associate who started work in December (Bhavani Artham GDC 250311), and have 2 associates who will start in April (Ahmed Abdel Rahman GDC 249190) and May (Victoria Young GDC 228911). These candidates had initially declined the opportunity to work at the Silksworth Practice.

Retention of Dentists

Since we took over the practice in February 2010, Westmount @ Silksworth has had 11 dental surgeons who have worked in a practice with a capacity of 1.5 dentists at any given time. This is a remarkable turnover of staff that we have not experienced in our other practice. 7 of these 11 dentists were recruited and 4 of them transferred over from our other practices. Of the 11 dentists that have worked at Silksworth, 7 have left after being offered positions at bigger practices. 2 have left since they felt there were not enough patients for them to fulfill their UDAs, and 2 left due to administrative difficulties. The longest working dentist at Silksworth has worked there for 20 months with the average dentist working at Silksworth for less than 6 months.

Again if we compare this to our High Barnes practice we can clearly see the contrast. Over the last 8 years we have had 9 dentists working in a practice with a capacity of 3 dentists at any given time. Of the 7 dentists who no longer work in our High Barnes location, 2 of them left due to emigration, 2 of them left due to relocation after marriage, 2 left to purchase their own dental practices and the remaining 1 left, as he was the previous owner and wanted a change. The longest serving dentist is still working and has been for nearly 5 years (Matt Armstrong) and the shortest time a dentist worked at the practice was 26 months.

The trend here again is obvious, the majority, by far, of dentists who have left the Silksworth practice was due to the dislike of working in isolation and the lack of patients when we did have 2 dentists working together and this has led to instability in our practice. Part of growing this practice is to allow patients to form a significant rapport with our dentists and the best way to do that is to keep the dentists in the same post for as long as we can. Silksworth is an area with a high dental need and thus it is vital that the patients here are not only treated, but also educated about oral health and diet. This will be much more effective from a patient's perspective if they can build a relationship with their dentist over a long period of time. I believe the inability of being able to recruit and

retain our dentists can directly be linked to our failure to achieve the target for two financial years (2013/2014 and 2015/2016).

Lack of Patients

We currently have just over 2900 active patients in our Silksworth practice a number that we have grown over the last 8 years. Unfortunately, over the last 2 years, this number has remained relatively stagnant and although we have made a number of attempts to recruit more patients using various methods of marketing, we have been unable to significantly affect this figure. This number in my opinion is approximately 1500 patients short for the ability to recruit 2 dentists to look after this number of patients. Consequently, this figure has found an awkward place in the practice where there are too many patients for 1 dentist to look after and too few for 2 dentists. As we have seen earlier, retention of dentists is already a problem and although we have tried to recruit a part time dentist this also has failed.

In comparison, our High Barnes practice has close 7000 patients for only 2.5 clinicians and is growing at a rate of more than 50 patients per month.

Logistics of single-handed practice

Due to having only 1 dental surgeon on site, we have to arrange cover for annual leave for our dentist. This is usually arranged at our High Barnes practice anyway which has never been a problem for patients or our dentists but has proven to be very inefficient for Silksworth. This is because for up to 6 weeks of the year, there is no dental activity at our Silksworth practice. All emergency dental care activity would go directly to the High Barnes contract and not Silksworth. This adds to the inability to consistently hit the target. The practice also has to stay open during these times making the practice incredibly inefficient.

In addition, we do not have direct access to an OPG machine and this has to be referred to High Barnes also. In most cases this is not a major issue, but I am aware of 1 specific case linking to a dental emergency where the patient ended up travelling to and from the 2 dental sites in a distressed state. The question to ask, is this the best service we can deliver?

There is also the unavailability of a second opinion when required which could dramatically help the clinician when making tough decisions and also improve the patient experience instead of having to return at a later time.

All of the above are logistical issues with having a single-handed practice, which I feel have affected our ability to achieve the target and also do not provide the best patient experience.

OUR PROPOSAL

Our proposal to help solve the current situation and problems we face is to merge both the contracts and the location of dental services provided at our High Barnes practice. We strongly believe this is in the best interests of the patients and also team members and will help us deliver a better and more accessible NHS service. We would like to demonstrate how this is possible and how this would work favorably for all parties.

