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Article:

Montgomery-Cranny, J, Edmondson, M, Reid, J et al. (3 more authors) (2017)
Development of a managed clinical network in oral medicine. *British Dental Journal*, 223
(9). pp. 719-725. ISSN 0007-0610

<https://doi.org/10.1038/sj.bdj.2017.890>

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Table 1. Descriptors for levels of care in Oral Medicine used in Yorkshire and the Humber. Further guidance and example presentations are given in the Oral Medicine Full Referral Guide.

Level One

- Recognition of normal features of the mouth and oropharynx that may be confused with pathology.
- Recognition of conditions and recording an initial (working) diagnosis.
- Initiation of management (e.g. identify & address concerns, appropriate information, interventions including oral hygiene and 1st line topical treatments) with appropriate follow-up.
- Recognition of situations where the presenting complaint indicates referral to either Level 2 or 3.
- Ongoing management as part of shared care or following discharge from Level 2 or 3 care.


Level Two

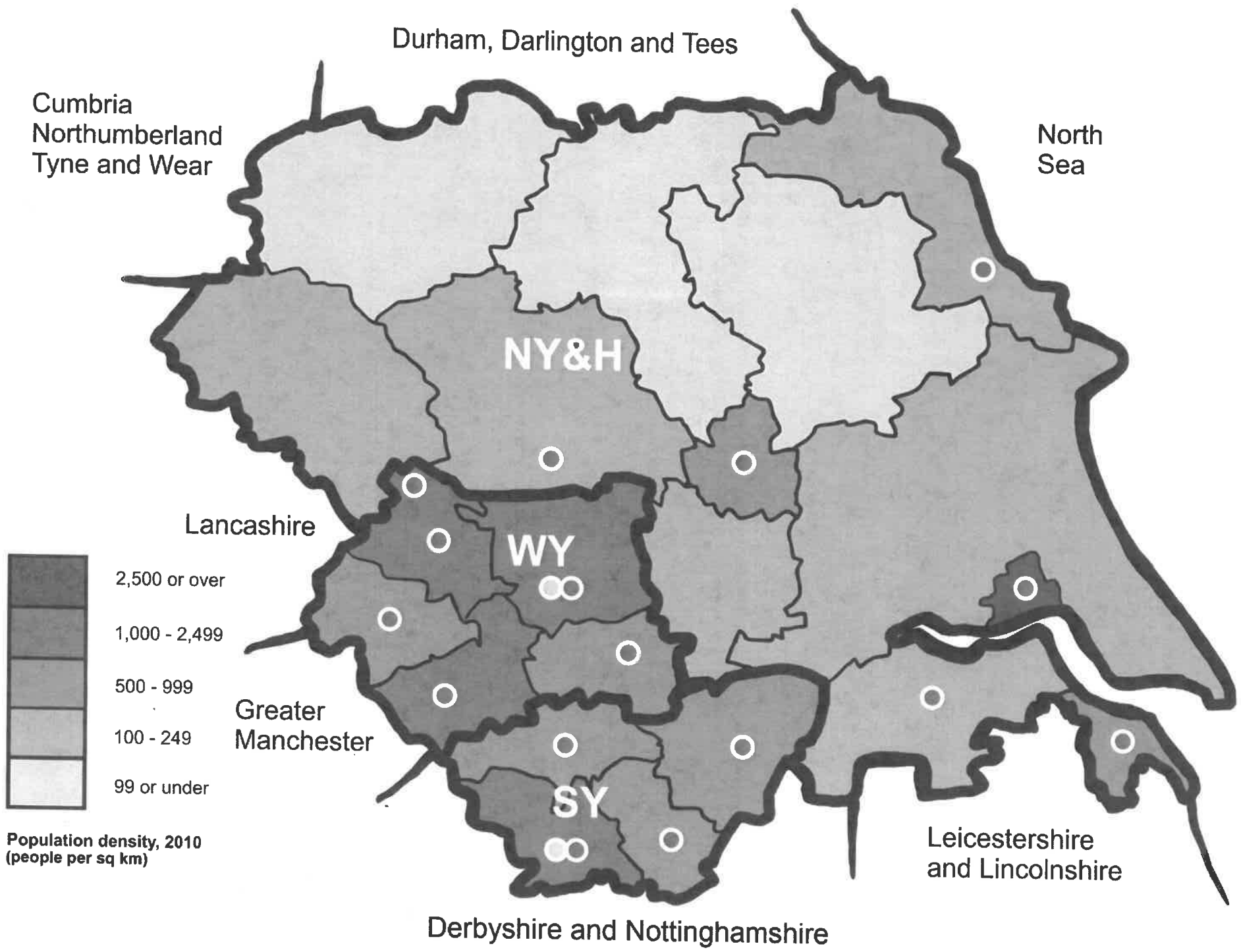
- Re-evaluation of the initial diagnosis and the aims of care.
- Re-evaluation and revision of management with follow-up.
- Recognition of situations where the presenting complaint indicates referral for Level 3 assessment.
- Ongoing management as part of shared care with Level 1 or 3 care.

