04/10/2023 OMFS / OS Pathway Mark Burrell

## Aims

- To explain where Minor Oral Surgery (MOS) fits into the 'Shared Care' model
- Guidance Documents available; information and 'toolkit' required to provide care in your own surgery.
- To introduce professional team members in Grampian who will be able to support the delivery of 'Shared Care'

## Objectives

- To introduce members of the Minor Oral Surgery Team in Grampian
- To recognise when an extraction / MOS procedure is the most appropriate option for a patient based on a treatment plan which respects the medical history (past, current and ongoing care) and any transitional P/P to F/F provision.
- To list available Dental Clinical Guidance related to Bisphosphonates and Anticoagulants and outline advice which may be available from GMPs, Community Pharmacists and other specialties.
- To recognise investigations required to assess the difficulty of an extraction and how to arrange these if unavailable in own setting.
- To have equipment and medicaments available to make a patient comfortable In the event of a failed extraction in order to avoid the need for an emergency referral.
- To introduce the appropriate use of Photographs, 'Near Me' and the MOS Referral Pathway

### Grampian Guidance



Grampian Guidance is an initiative by NHS Grampian and the three Health and Social Care Partnerships of Grampian to ensure appropriate information, which assists with direct patient care and management, is shared with clinicians when and where they need it.



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	Tissue Viability     Toluntary Sector     Grampian Discharge Policies Website	Escalation process and assessment of urgent referral pathway patients						
		Orthodontics Orthodontics Pathway						
		Oral & Maxillofacial and Oral Surgery						
		Oral & Maxillofacial and Oral Surgery Pathway						
		Dental Anxiety						
		Dental Anxiety Pathway						
		Special Care Dentistry						
		Special Care Dentistry Pathway						
		Student Teaching						
		Student Teaching Pathway						
		Exodontia Teaching Clinic – Aberdeen Dental Hospital						

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#### Grampian combined Oral & Maxillofacial Surgery and Oral Surgery Service – Update and FAQ's

Introduction

Until March 2020, GDP's and GMP's in Grampian had the ability to refer patients requiring surgical treatment of the hard and soft tissues of the mouth via two referral routes in accordance with their respective referral criteria. The first route of entry was via SCI gateway or paper referral to the Oral and Maxillofacial Surgery service based in ARI, and the second route via SCI gateway or paper referral to The Grampian Minor Oral Surgery Service GMOS (formerly Surgical Dental Service) which was based in primary care.

Our services aim to meet the needs of the population of Grampian in keeping with NHS Grampian's vision of access to safe, effective and high quality health services, and bringing care closer to home. Following a review of the service we believe that these aims should continue to be the key drivers for the redesigned service, alongside a commitment to training.

To deliver this ambition we have made a number of key changes to the service pathway itself namely:

> How referrers can access the service How we manage referrals into the service How we interact with our services users How we will monitor the performance and safety of our service

New Service Description

Going forward there will be a single point of entry for OMFS and Oral Surgery services across secondary and primary care in Grampian. All referrals should be made to the C13 specialty of "Oral and Maxillofacial Surgery" via SCI gateway. Please refer to the published service pathway to ensure your referral meets the service criteria. <u>Oral and Maxillofacial</u> <u>and Oral Surgery pathway</u>

Once received, your referral will be triaged, vetted and directed to the appropriate branch of the service. Where referral criteria for the service has been met, patients will be offered an appointment which may be with colleagues based in:

The department of Oral and Maxillofacial Surgery based in Aberdeen Royal Infirmary The department of Oral Surgery based in Aberdeen Dental Hospital The Oral Surgery service provided by NHS Grampian Public Dental Service dentists with an interest in Oral Surgery

As before there is no charge for care provided under the care of OMFS in ARI or in Aberdeen Dental Hospital. For those patients who receive treatment at Argyll Dental Practice in Aberdeen or Spynie Dental Practice in Elgin, normal NHS Charges will apply.

Allocation of appointments will be dependent on individual cases and assessment appointments may initially be offered face to face or remotely via telephone or video consultation using near me technology.