Capacity

Our High Barnes practice currently has 5 dental surgeries but has capacity of up to 2 surgeries more if required, which are already plumbed in when needed. The practice has a stand-alone local decontamination room, two waiting areas, two offices, a large staff room, a large reception area, and disabled access with automated doors, disabled access toilet, an OPG room, staff toilet with changing rooms, a stock room and two spare storage rooms if required. In essence to make the High Barnes practice suitable for this merger would not take long whatsoever and the whole transfer could be completed from our side within 6 weeks at a maximum. We have currently been carrying out services since September 2017 with no issues with capacity or staffing at all.

Access

If we could merge both High Barnes and Silksworth into the High Barnes location then we would endeavor to increase the amount of access to patients at this site. Currently both practices are open for 34 hours per week. We would offer to increase the hours up to 45 hours a week. This would include opening 2 late nights until 8pm and opening every lunchtime. This would mean that we would be increasing the access by nearly 133%. We would also be opening till 8pm which, will have a beneficial, effect on the out of hours service also. I believe this increase in access will be very beneficial for all our existing patients and we hope will also allow patients to access dental services that they could not do previously. It will also allow patients for whom Silksworth is local and convenient to access our services at non peak times which will help them adapt to the changes proposed with minimal inconvenience.

Toothache Centre

At the moment at Silksworth we only offer 30 minutes worth of Emergency Access daily. At High Barnes we currently offer 1 hour of access per day. We would propose this to increase to access availability for every hour we are open by proposing to become a Toothache Centre. This would mean that we would accept toothaches from all patients who called in and would be linked to the Out of Hours service and NHS 111. We would have a specific day list set aside for tooth aches and will tend to urgent care needs all across the area for 45 hours a week.

Number of Clinicians

If the merger is accepted, we will have 7 dentists providing the working time equivalent of 4.5 dentists in the practice. This will include 4 existing dentists (including Bhavani who started in December) and the 3 new dentists we have recently recruited. Not only will this provide a lot of support for each dentist, but also ample choice for the patients. We will never allow there to be instances when there are no dentists available so we will definitely be able provide access for the full 45 hours per week. Alongside dentists, we will also have 2 dental therapists and a dental hygienist working in the practice all of whom will be geared to improving patients' oral health. There should never be issues with second opinions, or holiday cover issues again.

Choice

With our new dentists on board we will be in a position to provide ample choice to the patients moving forwards. We will have 2 females and 5 males, people who speak English, fluent Urdu, Punjabi, Hindi, Arabic, Bengali and Sudanese, and dentists who work differing shifts to accommodate the patients. We will be open on 2 evenings for patients who cannot come throughout the day, as well as lunch time appointments for those who work late shifts. This is vastly different from our current set up at Silksworth where only 1 clinician was ever available. Providing choice will allow our patients to seek the best and most comfortable care available.

Value for Money

If combined the UDAs from our High Barnes and Silksworth location add up to 31816. We will be happy to provide an extra 184 UDAs for free to take us up to 32,000. For us this number will be easier to split amongst the dental performers and for NHS England, this will roughly a saving of £4048 (£22 per UDA). As well as this we currently claim back 2 sets of business rates from NHS England which if the practice is relocated will immediately be reduced to one set of claims instantly saving money which can be reinvested into NHS. If the contracts are merged in the future, it will also allow for much saving for the NHS from an administrative perspective

WHAT ARE PROBLEMS WITH THE MERGER

Although we feel this merger will benefit each party involved, there are some potential problems we must face and address.

Parking

As you may be aware our location at High Barnes has had a number of issues recently with parking such that our street became a Permit Only parking zone last September. Although we started a petition against this and gathered over 1000 signatures we were unsuccessful in getting this overturned. Due to time and effort spent during this period, we have kept a close eye on patients who

have deregistered from our practice since then to ascertain what effect the parking restrictions have had. Much to our surprise the number of patients who have complained and/or deregistered from our practice directly linked to parking restrictions since September has been limited to single figures. There is ample parking for all our patients on neighboring streets within a few minutes walking distance and also a bay for 3 cars with a 2-hour limit outside our premises. All our staff members no longer park on the street and we believe the addition of our Silksworth patients can be handled in the same manner without any problems.

Distance to Travel

The distance 'as the crow flies' between our Silksworth location and our High Barnes location is 2 miles. However due to differing transport modes, this increases slightly. The figures below each represent the distances and travel modes respectively and table summarizing these findings is presented at the end.

