Written Response by the Welsh Assembly Government to the report of the National Assembly for Wales Health, Wellbeing and Local Government Committee : Orthodontic services in Wales

March 2011

I would like to thank the Committee for their report on Orthodontic services in Wales which allows me the opportunity to outline the steps we are taking to alleviate the pressures on the service and address orthodontic capacity concerns.

I am pleased to report many of the Committee's recommendations support our current policy direction and also mirror the findings and recommendations of the expert group I established to look at the provision of orthodontics in Wales. Over the coming months the Welsh Assembly Government will be considering both sets of recommendations in tandem as part of the implementation process to improve orthodontics.

From the early 1990s the provider driven system in operation left all dentists, including orthodontists, to decide where and what level of NHS service they would provide. As dentists drifted away from the NHS, service commissioners had no powers to seek alternative providers and the resources were not safeguarded for replacement dental services.

In 2006 new contractual arrangements were introduced which saw three important changes in relation to orthodontics:
- They gave Local Health Boards (LHBs) power to commission services to meet local needs;
- There was a move away from a non-cash limited centrally held budget to a cash limited allocation to LHBs; and
- The use of the Index of Orthodontic Treatment Need (IOTN) to assess eligibility for NHS care.

The previous system of dentistry had led to huge variations in the provision of orthodontic services, because (like other dentists) orthodontists could decide for themselves where to set up practice and how much work to do for the NHS. The new arrangements gave LHBs responsibility for the provision of dental care to meet local needs and for the control and accountability of their dental budget. It allowed LHBs to develop services based on local needs.

A key change was the introduction of IOTN into NHS practice which differentiates between dental health needs and cosmetic improvements, acting as a selector for NHS treatment.

In the past, there was often little consistency in the way that orthodontic needs were assessed. Under the new arrangements, all assessments are made using IOTN which provides a much fairer and more consistent way of assessing clinical

need and defines the groups of patients for whom NHS orthodontic services treatment is considered necessary to secure their oral health.

In the last decade the focus of a significant proportion of patients has moved from wanting to ensure their teeth are healthy and pain free, to a growing wish that they should also be cosmetically pleasing. This presents new challenges about where the boundaries should lie between clinically needed treatment - available for all who want it from the NHS - and cosmetic treatment.

Demand for orthodontic treatment has increased across the UK, and undoubtedly there are some social and cultural factors involved. Demand for orthodontic treatment can also be driven by requests from more affluent families, and some of this demand can have little health gain attached. Demand can also be driven up by the presence of Specialist (High Street) providers themselves.

As we all face spending pressures in the NHS, orthodontic provision has to be placed in context with other dental health priorities. Total expenditure on orthodontics within primary care dentistry already makes up a significant percentage of the total funding of dental services. It is therefore vital that continued funding is based upon sound needs assessment, prioritisation and an integrated approach between the orthodontic dental service providers.

I am aware of difficulties encountered by patients seeking orthodontic treatment in some parts of Wales and the reports of increased waiting times for treatment. There will be a number of reasons for this and I know that LHBs have been working to address on-going capacity issues in both the secondary and primary care orthodontic services. Recruitment and retention has also been an issue for secondary care and specialist services in some rural areas.

In September 2009 I established an expert group, chaired by Professor Stephen Richmond, Professor of Orthodontics at Cardiff University School of Dentistry, to look at the provision of orthodontics in Wales. This was in response to reported difficulties and also follows a recommendation made by the NHS Dental Contract Task & Finish Review Group who highlighted orthodontics as an area requiring further consideration. The aim of the review was to produce recommendations that would improve and enhance the provision and delivery of services.

The report reaches some interesting and challenging conclusions. In such difficult economic times it is encouraging that the group believe current spending on orthodontics in Wales – some £13 million annually – is capable of largely meeting the orthodontic needs of Welsh patients. The report also makes clear there is little unnecessary treatment undertaken, although there is a need for improved validation and further confirmation regarding the quality of services provided.

What also comes over clearly is that the current system of provision and management of orthodontic services in Wales contains inconsistencies and inefficiencies. In addition access to services is not uniform. These need to be addressed and the report suggests this can be done through better procurement, contract/service management and skill mix while also achieving higher cost-efficiencies.

The report also includes 17 recommendations for consideration by the Welsh Assembly Government, LHBs and the dental profession. These include work around service development, changes to legislation, improving efficiency and effectiveness, along with better referral and monitoring.

I am establishing an implementation process to consider the recommendations of both the expert group and the Committee. Assistance where required will be provided by the Welsh Dental Committee and Public Health Wales.

Detailed Responses to the report's recommendations are set out below:

Recommendation 1
We recommend that the Welsh Government commissions further research to assess the orthodontic treatment need, ensuring that contracts for orthodontic treatment are adequate to meet demand.

