2023 Posters

Developing a 'Was Not Brought' Pathway for Vulnerable Dental Patients

Megan Roberts. Senior Dental Officer. SBUHB Community Dental Service

Background

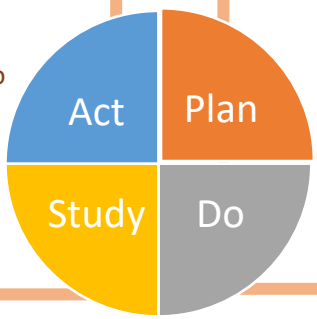
- ❑ The Community Dental Service treats vulnerable adult patients. Many rely on carers to bring them to appointments
- ❑ Follow up of these patients who were not brought to appointments was inconsistent
- ❑ Patients can 'slip through the net' – risk of pain, infection and additional strain on NHS resources

Aim Statement

100% of vulnerable adult patients who are not brought to dental appointments should have appropriate documented follow up by end of May 2023.

PDSA Cycle 1

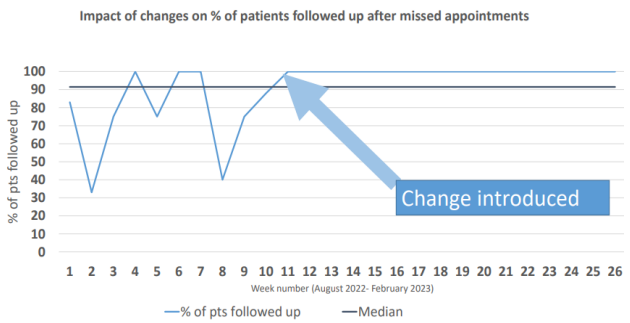
- ❑ Redistribute work load to admin staff to protect clinician time
- ❑ Formalise communication pathway to ensure follow up continuity



PDSA Cycle 2

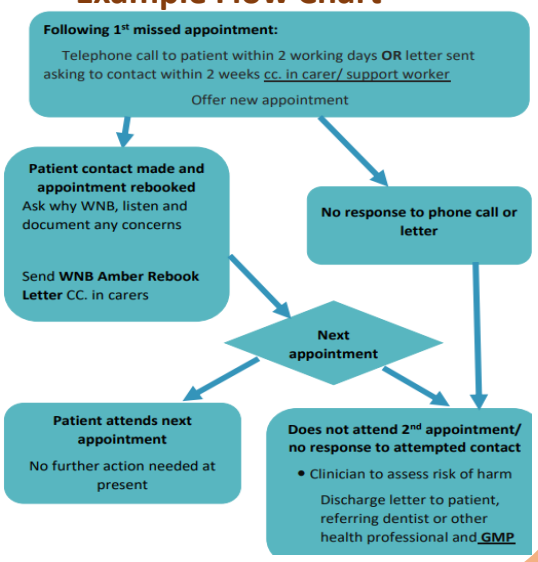
- ❑ Classify patients into risk categories
- ❑ Different flow charts for follow up after missed appointment depending on risk
- ❑ Staff training

Results



- ❑ All patients were followed up but some were discharged inappropriately

Example Flow Chart



Benefits of 3D programme

- ✓ Recognition of impact MBTI has on my work interactions
- ✓ Greater understanding of QI methodologies
- ✓ Solidarity with colleagues facing similar challenges with post-Covid recovery

References

1. BDA Was Not Brought Implementation guide. www.bda.org.uk (Accessed 1/10/22)
2. Swansea Bay UHB 'Was Not Brought Protocol for Children, Young People or Adults where there are Safeguarding Concerns or have Care and Support Needs'. December 2019.

Keeping the door ajar: Redefining triage criteria and reimagining patient pathways within an Oral & Maxillofacial Department.

Anjani Holmes, Speciality Doctor Oral and Maxillofacial Surgery

Background

Waiting lists are constantly increasing across all departments within the NHS. The pandemic has deepened this problem but has also provided an excellent opportunity to redefine our services and consider how they are delivered.

During the pandemic the Oral & Maxillofacial Surgery department within Cwm Taf Morgannwg University Health Board set up a 'see and treat' pathway for new skin cancer patients with great success. This has then been adopted to include routine skin referrals. This has highlighted the number of inappropriate referrals being received and accepted by the department.

This project hopes to address this as well as utilising our other resources within primary care to improve patient flow and service utilisation for our Oral Surgery referrals.

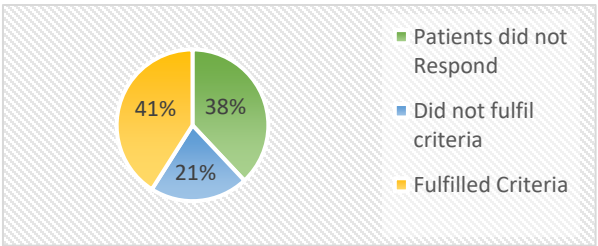
Aims

- Reduce the number of inappropriate referrals for benign skin conditions.
- Alter the triaging pathway for Oral Surgery referrals to improve utilisation of appropriate services.

Actions and Outcomes

Benign Skin Referrals

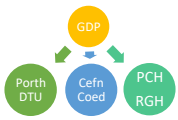
- Welsh Health Specialised Services Committee produced a document outlining the guidance for treatment of benign skin conditions.
- An audit of 111 benign skin referrals showed only 40% fulfilled this criteria.



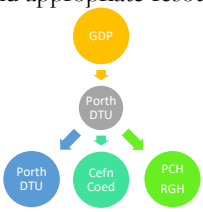
- Consultants are now rejecting inappropriate referrals and referencing these guidelines back to the referrer to increase awareness.
- A second cycle to determine impact is planned.

Oral Surgery Referrals

- The eReferral system for Oral surgery referrals allowed GDPs to select providers for treatment.



- The new pathway allows for the operating clinician to triage referrals allocating patients by postcode, clinical requirements and appropriate resources.



- This has been approved in principle and steps taken to implement it.

Challenges

- Initiating change
- Influencing People
- Involving Stakeholders
- Staying motivated when hitting hurdles

My 3D Highlights

- MBTI Profile
- Business Planning
- Influencing Skills
- Meeting & being Inspired by colleagues

How and why Social Prescribing for Elderly Patients in General Hospital evolved into Improving Dementia Care on General Wards

Dr Radhika Oruganti, Consultant Psychiatrist, Liaison Psychiatry for Older People, Cardiff and Vale UHB

Background:
Elderly patients experience feelings of isolation and loneliness when they are admitted to General hospitals. These can impact on their well being and the recovery.

Social prescribing is a supportive intervention that aims to provide a true psychosocial holistic care in the general hospitals.

Aims and objectives:

- To engage patients in social interactions so that they are socially stimulated
- To identify activities within the limitations of the general hospital that would enhance the patient's mood, engagement with therapies, reduces anxiety and reduces boredom
- To tailor activities as per patient's presentation and to include them in a care plan so that the general ward team/ carers can implement the same
- To reduce the need for 'As required medication'
- To reduce any behaviours that challenge

Project changed to join the Health Board related dementia care interventions

Advantages:

- Executive support
- More likely to be sustainable
- More likely to be accepted by staff
- Wider patient benefit

Challenges:

- Lots of meetings and slow progress
- Identifying the key interventions that would benefit patient care

Merged project progress so far:

- 3 geriatric wards have been chosen as pilot wards
- VIPS (Values, Individualised, Perspective and Social) assessment tools are used as a framework as a baseline as well as to monitor the project progress
- 'Read about me' training intensified
- Ward staff and other allied staff such as catering staff are key part of this project
- Dementia care mapping and 'John's campaign' framework related base line assessments completed

References:

https://dementiafriendlycardiff.co.uk/read-about-me-toolkit-for-carers-and-healthcare-workers/

https://johnscampaign.org.uk/

https://www.worcester.ac.uk/about/academic-schools/school-of-allied-health-and-community/allied-health-research/association-for-dementia-studies/ads-education-and-research/free-resources/care-fit-for-vips.aspx

3D Journey and Reflections:

- Gave me a methodical approach to setting and monitoring progress of any project
- Helped me identify approaches and strategies to engage stakeholders
- Enabled me to plan and reflect in a more structured and constructive manner
- Gave me a nice framework to put forward a well thought out and robust business plan

To Assess if Small Scale Interventions to the NHS 111 Wales Website Lead to Behaviour Change of Patients and Help Reduce Service Burden

Mark Allen, Specialist Clinical Lead NHS 111 Wales Website

GIG 111 Cymru
NHS 111 Wales

Aim: To improve information provision and choice architecture to signpost patients to access appropriate services without the need to call NHS 111 Wales.

Background

Bank holidays have traditionally seen a large rise in the number of calls received by 111 from patients who have run out of prescribed medication. The Easter bank holiday is a particular issue as it constitutes 4 days and doesn't fall at the same time each year. These calls take up significant clinician time and increase call wait times for patients with high acuity conditions.

Interventions

The following interventions were implemented before the 4 day Jubilee weekend in an attempt to reduce the number of medication request calls to NHS 111 Wales.

- Introduction of a banner on all pages of the website reminding patients of the upcoming bank holiday and to order their prescriptions in plenty of time.
- Creation of a "What to do out of hours" page with information on planning ahead, what to do if you have run out of medication and details of the Emergency Medicine Supply Service available from community pharmacies.

- Improved links to the pharmacy search in the directory of services

Results

Over 3000 visits to the "What to do out of hours" page.
Reduction in percentage of medication request calls.
Highest ever traffic to the pharmacy search in the directory of services

Interventions 2

As a result of the positive results seen from the initial interventions an "Accessing Medicines" tool was built and deployed on the website to guide patients who have run out of prescribed medication through an algorithm to signpost them to the most appropriate service for their needs.

Over the most recent Easter weekend this tool signposted 70% of users away from 111 and the out of hours clinicians leading to a further percentage reduction in medication request calls.