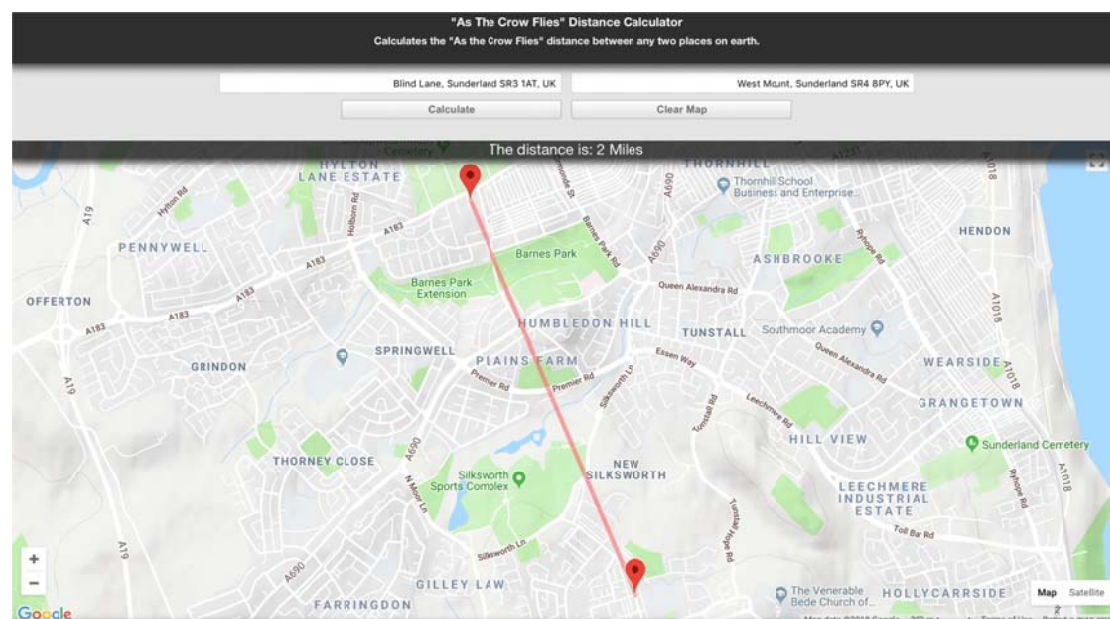


Figure 1. The direct distance between both practices is 2 miles

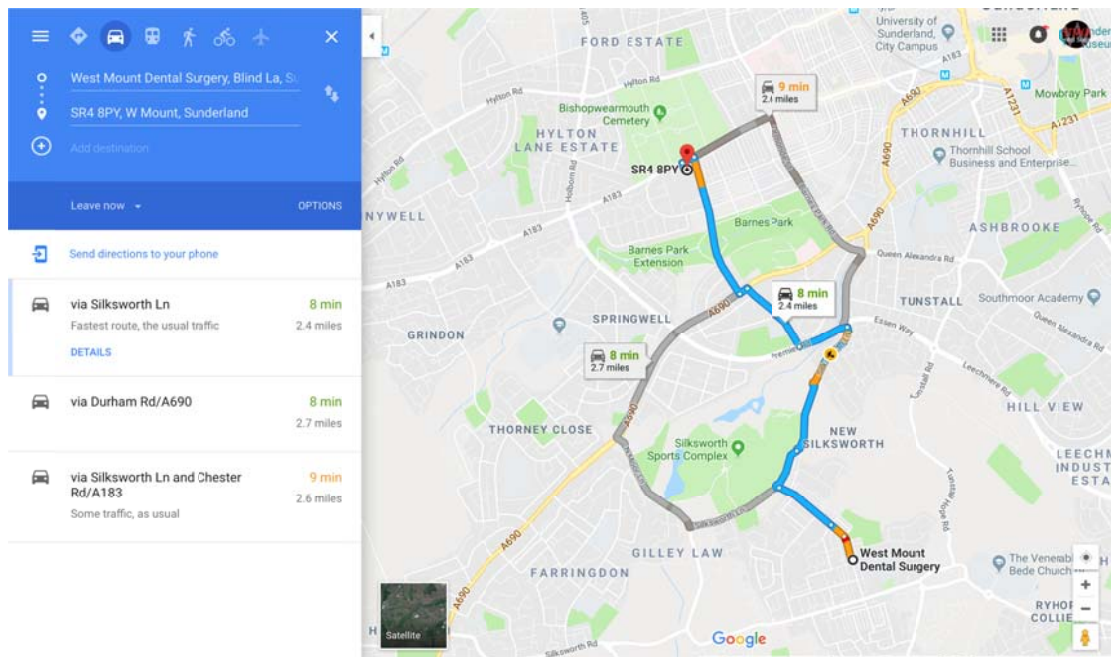


Figure 2: Differing routes and timings when travelling by car

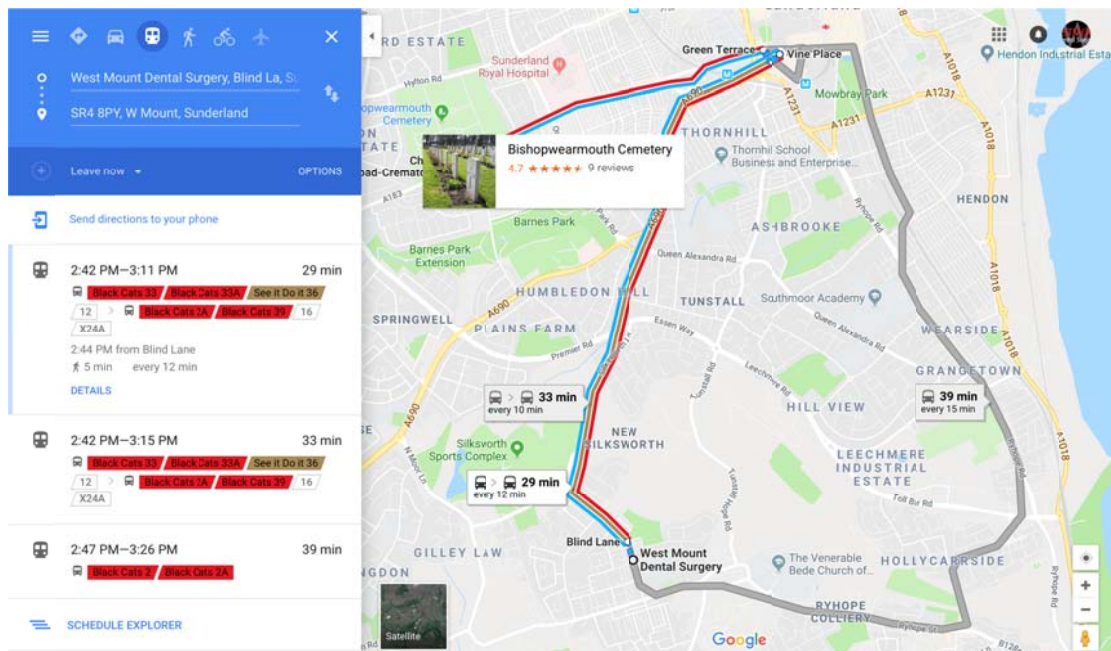


Figure 3: Differing routes and timings when travelling by bus

