

Onward Booking of Oral and Maxillofacial (OMF) Sub-Specialty Patients Standard Operational Procedure

V1.0

July 2025

Table of Contents

| | |
|---|----|
| 1. Introduction | 4 |
| 2. Purpose of this Standard Operating Procedure | 4 |
| 3. Ownership and Responsibilities..... | 4 |
| 3.1. Role of the OMF Service Manager..... | 4 |
| 3.2. Role of the Deputy Performance Operations Manager/Clinical Administration Lead | 4 |
| 3.3. Role of the OMF Clinician | 5 |
| 3.4. Role of the Medical Secretaries | 5 |
| 3.5. Role of the Reception Team | 5 |
| 3.6. Role of the Nursing Team | 5 |
| 3.7. Role of the Governance Lead | 6 |
| 4. Standards and Practice | 6 |
| 4.1 Booking Standard..... | 6 |
| 4.2 Restorative Dentistry..... | 6 |
| 5. Dissemination and Implementation..... | 8 |
| 3. Monitoring Compliance and Effectiveness..... | 9 |
| 4. Updating and Review..... | 9 |
| 5. Equality and Diversity | 9 |
| Appendix 1. Governance Information | 10 |
| Appendix 2. Equality Impact Assessment..... | 12 |
| Appendix 3. Onward Booking | 15 |

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This Standard Operating Procedure (SOP) sets out the process and framework for booking patients outside of the trust standard of 6 weeks.
- 1.2. There are specific cohorts of patients in Oral and Maxillofacial (OMF) that require a specific booked appointment beyond 6 weeks.
- 1.3. These patients require a booked appointment in advance to ensure that their treatment plan is adhered to.

2. Purpose of this Standard Operating Procedure

- 2.1. The purpose of this Standard Operating Procedure (SOP) is to ensure that there is a Standard Operating procedure in place that identifies what cohorts of patients can be booked as an outpatient appointment beyond the trust standard of 6 weeks.
- 2.2. This document will identify the roles and responsibilities of staff involved in booking these patients.
- 2.3. This SOP will articulate the reasons why the patients will be booked beyond 6 weeks.

3. Ownership and Responsibilities

3.1. Role of the OMF Service Manager

The Service Manager is responsible for:

- To be familiar with the SOP.
- Maintaining functionality of the process.
- Escalating issues as they arise to the Governance Lead.
- Investigating incidents that relate to this procedure.
- Reviewing the SOP at set interval.

3.2. Role of the Deputy Performance Operations Manager (DOP)/Clinical Administration Lead(CLA)

The OMF DPOM/CAL is responsible for:

- To be familiar with the SOP.
- Providing oversight of the bookings.
- Review radar reports weekly to ensure compliance of the standards outlined in this SOP to ensure that no patient is booked beyond 12 weeks.
- Escalating issues to the OMF service manager as soon as they are identified.

3.3. Role of the OMF Clinician

The Clinician for OMF is responsible for:

- To be familiar with the SOP.
- Identifying patients that require a treatment plan appointment booked beyond 6 weeks.
- Feedback any issues that arise relating to the process outlined in this SOP, to the OMF service manager.
- To complete an incident form as appropriate.

3.4. Role of the Medical Secretaries

- To be familiar with the SOP.
- Booking the patients' next clinic appointment as appropriate, after they have attended their current booked appointment.
- Adhering to the standards and practices as dictated by the RCH Access policy and local booking policy(s).
- Escalating any issues or queries to their Line Manager.

3.5. Role of the Reception Team

The reception team are responsible for:

- To be familiar with the SOP.
- Booking the patients' next clinic appointment as appropriate, after they have attended their current booked appointment.
- Adhering to the standards and practices as dictated by the RCH Access policy and local booking policy(s).
- Escalating any issues or queries to their Line Manager.

3.6. Role of the Nursing Team

The Nursing team are responsible for:

- To be familiar with the SOP.
- Complying with the processes that are outlined within this SOP.
- Escalating issues to OMF Service Manager as and when necessary.

3.7. Role of the Governance Lead

The OMF Governance Lead is responsible for:

- To be familiar with the SOP.
- Providing clinical oversight of the process.
- Encouraging and supporting changes that may be required to the booking process.
- Ensuring its effectiveness for patients and fulfilling service needs.
- Engaging with the Service Manager (SM) and Clinical Administration Lead (CAL) for procedural changes.

4. Standards and Practice

4.1 Booking Standard

- This section may use more relevant wording and is used to provide details and information describing the practices, systems, and processes staff are expected to follow to comply with the procedural document.

