

[Inquiry into Orthodontic Services in Wales](#)

Evidence from Hywel Dda University Health Board – OS 11



Inquiry into orthodontic services in Wales

Hywel Dda University Health Board welcomes the opportunity to comment on this inquiry. We have made significant progress in improving access to assessment and treatment over the past twelve months and this focus has led to particular insights. At this time of significant austerity, and with a view to providing prudent healthcare, we would welcome a debate on access criteria for NHS funded treatment.

1. Access & variation for patients to appropriate orthodontic treatment :

- a. There is a single point of entry to all orthodontic services within Hywel Dda. Referrals are received by the Dental Services Team and then directed onto the appropriate provider whether primary or secondary care. There is a tracking system in place to have a clear understanding of the waiting times for patients.
- b. Variation is limited as there is one service provider for initial clinical assessment, one provider for primary care treatment and one provider for secondary care treatment.

2. Working relationships between orthodontic practices and Local Health Boards :

- a. The managed clinical networks are welcomed, although the Primary Care service is still contractually driven. They are particularly helpful for agreeing referral forms, protocols and pathways but it must be recognised that there is always the opportunity for commercial interests to be present within the discussions.
- b. Primary Care Orthodontic Practices have contracts of 3 to 5 years which end at different times depending on when commissioned, this means that regional and strategic planning is limited by these contractual timeframes. Effort is made on the part of the Local Health Board and the orthodontic practices to build positive and professional relationships.

3. Current provision is adequate, affordable and provides value for money :

- a. Currently levels of funding can be sustained however a far greater amount of routine care could be delivered instead. There is a broader debate to be had regarding clinical priorities in such times of austerity.
- b. Hywel Dda has historically had very long waiting times for routine orthodontic treatment. The backlog of 3 years 6 months when the current year started has now reduced to 2 years and 4 months. The new orthodontic assessment only service has a mean waiting time for routine assessment of 9 months. Reducing these waiting times is therefore underway and this work will continue until a sustainable position is reached.

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- c. Consideration should be given to strengthening the acceptance criteria for routine NHS treatment. There is considerable social demand for orthodontic treatment.
- d. Value for money is not assured as payment is made up front at the start of treatment. Where a contract expires the provider retains no responsibility for the patient resulting potentially in a double payment.

4. Priority within the national oral health plan :

- a. We consider it appropriate to focus primarily on preventative and routine care in the oral health plan, orthodontics do not warrant a higher priority than currently given.

5. Impact of the dental contract :

- a. This has a significant impact on the demand for the service and the payment tariff. Hywel Dda would welcome the ability to consider alternative, more flexible approaches to delivering orthodontic care to those patients most at need.