Next steps

It is planned to roll out a service that will provide patients with live service availability for community pharmacy services within the directory of services.

This will prevent wasted journeys and reduce delays in patients accessing care.
Following evaluation of this service it is hoped to extend it to provide live optician and dental availability as well.

My 3D Journey

Understanding how my personality type effects how I interact with others and can be used for the best results

Networking and learning from peoples journeys and experience

Practical business skills
- How to run an effective meeting
- How to bring people along with me
- The importance of understanding organisational cultures
- How to write a business case

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

3D Discovering Developing Delivering in healthcare

Improving Access to Routine Dental Care for Under 5s: Creating New Access Pathways

Dr Rachel Coles – GDP, Bridgend

Background: Children in Wales do not 'automatically' have access to a general dental practice for routine care and prevention.

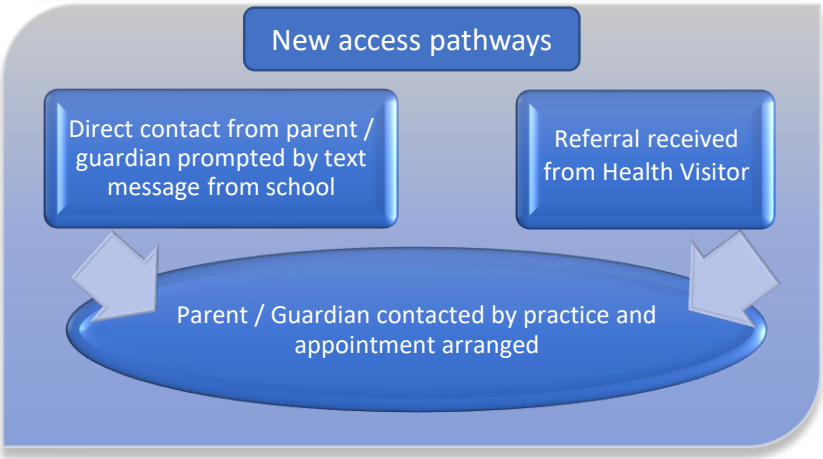
Tooth decay is the leading cause of hospital admissions among children in the UK.
More than a third of children in Wales have dental decay by the time they arrive at Primary School.

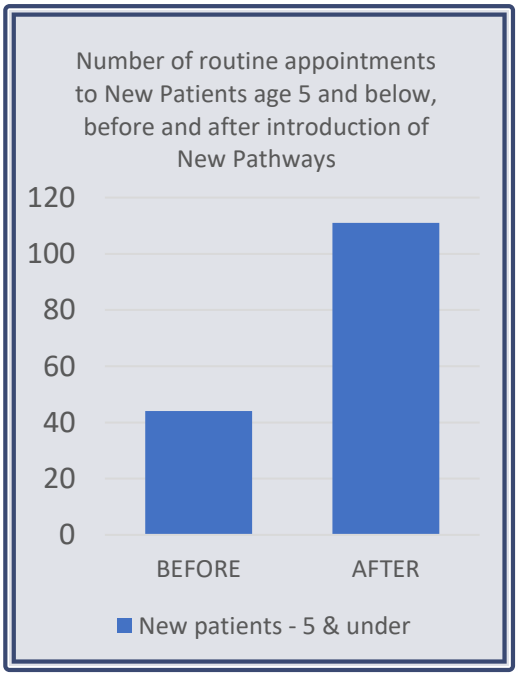
Project Aim: To create and trial two straightforward pathways for children age 5 and under to access NHS primary care dental services for routine care and prevention.
Trial will be conducted at Talbot Street Dental Surgery, Maesteg, Bridgend (Cwm Taf Morgannwg UHB).
Pathways must be easy to implement and straightforward enough to appeal to all involved (Health Visiting teams, Primary Schools, Families, Dental Practices), and replicable across other localities.

PATHWAY 1: Parent/Guardian offered referral by Health Visitor. Health visitor completes referral form and forwards to dental practice.

PATHWAY 2: Mass text message sent to all children age 5 and under by primary school. Parent/Guardian contact dental practice.

Pathways were implemented simultaneously to include as many children under 5 as possible.
Comparisons were drawn between the number of under 5s attending for routine care & prevention ('check-up') during the 6 months previous and 6 months post implementation.





The Future

- **Promotion of new access pathways for under 5s by health boards and Welsh Government**
- **Widespread inclusion of babies and young children to a general dental practice list local to them for routine care and prevention**
- **General Dental Practices to adopt access pathways and routinely see children from a young age**
- **General Dental Practices to be supported with their efforts to engage with health visiting teams and schools**

References
https://bda.org/improvingoralhealth
Senedd Research, Welsh Parliament - Dentistry Part 2 – Wales' oral health gap (2022)

Pathway for the Provision of a Semi-bariatric and Weight Management Service within a Dental Teaching Unit

Dr Patricia Moreira – Senior Dentist (Dental Teaching Unit)

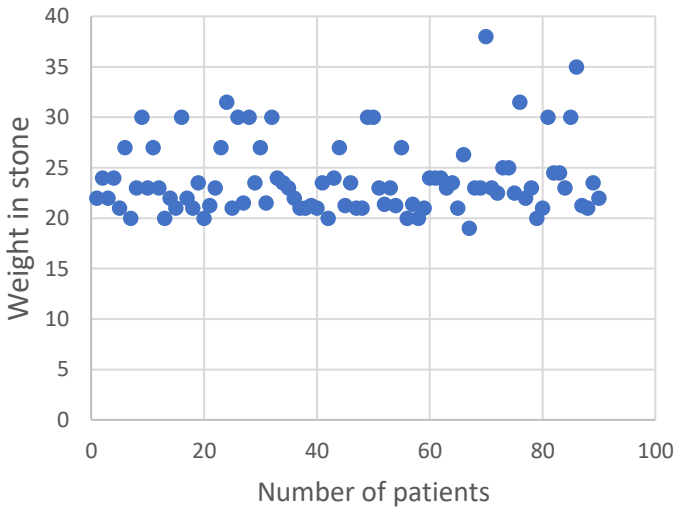
Background

The objectives of this project would be to develop a semi-bariatric (>21 ≤35 stone) dental pathway to facilitate timely and convenient access to urgent and routine dental care and also offer weight management patient advice. This would require the purchase of a semi-bariatric dental chair for use in the Dental Teaching Unit of Port Talbot Resource Centre (PTRC). The creation of this innovative pathway would aim to decrease the need for patients that weigh 21 to 35 stone to be referred to the current bariatric pathway (purely due to their weight) which is provided by the Community Dental Service (CDS) in PTRC. The average waiting time for routine dental treatment on the bariatric pathway is approximately 52 weeks, often leaving patients to experience some degree of dental pain for a significant amount of time. Under this proposal, patients would benefit from receiving weight management advice by trained staff, and their care could be linked with other available services (e.g. Nutrition/Dietetic Service). This would sign-post patients that already have or could be at risk of developing chronic medical conditions related to their weight (e.g. Type II Diabetes).

Methods

- Audit of bariatric chair usage in the CDS over a six month period (January to July 2021).
- Assess weight range of patients being seen.
- Identify a suitable chair that would accommodate most of these patients.
- Identify suitable chair suppliers and obtain quotes.
- Write a business case outlining the expected benefits associated with implementing the new semi-bariatric pathway.
- Present the business case to the Health Board.
- Purchase dental chair, arrange delivery and installation.
- Pathway implementation phase.

Audit Results



Discussion / Conclusion

Results indicated only one patient above 35 stone in weight. If implemented the pathway could achieve the following:

- Waiting time reduction for routine/urgent dental care, leading to a more positive patient experience.
- Healthier local population due to associated weight management benefits relating to this pathway.
- Reduction in the number of semi-bariatric patients being referred purely due to their weight, therefore unlocking CDS capacity.

At present, funding has been approved but the dental chair has not been purchased yet.

Personal Development

The 3D Programme has allowed me to further develop and enhance my leadership skills.

Peer group discussions have provided exposure to new perspectives and broader ideas that I might not have considered previously.

The Programme has given me a better understanding of the organisational cultures within the NHS, opportunities for networking and sharing best practice values, and a chance to improve skills related to the development of business cases.

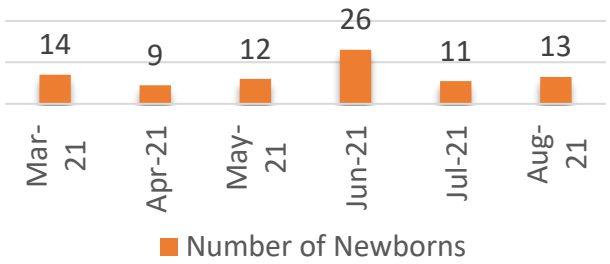
DISCHARGE HOME ON SHORT-TERM NASOGASTRIC TUBE FEEDING FOR NEONATES

Dr Neha Sharma , Speciality Doctor, Neonatology , ABUHB

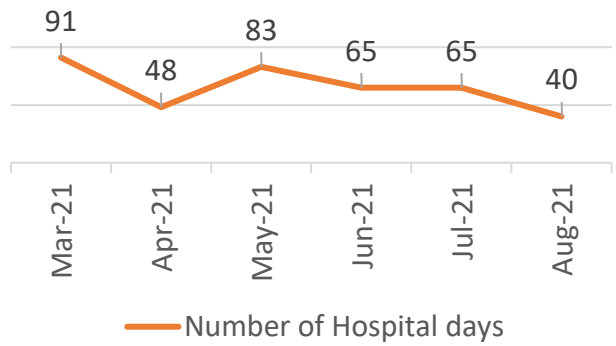
Introduction

Short term nasogastric tube (NGT) feeding at home is to facilitate safe earlier discharge of babies from the neonatal setting.