4.2. Restorative Dentistry

- Restorative Dentistry clinics are for oral rehabilitation of oncology patients, complex trauma patients and those patients with developmental anomalies (including cleft lip/palate and hypodontia).
- Restorative management of head and neck cancer patients in a hospital setting is a nationally agreed requirement (Royal College of Surgeons of England; GIRFT; BAHNO). Dentate patients are at high risk of developing significant dental and maxillofacial complications and often lose a functional dentition as part of their primary cancer care. Restorative input both prior to and following primary cancer care is therefore essential.
- Pre-cancer treatment, 1st appointment as soon as possible following referral from the Head and Neck cancer MDT meeting, looks for unstable disease. Patients will either be dentally fit to proceed with their cancer treatment or require dental extractions prior to starting their radiotherapy, with the aim to have the extractions completed within 7-10 days of the initial appointment (and 10-14 days prior to radiotherapy commencing) to avoid delays to the patients' radiotherapy treatment. This is also an opportunity to determine any restorative outcomes that may be able to be influenced at the time of cancer surgery – and ideally plan for implants to be placed at the time of cancer surgery where occasionally appropriate.

- The patient is then typically reviewed by the restorative dental team 5 months post radiotherapy to check their mouth post cancer treatment. If the patient is dentally fit and able to function adequately at this stage, they are discharged back to their own General Dental Practitioner (GDP). If they do not have a dentist, they are subsequently referred on to the community dental service (Smile Together Dental CIC).
- If at the 5-month post treatment appointment, they require oral rehabilitation, a treatment plan is formulated and often requires an initial planning stage involving denture construction. This typically consists of 6 appointments two weeks apart (taking approx. 12 weeks to complete).

Appointment schedule is as follows:

1. New patient HANC (Head and Neck Cancer) Dental assessment/planning for primary implant placement in a small number of cases.
 2. Dentally fit to begin radiotherapy/surgery OR dental extractions as needed.
 3. Return approximately 5 months after pre-surgery/radiotherapy assessment appointment and either discharged to a primary/community care environment or return for further on-site rehabilitation.
 4. Oral rehabilitation may include construction of definitive dentures or prostheses used for subsequent rehabilitation planning.
 5. Typically, 6 appointments/stages; Primary and secondary impressions, Bite Registration, Wax Try In, Denture or Obturator or custom-made appliance Fit. These dentures and appliances are made onsite by the Maxillofacial and Orthodontic laboratory.
 6. The patients that require restorative dental treatment will be listed only on these following clinic codes MUNC/8DN, MUNC/9DN, MUNC/0DN, CHARI/9DN, CHARI/0DN, BROGR/1CT/2CT/3CT/4CT/6CT/7CT/8CT/9CT/0CT.
- To mitigate unavoidable cancellation outside of this policy, the Lead Clinician will book leave up to and including 12 weeks ahead where feasible.

4.3. Implant Supported Prosthodontic Care Patients

- Implant planning, delivery and subsequent follow up times vary dependent on the complexity of care. In many cases, an initial series of appointments at 2-week intervals will be necessary, for up to 6 visits.
- The patients that require Implant supported prosthodontic treatment will be listed only on these following clinic codes LOMTA/4IP.
- To mitigate unavoidable cancellation outside of this policy, the Lead Clinician will book leave up to and including 12 weeks ahead where feasible.
- The team will also explore the use of domino clinics.

4.4. Botox Patients

- Within the OMF department several patients are offered Botox treatments that requires planned intervals between injections to be effective.
- This is particularly the case for patients with hypersalivation (of various causes) but also for those receiving Botox for myofascial pain.
- Intervals required are usually longer than 6 weeks and frequently between 8-12 weeks apart.
- The interval period is determined by the responsible clinician and detailed on the treatment plan.

4.5. Acupuncture Patients

- Within the OMF department several patients are offered acupuncture treatments for the side effects of head and neck radiation following their cancer treatment.
- For acupuncture to be effective it requires planned intervals between sessions.
- This is particularly the case for patients with xerostomia/dry mouth.
- Intervals required are usually longer than 6 weeks and frequently between 4-12 weeks apart – series of appointments at 4,8 and 12 weeks.
- To mitigate unavoidable cancellation outside of this policy, the Lead Clinician will book leave up to and including 12 weeks ahead where feasible.

5. Dissemination and Implementation

- 5.1. This document will be stored in the OMF shared file, accessible by all staff. On commencement and following any amendments to this SOP, an e-mail will be sent to all staff to disseminate any changes made.
- 5.2. Training will be required for all staff prior to implementation. This will be documented on a sign off sheet.
- 5.3. All new colleagues will receive this training and sign off during their induction period.

