Summary of: Access to primary dental care for cleft lip and palate patients in South Wales

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Aim To determine the provision of NHS primary dental care for children with cleft lip and/or palate in South Wales and the ease of accessing this dental care. **Method** A postal questionnaire was sent to all cleft lip and/or palate patients under the age of 18 ($n = 750$) in South Wales. The questionnaire identified patients' medical history, episodes of dental emergency, distance from home to dental surgery and ease of accessing primary dental care. To increase the response rate a second questionnaire was posted to non-responders. **Results** The response rate was 49% (368/750). The majority of patients (92%, $n = 340$) attended a dentist. Over 17% ($n = 61$) had suffered an episode of dental emergency. About 63% ($n = 240$) lived within 5 miles of their primary dental care provider, and 13% ($n = 66$) lived more than 10 miles away. Other medical problems were found in over 30% ($n = 111$) of the sample. Parents of 39% ($n = 107$) found it difficult or impossible to access a local NHS dentist. **Conclusion** Many children with cleft lip and/or palate find it difficult or impossible to access NHS primary dental care. Shortcomings in the services provided to this high risk group have been highlighted. Further research is needed at national levels to evaluate the extent of the shortcomings and propose methods to overcome them.

EDITOR'S SUMMARY

There is a somewhat facetious saying that an expert is someone who spends his or her life learning more and more about less and less until ultimately they know everything about nothing. To some extent the title of this research paper may seem to be heading off down that route of cynical analysis. How relevant can the primary care needs of what must be a minority of patients be in an area as relatively geographically small as South Wales?

However, consideration of the paper shows that the findings have a much broader relevance than a cursory reading of the title might suggest. Yes, the number of people with a cleft lip or palate is comparatively small (approximately 1 in 700 live births in the UK) but this in no way lessens their need as individuals for our care, indeed given the complexities that their condition can create they are likely to need far greater attention than others. Yes, again, the region is small but the findings are most likely

applicable elsewhere and the authors are already extending their research across the UK.

What we learn is that patients with cleft lip and/or palate do find it difficult or impossible to access NHS primary dental care, which while important for the population in general is crucial for this group in particular. Their treatment requirements within the NHS need to be attended to. But what we also read between the lines here, as well as in the text itself, is the need for us as professionals to communicate effectively between and amongst ourselves in order to safeguard the continuity of care for these patients and ensure the best possible preventive advice and restorative solutions.

Additionally, we run into a problem often highlighted in content in the journal and that is the need for more education, both undergraduate and postgraduate, in this case in the overall understanding of the circumstances that children with clefts and their parents

encounter in their quest for information and continuity of care across different service providers.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 212 issue 5.

Stephen Hancocks

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IN BRIEF

- To increase awareness of the dental needs of cleft lip and/or palate patients.
- To highlight shortcomings in the provision of NHS dental care in areas of Wales.
- To emphasise the need for further research at a National level to ascertain other areas of the UK where access to NHS dental care is difficult for this group of patients.

COMMENTARY

It is often reported that cleft lip and/or palate are amongst the most common congenital abnormalities, affecting 1 in 700 live births in the UK. It is clear that this cohort of patients has the potential to bring with them an appreciable requirement for NHS dental services.

As a result of the Clinical Standards Advisory Group Report (CSAG, 1998), cleft lip and palate (CLP) services were streamlined throughout the UK, the primary result of which has been to reduce the numbers of 'cleft units' to 14. Further 'restorative' dental requisites outlined by the report included the requirement for high quality dental advice and care as well as access to specialist paediatric and restorative dental services. These services are often life-long but have particular bearing through the early and teenage years.

The aim of this study was to investigate access and provision of primary dental care to CLP patients within South Wales (part of the South Wales South West Managed Clinical Network). This was a large postal questionnaire (n = 750), that resulted in a somewhat disappointing response rate of just 49%.

More heartening was the 92% of those respondents who reported to attend a dentist regularly (despite often requiring a significant journey). Perhaps it was a little at odds that 30% of the parents of such children found it 'difficult' or 'impossible' to also attend a dentist.

CLP patients are of course diagnosed and enrolled upon appropriate

treatment regimens from birth, a significant burden of which falls upon primary care practitioners. It is to be understood that there may be instances where such practitioners may be unsure as to their role when patients are already under the care of a 'specialist unit'. Thankfully there were only four respondents who stated they were unable to access dental treatment as a direct result of their cleft.

The paper concludes by stating that we as dentists should regard CLP patients as a priority. The authors allude to the possible provision of dental postgraduate training in CLP for primary care practitioners, but perhaps we could go further to ensure that within the undergraduate curriculum the dentists of tomorrow are made aware of the primary and speciality care requirements CLP patients will require.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The research was undertaken to ascertain whether there was a problem accessing NHS primary dental services for cleft patients in South Wales. Many parents attending multidisciplinary cleft clinics in both Cardiff and Swansea have voiced their concern at the lack of NHS dentists in their area. Without carrying out this research it was impossible to know whether this was truly the case. Children in Wales have amongst the highest DMFT scores in the UK and it is vitally important for cleft patients to have access to NHS dental care. As a cleft team we try to actively engage with local dental care providers by maintaining good correspondence and providing postgraduate courses, aimed at increasing the knowledge of those providing routine dental care for cleft children.

2. What would you like to do next in this area to follow on from this work?

Wales is not the only area of the UK experiencing parents and patients complaining at the lack of NHS dentists in their area. We have now expanded this research to look at other areas of the UK; this is work currently in progress.

In Wales this type of research can be presented to local health boards and the Welsh assembly government as evidence that increased investment in NHS primary dental care is needed in certain areas of Wales. Additional research is required to further investigate the areas highlighted by this project to ascertain numbers of patients affected by the lack of NHS dental services and how this can be improved.