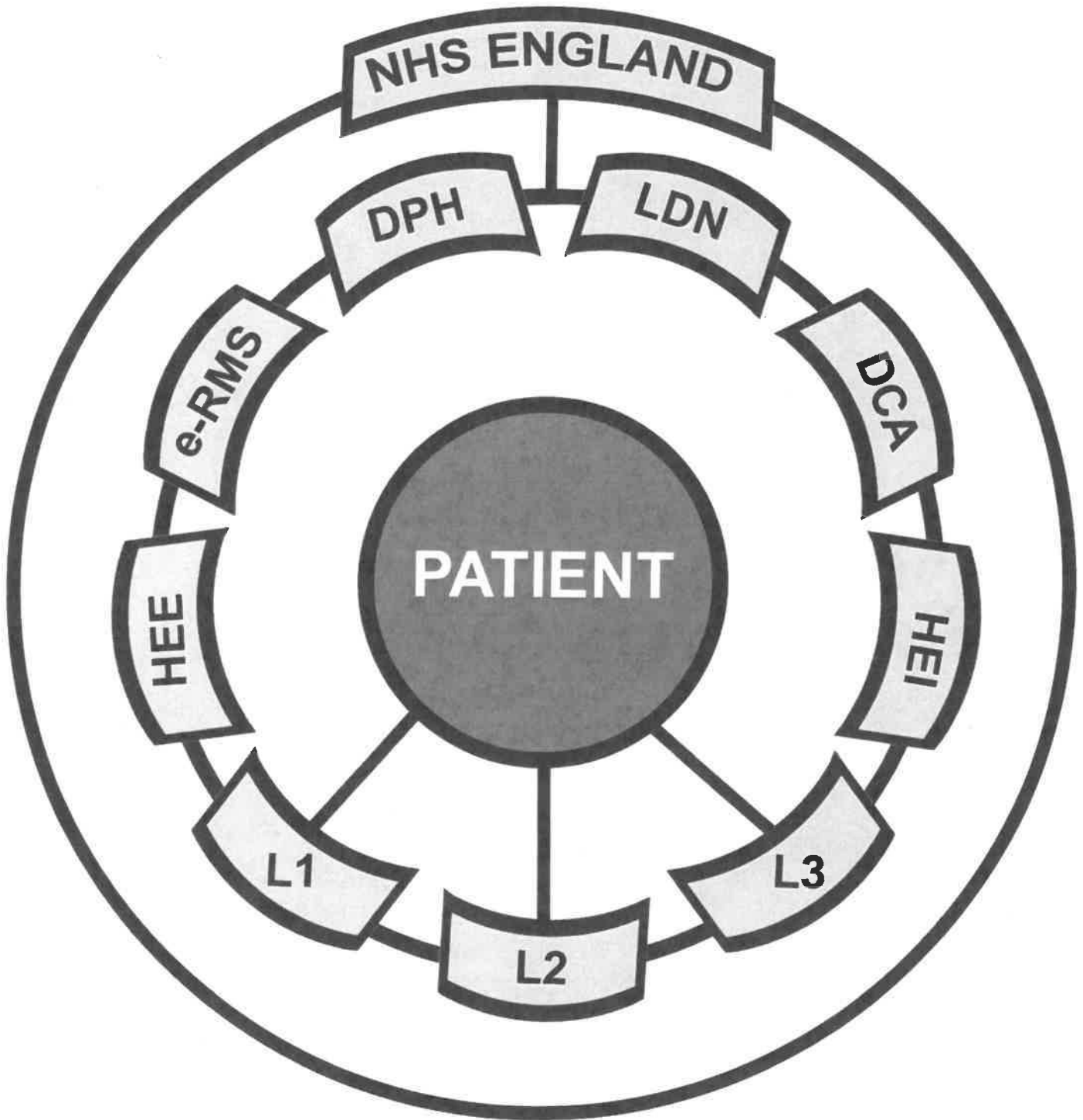
Level Three

- Evaluation of presentations associated with prominent or unusual orofacial symptoms and/or signs (mucosal, salivary, pain or neurological).
- Evaluation of presentations that may represent an orofacial manifestation of a systemic or widespread problem with physical and / or psychological components.
- Re-evaluation where the diagnosis is unclear.
- Management is complicated by significant co-morbid illness (physical or mental health) or the management of this.
- Interventions at Level 2 have not achieved a satisfactory outcome.
- Management requires potent topical or systemic medications.
- Multi-disciplinary or multi-professional management is indicated.

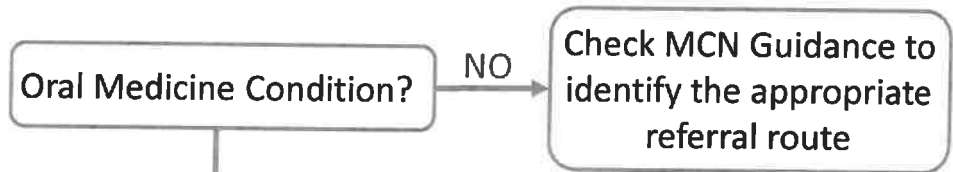
Table 2. An example taken from the Oral Medicine Full Referral Guide, which includes presentations by symptoms and signs as well as named conditions. Referral decision-making should also take account of the descriptors given in Table 1.

