

## Orthodontic MCN Meeting 15<sup>th</sup> January 2013-01-21

Present: Jeremy Knox (chair); Charlotte Eckhardt (Hospital Service); Stephen Gould (LOC); Rhian Paul (LDC); Rhian Bond and Catherine Roberts (ABMU LHB); Anup Karki (Public Health Wales).

### Report/Summary

#### NHS Referral and Waiting List Database:

Orthodontic waiting list data for the quarters summer and autumn 2012 are now available. The total number of patients waiting has increased but it is too early to see if this is a true rise or a fluctuation between quarters. It was felt that waiting times should be added to the newsletter for referrers as soon as practicable.

The new referral form is now being used routinely. The LDC felt that referring practitioners were now finding the forms useful and easy to use.

There was still some concern from the LHB about early referral, JK proposed an audit of patients referred under 11 years of age to confirm appropriate referrals. The LHB agreed that further training for GDP's in the use of IOTN in referral management would be useful – to be arranged with CPD points.

#### Waiting time for new patient assessment:

Specialist referral practices are reporting a wait of just under 2 years for new patient assessments across ABMU with no wait for treatment once assessed. There was some discussion as to whether it was preferable to invest in new patient assessments as a priority in ABMU, allowing a triage of patients waiting. This would then create an 18 month to 24 month wait for treatment. It was felt that the present system was preferable at this stage.

#### Quality control in orthodontics:

In addition to checks by the NHS BSA, the MCN are involving all orthodontic performers in primary and secondary care in an audit of the first 20 cases completed in April of each year. This will be linked to a patient satisfaction questionnaire of these cases to monitor quality of treatment provided. Details of audit discussed.

#### Dwsi referral to hospital service:

RP mentioned that a Dwsi practitioner was struggling to fulfil contract due to delays in assessment and treatment planning in the hospital service. CE and JK confirmed that there were no significant delays in the system but that patients were now prioritised on clinical need rather than where the referral originated. To be discussed between individuals involved and the LHB.

#### Tendering of PDS contracts every 5 years.

The LHB have said that all ortho PDS contracts will go out to tender at the end of each five year period. The business implications of this for practice principles were discussed along with continuity of patient care. AK said that there is no European law that insists on tendering at the end of the contract period. The British Orthodontic Society have suggested that contracts could be renegotiated with practices that are performing well and only put out to tender if there are difficulties with performance or quality. LHB will discuss situation with procurement dept. ABMU.

NB: The above is a summary of discussion and not accurate record of minutes. (Stephen Gould LOC)