

HTM 01-05 WHAT NOW?

Roger Matthews, discusses the issues relating to infection control in general dental practice and offers practical steps to comply with essential standards.

I'm afraid there's no getting away from it - HTM 01-05 compliance has been closely examined by the CQC and will be monitored in dental practices in England from April 2011. Both the practical and financial aspects of meeting infection control requirements will be considerable, especially taking into account that at least 50% of GDPs work in a single-handed practice and 90% work in a converted property.

However, compliance with HTM 01-05 can be good for your business, especially where patients pay for high-value care; it can help promote your standards and, in the longer term, enhance profits. The suggestions below will explain what you need to know and the guidance and services available to make sure you're supported every step of the way.

Planning

Unfortunately for some, the conversion needed to comply with HTM 01-05 Best Practice has made relocation their only option. However, at the outset it's worth completing the Department of Health and Infection Prevention Society audit¹, to establish what stage of Essential Quality Requirements (EQR) you've already achieved and what still remains to be done. Some payment plan providers also offer a range of decontamination guidance, including online quality manuals, to help you.

You can then decide whether you can build your own Local Decontamination Unit (LDU) in house and go for 'Best Practice' immediately, or whether to plan for this at some future time. Whichever route you choose, it's worth noting that HTM 01-05 guidance on the processing of instruments under Best Practice takes a substantial amount of time. Washer disinfectors, for example, take around 90 minutes to process a load and an LDU might process a maximum load in just under two and a half hours.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109365

As a result, it's a good idea to consider an audit of the number of clinical treatments you carry out each session, plus the number of examinations/recalls. From that data you can determine the number of instruments used and, by cross referencing this with your appointment system, review your need to increase your stock of instruments. You or your Practice Manager can then budget for additional purchases you need to meet EQR or Best Practice requirements.

Building

Should you decide to position a LDU in-house, there are a number of considerations, including the kind of premises from which you operate. The average practice may well be located in a semi-detached house, for example. The challenge is refurbishing that property with the minimum cost and using efficient industrial design to allow more room for the LDU. At this stage, expert advice from a specialist in the field could save significant sums in the future.

In planning the conversion, bear in mind that the whole practice should be made ergonomically fit for purpose and the fewer flat surfaces in surgeries the better, as these all need cleaning. A dedicated staff room and tutorial room allows for regular practice meetings or seminars and basic life support training - and the conversion of a garage could incorporate the plant room, or x-ray room with appropriate radiation protection. Computerising all records and reducing paper transactions is also an effective infection control measure.

Some payment plan providers offer practice loans to members to help with the building costs associated with HTM 01-05, as well as discounted rates with other suppliers. Practice assessment and decontamination checklists can also be arranged to ensure you're following the regulations appropriately.

Budgeting

HTM 01-05 states that every practice must assess the improvements they need to undertake the move to Best Practice recommendations and prepare a plan to implement the changes. Although no schedule is provided for this yet in England, EQR must be achieved by the end of 2010. Scotland and Northern Ireland have their own timetable for Best Practice achievement (or equivalent) by the end of 2012.

So, how much are we talking here? We can certainly estimate that an in-practice LDU to supply three fully functioning surgeries can cost in the region of £48,000 for a single room. To supply six surgeries, two rooms set up to offer Best Practice can cost in around £61,000. And these estimates do not take into account annual running costs.

Due to the time it takes for an LDU to process a load, another full set of instruments must be purchased for use during the down time. An efficient dentist will typically intervene clinically about eight to 10 times per session with an additional examination workload of five per session. This necessitates further investment of ten full cassettes and five examination cassettes per session, times two per day, per surgery. This can all cost in the regional of an additional £20,000, with maintenance costs adding a further £35,000 per year.

In other words, I would say that to meet Best Practice, each practitioner would incur recurrent costs of at least £20,000 per year. Outsourcing decontamination to a 'local centre' or shared between practices might seem attractive, but such a facility would probably need to be certified to meet MHRA approval and comply with the even more stringent requirements of HTM 01-01 which apply to large acute sector units.

Marketing

While all the work needed to meet HTM 01-05 compliance, and the associated costs, can seem overwhelming, it's important to make the most of this opportunity and market these improvements to your patients.

Patients come to us for advice on a wide range of options and, as experts in our profession, we must be seen to meet requirements. One way of reassuring patients that they're getting the highest standards of infection control is by identifying these costs in their invoice, even if they pay via a payment plan. This shows the value of the measures you're taking to protect them and will increase retention. Highlighting future changes in your local press can also attract new patients and some payment plan providers offer a bespoke service to help you do just that.

It's clear that there's no avoiding HTM 01-05, but it's important to see it as a positive step in professional evolution and the tips above have hopefully given you some idea of what's required. Now it's up to you to make the most of the opportunity!

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Notes to Editors:

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