Persistent White and/or Red Mucosal Lesions:	Typical oral presentation	Red Flags: Level 3 Referral
	<ul style="list-style-type: none"> - Reticulated or plaque-like hyperkeratosis with variable redness and/or ulceration (may be none). - Symmetrical involvement of the posterior buccal mucosa is common, but any site may be involved. - Desquamative gingivitis can be present. - Lesions may be unilateral/adjacent to dental restorative materials 	<ul style="list-style-type: none"> - Features that do not fit the typical oral presentation - Unexplained other features such as: <ul style="list-style-type: none"> - skin rash - nail changes - genital ulceration - scalp soreness or acute hair loss - Widespread oral involvement <p><i>Note: cancer development in oral lichen planus is <1 in 100 who have oral lichen planus for 10 years or more.</i></p>

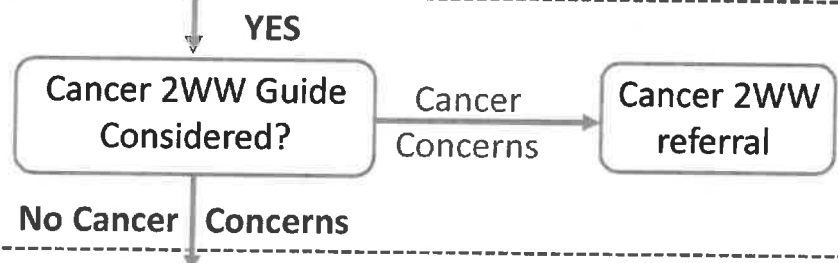




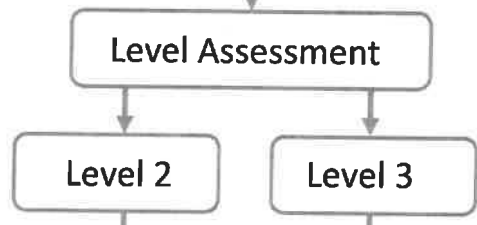
1. Oral Medicine?



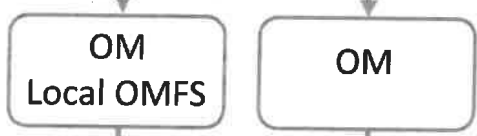
2. Cancer?



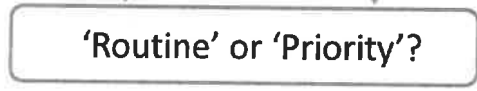
3. Level?



