

Report from Oral Surgery MCN meeting 28/09/11

Main objective of meeting was to ascertain the capacity for provision of oral surgery services across the locality.

David Davies from CDS discussed improvements in equipment and plan for developing an SDO with availability for providing oral surgery services under sedation. No figures were given specifically and the development of this service is a little way off as yet.

Anna Evans from Hywel Dda LHB talked about facilities at Glangwili Hospital. Apparently the 2 oral surgery rooms that have historically been used by OMFS are not fit for purpose as they are too small. I was surprised at this as one of the rooms is bigger than the average dental surgery but apparently it is not related to the actual size of the room but the ability to get a crash cart (?including guerney) through the door and not only are the doorways too small but the communal corridor leading to the room is also too small. However, no specific measurements seemed to be available and it was decided that further investigation and discussion with the estates department is needed before deciding that these rooms were completely unsuitable for use.

OMFS department provided figures for capacity for oral surgery treatments at Morriston & POW Hospitals. However, on closer scrutiny these figures were not accurate as they had included all treatments and consultations clinics that are currently undertaken by all staff (Consultants, AS & SG) and these included Max fac consultant clinics (not just Oral Surgery) and all treatments under LA (i.e skin biopsies etc not just MOS). Therefore it was decided that further work was needed to provide more accurate figures of capacity for MOS work.

RJ from Cambria dental practice gave an overview of capacity for treatment of OS patients going forward. Also, highlighted trends in NHS referrals over the 2010 – 2011 year including the number of referrals received (much greater than current PDS allows me to treat) but also changes in the referral pattern with patients being referred for more extractions per referral and so more appointments are needed per patient.

Parkway – well established practice, discussed capacity for MOS treatments going forward. Also, briefly discussed issues regarding moving Children's GA. There is no possibility of the children's GA not being moved back to hospital BUT there seems to be no capacity for treating these patients in the hospital setting. Also Hugh Bennett alongside Parkway is investigating how many of the GA's can be converted to treatment under sedation. Hugh Bennett was not available for this meeting so we were unable to discuss this further.

Decision for further investigation of the above points to be carried out prior to next meeting which has now been scheduled for 14th December.