

Oral surgery: the referral system and telemedicine

Referral patterns and the referral system for oral surgery care. Part 2: the referral system and telemedicine P. Coulthard, I. Kazakou, R. Koran, and H. V. Worthington *Br Dent J* 2000; 188: 388-391

Objective

To investigate GDP opinions of the current referral system and to investigate the need and demand for telemedicine in oral surgery referrals.

Design

Postal questionnaire.

Setting

400 GDPs in Greater Manchester.

Results

84% participation rate. 48% were not satisfied overall with the service of their current specialist oral surgery referral site. The principal reason was the length of the waiting time for consultation and treatment. Distance for patients to travel to the specialist unit was also of concern, even though most patients (89%) travelled short distances (return journey of twelve miles or less). 23% of respondents wished to improve their ability to communicate with the oral surgeon and 70% wanted involvement in the patient consultation. Both of these requirements were more likely in younger practitioners.

Conclusion

There is a need and demand for change in the referral system for oral surgery specialist care. Telemedicine could conceivably be one way to improve access to specialist oral surgery care.

In brief

- Nearly half of the general dental practitioners questioned in this study were not satisfied with the service offered by their specialist oral surgery provider.
- The principal reasons for this dissatisfaction were the length of the waiting lists for consultation and treatment.
- Telemedicine is discussed as one potential way to improve access for patients and also to improve communication for the referring general dental practitioner.

Comment

Coulthard *et al.* have produced this follow-up report to a previously published paper. Both papers report on current delivery of specialist oral and maxillofacial surgery services. The researchers undertook a postal survey of 400 general dental practitioners in the Greater Manchester area to determine the reasons that they referred patients to a specialist oral and maxillofacial surgery service. The authors managed to achieve an 84% response rate.

In the first paper the authors report that general practitioners valued specialist oral surgery services, particularly in relation to difficult surgical problems and for patients with complex medical histories. Practitioners with more oral surgery experience referred more patients to specialist services but also undertook more oral surgery work themselves. Practitioners selected the particular specialist service they chose to use on the basis of personal trust and efficient service.

In the second paper the authors examined the perceived quality of the service. Almost half of the respondents were not satisfied with the provided service because of long waiting times, travelling distance and poor communication. A significant number of practitioners (70%) would wish to have more input into the process of providing specialist care. This might take the form of greater involvement in the diagnostic process, possibly using appropriate decision aids such as clinical flowcharts or computer based expert systems. Some practitioners might also be interested in greater opportunity to undertake sessions in the hospital (or indeed specialist practice) setting where they might treat their own patients under appropriate guidance.

The authors highlight teledentistry as a possible means for delivering a more inclusive and interactive service. The problem here is that teledentistry is actually expen-

sive to deliver. A key reason for both long waiting lists and poor communication is that oral surgery services, like many other healthcare areas, are forced to work within constricted budgets, with high volumes of patients being treated, and with little non-clinical time to initiate other activities such as excellent communication. It might be that an equally beneficial approach would be to reduce levels of so called 'prophylactic' surgery and focus scant resources on patients currently experiencing symptoms. In doing so, fewer patients would be treated but with shortened waiting lists. This would allow specialists to have more available time to develop lines of communication with the generalists they serve.

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