# Challenges in Current Pathway

### COVID

### 2 points of entry

OMFS

• GMOS

### Movement of patients between primary and secondary care

• Inequitable access

### Need to incorporate new resource

• Remote technology

• Significant investment in workforce

Demand vs Capacity

### Vetting protocols

# Case Study – Patient 1 Existing Pathway

## Patient 1 - Elgin

- 28.03.2019 Referral to GMOS from GDP
  - 3 episodes of pericoronitis requiring AB's in last 4 months
  - No rad attached
- 28.05.2019 Assessed by PDS OPT arranged Dr Gray's Elgin
  - Referral made to OMFS before radiograph exposed
  - GDP not copied in to referral
- 03.06.2019 OPT Radiograph at Dr Gray's
- 22.10.2019 Referral 2 to GMOS from GDP
  - Further 4 episodes of pericoronitios requiring Ab's
- 11.12.2019 Referral 3 to GMOS from GDP
  - 3 further episodes of pericoronitis (10 episodes requiring AB's in 12 months)
- 17.12.2019 Referral 4 from GDP to OMFS

### Patient 1 - Elgin

- 12.02.2020 F2F NP Assessment OMFS
  - 8.5 months after first referral from PDS in June 2019
  - Listed for LA xla 48
- COVID Elective services cancelled
- 01.12.2020 Transfer to OS D3
  - 3D OPT and coronectomy



Grampian Guidance



Oral & Maxillofacial and Oral Surgery Service

# Revised OMFS / OS Pathway



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15:34



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#### **OMFS / ORAL SURGERY EXEMPTIONS**

If the patient presents with any of the following conditions do not refer to "Oral and Maxillofacial and Oral Surgery", but as indicated below:

- Routine extractions. This includes referrals for anxious patients requiring routine dental treatment or routine extractions under IV Sedation or GA Dental Anxiety
- pathway Routine extractions for patients prescribed NOACS. Please refer to SDCEP guidance

0

Routine Extractions for patients at risk of MRONJ. Please refer to SDCEP guidance

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Removal of implants where implant was not placed by NHS Grampian. Please contact the dentist who placed the implant

Failed endodontics. Please refer to published Restorative Dentistry pathway for periradicular surgery / apicectomy criteria

Referrals for dental implants or bone grafting from GDP. Please refer to Restorative Dentistry guidance. Strict criteria apply

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### INFORMATION FOR REFERRERS

- Ahead of identifying patients considered for treatment please read the following information:
- All other referrals must be via SCI gateway (paper referrals will not be accepted) Referrals are vetted according to description of the problem and the urgency with which the patient needs to be seen
  - If the referral contains inadequate detail to allow this to take place, the referral will be returned for clarification
  - All referrals must be accompanied by relevant clinical radiographs or clinical images to facilitate triage. Scans of printed digital images will not be accepted
- To request an OPT prior to referral please follow the Dental Radiology pathway Referrals will be triaged and appointed to the most relevant service. This could include treatment in secondary care or appointment to primary care services where treatment is provided subject to SDR charges
  - If accepted for assessment, initial assessment may be face to face or a remote consultation by telephone or Near Me

#### DENTOALVEOLAR

- Patients considered for treatment will include those who require:
- Management of oro-antral communications or fistulae (please send referral via SCI)
- Management of fractured tuberosities (please send referral via SCI)
- Management of roots in the maxillary antrum(please send referral via SCI)
- Diagnosis and management of hard tissue or bone lesions including cysts
- Surgical exposure or removal of ectopic. Ectopic and supernumerary teeth must be referred with a clear orthodontic treatment plan, or associated with signs or symptoms of disease.
- Pre prosthetic surgery as part of a restorative treatment plan
- Surgical removal of impacted third molar teeth where there is an increased risk of complications.
- Removal of routine buried roots that are symptomatic or prohibiting progression of a treatment plan.
- Referrals made on the basis of patient medical history will be considered when minor oral surgical treatment is required. If referring for routine extractions, please see the special care dentistry pathway (insert hyperlink)

