Report from LOC / ortho MCN meetings Dec 11 – Jan 2012.

1. The LOC met on 13th December 2011 to discuss the proposed changes to NHS orthodontic referrals. Representatives of the specialist practices in ABMU and Hywel Dda were present along with DWSi and hospital service representation.

   Following discussion between the LOC and MCN there was agreement to trial the new system from 1st April 2012, once approval had been gained from the dental strategy group.

   GDP referrers should benefit from a simplified referral system with well defined protocols. They will also retain the decision about where their patients should be referred for orthodontic treatment. Accurate quarterly information about waiting times for the various providers in the region should also help referrers decide on the best option for their patients. Patients will have an accurate idea of waiting times from the point of referral.

   Accurate waiting list information from the new data base will allow the LHB to define the true extent of the orthodontic waiting list problem across the region and plan accordingly.

2. The MCN met on 10th Jan 2012 to discuss the above. ABMU LHB seemed keen to initiate a trial of the new referral system as soon as possible. Hywel Dda will probably await developments before joining the system.
   Waiting list initiatives for this financial year were discussed with a decision pending for the end of January 2012.

   The most recent draft documents for the referral system are attached for comment by the LDC.

LDC Wishlist for Referral System (David Westcott)

1. **ASSESSMENT SHOULD BE PROVIDED TO THE PATIENT WITHIN 8 WEEKS OF RECEIPT OF REFFERRAL.**

2. THE REFERRING GDP SHOULD BE CONTACTED IN WRITING TO VALIDATE RECEIPT OF THE REFERRAL.

3. FOLLOWING ASSESSMENT THE GDP SHOULD BE CONTACTED WITHIN 15 WORKING DAYS IN WRITING WITH THE OUTCOME OF THE ASSESSMENT AND THE PROPOSED DATE OF TREATMENT START

4. IF THE PATIENT IS NOT ELIGIBLE FOR TREATMENT THE BURDEN OF EXPLANATION FOR THIS INELIGIBILITY SHOULD BE SHOULDERED BY THE PROVIDER NOT THE REFFERRING GDP.

5. PATIENTS ASSESSED AS ELIGIBLE FOR TREATMENT SHOULD BE GIVEN CLEAR ADVISE ON WAITING TIMES AND LIKE THE REFFERRING GDP SHOULD BE GIVEN THE PROPOSED DATE OF TREATMENT START (I.E. WHICH MONTH)

6. WAITING TIME FROM REFERRAL TO TREATMENT IS NOT TO EXCEED 12 MONTHS.

7. IF ONWARD REFFERRAL IS REQUIRED THE GDP SHOULD BE INFORMED IN WRITING WITHIN 15 WORKING DAYS.

8. If NOTIONAL WAITING TIMES FOR ASSESSMENT OR TREATMENT ARE BREACHED THEN THE PATIENT, THE GDP AND THE COMMISSIONERS SHOULD BE INFORMED WITHIN 15 WORKING DAYS AND THE PATHWAY OF CARE FOR THE INDIVIDUAL RE-EVALUATED.

LOC Comments:

Points 1; 6 & 8: Reducing present waiting times for patients is top of the priority list for the LOC. Additional funding to clear the present backlog of patients (plenty of capacity in ABMU available) would be needed to implement the "ideal" waiting times listed above in points 1; 6 and 8.

Point 2: Keeping a copy of original referral should be enough documentary evidence. If the referral forms could be produced with a carbon copy facility that would be helpful. Receipting every referral would be time-consuming and costly for providers.

Points 3; 5; & 7: Good communication is vital between referrer and provider. We have no problem supporting these points.

Point 4: Explaining eligibility for NHS treatment is part of the ortho assessment and should, of course, be the responsibility of the orthodontic provider.

How do we ensure validation of the following?

REFFERRALS SENT BACK TO GDP AND REASON.

DNA RATES .

Comment: Both can be recorded easily and measured.

REAL TIME WAITING TIMES FOR ASSESSMENT

REAL TIME WAITING TIMES   FOR   TREATMENT.

LOC Comment: The main benefit for referrers with the new system will be the publishing of accurate waiting list data on a quarterly basis by the LHB.