Summary of: Improving patient experience in a multi-disciplinary clinic: clinical efficiency and patient satisfaction of 400 patients attending the Manchester Hypodontia Clinic

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FULL PAPER DETAILS

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Objective To assess the efficiency of the Manchester Hypodontia Clinic (MHC) in improving patient experience and satisfaction. **Setting** In January 2010, the University Dental Hospital of Manchester applied a more modern approach to the design of a treatment planning clinic for patients with hypodontia. This brought together all the necessary dental specialties in one multidisciplinary clinic. **Design** A questionnaire study of patients attending the MHC between January 2010 and March 2012 was used to monitor each patient's journey through the clinic. **Subjects** 400 patients attended the MHC between January 2010 and March 2012. **Method** Patient satisfaction was assessed before and after attending the clinic via questionnaires in an attempt to understand more about patient expectations and satisfaction with the structure and management of the clinic. **Results** Ninety-nine percent of patients received a clear explanation of why they had been invited to attend the clinic and 98% felt that they had been directly involved in their treatment planning and were fully informed of the decisions made regarding their future treatment. Almost all patients (99%) felt that attending the MHC had been worthwhile. Nearly a third of patients rated their experience as good and over two-thirds of patients (69%) rated their experience as excellent. **Conclusions** The results prove that by designing the service around the patients' needs it is possible to run an efficient clinic and achieve high levels of patient satisfaction.

EDITOR'S SUMMARY

Picture this: Lydia is a 13-year-old girl with hypodontia. Her dad, Tom, takes her to all her medical appointments but he needs to take time off work to do so. Her GDP, Dr James, refers her to the paediatric dentistry department at her local dental hospital. There the paediatric consultant Mr Ives has to refer her to the orthodontic specialist Ms Cottrell for further treatment. Ms Cottrell is all booked up that day so Tom and Lydia have to come back another day to see her. Ms Cottrell will need to set aside appointment time to see Lydia and her team will need to prepare for and organise the paperwork for the visit.

Unfortunately, Dr Ives also feels that Lydia will need to see an implant specialist. But at this point Tom has already taken one full day and two half-days off work and Lydia has missed a lot of school. Though they are grateful for treatment, Lydia and Tom are fed up of attending the dental hospital and are not really sure what is going on with Lydia's treatment. She already feels different as none of her friends have major problems with their teeth and missing so much school is not helping at all.

When you look at it from Tom and Lydia's point of view, it seems obvious that it would be better for them to attend one clinic where they could be seen by all necessary consultants at one time to plan Lydia's treatment. However, changing processes is never obvious; particularly processes that have been in place for 50 years or more and do make logical sense from a hospital organisation point of view.

However, in the wake of the Darzi report and following on from the example set by the Eastman Dental Institute as early as 1977, the University Dental Hospital of Manchester realised that attending up to five separate consultation appointments in order to determine a treatment plan was not a reasonable option for their hypodontia patients. So, in 2010, Manchester Hypodontia Clinic (MHC) was born. This *BDJ* paper assesses how flipping the focus of care to the patient affected 400 of their clinic attendees, their employees and the dental hospital itself. The results show that a service designed around patients' needs can be efficient and even save money.

Interestingly, it seems that thinking about care from the patient's point of view not only helps the patient but makes staff members feel more fulfilled. One of the staff comments in the feedback following the change to patient-centred care in MHC really sums this up: '*It reminds me why I do this job and I wish it could all be like this.*' What a result.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 214 issue 5.

Ruth Doherty
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IN BRIEF
- Stresses the need for a multidisciplinary approach to the management of patients presenting with hypodontia.
- Presents the process and benefits of measuring aspects of a clinical service to allow improvements in clinical efficiency to be successfully introduced.
- Recognises the benefits of using patient feedback on the design and development of a clinical service.

RESEARCH

COMMENTARY

Manchester has joined the growing list of multidisciplinary hypodontia teams in the UK, something that was started over 25 years ago by the Eastman Dental Hospital who first recognised the need for a single clinic where all dental disciplines are present to discuss the management of hypodontia patients. Those involved in the care of hypodontia realise the complexity of decision and treatment planning involved, where often the single missing tooth is more complex to manage than those patients with a large number of missing teeth, and the need for interdisciplinary planning.

The availability of a multidisciplinary hypodontia clinic serves a number of important functions:
- Significantly reduces the number of patient attendances
- Improves the quality of treatment planning and provision of treatment
- Allows the interaction of disciplines to occur in a time efficient manner
- Improves the co-operation and shared learning of the disciplines to the benefit of staff and ultimately improved patient care
- Provides excellent learning opportunities for trainees in multidisciplinary management.

I fully endorse the team's efforts in being a patient-centred clinic; a multidisciplinary clinic is not the place for egos or soloists, as the saying goes 'there is no 'I' in team'. Therefore, it is important that the patient is the centre of the clinic with adequate time being given to explain and discuss the various treatment options that are available with appropriate visual aids, eg model set-ups of proposed treatment and photographs of various dental treatment options (acid etch brides, orthodontic appliances etc). These are all needed to contribute to the patient and families' understanding of what is often lengthy and expensive treatment demanding commitment.

The paper shows that the Manchester hypodontia team is achieving its aims of keeping to time and agreeing a treatment plan and correspondence, with very high patient satisfaction levels. Experience of other hypodontia teams has been that not all patients' treatment planning can be completed in a single appointment, but having almost 100% of the records available for pre-clinic meetings and in the clinic improves efficiency.

It is not reported what care the various disciplines provided, as there is overlap in the care that paediatric and restorative may provide and in those involved in the provision of implants. Orthodontics is the stand alone team member that acts as the midfield player, taking the ball from one and passing to another. This puts pressure on the orthodontist to deliver what is required by the other team members, often to within fractions of a millimetre; otherwise the planned implant or bridge may not be satisfactory.

Hopefully the team will go onto report the outcome of patient care as there is much need for an evidence base for treatment for this group of patients.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

The dental condition hypodontia is ideally managed by a multidisciplinary team and several hospitals in the UK use this approach with great success. Out team in Manchester has only been using such a formal structure relatively recently. As well as recognising the clinical benefits of working in this way, the development of this service allowed several aspects of our patients' experiences to be recorded. This is an area of great potential in clinical research. Patients rightly expect to receive good clinical treatment but how they and their families are cared for during the delivery of the treatment is of increasing importance.

2. What would you like to do next in this area to follow on from this work?

As one of a number of similar teams working within the NHS delivering dental care for patients with hypodontia there is clearly a mutual benefit for a national collaboration. Simply the combined number of patients receiving high standards of specialist dental care each year in this country will provide an enviable dataset from which to develop evidence-based guidelines for the management of hypodontia. As an example, colleagues in Bristol have recently published on the effect of hypodontia on patients' quality of life assessments.

Overall, as further research is undertaken within the field of hypodontia, the possibilities, benefits and realisation of a national collaboration become clearer and we look forward to working closely with colleagues from across the UK and from different dental specialties.