Llywodraeth Cymru
Welsh Government

Delivery of Orthodontics in Primary Care for 2021 and 2022 in response to the Covid-19 pandemic

1. Purpose

The purpose of this document is to provide guidance to Health Boards (HBs) and clinicians on the management of orthodontic services and contracts, given the impact during and in recovery from, the Covid-19 pandemic. It is important for HBs and providers to ensure continuity of service provision for orthodontic patients is based on the need and priority of the orthodontic case.

2. Context

The pandemic has seriously impacted the ability to provide orthodontic services. Although the number of case starts and assessments is now steadily increasing, the throughput and efficiency of treatment provision is less because of the need to continue to adhere to SOP measures to prevent infection spread between patients and/or staff. Limiting orthodontic routine activity during the pandemic means that the number of patients being treated is lower which in turn, is having an impact on waiting lists.

The wider NHS found it challenging to treat every patient in a timely manner prior to COVID-19: https://gov.wales/improving-health-and-social-care-covid-19-looking-forward
The pandemic has led to a significant growth in waiting times which will take several years to address. Dental specialties, in particular orthodontics, are not immune from this wider impact and if anything will be more affected, given that aerosol generating procedures are frequently used and part of routine delivery.

This guidance has been reviewed to support orthodontic services address priority treatment needs going forward. It is also intended to support the management of the expected longer waits many children will experience as an inevitable consequence of the pandemic. It is recognised that some patients cannot wait as long as others, as some will come to harm unless their malocclusions are addressed. This is an opportunity to adopt new ways of working and using remote communication such as Attend Anywhere. We cannot return to some of the traditional practice, such as using a 'first come first served' approach to waiting lists in place before the pandemic. Other inefficiencies such as multiple, repeat reassessments and un-validated waiting lists are inefficiencies and ways of working that we need to address as we move forward.

NHS orthodontic services in this next year or two must prioritise care based on clinical need to minimise harm. This is especially relevant given the growth in waiting lists during the pandemic. Those children whose malocclusions are mild and of lower clinical urgency will face lengthier waits.

Primary care referrers and other members of the dental team need to be aware of their role in communicating the scale of the challenge and choices. Reviewing children they have previously referred to ensure they still need, want and are suitable for orthodontic therapy would be helpful. Ensuring all children they have referred have had an up to date ACORN will support orthodontic providers in triage and validation of waiting lists. Open discussions with patients (who have milder malocclusions, such as IOTN 3's) and their parents about how the system is managing the significant backlog will not be easy but primary care colleagues can assist specialist providers and HBs in communicating openly the reality of the situation until a better balance between demand and capacity can be achieved.

3. Background

Earlier reports into the delivery of orthodontics from the National Assembly for Wales Health, Wellbeing and Local Government Committee and the Health and Social Services Committee respectively, made recommendations about the need to improve the efficiency

and effectiveness of the orthodontic services delivered in Wales. These highlighted the need to develop effective planning and management processes for these services.

Since publication of these reports and the associated guidance, there have been significant incremental improvements in the provision of orthodontic care in Wales. This guidance is intended to build on the efficiencies gained and, despite the impact of the pandemic, to further promote the principles of prudent healthcare in orthodontic service provision. It also aligns orthodontic care delivery with "A Healthier Wales" strategy and dental contract reform approach.

Due to the impact of Covid-19 it is important to ensure that the valuable orthodontic service capacity that is available is targeted towards those patients who have the greatest need and in particular to those patients who would experience adverse effects on existing teeth or supporting structures if their treatment was delayed. There is a need to ensure that these groups obtain timely access to orthodontic treatment during this period; and that service activity that can be postponed is agreed with the specialty clinicians and communicated to referring primary care practitioners and their patients. With these objectives in mind, we will be continuing with the financial support and the suspension of UOAs as a specific monitoring tool.

Levels of planned orthodontic activity have been markedly lower throughout 2020/21 when compared to historic levels as the table below shows; illustrating impact of pandemic.

