Health, Wellbeing and Local Government Committee
HWLG(3)-15-10 (p5): 6 October 2010

Inquiry: Orthodontic Services in Wales

Local Health Boards in Wales

Preamble

Further to the Committee's request for evidence as part of their inquiry into Orthodontic Services in Wales, the following submission has been compiled.

Background

The approach taken in the compilation of this evidence has been to compile from across the Local Health Boards in Wales responses to the questions raised in the terms of reference of the request for evidence.

The evidence submission has been prepared on behalf of the Local Health Boards in Wales.

Response from ABMU LHB

1.In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- The contract value calculated to new practices/practitioners, did not reflect the specialist's capacity to treat. There is now a disparity between genuine treatment need and contract volume held by specialists in primary care.

- The award of contract to General Dental Practitioners based on historical activity is an inefficient use of resources. In addition the new contract stipulates that only the most severe cases are entitled to orthodontic treatment and this is often beyond the competency of these dentists with historic contracts.
- A recent regional review of general practitioners with Orthodontic contract suggested that the accuracy of diagnosis and the quality of outcome demonstrated by many of these providers, was significantly below that expected in contemporary practice (It should be noted that these initial findings are subject to an appeals process). In addition, a number of GDPs were repeatedly reviewing their patients to reach their funded level of orthodontic activity.

- Access for patients has reduced despite there being specialists with sufficient capacity within the region. Patients are potentially being significantly disadvantaged by waiting for initial consultation

2.How effective is the co-ordination of orthodontic treatment across the various orthodontic providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- Following the South West Wales Orthodontic review, an effective and structured delivery of care was established within the region with good relationships between LHBs and providers within the HDS, GDS and CDS.

- Referral guidelines and access criteria have established clear and appropriate roles for all clinicians within the system.

- More effective referral management will improve patient access and use of resources.

3.How effective are working relationships between orthodontic practices and Local Health Boards in the management of local orthodontic provision, particularly in the light of NHS reorganisation?

- Both ABMU and Hywel Dda LHBs have been proactive in establishing good working relationships between all elements of the specialist dental services. An Orthodontic MCN will be established for South West Wales in September 2010 with representation from the Local Orthodontic Committee, Local Dental Committee, Community and Hospital Dental Services.

4.What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- The Orthodontic speciality has nationally and internationally recognised indices that allow treatment need and treatment outcome to be measured. All providers routinely measure both need, before treatment, and outcome at the end of treatment.

- The Orthodontic specialist training programme is based within the local University department. The employment of specialists with contemporary training within the region, will maintain the quality of treatment provided.

- Courses to improved referrer education should be considered.

5.What is your view on the Welsh Government's short, medium and long-term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patients' needs?

- Additional funding is required to address the backlog of patients with established treatment need, who are waiting for care.

6.In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- The audit of GDPs with Orthodontic contract has been valuable but will only be effective if the results are acted on.

- Assessment of treatment outcome should be routine in terms of quality of result and patient satisfaction.

7.If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- Remove the backlog of patients waiting in primary care specialist practice and reward effective, contemporary practice in all domains through re-distribution of available funding.

Response from Cwm Taf LHB

1. In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- It is the view of those sought to populate this report that the new contract has led to a slight overall reduction in provision of orthodontic care in the specialist practices. Inevitably, this has to a small extent led to increased referrals to Hospital Units. It is also reported that there have been additional referrals for second opinions for "dispute" situations where patients have been turned down for NHS care under the new guidelines to eliminate mild cases.

- There appears to have been no obvious improvement in geographical access where it is considered that referral patterns appear to have stagnated at 2004/05 levels.

2. How effective is the co-ordination of orthodontic treatment across the various orthodontic providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- To date there has been a disappointing overall co-ordination between the various providers, Health Boards. Accordingly, such a situation has been the driving force behind the Health Boards involvement in developing the South East Wales Orthodontic Managed Clinical Network. Whilst this is so, the recent integration of NHS Trust and LHB to form Health Boards has helped in opening communication pathways between hospital and community services.

