Llywodraeth Cymru
Welsh Government

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Updated guidance: Delivery of orthodontics in primary care – November 2015

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1. Purpose

The purpose of this document is to provide further guidance to local health boards (HBs) on the management of GDS orthodontic contracts and PDS orthodontic agreements. It is important for HBs to ensure continuity of service provision for orthodontic patients, given the extend time periods these courses of treatment take to complete. This guidance supplements, and should be read in conjunction with, *Guidance on Management of NHS Orthodontic Contracts in Primary Dental Care* (July 2013).

2. Background

Two recent inquiries into the delivery of orthodontics, from the National Assembly for Wales Health, Wellbeing and Local Government Committee and the Health and Social Services Committee respectively, have made recommendations about the need to improve the efficiency and effectiveness of the orthodontic services delivered in Wales. Both reports highlighted the pressing need to develop effective planning and management processes for these services.

The Welsh Government has acknowledged and welcomed both reports and has established an implementation process to improve orthodontic services in Wales. The implementation process is based on the recommendations of the second review of Orthodontics by Professor Stephen Richmond (2014). Therefore, this guidance has been developed to support HBs and orthodontic providers to continue to deliver more effective services. Previous guidance issued in 2011 and 2013 has had a galvanising effect on service delivery with improved efficiency being reported.

Since the publication of the first report and associated guidance there have been significant incremental improvements in the provision of orthodontic care in Wales. Further work is required to determine the orthodontic activity in all services and how these services can be improved in terms of appropriate case mixes, commissioning and management of an integrated service. Improving the efficiency of orthodontic services in Wales is an iterative process achieving progressive marginal gains. Improving efficiency depends on good data with minimal contract/provider/performer variation and knowledge of the contracts and initiatives that have been agreed. This new guidance is intended to build on the efficiencies gained and promote the principles of prudent healthcare in orthodontic service provision.

This guidance includes:

- the use of data for improved contract management;
- specific key contract indicators to be used in the monitoring process; and
- suggested policy developments for the delivery of effective services, including the use of local Managed Clinical Networks (MCNs) to improve service quality.

3. The use of data for improved contract management

This guidance builds on issues emphasised in interim guidance published in 2011 and updated in 2013. We would expect HBs to continue to use the previous guidance to manage orthodontic contracts using procedures that detail:

- the annual contract review process; and
- compliance on completion of FP17OW forms.

The 2014 orthodontic review and recent Health and Social Care Committee inquiry highlighted two areas where action was required to improve efficiency. Professor Richmond highlighted the need to:

- identify patterns of inappropriate referrals;
- plan and deliver suitable targeted interventions;
- improve waiting times for patients in each local health board area; and
- identify robust waiting time monitoring arrangements.

HBs should work closely with MCNs to introduce a comprehensive referral form for orthodontic patients. Annex 1 contains an example.

Welsh Government recommends providers collect specified data regarding waiting lists and times using a standardised electronic format (e.g. Microsoft Excel) to be collated and reported annually and data sent to LDC and referrers quarterly. The recommended format has been tested in one HB (ABMU) and has proved to be robust. Data fields should include:

- *Patient details*
    - Name (forename + surname)
    - Date of Birth
    - Address, Postcode and contact telephone no.
- *Referral details*
    - Date of referral
    - Referring dentist
    - Reason for referral
    - Assessment of IOTN
- *Assessment details*
    - Date of assessment
    - IOTN
    - Outcome (accept, refuse, review)
- *Treatment details*
    - Start date
    - Finish date
    - Outcome (completed/abandoned/discontinued)

4. Specific key contract indicators to be developed for the monitoring process

HBs may wish to be aware of NHS England's *Dental Assurance Framework Policy* which includes a set of indicators that provide high level assurance (Annex 2). It is designed to assure commissioners that contract holders and providers are on course to meet their

obligations under their contract/agreement. The current orthodontic indicators from the 2013 guidance have been incorporated into this guidance and are measureable. **It is recommended this schedule forms the basis of new information requirements in GDS contracts and PDS agreements and is agreed with Providers in advance of the new financial year. Some of these indicators will require discussion and agreement with local MCNs.** This information set can be used as the basis of contract monitoring requirements and to inform six month and Annual reviews.