Audit : Eligible Newborns



Audit: Hospital Stay



Aims

- Reduce length of hospital stay
- Support family integrated care (FI care)
- Reduce levels of special care capacity
- Improve breast feeding rates
- Promote responsive / cue-based feeding
- Reduce aversion to oral feeds
- Minimise parental anxiety and family separation

Challenges

- Increase NICU Outreach staff members
- Provide training and equipment to parents prior to discharge
- Development of Policies and SOPs
- Support in the community and increased home visits

My 3D Journey

- Personality Assessment : Helped me understand my strengths and adapting them to influence change in workplace
- Organisational Cultures : Implementing the knowledge gained to propose the project as a business case to the decision making authorities
- Networking : Bouncing off ideas with other professionals keen to improve their working environment
- QI tools : Helped delineate influencing factors and data points to be collected to measure outcomes
- HEIW support : Support from the 3D and HEIW team kept me positive and resulted in the project being approved as a pilot

References

- White BR, Ermarth A, Thomas D, Arguinchona O, Presson AP, Ling CY. Creation of a Standard Model for Tube Feeding at Neonatal Intensive Care Unit Discharge. JPEN J Parenter Enteral Nutr. 2020 Mar;44(3):491-499. doi: 10.1002/jpen.1718. Epub 2019 Sep 24. PMID: 31549429; PMCID: PMC7060820
- Lagatta JM, Uhing M, Acharya K, Lavoie J, Rholl E, Malin K, Malnory M, Leuthner J, Brousseau DC. Actual and Potential Impact of a Home Nasogastric Tube Feeding Program for Infants Whose Neonatal Intensive Care Unit Discharge Is Affected by Delayed Oral Feedings. J Pediatr. 2021 Jul;234:38-45.e2. doi: 10.1016/j.jpeds.2021.03.046. Epub 2021 Mar 28. PMID: 33789159; PMCID: PMC8238833.

Acknowledgements

Becky Graves , Lead NICU Outreach Nurse , ABUHB

Development of Spinal Endoscopic Discectomy as a day case procedure

Abdul Nazeer Moideen, Consultant Spinal Surgeon & Honorary Lecturer, University Hospital of Wales

Introduction

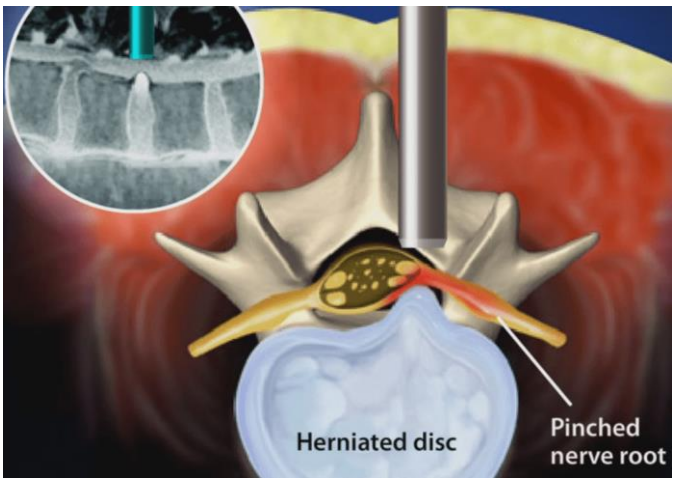
- Lumbar disc herniation is a common cause of low back pain and radicular symptoms.
- Patients who fail conservative management require surgical intervention in the form of discectomy.
- Traditionally and in our hospital open microdiscectomy is performed for these patients.
- Post-operatively patients stayed in the hospital for 1 – 2 days after surgery.
- Endoscopic discectomy is gaining popularity with advantages like surgery under local anaesthesia, less damage to bone and paraspinal muscles, and fast post-operative recovery.

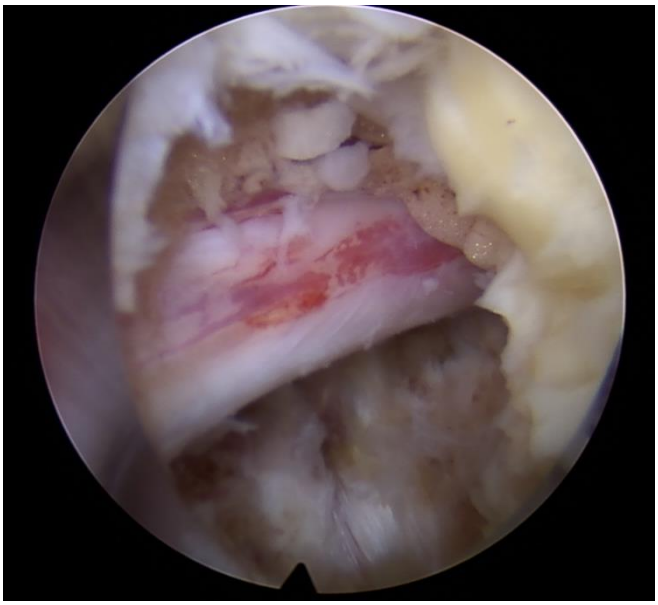
Aim

- Develop spinal endoscopic service to reduce length of stay, minimise pain, bleeding and morbidity.

Methods

- Business plan to obtain funding for equipment.
- Attended a centre performing these procedure.
- Attended a cadaveric training course.
- Proctor visited our centre for the first case.
- Buddying up with consultant colleague to minimise complications.





Discussion

- Long learning curve.
- Had a recurrence disc prolapse within 6 weeks requiring re-operation.
- 28% same day discharge.
- Cost saving of £280 per case.
- More number of cases per list once learning curve is over.

Benefits of 3D Programme

- Learning to write up a business case.
- Better understanding of organisational structure.
- Influencing tactics of relevant stakeholders.
- Myers-Briggs report for Healthcare Professionals made me understand my strengths and how to utilise them.
- Networking and sharing good practice.
- Chairing meetings.

Pharmacist prescribing of hepatitis C treatment in prison – Elizabeth Hurry (specialist gastroenterology pharmacist) BCUHB

Background:

- World Health Organisation has set a target for elimination of hepatitis C virus (HCV) by 2030
- High incidence of HCV in prisons
- Recent developments mean treatment is all oral, for 8-12 weeks, with few side-effects and >95% cure rate, so treatment pathways can be streamlined. See pathway outline right
- Aim should be to test all prisoners and link all who are positive to treatment
- Independent prescribing pharmacist took over prescribing of HCV treatment at HMP Berwyn (Wrexham) in April 2022

Opt out HCV test for all – Dry blood spot test/mouth swab Follow up POCT where needed

↓

Nurse refers all positive patients to pharmacist and requests blood tests

↓

Pharmacist assesses. Weekly MDT

↓

Pharmacist prescribes. Treatment dispensed in house

↓

Aim to get onto treatment within 4 weeks of positive test

Aims:

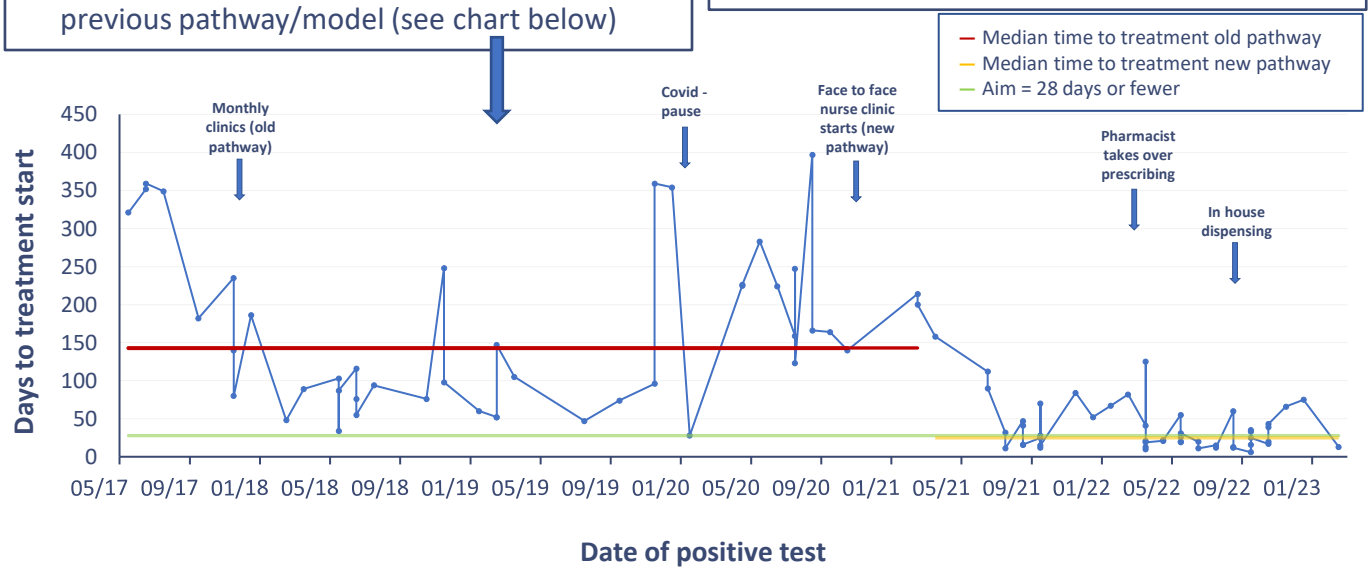
- To improve speed of access to treatment (target = 28 days or fewer between +ve test and treatment)
- To link all positive patients to treatment

Progress:

- Treatment pathway well integrated with separate testing project
- In house dispensing of medication cuts weeks from start time
- Weekly MDTs set up
- Pathway supported going forwards
- Time to starting treatment improved from previous pathway/model (see chart below)

3D journey:

- Learning how to put data onto a run chart has helped me to track progress
- Will now be able to write business case for continuation of the project
- Discussion with others helps to develop ideas
- Learning will help future projects



Introducing A Computerised System to Improve Care and Management in Early Pregnancy

Mr Ken Emmanuel, Consultant Obstetrician and Gynaecologist, CTM POW

Background

The *All Wales Communication Standards between General Medical Practitioners and Secondary Care* 2018 (Standard 12) states that patients should '*routinely*' be offered a copy of correspondence relating to their health because it improves trust, shared decision making, treatment compliance, health promotion and accuracy of information. This was not being implemented within my hospital.