- It is considered that poor referrals by some GDPs have led to the need to transfer patients between providers. An audit in 2006 at the Royal Glamorgan showed 27% of referrals to the unit needed to be re-referred to Specialist Practice. This was reduced to 16% through GDP education although continued improvement has not been sustained. The apparent dilemma faced involves those patients inappropriately referred to Specialist Practice with a complex multidisciplinary problem may wait for many months to see a Specialist only to be re-referred to the Hospital Consultant.

3.How effective are working relationships between orthodontic practices and Local Health Boards in the management of local orthodontic provision, particularly in the light of NHS reorganisation?

- Health Boards reorganisation and a subsequent period of uncertainty regarding structures and roles caused some difficulties with the contracting process for Specialist Orthodontic Practices. Although as previously said, it is very much hoped that the integration of NHS Trust and LHB to form Health Boards will help in opening communication pathways between hospital and community services and the management of orthodontic provision.

4. What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- Cardiff University Dental Hospital (with its associated regional hospital teaching units) has a vital role in the education of future orthodontic specialists. It is evident that future joined up education provision can be key in addressing many anomalies currently witnessed

5. What is your view on the Welsh Government's short, medium and long-term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patients' needs?

- It is considered that greater visibility of central strategies to support the maintenance of orthodontic provision would be of benefit to both clinical and managerial team in taking this important service delivery forward. Within Cwm Taf, recent sub-directorate meetings have led to both clinicians and managers discussing the potential of introducing internal waiting times targets particularly for treatment waits. We expect further dialogue and agreement of those internal markers in the not too distant future.

6. In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- An audit of outcomes is undertaken within the Hospital service. The Business Service Authority monitors activity in the Specialist Practices by sampling and has systems for notifying Health Boards of "outliers" for further investigation.

7. If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- Even with treatment waiting lists restricted to "severe and complex" by Index of Orthodontic Treatment Need (IOTN), hospital units have insufficient treatment capacity to deal with these lists. It would be beneficial to agree out patient treatment targets and attain national recognition for their delivery. It is considered that the level of sufficient resource allocated to deal with the

demand must also be realised. Accordingly there is a clear requirement to identify real need as opposed to provision on demand.

- From primary care perspective, the biggest problem is that the funding for orthodontic services sits with another Health Board; therefore any decision about the commissioning of services for Cwm Taf patients has to be agreed with another Health Board.

Response from Aneurin Bevan Health Board

1. In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- New demand for Secondary Care Orthodontic services has varied since 2006/07 but we have seen a significant rise between 2008/09 and 2009/10 of 39.41%

Referral Demand

Year	Number of referrals
2006/2007	1041
2007/2008	909
2008/2009	911
2009/2010	1270

- Within the annual demand in 2009/10 the monthly referral rate per month varied from its highest of 139 in September 2009 to 71 in January 2010.

- Changes to the contract may have reduced what can be / is undertaken in Primary care Services and as a consequence the demand on Secondary care will increase. If the contracts have not been set accurately and practices achieve their annual quota, patients may again be sent to Specialist practices and Secondary Care earlier than necessary.

- Prior to the introduction of the new dental contract Orthodontists, like dentists, were able to set up their practices at a place of their choosing and provide as much or as little activity as they chose. The level of Orthodontic services commissioned under the new contracting arrangements for Orthodontic Provision were determined by the level of services provided during the 'reference period' of November 2004 – October 2006. Contractors were entitled to a new contract on the basis of this provision during this period.

- The geographical coverage of orthodontic services reflects the historical patient flows, with the majority of orthodontic services being provided in major conurbations such as Newport.