3. Monitoring Compliance and Effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|---|--|
| Element to be monitored | Correct patients booked beyond 6 weeks. |
| Lead | Governance Lead. |
| Tool | Radar – Follow up waiting list. |
| Frequency | Weekly Review. |
| Reporting arrangements | Any issues to be flagged to the Clinicians. This will also be fed back to the Monthly Business and Governance Meeting. |
| Acting on recommendations and Lead(s) | Any recommendations/changes to this SOP will be reported at the departmental meeting and nurses' meetings and changes implemented. |
| Change in practice and lessons to be shared | Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders Lessons will be shared with all the relevant stakeholders. |

4. Updating and Review

The document will be reviewed in 3 years.

5. Equality and Diversity

5.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

5.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

| Information Category | Detailed Information |
|--|---|
| Document Title: | Onward booking of Oral and Maxillofacial Patients Standard Operating Procedure V1.0 |
| This document replaces (exact title of previous version): | New Document |
| Date Issued/Approved: | July 2025 |
| Date Valid From: | July 2025 |
| Date Valid To: | July 2028 |
| Author/Owner: | Suzy Thalha – Oral Maxillofacial Service Manager |
| Contact details: | Suzy.thalha@nhs.net |
| Brief summary of contents: | Booking window for OMF subspecialty Clinic patients on an active treatment plan. |
| Suggested Keywords: | OMF, restorative, orthodontic, booking. |
| Target Audience: | RCHT: Yes CFT: No CIOB ICB: No |
| Executive Director responsible for Policy: | Chief Medical Officer. |
| Approval route for consultation and ratification: | OMF Business and Governance Meeting. Specialist Services and Surgery (SSS) Senior Management Meeting. Specialist Services and Surgery (SSS) Care Board Meeting. |
| Manager confirming approval processes: | Ian Moyle-Browning Head of Nursing (HoN), Specialist Services and Surgery. |
| Name of Governance Lead confirming consultation and ratification: | Michele Reed. |
| Links to key external standards: | None. |
| Related Documents: | RCH Access Policy Link Access Policy . |
| Training Need Identified: | No. |

| Information Category | Detailed Information |
|---|------------------------|
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet and Intranet. |
| Document Library Folder/Sub Folder: | Clinical/Oral |

Version Control Table

| Date | Version Number | Summary of Changes | Changes Made by |
|-----------|----------------|--------------------|----------------------------------|
| July 2025 | V1.0 | Initial issue. | Suzy Thalha, OMF Service Manager |

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

richt.inclusion@nhs.net

| Information Category | Detailed Information |
|---|---|
| Name of the strategy/policy/proposal/service function to be assessed: | Onward booking of Oral and Maxillofacial Patients Standard Operating Procedure V1.0 |
| Department and Service Area: | Oral Maxillofacial, Specialist Services and Surgery. |
| Is this a new or existing document? | New. |
| Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy): | Suzy Thalha, OMF Service Manager, SSS. |
| Contact details: | Suzy.thalha@nhs.net |

| Information Category | Detailed Information |
|---|---|
| 1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | Medical Staffing requesting follow up appointments and administrative staff booking patients onto an outpatient clinic. |
| 2. Policy Objectives | To ensure any patients that need a regularly follow up past 6 weeks can be seen. |
| 3. Policy Intended Outcomes | A safe and standardised referral and booking certain outpatient clinics. |
| 4. How will you measure each outcome? | Review any data feedback from clinic lists where issues were identified. |
| 5. Who is intended to benefit from the policy? | Staff as clinics will be suitably booked and patients as they will get the appointment in the appropriate time. |

| Information Category | Detailed Information |
|--|--|
| 6a. Who did you consult with? (Please select Yes or No for each category) | <ul style="list-style-type: none"> Workforce: Yes Patients/visitors: No Local groups/system partners: No External organisations: No Other: No |
| 6b. Please list the individuals/groups who have been consulted about this policy. | Oral Business and Governance Members. Specialist Services and Surgery Governance Team. |
| 6c. What was the outcome of the consultation? | Approved. |
| 6d. Have you used any of the following to assist your assessment? | National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: Yes – Review of Consultations with medical and administrative staff. |

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|---|-------------|-----------|
| Age | No | |
| Sex (male or female) | No | |
| Gender reassignment (Transgender, non-binary, gender fluid etc.) | No | |
| Race | No | |
| Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No | |
| Religion or belief | No | |

| Protected Characteristic | (Yes or No) | Rationale |
|--|-------------|-----------|
| Marriage and civil partnership | No | |
| Pregnancy and maternity | No | |
| Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.) | No | |