Objective

- Introduction of a digitised early pregnancy unit (EPU) app to allow staff to improve efficiency of data collection, and so to create an environment that allows the creation of clinical correspondence given to the patient at the time of their visit.
- Scale up within CTM and outside to other units

Methodology

Using the PRINCE2 framework to manage the project it was important to ensure the project had:

An organised and controlled start: organise and plan

An organised and controlled middle: keeping project organised and controlled

An organised and controlled end: tidy up loose ends

Incorporation of the 3D Programme

The key benefits of the 3D programme in relation to this project was to understand:

1. What do I need
2. Can I do it alone
3. Do I need help
4. How can I secure help

5 Case Model Business Case

Currently seen as best practice as it shows good thought process:

1. The **strategic** – The case for change (Standard 12 above)
2. The **economic** – bespoke software expensive, not best value
3. The **commercial** – computer resources already within CTM
4. The **financial** – part of consultant SPA so extra cost savings
5. The **management** – the proposal has been delivered

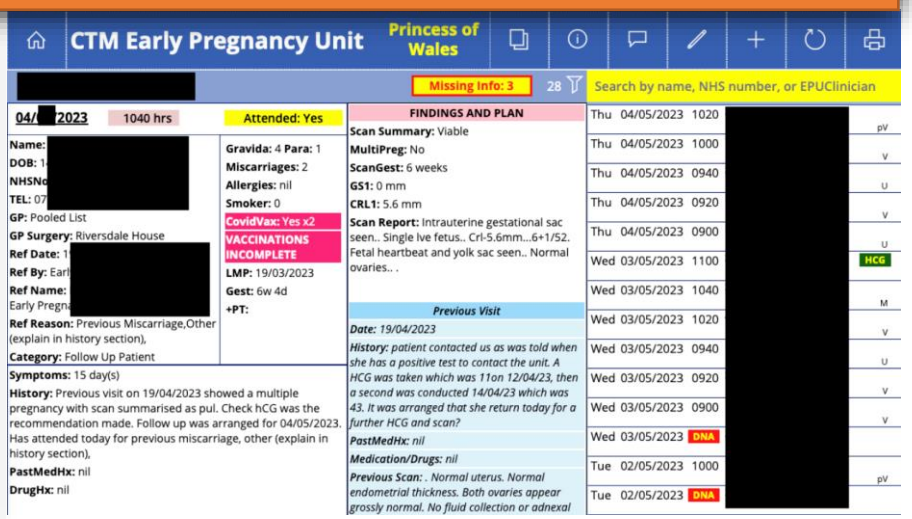
How did we do

- **An organised and controlled start:** Views were taken from early pregnancy staff to determine what issues they were encountering on a daily basis, and what they felt was needed to solve the issues.
- **An organised and controlled middle:** Software coding began with an organised phased roll out of various modules to resolve each issue in turn and manage product delivery. New issues were encountered, as expected, that required modification of the original project goals to **avoid fracture-critical redundancy** (what happens if I leave the organisation?). This required help from the organisation IT managers to offer support and to understand system integration and scalability.
- **An organised and controlled end:** The project has been expanded to include further phases such as coding for data verse implementation and implementation of new modules using a 'model driven' Dataverse engine.

Next Steps

Having now developed a functional and working app in daily use within the department, it now has to be scaled to add **relational databases**:

- Moving data into a **Dataverse** environment to allow integration with business systems so so it can connect to the devices, apps, systems and services that contain our business data.
- Using Dataverse to integrate new connectors for services such as hysteroscopy, colposcopy, etc



AUDITING ANTIMICROBIAL STEWARDSHIP IN DENTISTRY: Baseline record keeping when ABs are prescribed - Katherine Mills

INTRODUCTION

The spread of Anti-Microbial Resistance (AMR) threatens global development, health and security. One of the drivers of AMR is the inappropriate use of antibiotics (ABs), our key anti-bacterial drugs.

There are global, international, national, and local strategies and action plans in place as part of humanity's efforts to measure, manage, contain and control the spread of AMR. Good Anti-Microbial Stewardship (AMS) is a key part of our response. Dentists prescribe around 10% of NHS primary care anti-microbials, so dentistry must be part of the global reaction to AMR.

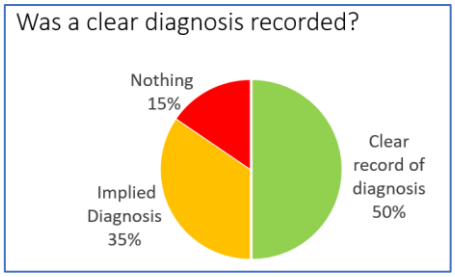
THE STANDARDS

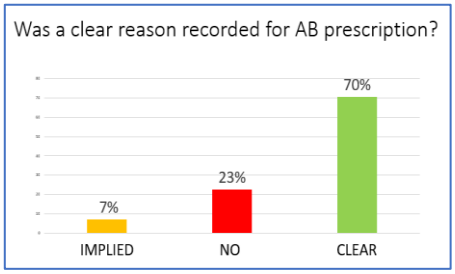
1. Record a diagnosis
2. Give a reason for prescribing AB

METHODS

1. Confirmed the proposed audit was not research using the HRA tool, see https://www.hra-decisiontools.org.uk/research.
2. Obtained permissions, from health-board information governance officer confirming lawful basis to receive patient data from pharmacy team, and dental advisors / service managers to approach dentists to participate.
3. Researched then wrote the privacy notice, see https://forms.office.com/e/99J6rtEuST.
4. Recruited 10 dentists across GDS (including urgent sessions) and Salaried Dental Services (CDS, PDS).
5. Worked with pharmacy data analyst (thank you Gemma G Wood) who used CASPA to locate a sample of patient prescriptions from each participant over a 7 month period April-Oct 2022 and provided sample data.
6. Dentists provided the selected 84 patients' records, from the day the AB was prescribed, for me to externally audit the recorded diagnosis and reason for the AB prescription and other agreed information*.
7. Analysed the data, provided individual feedback to each prescriber, then pooled and summarised data.

RESULTS





DISCUSSION

The above were the primary factors considered by the audit. Obtaining the data was convoluted as dentists do not prescribe electronically and all data captured is manually recorded by pharmacy analysts.

CONCLUSION

This audit has established a need for improvements on dental data recording and clinical record keeping when ABs are prescribed.

BECOME AN ANTIBIOTIC GUARDIAN
Keep Antibiotics Working

THE 3D PROGRAM

has allowed me to:

1. Focus my many questions about AMS into an achievable time limited audit project.
2. Ask questions* of and link up with other professions.
3. Obtain further secondary information* from the audit and from PHW high-level data analysis, leading to multiple recommendations and areas being identified for research or improvement*.
4. Identify an area to offer dental CPD and additional Quality Improvement initiatives such as peer review and study clubs.
5. Re-evaluate personal development in my career.
6. Improve my self confidence by autonomously negotiating and undertaking a successful project.
7. Develop skills in identifying and influencing stakeholders, enabling me to take my recommendations forward.
8. Believe that an individual can make a difference within their profession to help control the spread of AMR.

* sadly too much for one poster.

CONTACT ME
katherine.mills2@wales.nhs.uk

THANK YOU
To the 3D team, to the pharmacy team Gemma G Wood, Helen Adams, Maggie Heginbothom, Meryl Davies and Nicolas Reid, and to all who assisted me with this project.

Using the National Audit of Dementia to improve care for Hospital in-patients with Dementia

Dr Swapna Fernandez, Consultant Geriatrician.
University Hospital Llandough

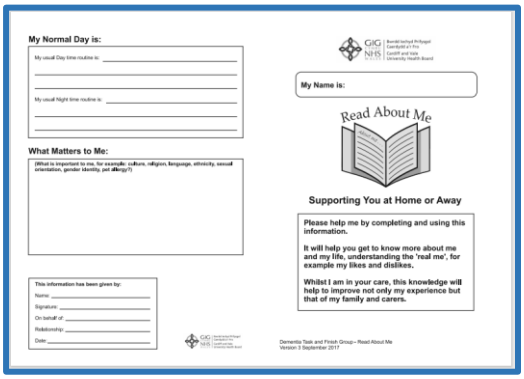
Background

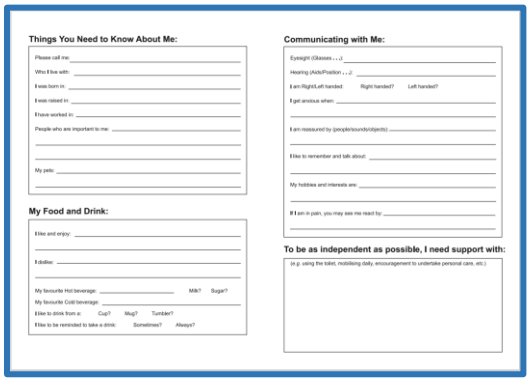
Clinical lead for the National Audit of Dementia (NAD) since 2016. Data from this audit could be used to guide improvements in patient care.

Why is this important to me?

I am a geriatrician. At any given time 60-80% of patients on my ward have a diagnosis of Dementia.

	2010/2011	2017/2018
Cost of Dementia to Hospitals	£1. Bill2 ion	£2.7 Billion
Hospital in patients with Dementia	210,000	405,000





Where am I now?