#### TEMPOROMANDIBULAR DISORDER (TMD)

Patients considered for treatment will include those with:

- The majority of patients presenting with TMJ problems will be suffering from TMJPDS (Temporomandibular joint pain dysfunction syndrome) or myofacial pain.
- These patients can, in most cases, be effectively managed in primary care without referral. Initial management of temporomandibular joint dysfunction may involve supportive patient education on avoidance of clenching and grinding, relaxation and a soft diet. We are not funded to provide splints in secondary care.
- Patients with TMJPDS who should be referred for management in secondary care are:
- Those with atypical presentation (e.g. numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury, sudden onset, patient aged >40 years (hyperlink to tmjd red flag accompanying document)
- Patients who fail to respond to conservative measures, including provision of a soft splint. (insert hyperlink to TMJD accompanying advice)

#### **ORAL AND MAXILLOFACIAL SURGERY**

Patients considered for treatment will include those with:

- Suspicious lesions / suspected malignancy should follow the Urgent Head and Neck Pathway (Insert hyperlink)
- Emergency pathway, Facial Swelling, bleeding (insert hyperlink / signpost)
- · Management of jaw and facial fractures
- Management of congenital and acquired jaw anomalies
- Diagnosis and treatment of salivary gland diseases
- Treatment of cysts
- Diagnosis and management of established osteoradionecrosis, Medication Related Osteonecrosis of the Jaws (MRONJ), Osteomyelitis.

#### BENIGN AND SOFT TISSUE LESIONS

Patients considered for treatment will include those who require:

- Diagnosis and management of benign soft tissue lesions, particularly where there is an increased risk of complication such as nerve damage, scarring or where the surgical site is close to structures that may easily be damaged e.g. salivary gland ducts.
- Denture hyperplasia which interferes with the construction of a new prosthesis.
- Referrals should be accompanied by clinical images to allow for triage (hyperlink to clinical image criteria e.g. format JPEG etc.)

### DENTOALVEOLAR

- Management of oro-antral communications / fistulae / fractured tuberosities
- Management of roots in the maxillary antrum
- Diagnosis and management of hard tissue or bone lesions including cysts
- Surgical exposure or removal of ectopic teeth. Ectopic and supernumerary teeth must be referred with a clear orthodontic treatment plan, or associated with signs or symptoms of disease
- Pre prosthetic surgery as part of a restorative treatment plan
- Surgical removal of impacted third molar teeth where there is an increased risk of complications
- Removal of routine buried roots that are symptomatic or prohibiting progression of a treatment plan
- Referrals made on the basis of patient medical history will be considered when minor oral surgical treatment is required. If referring for routine extractions, please see the <u>Special Care</u> <u>Dentistry</u> pathway

### TEMPOROMANDIBULAR DISORDER (TMD)

The majority of patients presenting with TMJ problems will be suffering from TMJPDS (Temporomandibular joint pain dysfunction syndrome) or myofacial pain These patients can, in most cases, be effectively managed in primary care without referral Please refer to the Temporomandibular Disorders guidance on Hi-Net (GDPs) or Grampian Guidance (GMPs).

## TMD Guidance SCI Gateway

Heada	che symptoms suggesting headache secondary to intracranial pathology
Trismu	IS
•	Near absolute trismus preventing examination (<15mm)
•	Progressively worsening trismus
•	Absence of history of joint dysfunction
Suspic	ious intra oral lesion
•	Erythroplakia, erythroleukoplakia, leukoplakia, ulceration of oromucosal tissues
Lymph	adenopathy
Crania	I nerve dysfunction
Histor	y of previous head and neck malignancy
New h	ead or neck mass
•	Palpate preauricular region
•	Regional lymphadenopathy
ENT sy	mptoms
•	Nosebleeds
•	Anosmia (loss of sense of smell)
•	Persistent discharge from nose
•	Loss of hearing
•	Earache
•	Lymphadenopathy
Tempo	oral Arteritis
•	Fatiguing pain from muscles of mastication when chewing
•	Raised ESR
•	Scalp tenderness
•	Palpable, enlarged and tender temporal arteries
•	Headache
Adapte	ed from – Temporomandibular Disorders (TMDs): an update and management guidance for
	primary care from the UK Specialist Interest Group in Orotacial Pain and TMDS (USOT) 2013



