# An evaluation of a referral management and triage system for oral surgery referrals from primary care dentists: a mixed-methods study

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**Declared competing interests of authors:** Iain Pretty is involved with the delivery of referral management services to NHS England, for which he receives financial reward. He was involved with the development of early pilot models in referral management at NHS Trafford. He was involved in the evaluation of the Index of Sedation Need (IOSN) tool. Paul Coulthard chaired the Oral Surgery and Oral Medicine Working group that developed the *Guide for Commissioning Oral Surgery and Oral Medicine*. This guide advocated the use of referral management systems in pathway management. He was involved in the development of the IOSN tool.

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## **Plain English summary**

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## **Plain English summary**

People who need teeth extracted will often be referred from their dentist to a hospital. This is usually because the surgery is complicated, or they may have medical conditions that make treatment in a regular practice riskier. However, hospitals are under a lot of pressure and are often an expensive way of delivering care. Our research looked at how new high-street specialists might be able to provide some hospital services for dental patients. We tested an online referral management system, designed to make sure that patients were sent to the right place for care, and we looked at outcomes across the whole system, including cost savings and views of patients and NHS staff.

We undertook this study over 3 years and found that patients were most interested in quick care that resolved their pain, rather than the setting where surgery was provided. Patients reported being as happy in high-street (primary care) settings as in hospitals. We found that specialists could look at electronic referrals and assess, safely, which patients should go to primary care and which patients should still attend hospitals. General dental practitioners could refer patients easily with a web-based system, and the quality of their referrals improved. When we looked at cost savings we found that offering the high-street services as an alternative to hospital provision may have the potential to save money, although this depended on the costs charged to the NHS by individual hospital trusts.

It will be necessary to look at the process for other types of medicine referrals, such as those for skin disease, to see if these positive findings can be replicated.

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