

<b>Date of Meeting</b>	18 July 2019		
<b>Title</b>	Cumbria Health Scrutiny Meeting		
<b>Report of</b>	Nicola Blease and Victoria Hadden		
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<b>Status of Report</b>	Public	Private	Internal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purpose of Report</b>	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Summary</b>	Orthodontic provision UHMB		
<b>Recommendation</b>			
<b>Links to Corporate objectives</b>			
<b>Links to Strategic and Clinical Risks</b>			
<b>Impact</b>	Delete Yes or No as appropriate	Yes	No
	Quality and Safety		
	Legal		
	Financial		
	Human Resources		
	Equality and Diversity		
	Engagement and Communication		
	If yes, please give additional information		
<b>Reports previously considered by</b>			

# UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

## Orthodontic Service UHMBFT

### Background

UHMBFT provides a cross- bay specialised orthodontic service to the population of Morecambe Bay. The hospital orthodontic service provides care to complex and multidisciplinary cases as part of a managed clinical network and 2 local area providers. Referrals are received from General Dental Practitioners and Specialist Orthodontic Practitioners. The cases not suitable for treatment by specialist practitioners are those that require multidisciplinary care (maxillofacial, oral surgery and restorative) and those that require the additional training/scope of practice of a consultant orthodontist.

UHMB stopped accepting new referrals in April 2016 due to loss of substantive staff for various reasons including long term sickness. We were unable to recruit another consultant orthodontic colleague. The service is heavily reliant on Consultant management and therefore the service was fragile and became unsustainable. It was also unsafe as there was a potential of harm to patients as appointments and reviews were not timely.

The lack of recruitment of appropriately trained staff and Consultant was due to a national shortage and our geographical position as a Trust.

At that stage there were 937 patients under our care at various stages in their pathway. Following consultation with NHSE and our local commissioners we rationalised the service and no longer accepted new referrals. New referrals are now managed through Blackpool Teaching Hospital.

### Workforce

1. In September 2017, our substantive Consultant felt unable to continue a full time position and remained with UHMBFT for one day a week only. He was supported by an orthodontic therapist and locum specialist orthodontist in order to ensure safe delivery of care to patients already undergoing treatment. He provided expertise to ensure no harm came to patients who needed on-going care of existing patients (937).
2. In March 2019, the substantive consultant returned to the Trust for a fixed term 1yr contract full-time basis. The orthodontic therapist unfortunately left her post due to relocation in December 2018. The Locum associate specialist left the trust in February 2019. One specialist orthodontist remains at FGH one day per week.

3. Current: the substantive consultant leaves the trust in September 2019 to relocate. The specialist orthodontist at FGH has recently taken retirement although she is wishing to return on flex retirement in September 2019 covering sessions at FGH and RLI which the trust is happy to support. This will be a fixed term contract. We have requested agency orthodontic consultant support for the last two months but have been unsuccessful.
4. We have been approached by a local orthodontic consultant currently working at Blackpool who has shown an interest in joining us either in a bank position or fixed term contract with the possibility of this being substantive in the future.

### **Current Position**

Currently we have 548 patients still under our care in various stages of their Orthodontic/surgical and restorative pathway. The majority of these patients now require consultant follow up to progress them along the pathway and to discharge where appropriate. We have discharged 275 patients over the last 18 months, which is approx. 15 patients per month.

An average orthodontic pathway is approximately 2 years, however when a complex interface with surgery and restorative management is needed this could be up to 5-7 years. This can be for many reasons, waiting for teeth to erupt or be exposed, waiting for growth with functional appliances etc. Complex orthognathic cases (major jaw disproportion) requiring surgery at the end of growth can be in our service for many years- the rate limiting step being growth, age and access to inpatient theatre slots with orthognathic surgeon. Currently patients on this pathway awaiting surgery are booked as far ahead as 2021.

At the end of surgical phase and orthodontic treatment, the fixed appliances are removed; however patients remain under review for a year with retainers in situ. Providing the patient's intended outcome is stable, they are then discharged. There is close scrutiny of any patients who fail to attend (usually very few) - If patients fail to attend two appointments then the access policy is followed and they are discharged to their referring specialist/dentist.

To date the discharge of patients has not been as large as expected. This has been for multiple reasons: complexity of cases, gaps in workforce, and volume of patients still to be seen.

### **Future of orthodontic service within UHMB**

The NHS specialist commissioners have been informed of the frailty of the service since 2015. These conversations have been ongoing, initially to make the orthodontic service safe and now looking forward to future provision.

A meeting took place in March 2019 with all providers and the 3 Orthodontic Consultants (2 at Blackpool and 1 at UHMBFT) to formulate a way forward across informal partnerships. Partnership working will strengthen safe provision of Hospital Orthodontic services along with sustainable future workforce planning.

Patient numbers accessing hospital orthodontic services at UHMBFT have been too large to sustain with a single handed consultant. Capacity and demand planning will need to identify a future service to manage the numbers receiving treatment in a different way as well as looking to train future consultants if we can. We hope that primary care provision will also improve in 2020 as a tendering exercise is now occurring with commissioners, enabling more patients to receive ongoing treatment in primary care, following secondary care advice.

Initially we have to place patient safety first as well as looking to sustain the service in the future, so patients can have treatment closer to home. The Associate Director of Operations for Surgery & Critical Care has also requested a workshop led by Specialist Commissioning to consider the service on a wider (ICS) footprint.