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

Annex A – Background Information

Cwm Taf LHB

Cwm Taf HB provides orthodontic services through 2 consultant based teams at Prince Charles Hospital (PCH), Merthyr Tydfil and the Royal Glamorgan Hospital (RGH), Llantrisant. The main role is advice to GDPs, GMPs, Specialists and Hospital colleagues from all disciplines and treatments that are restricted to the highly complex and multidisciplinary cases. Both units are involved in clinical training of orthodontic specialist registrars as part of the Cardiff University postgraduate training programme and as a result take on some relatively "routine" cases for teaching purposes.

Orthodontics in the Community Dental Service is provided through clinics in Pontypridd, Merthyr Tydfil and Aberdare. These services are managed, as is the whole of the community dental service, through Cardiff and Vale HB to the extent that out-reach Consultant clinics are run utilising Cardiff based Consultants.

There is some activity by Dentists with a Special Interest (DwSIs) but this is restricted to dentists who have trained with, and hold on-going clinical assistant sessions with their local consultant for treatment planning and advice.

The Health Board took on the responsibility for orthodontics carried out in primary care in 2006 and has been regularising inappropriate contracted activity in general dental practice. Routine orthodontic treatment is largely carried out by specialists within Specialist Orthodontic Practices and these are generally based in and around Cardiff. The mechanism used for establishing the new orthodontic contract was based on activity during the period October 2004 to September 2005 and effectively fixed these referral patterns. The resources for orthodontic management of Cwm Taf patients was therefore fixed into the budget of the then Cardiff LHB. This leads to increased pressure on Prince Charles Hospital in particular with increased levels of new patient referrals and patient / parent pressure to take on cases outside of the normal hospital range.

It was recognition of these various issues that has led to the active involvement of Cwm Taf HB in the establishment of the South East Wales Orthodontic Managed Clinical Network.

Current waiting lists information by site:

- ***Prince Charles Hospital***
  New Outpatient 117 patients waiting ---- Longest wait 11 weeks.
  Treatments 298 patients waiting ---- Longest wait 2 years 3 months.

- ***Royal Glamorgan Hospital***
  New Outpatient 34 patients waiting ---- Longest wait 6 weeks.
  Treatments 93 patients waiting ---- Longest wait 17 months.

Hywel Dda LHB

This document provides background information on current service provision with both the secondary and primary care settings. The questions set by the panel are addressed at the end of the document.

Background

A review of orthodontic services was undertaken within Mid and West Wales in 2006/007. This comprised of a needs assessment, identification of provider roles and the development of referral guidelines and access criteria.

The review considered both the roles of specialists within the primary care setting as well as that of consultants within secondary care. In both settings the value of the orthodontic therapist was noted as a key component in the effective and efficient delivery of services. The review noted that due to the geographical nature of the area, where access to specialist services was limited that the role of an accredited Dentist with Specialist Interest (DwSI) in orthodontics would assist in providing limited local services. It was also recognised however that the DwSIs would need appropriate levels of specialist support to work effectively. The role of the General Dental Practitioner (GDP) was confirmed as one that should identify orthodontic need and refer appropriately to primary or secondary care services.

The Mid & West Wales region has developed on the Orthodontic Review by agreeing and putting in place a local recognition scheme for DwSIs which is currently in train. Hywel Dda Health Board recognises the need to ensure that patients have local access to services however this must be balanced against the backdrop of ensuring that effective and quality services are provided to patients seeking NHS orthodontic treatment.

Whilst currently there are no formal arrangements for a Managed Clinical Network for Orthodontics work is progressing on the development of a MCN to ensure that referral protocols are developed and are utilised consistently as well as considering the patient flows across boundary areas. The development of a MCN will also enable both specialists and DwSIs to share a vision for the future development of high quality, contemporary orthodontics.

Specialist Primary Care Orthodontic Services

In the Hywel Dda area there are three specialist practices (2 in Carmarthen and 1 in Llanelli) providing orthodontic services to the resident population. There is however reportedly a number of patients who travel into Swansea in the neighbouring Abertawe Bro Morgannwg university (ABMu) Health Board area for orthodontic treatment. Whilst the Health Board requests waiting list information from the practices that it contracts with for orthodontics the data is not always submitted in a consistent manner.

Hywel Dda Health Board implemented a Referral Management Centre (RMC) for primary care orthodontic referrals in 2009 as well as a standardised referral form.

With regard to funding for specialist orthodontic practices, the contract when implemented in 2006 took into account the historical activity of practices and was not adjusted to reflect that many of those practices were recently established and as such were not working at the level that they would have aspired to.

Secondary Care Orthodontic Services

Due to the inability of the Health Board to recruit a consultant orthodontist due to the geographical area, an arrangement has been agreed with ABMu Health Board for the provision of secondary care orthodontic services. The service is restricted to patients requiring highly specialised and multidisciplinary care including the management of cleft lip and palate. It is therefore anticipated that only those patients that need highly specialised care that will be required to travel to Morriston Hospital for this service. Less complex care should be managed within the specialist practices within Carmarthenshire, however patient choice of practice and practitioner may mean that some patients continue to choose to travel to Swansea for specialist services.