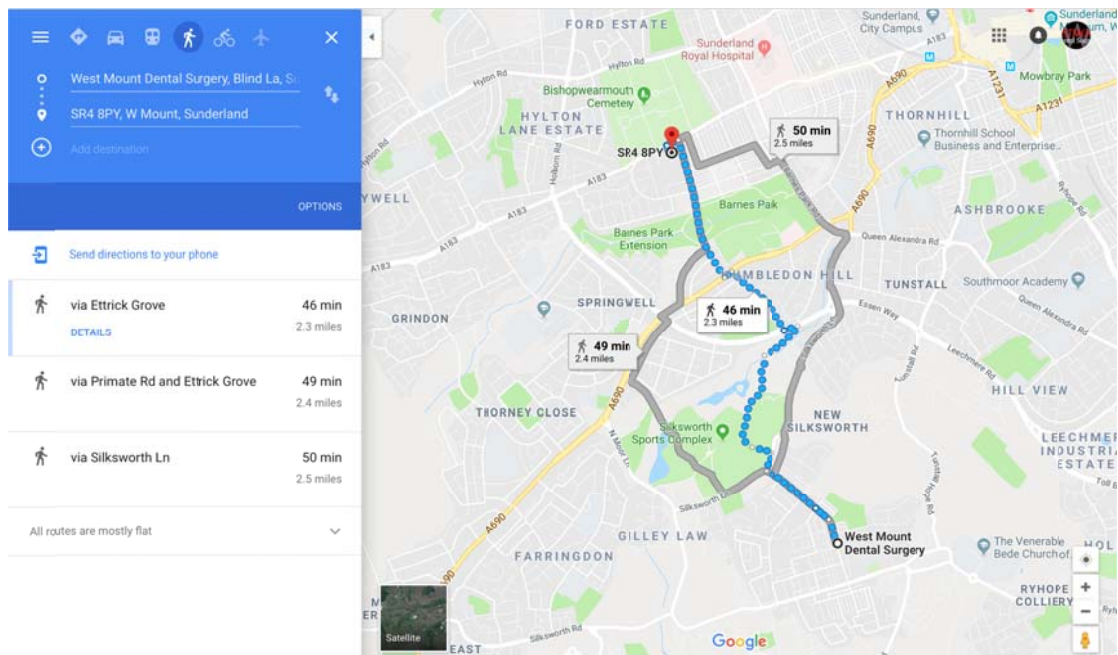


Figure 4: Differing routes and timings when travelling by walking

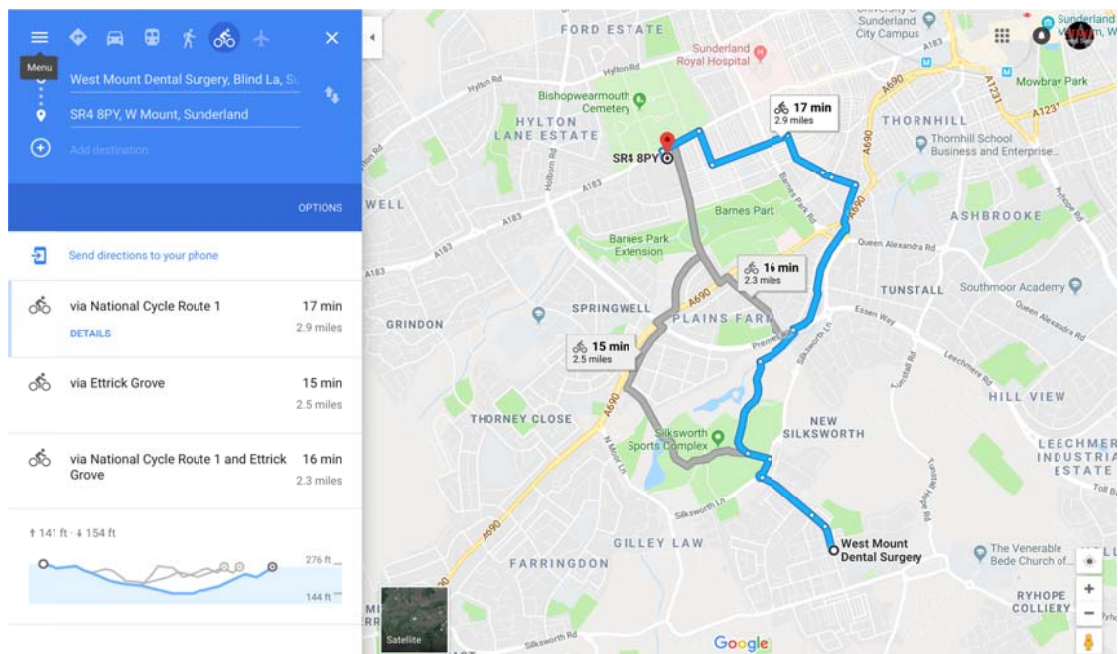


Figure 5: Differing routes and timings when travelling by bicycle

	Shortest Distance	Time	Longest Distance	Time
Car	2.4 miles	8 minutes	2.7miles	8 minutes
Walk	2.3 miles	46 minutes	2.5 miles	50 minutes
Bus	n/a	29 minutes	n/a	39 minutes
Bicycle	2.3 miles	16 minutes	2.9 miles	17 minutes

In summary, the range of timings varies between 8 minutes and 39 minutes to travel between the two locations. Although this is not ideal, I do feel this is not an enormous inconvenience to the majority of patients at our practice for the following reasons;