### OMFS / ORAL SURGERY

Red flag presentation for suspicious lesions / suspected malignancy should follow the suspected head and neck malignancy box above

Emergency presentations including facial swelling, bleeding etc. should follow the red emergency box above

or

Management of jaw and facial fractures Management of congenital and acquired jaw anomalies Diagnosis and treatment of salivary gland diseases Treatment of cysts Diagnosis and management of established osteoradionecrosis, Medication Related Osteonecrosis of the Jaws (MRONJ), Osteomyelitis Mucosal Disease where malignancy is not suspected but diagnosis is required e.g. lichen planus or leukoplakia Non-Odontogenic pain excluding TMD

### BENIGN AND SOFT TISSUE LESIONS

Diagnosis and management of benign soft tissue lesions, particularly where there is an increased risk of complication such as nerve damage, scarring or where the surgical site is close to structures that may easily be damaged e.g. salivary gland ducts Denture hyperplasia which interferes with the construction of a new prosthesis Referrals should be accompanied by clinical images to allow for triage

Further guidance to support referrals and the attachment of clinical images is available via: Combined Oral Surgery and Oral Maxillofacial Service

## Clinical Photographs

ADMINISTRATIVE INFORMATION				
This referral is complete, been checked by the referring GDP and authorised for transmission. Registered Practice:Westburn Medical Group, Foresterhill HC, Westburn Rd, Aberdeen, AB252AY, Tel: 01224 559595				
Referred By Details Referred By	General Dental Practitioner			
CLINICAL INFORMATION				
History of presenting complaint / examination findings / investigation results Position is : Reason For Referral Date of onset	tongue appear with white spot-blisters -unknown aetiology 20-Sep-2023			
Referral Summary	PCO:I have some lumps on my tongue for two weeks and its not getting better and it makes it hard to swollen as painful. Painful to eat as well . I have been to pharmacist and got prescription of Dactarin oral gel. Recently had Covid 2 weeks ago, and wrist operation 8 weeks ago .			
	Diagnosis: i cant make the diagnosis.ref proposed to the hospital for further ivestigation of explained nossible related with covid			
Cancer Specific Issues Malignancy suspected	No			
Enclosures Radiographs	No			
Photographs Radiographs on PACS System Reason for no Radiographs	No No not require			
Cancer Details Cancer Appearance				
Ulceration Red patch (erythroplakia) Mixed red/white patch	Yes Yes Yes			
Associated with Tongue fixation Further description and notes, including duration	Yes please treat as access			
Patients Weight over 140Kg No -				
Reason for Referral				
Care type requested Nature of Request	Out Patient Investigate			
<u>Medical history</u> No Past medical history data available <u>Medication Details</u>				
Current and recent medication No medications recorded				
Clinical Warnings				
Lifestyle Risks				
Alcohol History Smoking History	nad nad			

### **OMFS / ORAL SURGERY EXEMPTIONS**

If the patient presents with any of the following conditions do not refer to "Oral and Maxillofacial and Oral Surgery", but as indicated below: Routine extractions. This includes referrals for anxious patients requiring routine dental treatment or routine extractions under IV Sedation or GA Dental Anxiety pathway Routine extractions for patients prescribed NOACS. Please refer to SDCEP guidance Routine Extractions for patients at risk of MRONJ. Please refer to SDCEP guidance Removal of implants where implant was not placed by NHS Grampian. Please contact the dentist who placed the implant Failed endodontics. Please refer to published Restorative Dentistry pathway for periradicular surgery / apicectomy criteria Referrals for dental implants or bone grafting from GDP. Please refer to Restorative Dentistry guidance. Strict criteria apply

