Since being appointed by Council to the Chair of the BAOMS Clinical Effectiveness Subcommittee in March last year, I have come to realise what a commitment this position is in terms of time and effort and I thank my predecessor, Simon Rogers for the outstanding service and commitment he gave to this role. I have learnt that this position involves very much more than just producing the Newsletter and the Clinical Effectiveness Matters review of Clinical Audits.

Orthognathic Commissioning Report
Shortly after I commenced the post, we received notification of a Commissioning Report generated by a company called SPH (Solutions for Public Health), at the behest of the South Central SHA, “to guide NHS funding for orthognathic surgery”. Responses to this report were produced by the Bucks, Oxford and Berks (BOB) Orthognathic Group and the BOS as well as BAOMS this can be viewed in the secure area on the BAOMS website. Fortunately at the resulting BOB Commissioning meeting the multidisciplinary approach of the BOB team won over the commissioners and orthognathic surgery funding was approved to continue, at least in the BOB (northern) part of the SHA. In the southern area the commissioners took a different view but their decision was rendered ineffective with the demise of the SHA.

Orthognathic Outcomes Data Collection
This episode highlighted the urgent need to gather and report UK orthognathic surgery outcomes data. At a meeting I attended with colleagues from BAOMS / NFORC and representatives of BOS, we agreed orthognathic outcome data collection tools, including the BAOMS / BOS Orthognathic Minimum Dataset and these are available to view on the BAOMS website. We felt that the most useful data that we should be collecting, particularly to help inform commissioning is postoperative patient outcomes / patient satisfaction. There is a paper data collection proforma that can be transferred to an online data collection survey or better still the data can be entered directly by the patient, using the following URL: - www.jaw-op.co.uk

There is also a link to this survey portal from the BAOMS website. I would urge all those colleagues with an interest in facial deformity surgery to start collecting this vital data. The data collection tools will undergo development and refinement in use, but the data we are collecting will still be very useful and highly relevant to inform commissioning and maintain this high quality, life enhancing service for our patients.

NICE Accredited BAOMS / RCS Commissioning Guides
With regard to providing useful information and guidance for commissioning, three groups of colleagues from the Clinical Effectiveness Subcommittee agreed to undertake the development of “Commissioning Guides” in three areas; “Orthognathic Treatment”, “TMJ procedures” and “Exodontia”, using a NICE accredited, RCS endorsed process manual. The orthognathic group, under the inspired leadership of Paul Johnson have delivered their guidance document first in July and all those involved should be very proud of this achievement. This is available to view online at the following URL: - http://www.rcseng.ac.uk/providers-commissioners/docs/CommissioningGuidefororthognathicprocedures.pdf

I am certainly very grateful as the “Exodontia” group I have agreed to chair is currently making less rapid progress, as certain stakeholders have a somewhat different view of the ideal service configuration for Oral Surgery provision. We are however working hard to find some common ground and it is vital that this service is provided in secondary care for those service users who are not suitable for treatment elsewhere. The “TMJ procedures” group is making progress and I expect to be able to report their progress soon. I would like to thank Nigel Beasley for initiating this process and Erana Sitterle at the College for her unstinting support.

BAOMS Clinical Guidelines (NICE Accredited Process Manual)
Another area where the BAOMS CEC is working on is the development of BAOMS badged, Clinical Guidelines, using a NICE accredited, process manual. Tim Blackburn is leading on this and has put a great effort into producing the first draft of the process manual. To progress further, we require an information scientist to help us develop the appropriate searches to provide evidence in accordance with the process manual. In order to achieve NICE accreditation the process has to include all stakeholders and two sets of guidelines need to be produced in the first instance. The first clinical guidelines that Tim has suggested and we have agreed is on the “Management of Head and Neck Soft Tissue Injuries”, after some discussion we have agreed that the second should be on the Management of Patients with Impacted Third Molar Teeth. These clinical guidelines will be BAOMS badged and will be analogous to the BAD guidelines for the
Management of Skin SCC’s, for example. We are currently in the process of interviewing and appointing the information scientist and hope to have this completed by Friday 13th December.