1. Focus on 'Read about Me'
2. Working with the Dementia Friendly Hospital Charter task force

What I have learnt from the 3D programme

1. Understand the management styles in your organization: Role driven
2. Align your goals with those of your organization
3. Start small
4. Change takes time

References

1. Alzheimer's Research UK
2. https://cavuhb.nhs.wales/our-services/dementia/dementia-training-and-development/read-about-me/

Developing a Medication Error Procedure for the Health Board

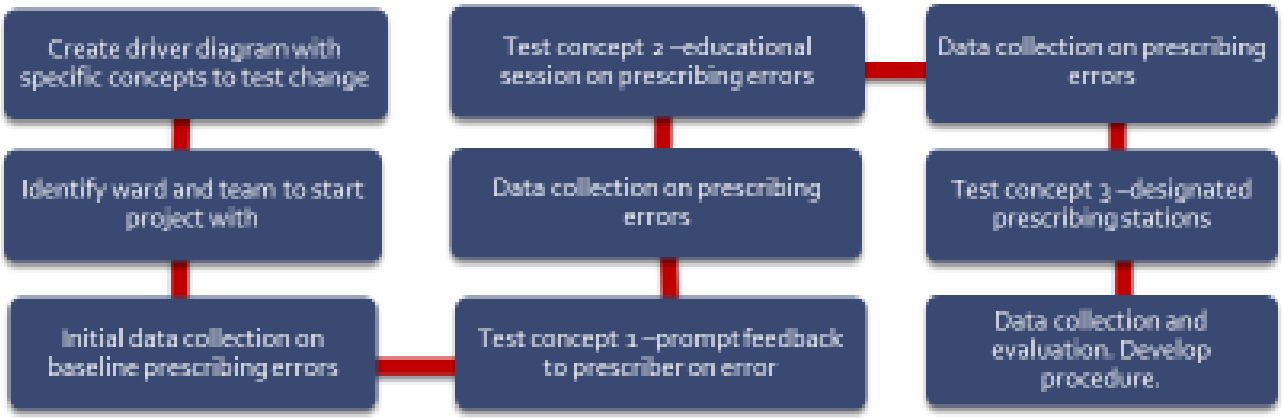
Jillian Simpson, Medical Education Pharmacist, Glan Clwyd Hospital

Background

- The EQUIP study demonstrated the prescribing error rate for junior doctors to be 8.4% foundation year 1, and 10.3% foundation year 2.
- Serious prescribing errors within our health board are reported on Datix Cymru but it is not always clear who made the error and whether the prescriber has received feedback and learnt from it.
- Minor prescribing errors are often corrected by ward pharmacists with prescribers unaware of the errors they made.

Aim

To develop a medication error procedure for the health board that helps improve patient safety. Through implementing a system to learn from prescribing errors, the intention is to reduce further errors.



Challenges

- Finding a suitable ward and project team to start the project and test the process with.
- Developing a data collection form which identified all error types.
- Complexity in identify prescribers on paper based drug charts & giving prompt feedback.
- Competing work and service pressures impacting significantly on time needed for data collection and project refinement.

Next Steps

- To feedback to patient safety lead team with progress to date.
- Develop a business case for investment to be able to do further quality improvement work.

My 3D journey

- I have learnt a huge amount during this course. I have a better understanding of organisational cultures within the NHS and with hindsight, I would have engaged with stakeholders from the outset.
- I have expanded my knowledge with regards to writing business cases and will be putting this into practice.
- The Myers Briggs report for healthcare professions has helped me reflect on my personality type and how to work best with others, particularly those of opposite types.

Introduction of An Electronic Platform For Patients' Consent To Surgical Procedures (iConsent) – Hisham Bakr

Introduction

- **313 million** annual surgical procedures **globally**.
- In the UK, More than **10 million procedures** and interventions performed in 2015/16. More than **half a million** surgical procedures performed in **NHS Wales** in the same year.[1]
- Patients consent to undergo surgery determines their **future outcomes and quality of life**.
- A comprehensive understanding of the **nature of treatment, risks, benefits, and alternatives to treatment** is required for **informed consent**, which is not only a **legal requirement** but also of paramount importance in an era of **patient-centered medicine**.
- There is **50% chance of documentation errors in handwritten consents**, in addition to a **90% chance in omitting at least one core risk** that should have been discussed with the patient.[2]
- Over a 5 years period (2014-19) there were **1194 claims** as a direct result of '**failure to adequately consent**' at a **cost of £202 million over 5 years**.[3]

Methods

A feasibility study to introduce an electronic consenting platform (Concentric®) in a selected NHS hospital site (PCH) in one subspecialty (Colorectal Surgery) for elective cases only.

Results (Work in progress)

1. The relevant consultant body accepted the concept "in general" provided appropriate approvals from relevant bodies in the UHB.
2. An agreement reached with the procuring company to allow the use of 2000 consent episodes as a pilot trial.
3. Complexities associated with introducing changes to an ALL-Wales standard practice, which potentially have legal consequences, hence the UHB requested approval from NWSSP Welsh Risk pool (WRP) which is still in progress.

How the 3D programme changed my life

1. I now have a better understanding of:
   - **My personality** in areas such as decision-making, information gathering and lifestyle/work patterns using the Myers-Briggs Type Indicator (MBTI) for healthcare professionals, which guided reflection on my strengths and how to adapt my style to engage and influence others.
   - **The organizational cultures** in the NHS and how to best **analyze & map stakeholders** to maximize engagement and overcome obstacles.
   - Fundamentals of quality improvement science, methodology and **QI tools**.
2. I have learned how to build better **business cases** and how to run **effective meetings**.
3. I learned how to be a **better negotiator** and how to use different types of **influencing techniques.**
4. I have learned a lot from **peer support** and **project clinics** which has paved the way for great **networking opportunities**.

References:

1. NHS Confederation. *NHS Statistics, Facts and Figures*. https://www.nhsconfed.org/resources/key-statistics-on-the-nhs (accessed 17 April 2023)
2. E R St John, A C Bakri, E Johanson, D Loughran, A Scott, S -T Chen, S Joshi, A Darzi, D R Leff, Assessment of the introduction of semi-digital consent into surgical practice, *British Journal of Surgery*, Volume 108, Issue 4, April 2021, Pages 342–345, https://doi.org/10.1093/bjs/znaa119.
3. NHS Resolution. Faculty of Learning. Learning module: Consent. (accessed 10 May 2023) https://resolution.nhs.uk/resource-fol-module/consent/

Elective Caesarean section pathway and booking process at University Hospital of Wales, Cardiff. A long and bumpy road!

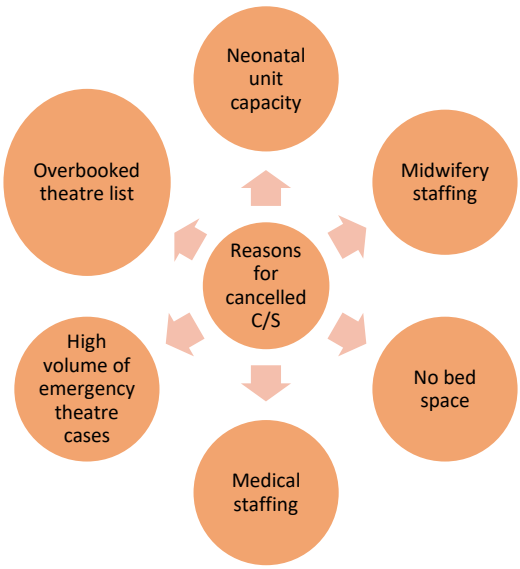
Dr Henry Cole

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Bwrdd Clinigol Gwasanaethau Plant a Menywod
Children & Women's Services Clinical Board

Project aims:
-Improve the booking system for elective C/S.
-Establish reasons why C/S cancelled
-Find ways to change systems to ensure less C/S are cancelled

1 in 10 C/S cancelled



MY 3D JOURNEY

Initial concept for my project focused on best method to investigate adverse incidents in Obstetrics. September 2022

Change in my job gave me thought to change my project title. October 2022

Change to new project title. December 2022

Attempt to redesign booking process for elective C/S. January 2023

Too many barriers to changing booking process so opted to collect data. February 2023

Data enhanced by medical student involvement. March 2023

Onward plan formulated. April 2023

Project Methods:
-MDT working group to overhaul C/S booking process. This was unsuccessful.
-QR code form to collect data on numbers and reasons why C/S cancelled
-Close working with midwifery management of neonatal unit to improve system processes and planed activity

Project achievements:
-Creation of Band 6 nursing ward manager for elective C/S
-Daily MDT safety huddle in conjunction with Neonatal unit

The future for my project

- Electronic theatre booking system
- Enhanced MDT working to streamline systems and processes

The future for me

- Increased confidence in my leadership and management skills and knowledge
- Clinical lead

Introducing a Social Prescriber for Young People in Taff Ely Custer

Taff Ely Primary Care Cluster Services

Cysylltu Trawsnewid Meithrin iCTM Connect Transform Motivate

Improvement

Project Team:

Dr Hannah Willoughby (HW, GP, Old School Surgery), Janet Kellard (JK, Cluster lead), Glyn Phillips (GP, Llanharran Drop in Youth Worker and Social Prescriber), Rachel Heycock (iCTM)

HOW THE PROJECT PROGRESSED

Introduction

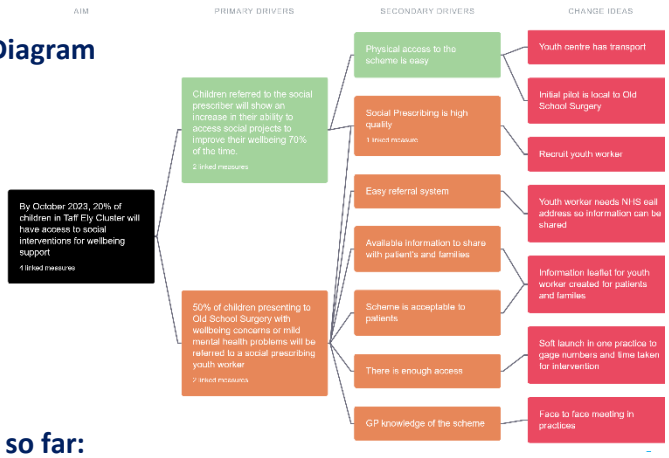
• Social prescribers (wellbeing coordinators) ,for adults, have been used in CTM for many years. There is not a service for children and young people.

