



## Short communication

# Has the primary care oral surgery service reduced the activity in secondary care oral and maxillofacial units?

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## Abstract

To find out if the devolution of some dentoalveolar services into primary care in 2007 was having an effect on the workload of oral and maxillofacial units, I reviewed the workload of two units in 2011–13.

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## Introduction

In the United Kingdom (UK) the Primary Care Oral Surgery Service has been in operation since 2007, during which time five service evaluation reports have been published.<sup>1–5</sup> This is the first report that has investigated its effect on secondary care oral and maxillofacial (OMF) units, specifically looking at the workload of two OMF units in neighbouring counties in the north-west of England. (Based on research from: “To assess the effectiveness and quality of the care pathway for adult patients being referred to the East Lancashire and Blackburn with Darwin Oral Surgery Services in 2013–14 using the referral management system.” MSc Thesis, University of Oxford, available from the author, electronic copy at the Bodleian library).

The OMF unit based at North Manchester General Hospital covers the north-eastern sector of Greater Manchester, which has a population of about one million. There are two trusts involved: the Pennine Acute Hospitals NHS Trust and the Tameside Foundation Trust.

The neighbouring county of Lancashire lies north and north-west of Greater Manchester. The district of East Lancashire serves a population of 501 000. This district is served by the East Lancashire NHS Trust, and the OMF unit is based at Royal Blackburn Hospital.

## Results

The primary care service for Greater Manchester was introduced in late 2011. Procedures from 2011 to 2013 inclusive were analysed at North Manchester. Data were collected using SurgiNote (a software programme that I wrote and developed when I was working at Pennine Acute Hospitals NHS Trust).<sup>6</sup> Data are recorded contemporaneously and entered by the surgeon. The rate of coding accuracy has been audited by the clinical coding team at NMGH as being more than 90%.

Fig. 1 shows the number of operations done over the three years of the study. The number of patients who had a dentoalveolar procedure in secondary care has decreased from 4,096 in 2011 to 2,580 in 2013, a drop of 37%. Excluding dentoalveolar procedures the volume of maxillofacial proce-

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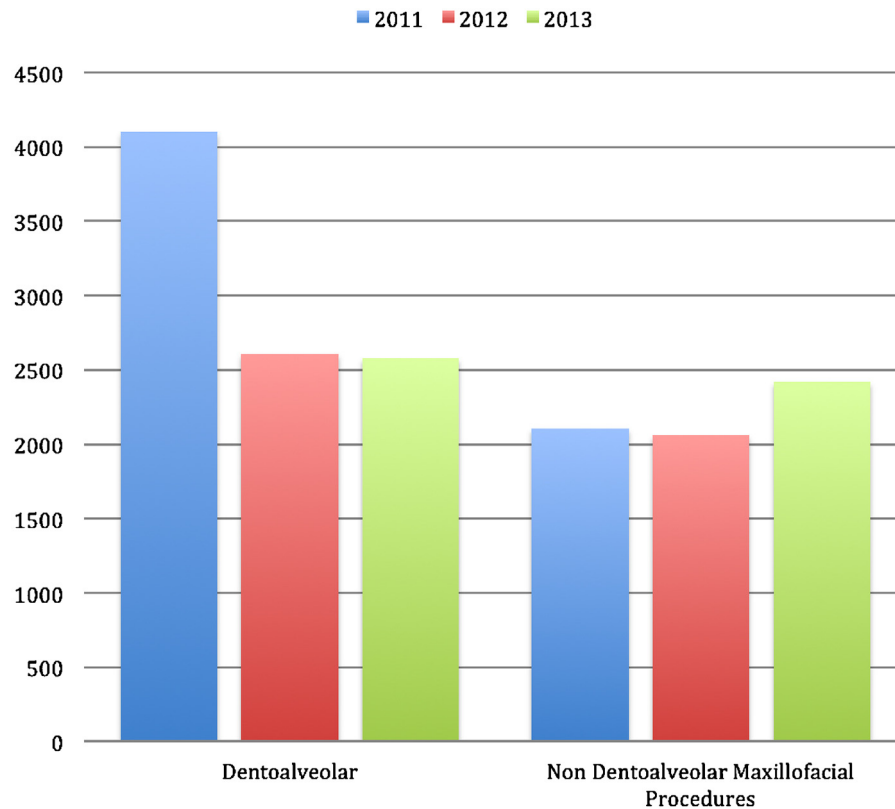


Fig. 1. The three-year summary of procedures at the oral and maxillofacial unit covering the north-east sector of Greater Manchester.

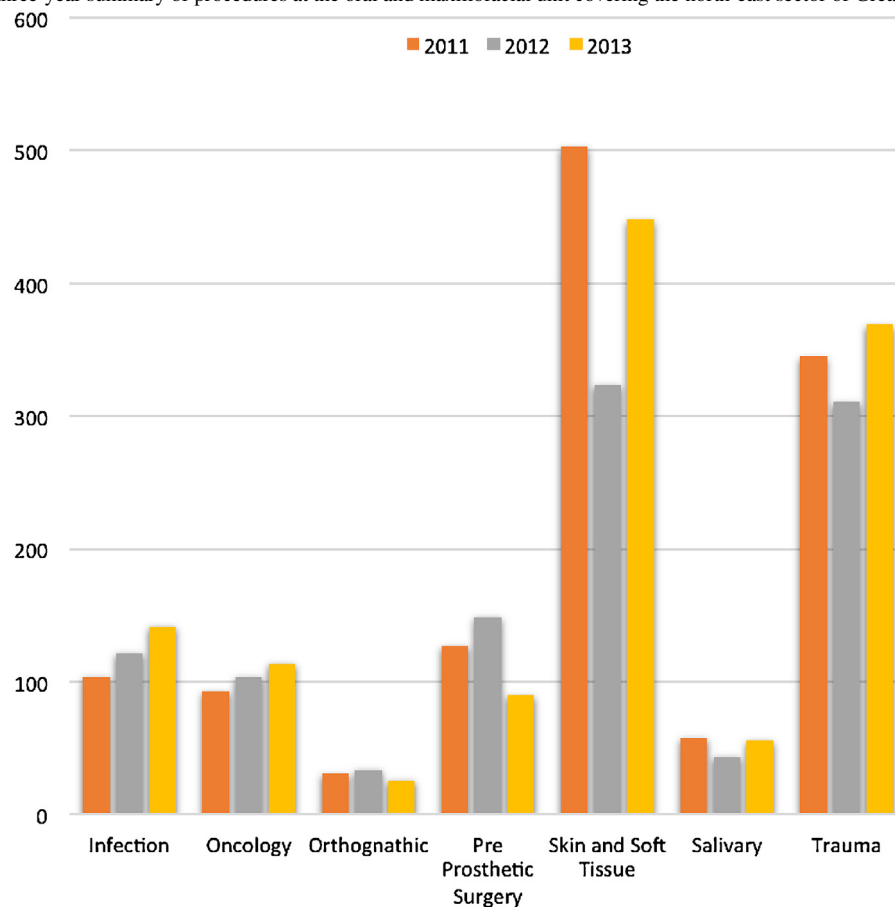


Fig. 2. Summary of non-dentoalveolar procedures.

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