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

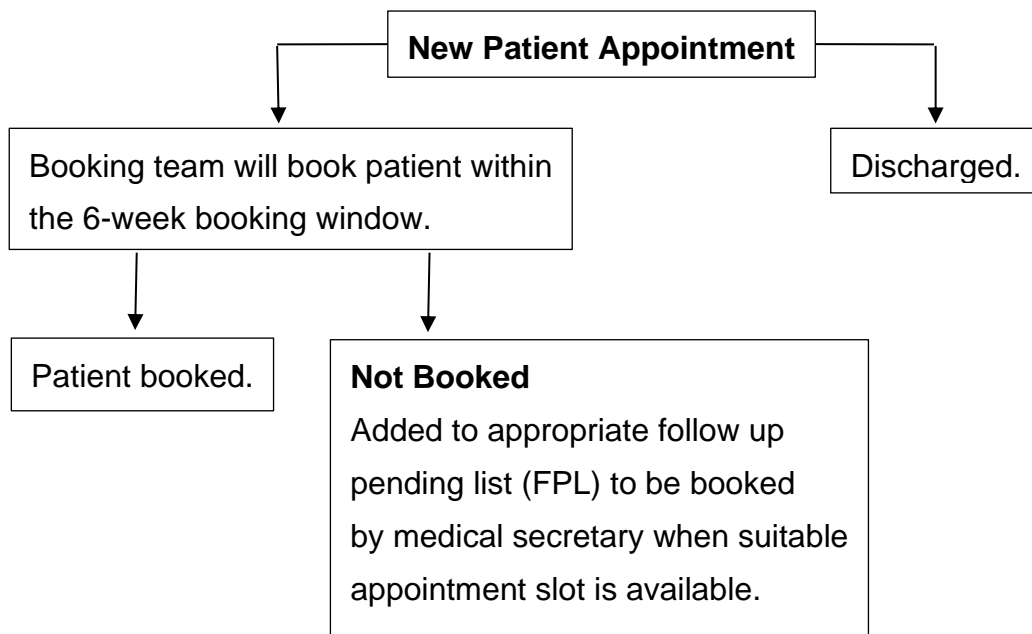
Name of person confirming result of initial impact assessment: Suzy Thalha, Manager, Dermatology, Specialist Services and Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

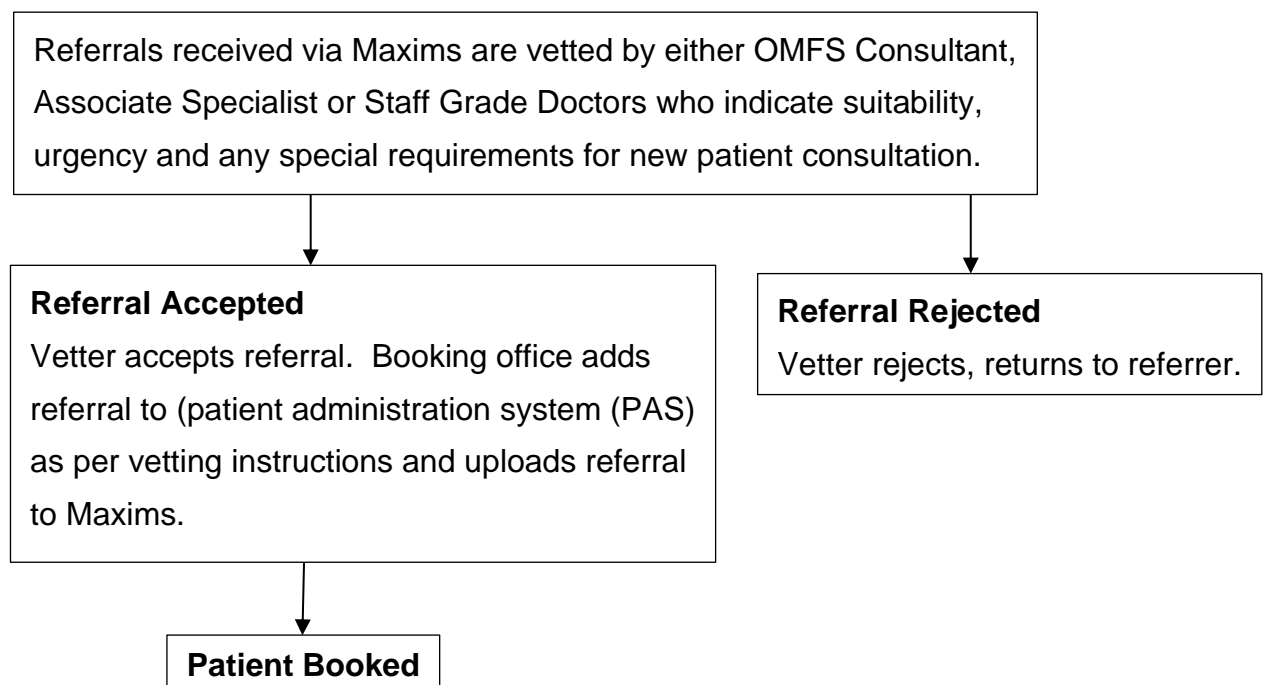
[Section 2. Full Equality Analysis](#)