No



No

All referrals must be accompanied by relevant clinical radiographs or clinical images to facilitate triage. Scans of printed digital images will not be accepted. Incomplete referrals will be returned. C  $\wedge$  R

All Bookmarks

Managed bookmarks 😞 Video Call Manage... 🔇 NHS Scotland - Login Aberdeenshire GIRFEC Service Aberdeenshire Public Health Team Adult Autism Assessment Team (City, Shire & Moray H&SCP) Aberdeenshire Alcohol & Drugs Partnership (ADP) Restorative Grampian Take Home Naloxone Programme Grampian Area Applied Psychology Advisory Committee (GAAPAC) <sup>©</sup> Bladder and Bowel Specialist Service Radiology Care Home Nutrition Health Inequalities Health Protection Healthy Weight/Healthier Futures <sup>+</sup>Managed Clinical Networks (MCN) NHSG Department of Clinical Neuropsychology Orthopaedic Shoulder Clinics: Information for Patients Making Decisions about Treatment <sup>•</sup>Public Health Directorate Paediatric <sup>®</sup> Smoking And Tobacco "Supported Self-Care & Self-Management Tissue Viability • Voluntary Sector <sup>•</sup>Grampian Discharge Policies Website

### **Dental Pathways**

Please find below the new dental pathways published June 2021:

Restorative Dentistry Pathway

Radiology Pathway

SCI gateway Image labelling and attachment guide.

IEP - Individual User Guide

IEP - Recipient FAQ

#### Paediatric Pathway

Escalation process and assessment of urgent referral pathway patients

## Radiology Pathway

### <u>https://www.hi-netgrampian.org/wp-</u> <u>content/uploads/2021/06/Radiology-pathway.pdf</u>

#### **Dental Radiology Pathway**

- Dentists can request an OPT image via a SCI Gateway Radiology Referral
- The form can be accessed by selecting: Grampian / Grampian Dental Services/ Grampian Secondary Care Services/ Clinical Radiology Plain film/ Dental Radiology Plain film
- There is the option to select OPT in the form
- To comply with current IR(ME)R regulations please ensure that you provide sufficient detail to justify your request
- If you intend to subsequently refer to OMFS then please write To support a NHS OMFS referral

   in the clinical narrative
- The Radiology department will process your request and the image will be made available to your practice to download via the Information Exchange Portal (IEP).
- Each practice (not individual dentists) will need to be registered for the Information Exchange Portal.
- Once you have accessed your image you are required to evaluate the image and document this
  in your clinical records to comply with current IR(ME)R regulations
- If you do subsequently refer to OMFS then in your SCI Gateway OMFS referral please write in your clinical narrative - OPT available on PACS.

### Referral

Consider referral to "Oral Surgery / Maxillofacial Surgery" at Aberdeen Royal Infirmary via Sci Gateway.

Further local guidance is available via the Grampian Combined Oral & Maxillofacial Surgery and Oral Surgery Service – Update and FAQ's document on Grampian Guidance and HiNet.

# Referral Examples

### CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Position is :

Reason For Referral

Date of onset

**Referral Summary** 

Cancer Specific Issues

Surgical extraction needed for 38 and 48 (impacted toward 37 and 47)

22-May-2020

Patient attended the practice on 22/07/20 however she told us the pain had been present for around 2 months. She has been taking painkillers since pain started as she was nervous about seeing doctor. Patient has also been referred for an OPG for better evaluation of pain diagnosis.



### CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results				
Reason For Referral Referral Summary Expectation of Referral Service	History of pain from LR8 Patient in history of pain from LR8 - tooth is unerupted. surgical extraction of LR8			
Treatment attempted and completed	LR8 unerupted and required surgical extraction. Patient in history of pain, we would be grateful if you could kindly arrange an appointment for patient.			
<u>Enclosures</u>				
Radiographs	No			
Photographs	No			
Reason for Referral				



