

OVERVIEW & SCRUTINY BOARD

10 JANUARY 2012

PROPOSED CHANGES TO ORTHODONTIC SERVICES

PURPOSE OF THE REPORT

1. To appraise the Overview & Scrutiny Board of changes being made to Orthodontic Services across the Tees Valley.

RECOMMENDATIONS

2. That the OSB notes the developments to Orthodontic Services.

CONSIDERATION OF REPORT

3. During September 2011, the Tees Valley Health Scrutiny Joint Committee was approached by the South Tees Hospitals NHS Foundation Trust, wanting to discuss challenges faced by Orthodontics. The topic was first discussed at a meeting of the Joint Scrutiny Committee on 10 October 2011.
4. The Joint Scrutiny Committee heard that the Orthodontic Department at JCUH provides advice, and in appropriate cases, orthodontic treatment for abnormalities of the development of the teeth and jaws, and in particular mal-alignment and malocclusion (imperfect positioning of the teeth when the jaws are closed). The service provides orthodontic opinions mainly to general and community dental practitioners and less commonly to medical practitioners. It was confirmed that the department liaises with specialist orthodontic practitioners in primary care and with hospital consultants including consultants in oral and maxillofacial surgery, restorative dentistry, paediatric dentistry, paediatrics, plastic surgery and ENT. At JCUH the service treats (in conjunction with oral and maxillofacial surgeons) severe skeletal problems by means of combined orthodontic and surgical treatment approaches.
5. The Joint Scrutiny Committee was advised that for many years, NHS orthodontic services were delivered almost exclusively by hospital based consultants and other staff. The model in the Tees Valley has traditionally

been for patients to receive some elements of treatment in a variety of local hospitals. It was reported that there is a very high level of demand for orthodontic services, which has meant long waiting times for treatment and in response to this, a change in the commissioning of orthodontic services was introduced in 2009. The majority of non-complex orthodontic provision for the Tees Valley is now provided via primary care orthodontists in Darlington, Durham, Billingham and Middlesbrough.

6. The Joint Scrutiny Committee heard that those patients with more complex needs than can be met by primary care services continue to receive their treatment from consultants and other staff employed by the STHFT. Orthodontic centre specialist treatment was provided in the following locations:
 - The James Cook University Hospital (JCUH) and The Friarage Hospital, Northallerton (FHN)
 - Bishop Auckland General Hospital (BAGH)
 - Darlington Memorial Hospital (DMH)
 - North Tees University Hospital (UHNT)
 - Hartlepool University Hospital (UHH)

The services were provided at :

- BAGH 3 days a week;
 - DMH 3 days a week;
 - UHNT 2 days a week;
 - UHH 1 day per week (with an additional clinic every other week).
7. The Joint Scrutiny Committee was advised that the complexity of orthodontic conditions is measured with the IOTN (Index of Treatment Need). There are two components to the scale, the dental health component (DHC) is measured on a scale of 1-5 with the more complex malocclusions having a score of 5. The aesthetic score is measured on a scale of 1 to 10.
 8. The Joint Scrutiny Committee was advised that from the beginning of 2009, STHFT supported the introduction of PCT led referral guideline changes. The changes, developed jointly by all the PCTs in the North East, allow only those patients with a DHC of 5 and selected 4s to receive treatment within the hospital setting - reinforcing that only those patients with the more complex needs should be seen in secondary care. PCT funding was directed into primary care in order to treat the less complex cases. As anticipated, referrals into secondary dropped by around 60% and as intended they comprised of only the more complex cases.
 9. In addition to the referral guideline changes, the hospital orthodontic treatment waiting list was reduced by offering those with low DHCs an opportunity to commence treatment in primary care with the PCT's newly contracted providers
 10. The Joint Scrutiny Committee was advised that the impact of the change in referral guidelines has been twofold:

10.1 There has been a significant drop in referrals to the extent that average monthly referrals are in single figures at University Hospital Hartlepool (UHH), and approaching this in Bishop Auckland General Hospital (BAGH) and Darlington Memorial Hospital (DMH). Further more, whilst BAGH, DMH, UHH and University Hospital North Tees (UHNT) had accounted for approximately 50% of referrals this reduced to 40% (see Table below). The Joint Scrutiny Committee was advised that as a result clinics are underutilised. The Trust has to pay for the cost of accommodation within other NHS hospitals in order to deliver the current service – with the decline in numbers this is now an expensive way of meeting the needs of these patients given that there is under used capacity at JCUH.

	Average Monthly Referrals April 07-Dec 08	Average Monthly Referrals Jan 09 - March 11	% Referral Drop
JCUH	118	49	59%
FHN	38	21	45%
Sub Total	156	70	
BAGH	41	15	63%
DMH	32	10	68%
UHH	39	2	95%
UHNT	43	25	42%
Sub Total	155	52	

10.2 The complexity of the patients referred means that only a Consultant or FTFA (Consultant in Training) can treat the vast majority of patients. Alongside this, there is a rise in the cases requiring interdisciplinary care and subsequently, an increased requirement for peer support from JCUH based Orthodontic, Oral and Maxillofacial and Paediatric teams.

