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North Wales and Powys Orthodontic Managed Clinical Network Submission to the Sixth Senedd Health and Social Care Committee Inquiry into Dentistry in Wales

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Background

1 The North Wales and Powys Orthodontic Managed Clinical Network (OMCN) is a committee established in 2012 at the direction of the Office of the Chief Dental Officer of Wales. The purpose of the OMCN is to provide professional advice to the health boards to promote the optimisation of high quality and efficient orthodontic clinical services to the communities of North Wales and Powys. The committee has been established on a collaborative basis with representation from all major stakeholders including: representation from the different branches providing NHS orthodontic clinical services - the general dental services (GDS), community dental services (CDS), specialist practice, and secondary care; Local Dental Committee; Local Orthodontic Committee; Health Board (HB) commissioning representation; and dental public health.

2 The OMCN has a number of primary functions:

- 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, Health Board and provider/contractor perspective.

- To identify, by reviewing available evidence, any significant issues that either the HB or the orthodontic service providers need to address to maintain and develop NHS orthodontic services.

- To advise on policies and protocols to ensure Quality & Safety in orthodontic service provision.

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

- To advise and input into the development of orthodontic referral/clinical/care pathways within and between Primary, Community and Secondary Care Services.

3 The Welsh Government's Sixth Senedd Health and Social Care Committee is considering whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living.

4 This document is the North Wales & Powys OMCN's written evidence to this inquiry. We have limited our responses to the main areas of interest highlighted by the committee.

5 **• The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services.**

6 Prior to the pandemic there were already significant waiting times to access orthodontic services within North Wales. Within specialist practice this ranged from 18-30 months from referral to initial assessment, then a 4-6 week wait to commence treatment (if suitable). Within secondary care there was a 36-52 week wait for an initial assessment and if suitable for treatment within a secondary care environment, then there was a 24-36 month wait to commence treatment.

7 The pandemic resulted in a cessation of clinical activity within the acute phase and once clinical services were permitted to restart, it was undertaken with significant restrictions to maintain patient and workforce safety. The subsequent reduced capacity was focused on those in active treatment in an attempt to maintain clinical safety. Secondary care services were particularly badly affected as they are based within acute sites which had additional protocols which need to be adhered to.

8 The orthodontic recovery in the post pandemic phase has been hampered by capacity issues both within the individual orthodontic service providers as well as within the interconnected disciplines including general dental services – such as accessing timely restorative and periodontal treatment, as well as arranging extractions; to specialist dental services including minor oral surgery for the management of impacted teeth which can be over 2 years; and to maxillofacial surgery for the treatment of jaw deformities which can be over 12 months.

28 The Office of the Chief Dental Officer in Wales has issued guidance that the recovering orthodontic capacity be prioritised to those with the greatest clinical need. This is an eminently sensible allocation of limited resources, however, the shift away from a "time served on a waiting list" model brings with it the unintended consequences for those who do not fall into one of the priority groups which results an uncertain waiting time to access care and the unquantifiable dental and psychological effects on the individuals which was highlighted in the Board of Community Health Councils in Wales report published in December 2020 entitled "Orthodontic services in Wales – Hearing about the experiences of young people".

29 Orthodontic services within North Wales are provided by dentists with special interests (DwSI), orthodontic therapists (OTs), orthodontic specialists working within specialist practice (primary care) and orthodontic consultants working within a hospital environment (secondary care). This team approach allows orthodontic specialists, currently orthodontic consultants, to provide treatment plans and supervision for NHS orthodontic activity undertaken by non-specialists DwSIs. This allows orthodontic provision to be provided within general dental practices or community dental clinics in more geographically remote areas. Unfortunately, the reduction in capacity, increased waiting times, and the shift in providing expedited access to assessment and treatment for those with greatest clinical need has resulted in a reduced capacity to provide treatment plans for DwSIs. This has resulted in a reduction in DwSI delivered NHS clinical activity, often in more geographically remote areas, and a risk that providers will not be able to fulfil the contractual requirements. The west part of North Wales has been particularly affected as the orthodontic consultant at Ysbyty Gwynedd has retired and a successor has yet to be appointed. The OMCN had anticipated the risk to DwSI services and recommended that the HB consider providing alternative options for DwSI treatment planning provision. Betsi Cadwaladr University Health Board has taken this advice and is in the process of finalising a model for providing DwSI treatment planning and support facilities within a specialist practice environment to support this valuable service.

