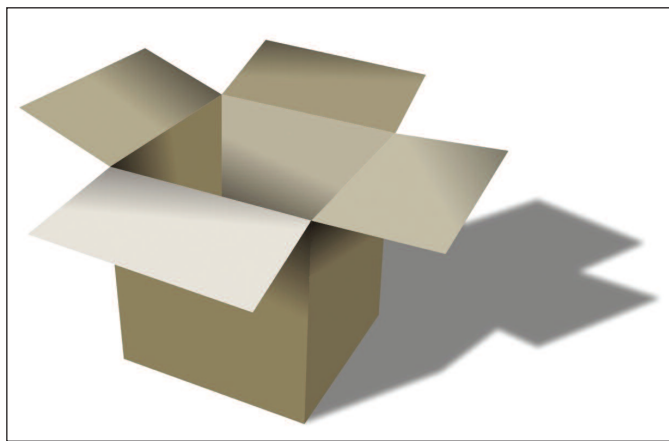


Dentistry Business

Thinking outside the box

Lester Ellman shares some innovative tricks to overcome the burdens of HTM 01-05



In my last article, I wrote about the problems that HTM 01-05 will bring when it is put into place – and make no mistake there will come a time, fairly soon, when it will be necessary to comply – the Care Quality Commission will make sure of that. And, as we will all have to be licensed by them to be able to practise, conformity will be assured.

I also wrote about various ways to satisfy the requirements relating to HTM 01-05, even when it will be impossible for a practice to find the necessary space – as is the case for many practices where floor area is both limited and expensive.

One way forward is to form a cooperative with other practices to create a shared facility that will fulfil all the needs of HTM 01-05. This approach, however,

necessitates a much greater level of cooperation and trust than most practitioners have previously enjoyed.

How can this be done?

Well, one way is for the LDC to facilitate meetings with groups of practitioners in a particular area, to broker such arrangements. Naturally, such agreements will not be reached without some degree of difficulty because sharing expenses always causes dentists much angst. But it cannot be beyond the wit of man to devise a scheme that will ensure the variable expenses are apportioned according to the usage of the facility, with fixed expenses being shared appropriately.

There would also need to be some sort of delivery system in

place to ensure that the instruments are returned to the right practice at the right time. It is obvious that, on the one hand, the more practices sharing such a facility, the less the individual costs will be. But, on the other hand, the more complex will be the organisation required to ensure smooth running.

This is just one way that the problem of compliance with HTM 01-05 can be approached by space-limited practices and has the advantage that the amount of capital outlay is somewhat lessened though the increase in instrumentation will still be necessary.

However, if the turnaround time is kept fairly tight, then the increase in the amount of kit a practice needs will be minimised.

This leads me to another idea of subcontracting the responsibility to a local hospital central sterilisation unit. The problem with this approach is their unfamiliarity with dental instruments, frequency of use and their turnaround times, which tend to be quite lengthy for external users.

Add this to the problem of returning the right kit to the right practice and you can only imagine the chaos that may ensue. If this isn't rectified quickly you may well lose a whole day's work, which could be disastrous whatever type of practice you are running.

Not least because patients will be disgruntled at having arrived only to be turned away due to someone else's unwitting error. As we are dependent on patients being content and continuing to attend our practice, any breakdown, especially if it occurs more than once, may well prompt patients to up sticks and go elsewhere. I remember this happening to me when a lab routinely delivered work either at the very last moment, with the crowns still hot from the furnace, or late. This caused me to become very agitated which patients sensed and which made them uneasy.

I don't know if I lost patients through this but I do know the excuses sounded very thin when repeated often.

What did I do about it?

After warning the lab owner about the problem, which made no appreciable difference, I changed

labs to one which was dependable and sent the work back on the day and time requested. Interestingly, several other practitioners did the same without my prompting (honest).

The pressures of running a practice these days are immense and sometimes we may have to be cruel to make sure that we survive. We also need to sometimes work in a slightly different way than we have been used to in order to meet not only the legislative demands made upon us, but also to deliver first-class service to our patients. HTM 01-05 is a well-meaning document designed to safeguard patient health and safety but it may well be excessively complex and its implementation will cause major problems for many dentists.

In order to comply we must think laterally and come up with innovative solutions that work for us every day in practice.



Lester Ellman has been a GDP all his working life, running several NHS practices and converting, in 1999, to a largely private practice. He is now involved in two private practices and has visited and observed hundreds of practices through his roles with the BDA and with PCTs. If you need help in finding solutions to your practice problems, contact Lester on 0161 928 5995, email him at lester@thedentistrybusiness.com or visit www.thedentistrybusiness.com.

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