Locality	Contracts	UOAs	Case Start
Monmouthshire	2	4,760	198
Caerphilly	7	5,577	197
Newport	7	18,778	696
Blaenau Gwent	1	1,777	84

Torfaen	1	1,947	76
Aneurin Bevan	**18**	**32,839**	**1,251**

2. How effective is the co-ordination of orthodontic treatment across the various orthodontic providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- Consultant Orthodontist Services are provided for Gwent in the two major District General Hospital sites of Royal Gwent Hospital Newport and Nevill Hall Hospital Abergavenny. Provision of Orthodontic treatment is based on criteria issued by Paul Langmaid Chief Dental Officer in July 2006. The Index of Orthodontic Treatment Needs (IOTN). Secondary Care only accepts IOTN level 4 and 5, with an emphasis on those needing Multidisciplinary Care (e.g. patients with significant facial deformity) Category 4 and 5 also applies to Specialist Dental Practice but treatments are generally less complex.

- Secondary Care Consultants have close working relationships with Colleagues in Community Dentistry and advice is sought by both Primary Care Dental Practices and Specialist Dental Practices.

- A managed clinical network for South East Wales meets at least 3 times per year. This group is chaired by An SPR in Dental Public Health from Public Health Wales. Membership of the group includes representatives from Secondary Care Orthodontic Services, CDS Orthodontic Services, Primary Care Orthodontic Specialist contractors, Dental leads form the South East Wales Health Boards, and a representative from Cardiff University. The aims of this group are to:

    - To provide a forum for key stakeholders to identify, discuss and advise on key issues arising from the provision of the NHS orthodontic dental services from the patient, Local Health Boards (LHBs) and provider/ contractor perspective.

    - To identify, by reviewing available evidence, any significant issues that either LHBs (as local service planners) or the orthodontic service providers need to address to maintain and develop NHS orthodontic services further.

    - Advise on policies and protocols to ensure the highest standard of orthodontic care is provided by the local orthodontic workforce.

    - Contribute through discussion to the development of short, medium and long-term strategies with regard to maintenance and development of orthodontic provision.

- Advise and input into the development of orthodontic pathways between General Dental Practitioners and Orthodontic Providers, both in Primary and Secondary Care.

3. How effective are working relationships between orthodontic practices and Local Health Boards in the management of local orthodontic provision, particularly in the light of NHS reorganization?

- From the Secondary Care angle, prior to NHS Restructuring and reconfiguration of LHB's the relationships within Gwent varied. This was mainly as a result of competing pressures from other specialist services that varied by LHB. In Gwent an LHB was assigned to be the Lead for Oral, Orthodontic and Maxillofacial Services.
- Within the new structure, Aneurin Bevan Health Board manage both Secondary and Primary Care services. Executive Director Leads have been assigned and are in the process of planning the provision of services within the most appropriate setting.
- Individual locality offices have responsibility for maintaining local relationships with their contractors and contract management. It has been identified that there is an issue with children being referred early resulting in a number of Units of Orthodontic Activity (UOAs) being 'wasted' by repeat 'assess and review' appointments. The MCN is developing guidance tools for GDS contractors with the aim of standardising referral procedures and criteria.
- The group has identified concerns with respect to the completion of the FP17(O)W that provides monitoring information relating to the completion and abandoning of treatment.
- There are a number of efficiencies that can be made within the current system and the aim of the MCN is to support and advise Dental Leads in robust contract monitoring and management.

4. What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- Consultant Orthodontists in Secondary Care feel that it is critical to keep teaching and training within a University setting. Moving all or any training to Primary Care could make the monitoring and maintenance of standards in relation to teaching more difficult.

- Centralise, University-based training also provides an equal foundation for all trainees that can be assessed and evaluated.

- The MCN includes a representative from Cardiff University. This ensures that the group is advised of the latest research at both a UK and local level including

analysis of local data. The university has recently undertaken a national orthodontic review and the report is due to be issued. This will be reviewed by the MCN.

- The MCN is also developing an accreditation system to recognise the skills of local GDPs who provide good quality orthodontic services and to assist in the location of poor quality services so that issues can be addressed.

5. What is your view on the Welsh Government's short, medium and long term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patients' needs

- The Welsh Assembly Government's strategy for the Commissioning of Orthodontic treatments sets out a robust commissioning process for treatments with the base being the use of the IOTN index. Use of indices ensures uniformity and the regulations covering General and Personal Dental Services defines the groups of patients for whom treatment should be provided and in what timeframe this should happen.

