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## Reaching out

Outreach is the jargon for the situation where a secondary care consultant (usually in the community dental service or hospital-based) goes 'out' to see patients rather than expecting those patients to be referred 'in' to the hospital or community clinic. This issue of the *BDJ* contains an interesting article on outreach in general dental practice. The article, *Why undertake outreach into general dental practice?* by David Cheshire (from page 371) describes a study carried out in Chichester where the local consultant visited a number of practices to see patients rather than have the patients referred to the local hospital for advice. As the study reveals there are a number of advantages for the patient, the referring dentist and usually the consultant as well.

A total of 30 practitioners in 14 practices were involved in the study. The consultant travelled to each practice to examine appropriate patients and the dentists then completed an assessment form on the experience. The results were pretty impressive although the small numbers involved needs to be recognised. In summary the dentists felt that while the exercise was disruptive and disadvantaged them financially they still felt it was a valuable and worthwhile experience.

From the patients' viewpoint the most obvious advantage (we would assume) is the fact they do not need to travel to the local hospital or clinic. However, it would appear patients gained much more than this. Many patients reported an increased understanding of their problem because the consultant and practitioner openly discussed their treatment plan in front of them, helping them to learn more about their mouth and the options open to them. Perhaps of more importance they felt more confident that their dentist was able to perform the treatment, and also more comfortable that their dentist was willing to carry it out. This is an interesting finding as one would not logically assume that referral of a patient to a consultant outside the practice does not confer the same confidence. Yet this study leads us to believe that perhaps normal referral does raise doubts in the minds of patients of their practitioner's own abilities and skills. Perhaps less

surprising was the insight the consultant gained on the restrictions on NHS dentists with regard to treatment plans. The study revealed that the financial implications of his various treatment plans were sometimes quite significant, something that is easy to overlook in the sheltered environment of a clinic but much more obvious 'at the coalface'. This is nothing new to general practitioners, and it was gratifying to see the consultant admit this as a learning experience. Perhaps it will help secondary care providers appreciate that ideal treatment plans in the context of a salaried environment are not always so easy in a GDS practice.

The key point that came out of the paper (for me) was the opportunity for the consultant and practitioner to talk together, improving the ultimate treatment of the patient but also providing a learning experience for the dentist. This interaction resulted in the practitioner acquiring knowledge about diagnosis and treatment in a similar fashion to attending a 'clinic' as an undergraduate, although the practitioner had the advantage of being seen as a colleague rather than a student. Thus the visit helped to break down possible attitudinal barriers to the perception of 'us and them' between practitioners and dentists in the hospital or community.

In my view, and of even more importance is the paragraph tucked away at the end of the report on the assessment of the outreach visit (top of the third column on page 374). This paragraph states quite baldly that the NHS does not reward periodontally-aware practitioners because of the "unrealistic fee-scales" (quote from the paper). This particular thorn in the side of preventively-orientated dentists is rarely recognised in academic circles, especially academic papers, and is all the more welcome in this particular paper. Periodontology has suffered for too long in the NHS fee scale as the 'Cinderella' and it was a delight to see this highlighted. Perhaps someone will now do something about it.

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