Shifting the Balance of Care – The establishment of a Primary Care Specialist Led Oral Surgery Service

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Introduction

An ageing population with increasingly complex needs[1] creates higher demand on services. Secondary Care Oral Surgery services are in particular demand , with large volumes of patients being referred by General Dental Practitioners. Many of these patients do not require the skill set of a Consultant Oral Surgeon (Tier 3), but are beyond the scope of a high street dentist (Tier 1).

Increased waiting times have driven a need for improved demand management of secondary care services. Between April 2016 and October 2016, 44 waiting list initiative clinics were held to reduce pressure on secondary care oral surgery services.

A specialist-led Public Dental Service Oral Surgery service has been established within Glasgow Dental Hospital. A Tier 2 clinical offer based on treatment complexity and aligned with secondary care services aimed to provide an appropriate setting for patient care, reducing waiting times for patients and facilitating more effective use of secondary care resources.

The delivery of Tier 2 dental care by enhanced skills dentists forming part of Managed Clinical Networks is part of the Oral Health Improvement Plan for Scotland[2]. This service provides an opportunity to test such models.

Aims

1. To shift the balance of care, providing safe, high quality care in a community setting, in line nationally with Scottish Government's 2020 Vision for Health and Social Care[3] and locally with NHS Greater Glasgow & Clyde's "Moving Forward Together"

2. To reduce waiting times for patients and reduce the burden on secondary care services whilst delivering specialist-led services

3. To improve sustainability of the service by reducing costly waiting list initiative clinics and income generation via the primary care service

4. To make more effective use of resources by distributing the workload appropriately between primary and secondary care

Methods

The primary care (Tier 2) service was established in collaboration with secondary care Oral Surgery services to ensure appropriate distribution of resources and to explore and define appropriate referral criteria. This was achieved through analysis of data intelligence captured throughout the patient journey from referral to discharge.

The patient journey data included information on the nature and complexity of treatment (from the perspective of the referral information and from the treatment procedures delivered), patient waiting times and outcomes.

Patients were redirected from secondary care waiting lists on the basis of suitability and waiting time. Once the service was fully established with agreed acceptance criteria, secondary care staff were able deflect referrals directly to the primary care service.

Results

Data has been presented for two separate time periods in the development of the service: November 2016 to April 2017 at the beginning of the new service and April 2018 to June 2018 when the service was fully operational. The longer, first period was to ensure there were sufficient cases to assess as the service grew.

Data Period of Primary Care Service Patient Assessment		
	Nov 2016 to Apr 2017	Apr 2018 to Jun 2018
Reason for Referral	Number of patients	Number of patients
Impacted 3rd Molar	81	118
Complex extraction	22	21
Soft Tissue Surgery	22	25
Other	9	21

Table 1. Nature of patients seen by primary care oral surgery service.

The data in Table 1 illustrates the nature of patients treated in the primary care oral surgery service. These patients are typical of patients referred to secondary care. The data in Table 2 illustrates the overwhelming majority of the patients treated in the primary care service did not require a consultant to deliver care.

Data Period of Primary Care Service Patient Assessment		
	November 2016 to April 2017	April 2018 to June 2018
Treatment complexity	%age of patients completed	%age of patients completed
Tier 1	12.9	13.5
Tier 2	77.7	73.0
Tier 3	2.4	0

Table 2: Complexity of patient care for completed patients seen in primary care oral surgery service.

These data support the a delivery of Tier 2 service in a specialist led primary care setting.

Data analysis for Referral to Treatment (RTT) for patients seen in the primary care service produced the following:

- Median RTT Nov 2016 – Apr 2017 was 6.9 weeks
- Median RTT Apr 2018 – Jun 2018 was 12.0 weeks.

The increase in the time for the second period is indicative of the increased activity of the service.

Furthermore, these data also include patients who failed to attend appointments, extending the RTT.

Patients deemed to be Tier 3 are forwarded to secondary care. This has been less than 10% of cases, ensuring a level of safety in the service.

The collective data provide measure of reliability and validity to the design and delivery of the specialist led primary care oral surgery service.

An additional factor has been a reduction in the number of waiting list initiative clinics for outpatient oral surgery. There were only 5 held between December 2017 and March 2018. There have been no further waiting list initiative clinics held for outpatient oral surgery cases.

On a less positive note, there were a significant number of patients who failed to attend appointments (38%) or declined to undergo treatment following consultation (11%). This is a fundamental area to address if the primary care oral surgery service is to improve efficiency, further reduce wait times and improve patient experience.

Conclusions

The primary care Oral Surgery service has been successfully established.

The impacts on secondary care include:
- Marked reduction in waiting list clinics
- Improved referral-to-treatment times
- Reduced burden on services

The use of data intelligence during the pilot period helped define the clinical offer for the primary care service.

Clear patient pathways for Oral Surgery have been established, with patients seen in an appropriate setting according to treatment complexity, with more effective and efficient use of clinical resources.

Work continues on establishing a direct referral service from General Dental Practitioners to primary care Oral Surgery services, via SCI Gateway, complementing the secondary care oral surgery clinical offer.

Additional work is required to reduce the number of missed appointments and to improve communication between services and patients. Patient engagement and patient reported outcome measures and patient focused booking will be central to this process.

References

[1]The Scottish Health Survey 2017
https://www.gov.scot/publications/scottish-health-survey-2017-volume-1-main-report/

[2]The Oral Health Improvement Plan for Scotland
https://www.gov.scot/publications/oral-health-improvement-plan/

[3]The 2020 Vision for Health and Social Care in Scotland
https://www2.gov.scot/Topics/Health/Policy/2020-Vision

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