D11
Ymchwiliad i Ddeintyddiaeth yng Nghymru / Inquiry into Dentistry in Wales
Ymateb gan Bwyllgor Orthodontig Lleol De-ddwyrain Cymru a Rhwydwaith Clinigol Orthodontig a Reolir De-ddwyrain Cymru
Response from South East Wales Local Orthodontic Committee and South East Wales Orthodontic Managed Clinical Network

Health, Social Care and Sport Committee

CONSULTATION: Inquiry into dentistry in Wales
Response by the South East Wales Local Orthodontic Committee and South East Wales Orthodontic Managed Clinical Network

Terms of reference

- Provide information relating to the progress made to improve the efficiency and effectiveness of the orthodontic services delivered in Wales, with reference to recommendations made in the reports by:
    - Health, Wellbeing & Local Government Committee 2011.
    - Prof Stephen Richmond in 2016
- Training, recruitment and retention of orthodontic workforce
- Waiting times for appointments and treatment.

Orthodontics has been thoroughly scrutinised in 2 previous Welsh Assembly Government inquiries

Health, Wellbeing & Local Government Committee
Inquiry: Orthodontic Services in Wales 2011

The Committee made 17 recommendations related to the Welsh Assembly Government (WAG), Local Health Boards (LHB), Managed Clinical Networks (MCN) and the General Dental Council (GDC).
All the recommendations within the compass of the LHBs and MCNs have been acted on and most related to WAG.
Following on from this report:

- MCNs already in a fledgling stage were established across Wales providing a forum for clinicians and LHBs
- Establishment of the Strategic Advice Forum for Orthodontics (SAFO) in 2012 providing advice from the MCNs to the Chief Dental Officer and establishing a uniform approach to orthodontics across Wales.
- As a result WAG guidance issued to LHBs re contracting
- Assess and repeated review stopped
- Small orthodontic contracts progressively eliminated by LHBs
- Dentist with a special interest (DwSI) accreditation introduced resulting in accredited and monitored Dentists with enhanced skills (DwES) and the elimination of a number of inappropriate contracts
- Arrangements set in place for on-going outcome monitoring through the MCNs and LHBs

- Establishment of common referral forms for each of the three MCN areas. These forms being amalgamated to provide the basis of an all Wales form for the Electronic Referral Management System (eRMS)

Recommendations not progressed:

- Those recommendations involving additional funding
- Those matters relating to the GDC
- Penalties against persistent poor referrers

Health & Social Care Committee
Inquiry: Orthodontic Services in Wales 2014

The Committee made 6 recommendations essentially confirming previous recommendations and reinforcing those related to commissioning.
Following on from this report:

- After a robust procurement process, led by the NHS Wales Informatics Service, FDS Consultants have been awarded the contract to provide eRMS. Phase 1 will be working in SW Wales imminently and introduced across Wales in early 2019
- It is hoped that waiting list management and patterns of inappropriate referrals will be facilitated by the introduction of eRMS
- Major recommissioning exercises have taken place in North Wales, are ongoing in South East Wales and are due in South West Wales.

Stephen Richmond Orthodontic Report 14th December 2016

It should be noted that a number of statements in this report are not accepted by the majority of clinicians who did not have the opportunity to comment or offer insight on the conclusions that were reached, based purely on data, until after its publication

L. Conclusions

• "There has been a substantial reduction of performers from 133 to 82 in Wales (2008-09 to 2015-16). There should be further consolidation in Betsi Cadwaladr, Abertawe Bro Morgannwg and Cardiff and Vale UHBs to improve efficiencies."
"The inefficiencies in Cardiff and Vales UHB may be due to too many performers that may be attracting referrals that are inappropriate to fulfil their contracts."

The calculations leading to these statements may not have recognised that the practices in Cardiff and Vale undertake treatment for the majority of Cwm Taf UHB patients.
A recent survey of waiting lists in the C&V specialist practices revealed

- *New patients: 8224*
- *Patients seen, assessed and on review waiting to start treatment: 1832*

This does not suggest "too many performers"

• "A small survey of 26 performers in South East Wales using the Index of Orthodontic Treatment Need suggests that 4% of orthodontic treatment undertaken does not meet the mandatory entry requirement. The outcome of orthodontic treatment is reported to be over 80% reduction in PAR score (a good outcome of orthodontic treatment). The level of unnecessary orthodontic treatment as well as the quality of orthodontic treatment should be recorded for all performers in Wales"

The complete results for this survey, that was an MScD research project (and set against standards previously established by Prof Richmond) were:

- *80.5% reduction in PAR v >70% standard*
- *50.5% greatly improved v >40% standard*
- *1.2 % worse/no different v <5% standard*

It is agreed that 4% of treated patients being below the cut off point for NHS treatment is not acceptable. The current cut off is IOTN 3 with an aesthetic component (AC) of 6 or higher. The aesthetic index is relatively subjective and a clearer cut off of IOTN 4 might be appropriate.
In an audit undertaken by SE Wales LOC in 2011 only 24 out of 617 new patients were in the category IOTN 3 with AC 6-9.

- "There are still a large number of "Assess and review" contracts which appear to have little value and should cease."