•A Practice audit showed a 55% referral rate to CAMHS of children presenting with mental health concerns. Only 1% had ongoing CAMHS input.

• A review of youth social prescribing in Wales (1) recommended improved systems and processes to support dialogue between healthcare based referrers and social intervention providers.

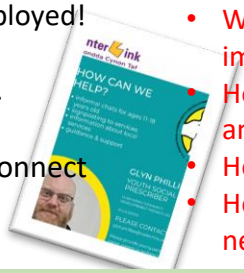
•The aim is to implement a service to prescribe social interventions, provided by youth services and supported within GP practices. We aim to improve wellbeing of young people, reduce representation to GPs and reduce CAMHs referral through the provision of a social prescriber.

Driver Diagram



Process so far:

- In September 2022 HW submitted an idea to introduce Youth social prescribers in CTM on ideas platform Simplydo
- This was a good platform to engage relevant stakeholders
- Stakeholders collaborated and JK secured funding, provider and plan how to demonstrate the provision would be an improvement.
- In December '22 Glyn from Llanharran Drop in centre was employed!
- In January '23 referral launched for OSS only
- In February '23 referral details were shared across the cluster.
- The formal employment started in April '23
- So far two patients have been engaged and plans made to connect them with wellbeing activities that suit them.
- Outcome measures are yet to demonstrate improvement



WHAT 3D TAUGHT ME AND WHERE I WOULD CHANGE

MTBI and Organisational Cultures

Knowing how I am most effective, when and how I am stressed

Appreciating how cultures can influence acceptance of change

QI 1-driver diagrams and measures

See driver diagram, getting these clear gave a plan to take the project forward

QI2-run charts

When we start getting data I am confident to make a lovely run chart

Practical Business skills-Business Cases and Effective meetings

Through this session I engaged in Leadership coaching, I am refining my skills and my next business case will be amazing!!

Introduction to Influencing

This was key to me working out how to get the most out of the team.

Discussion

Things I now know that I will take forward to expanding the project

- What data will demonstrate improvement
- How to write a business case and engage stakeholders
- How to run useful meetings
- How to influence those I need on board

References: Wales_Youth_Social_Prescribing_A_Rapid_Review_2021__1_.pdf (pavo.org.uk),

Prehabilitation in Primary Care and the Rapid Diagnostic Centre

Dr Gemma Eccles, Primary Care Clinical Lead for Cancer Swansea Bay UHB

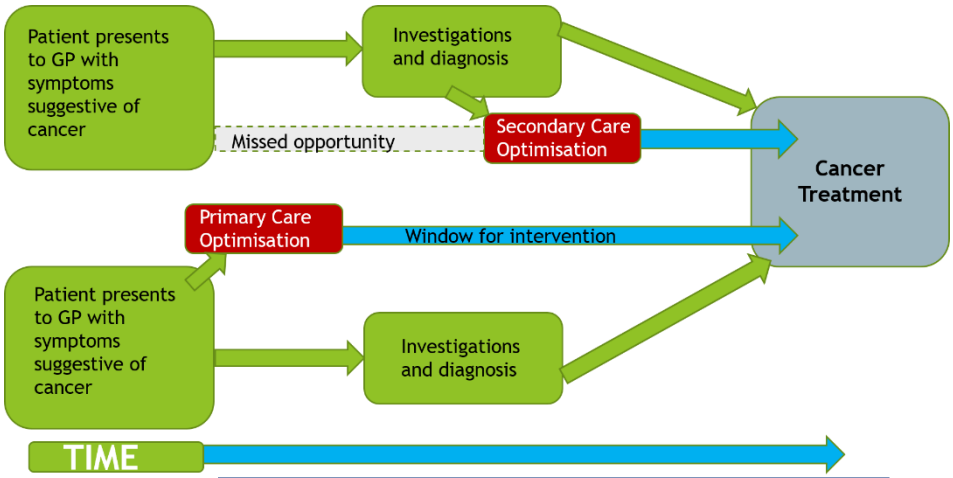
Introduction

The primary aim of this project was to offer an optimising intervention to patients at two points:
1. In Primary Care at the point of referral to secondary care on the suspected gastrointestinal (GI) cancer pathway
2. In the Rapid Diagnostic Centre (RDC) for patients referred on the vague symptoms pathway

Why is it needed?

Poor Population Health
(Audit RDC patients 2021)

53% had 3+ pre-existing disease
23% diabetes/prediabetes
51% 5 or more medications
15% smokers
47% overweight or obese



Method

- Funding was granted initially through the planned care board at Swansea Bay UHB and then from the Value Based Health Care funds.
- **Primary Care Clinics:** Lifestyle GP led optimisation clinics for all those referred on urgent suspected cancer basis with GI cancer symptoms
- **RDC Clinics:** Pharmacist led optimisation clinics for all those referred to vague symptom clinics

Results

Primary Care Clinics

- 22 patients seen
- Challenges with administrative staffing, IT set up, practice engagement
- Currently on hold but aiming to restart this year with modified model and improved staffing

RDC Clinics

- 206 patients seen
- Data awaited but medication cost savings anticipated

Conclusions

Optimisation clinics can run alongside the RDC vague symptom clinics. Challenges faced setting up the primary care clinics have led to the development of a more robust project plan. Data is awaited before conclusions can be drawn about the effectiveness of prehabilitation clinics in primary care.

RDC Case Study

76 year old female who was referred for weight loss.
She complained of a reduced appetite with a reduction in portion size and weight loss.
Her previous exercise tolerance was noted to be unlimited walking on the flat but this had become dramatically worse over the last few months and she was now very limited by breathlessness.
A thorough medication review revealed that the patient was not taking two of her medications that were on repeat prescription. Blood results were reviewed and low potassium and calcium was slightly high so advice was given to withhold calcium supplement medication.

Outcomes

- Poor nutritional status addressed with advice and dietitian referral
- Medications rationalised with cost savings and safety implications
- Exercise tolerance addressed
- Electrolyte imbalances addressed

Acknowledgements: This represents the work of the Prehab2Rehab Team across Cardiff and Swansea Bay UHB

Review of Prescriptions and Medication Review Processes

Dr Emily Young

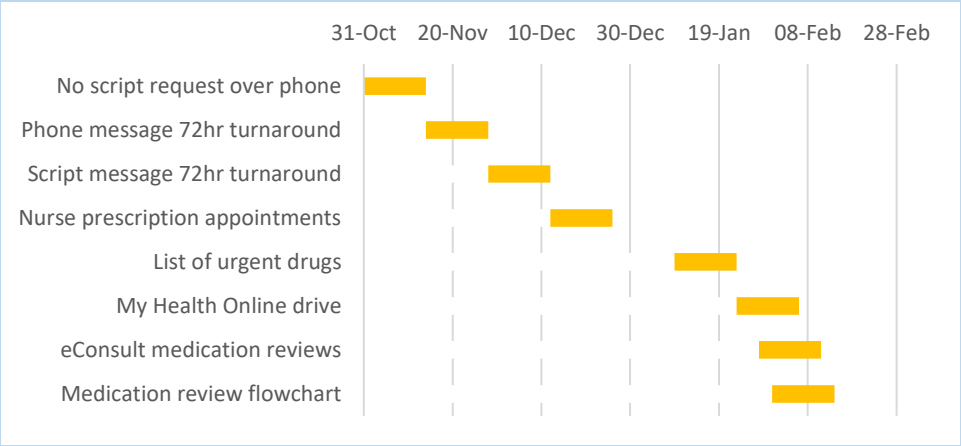
Background

As a practice we were feeling overwhelmed by the amount of work generated by prescription requests and medication reviews. Enrolling on the 3D programme gave me the time and space to look at how this could be improved.

Aim: To reduce GP prescription appointments by 30%

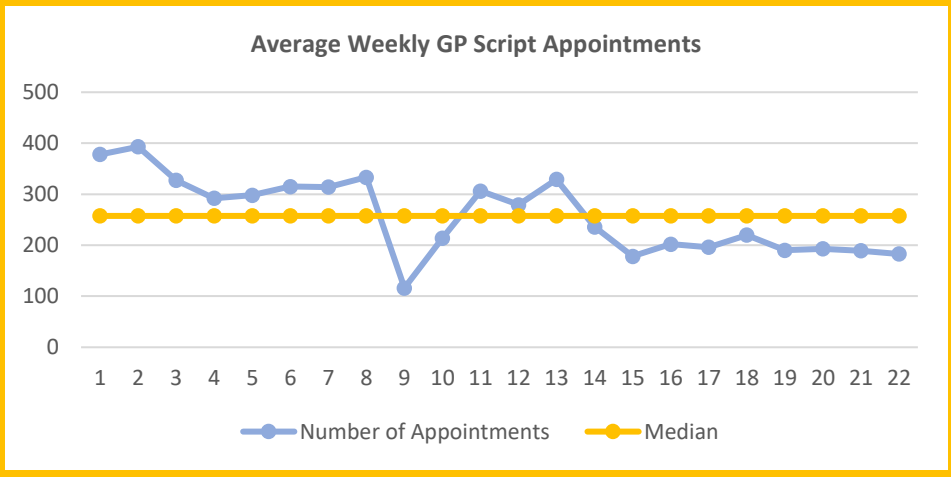
Method

In total I completed 8 PDSA cycles between 31st October 2022 and 31st January 2023. Each cycle was agreed at regular partnership meetings. During this time I counted the number of GP prescription appointments on a daily basis and calculated weekly averages.



