

Health, Wellbeing and Local Government Committee

HWLG(3)-15-10 (p4): 6 October 2010 Health, Wellbeing and Local



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6th August 2010

Ms Sarita Marshall
Deputy Committee Clerk
Health, Wellbeing and Local Government Committee
Committee Service
National Assembly for Wales
Cathays Park
Cardiff
CF10 3NQ

Dear Ms Marshall

Expenditure on Orthodontic Treatment

The attached letter to Mrs Bernadine Rees, Director of Primary Care, Hywel Dda Health Board, pays reference, in general terms, to the rapid rise in NHS Orthodontics spend prior to the introduction of the new dental contract in 2006.

The Committee may appreciate more detail: -

In the year ending March 2004, the annual expenditure on orthodontic treatment under the NHS General Dental Services in Wales and England increased by 14.3% to £136 million from £119 million the previous year. There had been an upward trend of annual expenditure on orthodontic treatment since 1992, (*source: NHS Business Services Authority <http://www.nhsbsa.nhs.uk/2906.aspx>*).



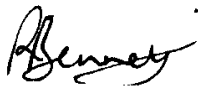
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Ongoing work for the Welsh Assembly Government's current review of orthodontics indicates that the spend on NHS Primary Care Orthodontics in Wales for the year 2008- 2009 was £12.7 million. The average Unit of Orthodontic Activity (UOA) value was £62.00 (range £58-£74.00). Interestingly, the UOA value within an orthodontic contract essentially remains independent of the quality of outcome in terms of health gain.

Yours faithfully



Dr Hugh Bennett
Consultant in Dental Public Health

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28 July 2010

Mrs Bernadine Rees
Director of Primary Care, Community and Mental Health Services
Hywel Dda Health Board
Merlin's Court
Winch Lane
Haverfordwest
SA61 1SB

Dear Mrs Rees,

Provision of NHS Orthodontics in West Wales

Within my capacity of Consultant in Dental Public Health and the author of an Orthodontic Overview and Needs Assessment for Mid and West Wales in 2009, you asked me to provide an account of the work undertaken both locally and nationally to secure appropriate levels and quality of NHS orthodontic services.

A Commissioning Framework for Orthodontic Services in Mid and West Wales was the product of a Regional Orthodontic Services Review Project Board that worked through 2006 and 2007. It laid out a way forward for orthodontic services around a set of conclusions. In summary these were that, prior to 2006, under the previous dental contract, orthodontics in primary care had largely been unplanned and unmanaged, not needs based and with little overall evaluation of health gain or value for money.

In response, Mid and West Wales Region Local Health Boards set up a Regional Orthodontic Implementation Group that commenced taking forward work to:

- Implement an Orthodontic Commissioning Framework across the Mid & West Wales
- Assess the need and review existing capacity across the region and agree to enhance capacity where it is needed within available resources
- Agree referral protocols and referral management to ensure NHS acceptance were strictly adhered to
- Set up a managed clinical network



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- Ensure value for money and worthwhile health gain

Since the recent NHS reorganisation I understand that in the Hywel Dda area this work is to be taken forward by the recently formed Hywel Dda Health Board Dental Services Advisory Group. This group has representation from the Speciality of orthodontics with both primary care and hospital Consultant membership.

In common with many other medical and dental Specialties it is difficult to attract orthodontic Specialists into the Hywel Dda area and, the further west you go the greater the difficulty. Therefore, a regional view has to be taken. It is encouraging that a current primary care orthodontic tendering process is being carried out jointly between Abertawe and Morgannwg University (AMBU) and Hywel Dda Health Boards.

In 2009, at the request of LHBs, Public Health Wales carried out a Regional Overview and Needs Assessment of primary care orthodontics in Mid and West Wales. This concluded that there was a degree of shortfall in provision to meet the normative need in west of the region but, this was balanced by an over capacity in the east. Historically there has been patient flow from west to east. In addition the perceived/subjective need will be lower than normative need. Therefore, if we were starting from scratch with robust planning, referral processes and monitoring all in place there would probably be sufficient capacity to meet need across the region. However, contractors inform us that there are already waiting lists existing in primary care, for whatever reason, and these have to be managed before we can reach a steady state.

Even so, excepting the top end of orthodontic treatment need, the response to these orthodontic waiting lists should still be through a planned process and tested in terms of priority against other pressing NHS dental and medical priorities. Interestingly, research carried out in Wales, on behalf of LHBs, that looked at the effects of implementing the new dental contractual arrangements, found that when the public was asked to rank types of dental service provision in terms of priority, orthodontics came lowest when pitched against urgent dental care and routine general care.

In general terms, during the last years of the previous dental contract NHS spend on primary care orthodontics was proportionately racing ahead of spending increases in other NHS spending areas, that money is still in the current system. There was little or no planning attached to this expansion. Orthodontics currently consumes a high proportion of the dental budget in West Wales and, compared to some parts of England the percentage of need being met by the NHS in West Wales is comparatively high. As a letter from the Chief Dental Officer for Wales in 2006 pointed out, a letter most applicable for the funding scenario we now find ourselves in four years later, there is a need to balance the priority of orthodontics against other dental and general health services.

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Capacity issues in West Wales appear to be due to some extent from the lack of child HDS services (a situation that is being addressed) but, work linked to the WAG orthodontic review (a Restricted draft has been widely leaked by one of the review group members) suggests a larger effect due to the comparatively high UOA values which procure significantly less orthodontic treatment in this region compared to the rest of Wales.

Hywel Dda Health Board continues to take forward work that should in time create an Orthodontic Planning Framework. Through the new Dental Services Advisory Group it is to be hoped that local orthodontists will engage constructively in that process. In the past the Health Board has funded one off waiting list initiatives whenever its dental budgetary position allows. It has also recently worked successfully with AMBU Health Board to secure Consultant orthodontic provision for West Wales patients out of Moriston Hospital.

However, it is only responsible, especially in the hard financial times the NHS faces, that careful thought is given before any further decision on major additional recurrent investment in NHS primary care orthodontics is made. The leaked draft of the WAG Review confirms the findings of the Mid and West Wales Overview and Needs Assessment, that there is a need to cut out waste within current NHS orthodontic provision across Wales first i.e. encourage strict adherence to NHS criteria in order to drive down inappropriate and early referrals, stop the “churn” in assessments and drive up treatment completion rates that have proven health gain attached.

In addition, Health Boards should work to install systems that ensure their orthodontic planning and spend is needs based rather than reactive to demand with all the potential for low health gain and possible excessive commercial profit attached.

A Welsh Assembly Government Task and Finish Group is reviewing the provision of NHS Primary Care Orthodontics in Wales. A report from this group is due to be made to the Minister for Health and Social Services. That report and the Minister's response to it will further inform the future direction for NHS orthodontics in Wales. It would seem prudent for all stakeholders to await the Minister's response.

I understand that, even though the above review is likely to be reported soon, the National Assembly for Wales Health, Wellbeing and Local Government Committee has announced it is undertaking an inquiry into Orthodontic Care in Wales. The consultation exercise is underway, and the Committee will begin taking oral evidence in its first meeting next term.

I am more than happy that you share this letter with whoever you think might be informed by it.

Yours sincerely



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Hugh Bennett

Consultant in Dental Public Health
Mid and West Wales Region
Public Health Wales

cc Mr Trevor Purt, Chief Executive, Hywel Dda Health Board