30 To address the significant orthodontic waiting list backlogs will require substantial investment. Not only financially, but also with regard to infrastructure and workforce. To achieve this requires any programmes to be devised and implemented in a way that would not risk destabilising current services whilst also minimising the risk to both patients and the Health Boards. Due to the nature of orthodontic treatment, which is usually undertaken over the course of 24 months, the use of "waiting list initiatives" is too simplistic and a more holistic approach will be required. A number of options are available and there will need to be flexibility to allow the Health Boards to be able to address their own individual needs and that of their population.

31 It would be very helpful for there to be a national steer along with guidance regarding the targeting of funds to individual patient groups. This could include a nationally agreed assessment tool for those patients who report a significant psychological impact from their orthodontic related problem. This would be a good example for a strategic direction which would benefit from advice from the Strategic Advisory Forum in Orthodontics which has representation from the major stakeholders in orthodontic provision across Wales.

32 As mentioned above, one of the biggest limiting factors to reducing the orthodontic backlog is the ability to successfully expand the NHS orthodontic workforce. The current workforce is under a significant amount of strain, and this has influenced individuals' decisions on their working patterns going forward with a number of clinicians retiring, ceasing to provide clinical services within Wales, or reducing their NHS clinical commitments. This has resulted in an increase in workload for those that remain which poses an additional risk to their

resilience and them achieving an effective work/life balance. Unless the workforce can be increased it is very unlikely that the treatment capacity can be increased in a sustainable way.

33 • Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments.

34 The recently implementation of General Dental Services Contract Reform has placed a contractual emphasis on dental practitioners/practices seeing "new patients". This aimed to improve access to general dental services (GDS) which, even before the pandemic, was problematic for a significant proportion of the communities of North Wales. Increasing access to dental health professions for both advice and treatment is extremely important in established and maintaining improved dental health.

35 Unfortunately there are recruitment challenges within the GDS, which means that there is only a limited amount of capacity. The increased new patient activity will therefore be at the expense of those patients who were routinely seen by the practitioner/practice. Although it is recognised that a proportion of these individuals can have an extended period between dental assessments with minimal risk to their dental health, this is not the case for all. This has resulted in the existing practitioner/practice patient base having to wait longer to access treatment, which has reportedly led to patient frustration. From an orthodontic perspective, this has resulted in orthodontic patients having to wait a significant amount of time to complete the required dental treatment prior to commencing their orthodontic treatment. E.g. patients having to wait 6 months to undertake dental extractions following an orthodontic assessment. In addition to delaying the individual patient's treatment journey, it also introduces inefficiencies into the orthodontic care pathway, which may mean that orthodontic practitioners are unable to meet their contractual obligations.

36 **• Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need.**

37 Recruitment and retention of clinical and administrative staff within North Wales was challenging even before Covid-19 struck. This is due to a range of factors including geography and the unintended consequences of restrictions to freedom of movement brought about at a UK wide level. The negative effect of the pandemic on the resilience and morale of dental workforce should not be underestimated. The expectation of an increased treatment throughput by the orthodontic service providers, but without having the supporting infrastructure in place has resulted in increased stress amongst both administrative and clinical staff. Patients and their parents are understandably frustrated at the delays to commencing treatment and often these frustrations are expressed at those on the front line, however these individuals are often not in a position to remedy the situation as the causative

factors are often outside their control. This has resulted in increasing staff turnover, especially within the administrative teams with the subsequent loss of experience.

38 A comprehensive Welsh NHS orthodontic workforce assessment was undertaken for the first time at the end of 2021. This revealed a North Wales NHS orthodontic workforce of 35 individuals working in the general dental service, community dental service, primary care specialist practice and secondary care settings. However, the majority work less than full time giving a whole time equivalent of 16.7 spread across all grades of clinician including DwSIs, orthodontic therapists, and specialists working in both specialist practice and hospital-based environments. Since the survey was undertaken almost 23% (8) have ceased providing NHS orthodontic care in Wales. This includes a third (4/12) of DwSIs, who have ceased providing NHS orthodontic treatment; one primary care specialist and two hospital based consultants who have retired; and one hospital based consultant has ceased providing orthodontic provision within Wales due to personal reasons. In response the region has managed to result two part time specialist practitioners and one part time orthodontic consultant.

