

Letters to the Editor

Cleft Lip and Palate Services

Dear Dr Holt,

I have read with interest Professor Murray's paper [1] together with Professor Sandy's editorial [2] and Mr Roberts Harry's comments [3] on the development of cleft lip and palate services. As a member of the Clinical Standards Advisory Group (CSAG) team, I shared the optimism that there would be rapid improvements in cleft services in the United Kingdom following publication of its report in 1998 and the support for its recommendations from Government, the relevant professions and user groups. As Chairman of the Cleft Implementation Group (CIG) and its successor, the Cleft Monitoring Group (CMG), I also share their disappointment that progress has been so slow, with one of the English centres still not designated.

The task of CIG when it was set up in April 1998 was to develop a commissioning framework in time to allow for implementation in 1999/2000 [4]. This was published in December, 1998 [5].

I have recently written a report on behalf of CIG/CMG members [6] setting out some of the problems that we have encountered and the lessons that have been learned, in the hope that this may help in any reconfiguration of other small, specialist services in the future. We hope that some of the difficulties, such as arrangements for the appointment of senior medical staff to the new centres, have been resolved in ways that will provide precedents for future service changes.

Some of the problems relate to organizational changes in other areas, such as the devolution of responsibility for health services to the Scottish Parliament and the Welsh Assembly and the restructuring of the NHS to make Primary Care Trusts responsible for service commissioning.

The report sets out recommendations to the Department of Health and to professional bodies. We suggest that future changes of this sort should be dealt with on a UK wide basis. We think that it should be acknowledged that the service changes and the improved quality of care that they bring require resources that should be identified at an early stage and arrangements made for their provision.

We have four key remaining concerns that we hope will soon be resolved:

- We want to see the final English centre designated and the current centres that are supposed to be single site, but are still operating from two sites, centralized without further delay.
- We would like the Department of Health to consider the possibility of some form of proleptic appointments for senior professional staff in cleft centres as an important contribution to succession planning in this field.
- We think it is essential that arrangements are agreed and resources provided for a national audit and monitoring programme for cleft services, preferably under the auspices of an appropriate professional body.
- We share Mr Roberts Harry's concern about the ability of PCTs to deal adequately with the commissioning and funding of cleft services. We hope that this, together with the assessment of the quality of care and action to deal with deficiencies, will be carefully monitored from the centre.

We think there is already some evidence that cleft care is improving in the centres that were designated and established at an early stage in this process. We remain confident that patients will benefit and we hope that they, and the professionals who care for them, will in due course believe that the turmoil was worthwhile.

Yours sincerely

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References

- 1 Murray JJ. Cleft Lip and Palate Services. A review of developments five years after the CSAG report. *International Journal of Paediatrics Dentistry* 2003; 13: 395–402.
- 2 Sandy J. Invited Editorial. *International Journal of Paediatrics Dentistry* 2003; 13: 393–394.
- 3 Roberts Harry D. Cleft Lip and Palate Services. A review of developments five years after the CSAG report – commentary. *International Journal of Paediatrics Dentistry* 2003; 13: 403.
- 4 Health Services Circular HSC 1998/087. Department of Health, London.
- 5 Health Services Circular HSC 1998/238. Department of Health, London.

- 6 Crown J. Cleft Lip and Palate Services. 2003 Report from the Cleft Implementation Group and the Cleft Monitoring Group. Unpublished. Copies available from the Editor (E-mail: r.holt@eastman.ucl.ac.uk).

OBE Honour

Dear Editor,

May I take the opportunity through your columns to thank everyone in Paediatric Dentistry for their help, support and encouragement over the years. I was the fortunate one to be given an OBE in the Queen's New Year Honours List but see this as a collective award to everyone in the UK involved with Paediatric Dentistry – truly a team effort. In fact, on a scale to match the England Rugby team, who were also given an award. We are in good company!

This is the first time that Paediatric Dentistry has been recognized in this way and is very definitely a 'coming of age' for the Specialty. Many people have been involved in achieving this accolade. They are too numerous and it would be invidious to mention them by name, but all Consultants, Specialists and Trainees deserve particular thanks and congratulations.

However, it is ultimately our patients who make our professional lives so rewarding, – and such fun; to them a particular thank you and the very best of wishes for 2004 and the future.

Yours sincerely

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