## Insufficient Clinical Detail

#### CLINICAL INFORMATION

#### History of presenting complaint / examination findings / investigation results

Reason For Referral	Retainted roots
Date of onset	16-Dec-2019
Referral Summary	Pt has numerous retained roots and has had difficult extractions inpast, nervous
Expectation of Referral Service	Surgical extraction retained roots
Treatment attempted and completed	All other treatment completed.
Enclosures	

#### CLINICAL INFORMATION

#### History of presenting complaint / examination findings / investigation results

 Reason For Referral
 cyst right side in the gum

 Referral Summary
 check mobile cyst - possible removal

 Enclosures
 Enclosures supplied

 No enclosure details provided
 Cancer Details

## Primary Care – Level of Complexity

#### CLINICAL INFORMATION

#### History of presenting complaint / examination findings / investigation results

Reason For Referral Date of onset	PERIOD ACUTA LR7 13-Jul-2021
Enclosures	
Radiographs	Yes
Radiographs on PACS System	Yes
Reason for no Radiographs	extr lr7



Primary Care - Guidance Available

NHS Education for Scotland

Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw Dental Clinical Guidance



Scottish Dental

Clinical Effectiveness Programme

Dcep

Antibiotic Prophylaxis Against Infective Endocarditis Implementation Advice

March 2017



Clinical Effectiveness Programme

Scottish Dental

Does Not Meet OMFS/OS Referral Criteria

#### CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

osition is :	
Reason For Referral	DCMT
Date of onset	04-May-2021
Referral Summary	Sudden onset of pain on the Left TMJ for 2 weeks Restricted mouth opening Severe pain No signs of infection
Expectation of Referral Service	Resolution of Pain and complete opening of the mouth

Position is : Reason For Referral TMJ PAIN Date of onset 01-Jul-2021 Referral Summary TMJ PAIN Cancer Specific Issues Malignancy suspected No Treatment attempted and completed soft diet advised night guard discussed Enclosures Radiographs No Photographs No Radiographs on PACS System No Reason for no Radiographs no radiographs available Cancer Details Further description and notes, including pt has pain from TMJ please see this patient and advise duration Invoctiontions

## FAQ Document

#### Frequently Asked Questions

#### FAQ Contents

How do I access SCI gateway to make my referral?	Page 3
Where do I access the referral criteria?	Page 3
Where do I send referrals where this a suspicion of malignancy?	Page 3
Where do I send referrals for a dental emergency?	Page 4
Can I refer anxious patients into the service for routine dental extraction of	r restorative
treatment with IV sedation or GA?	Page 4
Where can I access further information relating to TMD referrals?	Page 4
What conditions/procedures do not meet your referral criteria?	Page 5
What information should be included in my referral?	Page 5
How do I attach a clinically appropriate clinical photograph / radiograph w	ith my
referral?	Page 6
How do I request an OPT radiograph prior to sending in my referral?	Page 6
How do I view an OPT radiograph that I requested to be done in either AF	RI or Dr
Gray's?	Page 7
I work in private practice and don't currently have access to SCI gateway.	How can I
make a referral into the service?	Page 7
Can I refer patients for consideration as an UG teaching case?	Page 7
My patient would prefer to have their care provided in secondary care as	they would
My patient would prefer to have their care provided in secondary care as rather not pay for treatment in accordance with the SDR, is this possible?	they would <i>Page 8</i>
	How do I access SCI gateway to make my referral? Where do I access the referral criteria? Where do I send referrals where this a suspicion of malignancy? Where do I send referrals for a dental emergency? Can I refer anxious patients into the service for routine dental extraction of treatment with IV sedation or GA? Where can I access further information relating to TMD referrals? What conditions/procedures do not meet your referral criteria? What information should be included in my referral? How do I attach a clinically appropriate clinical photograph / radiograph w referral? How do I request an OPT radiograph prior to sending in my referral? How do I view an OPT radiograph that I requested to be done in either AF Gray's? I work in private practice and don't currently have access to SCI gateway. make a referral into the service? Can I refer patients for consideration as an UG teaching case?

https://www.hi-netgrampian.scot.nhs.uk/wp-content/uploads/2021/06/Combined-Oral-Surgery-and-Oral-Maxillofacial-Service-3.pdf

