

## Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Deintyddiaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Dentistry](#)

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**Ymateb gan: | Response from: South East Wales Orthodontic Managed Clinic Network**

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### **South East Wales Orthodontic Managed Clinical Network Submission to the Sixth Senedd Health and Social Care Committee Inquiry into Dentistry in Wales**

The South East Wales Orthodontic Managed Clinical Network ( SEW OMCN) was established as a forum to ensure that patients have need based access to high quality orthodontic services.

It is where key stakeholders:

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

The MCN has representatives from Local Health Boards, and Orthodontists from Specialist practice, Community Dental Service ( CDS) , Hospital ( HDS) The Dental Hospital and General Dental Practice in Aneurin Bevan Health Board, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB

This submission is based on input from Orthodontic providers in Specialist Practice, Hospital Service and Community Dental Service. The Dental Hospital and Health Boards are providing their own submissions.

**Comments on A Fresh Start: Inquiry into Dentistry in Wales May 2019**

Before considering the scope of the current inquiry it is worthwhile considering the recommendations of the previous Inquiry in May 2019 and extent to which these have been achieved and if any which are outstanding still need to be implemented.

The only recommendation for orthodontics was:

**Recommendation 4. We recommend that the Welsh Government works with health boards to develop a clear strategy to ensure that the e-referral system for orthodontic services in Wales has a positive impact on ensuring appropriate referrals, prioritising patients and reducing waiting times.**

Just before Covid electronic referrals were introduced, because of the pandemic and the impact on services it is difficult to fully assess the benefits of this. From my experience it is easier to track the referrals. A small minority of dentists still require educating and on what is an appropriate referral.

**Issues which were raised and are still of concern are:**

1. Access to Specialists is still an issue in CTM. There are 2 Specialists in orthodontics working part-time in the CDS, both are close to retirement and one Specialist Practice in Bridgend. Some orthodontics is carried out by dentists with special interest in the GDS following a treatment plan by the hospital consultant, though this contract is currently being wound down. The Hospital service has 2 part time consultants and no longer treat routine cases as there are no orthodontic trainees. NHS orthodontic provision in CTM is severely reduced to one Specialist Practice in Bridgend and patients will have to travel to Cardiff, as many already do. Given the distance and time involved this is not feasible for many patients especially those who have to use public transport or have low income.
2. Wait Times still long – all aspects have increased waiting lists and times. Impact is made worse by limited NHS GDP provision – patients unable to access care for restorations and orthodontic treatment can be further delayed whilst they wait to have extractions in general practice and hospital.
3. Disparity in pay for Training Grades which discourages recruitment to training posts for Orthodontic Specialists in Cardiff

**SEW OMCN comments on the areas of interest highlighted by the Committee:**

- **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.**

Orthodontic backlog – Contracts now back to normal but waitlists have increased average wait times are now 5 years. Difficult to catch up as there is a limit on how many patients can be in treatment at any one time without it impacting on level of care and overall treatment time

Covid impact – as mentioned waitlists are at an all-time high. Treatment also hindered by lack of access to NHS dentists to ensure patients are dentally fit before orthodontic treatment can commence and a long wait for any necessary extractions which then impacts on treatment length. Another impact on limited access to general dentistry is orthodontic practitioners not being able to meet their contractual obligations.

Consideration could be given to increase funding to allow back log to be treated, though this has could have limited impact due to reduced orthodontic workforce. More patients are deciding to go private, which although reduces the NHS wait, it impacts on capacity

Currently NHS Orthodontic treatment is undertaken according to clinical need based on the Index of Orthodontic Treatment Need Treat (IOTN) and those with grades of 5, 4 and 3 qualifying for treatment. Consideration could be given to restricting to those with highest need namely IOTN 4 and 5 only, but this could disadvantage those who fall into the borderline need category who have psychological concerns. There has been an increase in patients seeking treatment with minor malocclusions citing the impact it is having on their mental well-being, this adds extra burden to waiting lists.