Conclusion

In order to work efficiently and effectively to deliver high quality patient care, the current provision of orthodontic services faces both challenges and opportunities:

Challenges

- Insufficient activity to deliver on demand within specialist practices
- Patients experiencing prolonged waiting times for assessments and subsequent treatment
- With an ageing workforce the ability to recruit specialist providers
- An increase in the number of “early” referrals due to reported high waiting times in specialist practices

Opportunities

- The development of a DwSI process to ensure high quality care for patients
- The development of a Managed Clinical Network to formalise and build on working relationships between Health Boards and providers
- The development of a RMC and referral form to standardise the referral process
- Good referral guidelines and distinct acceptance criteria for secondary care services
- Increased efficiency and capacity with the training and employment of Orthodontic Therapists in both the primary and secondary care settings
- Consultant training within the region

ABMU LHB

This document provides background information on current service provision within the Hospital, Community and General Dental Services together with an overview from the chairman of the ABMU Local Dental Committee. The questions set by the panel are addressed at the end of the document.

Contributions have been sought from:
Stephen Gould, Chairman of the West Wales Local Orthodontic Committee
David Davies, Clinical Service Manager, Community Dental Service
David Westcott, Chairman of ABMU Local Dental Committee
Jeremy Knox, Charlotte Eckhardt, Meryl Spencer Consultant orthodontists

Background
(J Knox, Orthodontic Consultant; S Gould, LOC Chairman; D Davies, CD Community Dental Services)

The Orthodontic services in South West Wales underwent a thorough review in 2006/7. This involved a needs assessment, identification of provider roles and the establishment of referral guidelines and access criteria to service providers in primary and secondary care.

A central role for specialists within primary care was identified with a clearly defined and distinct role for consultants in secondary care. In both settings, the value of Orthodontic Therapist involvement in the effective and efficient delivery of care was noted. Where access to specialist care was limited, the role of the accredited Dentist with a Specialist Interest (DwSI) in Orthodontics was suggested to offer a limited but local service. However, to serve this role, a DwSI would require appropriate levels of specialist support. The role of the General

Dental Practitioner (GDP) was to identify Orthodontic need and refer appropriately.

The transition into the new dental contract established the contract value of a number of practitioners at a level significantly below their capacity to provide. This was due to the contract value being based on a sample of activity during the 'growing' phase of newly established practices. As a result, the region currently has specialists within primary care who have significantly more capacity than contract value.

The limited contracts available to specialist providers within primary care, has resulted in cross boundary flow of patients and ever increasing waiting times for initial consultation. One major practice in Swansea has over 3000 patients waiting to be seen with approximately 200 more added each month. The practice only has sufficient contract to treat approximately 700 patients per year. A proportion of those patients waiting to be seen will have problems that will significantly compromise their dental health or lead to more complex and expensive treatment, if not addressed at an appropriate time.

The new contract also recognised the historic orthodontic activity of GDPs which reflected a period when more minor malocclusions were often treated with simple appliances and no restrictions based on patient treatment need were in place. Orthodontic contract was awarded to these individuals which, cumulatively within the region, adds up to a significant contract volume.
A recent 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.

Within the Hospital Dental Services (HDS), failure to recruit following the retirement of the consultants in Hywel Dda LHB and Princess of Wales hospital, has been managed by the recruitment of a new young consultant, who was trained locally, and the centralisation of services for ABMU and Hywel Dda LHBs in Morriston Hospital. The service provided is restricted to patients requiring highly specialised and multidisciplinary care including the management of cleft lip and palate. Less complex care is delegated to specialists in primary care and colleagues within the community dental services where purpose built facilities offer an ideal environment for DwSI involvement in the management of patients who have difficulty accessing mainstream services.

Within the Community Dental Service (CDS), there is no defined Orthodontic contract. There is, therefore, no direct funding stream and

no needs based access criteria. Referrals to this service are from within the CDS, who have difficulty accessing other primary care providers. The provider is a dental officer who works closely with the consultant service in a role equivalent to that defined for a DwSI. Concern has been expressed about the increase in Orthodontic activity within the CDS and associated costs.

The age profile of specialist providers within the region is polarised. A number of young specialists with contemporary training are based in Swansea but with limited contract. A significant number of specialists are approaching retirement or have retired. To address this potential manpower shortage consultant training has been established in Morriston Hospital, links are retained with the specialist training programme in Cardiff and an Orthodontic Therapy course has been established in Swansea.

The South Wales Orthodontic Therapy course trains 12-14 UK therapists (c.f. nurse practitioners) per year. Five therapists have been trained within the region (3 primary care; 2 secondary care) and two are currently in training, offering increased, efficient and cost effective clinical capacity.

