PROJECT TOOTH FAIRY – ADDRESSING PAEDIATRIC DENTAL GENERAL ANAESTHESIA WAITING LISTS IN LONDON

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Aims Oral disease poses significant health, social and economic burden globally, often causing pain, infection, hospital admission and mortality. Dental caries (tooth decay) is amongst the most common health conditions despite being non-communicable and entirely preventable. The Global Burden of Disease Study estimated that greater than 530 million children suffer from caries in their primary dentition (WHO, 2020).

Within the NHS, it is estimated that 25-30% of the overall paediatric waiting list consists of cases that require removal of grossly decayed teeth under general anaesthesia (GA) (figure 1). Between 2015 and 2016, the financial cost to the NHS of extractions amounted to £50.5M. Before the COVID-19 pandemic, there was an existing burden within London NHS trusts of children on waiting lists for exodontia under GA. This issue has been further compounded by the cessation of elective dental activity in primary and secondary care settings due to the pandemic.

Project Tooth Fairy was thus conceived to manage the growing paediatric GA waiting list.

Methods Project Tooth Fairy is a collaborative, pan-London initiative designed to address London’s growing paediatric GA waiting list. The new facility will employ clinical and non-clinical staff in a passport-type scheme allowing clinicians from different units to deliver care centrally in a purpose-built unit. The initiative started in November 2021. The project will deliver paediatric extractions, comprehensive care and complex oral surgery under GA. It will also serve as a source of training for dental trainees and anaesthetic trainees.

Results Early results demonstrate that Project Tooth Fairy has treated over 250 children over two months, working with staff from over six NHS trusts, most cases comprising paediatric dental extractions.

In March 2021, the total number of children waiting for paediatric GA across 19 London hospitals was around 14,400. To tackle the existing (and future) paediatric GA waiting lists in London, Project Tooth Fairy aims to increase capacity to treat 290 children over six days each week across three procedure rooms.

Demand and capacity analysis suggests that approximately 212 procedures would be required each week (not including the backlog resulting from the pandemic).

The backlog has seen a 61% increase from approximately 2,500 children waiting in March 2020 to an estimated 4,000 today, with projections of 7,000 by the time capacity is restored for P4 category work across London. It is estimated that 72% of these children have waited longer than 30 weeks, with greater than 1000 children waiting more than 52 weeks – a 96% increase in 52 week-waits compared to pre-COVID figures.

The initiative also provides a more cost-effective solution due to the collaborative approach between trusts and staffing with an estimated saving of approximately £850,000 over 17 months compared to a more traditional system using two modular theatres.
confidence in using the hospital’s IT system for daily tasks, and their suggestions for improvement of IT induction. We subsequently developed a step-by-step IT induction guide, covering all commonly-encountered aspects of the hospital IT system. The guide is a live electronic document, allowing it to be continually updated by designated people in line with the evolution of the hospital’s IT systems and user feedback. This was distributed via email and WhatsApp to all junior staff, and QR code posters were displayed in doctors’ offices and in the handover room. The cohort of new-starters in December 2021 were given this guide as part of their induction pack and surveyed to assess the improvement impact.

**Results**

12 (60%) of the September cohort completed our initial survey, and 11 (65%) of the December cohort completed the second survey. Of the initial September 2021 respondent cohort, 50% found the departmental IT induction session ‘unhelpful’ compared to only 9% in the December cohort, showing a 5-fold improvement after the introduction of the departmental IT Induction guide. Similarly, only 17% in the September cohort found it helpful/very helpful compared to 54% in December, showing a 3-fold improvement after the IT guide introduction. (figure 1) 81% of the respondents found the new IT induction guide ‘very helpful/helpful’.

**Abstract 284 Figure 1** Respondents’ views on the paediatric department iClip induction session

**Conclusion**

The IT induction guide was viewed as very helpful by the majority of new-starters. Overall, this project has shown that an easily-accessible step-by-step IT induction guide is a useful and easily-replicable tool to help new doctors familiarise themselves with local systems.

**Results**

In 2019, the first Chief Registrar introduced and embedded the GR8X (Greatix, Learning From Excellence) awards across Leeds Children’s Hospital. These awards enable any staff member to award a colleague with a GR8X and they receive a GR8X certificate with a description of their excellent care. This aims to improve staff morale, patient safety and organisational learning. GR8Xs have continued to be led by Chief Registrars who have expanded it to be introduced across the whole Trust using a franchise type model which has resulted in over 200 GR8Xs per month (figures 1 and 2).

A focus for the second Chief Registrar was simulation within the hospital. Regular simulation sessions were set up and between teaEngagement in simulation improved with lots of positive feedback and the trust set up two trainee simulation fellow roles to continue this work.

**Abstract 391 Figure 1**

**Abstract 391 Figure 2**

**Conclusion**

The IT induction guide was viewed as very helpful by the majority of new-starters. Overall, this project has shown that an easily-accessible step-by-step IT induction guide is a useful and easily-replicable tool to help new doctors familiarise themselves with local systems.

**391 THE ROLE OF THE CHIEF REGISTRAR IN LEEDS CHILDREN’S HOSPITAL**

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**Aims**

To highlight the positive impact the introduction of the Chief Registrar role at Leeds Children’s Hospital has had on trainees and staff.

**Methods**

The Chief Registrar role was introduced at Leeds Children’s Hospital nearly 4years ago, and since then there has been various quality improvement work by the trainees resulting in a vast amount of positive change. We want to summarise the main projects we have undertaken whilst in this role and the what we have learnt from the process.