# **Orthodontic Meeting Report**

## Local Orthodontic Committee (LOC)

The LOC met on 11<sup>th</sup> October to discuss:

#### 1. The LHB proposal for an NHS orthodontic referral centre managed by the LHB.

The LOC noted the LDC request that any new referral system should have:

- Clear referral guidelines and protocols to follow
- The freedom for GDP's to choose where they refer
- A means to manage urgent cases

Following reports from orthodontic clinicians about difficulties with the managed referral centre in Hywel Dda, the LOC proposed that rather than have a referral centre managed by the LHB, we should develop a managed process that relied on accurate waiting list data provided by the referral practices. This process would:

- Quantify waiting list data in each practice
- Provide this information to GDP's and the LHB on a regular basis
- Allow a process to manage long waiters.

The LOC proposed a centralised electronic waiting list data base for ABMU and Hywel Dda that would be updated regularly by each referral practice. This would allow the LHB to quantify waiting list data and eliminate multiple referrals.

The information could then be disseminated to GDP's in the area to keep them appraised of waiting times in the region and the mechanisms for dealing with urgent cases.

The referral process would also incorporate:

- A standardised referral form
- A patient referral flowchart for guidance
- An appeals process for patients with low IOTN
- A process for dealing with non-urgent long waiters

It was felt as a group that it was vital to preserve the right of GDP's to refer to the clinician of their choice and to enable the patient to be seen by the clinician of their choice.

The LOC asked for the above proposals to be presented at the next meeting of the orthodontic MCN.

#### 2. Long Waiting Lists for Assessment

At present there is a significant log jam in the primary care setting for orthodontics and suggestions were sort as to how to deal with this problem. Suggestions included:

Developing an appropriate gate-keeping mechanism. Possible use of the hospital if necessary as a gatekeeper due to their present capacity.

Means of dealing with the log jam of patients waiting for assessment in primary care:

- Waiting list initiatives possibly at a reduced rate of half a UOA per assessment
- Change the new to follow up ratio to increase the number of new patients seen although this would shift the long wait to those waiting to start orthodontic treatment
- Database of all patients on the waiting lists enabling monitoring of waiting times and avoiding duplicate referrals
- Offer appointments with other providers if patients have been waiting a long time. The patient would retain the choice to either stay on a waiting list or change provider

### The Orthodontic Managed Clinical Network (OMCN)

The OMCN met on 18<sup>th</sup> October. Representatives were present of the ABMU and Hywel Dda LHBs. The LDC, LOC, Community and Hospital Services were also represented.

The LOC proposed managed referral process was discussed and received a positive reception. The MCN asked Jeremy Knox to develop draft documents to be discussed within the MCN before wider dissemination for discussion. The draft documents will incorporate:

- Service description
- Guidance for referrers
- Referral form
- Patient referral flowchart
- Appeals guidance
- Appeals form

Once the drafts are finalised they will be distributed to the LDC for discussion.

Long waiting times were also discussed along with proposals to manage patients expectation. It was felt that further work on waiting times would be delayed until further waiting list data was available.