Finally, the delivery of the highest quality care requires contemporary, purpose built clinical facilities. An exceptional example of best practice has been developed within the region where, purpose built facilities house a number of dental and Orthodontic specialists allowing optimum clinical care and the highest standards of cross infection control.

Local Dental Committee perspective
(DS Westcott, LDC Chairman)

Orthodontics, as a specialised service, presents the opportunity for neighbouring LHBs together to commission more effectively across borders, providing orthodontic services that can overcome mismatches between need, demand and capacity in smaller localities. Such an approach will facilitate the model seen in Holland and the USA, of large specialist practices able to make full use of the skill mix changes and new technology available to modern day orthodontics.

An integrated commissioning approach throughout the new Health Board in concert with its neighbours in the West is not only desirable but should be mandatory. To be effective, Specialised Commissioning Expertise will be required, and this can only be achieved by health boards working very closely with a well-run orthodontic MCN supported by a robust, accurate and in-depth monitoring regime, sensitive to pressures on providers so that any problems can be highlighted at an early stage and dealt with. Good communication between LHB and the profession is essential.

If providers are fully informed about the contracting and monitoring process, then developing a system to ensure best use of existing funding and at the same time supporting and rewarding good practice may be achieved to the benefit of all stakeholders. Ultimately good monitoring by informed commissioners should support providers, protect access and ensure probity whilst maintaining the highest quality of care for the patient.

The budget, allocated to LHBs in 2006, reflected historical patterns of activity and expenditure, rather than any objective assessment of relative needs. The hurried distribution of resource at this time may be seen as producing a legacy of reduced access and a variation in capacity at a local level. It is important to understand that, unlike dental decay, there is NO SIGNIFICANT DIFFERENCE in orthodontic need between deprived and non-deprived areas. Therefore, assessing levels of orthodontic provision should have already been an imperative for planning future services and the LHB should have already bench-marked orthodontic availability and taken note of perverse incentives in the system (DWSI churning to meet UOA targets).

Having carried out bench-marking and needs assessment, the LHB along with the MCN should be in a position to agree a referral protocol and issue explanatory advice to all GDPs to assist in appropriate referrals. We should now be in a position to look more closely at the following:

a) Assess whether referral protocol is being followed
b) Assess prevalence of multiple referrals
c) Assess case assessment to case start ratios
d) Monitor multiple assessments on same patient
e) Even out waiting times across providers using central arrangement for referrals.
f) Build quality assessment and outcome framework into LHB clinical governance process.
g) Assess whether we have commissioners who are well informed by the profession, and whether we believe they have the desire to create an environment conducive to the provision of a quality service.

Summary.

In summary, the Orthodontic services within the region face a number of problems:

1. Insufficient contract within specialist primary care services to meet demand

2. Patients disadvantaged by prolonged wait for initial consultation in primary care
3. Inefficient use of existing contract through DwSI commissioning
4. Retirement of specialist providers
5. Difficulty of HDS recruitment to the region.

However, there are many opportunities:

- A Managed Clinical Network (MCN) for South West Wales will be established in September 2010, formalising good existing relationships between LHBs and providers
- Excellent working relationships exist between referrers, specialists in primary care and hospital department(s) with good referral guidelines and distinct acceptance criteria.
- Additional specialist capacity is available in primary care
- Increased efficiency and capacity is offered by training and employment of Orthodontic Therapists
- Succession planning is offered by consultant training within the region and links to regional specialist training programme.

Cardiff and Vale University Health Board.

Authors:

- Professor M A O Lewis, Dean of the Dental School and Divisional Director, Dental Division.
- Mr W Mclaughlin, Clinical Director, University Dental Hospital.
- Mr P Durning, Assistant Medical Director/Consultant Orthodontist.
- Professor S Richmond, Head of Department, Department of Orthodontics.

Background

The University Dental Hospital is located in Cardiff and Vale University Health Board and as such acts as the base for the secondary care Hospital based dental specialties for residents of Cardiff and the Vale. It also provides a tertiary service for highly complex cases including Cleft lip and Palate patients.

It also has the responsibility for delivery NHS resources to support undergraduate education of dental students in Orthodontics for 75 students per year in collaboration with Cardiff University. The Orthodontic requirements of the Undergraduate curriculum is set out in the General Dental Council guidance document - 'The First Five Years'.

The University Dental Hospital also acts as the base for the Specialty Training Programme in Orthodontics where it works in close collaboration with the Orthodontic Division of Cardiff University in providing the research base and taught modules for the Masters degree, as recommended by the Specialist Advisory Committee of the Joint Committee on Specialist Training in Dentistry of the UK Royal Colleges. The majority of Specialists currently working in Wales were trained in this programme.

For many years it has also led, in combination with the Dental Postgraduate Department on the provision of Clinical Training for General Dental Practitioners and Dental Care Professionals leading to additional provision in rural areas of Wales.

All the Senior Orthodontic Staff in the department hold substantive or honorary Consultant contracts in Wales and therefore endorse the parallel submission by the Welsh Consultant Orthodontic Group (WCOG).