Ymchwiliad i Ddeintyddiaeth yng Nghymru / Inquiry into Dentistry in Wales
Ymateb gan Grŵp Orthodontig Ymgynghorol Cymru
Response from the Welsh Consultant Orthodontic Group

Consultation on Dentistry in Wales
Submission on behalf of Welsh Consultant Orthodontic Group

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1. Background

1.1 Role of Welsh Consultant Orthodontic Group (Welsh COG)
See Appendix 1

1.2 Hospital Orthodontic Services
See Appendix 1

1.3 Terms of reference

1. Contract reform (progress made to improve efficiency and effectiveness of orthodontic services)
2. Training, recruitment and retention
3. Provision of orthodontic services including waiting times for appointments and treatment

In the context of reports:- Health and Social Care Committee Short Enquiry in to Orthodontic Services in Wales 2010/2011, Review of Orthodontic Services in Wales 2013-2014 (Professor S. Richmond), Review of Orthodontic Services in Wales 2008-2009 to 2015-2016 (Professor S Richmond), Together for Health: A National Oral Health Plan for Wales 2013-18, Taking Oral Health Improvement Forward in Wales, 2017

2. Service Delivery

2.1 Waiting times

The target waiting times to see new patients in secondary care are Referral to 'Treatment' (RTT) and have steadily been reduced to 26 weeks. All secondary care providers in the Health Boards appear to be delivering on this parameter. The time to commence actual treatment with appliances, after assessment, is not within RTT. Patients are now being seen for diagnosis and identification of the need for treatment in the hospital setting in a more timely fashion through direction of efforts and resources. However, this inevitably leads to more patient numbers added to treatment waiting lists with a substantial wait before appliance treatment can be offered to the majority of patients requiring hospital delivered care, where there is no over-riding clinical priority. Waiting times reported, through the Consultant body, are given in Table 1 by Health Board (H.B). The shortest treatment wait is 18 months in only one H.B. The other two units in the same H.B are 24 and 37 months which is the more typical picture of the long waits across the other six H.B.s where the treatment waiting times range from 26 months to 54 months.

Waiting lists in hospital departments are also potentially vulnerable to further increases from any pressures on contracts in primary care (see 4.1).

Table 1 Waiting times in secondary care by Health Board

Local Health Board	New Patient Waiting Times (RTT)	Treatment Waiting Times
ABMU (including Hywel Dda)	1-3 months according to urgency	In excess of 48 months
Aneurin Bevan (2 units)	Up to 26 weeks	54 months
BCUHB (3 units)	20-26 weeks	18-37 months
Cardiff and Vale	26 weeks	Longest wait 43 months
Cwm Taf	19 weeks	36 months
Powys	Up to 20 weeks	30 months

This rising trend in secondary care treatment waiting times, in comparison to earlier enquiries and reviews, is related to increased numbers added to the waiting list after assessment and diagnosis coupled with factors that impact on treatment capacity. Patients accepted for treatment in the hospital service have a high need for treatment and are the most severe cases involving the greatest technical treatment complexity and those requiring an interdisciplinary team approach. Factors impacting on treatment capacity include:-

- Longer treatment duration related to the complexity of treatments
- Vacancies
- Waiting times in other hospital disciplines (Oral Surgery, Restorative, Maxillofacial Surgery, Laboratory services).
- Ensuring safe clinical care of patients by accommodating treatments within existing case loads. These include patient transfers from specialist practice or out of area, priority cases or are related to career progression/other clinicians vacating posts, unplanned & planned longer term other clinician absences.

All contribute to reduce the number of new starts from the treatment waiting list. To effectively tackle these waiting times requires sustained treatment capacity because of the long term nature and multiple appointments over a 2-3 year course of treatment.

Other untargeted waits are also reported for access to joint clinic advice for complex multi-disciplinary cases. In some H.B.s this is a capacity issue and exacerbated by gaps in supporting services e.g. Maxillofacial and Restorative.

2.2 Referral Management

2.2.1 Referral Protocols

Following development of New Patient referral protocols, these have been introduced to allow General Dental Practitioners (GDPs) and Community Dental Officers throughout Wales to consider the appropriateness of the referral and to help them refer to the most appropriate provider in either primary or secondary care using the Universal Orthodontic Referral Proforma or specific referral forms and guidelines. Most referrals, particularly in primary care, are from GDPs which gives the best opportunity for the patients to be referred at the most appropriate time and with the appropriate level of dental health. These referral forms and protocols appear to be working well and the number of inappropriate referrals appears reduced and with more efficient referral of the patients to the most appropriate provider. However, management of new referrals has no effect on existing treatment waiting lists where the need for treatment has already been identified.