- The backlog of patients requiring treatments in Secondary Care has been highlighted through demand / capacity modeling and this in conjunction with increases in new demand are being included in a Business Case for an increase In Consultant capacity. Approval of the business case would enable Secondary Care to meet the otherwise unmet needs of patients requiring complex interventions.

- The IOTN index is utilised by Primary Care contractors ensuring that there is a consistency of the level of need that is met by NHS orthodontics. Recent research undertaken by PHW suggests that there should be sufficient Primary Care provision to meet the needs of patients in South East Wales. The current financial climate and competing GDS needs make the expansion of Primary Care Orthodontic provision difficult. However the work of the MCN will support the contract monitoring and management process to produce efficiencies within current resources to actively treat more patients.

6. In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- Within Secondary Care, monitoring the standards of delivery and outcomes of care is achieved via the Audit mechanism and the use of the PAR (Peer Assessment Rating) index. The Senior Orthodontic Technician in Gwent has

been approved in the use of this index which is calculated for every patient under treatment. HCIW provides a register of those providing Independent Care and this information is available to all members of the public and professions. It is however a register, so how Private Practitioners are monitored in terms of outcome results needs further clarification.

- Orthodontic practices are routinely inspected by Dental Reference Officers on a 3 year cycle in the same way as General Dental Practices are reviewed. Reports are issued to locality offices confirming appropriate standards of care and governance are met, and any outstanding issues for follow-up.

- A quarterly 'Vital Signs' report is produced by the BSADSD that informs Health Boards of the performance of Orthodontic contracts in their area. These are reviewed by locality teams, with support form Public Health Wales to identify any areas for improvement.

- Orthodontic outcomes are monitored by the use of a 'PAR' scoring system. Currently practices are required to assess a proportion of their treatments but this is rarely reviewed externally. The MCN is developing a more robust system of monitoring PAR scores in consultation with providers and performers

7. If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- Problem: Increasing demands on both Primary and Secondary care very often results in patients being referred too early. This then blocks the referral pathway and causes delays for those patients who are at the appropriate age for their treatment.

- Solution: Review of referral criteria by age and specific IOTN category etc may assist with maintaining patients in appropriate care setting. Secondly, increasing the awareness of Parents and the General public of the knock-on effect of some of their actions / lack of them. (Some of this already in situ but may need relaunching)

Response from Hywel Dda LHB

1.In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- The contract values calculated in 2006 for new practices/practitioners did not reflect the specialist's capacity for cases to be treated. There is now a disparity between the treatment need and the contract levels held by specialist practices.

- Access for patients has not changed since the implementation of the new contract, as there have been no new contracts established during this period within the Hywel Dda area. Patients do however have the ability if they choose to travel to Swansea for orthodontic services, however the Health Board does not currently contract with any of the Swansea practices for orthodontic services and as such the patient flow across boundaries has an impact on patient waiting times.

- Health Boards in committing funding to specialist orthodontic practices need to weigh up the priorities for funding between routine General Dental Services and specialist orthodontic services. In particular prior to the implementation of the new GDS contract and PDS agreement in April 2006, Hywel Dda had limited access to general NHS dentistry and therefore the focus for funding was focussed on providing accessible general dental services.

2.How effective is the co-ordination of orthodontic treatment across the various providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- Following the conclusion of the Mid and West Wales Orthodontic Review considerable work was undertaken to develop effective and structures pathways of care within the region, developing good relationships with colleagues in all sectors of service delivery and the LHB.

- More effective referral management and contract monitoring for specialist practices will improve patient access and the use of current resources.

3.How effective are working relationships between orthodontic practices and Local Health Boards in the management of orthodontic provision, particularly in light of the NHS reorganisation?

- The Health Board strives to continue to maintain and develop effective professional relationships with all orthodontic practices and it anticipates

that the development of the MCN will bolster and build on existing relationships.