- Indicators highlighted in *italics* require further action by HBs and MCNs

Indicators	**Benchmark/Agreed position**
Delivery of contracted UOAs annually	Within tolerance level (5%)
Number of forms submitted - at start and completion of treatment	The proportion of completed treatments to the total of FP17O forms submitted should be no less than 90%
Completion of all fields/sections on FP17OW	All fields – consider breach of contract for persistent non completion
Assessment and Reviews (1)	*HBs and MCNs to discuss and develop evidence based guidance as to how often or how many review claims can be made per patient e.g. to consider once per patient before treatment starts or one claim every 24 months- to be used by SAFO to develop national policy*
Assessment and Reviews (2)	Contracts providing Assess and Review only without any treatment starts should not be allowed
Number of 'treatment starts' per year'	Ratio of the number of UOAs to no.of assess and accept should not exceed a ratio of 22.5 to 1 The number of Assess and accept cases should be at least 50% of all assessments
The proportion of completed treatments to the total of FP17OW forms submitted as assess and accept	This should be no less than 90%. Additionally similar number to 'treatment starts' 18-24 months previously
% of Assessment and Refuse FP17OW	*HBs and MCNs will develop and disseminate processes which will help dental referrers improve the quality of referrals*
% of abandoned/discontinued courses of treatment	HBs to note average rates
Number of repairs claimed per year	Nominal numbers- minimal and should not be claimed between performers operating in the same premises or the same performers operating in different sites
% of forms including Treatment of children (early <11years)	*HBs and MCNs to discuss and develop evidence based guidance on what constitutes early treatment? And clearly define the conditions for early treatment along with an estimate of the % - to be used by SAFO to develop national policy*
% of Re-treatment rates	*HBs and MCNs to develop a clear definition what constitutes re-treatment eg repeat treatment should only be funded for unique patients in absolutely exceptional circumstances and subject to IPFR processes?- to be developed by SAFO as national policy*

Treatment outcome: % of PAR reduction	As per regulations - MCN to lead practical process ***Contractors to keep record of individual patients who consent to treatment that may be incomplete and where PAR improvement cannot be achieved because of patient compliance***
% of patient satisfied with the treatment	More than 90%- recorded at the end of treatment
QAS return	Return with no issues
NHS DS report	No issues

5. Suggested policy developments for the delivery of effective services

In addition to the development of effective planning and performance management processes, HBs should continue to develop policies that will improve the quality of orthodontic care. HBs will work together on these issues with their local MCN which brings together clinicians from primary and secondary care, to provide advice and work with the HB on the development of a wide range of quality issues. These include:

i. Ensure the outcome of treatment (completed, discontinued or abandoned) is reported for each patient. Outcomes will require further definition and the MCNs will be tasked with developing these definitions locally.
ii. Review all small contracts (less than 50 UOAs) to test whether these remain effective and efficient.
iii. Ensure all new Orthodontic initiatives should be logged and discussed with the local MCN in Orthodontics before they are undertaken.
iv. Establish notional service level activity agreements with HB partners to monitor provision of orthodontic treatment when care is delivered by Providers in another HB.
v. Ensure that waiting time/list data is collated and reviewed on a regular basis for each Provider of orthodontics and that the information is available annually for local MCNs and the Strategic Forum.
vi. HBs should amend all GDS contracts and PDS agreements, using the full flexibility of agreement clauses (or by the addition of clauses), to ensure there is an agreed position for all current agreements on:
    - determination of contract length;
    - the implementation performance and quality monitoring arrangements;
    - protections against the selling on of contracts; and
    - contract exit arrangements.

HBs should continue to consult with their respective LDCs, as is statutorily required, in the planning and delivery of dental services including:

- the development of strategy for the future delivery of dental services and oral health care;
- proposals for significant change to current forms of provision or additional primary care dental services; and
- Revising Local Oral Health Plans to reflect developments in delivery of orthodontic services.

Annex 1

Date Rec'd (for internal use):

Universal Orthodontic Referral Form

Only referrals made on this form will be accepted for NHS orthodontic treatment

PLEASE PRINT CLEARLY USING BLACK INK

Referral to:	**Referring Practitioner:**
Name: Address:	Name: Practice Stamp:
	GDP Details (if different):

Patient Details:	
Name:	Date of Birth: / /
Address (including postcode):	Age:
Contact Telephone Numbers:	

REFERRALS WILL BE SENT BACK TO THE REFERRING PRACTITIONER IF ALL THE RELEVANT INFORMATION ON THIS FORM IS NOT COMPLETED.