Appendix 3. Onward Booking

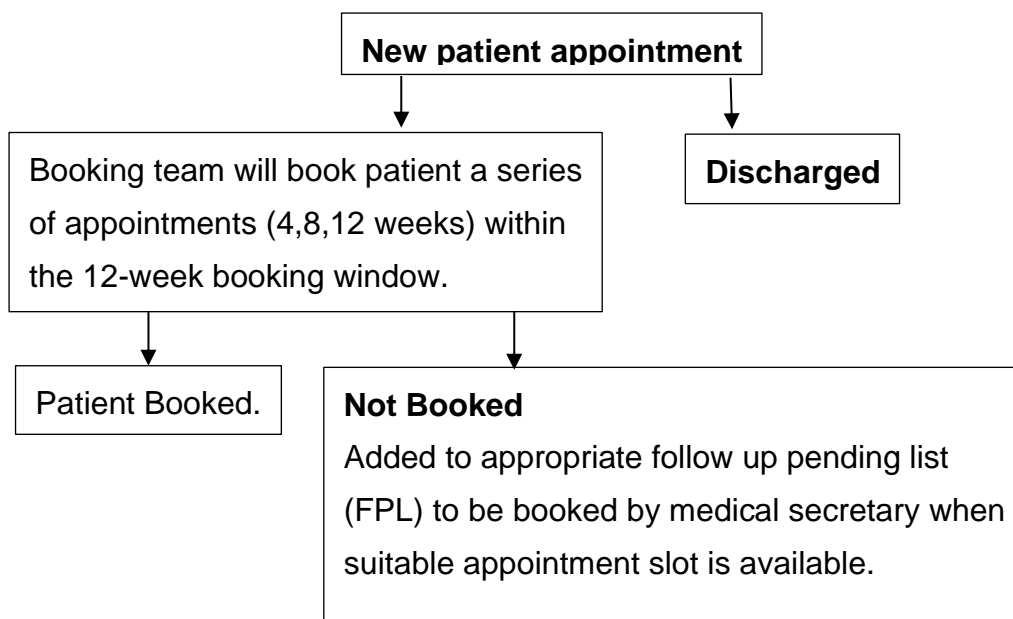
OMFS Follow Ups



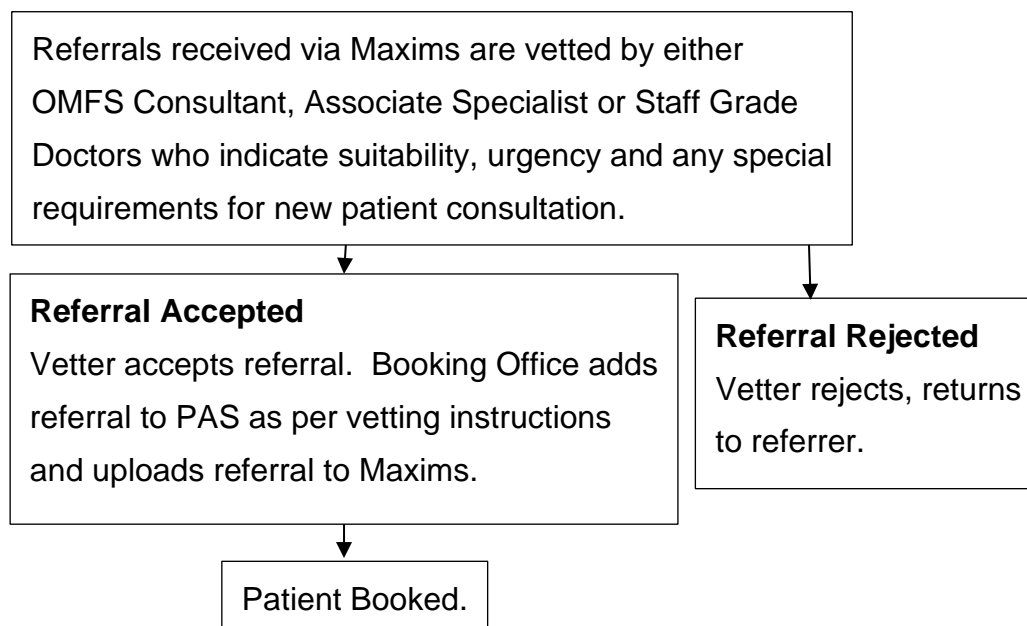
OMFS Acupuncture Service New Referrals