# Case Study – Patient 1 New Pathway



### Patient 1 - Elgin

- Present to GDP with pericoronitis
  - GDP refer to Dr Gray's for OPT
  - GDP Refer to OMFS for Surgical management 48
- Triage by vetter
  - To OMFS or OS (secondary or primary care)
- New patient assessment via Near Me
  - Arrange for further imaging if indicated
  - Arrange care as appropriate

## Active clinical Referral triage.

- New people vetting referrals. This required training and standardisation.
- New types of outcome. i.e., Face to Face/telephone/near me.
- Incorrect/inappropriate referrals needed a robust and safe return mechanism.
- Pathway had to have easy to understand instructions and mechanisms to allow information transfer.
- This all had to be communicated to multitude of different groups.
- Active Clinical Referral Triage (ACRT) | Turas | Learn (nhs.scot)

### Different levels of Referral.

- Urgent.
- Routine.

## Choosing the correct referral letter.

Hospital use Clinic		Day Date		Time	Hospital No.	
SCI Gate	way Electronic Dental Referral			Dat	e Referral Created	
			19-Sep-2023			
Pa	atient Consent has been given for information sharing		Date Referral Submitted 19-Sep-2023 @ 15:14:00			
Unique Care I	Pathway Number: <b>1010308159898</b>			CHI No: CHI		
REFERRAL TO						
Oral and Maxillofacial Surgery C13 Oral And Maxfax Dental Surgery			- Con prac	sultant / receivin titioner and/or sp	g ecialty clinic	
Grampian Oral and Maxillofacial Surgery Services Maxillofacial Unit Aberdeen Royal Infirmary Foresterhill Road Aberdeen, AB25 2ZN			- Hos	pital and hospital	address Hospital unit no N025G Email addres	
Urgency of Referral Sensitivity of Referral	Urgent GROWTH ON THE LATERAL SURFACE OF TONGUE Highly Sensitive					

CLINICAL	INFORMATION

History of presenting complaint / examination	findings / investigation results
Position is :	
Reason For Referral	PATIENT COMPLAINING OF SMALL FOLLICULAR GROWTH ON THE LATERAL SURFACE OF THE TONGUE,PAINFULL
Date of onset	01-Sep-2023
Cancer Specific Issues	
Malignancy suspected	Yes
Treatment attempted and completed	CONTINUING CARE
<u>Enclosures</u>	
Photographs	Yes
Radiographs on PACS System	Νο
Reason for no Radiographs	ITS ON THE TONGUE
<u>Cancer Details</u>	
Cancer area suspected	
Oral Cavity	Yes
Associated with	
Pain	Yes
Further description and notes, including duration	WHITE FOLLICULAR LIKE APPEARANCE ON THE LEFT TIP OF THE TONGUE
<u>Investigations</u>	
Patients Weight over 140Kg No	-



## Out come of Vetting

- In person consultation(F2F).
- Direct to Soft tissue list. (needs good quality digital image).
- Near me consultation.
- Tel consultation.

## Near me Consultations.

- Platform already existed in Grampian, but Covid accelerated roll out.
- Needed Hardware. E.g., Dual Screens/webcams/speakers etc. This was challenging in pandemic.
- Need information from referrers. Most notably Radiographs. New radiology pathway developed for this alongside referral pathway.
- Staff training for the software.
- New skill required in performing a clinically meaningful consultation.
- Had to have the same value as a F2F.

## Challenges to overcome in using 'Near me'.

- Public confidence in system.
- Not a 'cheap' alternative to in person consultations.
- Ensuring fellow clinicians also see the value.
- Ensuring the referrers understand the level of information required to allow remote consultations.
- Ensuring adequate hardware.
- Digital infrastructure in the community.
- Ensuring no digital exclusion of patient groups.

Realised benefits of 'near me' in our service delivery.

- Reduced travel time for patients.
- Sustainable.
- Environmentally friendly.
- Reduced clinical space requirement.
- Hybrid working.
- Further investigations can be organised quickly.

