The Spires Cleft Centre Annual Report 2021

Summary of multidisciplinary care for children and adults with cleft & non-cleft VPD, in the Spires region, Jan-Dec 2021

The Spires Cleft Centre is an NHS England Specialist Commissioned regional network based around two sites, Salisbury and Oxford. The host Trusts are Salisbury NHS Foundation Trust & Oxford University Hospitals NHS Foundation Trust. 2021 was challenging, but we largely managed to avoid delays to primary surgery in infants whilst providing more clinics, visits and treatments. Older children and adults are facing long waits for surgical treatment and many UK services are in the same position with staffing a significant factor. As a network we remain committed to tackling the challenges, working closely with Trust managers, the children's surgery network and Commissioners.

CLINICAL		
Cleft Surgery	PROGRESS: 197 surgeries completed compared to 131 in 2020	
	Combined waiting list of most urgent/time sensitive cases	
	Appointment of extra part time surgeon to Salisbury for 2022	
	CONCERN: Primary surgery timing close to limit of ideal timing	
	Secondary surgery waiting list remains largely unaddressed	
• Start of 2021, reduced theatre capacity in Oxford (1/3 pre-covid). Weekly theatre list in Salisbury		
• Greatest impact on older children waiting for alveolar bone graft (ABG), speech surgery & adult surgery		
April, increase in Oxford sessions available (extra 1 per week + weekend lists) to tackle backlog		
• By June, progress with primary lip and palate catch up. Throughout year, waiting list pressure still larger		
than theatre capacity in Salisbury (2 sessions a week). Salisbury lists not fully utilised due to reduced		
surgeon sessions and consistent cover not available		
	n to identify highest impact cases for ABG, speech surgery & adult surgery	
Specialist Nursing	PROGRESS: Regular clinical prioritisation meetings with surgeon colleagues	
(CNS)	Interim Lead CNS appointed internally from Jan 2022 for 6 months	
	CONCERN: Reduced workforce/experience within small team	
	ienced specialist nurses in Oxford (x1) and Salisbury (x2, including Lead CNS).	
	nt to vacant posts but impacted by maternity leave from Sept 2021-July 2022	
	ded clinical and feeding support to neonates and infants in line with standards	
	urse seconded from children's ward in Salisbury to support sole CNS	
	aching to student & ward nurses, Foetal Medicine Unit & other network colleagues	
Speech & Lang	PROGRESS: Use of virtual platforms for clinics, liaison and training across region	
Therapy (SLT)	Enhanced service for parents of infants waiting for surgery	
	CONCERN: Long waits for speech surgery in school age children and adults	
	Lack of community SLT provision – variable across network	
	ery – face to face and video appointments, reducing need for travel, time out of	
	ive feedback from parents & patients.	
	community SLTs delivered virtually	
Clinical Psychology	PROGRESS: Involvement of Honorary Assistant Psychologists on both sites	
	Recruitment & increased hours in Salisbury (start March 22)	
	CONCERN: High demand for psychological input prior to surgery	
• Start of 2021 metals	Impact of maternity leave & vacancies on small team	
• Start of 2021, mainly remote outpatient appointments. Growing waiting lists but manageable.		
April, outpatient activity combination of face to face & virtual.		
	t outside of MDT clinic approximately 5 months, increasing face to face contacts	
ENT & Audiology	PROGRESS: Good liaison between centre and network ENT & audiology CONCERN:	
Regular joint working in MDT & audit clinics		
 86% of all 5 year old children have had their hearing assessed 		

Oxford: Aylesbury, Basingstoke, Milton Keynes, Reading, Slough, Swindon, Frimley Park Salisbury: Chichester, Guernsey, Isle of Wight, Winchester, Portsmouth, Southampton, Poole/Bournemouth, Dorchester

Orthodontics	PROGRESS: Caught up with outpatient backlog in Salisbury	
	Audit/clinical review clinics resumed	
	CONCERN: Optimum timing for successful ABG & orthognathic surgery	
Start of 2021, Audit clinics stopped. Orthodontic/dental assessment not feasible remotely		
• April, document published by Orthodontic Clinical Excellence Network highlights risks of delayed ABG		
70% children had joint review with surgeon & orthodontist between age 7-9 years		
Oral &	PROGRESS: Orthognathic (jaw) surgery resumed for patients across region	
Maxillofacial	Regular dental implant clinic at Salisbury	
	CONCERN: Impact on young adults of delayed treatment & time in braces	
Surgery	Oxford/Bucks patient access to routine dentoalveolar surgery	
All jaw surgery completed at Salisbury; joint working with Oxford & Salisbury Orthodontists & MDT		
• Oral surgeon input to surgical planning for ABG, with cleft consultant, orthodontist & MDT, including		
dental extractions. Support for oral health advice		
Restorative	PROGRESS: Presentations at large national conference with Cleft theme (virtual)	
Dentistry	MDT working for speech prosthetics and adult reviews	
Dentisti y	CONCERN: Working with severely compromised Dental Lab in Oxford all year	
	Lack of consultant restorative dentist sessions in Salisbury	
	Lack of specialist paediatric dentist across both sites	
Start of 2021, no outpatient activity unless emergency. Telephone consultations and triage only		
April, clinics partially resumed but limited clinic room availability. Resolved by September		

GOVERNANCE	
Patient safety	Patient experience
Network Board –6 x per year service oversight	Patient/ Public representative on Network Board
Trust & MDT specialty governance systems	CLAPA champions from team
National Cleft Development Group (CDG)	Regular patient feedback & co-production
Audit Established programme of MDT audit data submitted to national cleft database CRANE and Specialised Services Quality Dashboard	Research SLUMBRS II – Sleeping position of infants with cleft Cleft Collective – gene bank, cohort & SLT studies CLEFT-Q Computerised Adaptive Testing
Treble Cleft Quality Improvement Group with SW (Bristol), South Wales & West Midlands	Centre for Appearance Research, impact of Covid-19 Abstracts submitted for Cleft 2022 Congress, Edinburgh

For further information visit:

SPIRES website	https://www.spirescentre.nhs.uk
CRANE	https://www.crane-database.org.uk/reports/crane-database-2021-annual-report/
NHS England	https://www.england.nhs.uk/wp-content/uploads/2021/05/metric-definitions-
	cleft-lip-services-including-non-cleft-vpd-all-ages-2122.pdf
CLAPA	https://www.clapa.com/
Cleft Collective	http://www.bristol.ac.uk/dental/cleft-collective/

PRIORITIES FOR 2022

- 1. Appointment of new Clinical Director and succession planning in key specialties.
- 2. Meet with Commissioners, Trust managers and children's surgery network (ODN) for detailed review of surgery waiting lists and service provision in Salisbury and Oxford.
- 3. Aim for optimal timing for lip & palate surgery in infants: lip at 3-6 months, palate at 9 months.
- 4. Reduce backlog of patients waiting for ABG, speech surgery, jaw surgery, rhinoplasty or lip revision.
- 5. Maintain commitment to research, clinical audit and quality improvement; focus on data completeness, patient feedback, development of outcome measures and evidence base.

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