



Centre for Perioperative Care

GIRFT report of Hospital Dentistry

The [GIRFT review of Hospital Dentistry](#), led by Liz Jones gives an in-depth snapshot of the often complex but by necessity, interactive nature of hospital dental services. Liz is an experienced leader in the dental world and is eminently suited to adopt the GIRFT protocol to this area of healthcare.

The robust nature of the report raises concerns in the degree of unwanted variation within the 13 dental specialities, while focusing on four main areas: paediatric dentistry, oral surgery, orthodontic services and restorative. In addition, oral medicine and special care dentistry were considered.

Although the report naturally focuses on the way that systems are applied to benefit patient outcomes, the specific areas where patient wellbeing are adversely affected, comes strikingly through the whole report.

These areas of affected wellbeing are across the whole patient lifespan. An ageing population with high complex needs and co-morbidities have specific needs including the need for consultant led teams for oral cancer, head and neck cancer reconstruction and for the debilitating oral disease that affect a person's quality of life.

At the other end of the lifecycle, the levels of dental disease that are prevalent in the UK, especially in areas highlighted as suffering from deprivation, remain frighteningly high. That dental decay is a preventable disease, coupled with the fact that dentistry is free at the point of contact for children, should give worry and concern to everybody who reads this report - especially as it is a picture that is now recognised decade after decade. In other words, although some deficiency in services would be understood during the Covid-19 pandemic, sadly, the picture that emerges has been recognised year in, year out for too long.

Of the 21 recommendations laid out in this report, one central thread stands out - the variation within and between dental specialities in the ability to identify relevant data to inform outcomes with the aim of improving services. The report highlights changes that need to take place so that a foundational and fundamental levelling of information can be made available throughout hospital dentistry.

If this could be achieved, the application of service change going forward could improve the recording of data and quickly improve the outcomes of treatment, referral of patients and align the interface between primary and secondary services to benefit patients directly.

The report indicates the shortage of consultants and specialists within all of the 13 dental specialties. This provides a barrier to effective and efficient commissioning and adversely affects patient outcomes. Central to many of the recommendations is the need for digital transformation, especially the establishment of an e-referral process between primary and secondary provision.

In terms of stark facts, the report mentions that 33,000 children aged 0-9 had extractions in hospital in 2018/19. Most of these children required a general anaesthetic, many on more than one occasion. Due to this high demand and the need for theatres to carry out a whole range of operations for the general public, waiting times were long resulting in children suffering dental pain over prolonged timeframes.

It is sobering to recognise, as mentioned earlier, that dental decay is both preventable and that prevention should be readily available from dental practices in primary care at no upfront cost for treatment. Although this report highlights the difficulties experienced within hospital care, the natural link is having a fully funded prevention programme, which if effective, should reduce the high numbers of children presenting for general anaesthetic extractions with the accompanying pain and discomfort.

This well presented report not only highlights the changes within the hospital dental services that are necessary at this time, but indicates the importance of a 'joined-up' approach between primary and secondary care, to better patient outcomes.

The recommendation, if acted on, should bring a profound change for the better in hospital dental services and Liz Jones should be congratulated in her robust and appropriate 21 recommendations.

The timeframe for change and the actions suggested are, by necessity, ambitious - and quite rightly so. It is pleasing to note that the Faculty of Dental Surgery (RCS Eng), NHSE, NHSI, Commissioning bodies and the various dental speciality societies are central to seeing these changes take place.

Time will tell if the Foundation Trusts, NHSE and I, MCN's, LDN's as well as the Department for Health and Social Care and GDC can take up sufficient ownership of the extensive actions to provide a wide ranging change in systems to provide improved patient outcomes within the dental healthcare system.

I would like to finish with a quote from Liz which I feel is helpful:

'Finally, I have been extremely impressed by the interest shown by clinicians in the analysis we presented. Many had no knowledge of their own data but all were keen to improve their recording to ensure more robust data in the future. I hope that this review will help not only to improve outcomes for patients but also increase engagement between clinicians and commissioners and promote greater integration between primary care and hospital care.'

The clinicians and dental healthcare professionals who work within the hospital dental services, as well as their general hospital colleagues, are dedicated, professional and continually strive to provide a service for their patients that is excellent and fully patient focused. This report and its recommendations, if implemented and embedded correctly, will provide the scaffolding within the system, to greatly improved patient care. I am hopeful that

this will be realised on the back of the willingness that I know exists within the field of hospital dentistry.

In closing, the Centre for Perioperative Care (CPOC) values the membership of the Faculty of Dental Surgery, England as a partner on its Advisory Board and this report will undoubtedly be used to good effect by the FDS to further positive patient outcomes in healthcare.

Lawrence Mudford
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