

# Dentists dental conference 2021: An Audit evaluating local compliance with NICE NG12 suspected cancer: recognition and referral pathway at Bridgewater NHS Foundation Trust Community Dental Services: A Review Article- Iffah Zaman, Bridgewater NHS Foundation Trust, United Kingdom

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## Background:

Dentists have a responsibility to thoroughly assess the head and neck area for patients which enables them to help identify patients with signs or symptoms that could be caused by cancer.

## Aims:

- Evaluate local compliance with Nice Guidelines (NG12) for suspected cancer: recognition and referral pathway across the Community Dental Services at Bridgewater NHS Trust at Oldham, Rochdale and Bury Boroughs (ORB).
- Identify potential areas for improvement.
- Analyse a baseline staff questionnaire regarding current practices.

## Results

- None of the patients met 100% of the criteria for suspected cancer referrals.
- 13.3% of patients that were referred had confirmed cancer that we are aware of.
- 100% of referrals were sent due to signs/symptoms that conform to the NICE NG12 guidelines.
- There was 100% compliance with documenting patient symptoms.
- 10% of patients had no mention of their cancer risk factors in their records.
- 13% of patients had no documented consent for their urgent referral.
- 37% of patients had no clinical documentation of further information provided to them.
- 13.3% of patients who had suspected cancer referrals sent were followed up by us within 2 weeks.
- For 33.3% of the patients referred didn't heard back from the specialist department.

## Discussion

We should address inconsistencies identified with clinical record keeping, addressing risk factors, gaining valid consent and the follow-up process both locally and from specialist services. The staff survey identified staff lacked confidence in

identifying suspicious lesions and varied awareness of NG12 requirements.

**Key words:** Oral cancer, oral oncology, urgent dental referral

Some theme specialists noted new manifestations that could be incorporated for specific malignant growths, for example, cervical or bosom disease. Data accumulated during this observation audit featured comparable regions to those prominent by subject specialists, remembering new side effects for certain sorts of tumors, for example, throat torment in oral disease, or new malignant growths, for example, hypopharyngeal or pharyngeal disease that are not as of now shrouded in the rule. Partner criticism from conference additionally noticed that new manifestations or indication blends should be added into proposals for specific diseases like pancreatic malignancy, ovarian disease, sarcomas, and head and neck tumors.

By and large, we didn't recognize new proof to help the incorporation of new indications or diseases; or the proof distinguished was viewed as restricted as far as the amount and quality to warrant an update of the proposals.

Family ancestry and hereditary test outcomes were likewise referenced as important elements to advise reference choices in speculated disease. It is realized that there are hereditary illnesses, for example, Lynch condition, which increment the danger of fostering particular sort of diseases (like colorectal malignancy). Nonetheless, we didn't distinguish any proof on hazard factors not quite the same as those generally remembered for the rule (age and smoking) that affect the prescient force of manifestations remembered for the rule. Furthermore, hereditary testing is presently a quickly developing region however no new proof was distinguished through this reconnaissance survey to advise an update to the rule. Hereditary testing will be noted for thought again at the following reconnaissance survey of the rule, by which time there might be advancements in the proof base and administration conveyance around here