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BRIEFING REPORT

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Orthodontic and Oral Surgery/Medicine service and future commissioning

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1. Introduction and Policy Context

1.1. This report provides the Health and Adult Social Care Communities Overview and Scrutiny Committee with an update on the commissioning of Oral Surgery and Orthodontic services for the residents of East Cheshire and the proposed next steps.

2. Background

2.1. Notice on the Orthodontic and Oral Surgery services was served to NHS England North (Cheshire and Merseyside) by East Cheshire NHS Trust (ECT) in September and October 2018, for cessation on 6th March and 17th April 2019 respectively.

2.2. The timescales involved did not allow commissioners to re-procure new services. A normal procurement can take from between 12 months to 18 months. The priority for ECT and commissioners was to identify alternative interim providers in order to minimise disruption to patients as much as possible.

2.3. Commissioners are not aware of any complaints from patients either from the NHS England national contact centre or via local Healthwatch colleagues.

2.4. The service has not been de-commissioned; the situation has been created by a set of exceptional circumstances that the Trust and Commissioners have been managing together in the interests of patients. Staff at the Trust should be commended on their efforts during this difficult period in terms of their commitment to the provision of additional clinics; support to patients and in particular those patients whose treatment could be completed; and also in the onward clinical transfer to new providers.

2.5. The purpose of this report is to provide assurance that the safe transfer of patients was completed and to share with the OSC the proposed next steps and timeline for taking services forward in the future. It has always been our intention to go out to re-procure a provider (or providers) for both Orthodontic and Oral Surgery services for East Cheshire residents. A model of care will now be developed and options proposed following engagement with stakeholders, patients and the public and health and care staff. The final commissioning decision will be taken after consultation with these groups.

3. Update on transfer of patients from ECT.

3.1. The safe transfer of patients to a provider as close to where they live as possible was the overriding priority for commissioners and ECT colleagues. The service received patients from a wide geographic area, including East Cheshire, South Manchester, Staffordshire, Derbyshire and Mid Cheshire.

3.2. The following table identifies the final destination for those patients who were transferred from ECT in relation to Orthodontic patients:

Patient group	Reside	Numbers	Destination venue
Simple follow-ups required	Manchester	2	Primary care provider in South Manchester
	East Cheshire	1	Primary care provider in Macclesfield
Those requiring secondary care orthodontics or Tertiary Orthognathic services	Staffordshire	6	University Hospital North Midlands
	Derbyshire	13	Chesterfield
	East Cheshire	10	Stepping Hill
		15	Wythenshawe (tertiary centre)
		18	Countess of Chester
	East Cheshire (Mid)	8	Warrington
Total		73	

3.3 All orthodontic patients have been advised of the changes by ECT and safely transferred to their new providers.

3.4 The following table identifies the final destination for those patients who were transferred from ECT in relation to Oral Surgery patients:

Patient group	Reside	Numbers	Destination venue
Oral Surgery (OS)	Staffordshire	1	University Hospital North Midlands
OS	Derbyshire	30	Chesterfield
OS (paediatrics)	East Cheshire	37	Treated by a specialist from primary care, onsite at ECT
OS (adult)	East Cheshire	2	Wythenshawe
		68	Spire Regency (Macclesfield)
		1	Private provider
OS /OM follow-ups		143	Weston Clinic, Macclesfield (specialist working in primary care setting)
Total		282	

3.5 All patients requiring ongoing care were advised of the changes by ECT and transferred to their new providers, with the necessary patient records. All children who had already started a programme of treatment, continued to be seen on-site at ECT until their treatment was completed.

3.6 No new referrals were made from 10th October 2018 and the on-site service for existing patients ended in June 2019. Any new referrals from the East Cheshire area have been directed to their nearest local service.

4 National guidance and service models for orthodontics and oral surgery/medicine.

4.1 NHS England is responsible for commissioning all dental service provision. These services include those provided within secondary care, primary care and by community services.

4.2 An orthodontic treatment typically takes 2-3 years to complete and involves the fitting of braces with the need for frequent review and adjustment. The table below describes the national service model for Orthodontics alongside a description of each tier, how residents of East Cheshire would access the service and the type of intervention. The table below describes the national service model:

NATIONAL SERVICE MODEL AND TYPE OF INTERVENTIONS	POINT OF ACCESS
Level 1 Treatment and care undertaken in NHS primary dental care	General dental practitioners (high street)
Level 2 Treatment undertaken by practitioners, under specialist supervision and with a formal link to a consultant-led Managed Clinical Network MCN. This includes dentists who have enhanced skills and/ or experience; non-specialists who have demonstrated the competencies detailed in the Curriculum for the Primary Care Dentist with a Special Interest in Orthodontics, either by obtaining the Diploma in Primary Care Orthodontics or by demonstrating equivalence	Specialist orthodontists in primary care (high street)
Level 3a Treatment undertaken by practitioners who are on the Specialist List for Orthodontics with a formal link to a consultant-led MCN.	This is predominantly delivered by specialist orthodontists and relates to primary care treatments which could be delivered in either a primary care (high street) or secondary care setting (hospital)
Level 3b Treatment undertaken by practitioners who are on the Specialist List for Orthodontics and have undergone an approved period of further post-specialist training or who can demonstrate equivalence.	Level 3b Orthodontic treatment is generally delivered within a secondary care setting (hospital) and was delivered by ECT previously.

4.3 Prior to 2018, orthodontic services provided at ECT were in general linked to the complex orthognathic treatments being provided in Manchester. This would include for example a patient who has a facial deformity or has been the involved in a road traffic collision.