2.2.2 Electronic Referral System

The electronic referral system is in the process of development ready to be rolled out across Wales. Members of Welsh COG, in units where the new system is in the testing phase, have reported initial problems with communication and integration between the electronic referral platform and individual hospital IT systems. Assurances have been given that this can be resolved. Experience with other new initiatives suggest there is also likely to be a lag period before full uptake by referring practitioners.

The electronic referral system is a very positive step to harmonise and streamline the processes for new patient management across Wales. It is a welcome development but will not increase treatment capacity or impact on waiting times for treatment in hospital departments (or in primary care) where the treatment need has already been established.

2.3 Re-design of service delivery

With a 3 year training for Orthodontic Specialists and 5 year training for Consultants, an on-going long term view/strategy is required to support diversification in service delivery aimed at improving efficiency & effectiveness of orthodontic services.

Without the team leaders (Consultants in the Hospital Service & Orthodontists on the Specialist List-Orthodontic Specialists in primary care), other team members Dentists with Special Interests in Orthodontics (DwSIs) & Orthodontic Therapists cannot offer stand alone services as this is outside their clinical competence (General Dental Council Regulations).

There are currently no Orthodontic Therapy courses in Wales. Progress has been made with accreditation of DwSI and has been undertaken in some H.Bs.

Models of care, using other members of the dental team, with enhanced skills to deliver services, are also limited in some areas by estate management in existing hospital departments and premises.

3. Recruitment and Retention

3.1 Training and recruitment

All hospital orthodontic departments within Wales have clinical training posts and are involved in training. Education and clinical training for Specialty Trainees (StRs), Post CCST trainees, DwSIs, Orthodontic Therapists, other junior staff and trainee academics.

3.1.1 StR posts

Specialty Trainees (StRs) must successfully complete the 3-year Specialist Training programme before entering specialist practice and with the additional 2-year training (Post CCST) before eligibility to take up a Consultant post.

3.1.1.1 University fees and salaries

The StR posts are allocated through the Welsh Deanery and have an associated University component which attracts training/bench fees. The University of Wales fees are amongst the highest in the UK and coupled with a lower salary for Welsh trainees is potentially a disincentive to come to live and train in Wales.

3.1.1.2 National Recruitment and run through training

The Welsh StR posts are allocated through National Recruitment which is the recruitment/appointments process whereby all trainees applying for a StR post in the U.K are ranked, to ensure fairness. Some colleagues are aware of candidates who wished to train with a view to remaining in Wales long term but their preferred post was already allocated before they were eligible for their training offer.

Run through posts (the 3 year StR training plus the 2 year post CCST training in the same Deanery allocated through National Recruitment) is where candidates preference at the entry point of specialist training. In principal, the trainee remains in the same area for the full 5 years and following successful completion of training are eligible to apply for a Consultants post. This might be considered to subsequently improve the pool of candidates for a local post but does not, so far, appear to be the case. The next run through trainees complete their initial 3 year period of training in September 2019 and though not duty bound to stay will potentially complete the further 2 year post CCST period of training by the end of 2021.

3.2 Vacancies & Retirements

Many of the hospital departments in Wales are carrying vacancies (Table 2). This impacts on the waiting lists to offer treatment with appliances. There are a number of impending Consultant retirements in Wales in the next 1-5 years. Recruitment continues to be a big challenge with insufficient candidates to fill posts. Recent figures indicate there are 48 vacant Consultant posts across the U.K.

Table 2 Vacancies by Health Board

Health Board	Vacant Post(s)
ABMU (including Hywel Dda)	1wte Consultant (10 sessions) 2 x post CCST (x3 unsuccessful attempts to recruit)
Aneurin Bevan	0.4 SpR (appointment pending)
BCUHB	0.5 wte Consultant (5 sessions YGC) 0.2 wte SAS (YG) 0.4 wte SAS (WM)
Cardiff and Vale	1.4 wte (14 sessions)

4. Primary Care issues and potential impacts on hospital dental services

Through local clinical networks (Local Orthodontic Committee), engagement in MCNs and colleagues who also provide primary care services, there is an awareness of challenges in other care settings.

4.1 Tendering/Retendering

Already long waiting lists in hospital departments will potentially increase with any downward pressure on primary care contracts. There is an awareness that some specialists take on economically non-viable cases out of interest and because they have developed the skills. Realistically, they will review this practice if the UOA value is reduced too significantly and it is unlikely that corporate providers would agree to such activity.