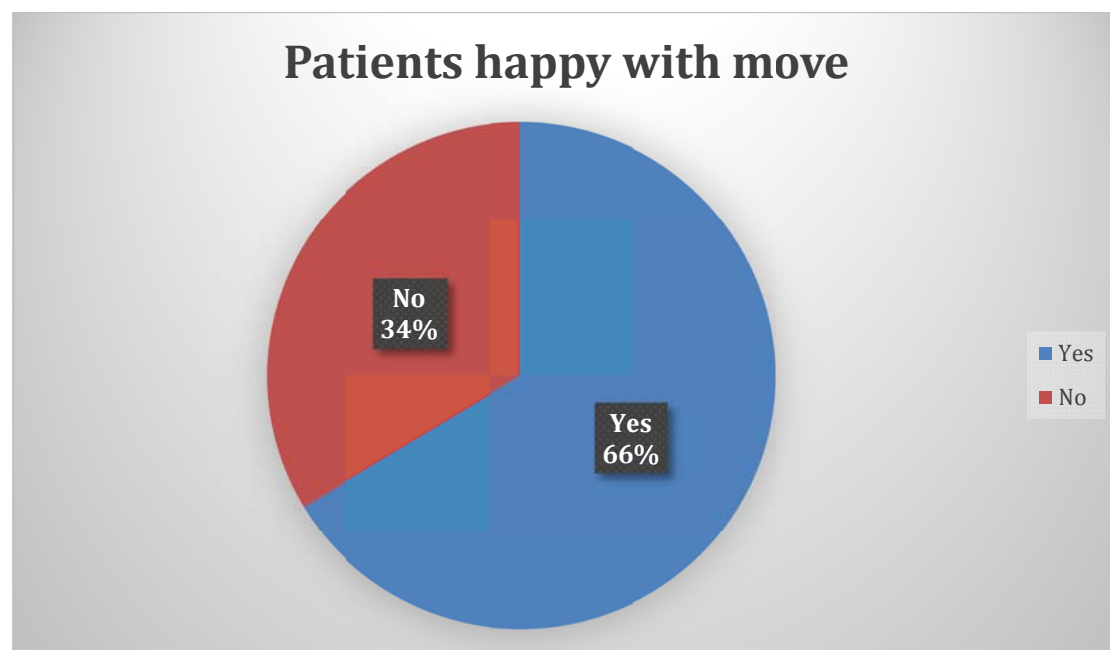
- Not all our patients live directly next to the Silksworth location so although the above diagrams are helpful they are not exactly accurate. They will be a considerable number of patients for whom High Barnes is a closer practice but always went to Silksworth historically. We equally accept that there will be some patients who live further away but that would put them closer to Breeze Dental in Ryhope or Grangetown Dental Practice hence the figures mentioned above are probably the most extreme timings that a patient would have to travel. In this circumstance, we feel confident that although some patients will be affected, moving dental services from Silksworth will not create an impossible access issue as there will be our practice and another 2 that will still be within easy commutable distance to provide care for our patients.
- Not all, but most patients have very little interaction with the dentist in a relative manner. There are approximately 8% of our Silksworth patients who have a 12 month or greater than recall period. This means that these patients have to visit the dentist on an annual basis for a checkup. I do not believe it is a big inconvenience to make a trip to our High Barnes location once a year. Again, we accept the opposite will be relevant for high need patients with 3 month checks (21%), again fall into a small percentage with the bulk of our patients needing 6 monthly reviews (71%).
- We have a bus stop literally outside our High Barnes location. Although this does not directly affect the travel component, it does improve its convenience for all patients and the buses travel very regularly in between the locations.

I believe that the relocation will provide a level of inconvenience to the patients and we are not oblivious to this. We do however feel this inconvenience is not to a great enough extent to outweigh all the positives that the relocation can bring. Ultimately is it better to have the practice in a location where the dentists change every 6-9 months with unideal continuity of care and long gaps in service due to lack of dentists? Or is it more favourable to build a good relationship with the same dentist for several years and have to travel on average 20-30 minutes 2-3 times a year in a practice where there will always be a dentist available?

WHAT DO OUR PATIENTS THINK?