Response: Accept
I accept this recommendation. The role of the Managed Clinical Networks (MCNs) is to liaise with the LHB(s) to establish appropriate clinical pathways and be responsible for appropriate standards of clinical care. Where there is an unmet need for orthodontic care, the LHBs in conjunction with the local clinical network, should test the use of an appropriate skill mix to assess needs and priorities for care. There are several orthodontic MCNs already set-up in parts of Wales and these should be extended throughout the country with consideration being given to enlarging existing MCNs where there is considerable cross border flow between LHBs.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 2
We recommend that Local Health Boards improve the efficiency and effectiveness of orthodontic services delivery through effective procurement processes. This should include ensuring that contracts contain details about the number of treatment starts and treatment completes per year in each contract.

Response: Accept
I accept this recommendation. Interim guidance to LHBs on the management of NHS orthodontic contracts has been developed and was published on 11 March 2011. The document is aimed at ensuring continuity and consistency of service provision for patients and to improve the efficiency and effectiveness of orthodontic service delivered in Wales. The guidance includes:

- set processes for annual contract review;
- interpretation of readily available data;
- the use of data for improved contract management;
- specific contractual information requirements; and
- policy developments for the delivery of effective services.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3
We recommend that the Welsh Government produces guidance for Local Health Boards on the effective and efficient procurement of orthodontic services. This should include guidance on developing agreements based on the number of treatments provided per year, quality of services, orthodontic treatment outcomes and value for money.

Response: Accept
As 2 above, I accept this recommendation.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 4
We recommend that the Welsh Government discusses with the Welsh Consultant Orthodontic Group how to introduce standardised UOA rate to address the disparity in UOA value and volume of treatment provided.

Response: Accept in principle
I accept this recommendation in principle. This is an issue which requires further consideration and discussion with the relevant bodies. Although there is currently some variation in rates, the value of a Unit of Orthodontic Activity (UOA) is relatively uniform across Wales. It averages £62 with a range from £58-£74. Standardisation of the UOA might create additional capacity but it could also destabilise the service if such a move was adopted overnight. Orthodontists have fixed term contracts and changes could only be negotiated when they are due for renewal.

Financial Implications – There are financial implications if the value of the UOA is standardised at a higher level than the current average value.

Recommendation 5
We recommend that Local Health Boards review contracts identified as delivering orthodontic assessments only or mainly assessments and very few treatments.

Response: Accept
As 2 above, I accept this recommendation.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 6
We recommend that Local Health Boards introduce specific contractual changes to take account of treatment provided rather than just delivery of UOAs. This should include consideration of whether practitioners should be allowed to claim for a repeat assessment within a short period of time unless it is clinically justified.

Response: Accept
I accept this recommendation. The interim guidance already published includes advice to LHBs on the interpretation of available data including that around treatment provided. The document also recommends specific requirements to be included in contracts such as the number of treatment starts and the number of treatments completed. Additional work is required to raise awareness of the assessment criteria. Any proposed changes to the contract may require amendments by the Welsh Assembly Government to the current Regulations supporting the NHS dental contract. These issues will be considered as part of the implementation process.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 7
We recommend that the Welsh Government facilitates the development of an electronic referral system in line with Recommendation 6 of the Government's national review, which will allow records to be monitored centrally.

Response: Accept in principle
I accept this recommendation in principle. Much can be done to improve the efficiency and effectiveness of orthodontic services delivery. MCNs will be able to take action where there are duplicate referrals which can occur where some patients move to another practice following the failure to secure treatment against IOTN. Inappropriate referrals can also occur where patients who are not ready for treatment are referred early to beat the (sometimes perceived) waiting lists which then creates a backlog.

In relation to wider ICT requirements for dentists, the Welsh Assembly Government and the Welsh Dental Committee are working with NHS Wales Information Services to identify pilots to trial NHS Email for dentists providing NHS Services. Issues have been highlighted around the need for greater integration of NHS dentistry into Information Management and Technology development. It has been agreed that the Assembly Government will consider developing a plan for NHS dental teams to be included in the NHS Wales Information Services' Forward Work Programme. This issue will be continue to be considered as part of the implementation process.

Financial Implications –These will need to be considered further as part of the on-going work into dental ICT requirements and the implementation process of improving orthodontic provision.

Recommendation 8
We recommend that Local Health Boards support the establishment of local Managed Clinical Networks (MCNs) in orthodontics with the view of improving patient care. MCNs should take lead responsibility for reducing early, multiple and inappropriate referrals in line with Recommendation 12 of the Government's national review.

Response: Accept
I accept this recommendation. MCNs, who are able to monitor the assessment of quality care, have already been established in Hywel Dda and Abertawe Bro Morgannwg University LHB areas, and also across South East Wales. The role of the MCNs will be considered as part of the implementation process.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 9
We recommend that the Welsh Government funds a one-off waiting list initiative to clear the backlog of patients waiting for orthodontic treatment.