Results

From week 1 to week 22 there was a 62% reduction in average weekly GP prescription appointments. The run chart opposite shows a significant shift following week 14. This is the point at which we introduced eConsult medication reviews.



Next Steps

- Prescriptions clerk training
- Dedicated Prescriptions phone line with limited hours
- Dedicated prescriptions email for use by other Healthcare professionals and Care homes.

What will I take away from the 3D Programme?

- A better understanding of organisational culture within the NHS and how I can work within it.
- How to run effective meetings-a work in progress!
- Reflection on personal strengths and how I can utilise these to be a more effective leader.
- Fantastic peer support and the opportunity to network.

Frailty care within Welshpool Medical Practice: Improving access and integration with community services

Dr Emily Kingham

Introduction: Improving communication between community teams, primary care and secondary care is vital to keep patients at home and improve wellbeing. This is a priority for NHS Wales and the North Powys Cluster[1, 2]. In General Practice we can identify the frail patient early and involve the multi disciplinary team (MDT).

3D skills: The Project Clinics helped finesse my project aims and identify key people to involve in my work

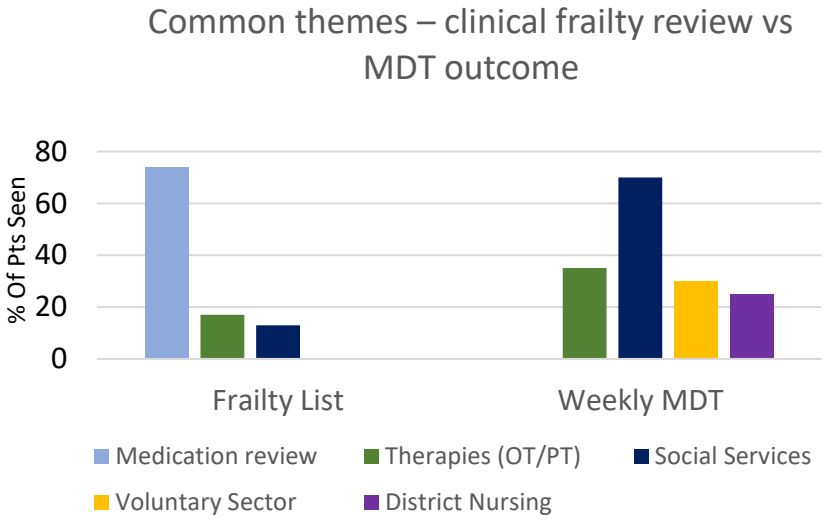
Method: Clinical audit: data collection of patients reviewed via our practice- based Frailty List (n=46, May 22- Feb 23), and weekly MDT (n=20, Feb 23)

Qualitative data from our MDT members, as well as observing a local GP practice frailty MDT[3].

3D skills: Peer networking influenced my choice of data collection and communication methods

Project focus: Recognition of frailty

Welshpool Medical Practice supports our most vulnerable patients via a frailty list; as well as a daily virtual ward, and weekly MDT



Project focus: Importance of the community role

Exploring how to keep the patient's care close to home

Results: Audits identified common clinical themes and involvement of community teams[4].

Qualitative data from triage nurses, district nurses, social workers, GPs and frailty team. All appreciate the regular meetings, with a preference for face –to- face, though virtual meetings are important where time pressures impact scheduling.

3D skills: Importance of data collection in shaping the QI project and how to engage and influence others

Discussion: Audit data led to introducing a triage nurse to our daily virtual ward meeting.
The data highlights the high proportion of patients requiring a medication review, and involvement of social services. These findings support targeted pro-active clinical assessment and linking health and social care – both of which add to reducing acute emergency admissions[5], and keeping care closer to home[6].
Next steps: I have secured further funding for our frailty clinic, and hope to support face to face MDT meetings.
This Project has enabled audit work with Powys Teaching Health Board to investigate urgent admissions and frailty scoring in the community.
Further focus is to include individualised advanced care planning, and treatment escalation plans in frailty reviews..
3D skills: how to use feedback, run meetings and form a business plan to support gradual change in a complex system

Thanks to the 3D team for running a fantastic course, and for all the support from Sr T Fitzgibbon from our frailty team.

Project focus: future of the community role

Advanced care planning and treatment escalation plans

References: 1 RIght care, right place, first time: Six goals for urgent and emergency care - a policy handbook 2021-2026 gov.wales, 2 Primary Care integrated medium term plan North Powys Cluster 2020-2023) 3 Dr Melanie Plant, Lead GP Llanyllin Medical Centre 4 Welshpool Medical Practice MDT reviews February 2023 5 NICE 2022 6 The Health and care strategy for Powys 2017-2027 **Dr Emily Kingham May 2023**

Reducing cancellations before hip and knee arthroplasty: utilising waiting lists as preparation lists

Claire Frank, Preoperative Assessment Pharmacist, Wrexham Maelor Hospital

The Problem

Data collected at POAC Sept – Dec 2022 (*n*=176)

88% Op date known before POAC

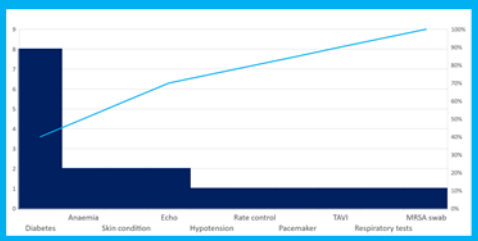
39% Less than 14 days until op

17% Less than 7 days until op

11% Cancelled (medically unfit)

The Focus

40% of cancellations due to diabetes



The Reason

Centre for Perioperative Care recommend HbA1c <69mmol/mol for elective surgery

Suboptimal glycaemic control increases complications (wound healing, infection) and length of stay; improving HbA1c benefits patient and NHS trust

The Statistics

Of the 18% patients with diabetes…

19% HbA1c not done >6months

26% Known to be suboptimal

39% Suboptimal POAC HbA1c

26% Cancelled at POAC

£64,095 Annual cost if not backfilled

The Waiting List

Worked with DHCW and local information team to obtain last known HbA1c for every patient awaiting arthroplasty. Data filterable by GP surgery, consultant, HbA1c date and result

909 patients waiting, **96** known to have diabetes, **17** HbA1c >69mmol/mol, **27** HbA1c overdue

The First Action: HbA1c >69 Cohort

Primary care (stakeholders) preferred to optimise own patients and use as teachable moment

Email sent to GP or endocrinologist explaining need for HbA1c <69mmol/mol before operation (and discuss if not practical)

Note on WPAS to bring to POAC without operation date

The Second Action: Empowering Patients

Bilingual letters sent to patients in NE Flintshire cluster educating about HbA1c and surgery, informing of their last HbA1c result and trend and requesting HbA1c if overdue

40% of overdue patients had HbA1c after request

Email received from patient unaware of diagnosis even though recorded at GP and on metformin!

The Barriers

Unable to obtain estimate of timescale for surgery due to staffing problems in booking team - difficult to engage without this

Limited time for project as outside current job role

The Next Steps

Now working with booking team for one consultant caseload to identify timescale for surgery to focus intervention

Funding bid for proof of concept time bound pilot

The 3D Programme Reflection

As an introvert I used the 3D programme to legitimise engagement with others to prevent silo working. As course progressed, I was able to consider project from stakeholders perspective and describe benefits for them. Project clinics provided support and held me accountable.

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

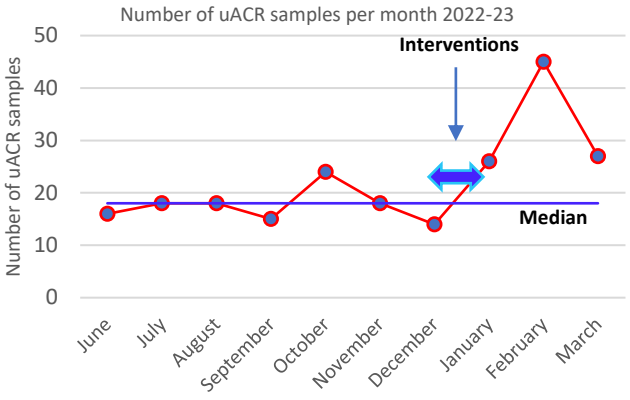
3D Discovering Developing Delivering in healthcare

Improving the uptake of urine albumin- creatinine ratio (uACR) testing in Type-2 diabetic patients (T2DM)

Ceri Williams, Practice Pharmacist, Canolfan Goffa Ffestiniog

Background

- Elevated uACR is an early warning sign for chronic kidney disease (CKD).
- However, it's the **least** completed essential processes of care for diabetes.
- Only 55% of T2DM patients at the practice had their uACR measured in the last 12 months – this is comparable with national data.
- Active detection and initiation of drug therapy can delay the progression of CKD.



Aim – Identify & delay the progression of CKD

- Increase the number of patients who have an annual uACR test.
- Increase the number of patients who are offered drug therapy in the form of an angiotensin-converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) or sodium-glucose co-transporter-2 (SGL-2) inhibitor.

Results

- 78% of T2DM at the practice had their uACR measured in the last 12 months to the end of March 2023.
- 97% of patients with a uACR ≥ 3mg/mmol were prescribed an ACE inhibitor*
- 67% of patients with a uACR ≥30mg/mmol were prescribed a SGL-2 inhibitor*

*** Excluded patients over 80yrs, with a systolic BP < 130mmHg and/or Diastolic <80mmHg and those under the care of renal specialist. Sample collected between June 22-March 23**

Interventions

Improved access	**C**orrect sample bottles available to collect from: • Local Pharmacies • Reception
Education	**I**nvite letters explaining the value of uACR testing **R**aised awareness of the value of uACR amongst the healthcare team
Reminders	**T**ext Nudges/Reminder letters explaining the value of uACR testing

Next Step:

- Apply the interventions used for this project to other health prevention services that have poor uptake.

