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

Annex B – Secondary Care

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 treatment provided in the General Dental Service now tends to be provided by a smaller number of orthodontic specialists or dentists who have held clinical assistant posts in the Hospital Dental Service. An increase in the provision of specialist orthodontic practice has precipitated a shift of cases to specialist practices. A number of General Dental Practitioners who have held posts as clinical assistants with Orthodontic Consultants also have contracts with identified Units of Orthodontic Activity. These clinicians remain a valuable resource in North Wales especially in geographically disadvantaged areas. The retention of the training opportunities afforded by the consultants is considered important for this reason.

- Orthodontic Specialists are also employed within the Community Dental Service. They tend to provide a peripatetic service and provide support to a number of Community Dentists who have also benefited from orthodontic clinical attachments. This service benefits the socially and geographically disadvantaged.

- The more stringent application of eligibility criteria has stopped unnecessary treatment. This is largely understood by patients but some borderline cases require onward referral to a Consultant for a second opinion.

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)?

- There are generally good working relations between providers with appropriate cross referral of cases. The North Wales Orthodontic Group has facilitated professional discussion and acted as a source of advice over the years. Work on the establishment of a Managed Clinical Network has been delayed due to reorganisation but will be resurrected and progressed. The North Wales Orthodontic Study Group brings orthodontists together from the North West, Midlands and North Wales and is a well established vehicle for dissemination of good practice.

- The referral pathway introduced appears to be working 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?

- To date the six North Wales Local Health Boards have been supportive of orthodontic provision. A working group was established to address the waiting lists in secondary care prior to the expansion of special practices in the area with representation from Local Health Boards and all branches of dentistry. It is anticipated that all dental issues will be addressed by a dental strategy group within the Surgical and Dental CPG.

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?

- North Wales has developed strong links with the University of Liverpool supported by the Welsh Deanery. Because of the geography of Wales it is essential that this close working relationship is retained. Alder Hey Hospital also provides essential support for Cleft Lip and Palate services.

- The University teaching departments have an important role in providing formalised post graduate educational opportunities in the Speciality. The strong Liverpool/North Wales link has been and continues to be important in terms of recruitment to North Wales posts. Successful succession planning is important for the continuation of training for primary care dentist in orthodontic clinical attachment posts.

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?

- Although the 26 weeks referral to treatment (RTT) does not apply to orthodontics, the pressure to see new referrals can result in significant waiting times for treatment. Waiting times are not specified for the Community Dental Service or General Dental Service. Often there is a window of opportunity for efficient and effective treatment. Research shows that compliance with treatment reduces significantly as patients reach 16 years of age. It is, therefore, important that active treatment; usually taking 18 months - 2 years; is normally commenced between the ages of 12 – 14 years.

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 Primary Care, standards of contract delivery are monitored using Dental Practice Division data. Local monitoring of reports produced is variable depending on workforce availability. Dental Reference Service reports enable quality outcome monitoring. Once the Managed Clinical Network is in place; peer review is likely to be an advantageous development. Clinicians also participate in national and local audits. Outcomes of care deserve greater attention than currently exist.

- Payment at the start of treatment could be reviewed with part of the payment retained and paid when treatment completed and linked to outcome measures e.g. PAR score.

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

- Within the General Dental Service some leeway regarding commencement of treatment across year end would be considered advantageous. Contract arrangements may disadvantage the patient who has to wait until 1st April to commence treatment because the practitioner has achieved all the contracted units of activity.

- Also see comment about regarding outcome measures.

- Inequalities in access to primary, community and hospital dental care exist across North Wales. Access to routine dental care impacts on onward referral of children in need of orthodontic treatment.