Notes of the Orthodontic Managed Clinical Network Meeting
22 October 2013

Present:
Jeremy Knox, Charlotte Eckhardt, Stephen Gould, James Davies, Rhiain Paul, Bryan Beardsworth, Rhian Bond.

Orthodontic Waiting List Information
RB advised the group that the information was currently being collated by the Swansea Locality and that she would circulate the up to date information to the group by email following the meeting. The information will also be circulated to the GDPs.

Update on activity in specialist practices
SG confirmed that there will be no new patients commencing treatment now in Neat Teeth until April 2014 as all of the activity has been allocated. SG felt that there was a consistent trend in the number of referrals being received.

JD confirmed it was a similar position in Hywel Dda but that a treatment waiting list is also being established.

BB confirmed that an orthodontic contract in Hywel Dda has been changed to increase the number of new patient assessments. The current new patient waiting list is 4,100 – 4,300. BB is hoping that this will be tackled over the next 18 months. It was noted that there will be pressure from the new assessments on the treatment waiting list. BB hoped that the target will be to reduce the new patient wait for assessment down to 6 months; with a separate treatment waiting list. It is hoped that this is all achieved within 2 years.

JK commented that a draft options paper for ABMU had been discussed at the previous meeting needs to be finalised and taken to the forthcoming DSPG for discussion. JK hoped that there would be a consistent approach taken.

Waiting List Information:
JK presented to the group NP dispersal within secondary care, and an example of waiting list activity information from the 5 providers in SA1.

<u>Secondary Care:</u>
An analysis of ~5000 NP consultations demonstrated that 2,832 patients resided in Hywel Dda, 1585 were from ABMU, and a smaller number of referrals were received from Cwm Taf and Cardiff & Vale. This data is based on all new referrals back to 2008. The greatest numbers of referrals were from GDPs, with significant numbers from specialists and consultants. The waiting list has a small number of patients waiting over 6 months; these will be patients who have cancelled or rescheduled their appointments. The range of IOTN scores were:

IOTN	Number of referrals
2	173
3	338
4	2372
5	2015
Not applicable	191 (sleep apnoea referrals)

The referral forms are helping in identifying inappropriate referrals prospectively. However, some patients are being referred for a second opinion.

Approx 50% (1950) of the referrals were accepted for treatment with 954 being discharged either with no treatment or with extraction based plans to be completed by the GDP. 1556 were referred to another service e.g. the patients problems can be resolved with oral surgery or referred to a specialist practice. 691 patients for review at a later date.

The vast majority of patients referred with skeletal problems were accepted with some, more minor cases, being referred to primary care specialists.

Most of the patients referred with missing teeth were accepted for treatment and temporary anchorage is being used to close the gaps and reduce the need for restorative care. It was noted that this service is not available in specialist orthodontic practices.

The hospital service provides a range of treatment types. The audit demonstrated adherence to agreed acceptance criteria and a functional relationship with specialists in primary care. :.

RP asked about the long term strategy for the service as there is a continuous demand for the service and with some children being referred at late stages. JK commented that there is an issue with some early referrals still coming into the system, but noted that the referral guidelines have assisted in managing this and have helped in defining the model for primary and secondary care. It was noted that there is capacity in secondary care to manage the existing demand but that this is not the same picture in primary care.

SA1 providers:
The postcodes of patients currently recorded on one of the major primary care waiting lists indicate that 2445 patients are from Swansea (including NPT), 296 for Bridgend and 189 from Hywel Dda. It was noted that there are over 100 patients on the waiting list who are over 17 years of age.

A targeted review of the referrals on those children aged 15 years and over (890) showed that 150 are over 18 years of age and >50 are over 19.

There are currently over 600 patients waiting more than 850 days for a new patient assessment. The average age of children at the time of assessment is 13/14 years old. The group recognised that to maximise effectiveness this needs to be reduced.

An audit of the children aged 15 and over showed that only 1 patient accepted treatment following assessment; 136 failed to respond; 22 declined treatment; 33 were referred to secondary care; 81 were too mild (IOTN score) to qualify for NHS treatment; 20 are subject to review and 552 are yet to be assessed. The dangers associated with patients waiting 2 years to be seen in primary care and then referred to secondary care was discussed.

A review of the IOTN scores demonstrated that 600 patients had been scored 4 (with the majority being a 4D) and over 100 patients scored 5.

The review of data has looked at those GDPs who are referring patients (more than 4 cases) with a low IOTN score; and those dentists that are making early referrals (again more than 4 cases). It was agreed that whilst this information was presented anonymously to the group that the information needed to be shared with localities to enable appropriate discussions to take place.

It was agreed that it would be useful to undertake the exercise again in 12 months time to profile the data.

Hywel Dda have agreed that all urgent referrals will be sent into secondary care for assessment; JK commented that there is capacity available to do this at present.

Oral Health Plan Update
RB advised the group that the engagement phase has now ended and that a covering paper and the draft report will be considered by the Board in October. The level of engagement had been limited and this was disappointing given that this plan sets out the strategic development for the next 5 years. RB advised the group that the Board paper had made it clear that any service change identified within the plan would need to be made within existing resources and that this was likely to be challenging given the current financial climate. The group went on to discuss the potential for a new dental contract and the impact this could have on the plan.

Strategic Advisory Forum(orthodontics)
JK, SG and CE had not been in attendance at the last meeting but outcomes will be fed back to OMCN.

Patient Satisfaction Audit (orthodontics)
It was noted that this has been sent out across ABMU. BB advised that they would not be looking to do this in Hywel Dda at present given the current pressures on waiting times, they would not anticipate any positive feedback. BB didn't rule out undertaking the survey in future.

Hywel Dda Update
BB advised the group that Hywel Dda have revised the ABMU documentation and have adopted it for use. They are starting to use the same referral forms. The group discussed what made a patient "urgent" – JD wasn't convinced that this was supported by the patient having a complex medical history. BB commented that Hywel Dda are in the position and have sufficient financial resource to remunerate practices for assessing patients twice. The group agreed that there needed to be a review of the scope in the practices to assess if there is sufficient capacity to meet the demand – is it static/growing/decreasing?

BB had suggested in the paper that the Health Board would restrict the acceptance of referrals from patients who were registered within Hywel Dda. RB advised that if this approach was taken ABMU would need to consider applying the same methodology. RB also highlighted that she didn't think that the current contractual arrangements would support this and that patients living in Hywel Dda could routinely access a GDP in ABMU and therefore the potential for an orthodontic referral to be made to an ABMU specialist orthodontic practice was greater. The group agreed that it would probably be useful to refer to historical baseline waiting list information to identify referral trends across both Health Boards.

Fixed appliance and Retainer Agreements
The group discussed the merits of the MCN setting out a recommended fixed appliance therapy and retainer agreements and discussed the one currently in place in Neat Teeth. Whilst the group felt that this could still be open to challenge, it was considered a useful agreement to have in place as a reminder to patients of the importance of their responsibilities during active treatment and the requirement to use their retainers as instructed. The group agreed that this should be taken to the LOC and LDC for further discussion and then be brought back to the next meeting for agreement.

Guidance on the Management of Orthodontic Contracts
RB advised that the paper on this had been circulated late to the group and agreed to revise it into a process for consideration at the next meeting as a method of undertaking the annual orthodontic contract reviews.