Transforming the Delivery of Minor Oral Surgery Services in Aneurin Bevan University Health Board

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1. Introduction

- Oral Surgery – A specialty within dentistry
- What is Minor Oral Surgery (MOS)?
- Minor Oral Surgery delivery in ABUHB

Transforming the Delivery of Minor Oral Surgery Services in Aneurin Bevan University Health Board
1. Context and aim

• National and Local drivers for change

Healthcare Public Health (HCPH) – HCPH is one of the three core domains of specialist public health practice alongside health improvement and health protection. HCPH is concerned with maximising the population benefits of healthcare while meeting the needs of individuals and groups by prioritising available resources, by preventing diseases and by improving health related outcomes through design, access, utilisation, and evaluation of effective and efficient healthcare interventions and pathways of care (Faculty of Public Health)

Aim of the project: To ensure patients referred for the MOS procedures received timely treatment at the most appropriate setting from the most appropriate team.
2. What did we do?

- A multi-disciplinary Project Team - Secondary Care, Primary Care, Clinical Teams (Hospital and Community Dental Services), Local Dental Committee and Dental Public Health.
- Case for Change - Executive approval.
- Review of referrals into hospitals, engagement with local stakeholders, learning from other areas (England), options appraisal, recommendation.
3. Results

- Commissioning of the MOS services from existing primary care dental service providers - Development of Intermediate Service - service started on 1 April 2014.
- Utilisation of skill mix available within primary care.
- Secondary care focus providing services only they can provide.
4. Results

2014/15

<table>
<thead>
<tr>
<th>‘Pull’ from the Secondary Care Waiting List</th>
<th>Direct Referral to Primary Care MOS Services</th>
<th>% Referrals to Primary Care MOS Services that Required Onward Referral to Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1321</td>
<td>1304</td>
<td>3% (n= 34)</td>
</tr>
</tbody>
</table>
4. Results

- Reduced Referral To Treatment (RTT) for patients requiring treatment from hospital settings

<table>
<thead>
<tr>
<th>Waiting Time</th>
<th>March 2014</th>
<th>March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;52 weeks</td>
<td>185</td>
<td>2</td>
</tr>
<tr>
<td>&gt;36 weeks</td>
<td>427</td>
<td>5</td>
</tr>
<tr>
<td>&gt;26 weeks</td>
<td>978</td>
<td>258</td>
</tr>
</tbody>
</table>
4. Results

- Patients in primary care MOS service seen within 2-3 weeks.
- High patient satisfaction rate – 96% (n=297).
- Cost saving.
- Featured as a case study in *A Planned Primary Care Workforce for Wales.*
5. What did we learn?

• Appropriate policy drivers, shared leadership (clinical, public health and management) and executive approval for change key ingredients for success.

• Need to ensure ongoing monitoring and review of the new care pathway/model of care.

• Invest to Save.

• Public Health input – change agent/catalyst for change, valued within healthcare because our advice is seen as independent with no conflict of interest.
5. What did we learn?

- Need to be better at sharing the learning.
- Need to integrate prevention into service delivery, especially the primary care based dental services.
- Long term – evidence based public health interventions are also required to reduce the burden of preventable oral health diseases in the population which, in turn, should reduce the demand for dental services.
Thank you!

Any questions?

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