

## Meeting of South West Wales Local Orthodontic Committee

Date: 1<sup>st</sup> March 2016-03-10

Venue: Neat-teeth orthodontics, Swansea SA1 8EL

Present: Stephen Gould; Rob Westerholm; Angela Eggar; Priya Anthony; Chris Wall; Jeremy Knox; Celia Topping and Charlotte Eckhardt.

Apologies: Lesley Hicks

1. Discussion of Welsh Government Guidance – Delivery of Orthodontics in Primary Care (Nov 2015)

- i. Given the extended time period that courses of orthodontic treatment take to complete, it was welcomed that HB's are reminded of the importance to ensure continuity of service provision for orthodontic patients when managing orthodontic contracts.

It was also welcomed that since the 2010 reports to the Welsh Assembly, the WG had acknowledged significant improvements in provision of orthodontic care in Wales with improved efficiency.

ii. Use of Data for Improved Contract Management:

A large amount of data is collected by orthodontic practices in ABMU and submitted to the HB. This followed work by the SWW MCN in developing a standardised data set in electronic format for practices to use.

Unfortunately, the information from this data is not being circulated to referring GDP's in the region. It was felt that in view of the lack of feedback from the HB, and the large unpaid burden the data collection puts on practices, it would be prudent to suspend data collection until the HB has suitable infra structure to deal with the data and utilise it to improve service delivery.

iii. Discussion of Specific Key Contract Indicators to monitor contracts:

It was felt that the listed "Key Contract Indicators" were, in general, reasonable. In discussing the highlighted indicators:

*Assess & Review* – It was broadly agreed that one assessment before a patient starts treatment with no further claim within 24 months was reasonable. It was noted that there may be exceptional circumstances where a further claim might be justified and practitioners should retain the flexibility to do this appreciating that excessive claims will adversely affect the assessment to start ratio.

*% Assess & Refuse* – This depends almost entirely on the quality of referrals received from GDP's. Education of referrers is essential if we are to minimise these claims.

*% of Forms for treatment >11years age* – ABMU already has clearly defined guidelines in place for appropriate early treatment starts. Hywel Dda has a similar system.

*% Cases Retreatment* – It was agreed that retreatment should only be considered in exceptional circumstances. It was felt that further guidance from HB (via the MCN) on availability of retreatment would be useful.

iv. **Suggested Policy Developments for the Delivery of Effective Services:**

The listed suggestions were welcomed. It was felt that in particular, HB's should be reminded that in the view of WG:

"All new orthodontic initiatives should be logged and discussed with orthodontic MCN's before they are undertaken"

"HB's should continue to consult with their respective LDC's, as is statutorily required, in the planning and delivery of dental services including proposals for significant change to current forms of provision or additional primary care dental services."

2. **South West Wales Orthodontic MCN:**

It was noted from general discussion that it is essential the SWW MCN is re-established as a matter of urgency. With no dental strategy group in ABMU HB to report to and the disengagement of the Hywel Dda HB from most recent meetings, the MCN has been dormant for a prolonged period.

JK agreed to contact the ABMU HB to emphasise the importance of re-establishing the orthodontic MCN in our region.

3. **All Wales Orthodontic Referral Form:**

Introduction of the "All Wales Referral Form" was discussed. It was felt that the present form used in ABMU and Hywel Dda was working well and we were reluctant to introduce another new form at this stage. Looking ahead to an "All Wales" electronic referral system might be the best time to implement changes to the present forms.

4. **Treatment of NHS Patients that Refuse Full Treatment:**

Both the CDO at a recent SAFO meeting and Brian Kelly of NHS BSA confirmed that compromise treatment can be an appropriate use of NHS funds.

e.g. Severe class II or class III patients that request single arch dental alignment only. As long as the malalignment qualifies for NHS funding in its own right ie IOTN 3d 6 or 4d.

5. **New Orthodontic Contracts:**

There was a general discussion about the introduction of new contracts in England. It was hoped that in implementing new contracts in Wales, the WG would consider rolling contracts for practices that were performing well with agreed KPI's as a measure.

6. **Next Meeting:** TBA