

REASON WHY?

Following a review of the hygienist clinic it was found that it was not being utilised effectively. This clinic is available for use by Oral & Maxillofacial (OMF), restorative and orthodontic patients to support their on-going treatment and oral health. This project aims to undertake a deep dive into the hygienist clinic to understand fully the issues around utilisation.



To increase utilisation of dental hygienist clinic by 50% by 31st December 2024

PLAN

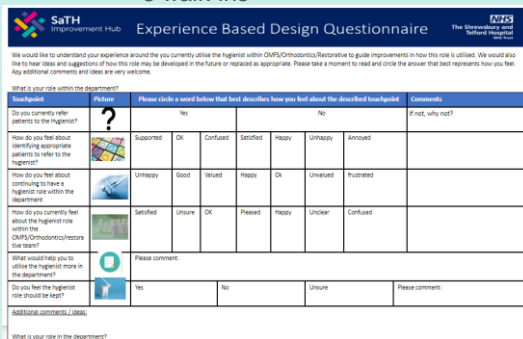
It was planned to prospectively audit the utilisation of between 10-15 hygienist clinics. Data pertaining to the cohort of patient seen on the clinic (i.e. referral reason) was also collected.

In September 24 it was announced that the Hygienist would be retiring in January 2025. To increase knowledge of how best to replace the current role, additional data was also gathered from current referrers to the hygienist using an Experience Based Design (EBD) Questionnaire.

DO

Data was collected from 15 clinics at RSH and 14 clinics at PRH during July and August 2024

- 5 EBD Questionnaires were collected September-October 2024 from Consultants who refer patients to the Hygienist. Referrers felt the role was valued.
- 96 patients were documented as being seen over the 29 clinics
 - 2 on the radiotherapy clinic
 - 45 orthodontic patients
 - 46 OMF patients
 - 3 walk-ins



SaTH Improvement Hub Experience Based Design Questionnaire

We would like to understand your experience around the you currently utilise the hygienist within OMFS/Consultants/Restorative to guide improvements in how this role is utilised. We would also like to hear ideas and suggestions of how this role may be developed in the future or replaced as appropriate. Please take a moment to read and circle the answer that best represents how you feel. Any additional comments and ideas are very welcome.

What is your role within the department?

Role	Do you currently refer patients to the hygienist?	How do you feel about identifying appropriate patients to refer to the hygienist?	How do you feel about continuing to have a hygienist role within the department?	How do you currently feel about the hygienist role within the OMFS/Consultants/Restorative (not dent)?	What would help you to utilise the hygienist role in the department?	Do you feel the hygienist role should be kept?	Additional comments (if any)
?	Yes	Supported	Unhappy	Satisfied	Please comment:	Yes	
	No	OK	Good	Unhappy		No	
		Confused	Valued	Happy		Unclear	
		Satisfied	Happy	OK		Unhappy	
		Unhappy	Unhappy	Unhappy		Confused	

What is your role in the department?

STUDY

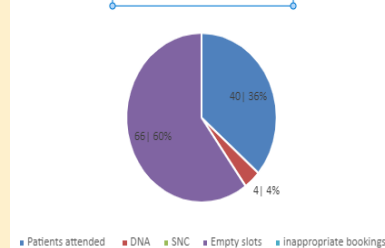
The audit data showed that the Hygienist clinic was significantly underutilised. However, the EBD questionnaire results demonstrates that the role is valued by referrers, but with work being needed to align roles.

Data was presented at the October 24 clinical governance (CG) meeting

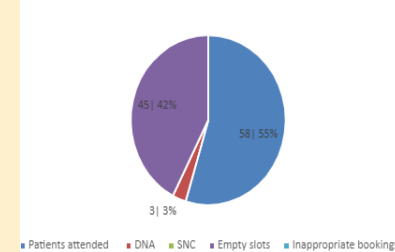
Recommendations from the clinical governance meeting included:

- Referrers to align new prospective job role with General Dental Council (GDC) scope of practice and future vision of department.
- Suggestion to recruit either a re-banded replacement hygienist for fewer sessions or look to recruit Hygienist/Therapist to allow use of increased scope of practice and allow for greater alignment of role with Restorative Consultant.
- Dental Nurses to undertake Oral Health Education qualification so that they can carry out OHE clinics for orthodontic patients, leaving Hygiene & Dental Therapist to work more with Oncology and complex restorative patients

NURHYG clinic utilisation



CONSHY clinic utilisation



ACT

- Comprehensive Job Description (JD) was written up for the Hygienist role with input from outgoing Hygienist.
- Subsequently informed cannot reband role and therefore departmental clinicians at Jan 25 CG meeting suggested recruitment of Hygiene and Therapist which would give greater scope of practice for same banding.
- Hygiene & Therapist JD written by L Seager after advice from ShropCom Dental Therapist position and delivered for recruitment panel discussion.
- Unfortunately, the role was rejected at the Executive Vacancy Review Recruitment Panel as it was felt that the role was not critical to patient safety.
- Plan to discuss at Feb CG meeting how to collect data of patients who are affected by lack of Hygienist in department and audit of patients who would have been referred to identify additional improvements.