The backlog is also impacting on patients commencing orthodontic treatment as many are having to wait for routine dental care and any extractions which may be part of their orthodontic treatment

- **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.**

Improved oral health will reduce burden on all NHS dental services

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

Orthodontic services are concentrated in some areas with limited or no service in others. This means some are having to travel long distances to access care often having to use public transport, this impacts on time out of school and parents taking time off work.

Incentives to encourage more dentists to provide care for rural services.

- **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.**

SEW MCN is not able to comment on D2S programme, however if health inequalities are addressed then many of these children could be suitable for orthodontic treatment.

More patients are accessing private orthodontic treatment which has benefits and negatives, but those from less well off backgrounds are disadvantaged.

- **The scope for further expansion of the Community Dental Service.**

Currently in South East Wales ( CTM UHB) there are 2 Specialists in orthodontics working in the CDS, both close to retirement, once leave NHS orthodontic provision in CTM will be severely reduced to one Specialist Practice in Bridgend and patients will have to travel to Cardiff, as many already do

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

Staff recruitment and retaining experienced staff is an issue

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

If patients have to travel to access Orthodontic treatment then this is an added cost.

Those patients who may have sought private treatment will decide to opt for NHS treatment thus increasing NHS burden

### **Specific Issues South East Wales**

#### **Community Dental Service**

There are 2 Specialists in orthodontics working part-time in the CDS in CTMUHB based in Pontypridd and Merthyr Tydfil, both are close to retirement, as far as I am aware there is currently no long term plan to replace.

In the CDS we currently only see internal referrals but this is likely to change as more CDS patients are discharged to GDS. We see patients for an initial assessment and then place on a treatment waiting list. By doing this we can filter out the inappropriate referrals ( Low IOTN, poor OH,) and prioritise those who are urgent. Prior to covid our wait for treatment was 12-18 months, it currently is 24 - 30 months.

Given the exceptional circumstances and cost of orthodontic treatment and many more requesting treatment for cosmetic problems it would be helpful if treatment was now restricted to Grade 4 and 5. This would provide greater clarity in who we can/cannot treat. More patients are saying that their mental health is adversely affected by the appearance of their teeth even when they have a low IOTN. As orthodontists we are not qualified to assess this so advice on how to manage these patients would be appreciated and is it right that limited NHS funds are used to treat these patients who have minor malocclusions?

#### **Specialist Practice**

In CTM there is one Specialist Practice in Bridgend. Other patients are referred to specialist practices in Cardiff. This makes access difficult for many patients and treatment will involve travelling over 20 miles each way, this restricts those who can access care. There were 3 GDS contracts with Dentists with Special Interest, however these contracts are currently being wound down with one contract having been transferred for treatment completion. This will further impact on access to care.

Our waiting lists prior to the pandemic were at 2 -3 years and since then this has increased to 3-5 years for those patients who are classed as routine. Since recommencing new treatments we have been prioritising those with the highest need and older patients. This has resulted in an increase in demand for private treatment. Practices and their staff are experiencing more queries and complaints which is affecting staff morale.

We need to consider prioritising NHS treatment to those with the greatest need, namely IOTN 5's and 4's with the level of remuneration being adequate to deal with these more complex cases, which take more clinical time, consumables, laboratory expenses. Less bureaucracy and appropriate monitoring would allow practices to provide more time to their patients and have a more fulfilling work/life balance

The biggest factor at the moment seems to be longer delays in patients receiving extractions and routine dental care, which appears to be NHS contract related rather than COVID specific. This translates into delays to patients receiving their orthodontic treatment and impacts on orthodontic practices day-to-day running. Potentially the numbers of patients who have started treatment so far this year would be down on previous years for most practices.

#### Hospital Service (Secondary Care)

Waiting times for hospital assessment and treatment are significantly elevated which adds to the delays.

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