Background

• Dental implant therapy has shown to be a predictable and successful treatment modality.\textsuperscript{1,14}
• Patient awareness and demand for NHS-funded dental implants has dramatically increased, which outpaces available government resources.\textsuperscript{14}
• The Royal College of Surgeons of England (RCSE, 2012) guidelines\textsuperscript{6} facilitate appropriate referrals and standardisation in selection for NHS implant funding, by outlining ‘high-priority’ patient groups.
• Guy’s Dental Hospital (GDH), as a large NHS Teaching Hospital are inundated with implant referrals from across the UK and its’ extensive catchment area in London and surrounding counties.
• GDH has established local implant referral guidelines\textsuperscript{7} which reflect the RCSE selection criteria, to guide referring clinicians.

Aim

• An audit project assessing the referral and selection for dental implants at GDH, in accordance with previous RCSE 1997 guidelines was undertaken in 2007\textsuperscript{7}.
• The aim of this project was to re-audit the compliance to the local GDH guidelines, in the referral and selection of patients for implant therapy at GDH and provide an overall outlook.

Method

• Retrospective analysis of patient records from 7 consecutive new-patient implant assessment clinics, over a 6-month period.
• Information on the reason and content of the referral, consultation findings and outcome was collected using a data collection form and data analysis was undertaken.

Results:

Demographics:

• 78 patients
• 55% Female, 45% Male.
• Age Range: 15 to 83.
• Average Age: 41

Overview:

• General Dental Practitioner (GDP) referrals: 77%
• Hospital referrals: 15%
• Specialist referrals: 6%
• General Medical Practitioner (GMP) referrals: 2%
• Average wait between referral and assessment: 47.6 days
• Average wait for funding outcome following application: 31.5 days

Implant Therapy Referrals:

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>1st Cycle (n=103)</th>
<th>Changes Implemented:</th>
<th>Re-Audit: 2nd Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypodontia</td>
<td>34%</td>
<td>GDH local implant referral guidelines made available online. 2015 (n=78)</td>
<td>28.2%</td>
</tr>
<tr>
<td>Other developmental defects</td>
<td>6.8%</td>
<td>These guidelines were also sent to referring clinicians.</td>
<td>15.4%</td>
</tr>
<tr>
<td>Intolerance dentures</td>
<td>12.6%</td>
<td>Clinics with Consultants and members of staff, updated with current GDH guidelines.</td>
<td>17.9%</td>
</tr>
<tr>
<td>Trauma</td>
<td>24.3%</td>
<td>Returning letter to practitioner to detail inadequacies in referral and reasons for declining implant treatment.</td>
<td>20.6%</td>
</tr>
<tr>
<td>Oncology</td>
<td>2.9%</td>
<td>Patient information leaflet for an overview on implant therapy is provided and made available online.</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td></td>
<td>3.8%</td>
</tr>
<tr>
<td>No Compliance with GDH patient groups</td>
<td>83 (80.6%)</td>
<td></td>
<td>69 (88.5%)</td>
</tr>
<tr>
<td>Tooth loss due to dental disease</td>
<td>19.4%</td>
<td></td>
<td>3.8%</td>
</tr>
<tr>
<td>Tooth loss due to restoration failure</td>
<td>2.9%</td>
<td></td>
<td>5.1%</td>
</tr>
<tr>
<td>Other</td>
<td>3.1%</td>
<td></td>
<td>9 (11.5%)</td>
</tr>
</tbody>
</table>

Selected for Application:

• Of the 32 (40.8%) patients selected for NHS implant funding, 100% were within the GDH patient groups:

- Hypodontia: 31.3%
- Other developmental defects: 15.6%
- Intolerable dentures: 18.8%
- Trauma: 25%
- Oncology: 6.2%
- Other: 3.1%

- 84.4% were accepted, 9.4% partially accepted and 6.2% rejected for funding by NHS England.

Not Selected for Application:

• Of the 46 (59%) patients not selected for NHS implant funding, 80.4% were within the GDH patient groups:

- Incomplete growth <18 years old: 20.6%
- Smoking status: 17.9%
- Untreated dental disease: 15.4%
- Clinically inappropriate: 3.8%
- Lack of patient awareness: 9 (11.5%)

Conclusions

• The re-audit showed an improvement from the previous audit results, with a higher adherence of referring clinicians to the defined GDH patient priority groups.
• However, however almost a half of the referrals were deemed inappropriate, as modifying factors had not been accounted for. There was high levels of primary disease and alternative treatment options had not been attempted.
• All implant funding applications made were in compliance with the local GDH guidelines and majority were accepted for funding by NHS England.
• Trends noted in referral, selection and funding patterns were similar to the previous 2007 audit.

Future Improvements:

• Education and further communication with referers is required to aid reduction in inappropriate referrals and improve patient experiences.
• Patient information leaflets to reinforce guidelines, to manage patient expectations.

References


*G Charan, N Thanabalan** and K Bavisha***