39 Unfortunately there has been a lack of effective succession planning within the health board, despite the need being recognised and subsequently requested by various professional bodies over a number of years. A strategy for effective workforce planning needs to be established many years in advance due to the long training pathways involved in becoming an orthodontic specialist which is excess of three years to become a primary care orthodontic specialist and over five years to become a hospital based consultant. The appropriate training and supervision of DwSIs and orthodontic therapists is also important as they constitute a substantial part of the orthodontic workforce within North Wales and enable maximum use of a team approach and the skill mix with orthodontic clinical practice.

40 Recruitment and retention of the dental workforce is recognised to be more challenging in rural regions and this needs to be taken into consideration when it comes to strategy development and possibly providing incentives to address a recruitment shortfall. Successful incentives are unlikely to be purely financially based and the expectations of the future workforce need to be considered carefully when formulating the strategic direction. This could involve providing additional training or clearly defined opportunities for career progression.

41 **• Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the 'Gwên am Byth' programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. Workforce well-being and morale.**

42 The improvement in overall oral health will enable a greater number of individuals, who have an identifiable need for orthodontic intervention, to achieve a suitable dental foundation which would support future orthodontic treatment. This will potentially have an impact on commissioning levels.

43 As mentioned previously, the dental workforce, including the orthodontic workforce, is under a considerable amount of personal and professional strain which is leading to low morale and real risk of individuals leaving the profession. This needs to recognised when dealing with the profession as otherwise there is a risk of alienating the core group who are essential to addressing the dental needs of Wales.

44 • The scope for further expansion of the Community Dental Service.

45 Within North Wales the Community Dental Service potentially has the workforce and infrastructure to help address inequities in accessing treatment for more rurally based communities. However, as with other areas of dentistry, recruitment and retention to fulfil the roles required will be challenging.

46 • **Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices**.

47 NHS orthodontic activity across Wales has been significantly under resourced. This is a legacy of the "New Dental Contract" which was introduced in 2006 which eliminated "fee per item" payment method within dentistry and overnight put a limit on clinical activity. Since this time each health board has commissioned orthodontic activity, but this appears to have failed to keep up with the needs of the resident populations. There needs to be additional "Needs Assessments" undertaken to accurately quantify the requirements of the local population which will inform commissioning activity. However, this will only maintain the status quo and to address the currently assessment and treatment backlog (due to the imbalance between commissioned activity and population need, which has been exacerbated by the pandemic) will require additional funding streams and a coherent strategy for implementation.

48 • The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales.

49 The cost of living is likely to have a significant impact on everyone. The rurality of North Wales means that patients will often have to travel considerable distance to access dental care. This is even more acutely felt for specialist services such as orthodontics. Many patients/carers could spend 90-180 minutes travelling to and from orthodontic appointments and as these occur every 6-8 weeks this could have a significant impact on

individuals work and education. Both these aspects will also have a cost implication to the patients/carers/families.

50 Reducing family budgets will also impact on individuals ability to opt for accessing treatment outside the NHS, to compensation for excessive NHS wating times. This could potentially result in increased levels of dental health inequality.

51 From an orthodontic perspective, as the case mix being treated becomes more complex, as a result of the prioritisation guidance issued, then the baseline cost of providing a course of orthodontic treatment is also increased. This is further exacerbated by inflation which will lead to increased overheads for those providing treatment. This will include increased staff wages, utility costs, equipment/infrastructure costs, and materials. If this is not recognised and accounted for within the commissioning cycle it runs the risk of destabilising orthodontic service provision within North Wales.

Conclusions

52 NHS dental provision within North Wales is at a turning point. Successful recruitment and retention of staff will be fundamental to any successful recovery. Any alteration to clinical services needs to be undertaken in collaboration with the profession otherwise there is a real risk of disenchantment and loss from the NHS workforce.

53 The strategic direction of NHS orthodontic services within Wales needs to be re-evaluated both locally and nationally. OMCNs and the Strategic Advisory Forum in Orthodontics will play a vital role in providing professional guidance to help formulate reforms to care provision.

54 Recruitment and retention of the dental workforce will underpin the success of dentistry within Wales. Without a strategy to address the current staffing deficit then it is likely that all other implementations to boost access and overall dental health of the population in Wales will fail.