The 2013 BAOMS National Audit for Revalidation
Is an audit of patients who are referred for symptoms related to impacted third molars and that they are receiving the appropriate treatment and that they are benefiting from it. The emphasis is also on PROM’s (Patient Related Outcome Measures). How many of us really know for example, what the average time off work following the surgical removal of impacted third molars actually is? This and many more questions will be asked and hopefully answered. The focus on PROMS should make it easier to collect the data, as most can be inputted by the patient. Even if you don’t personally undertake third molar surgery as part of your own practice, this remains an important service that we provide and in order to show that we provide the best service as a specialty this data is essential. I would urge all to take part to provide the complete picture. This will also be helpful for your own personal appraisal and revalidation. I was hoping to have this audit ready to be rolled out earlier this year but as quite a comprehensive project, with the data needing to conform to standards for data collection of the Health and Social Care Information Centre (HSCIC) in Leeds where the data is stored, the process has taken very much longer than expected. The paper and electronic data collection tools are nearly ready for distribution and the electronic version, using a portal hosted by HSCIC will be ready after this. I feel that the paper and electronic versions should be taken up and used as soon as they are available and I don’t think we need to wait for the web portal to go live to start collecting the data. We have run pilots successfully at various centres, including my own Trust, and these have been successful. I would like to thank all those at NFORC / Saving Faces Service in particular Fran Ridout and Iain Hutchison who have both made a major contribution to this project.

Surgeon Level Data
Those of you who are oncology surgeons will have already been through the process of checking, validating and approving your DAHNO data for publication. The move towards surgeon level data publication on SSA websites (BAOMS, for us), in a patient / service user friendly format is likely to continue right across the board in all areas of our practice over the coming years. I am sure that the best way to do this is to have ownership of our outcomes data through BAOMS and I will be looking at ways to enable this, hopefully with the support of Council.

BAOMS CEC Structure and Function (Process and Outcomes?)
The regional structure of the Clinical Effectiveness Subcommittee continues to serve it well (full list of reps to be published in Clinical Effectiveness Matters, soon) but in this day and age when the committee has more work to do than ever, we need to increase engagement and support. To this end, Council has agreed to the Leads or their deputies, of each of the new Special Interest Groups (SIG’s) to attend Clinical Effectiveness Subcommittee Meetings. We were planning to hold a CEC meeting on the 16th of October but I’ve put this on hold until early in the New Year to allow the SIG reps to attend, with enough notice for their Trusts. I will also be looking towards the appointment of a Deputy CEC Chair with a view to that appointee taking over as CEC Chair within three years. We also require reps on other committees and groups such as the FDS Clinical Standards Committee.

Clinical Effectiveness Matters
As well as publishing the CEC Newsletter twice a year. The CEC has also published “Clinical Effectiveness Matters”, effectively the journal of the CEC. I have many audits and relevant items of interest from the last two CEC meetings to publish in Clinical Effectiveness Matters and will do so shortly. I would like to thank Andrew Gibbons who suggested that we should have an online “Audit Library” of audit presentations and projects for colleagues around the country to use. I think this is a great idea and if fully developed will become an excellent resource to audit and clinical governance across the specialty, nationwide in the coming years. The next edition of Clinical Effectiveness Matters will therefore be the last before the online Audit Library is set up.

Acknowledgements and Thanks
I would like to take this opportunity to thank all those who have provided support for myself and the work of the CEC. I would like to thank all those on Council and especially our President Mark McGurk, our past President, Ian Hutchison, our Chairman Mike Davidson, who has taken a keen interest in CEC activities, our Secretary Patrick Magennis and our Treasurer Austen Smith. The support of Sarah and Sue in the BAOMS Office has been invaluable and is greatly appreciated. I know it is increasingly difficult to get away from the coalface these days and I fully appreciate the contribution of all those who have made it to CEC meetings. I must acknowledge the vital support from NFORC / Saving Faces that is allowing us to deliver on our data collection projects.

James Gallagher
Chairman BAOMS CEC, November 2013. Email through the BAOMS Office (office@baoms.org.uk).