Agreed and this is already the situation in SE Wales MCN

M. Recommendations
Welsh Government
• "The Welsh Government in association with the various dental authorities and the Orthodontic Strategic Advisory Forum should lay out a clear strategy for orthodontics in Wales for the next 5 years."
Areas covered: Skill mix, delivery setting, access, contracting, communication and data management.

All these matters are generally in hand through SAFO.
It should be noted that if significant changes are to be made to skill mix (especially a move to a therapist based model) significant investment will be required to alter the premises of many practices. This cannot be done while only having short term contracts. Personnel changes should ideally be made through natural wastage or would otherwise have to be made through redundancies amongst highly trained specialists. Ideally, therefore, Health Boards should be looking at 10 year contracts but with a clear understanding of the pattern of practice at the end of that period.

Health Boards
• Orthodontic contracts should be based on "Assess and accept" only.
• The practice of "Assess and review" should cease unless there is a clear indication.
• Ensure that there are contracts that reflect population provision in each Unitary authority and cross border flows are fully accounted for with robust pre-determined contracts.
• The Health Boards should monitor the performers according to key performance indicators, specifically the number of patient receiving active orthodontic treatment and whether these patients fulfil the orthodontic entry requirements as well as assess the outcome of treatments assessed by the PAR Index.
• The number of Performers in each Health Board should match the likely need of the local population (as close as possible to expected numbers) and/or needs of the population in nearby Unitary authorities in other Health Boards.
• The data obtained relating to orthodontic treatment in the GDS/PDS is improving. More resources should be allocated to document orthodontic provision in other settings.

All these matters are generally in place within SE Wales MCN area.
Hospital patient management systems are generally not up to the task and require investment

Orthodontic providers/performers

• Performers should routinely accept patients above the orthodontic treatment threshold and deliver average treatment outcomes consistent with 70% reduction in PAR scores.
Agreed

• Waiting list data (specifically date of birth, post code and date placed on waiting list) should be routinely collected and reported annually to the Health Boards.
eRMS will facilitate this

• Re-treatments should be undertaken through the private sector.
Agreed for patients who have allowed their result to relapse.
There are, however, a small cohort of patients who have had poor treatment, been unlucky with adverse growth etc. and have a legitimate call on re-treatment. These cases have to be assessed on a case by case basis and cannot be subjected to a blanket ban on access to NHS services.

Training, recruitment and retention of orthodontic workforce

This is a national rather than specific SE Wales issue.
National recruitment in orthodontics has led to the appointment of excellent trainees but not necessarily those with a commitment to a future in Wales.
The cost of training in Cardiff is also becoming an issue taking into account the Specialist Registrar (StR) salary structure in England v Wales, and the fact that Cardiff University has the highest training fees in the UK, the overall loss in "net income" for a trainee in Wales could be as much as £23k/annum for each of the three years of their training when compared to the cheapest training programme in England and is about £12k even compared to training in London.
This effect becomes exaggerated for those trainees going on to consultant training that involves a minimum of two further years at FTTA grade. Recruitment at this level is difficult across the UK.
There will be at least two consultant retirements in SE Wales in the next two years with real concern re recruitment.

Waiting times for appointments and treatment

Waiting lists are approached differently in Specialist Practice and Hospital settings

Specialist Practice. Hold long new patient waiting lists but when seen patients, if ready, normally start treatment within a few weeks. This does create some uncertainty regarding the resource implications of these waiting lists. An audit of 719 new patients undertaken by SE Wales LOC in 2015 following the introduction of the common referral form showed:

- 8% of referrals were inappropriate
- 10% of referred patients were below the NHS cut off of IOTN 3.6

Current Specialist Practice waiting lists for SE Wales MCN area:

- New patients: 10,868 Waiting time 6 – 30 months
- Patients seen, and on treatment W/L or pre-treatment review: 2,521

Hospital Units. Have short new patient waiting lists as a significant part of their role is advisory to GDPs, Specialists and other medical and dental specialities. Other than their teaching role treatment is normally only offered to patients requiring complex, usually multidisciplinary, management. These treatment waiting lists, for patients with the highest treatment need, are generally long due to inadequate treatment resources.

Current Hospital waiting lists for SE Wales MCN area:

- New patients: 485 Waiting time 12 – 26 weeks
- Patients seen, assessed and on treatment W/L, or pre-treatment review, or awaiting multidisciplinary clinic appointments: 1573
  Waiting time 30 – 43 months

Community Dental Service (CDS). Provide specialist level care for those patients who would otherwise have difficulty accessing specialist services.

Current CDS waiting lists for SE Wales MCN area:

- New patients: 120 Waiting time 4 months
- Patients seen, assessed and on review waiting to start treatment: 49
- Treatment waiting lists: 152 Waiting time 6 – 15 months

Summary:

- The orthodontic speciality – through involvement and cooperation of both clinicians and health boards – has taken on board the recommendations from previous inquiries and can be seen as an example of good practice for other specialities
- Orthodontics is the only dental speciality that has
  1. National agreed objective measure of treatment need and clear guidelines regarding patients eligible for NHS treatment
  2. Internationally accepted objective measure of treatment outcome and quality along with established monitoring arrangements
- Despite this there are long waiting lists across all sectors
- The bottleneck for waiting lists is not new patient waiting list management but in treatment capacity across all sectors

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Chair South East Wales Local Orthodontic Committee
on behalf of South East Wales Orthodontic Managed Clinical Network