## 'Teething' problems

- Patient
- Administration
- Technical.
- Clinical.

## Patient Challenges.

- Lack of IT skills.
- Digital exclusion. (Remote infrastructure barriers poor broadband lack of suitable hardware.
- Poor compliance with instructions. ? Literacy issues. Language barriers.
- Often entered the wrong waiting room.
- Patients maybe not appreciating that this was a hospital appointment.
- Inappropriate places for consultation e.g. McDonalds, driving at the time. Children not brought.
- Lack of confidentiality

### Administration problems.

- Wrong information sent.
- Instructions not as clear as could be.
- Placed in wrong waiting room or not monitored.

### Technical issues.

- Poor internet connections.
- Permissions on devices/firewalls etc.
- Digital exclusion.
- Lack of webcam. Problem in pandemic.

## Clinical problems.

- Lack of IT skills with clinicians.
- Vetting inconsistency
- Lack of suitable office space. E.g. shared offices
- Insufficient information. Radiographs missing etc.
- Language barriers.
- Not the appropriate type of consultation.

### Lack of clinical details.

General Dental Fracticioner

I I NOICH OU DY

CLINICAL INFORMATION		
History of presenting complaint / examination findin Position is :	ngs / investigation results	
Reason For Referral	pt is having a lot of discomfort/pain and would like a diagnos	is
Referral Summary	diagnosis and any other possible management regime	
Cancer Specific Issues		
Malignancy suspected	No	
Treatment attempted and completed	currently managing pt with symptomatic treatment: ie;benzadmaine oromucosal spray and mouthwas	sh as needed but pt keen to have diagnosis and any other possible management regime
Enclosures		
Enclosures supplied	No enclosure details provided	
Cancer Details		
Further description and notes, including duration	pt feels its affecting her quality of life	
<u>Investigations</u>		
Patients Weight over 140Kg No	-	
Reason for Referral		
Care type requested	Out Patient	
Nature of Request	Treat	
Medical history		
No Past medical history data available		
Family conditions		
Description		
hypertension	-	
Medication Details		
Current and recent medication		
Drug name	Dosage	Frequency
Gabapentin	-	-
losartan	-	-
atorvastatin	-	-
quetiapine	-	-
latanoprost eye drops	-	-
epilim chrono	-	-
sertraline	-	-
Clinical Warnings		
Lifestyle Risks		
Alcohol History	none	
Smoking History	none	

### Lack of clinical details.

ADMINISTRATIVE INFORMATION		
This referral is complete, been checked by the referring GDP and authorised for transmission. Registered Practice:GP outwith Grampian		
Referred By Details		
Referred By	General Dental Practitioner	
CLINICAL INFORMATION		
History of presenting complaint / examination findings / investigatio	n results	
Reason For Referral	Nerve pain, left side of face	
Referral Summary	For further investigation of severe nerve pain	
Enclosures		
Enclosures supplied	No enclosure details provided	
Investigations		
Patients Weight over 140Kg No	-	
Reason for Referral		
Care type requested	Out Patient	
Nature of Request	Investigate	
Medical history		
No Past medical history data available		
Medication Details		
Current and recent medication		
Clinical warnings		
Lifestyle Risks		
Alcohol History	No	
Smoking History	Yes	

## Useful Links.

- <a href="https://scottish.sharepoint.com/sites/GRAM-Guidance">https://scottish.sharepoint.com/sites/GRAM-Guidance</a>.
- <u>https://scottish.sharepoint.com/sites/GRAM-</u> <u>Guidance/SitePages/Maxillofacial-Surgery.aspx</u>
- <u>https://www.hi-netgrampian.scot.nhs.uk/wp-</u> <u>content/uploads/2022/02/Oral-and-Maxillofacial-and-Oral-Surgery-</u> <u>22.pdf</u>
- <u>https://www.hi-netgrampian.scot.nhs.uk/wp-</u> <u>content/uploads/2022/02/Combined-Oral-Surgery-and-Oral-Maxillofacial-Service-22.pdf</u>