Response: Reject
I reject this recommendation. The priority is to ensure that the efficiencies identified in the report by the expert group, and mirrored in the Committee's report, are addressed. This will free up additional resources and capacity. LHBs' dental budgets are currently ring-fenced specifically for dentistry – and I have said that this will be the case until at least April 2012. Efficiencies will therefore need to be reinvested in dentistry but it will be for LHBs to decide where dental priorities and greatest need lie.

The expert group found that current spending on orthodontics in Wales – £13.1 million in 2009-10 – is capable of largely meeting the orthodontic needs of Welsh patients. They did however, like the Committee, recognise that some interim funding may be required to reduce waiting lists. This funding will need to come from efficiency savings and improvements to the current system.

Financial Implications – None at this stage. Should additional funding be required this will need to be considered in discussions with Cabinet colleagues.

Recommendation 10
We recommend that the Welsh Government discusses with the General Dental Council how to ensure that the issue of inappropriate referrals is addressed and whether IOTN training should be mandatory for all GDPs.

Response: Accept
I accept this recommendation. Discussions about training needs will be part of the implementation process.

The curriculum for undergraduate training already contains a module on IOTN and dentists are expected to keep abreast of all clinical issues through the mandatory Continuing Professional Development processes.

The Assembly Government also funds dental training at Cardiff University which provides both undergraduate and postgraduate training. Undergraduates are trained regarding diagnosis, when and how to refer using IOTN, PAR, and the use of removable and fixed appliances. Postgraduate courses in orthodontics provide advanced orthodontic training.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 11
We recommend that the Welsh Government amends Regulations to include a contract penalty for practitioners who persistently refer patients early or making a high volume of inappropriate referrals in order to encourage them to change practice.

Response: Accept in principle

I accept this recommendation in principle. This is potentially a contentious issue which will need to be discussed further with the representative bodies of the dental profession and others with an interest.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 12
We recommend that Local Health Boards set out clear contractual arrangements with DwSIs including close monitoring of treatment outcomes, with a view to the development of specific orthodontic Personal Dental Services agreements.

Response: Accept
I accept this recommendation. Dentists with a Special Interest (DwSIs) in orthodontics provide an opportunity for dentists to gain recognition and accreditation for additional competencies gained through either training or experience. Providing special interest work within the NHS as part of the contractual agreement with their LHBs reduces the pressure on secondary care resources and frees secondary care consultants for more complex work. It also widens the choice of treatments available to patients in terms of the nature and location of their NHS dental care.

The establishment of MCNs has seen a move to the development of DwSIs providing orthodontic services, supplementing entirely specialist and secondary delivery. A formal process has been adopted by some LHBs to assess dental practitioners with a special interest in orthodontics.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 13
We recommend that Local Health Boards work with local MCNs to introduce a local accreditation scheme and continuing professional development for DwSIs.

Response: Accept
As 12 above, I accept this recommendation.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 14
We recommend that the Welsh Government facilitates the development of the skills base of the orthodontic workforce.

Response: Accept
I accept this recommendation. The report of the expert group made a number of recommendations about educational development. Training in IOTN and Peer Assessment Rating (PAR) index will also be considered as part of the implementation process to improve orthodontics in Wales.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 15
We recommend that the Welsh Government strengthens the current General Dental Council guidance to ensure orthodontic therapists must be supervised by an orthodontist on the specialist register as opposed to a general practitioner at all times.

Response: Accept in principle

I accept this recommendation in principle. The General Dental Council (GDC) regulates dental professionals in the United Kingdom. All dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with us to work in the UK. Their purpose is to protect the public by:

- registering qualified professionals;
- setting standards of dental practice and conduct;
- assuring the quality of dental education;
- ensuring professionals keep up-to-date;
- helping patients complain about a dentist or dental care professional, and;
- working to strengthen patient protection.

Any change may require amendments to the current legislation. This will be considered as part of the implementation process.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 16
We recommend that the Welsh Government amends Regulations to include a contract penalty for poor quality treatment (based on PAR and excluding those cases where the patient was not compliant with the treatment).

Response: Accept
I accept this recommendation. Regulations are already in place to ensure clinical standards. One of the key elements in assessing the quality of orthodontic care is treatment outcome. It is important to quantify change and the outcome of a clinical intervention to determine how effective the intervention process has been. As part

of their contract, practitioners should record the start and finish PAR scores for a minimum 20 completed treatments plus 10% of the number of cases over 20. The assessment of the quality measures should then be undertaken through the MCNs. The interim guidance already issued to LHBs highlights the issue of PAR as part of improved contract management.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 17
We recommend that the Welsh Government develops an implementation process to facilitate close monitoring of treatment outcomes through PAR and establish a system where PAR score reductions are monitored independently on annual basis for all providers.

Response: Accept
I accept this recommendation. The report of the expert orthodontic group included recommendations around service development, changes to legislation, improving efficiency and effectiveness, along with better referral and monitoring.

I am establishing a implementation process to consider the recommendations of both the expert group and the Committee. I have also asked for an annual report on orthodontic services in Wales. Assistance will be provided by the Welsh Dental Committee and Public Health Wales.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

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March 2011