4.4 The table below describes the national service model for Oral Surgery alongside a description of each tier, how residents of East Cheshire would access the service and the type of intervention:

NATIONAL SERVICE MODEL AND TYPE OF INTERVENTIONS	POINT OF ACCESS
Level 1 Procedures/conditions to be performed or managed by a clinician commensurate with a level of competence as defined by the Curriculum for Dental Foundation Training or equivalent	General dental practitioners i.e. primary care (high street).
Level 2 Care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register.	General dental practitioners with specialist skills in primary care (high street).

<p>Level 3a Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; OR by a consultant.</p>	<p>This is predominantly delivered by specialist oral surgeon in primary care (high street).</p>
<p>Level 3b Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training.</p>	<p>Delivered by a Consultant and was delivered previously from ECT (hospital setting).</p>

4.5 Oral surgery services were provided at ECT by maxillofacial surgeons from Manchester via a recharge arrangement between the Trusts, for the staff time. These surgeons are dually qualified and able to undertake oral surgery, some aspects of oral medicine as well as specialised maxillofacial work.

4.6 These clinicians provided general oral surgery procedures at Macclesfield and generally commensurate with Tier 3 services. These are essentially complex and cannot be treated by a high street specialist along with the pre-treatment and follow-up care for the more complex maxillofacial surgical work which was provided at the centralised Regional Centre in Manchester. A similar arrangement exists within Leighton hospital provided by the Regional Maxillofacial Service based in University Hospitals, Aintree. Oral surgery procedures generally only involve 2-3 attendances.

5 Orthodontic services and recent developments

5.1 In order to address the service ECT has ceased providing, commissioners have urgently reprioritised the dental work programme to review and develop commissioning proposals for the East Cheshire population.

5.2 As can be seen from the descriptions above, East Cheshire Trust (in partnership with Manchester) has provided the most specialist aspects of orthodontic and oral surgery services to East Cheshire population.

5.3 A national service specification for secondary care orthodontic services is under development and is due to be available by November 2019 in draft form. The intention is that this is reviewed locally to reflect local pathways and will be subject to local stakeholder engagement before being considered for adoption and this will include the OSC.

5.4 In addition, the local Managed Clinical Network (MCN) for orthodontics (which meets quarterly) has been asked to suggest a clinical model for these services, which will be more sustainable than previous arrangements and have suggested one potential option being a “hub and spoke” model.

5.5 A regional procurement of local specialist primary care orthodontic services is currently underway within Cheshire and Merseyside and these contracts need to be successfully mobilised so that primary care orthodontic provision is in place and up and running before the commissioning focus shifts to the implementation of the new national secondary care contract prior to finalising a future local orthodontic service.

5.6 The national service specification and the clinical model developed by the MCN will also be taken in to consideration when developing options to influence our commissioning decisions.

6. Oral Surgery Medicine recent developments

6.1. Based on local research undertaken by commissioners in 2016 and an evaluation of clinical need looking at referral pre and post introduction of a referral management system; there is evidence that approximately 60% of patients who were historically treated within a secondary care service could be safely and effectively treated in a Tier 2 setting in primary care. Tier 2 providers have a quicker turnaround from referral to treatment (generally within 6 weeks) than the secondary care national Referral to Treatment Standard of 18 weeks.

6.2. This shift to providing more Tier 2 procedures in primary care would improve capacity within Tier 3 services. This would mean patients requiring Tier 3 OS procedures or specific oral medicine interventions will have access to more choice of appointments and could be seen quicker.

6.3. We have introduced a pilot scheme at the Weston Clinic, which aims to further enhance patient experience and outcomes. This scheme is monitoring Tier 2 oral medicine cases with the option for patients to be fast-tracked into a Tier 3 provider if clinically indicated. Referral of patients for oral medicine is being moved to an electronic referral system in order to more effectively quantify the level of need.

7. Proposed next steps and commissioning timeline

Oral Surgery/Medicine service provision:

- ECT served notice October 2018.
- Commissioners and ECT completed safe transfer of existing patients Oct – June.
- September 2019 commissioners to attend OSC and provide update.
- November/December commissioners will return to OSC and provide further update.
- Check with NHSE/I service assurance lead that correct process is being followed. Report internally as required.
- December 2019 Commissioners will evaluate the pilot at Weston Clinic.
- January 2020 Commissioners will review needs assessment and electronic referral data for oral surgery/medicine. Commence period of patient/public engagement to inform development of proposal and options. This could be in the form of focus groups and surveys.
- March 2020 Complete analysis of patient/public engagement feedback
- April 2020 draft proposal or set of options to be considered and the views of the OSC sought prior to any commissioning decision being made.

Orthodontic service provision:

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- November/December 2019 commissioners will return to OSC and provide further update.
- Check with NHSE/I service assurance lead that correct process is being followed. Report internally as required.
- January 2020 Commissioners will commence period of patient/public engagement to inform development of proposal and options. This could be in the form of focus groups and surveys.
- March 2020 Complete analysis of patient/public engagement feedback.
- April 2020 draft proposal or set of options to be considered and report back to OSC prior to any commissioning decision being made regarding potential future service model.

Commissioners will ensure that following a decision on any future service models any procurement of services must be in line with the Procurement Regulations 2015 and that the service specifications relating to this must comply with national

commissioning guides and are based on up to date needs assessment information.

Commissioners recognise we have an obligation to ensure that the OSC is part of the future process in line with respective statutory responsibilities and commissioners will ensure that the commissioning process is compliant and reported via the NHS England Service Change Assurance policy.

Report ends