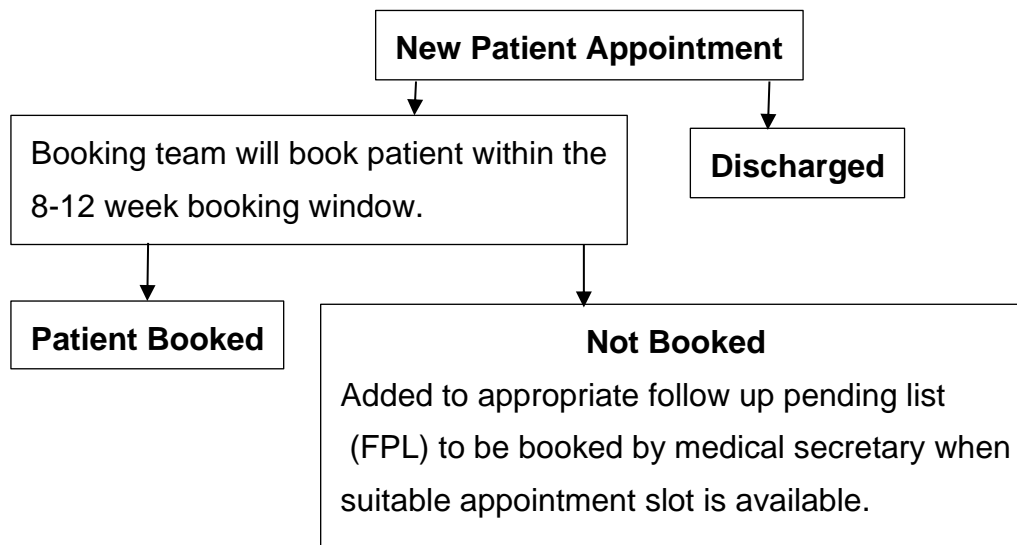
OMFS Acupuncture Service Follow Ups



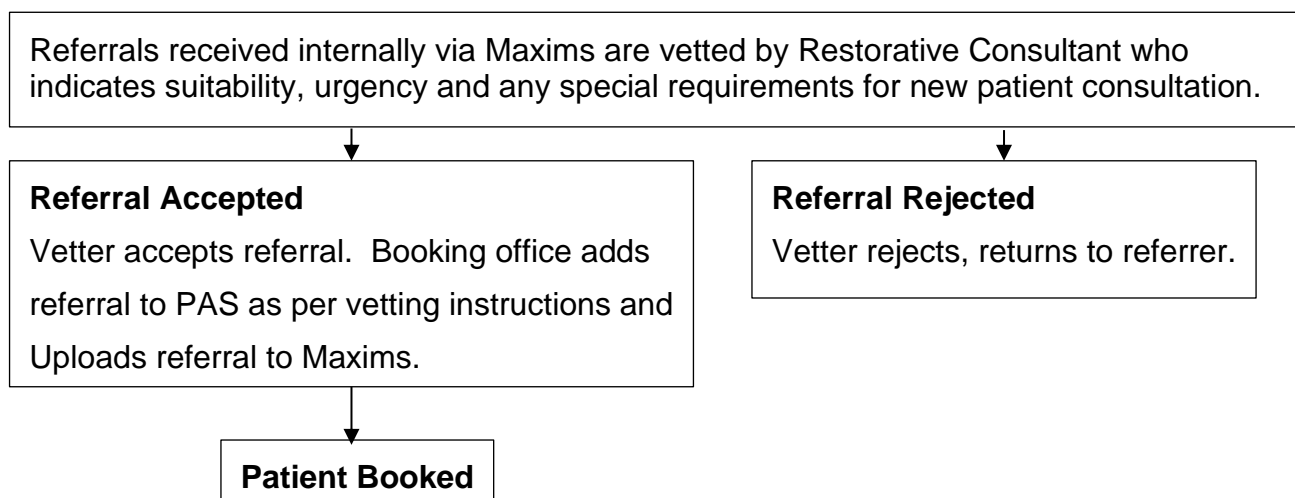
OMFS Botox Service New Referrals



