International Journal of Paediatric Dentistry 2006; **16:** 307–308

An audit of the quality of a referral document, designed in accordance with Scottish Intercollegiate Guidelines Network, for paediatric exodontia under general anaesthesia

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Dental treatment under general anaesthesia (GA) in the UK is confined to hospital. Patients are seen by referral, which provides all the administrative and clinical details for the receiving secondary-care surgeon. In the UK, *Maintaining Standards* states the requirements for such a referral [1], including (i) clear justification for the use of general anaesthesia and (ii) details of relevant medical and dental histories.

There have been few studies of referrals from dental practices [2–8]. Thomas *et al*. [7] showed that only 39·8% of referrals included a full medical history. Research in other dental specialities [3,5,6,8] reported significant omissions of information. These studies stressed the importance of high-quality referrals and concluded that the use of a referral form could improve the quality of referral communications.

In 1998, the Scottish Intercollegiate Guidelines Network (SIGN) published the *Report on a Recommended Referral Document* [9] and made recommendations on a minimum essential data set for communication from primary to secondary care.

The administrative problems of the paediatric referral GA exodontia service of the South Devon Healthcare NHS Trust, at Torbay Hospital, were raised during the clinical governance process. The problems identified were data capture of administrative details (unidentified referring dentists and unnamed patients) and compliance with maintaining standards. It was decided to develop a new referral document, including all the information fields recommended by SIGN, and comply with *Maintaining Standards* in a format familiar to general dental practitioners. The format chosen was the Dental Practice Board form FP17, used by dental practitioners to claim payment of fees.

A prospective quantitative audit of all new referral forms received (other referral methods were excluded), collected monthly, until 200 referral forms were received was undertaken. The study time period was May to November 2004. July and August were omitted. Table 1 shows the results.

A postal survey of referring general dental practitioners (GDPs) was undertaken. Questionnaires were received from 96 of 133 (72%) GDPs. Ninety-three percent of GDPs found the form simple to complete. This study shows a high rate of data capture relative

Table 1. Referral document, SIGN essential information fields completed.

	Number	Percentage
Referring dentist's name	209	100
Referring dentist's address	209	100
Referring dentist's telephone number	177	84·7
Patient's surname	209	100
Patient's forename	209	100
Patient's address	209	100
Patient's D.O.B.	207	99
Patient's telephone number*	204	97·6
Treatment plan	209	100
Urgency – patient in pain	57	27·3
Urgency – orthodontic extractions	31	14·83
Relevant dental history	125	59·81
Reason for general anaesthetic	204	97·6
Dentist's signature confirming Explanation of general anaesthetic Risks and alternatives	205	98·01
Date of referral	200	95·7
GMP's name/Address	205	98·01
Medical history	209	100
Parent or guardian's signature Confirming consent and explanation of general anaesthetic risks*	208	99·52

*Not a SIGN essential information field.

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to previous studies [2–5], confirming previous authors' [2–5] suggestions that a referral form will capture high rates of data. Administrative data capture was excellent; during this study no forms had to be returned because of poor patient details, facilitating appointment booking by permitting telephone booking and avoiding misaddressed posted appointments.

Thomas *et al*. [7] found that practitioners using a form were more likely to omit their own details, only 90·4% were identifiable. Snoad *et al*. [5] suggested that relative low prominence given to the practitioner's address contributed to the number of referrals lacking administrative detail on referral forms. In this study, the practitioners' details were included in 100% of referrals. The explanation of the difference lies in the adoption of the FP17 format; its familiarity encouraged correct completion. For the same reason, this study showed a higher rate of treatment plan data capture than Thomas *et al*. [7].

The quality of referrals for GA exodontia has caused concern recently. This study provides evidence that a referral form designed using the SIGN guidelines can achieve a very satisfactory rate of data capture of both administrative data and data required to achieve regulatory compliance. Both patients and clinicians benefit if the recognized guidelines are used in a clinical setting.

The authors feel that the future of referrals lies in electronic transmission and would suggest the importance of research in that area.

Acknowledgements

The authors would like to thank the staff of South Devon Healthcare NHS Trust and our colleagues in general practice, who contributed to this work.

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