

# **Orthodontic Patients for Onward Booking Standard Operating Procedure**

**V1.0**

**July 2025**

## Table of Contents

1. Introduction .....	3
2. Purpose of this Standard Operating Procedure .....	3
3. Ownership and Responsibilities.....	3
3.6. Role of the Governance Lead .....	4
4. Standards and Practice .....	5
4.1. Booking Standard.....	5
4.2. Orthodontic Patients.....	5
5. Dissemination and Implementation.....	5
6. Monitoring compliance and effectiveness .....	5
7. Updating and Review.....	6
8. Equality and Diversity .....	6
Appendix 1. Governance Information .....	7
Appendix 2. Equality Impact Assessment .....	9
Appendix 3. Onward Booking .....	12

### **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](mailto: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. To look after the orthodontic caseload more effectively, Orthodontic staff have agreed where possible to give 12 weeks' notice for annual leave and courses.
- 1.3. It is normal and safe to have up to 12 weeks between orthodontic appointments.

## **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 Deputy Performance Operations Manager/Clinical Administration Lead**

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 Orthodontic Clinician**

The Orthodontic Clinician 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 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 Deputy Performance Operations Manager (DPOM)/Clinical Administration Lead (CAL) for procedural changes.

## 4. Standards and Practice

### 4.1. Booking Standard

- Patients that are identified below are to be booked for an outpatient appointment beyond 6 weeks but no more than 12 weeks.

### 4.2. Orthodontic Patients

- We have many patients in active treatment (ie fixed metal train track brace) who require next adjustment appointment between 2 - 12 weeks' time.
- Patients who require an appointment review >12 weeks will be placed on a pending list. This should be a maximum of 12 months.

## 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.

## 6. 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.

Information Category	Detail of process and methodology for monitoring compliance
<b>Change in practice and lessons to be shared</b>	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.

## 7. Updating and Review

The document will be reviewed in no less than 3 years.

## 8. Equality and Diversity

8.1. 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](#).

8.2. Equality Impact Assessment

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

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Orthodontic Patients for Onward Booking Standard Operating Procedure V1.0
<b>This document replaces (exact title of previous version):</b>	New
<b>Date Issued/Approved:</b>	April 2025.
<b>Date Valid From:</b>	July 2025.
<b>Date Valid To:</b>	July 2028.
<b>Author/Owner:</b>	Suzy Thalha, Service Manager Dermatology and Oral Maxillo Facial, Specialist Services and Surgery (SSS).
<b>Contact details:</b>	<a href="mailto:Suzy.thalha@nhs.net">Suzy.thalha@nhs.net</a>
<b>Brief summary of contents:</b>	Procedure for Orthodontic Patients for Onward Booking.
<b>Suggested Keywords:</b>	OMF, restorative, orthodontic, booking.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> Yes <b>CIOB ICB:</b> Yes
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer.
<b>Approval route for consultation and ratification:</b>	Oral Maxillofacial (OMF) Business and Governance Meeting. Senior Management Team Meeting. Care Board Meeting.
<b>Manager confirming approval processes:</b>	Ian Moyle Browning, Head of Nursing (HoN), Specialist Surgery and Surgery (SSS).
<b>Name of Governance Lead confirming consultation and ratification:</b>	Michelle Reed, Governance Manager, SSS.
<b>Links to key external standards:</b>	None.
<b>Related Documents:</b>	None required.
<b>Training Need Identified:</b>	No

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

#### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2025	V1.0	New Document.	Suzy Thalha, Service Manager Dermatology and Oral Maxillo Facial, Specialist Services and Surgery (SSS).

**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](mailto:richt.inclusion@nhs.net).

Information Category	Detailed Information
<b>Name of the strategy/policy/proposal/service function to be assessed:</b>	Orthodontic Patients for onward Booking Standard Operating Procedure V1.0
<b>Department and Service Area:</b>	Oral Maxillofacial and Orthodontic, Specialist Services and Surgery (SSS).
<b>Is this a new or existing document?</b>	New
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Suzy Thalha, Service Manager Dermatology and Oral Maxillo Facial, Specialist Services and Surgery (SSS).
<b>Contact details:</b>	<a href="mailto:Suzy.thalha@nhs.net">Suzy.thalha@nhs.net</a>

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (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.
<b>2. Policy Objectives</b>	To ensure any patients that need a regularly follow up past 6 weeks can be seen.
<b>3. Policy Intended Outcomes</b>	A safe and standardised referral and booking certain outpatient clinics.
<b>4. How will you measure each outcome?</b>	Review any data feedback from clinic lists where issues were identified.
<b>5. Who is intended to benefit from the policy?</b>	Staff as clinics will be suitably booked and patients as they will get the appointment in the appropriate time.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>Workforce: Yes</li> <li>Patients/visitors: No</li> <li>Local groups/system partners: No</li> <li>External organisations: No</li> <li>Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/groups:</b> Oral and Orthodontics Business and Governance members. Specialist Services and Surgery Governance Team.
<b>6c. What was the outcome of the consultation?</b>	Approved.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> 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
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (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.**

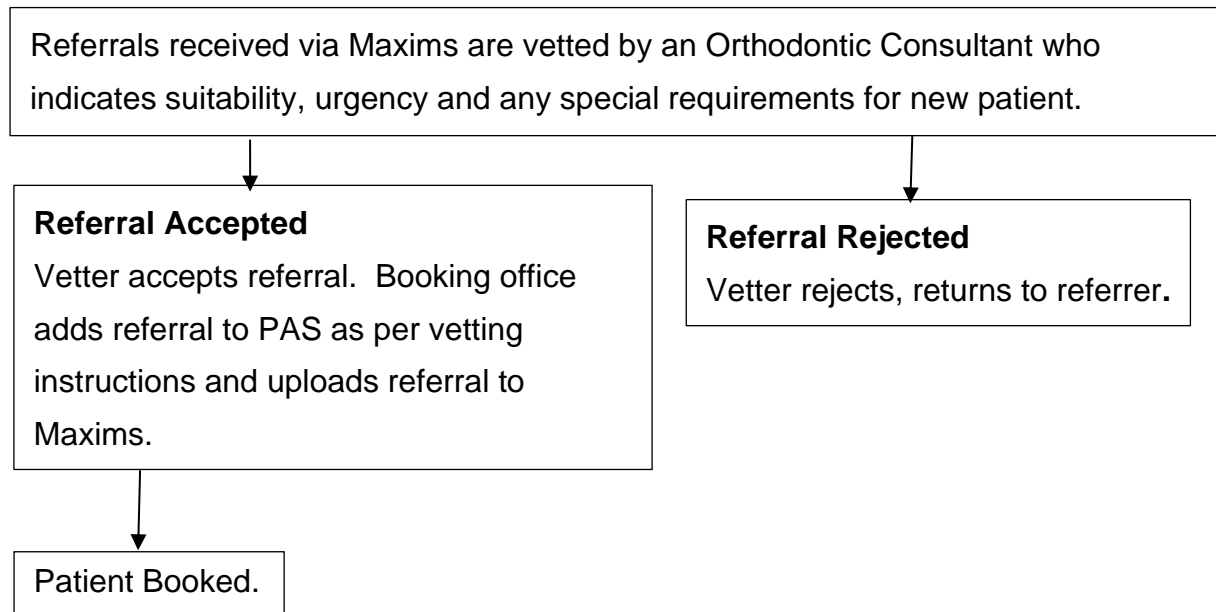
I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Suzy Thalha, OMF Service Manager, Specialist Services and Surgery (SSS).

**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

### Orthodontic New Patient Flowchart



### Orthodontic Follow up Flowchart

