Report from Oral Surgery MCN meeting December 14/12/11

Firstly discussed the OMFS service.

- Average number of referrals received over 7 month period = 591 per month
- Average new patient activity per month = 490 per month
- 101 shortfall between demand and capacity
- Percentage of treatments currently transferred out to Parkway = 16.97%
- An average of 70 treatments per month transferred out of department. If these were transferred at assessment stage this would obviously free up the assessment appointments and also it can be assumed that a further level of outpatient activity currently undertaken in OMFS could also be transferred out.
- Now need to assess the type of referrals by auditing referrals received Jan & Feb 2012

Future development

OMFS dept are in process of designing new referral form with printed referral criteria. The referral forms will ask for more information and there will be a "hub & spoke" system for assessment of the forms by the consultants to assess where the treatment can be carried out and the referrals can then be distributed to the appropriate treatment centre. The new referral forms may provide enough information so that Consultant assessment will prove to be unnecessary. DW asked if the referral forms & criteria could be seen by the LDC for their opinion prior to final draft being completed.

Is there a place for DWSI's in Oral Surgery –

- ? accreditation process will need to be put in place.
- Need further discussion at LDC/LHB liaison meetings regarding enhanced UDA's

Secondly discussed Parkway

Looked at the report of child dental GA/conscious sedation treatment activity in ABMU trust

- Audited data from Apr 2010 – March 2011 from Morriston Hospital & a 3 month period from Parkway clinic.
- 903 children treated at Parkway in the 3 month period & 167 children treated in the 12 month period at Morriston, extrapolating these figures means an annual uptake of 3779 for children's GA/Sedation.
- Obviously a need for this service based on the quantity of treatment provided but need better quality of data to be recorded in order to plan future services i.e need to assess patients referred for repeat GA's & the aggregated data doesn't fulfil this.
- Biggest difficulty is in assessing how many cases can be converted to sedation, certainly not all cases can.
- Parkway now undertaking additional data collection to assess if patients definitely need GA or if treatment could be done under sedation.
- Parkway feels the conversion rate can be quantified but for the treatments requested some patients would need repeat sedation visits as opposed to one GA visit and this is going to be less cost effective.

There was then a discussion about what the report told us and the way forward.

- There had been difficulty on the part of the Public Health Specialist getting to grips with the conversion of GA to sedation as it was not a “like for like” service and there were different types of sedation ranging from simple to polypharmacy .
- There are increased risks with deeper sedation but in order to carry out some of the treatments required a deeper type sedation would be necessary.
- HB said there are currently gaps in our knowledge and we need more clarity regarding the spectrum of sedation. The decision to move the kids GA was a non evidence based decision and now trying to rectify this lack of knowledge.
- DD said there had been a change in the paediatric guidelines with a paediatric review across Wales.
- There are 2 paediatric defined centres in Wales (Swansea & Cardiff) but there are not enough facilities/resources to cope with current demand let alone a further increase of 3800 treatments per year.
- Main problem is that Parkway is not co-existent on a hospital site.
- Also there is a discrepancy as to why Private hospitals are allowed to carry out Paeds GA for ENT/Plastics cases and yet Parkway is being targeted and this issue needs to be raised at Paediatric meeting.

Next meeting planned March 2012.