In order to find out what our patients thought we carried out a full patient consultation starting on 2nd October 2017 for a period of 10 weeks. We constructed a survey using online software provider Survey Monkey and contacted all our patients using emails, SMS, letters and phone calls across 4 rounds of communications 2 weeks apart. A total of 3480 patients (included all lapsed patients also) were contacted 11,762 times across the 10-week period. Of the 3480 patients, 1836 patients responded to our survey with a response rate of 52.8%.

Of the 1836 patients that responded, 1218 patients had no concerns about the relocation of our High Barnes location and were satisfied with the move. **This was 66.33% of all responses and 35% of all patients who were happy with the relocation.**



Although the consultation showed that approximately 2/3rds of the patients who responded were happy to relocate the practice to our High Barnes location we still felt 1/3rd of patients unhappy with the move did not fit in with what we were expecting to find after speaking to patients over the last 2 years. We therefore carried out some more investigations to assess where these differences came from and we found the following;

- Of the 1218 patients (66%) who were happy with the move, 957 (78.5%) had used the service within the last 12 months and 1149 (94.3%) within

the last 24 months. Alongside this statistic, this group of patients had an average Failure to Attend (FTA) rate of 0.58 over a 2-year period.

- Of the 618 patients (34%) who were unhappy with the move, 299 (48.3%) had used the service within the last 12 months and 385 (62.3%) within the last 24 months. Alongside this statistic, this group of patients had an average FTA rate of 1.88 over a 2-year period.

There are 2 observations that we made from these findings;

1. The patients who agreed to the move are obviously happy with our level of service to the extent that they regularly use the service and are happy to relocate to do so. They also have a low FTA rate and use the service well.
2. In contrast, only 62.3% of patients who said no to the move have used the service within the last 2 years. This means that 37.7% of these patients said no to the move but have not even used the service within 24 months. As well as this, this group of patients had a significantly higher FTA rate.

I think the above observations may have a limited value due to only being of a sample of all the patients and can be viewed in 2 ways;

1. On the one hand, there is a clear correlation that shows the people who agreed to the move actually use the service and use it in a responsible way. If we were to view this for our case, we could argue that this is the sample of patients we should be trying to service and help.
2. On the other hand, as part of our service we should be trying to encourage patients who are poor attenders to come and see the dentist and if keeping the services at Silksworth will improve their chance then this should be where our priorities lie.

As you can see this argument can be seen from both view points and I am unsure which is the correct view but can appreciate both. In my opinion we should be looking at those patients who will be most significantly affected by the move and I strongly believe this is the group who attend regularly and actually use the service.

Other comments by Patients

Across the three rounds of communication a total of 670 comments were made by the patients. As you can imagine the bulk of the comments (208) made about this relocation were concerning the distance and travel between the practices which I believe we have addressed in the previous section. Other comments made by order of popularity were;

- Convenient as now no need to travel/High Barnes is closer (166) – This re-iterates a point made earlier that just because there is a 2-mile distance, it does not affect everyone the same way and can actually become a benefit to some patients.
- Lack of Parking (93) – Again I feel we have addressed this in the previous section and currently have ample parking for all our patients with limited complaints or de-registrations because of this.
- Silksworth is closer/Village needs a dentist (90) – whilst this is a valid point to some patients I do not feel it is entirely accurate. Not every village needs a dental surgery as long as a nearby practice can provide an adequate and efficient service which we believe we can. Let us not forget that only a short while ago (7 years), Silksworth only had 11 hours' worth of dental services per week and was treated more as a dental access centre.

SUMMARY

In conclusion, we feel that the relocation of the practically single-handed practice in Silksworth to the multi surgery practice in High Barnes is a very positive move for all stakeholders involved. I hope we have demonstrated how it would be beneficial for patients, NHS England, staff, dentists, the Local Council and also our practice as well. We have the benefit that from a logistical perspective we have already been granted a temporary relocation and have thus been carrying out dental services at the proposed location for the last 6 months without any complaints or problems. We have also managed to recruit 3 new Associate dentists in the last 6 months, a feat that we have been trying to achieve for several years unsuccessfully at Silksworth. The ability to have multiple dentists under one roof is much more attractive for prospective candidates and in our opinion ensures longevity which in turn is better for patients.

I believe that this is a positive move and hope that NHS England agrees and grants us this relocation on a permanent basis.

Mohammed Ashfaq Quraishi