

Written Response by the Welsh Government to the report of the National Assembly for Wales Health and Social Care Committee Inquiry into Orthodontic Services in Wales

August 2014

1. I would like to thank the Committee for their report on the inquiry into orthodontic services in Wales. I am pleased the Committee acknowledges the significant progress made following the independent review of orthodontic services in 2010 by Professor Stephen Richmond, Professor of Orthodontics at Cardiff University School of Dentistry and the subsequent inquiry on the provision of orthodontics by the Health, Wellbeing and Local Government Committee in 2011.

2. The recommendations made by the two reviews have helped shape the policy direction for the provision of orthodontics as outlined in the Welsh Government's *Together for Health: A National Oral Health Action Plan* published in 2013. This is supported by the Committee's latest inquiry.

3. Managed Clinical Networks (MCNs) have been established across Wales covering south east, south west and north Wales (Powys links in to the north Wales MCN). MCNs are advisory bodies and contribute to the work of the Strategic Advisory Forum (SAF) on Orthodontics established by the Welsh Government in July 2011 to take forward the recommendations of the 2011 Committee Inquiry and the Welsh Government's Task and Finish Group.

4. The role of the MCNs is to liaise with the Local Health Boards (LHBs) 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.

5. Guidance issued by Welsh Government and the development of MCNs has created a much more efficient referral management process and has driven forward improvements in quality and outcomes. This has seen a substantial reduction of 59% in the number of 'assess and reviews' and a 6% increase (533 patients) in the in the number of patients receiving treatment.

6. However, MCNs have been in place for a relatively short period of time (since 2011) and there is still further efficiencies which can be achieved in reducing early, multiple and inappropriate referrals; monitoring a more robust system of Peer Assessment Rating Index (PAR) scores; and ensuring contractors compliance with quality assurance systems and reporting requirements.

7. The SAF on Orthodontics has recently published its [annual report](#) (2 June 2014) that outlines the progress MCNs have made in driving forward clinical quality and developing effective data collection to inform commissioning decisions.

8. The Welsh Government have asked Professor Richmond to conduct a further assessment and update of the data previously examined and reported on in 2010. The Welsh Government will, where required, produce additional guidance and consider using regulatory powers to further improve a more effective service delivery. While recognising the significant improvements made to date, I accept there is room for additional efficiencies to be made to help provide a sustainable, equitable high quality service which also provides value for money.

9. My detailed responses to the report's recommendations are set out below.

Recommendation 1

The Committee recommends that the Minister for Health and Social Services works with local health boards and managed clinical networks to develop robust monitoring arrangements to ensure consistent compliance with treatment outcome requirements.

Response: Accept

The Welsh Government issued interim guidance to LHBs in March 2011 on the effective and efficient commissioning of orthodontic services. The guidance covers a range of issues including: the use and interpretation of data for improved contract management particularly in relation to assessment/review/treatment starts; Peer Assessment Review (PAR) and specific contractual information requirements. Feedback from LHBs and MCNs confirms that the guidance is being used and working well. Guidance was reissued to LHBs May 2013.

Orthodontic quality outcome measures are by way of the PAR. Practices are required to assess a proportion of their treatments and record the results which provide clinical governance and monitoring data for analysis by the NHS Business Services Authority Dental Services. LHBs use this data to monitor their contracts.

Following Professor Richmond's latest review it is anticipated additional and supplementary guidance will be issued to LHBs. The SAF on Orthodontics will continue to monitor the progress of MCNs as they mature as part of its regular work programme.

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

Recommendation 2

The Committee recommends that the Minister for Health and Social Services confirms when the electronic referral system will be introduced, and sets out the actions local health boards and managed clinical networks can take to identify patterns of inappropriate referrals, and plan and deliver suitable targeted interventions.

Response: Accept

I recently announced £700,000 funding from the Health Technology and Telehealth Fund to support connecting dental practices to the NHS Wales network. As part of this initiative NHS Wales Informatics Service (NWIS) will work with LHBs and NHS dental practices to develop and roll out new electronic referral services which will improve the efficiency and effectiveness of the orthodontic referral system. The additional connectivity will allow NHS dentists to access additional information and guidance on a wide range of clinical issues. This project is due to complete in March 2015.