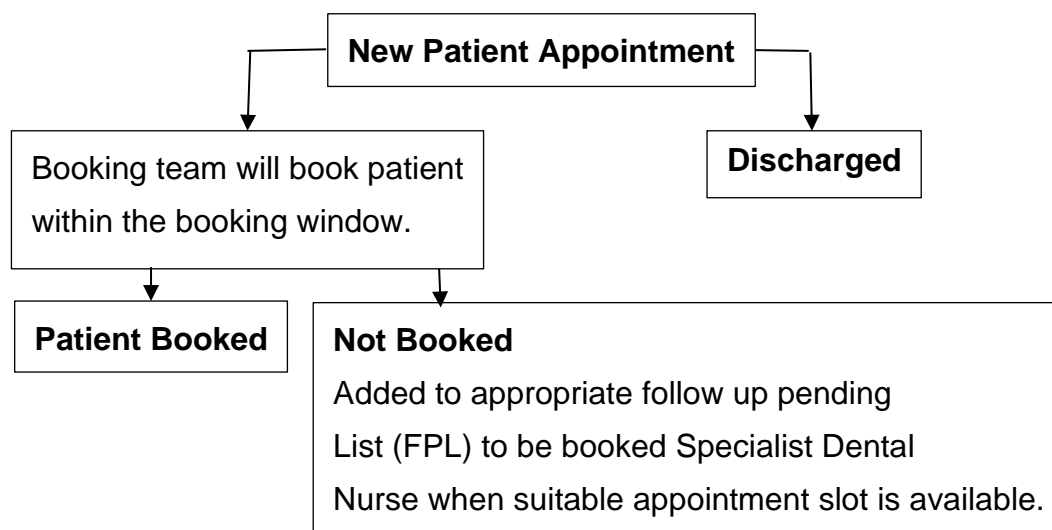
OMFS Botox Service Follow Ups



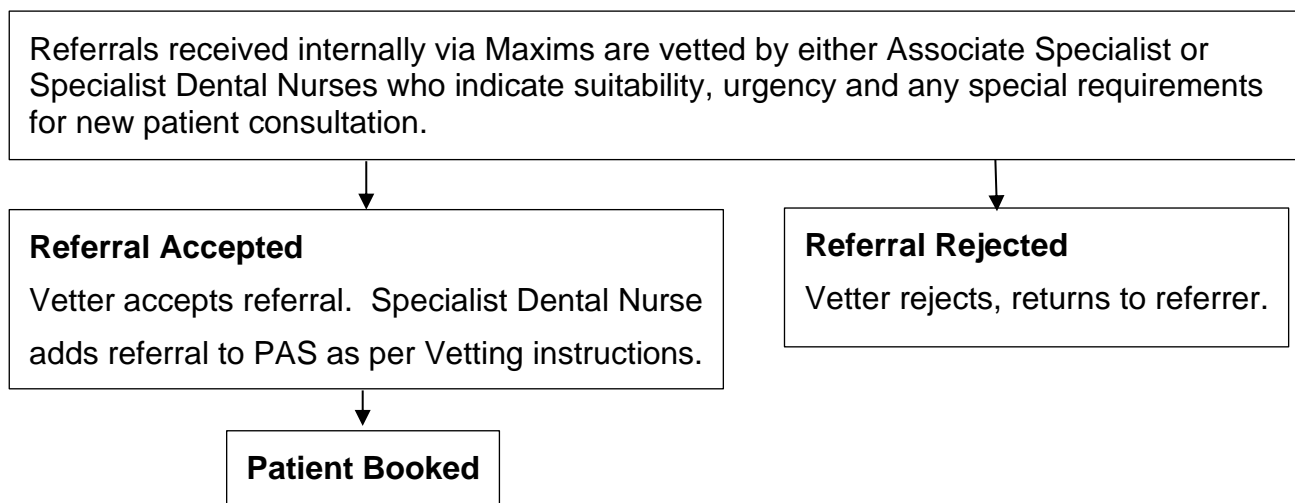
Restorative and Oral rehabilitation Consultant Led Clinics New Referrals