		Yes	**No**
a	Is the patient motivated to undergo orthodontic treatment (wear appliance)?		
b	Is the patient dentally fit at the time of referral?		
c	Is oral hygiene 'good' to 'excellent'?		
d	Have the patient and parents been advised that they may not be eligible for NHS treatment?		
e	Has the patient been referred for or received orthodontic treatment on the NHS previously?		

Reason for referral: Opinion ☐ Treatment ☐ Transfer ☐ Treatment Plan ☐

Radiographs Included: OPG ☐ Lat Ceph ☐ Periapical ☐ Occlusal ☐

Priority Referral	**Please Tick**
Decision on the management of recently (within 1-2 weeks) traumatised teeth	
Unerupted maxillary central incisor at age 7-8 years old **(IOPA Radiograph required)**	
Impacted permanent canines that are placing the incisor roots at risk **(Radiograph required)**	
Significant Class II skeletal discrepancies in patients approaching the pubertal growth spurt	
Patient below the age of 11 that have hypodontia, crowding or an increased overjet and require a GA for the extraction of an acutely symptomatic first permanent molar	
Significant medical or social history	
Other reason (please give details)	

Presenting Problem	Please identify the ***main*** presenting problem only by ticking a column on the right. The clear spaces indicate the normal patient pathway to use for each problem. **NB** *Some cases suitable for specialist practice may also be accepted by hospital-based orthodontic units due their role as teaching institutions. Referrers are advised to liaise with their orthodontic providers if in doubt.*	Refer to hospital service	Refer to specialist practice	Keep under review at practice	Referral probably not indicated
Increased overjet	Overjet greater than 9mm *Age 10+yrs*				
	Overjet greater than 9mm *Age under 10yrs*				
	Overjet 6-9mm *Age 11+yrs*				
	Overjet 6-9mm *Age under 11yrs*				
	Overjet under 6mm *Any age*				
Incisor crossbite Early referral recommended	One or two incisor teeth in crossbite				
	Three or four incisor teeth in crossbite				
Crowding	*More than four deciduous molars still present*				
	Four or less deciduous molars present with:				
	- Marked crowding or irregularity				
	- Mild crowding, marked aesthetic detriment				
	- Mild crowding, little aesthetic detriment				

Upper canines not palpable buccally	*Age under 10yrs*				
	Age 10+yrs – take parallax radiographs				
	- Canines buccally placed or in line of the arch with sufficient space for eruption				
	- Canines buccally placed or in line of the arch with <4mm of space available for the canine				
	- Canines palatally placed				

Adults with severe malocclusions requiring multidisciplinary care				
Cleft lip and palate, syndromes, medical history complicating treatment				
Class II division 2 malocclusions – *late mixed dentition preferred*				
Hypodontia – more than one tooth absent per quadrant (ignore 8's)				
Hypodontia – *not* more than one tooth absent per quadrant (ignore 8's)				
Problems likely to need specialist surgical or restorative care				
Problems not covered above – *refer as most appropriate, add details below:*				

Other comments or complicating factors:

Referring Dental Practitioner's Signature:	**Date:**
Name:	**Performer Number:**

Annex 2: Dental Assurance Framework

NHS England's *Dental Assurance Framework Policy* (March 2014) provides a set of indicators that provide high level assurance for commissioners, whilst recognising that no one set of indicators could, in itself, provide absolute assurance of quality, nor could it necessarily identify best practice. It is designed to assure commissioners that contract holders and providers are on course to meet their obligations under their contract/agreement. The current orthodontic indicators are detailed below and are measureable via existing datasets available from NHSBSA Dental Services Vital Signs and e-reporting.

Indicator	**Metric**
Assessment	
O1. Assessments by category	% of assessments that are: - Assess and accept - Assess and refuse - Assess and review
O2. Age at assessment	% of reported assessments and review where patient is aged 9 years or younger
Treatment	
O3. Cases reported concluded as a function assess and fit appliance	Ratio of reported concluded (completed, abandoned or discontinued) courses of treatment, to reported assess and fit appliance
O4. Type of appliance used	% of concluded (completed, abandoned or discontinued) courses of treatment reported as using removable appliances only (all outcomes, including completed, abandoned or discontinued)
Outcomes	
O5. UOAs reported per completed case	Ratio of the number of UOAs reported per reported completed case (not including abandoned or discontinued cases)
O6. Reported PAR scoring	Expected number of cases PAR scored based on completed courses of treatment reported versus actual number of cases reported PAR scored (year to date)
O7. Abandoned or discontinued care	% of concluded (completed, abandoned or discontinued) courses of treatment where treatment is reported as abandoned or discontinued