4.What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- Whilst there is now the availability of local courses for Orthodontic Therapists the number of places available on this course is limited and therefore in order to change and develop the workforce it will take considerable time whilst small numbers of therapists qualify on an annual basis.

- A formal accreditation course for Dentists with Specialist Interest should be considered.

5.What is your view on the Welsh Government's short, medium and long-term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patient's needs?

- Additional funding is required to enable the backlog of patients within the system to be treated appropriately.

6.In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- As well as reviewing the competencies and skills of DwSIs within the specialist setting, a review of specialists should also be undertaken to ensure contemporary practice is being provided to patients.
- Contract monitoring data is valuable but will only be effective if the results are acted upon locally.
- Dental Reference Service reports on orthodontic practices would be valuable.

7.If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- There is currently a disparity in the UOA value across numerous practices in Wales. A recommended "All Wales" value would assist Health Boards to re-distribute available funding appropriately to maximise patient care within specialist practices.

Response from Betsi Cadwaladr University Health Board

1. In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- Orthodontic work (primary care) is now more concentrated with a smaller number of specialists/DwSIs delivering orthodontic services
- Less interceptive work done (or at least claimed for) by GDPs on children under 10
- Fewer orthodontic assessments done (or claimed for) by GDPs - patients being referred into specialist practice or secondary care for the assessment instead
- General increase in service provision due to commissioning of two new orthodontic service providers in the area

2. How effective is the co-ordination of orthodontic treatment across the various orthodontic providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- Referral pathways between GDPs and specialist practices/secondary care work effectively

3. How effective are working relationships between orthodontic practices and Local Health Boards in the management of local orthodontic provision, particularly in the light of NHS reorganisation?

- Working relationships vary between different contractors and different (former) LHBs but are effective in all instances and communications are generally good
- The NHS reorganisation has had minimal or no impact on the working relationship at this stage

4. What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- Unable to comment

5. What is your view on the Welsh Government's short, medium and long-term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patients' needs?

- Unable to comment

6. In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- Implementation and effectiveness of monitoring arrangements is dependant on the availability of resource to do the monitoring.

- Contracts are monitored on a monthly basis using DSD data.

- DRS reports and patient feedback provide the main means of monitoring outcome quality

- Monitoring arrangments may be improved by focusing knowledge and skill into single individual/team rather then across a number of individuals each with a small number (1 or 2) of ortho contracts to monitor.

7. If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- Absence of detailed information relating to treatment completions and PAR scores (ie quality outcome measures)

- Pay a proportion of the fee upon the submission of the treatment completion documentation

Response from Cardiff and Vale University Health Board

1. In your view, what impact has the new dental contract had on the provision of orthodontic care? How has the contract had an impact on access for patients to the most appropriate care, wherever they may live in Wales?

- Covered in WCOG submission

2. How effective is the co-ordination of orthodontic treatment across the various orthodontic providers in Wales (including hospital orthodontic departments, specialist orthodontic practices, general dental practices and community dental clinics)?

- The supply of consistent numbers of trainees in the workforce is essential to the provision of care and also to avoid fluctuations in waiting times generated by having an odd distribution of trainees in the three year Welsh Orthodontic Training Programme. Currently there are five funded training places resulting in one fallow year of training entry. It would be better for workforce planning and continuity of care in the University Dental Hospital and Regional Training Units if there was a sixth funded Specialist trainee to ensure an annual intake of two trainees into the training programme.
- Cardiff University has an internationally recognized training programme at Masters level which continues to attract international students to its programme. (Six successfully graduating in 2010). A requirement of their training is that they provide care for between 100-150 patients during their training. This is high level patient care unfunded by the NHS in Wales. Teaching of these students is often provided by NHS Staff where recognition in their Job Plans by Health Boards is essential.

3. How effective are working relationships between orthodontic practices and Local Health Boards in the management of local orthodontic provision, particularly in the light of NHS reorganisation?

