

Annual Report 2018

All parents / carers of

children born in 2017 were

approached for consent. Of the families that had made

their decision, 98.9% of

these provided consent.

the collection of a full

other datasets.

This is extremely positive, as consent is essential for

dataset and the linkage to

CRANE aims to audit, evaluate and report on the delivery of cleft services to children in England, Wales and Northern Ireland with the congenital abnormality of cleft lip and/or palate

2017

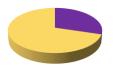
births



18,985 children registered over the last eighteen years.

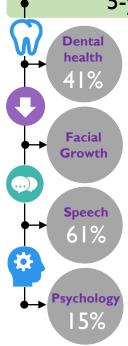


Approximately 1,055 new cases are registered in CRANE per year.



29.7% of children with a cleft palate received a delayed diagnosis (beyond 72 hrs after birth).

Key Findings



5-year olds: Outcomes

of children with a cleft had at least one <u>decayed</u>, <u>missing or filled tooth</u> (>0 dmft), which is slightly higher than the rate in the general population (38.8%).

No significant relationship was found between facial growth and speech among children with a complete unilateral cleft lip and palate.

of children with a cleft had speech scores that would suggest their speech was not significantly different from their non-cleft peers.

of children with a cleft had high or very high 'Strengths and Difficulties' scores[¥]. This compares with 10% among their non-cleft peers.

Recommendations

Clinical care

- Late diagnosis of cleft palate remains an important issue that must be addressed.
- Increased preventative dental support for children with a cleft seems essential to reduce dental decay, particularly among those at greatest risk of caries.

Outcome measures and reporting to CRANE

- Units are encouraged to continue to build on the success of 100% of parents/carers approached for consent.
- Data submission to CRANE allow the expansion of analyses, linkage to other datasets, and reporting of cleft outcomes.

7-year olds: Outpatient hospital appointmentsin England



Substantial differences exist between regions in outpatient service provision for children with a non-syndromic cleft. There are regional differences in:

- the number of annual appointments attended by patients, and
- → the burden of care for relevant cleft-related specialties.

Future directions

Plan for 2019

- Continue work with our stakeholders to agree important cleft-related outcomes for older children and young adults that could be assessed by measures collected by the CRANE database. A multi-phase Delphi consensus process will be used.
- Extend our work on outpatient data to determine whether the number and type of appointments are associated with educational attainment.
- Expand our reporting of cleft-related outcomes as a result of linkage to other health and education datasets.

*Scores in the 'high' and 'very high' ranges indicate a greater level of difficulties than low scores; classified as being in the 'close to average' range (indicating no concern).