

Analysis of Implant Referrals to a NHS Teaching Hospital: An Audit

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Background

- Dental implant therapy has shown to be a predictable and successful treatment modality.¹⁻⁴
- Patient awareness and demand for NHS-funded dental implants has dramatically increased, which outweigh available government resources.¹⁻⁴
- The Royal College of Surgeons of England (RCSE, 2012) guidelines⁵ 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 guidelines⁶ 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 2007³.
- 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.

Gold Standard:

Local GDH Implant Referral Guidelines⁶ based on The Royal College of Surgeons of England. Guidelines for selecting patients appropriate patients to receive treatment with dental implants: Priorities for the NHS. 2012.⁵

High-priority patient groups for NHS implant funding:

- Developmental conditions resulting in deformed and/or missing teeth
 - Trauma
- Edentulous in one or both jaws, in problem cases (i.e. ridge resorption/ gag reflex).
 - Severe complete denture intolerance
- Ablative surgery for head and neck cancer
 - Extra-oral defects

Factors that could modify or contradict implant therapy:

- Conventional treatment should be attempted and shown to be inadequate, where possible
 - Incomplete growth (minimum 18 years old)
- Medical history that would impact on treatment
 - Smoking status
 - Untreated dental disease
 - Clinically inappropriate
 - Lack of patient awareness

Results:

Demographics:

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

Overview:

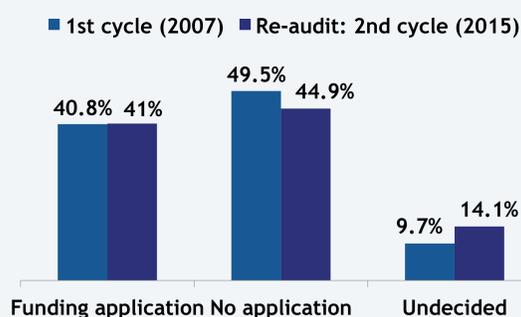
- General Dental Practitioner (GDP) referrals: 77%
- Hospital referrals: 15%
- Specialist referrals: 6%
- General Medical Practitioner (GMP) referrals: 2%
- Average wait between referral and assessment: 47.6 days
- Average wait for funding outcome following application: 31.5 days

Implant Therapy Referrals:

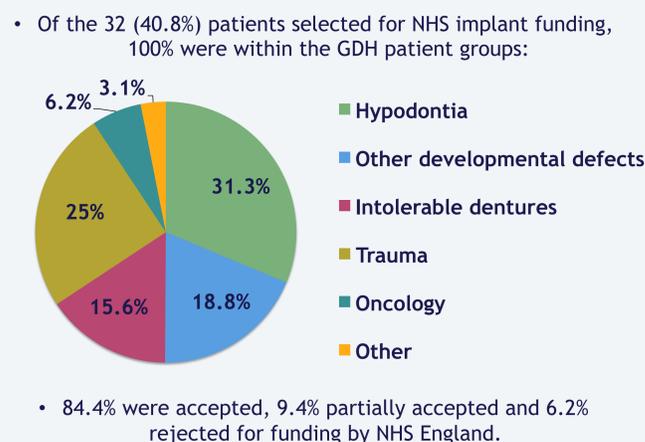
Reason for Referral	1st Cycle	Changes Implemented:	Re-Audit: 2nd Cycle
	2007 (n=103)		2015 (n=78)
Hypodontia	34%	• GDH local implant referral guidelines made available online.	28.2%
Other developmental defects	6.8%		15.4%
Intolerance dentures	12.6%	• These guidelines were also sent to referring clinicians.	17.9%
Trauma	24.3%		20.6%
Oncology	2.9%	• Clinics with Consultants and members of staff, updated with current GDH guidelines.	2.6%
Other	-		3.8%
Complies with GDH patient groups	83 (80.6%)	• Returning letter to practitioner to detail inadequacies in referral and reasons for declining implant treatment.	69 (88.5%)
Tooth loss due to dental disease	19.4%		3.8%
Tooth loss due to restoration failure	-	• Patient information leaflet for an overview on implant therapy is provided and made available online.	5.1%
Other	-		2.6%
Not within GDH patient groups	20 (19.4%)		9 (11.5%)

Implant Therapy Selection:

Overview



Selected for Application



Not Selected for Application

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

Reason for No Application	No. of Patients
Not in compliance with GDH priority groups	9
Incomplete growth	7
Conventional treatment first	16
Untreated dental disease	17
Medical history	7
Clinically inappropriate for implants	8
Patient considering options/rejected	4
Further investigations required	11

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, 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 referrers is required to aid reduction in inappropriate referrals and improve patient experiences.
- Patient information leaflets to reinforce guidelines, to manage patient expectations.

References

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