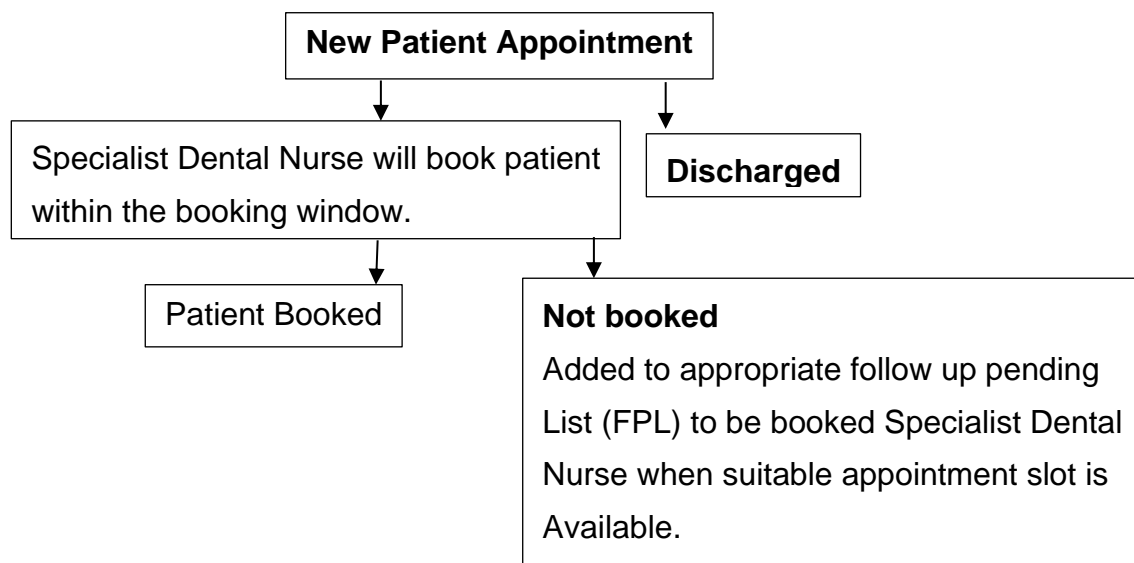
Restorative and Oral Rehabilitation Consultant Led Clinics Follow ups



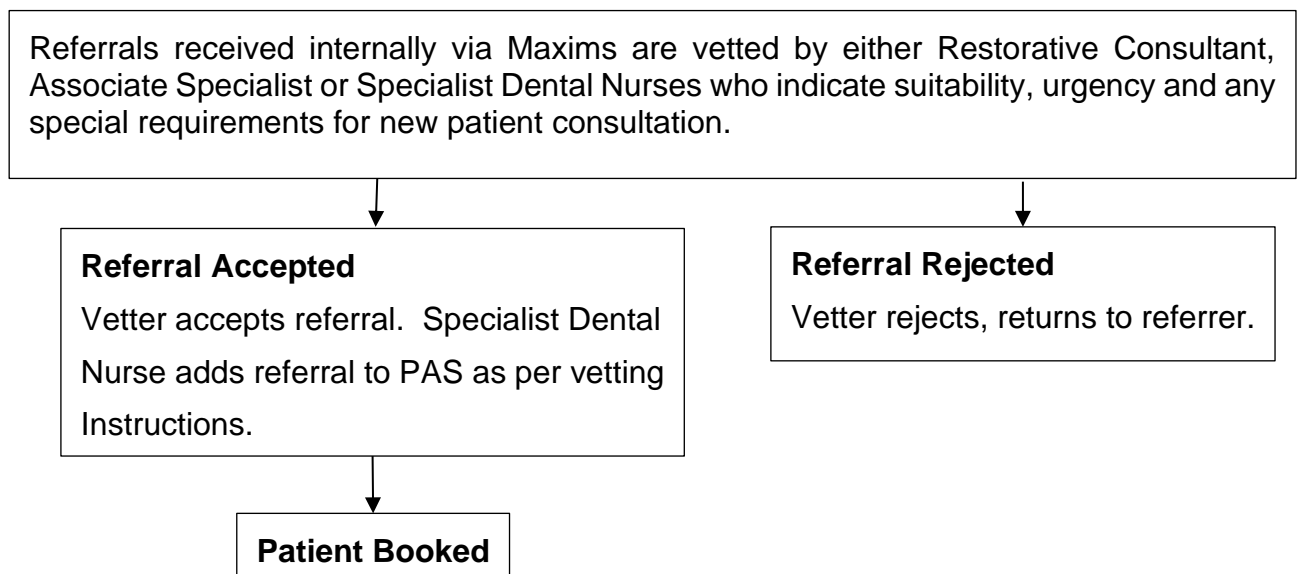
Restorative Dental Clinic New Referrals (Previously known as the CS Clinic)



Restorative Dental Clinic Follow Ups (Previously known as the CS Clinic)



New Implant Referrals (Restorative)



Implant Clinic Follow ups (Restorative)