The 3D programme has helped me to…

- Recognise the importance of planning and starting small.
- Understand the basics around data display and interpretation.
- Be more effective at planning meetings.
- Gain the skills and tools needed to take on new projects and prepare business plans.

Reference:

National Institute for Health and Care Excellence (NICE) (2021) Chronic kidney disease: assessment and management.

ScriptSwitch – optimising messages to improve prescribing quality in Primary Care

Ceri Clatworthy, Prescribing Adviser, PCIC Clinical Board, Cardiff and Vale UHB

Background

ScriptSwitch: an online prescribing decision support tool to deliver information at the point of prescribing e.g.
Cost-effective drug switches and **Patient Safety messages**

We have a new core team managing ScriptSwitch, working to identify ways to optimise application and analyse impact

Why are we doing this work?

To support safe prescribing in line with the C&V UHB Formulary, national and local guidance

Difficult to identify influence of locally authored information messages. Optimising application of ScriptSwitch functions helps analyse impact of information provision

To improve cost-efficient prescribing

Can identify switch recommendations rejected so the cause can be identified and rectified

In response to prescriber feedback reports

Prescribers can use Feedback facility to comment on their prescribing decision and utility of the message.

Feedback indicates:

- some messages are too busy and need re-formatting

- "message fatigue" - messages presenting too frequently

- need messages to support long-term stock shortages 

Progress to date

Regular communication of ideas between core team

Roles and Responsibilities working document created

Identifies tasks necessary to maintain profile, detailing frequency, instruction and responsible persons, including:

- Updating local formulary changes on ScriptSwitch
- Adding links to Welsh Government alerts/ MHRA/AWTTC/Patient safety guidance

Basic and Analytics training for core team members

Training profile set up for new members of staff/trainee pharmacist training

Colour-coding message type

Blue-formulary information
Red – warnings and safety
Green – Switch messages

Simplified message format-headline only

Employing additional software functionalities identified from training

Tags – applied to flag information messages in Analytics, allowing identification of message type rejected 

Review dates – e.g. apply to out of stock messages to check for resolution 

Application of demographics e.g. only displaying anticholinergic burden score in > 65's 

Active engagement with ScriptSwitch Analytics module

PCIC Clinical Board approval gained to deploy restricted quantity switch messaging for antibiotics

What is the impact?	**Better trained staff > New methods embedded BUT in early phase of project > too soon to evaluate as still laying the groundwork**
3D influence	**FOCUS > breaking large projects into smaller, realistic goals > don't over-reach**
Skills gained	**COMPASSIONATE LEADERSHIP > bringing a team together, active listening** **PLANNING & COMMUNICATION > keep meetings to point, keep project momentum** **NETWORKING & DELEGATION > don't try to do everything alone!**
Next steps	**Further Analytics training for team / send feedback questionnaire to GPs/implement antibiotic restricted quantity switches**

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

3D Discovering Developing Delivering in healthcare

Interventional Cancer Pain Service in BCUHB

Dr Archana Awsare, Consultant in Pain Management, Wrexham.

Background

Cancer related pain is on the rise and is a challenging condition, for the patients as well as the NHS. Introducing timely and appropriate interventions, will reduce medication use in the long term with a positive benefit to both the patient and health economy. Currently, there is extremely limited provision of cancer related pain nerve blocking interventions across BCUHB, which is mainly being provided by pain specialists. A collaborative approach is a need of the hour, to provide an equitable and accessible interventional pain service.

Project progress:

- Started at local hospital with one intervention: coeliac plexus block
- Agreed clinical pathway for the patients : Referrals(from palliative, oncology) ➡ Pain management ➡ Clinic appointment:decision to proceed ➡ Interventions (Pain consultant/ IR) ➡ 1 st F/U by pain nurse ➡ subsequent F/U oncology/ palliative care teams. Further input as required from pain team upon completion of pathway.
- Outcome based service.

My personal journey

- " Big journeys begin with small steps": The 3D programme strengthened my belief and has given me the confidence . Start where you can, keep re-evaluating and make improvements.
- "Leadership is about empowering people to do the things they never thought they could do": In this sense, I have become my own leader.
- Project clinics: extremely useful especially when dealing with the "ups and downs" and learning from the wider group.

Future steps:

- Expand scope of practice with more interventions and collaboration across LHB. Present results.
- Wider MDT involvement with relevant specialities.
- Have highlighted this service/ requirement with National persistent pain group reporting to Welsh Government , who agree on this as an immediate and growing need to address the pain in this group of patients (future resources).

North Wales Women's Health:
A Facebook group for health professionals in North Wales
Dr Catrin Williams - GP

Background: To create a platform for health professionals in North Wales to share up to date knowledge and expertise regarding women's health.

'Women and girls make up just over 50% of the population in Wales. Despite this, medicine and healthcare services have not necessarily met their needs, resulting in significant disparities in care between men and women' – Quality statement from Llywodraeth Cymru/Welsh Government

Outcomes:

- 29 members and increasing – from primary and secondary care
- Sharing of local and national developments and guidelines to benefit patient care
- Networking opportunities between primary and secondary care
- Case based discussions and sharing of expertise from those with a special interest
- Positive links with groups already set up in South Wales

'I found the links shared on the group regarding local menopause events and other sources of guidance extremely useful' – Facebook group member.

Future developments

- Creation of a Menopause WhatsApp group
- Face to face and virtual CPD events
- Continue to build links with GPs with a special interest in South Wales
- Assess if this can reduce referral rates to secondary care

<u>How the 3D course has helped me both personally and with my project:</u>
The personality assessment has given me an insight into my consulting style and how I can adapt this depending on different patient needs.
A better understanding of influencing styles and how to engage with different personalities, in particular when working on a project.
How to chair meetings more effectively and efficiently.
Increased understanding of the QI process and how to display results in a meaningful way.

Evaluating the Benefits of Dental Nurses Led Clinics in Two Welsh General Dental Practices by Dr Anwen Hopkins

Introduction

It is estimated that it costs around £500 per day to run a dental surgery

The use of skill mix in dentistry is hindered by the concept that DCP's don't generate any direct income under the NHS system in Wales

This project aims to set out the benefits of using skill mix within the Welsh NHS contract

Facilitators

Contract Reform

Changes to FP17W April 2022

Prudent Healthcare

Caries/Perio pathway

SOSET

Issues

Estate issues

Training needs of DCPs

Confidence of DCPs

Free exam and fl varnish in 18-25 or >60yrs – but if Fl varnish alone £14.70

Method

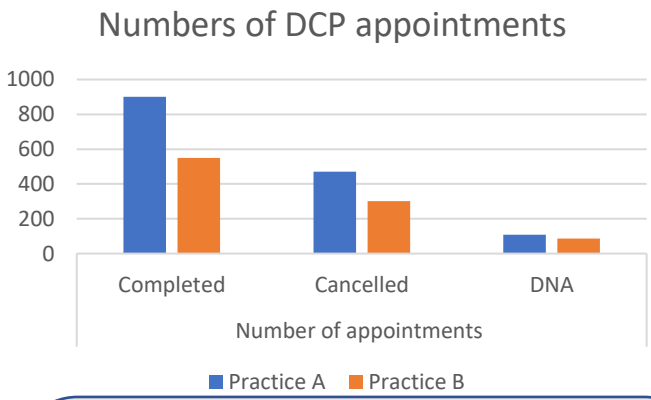
Two staff training days organised for March 2022

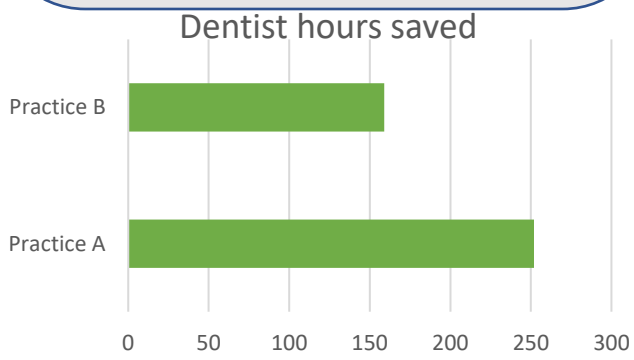
DCP clinics were opened in two GDP practices – Practice A has 6 surgeries, practice B has 4 surgeries

Prescription templates were generated for dentists to request fluoride application, oral hygiene instruction, tooth brushing demo, dietary advice and plaque and bleeding scores

Appointments were audited for record keeping

Appointment data from 1st April 2022 to 31st January 2023 was analysed





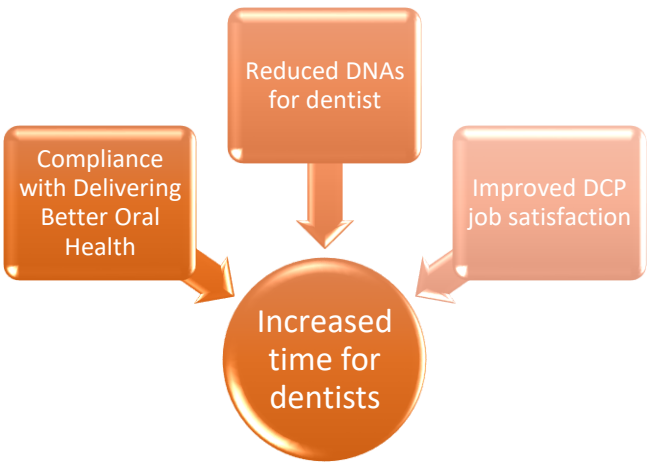
Results

1450 DCP appointments were completed

195 DNA appointments

772 cancellations – many were rebooked but 96 were short notice cancellations

311 hours of additional dentist appointments were created between 1st April 22 and 31st January 23



Outcomes

At least 311 hours of dentist time was saved that became available for providing more advanced dental care

DCPs have felt more valued and professional

Patients have had longer appointment times

Clinics can be run when dentist are on annual leave and surgery is free

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

3D Discovering Developing Delivering in healthcare