- The importance of a supply of high quality patients requiring orthodontic care of the correct type is an important requirement of the University Dental Hospital for teaching both undergraduate and postgraduate students. The Local Health Boards have an important role in managing orthodontic provision and ensuring this adequate supply of teaching material. In the context of South East Wales this educational resource should be protected and managed.

4. What is your view on the role that local University teaching departments can take in ensuring the highest standard of orthodontic care is provided by the local orthodontic workforce?

- The University Dental Hospital and School in Cardiff is committed to leading the pursuit and monitoring of high standards in Orthodontic cost effective provision in the Principality and Nationally. Its contribution to this aim is evidenced by the following examples:

    - International Quality Research into the development of Occlusal Indices to monitor provision and quality outcome of Care. (Ref: Evaluating Effective Orthodontic Care, 1st Ed. FIRST Numerics Ltd., 2005. ISBN 0-9549670-1-1). Professor Richmond et al.

    - Annual Provision of International Courses (mainly based in Cardiff) on the application of Occlusal Indices to objectively monitor the appropriate provision of care and assessment of outcome using the PAR (Peer Assessment Rating), IOTN (Index of Orthodontic Treatment Need) and ICON (Index of Complexity. Outcome and Need) indices.

    - Research (sponsored by WORD) into the Cost Effective provision of Care with International Benchmarking to ensure high standards.

    - Measuring the Cost, Effectiveness and Cost-effectiveness of Orthodontic Treatment. Part 1. Richmond S, Durning P, Phillips C, Dunstan F & Leahy F. Orthodontics 2004 1: 255-262

    - Measuring the cost, effectiveness, and cost-effectiveness of orthodontic care. Richmond S. Dunstan F. Phillips C. Daniels C. Durning P. Leahy F. World Journal of Orthodontics. 6(2):161-70, 2005.

    - An exploratory study of the cost-effectiveness of orthodontic care in seven European countries. Jamie Deans; Rebecca Playle; Peter Durning; Stephen Richmond. European J. Orthod 2009 31: 90-94;

- Staff participating in Local UHB based Orthodontic Appeals Panels in all Wales areas to ensure fair provision of care.

- Leading the All Wales Extended Clinical Assistant Training Scheme and Training for Dental Care Professionals in combination with the Dental Postgraduate Department to encourage training for Dentists with Special Interests in Orthodontics linked into District Hospital Departments. (Ref: Provision of Intensive Practice Orthodontic Training Courses for Professionals Complementary to Dentistry. Oliver RG, Jones GM, and Durning P..European Journal of Dental Education 2000;4;45)

- Continuing to train Specialists in the Masters Programme in Orthodontics for inclusion in the GDC Specialist list. Cardiff University has the second oldest Specialist training programme in the UK successfully training Specialists for over thirty years.

- A steady flow of patient referrals demonstrating all levels of complexity is essential for the undergraduate to appreciate the range of occlusal problems, the limits of treatment benefit through the use of IOTN, and to gain the practical skills for the fitting, adjustment and monitoring of treatment using simple removable appliances. Such cases are frequently interceptive, hence releasing postgraduate resource for more complex treatment provision. The juxtaposition of undergraduate and postgraduate facilities supports the educational aims of both degree courses, and enables undergraduates to see and understand secondary orthodontic care.

5. What is your view on the Welsh Government's short, medium and long-term strategies with regard to the maintenance and development of orthodontic provision? How effective are these strategies in addressing the backlog of patients currently in the system and meeting future patients' needs?

- Covered in WCOG submission

6. In your view, how effective are arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector? How could these arrangements be improved?

- Covered in WCOG submission

7. If you could draw the Committee's attention to one problem, what would it be? What would be your solution?

- The focus of this submission remains the clinical service, the role of teaching and the valuable role research has and continues to play in the development of Orthodontic provision in NHS Wales.

- An adequately resourced University Dental Hospital with a protected stream of educationally relevant patients remains an essential feature of current and future provision of high quality cost-effective care. Health Board planning and flexibility in managing referrals is a key component in protecting future dental and Orthodontic Workforce.