Report from Oral Surgery MCN meeting 7th March 2012

Firstly discussed the analysis of Secondary Care Demand.

- 2 month manual audit of all referrals into ABMU
- From ABMU – 1230 referrals of which 274 suitable for Specialist Practice
- From Hywell Dda – 632 referrals of which 77 suitable for Specialist Practice
- Lower number from Hywell Dda probably because some referrals still going directly into Management Centre and being distributed directly to Parkway & Cambria
- Proposed next step – to include all Hywell Dda referrals to determine an accurate level of demand
- Agree a tender process for future provision of intermediate service.

RJ & Parkway both raised concerns over the referrals received from Hywell Dda, there has been a decrease in number and a lack of communication as to what is happening with the referral system at Hywell Dda. No representative from Hywell Dda attended the meeting and it was agreed that head of ABMU LHB would be asked to write to head of Hywell Dda LHB and suggest attendance by person responsible for Oral Surgery (Max Fac) services would be beneficial!

Feedback on GA Paper

Public Health Wales have developed a realistic data matrix which ABMU are using to collect data. PHW will meet with Parkway to discuss this audit tool with them to ensure it is suitable for their data collection.

DW stated the LHB viewed the audit as a positive step ensuring the best service is being provided. LHB are still very interested in converting as much of the children's GA service into a sedation service due to lack of capacity for these patients in the hospital system.

David Drake reiterated that there is no capacity at Morriston for these extra GA cases, there appears to be no plan to build additional GA facilities and therefore no immediate danger of Parkway losing the GA cases.

Max Fac acceptance criteria and referral forms

- Briefly discussed this paperwork, DW asked that LDC be given the opportunity to comment.
- DD informed meeting that forms had been seen by group of GDP's and there has been no negative feedback, however, RJ felt that first page of the acceptance criteria document was a little wordy and could be improved so that it read more easily.
- JC mentioned that no area on the form to specify treatment under LA/IVS/GA

We then had a brief discussion as to the model of service delivery for the Oral Surgery MCN. DD felt that ALL O/S referrals should come via the managed clinical network i.e no individual PDS contract, and that the Max Fac consultants would assess and prioritise the referrals into suitable for treatment in Primary/Secondary care.
Rhian Bond from the LHB was unsure that the LHB would want to stop the current PDS contract. There are pros and cons to each model,
RJ raised concerns that if DD's model is followed, the new referral forms do not give the opportunity for referring dentists to request treatment by a Primary Care Specialist or to specify which Specialist they would like to refer to. Also, if all referrals have to go via a Max Fac consultant this is additional workload on the consultants to prioritise these referrals (and this may lead to a delay in the patient being seen), also if a number of different consultants are assessing the forms there may be a difference in which patients are deemed suitable for Primary Care. RJ also concerned that some guarantees should be put in place as to the number of referrals that will be sent out to Specialists in Primary care i.e would not expect the number of patients suitable for Primary Care Oral Surgery treatment to decrease when compared to historical figures, if anything these numbers should increase as the workload on the hospital system is relieved.
Obviously there are a number of issues surrounding the actual system which will be implemented and none of these issues were resolved today, watch this space!