Reduction in Consultant and FTFA Capacity

11. It was confirmed that the STHFT service employs four consultant orthodontists. One consultant is currently taking maternity leave and within the next two years, there will be two consultant retirements. The Joint Scrutiny Committee heard that STHFT has committed to the early replacement of the two retiring consultants in order to cover maternity leave and give time to secure a stable workforce. There is, however, a local and national lack of orthodontic consultants. As such, the Joint Scrutiny Committee was advised that it is very possible that the two consultant posts may not be filled in the immediate future. Despite advertising locally and nationally, there have been no applicants. Essentially, if the two consultant appointments cannot be filled, then running an orthodontic service over multiple sites with two consultants will be unsafe and will cause inevitable delays in patient care.
12. The Joint Scrutiny Committee was also advised that, two FTTAs and two Trust Grade Dentists are due to leave this year. Given the skill mix now required within the department the loss of Trust Grade Dentists will not cause significant problems, however the loss of FTTAs who are given the

responsibilities of junior Consultants will. It was confirmed that the Trust is reliant on outside approval to recruit to these posts.

13. To summarise what the Joint Scrutiny Committee had heard, referrals into secondary care have reduced to the point where there is under-utilisation of clinics. At the same time, the orthodontic service is facing a serious challenge because of recruitment problems and the loss of consultants in training. It was confirmed that with fewer doctors and reduced activity, attempting to maintain the traditional model of delivering secondary care at multiple hospital locations is spreading scarce resource too thinly, threatening the Trust's ability to sustain a service for patients with complex needs in the Tees Valley.

Proposals

STHFT Specialist Orthodontic Centre - Activity Transfer from CD&DFT and NT&HFT

14. It was confirmed that as a result of the fall in referral numbers, providing specialist orthodontic treatment at numerous locations is no longer viable. The increased interdisciplinary nature of the work and the reduction in numbers means that the best way to provide high quality, sustainable specialist orthodontic care is by transferring the existing activity from NT & HFT to JCUH and for Darlington and Bishop Auckland patients to be given the choice of appointments at JCUH or FHN. The Joint Scrutiny Committee heard that it must be remembered that the bulk of the PCT's orthodontic provision will still be locally provided via primary care orthodontists, in Darlington, Durham, Billingham and Middlesbrough.
15. The Joint Scrutiny Committee heard that the benefits of centralising treatment are:
 - 15.1 **Protecting service continuity:** despite a commitment by STHFT to replace two retiring Consultants, there is no certainty that the Trust will be able to recruit. Further, a 50% drop in Consultant capacity will have an impact on the service that can be offered to patients currently under treatment and those on the waiting list. It was reported that STHFT needs to be able to use the resources that will continue to be available to it to best effect if a service is still to be offered to patients in the Tees Valley.
 - 15.2 **Ensuring future service delivery through improved recruitment and retention:** The Joint Scrutiny Committee heard that STHFT's previous experience of attempting to recruit into vacant posts has shown that the current job plans for consultant staff, which require multi centre working are unattractive. By reducing the number of locations at which the service is delivered, it will be possible to advertise jobs at the "South Tees Hospitals Specialist Orthodontic Centre" highlighting the level of interdisciplinary support available, which it is hoped will increase the chances of successful recruitment and retention of staff.

16. The Joint Scrutiny Committee was informed that STHFT is a well established and highly regarded training location within the Northern Deanery where training for Specialist Registers (SpR) and Fixed Term Training Appointments (FTTA) is delivered. To deliver the next generation of Orthodontic Consultants it is crucial that this training is maintained. Transferring the existing activity from CD&DFT and NT&HFT to STHFT will benefit current and future trainees in two ways. Firstly, should a drop in Consultant capacity be seen, there will be sufficient JCUH based Consultants to continue training. Secondly, the difficulty of finding appropriate teaching cases within an increasingly complex referral base will be eased as patient population to select from will be larger.
17. The service has considered the alternatives:
 - 17.1 Maintaining one treatment centre to serve North Tees and Hartlepool – even combined the numbers are too small to make a viable consultant clinic;
 - 17.2 Combining the clinics at DMH and BAGH – patient numbers would support one treatment location. Of the two hospitals, Bishop Auckland has modern and spacious clinical areas and ample office and waiting areas and is linked to the centralised computer records, which are available within that Trust. However, the western region is mainly covered by a single consultant orthodontist, who is due to retire and attempting to maintain service at BAGH given the probable reduction in consultant staffing will result in a reduction in service for all patients requiring complex treatment.

Impact of service change

18. It was reported that it is acknowledged that there will be increased travelling for the individual patient who would be required to undergo treatment at JCUH or, for Darlington patients, the Friarage Hospital. However, many of the patients may need to be reviewed by other specialist doctors, such as oral or plastic surgeons, which would mean an appointment for JCUH to be made in any case. For patients requiring multidisciplinary care, it will mean that the care can be co-ordinated into one or two visits to JCUH rather than separate appointments at their local hospital and other appointments at JCUH.

Conclusion

19. Following the consideration of the evidence available, the Joint Scrutiny Committee resolved to support the proposed changes to orthodontic services. The Joint Scrutiny Committee recognised that the STHFT was having to deal with a number of service pressures, whilst still being required to deliver a safe and clinically effective service. A copy of the full response of the Joint Scrutiny Committee is appended at Appendix 1.

BACKGROUND PAPERS

20. Please see the Joint Scrutiny Committee's formal response to the proposed changes to Orthodontic Services at Appendix 1.

21. Please see the papers of meetings of the Joint Scrutiny Committee on 10 October 2011 and 21 November 2011.

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