It is acknowledged that rurality and long travel times can cause difficulties for patients attending for protracted courses of orthodontic treatment. Welsh Government are encouraging LHBs to commission hub and spoke orthodontic services using specialists, Dentists with Enhanced Skills (DES) and orthodontic therapists in local centres to deliver care. Further development of technology e.g. 3D imaging and printing, and tele-dentistry consultation, can mitigate unnecessary journeys and waiting times.

Financial Implications – Costs associated with rolling out an enhanced referral service will be considered as part of the pilot initiative.

Recommendation 3

The Committee recommends that the Minister for Health and Social Services sets out the actions local health boards and managed clinical networks can take, with associated timescales, to improve waiting times in each local health board area, and identifies the monitoring arrangements he will put in place.

Response: Accept

There are regional variations in how long an individual may have to wait for both primary and secondary/hospital treatment. Even within areas there are practices and hospitals with good access while at others patients have to wait. We need to look more closely at the reasons for this.

There are complexities involved in the variation of waiting lists. In some instances list sizes are inflated through early, duplicate or inappropriate referrals and by other factors. LHBs are now using MCNs to identify patients who have been referred to more than one orthodontist or referred ahead of need to free up capacity; both of which have contributed to the length of waiting lists.

Waiting times in a number of hospitals are influenced by the postgraduate intake which has 2 intakes every 3 years. In the 'fallow' year patients accumulate because treatment capacity is reduced.

Welsh Government will provide further guidance to LHBs on orthodontic waiting list management. Evidence suggests that ensuring waiting lists are standardised, containing minimum datasets with the ability to query regularly for duplication of patients and pattern of referrals, alongside the use of centralised referral management systems, have a positive effect on waiting times.

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

Recommendation 4

The Committee recommends that, to ensure that the service received by patients is of a sufficient standard, the guidance issued to local health boards by the Chief Dental Officer in relation to commissioning orthodontic services includes best practice for the establishment and monitoring of such services.

Response: Accept

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 of 20 completed treatments or 2 percent of their total caseload. The assessment of the quality measures should then be undertaken through the MCNs.

MCNs across Wales continue to provide a platform to bring LHB officials and clinicians from both primary and secondary care together to share and develop best practice. MCNs contribute to the work of the SAF on Orthodontics which in turn provides expert clinical advice to the Welsh Government on the development of national orthodontic policy for Wales.

The importance of monitoring effective outcomes will be included in the further guidance to be issued by Welsh Government.

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

Recommendation 5

The Committee recommends that the Minister for Health and Social Services takes steps to reform payment arrangements for orthodontic services to address the concerns raised by the Committee.

Response: Accept

Under the terms of the NHS contract, Units of Orthodontic Activity (UOAs) are awarded when the orthodontist performs an orthodontic assessment and when he or she commences a course of treatment. The NHS Business Services Authority has to be informed when a case is assessed, started, completed or discontinued to enable the LHB to monitor the agreement. Currently a significant number of courses of treatment appear not to be completed. LHBs can be faced with paying twice for the same patient if they start treatment with one provider and complete their treatment with another provider. We are considering changes to the Regulations to link a proportion of the payment to when evidence is received that treatment is completed.

Financial Implications – None. Costs will be within existing programme budgets.

Recommendation 6

The Committee recommends that the Minister for Health and Social Services reviews the guidance available to support local health boards in entering into contracts for the provision of orthodontic services which takes local need into account. Such guidance should cover, as a minimum, determination of contract length, robust performance and quality monitoring arrangements, protections against the selling on of contracts, and contract exit arrangements.

Response: Accept

NHS Regulations introduced in 2006 provide the necessary legal framework for LHBs to enter into contracts to provide orthodontic services. The Regulations specified an initial fixed term contract period for NHS orthodontic agreements of not less than 5 years. Once the initial period ended Regulations require a contract to specify the duration of the agreement but does not require it to be of a particular length. It will be for the LHB to decide the length of contracts following negotiation with the other party.

Welsh Government understands the need for flexibility in contract length and are aware that there are some NHS orthodontic contracts let for a period of 7 years. Expert opinion suggests that contract length should be linked to performance and delivery of a quality outcome and clauses should be added to contracts to reflect these issues.

LHBs must ensure a robust commissioning process for NHS orthodontics is in place. LHBs must satisfy themselves that any process that involves the re-commissioning of NHS dental services meets their internal standards of corporate governance.

The review of the orthodontic contract is in its infancy. Any proposed changes to the contract will involve all key stakeholders such as the British Orthodontic Society and be subject to wide public consultation.

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