Contract lengths in some Health Boards offer a lack of security for primary care practitioners and discourage investment and development of their practices. The retendering processes tends to favour the corporate provider.

4.2 Metrics

Greater clarity would also be welcomed with regard to the definitions and terminology used in relation to treatment quality and discontinued and incomplete treatments to ensure that reported metrics accurately depict the activity in clinical practice.

5 Summary of progress most relevant to secondary care services and with respect to previous reviews

There has been positive progress in a number of areas and in line with some of the past recommendations.

- Reduction in time to first assessment in hospital departments (Recommendation 3, 2014)
- MCNs established (Recommendation 8, 2011)
- Introduction of referral protocols and standard referral forms (Recommendation 8, 2011)
- E referral management system in progress (Recommendation 7, 2011 and Recommendation 2, 2014, Priority 3, 2017)
- DwSI accreditation schemes set up (Recommendation 13, 2011)
- Service re-design within existing estate and staff
- On-going StR recruitment and run through posts in conjunction with Welsh Deanery
- Development of processes for treatment outcome monitoring with engagement via MCNs (Recommendation 17, 2011 and Recommendation 1, 2014)

6. On-going challenges

One of the most dispiriting aspects for Consultant clinicians is explaining to patients, who have been assessed, that there will be a long delay before treatment can be offered. These patients have the greatest need, often requiring complex mainly multidisciplinary treatment which is undertaken in hospital departments. This is a capacity and treatment resource issue and top of the list in table 3 with the other on-going challenges also summarised.

Table 3 On-going challenges for Hospital Consultant services

Challenge	Potential Solution
Waiting times to access hospital treatment	Increased treatment capacity with associated resource (Identified as Recommendation 9, 2011 & Recommendation 3, 2014)
E-referral incompatibilities with existing hospital IT infra-structure	On-going development N.B. E-referrals will not affect existing treatment waiting lists
Vacancies in hospital departments	Workforce planning (Identified Recommendation 14, 2011)
University fee levels & StR salary scales	Outside Welsh COG influence
Limited administrative support for MCNs	Identification of staff/resource within Health Boards
Monitoring arrangements	Resourced independent fully inclusive

	monitoring processes by the Health Boards

7. Conclusions

The Welsh COG remains committed to assisting with a shared goal of promoting the development and efficiency of high quality orthodontic services. These are extremely challenging times for secondary care services. In particular, those patients with the most complex and greatest treatment need have the longest waits to access treatment further exacerbated by the difficulties recruiting to Consultant posts.

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Chair and on behalf of the Welsh Consultant Orthodontic Group

Appendix 1

1.1 Role of Welsh Consultant Orthodontic Group

The Welsh Orthodontic Consultants Group (Welsh COG) is a sub-Group of the Consultant Orthodontic Group and is a constituent group of the British Orthodontic Society. The Welsh Consultant Orthodontic Group's objective is to promote the development and efficiency of Orthodontic Services in Wales. Full membership is open to all persons holding a substantive or honorary contract as a Consultant Orthodontist, issued by a recognised NHS Health Board in Wales and Associate Membership is open to those holding a Post CCST Appointment within Wales. There are currently 17 full members & 2 Associate Members of the Group based in nine district general hospitals throughout Wales and in the University Dental Hospital who lead and deliver Hospital Orthodontic Services in addition to advisory roles and engagement with MCNs taking on leading roles where appropriate.

1.2 Hospital Orthodontic Services

1.2.1 Description

The Hospital Orthodontic Service is a Consultant-led service with Consultants having undergone a 3-year Specialist training programme with an additional 2 or 3 years further higher level training. Other members of the orthodontic team include Specialty Trainees undergoing the 3-year Specialist Training programme (StRs) or the additional 2-year training (Post CCST); Specialist Orthodontic Practitioners (Non-Consultant Career Grade); Dentists with Special Interests in Orthodontics (DwSIs) and Orthodontic Therapists.

1.2.2 Role

Consultants within the Hospital Service fulfil a unique role that includes:

-Treatments of patients with the highest need involving the greatest technical treatment complexity and those requiring an interdisciplinary team approach. Services are located within areas of greatest population.

-Education and clinical training for StRs, post CCST trainees, DwSIs, Orthodontic Therapists, other junior staff and trainee academics. All hospital orthodontic departments within Wales have clinical training posts and are involved in training.

-Advisory role to hospital colleagues, Specialist Practitioners, General Dental Practitioners (GDPs), Community Dental Officers and General Medical Practitioners (GMPs).

-Public health role and management advice by working with Consultants in Dental Public Health to determine the needs and demands of the local population with respect to orthodontic care