4. Provider?



5. Urgency?



Oral Medicine Audit: 'Oral Lichen Planus – New Diagnosis'

Background

Lichen planus is a common, chronic mucocutaneous condition that involves the oral cavity either alone or as part of multi-site involvement. Oral lesions may be secondary to defined lichenoid triggers. Rarely, oral lichen planus may precede malignant transformation and development of oral cancer.

The British Society for Oral Medicine (BSOM) prepared '*Guidelines for the Management of Oral Lichen Planus in Secondary Care*' (2010). This audit instrument has been collectively agreed between Oral Medicine specialists in the UK and used in regional and national audit. Note: patients with Graft v Host Disease (GvHD) are excluded.

Aim of the Audit:

To ensure appropriate standards of care for patients with a new clinical histopathological diagnosis consistent with lichen planus or lichenoid reaction.

Standards

All patients with a new clinical and/or histopathological diagnosis consistent with lichen planus or lichenoid reaction must have:

1. A record of the impact of the oral lesions on the patient.
2. A record of extra-oral involvement.
3. A record that lichenoid reactions have been considered.
4. A record that written information (BSOM Patient Information Leaflet (PIL)) that includes oral cancer risk has been given and discussed.
5. A record of future follow-up, referral or discharge.

Data Collection - Timing

For those patients where the diagnosis is confirmed by biopsy data collection should be after the consultation when the biopsy result is given to the patient.

For those patients where the diagnosis is not confirmed by biopsy data collection should be after the working diagnosis has been made.

Criterion 1	The impact on the patient of the oral lesions should be recorded
Exceptions	None
Definitions	<p>There is a record of the impact on the patient such as:</p> <ul style="list-style-type: none"> • No impact (e.g. asymptomatic) • Impact: <ul style="list-style-type: none"> ○ Symptoms such as pain, discomfort, roughness, red gums ○ Concerns, such as natural history including cancer-risk or spread to other sites
Criterion 2	Extra-oral involvement should be recorded
Exceptions	None
Definitions	<p>There is a record that from the history (and where appropriate via examination) that extra-oral lesions have been considered (including negative responses) with respect to:</p> <ul style="list-style-type: none"> • Skin, nails, scalp and genitalia (for a 'yes' all 4 sites should have been considered – all may be negative findings)
Criterion 3	The possibility of lichenoid reactions has been considered
Exceptions	None
Definitions	<p>There is a record that consideration has been given to the possibilities of lichenoid reactions due to:</p> <ul style="list-style-type: none"> • Dental restorations (e.g. that lesions are adjacent to restorations or that there are no restorations – i.e. lichenoid likely or unlikely). • Medication (e.g. that the medication is listed and there is a comment that a medication-related lichenoid reaction is likely or unlikely) • (Other potential lichenoid triggers where applicable – absence of this does not score as 'no', but may be relevant in some patients).
Criterion 4	Written information has been given & discussed including oral cancer risk
Exceptions	None
Definitions	<p>There is a record that written information has been given & discussed including oral cancer risk (BSOM PIL) or a clear reason given why this was not appropriate.</p>
Criterion 5	Follow-up/discharge
Exceptions	None
Definitions	<p>There is a record that a follow-up appointment has been arranged, referral made to another healthcare professional or that the patient has been discharged.</p>

Data collection: Oral Medicine Audit - 'Oral Lichen Planus – New Diagnosis'

Complete one form for each patient.

Patient identifier:	Biopsy proven: Yes No	Organisation:
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No.	Criteria	Yes	No	Comments (if required) ¹
1	The impact on the patient should be recorded	<input type="checkbox"/>	<input type="checkbox"/>	
2	Extra-oral involvement should be recorded	<input type="checkbox"/>	<input type="checkbox"/>	
3	The possibility of lichenoid reactions has been considered	<input type="checkbox"/>	<input type="checkbox"/>	
4	Written information has been given & discussed including oral cancer risk	<input type="checkbox"/>	<input type="checkbox"/>	
5	Follow-up/discharge	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Only include comments if these add useful information that informs the 'yes'/'no' decision. Comments are most likely to be used to explain why a standard has not been met. Note: annotating relevant comments on the form defining the standards may be useful in some circumstances.