Reporting Year	Forms With Assess & Appliance Fitted	Forms With Assessment & Review	Forms With Assess & Refuse Treatment	Forms With Treatment Completed	Forms With Treatment Abandoned - Patient Failed To Return	Forms With Treatment Abandoned - Patient Request
2019/2020	9,392	2,875	1,286	6,360	56	210
2020/2021	590	200	67	2,524	33	105

Data refers to contracts in Wales - financial year 2019/20 and financial year 2020/21, up to and including January 2021

There is a need to use alternative metrics to support delivery and performance manage orthodontic contracts. These metrics will take into account the continued impact of Covid-19 and the SOP on patient throughput. There is a need to ensure the safety of orthodontic services and that those with the greatest need are seen as a priority. As a result, during this period assessment/reviews and treatment need to be focussed on those who have greater need i.e. IOTN score of 4 or 5; and within those categories, priority will be given to those who have a malocclusion that will cause damage to existing teeth or supporting structures without timely active treatment and/or for treatment that is growth/age dependent. This policy applies to those already on assessment and/or treatment waiting lists to the end of March 2021; and to those who are referred from 1 April 2021. Some flexibility is available to allow for example, interceptive care and, as always, clinical judgement, however, it must be rigorously applied by all to reduce variation and inequalities. These steps are being taken to support and ensure that specialist providers, primary care referrers and HBs are not overwhelmed with challenges and disputes from cases with less urgent need at a time when collaboration, clinical judgment and governance is required to underpin what is required to benefit those most in need.

4. The use of data for improved contract management

We would expect HBs to continue to manage orthodontic contracts/agreements using procedures that are already in place. Contractual requirements, including existing opening hours for NHS delivery, remain in place and detail:

- the annual contract review process; and
- the compliance on timely completion and submission of FP17OW forms.

HBs need to ensure that providers of orthodontic services use the electronic referral management system to accept ***all*** referrals to NHS orthodontic services. In addition, all referrers must comply with using the 'once for Wales' orthodontic referral proforma within the eRMS system. No referrals for NHS orthodontic care should be made or accepted without using the eRMS.

These actions will ensure that specialist providers receive valid referrals that:

- are cases in the higher need categories (IOTN 4&5);
- have sufficient information to make triage decisions; and
- all cases that fall below IOTN 4 or 5 receive explanatory communication regarding the waiting time they face for assessment and/or treatment and why this is necessary.

This will support primary care clinicians and specialists to manage patient expectations and reduce face to face assessments of lower need cases in this recovery period.

The Welsh Government recommends that HBs ensure providers collect and report detailed information regarding existing waiting lists and cases in active treatment to date by the end of April 2021.

Data collection and reporting needs to be anonymised and only include:

- *Number of referrals received waiting for assessment and:*
  - Date of referral.
  - Referring dentist.
  - Reason for referral.
  - Referrer's assessment of IOTN (although not asked for on eRMS referral).
- *Those on current treatment waiting list who have been assessed:*
  - Date of assessment.
  - IOTN on assessment.
  - Of those that are IOTN 4&5s: include number in each category and number that are/will be ready for case start in either 6, 12 or 18 months' time – accepting there may not be capacity to provide case starts this year.
  - Number of those assessed cases that are IOTN 3 and of those, how many are age 16+ (on 1 April 2021).
- *Current Active Cases details – total number of cases in active treatment and:*
  - Start date.
  - Estimated finish date.
  - Likely outcome (completed/abandoned/discontinued).

5. 2021 to 2022 Key measurements and indicators

The focus is on supporting orthodontic providers to respond and manage the impact of the COVID pandemic by ensuring patients with critical needs are being seen. To support orthodontic providers achieve what is now required, orthodontic providers, eRMS and referrers will deflect non-priority IOTN 3 referrals. Case starts i.e. assessment and active treatment will be postponed for this group during this period to redirect this capacity to those with greater priority and urgent needs.

As a result, the following activity expectations and contract requirements would be realistic:

UOAs will continue to be suspended for 2020/21 & 2021/22; delivery will, therefore, be measured by case starts.

Performance will be measured on the delivery of an expected number of "case starts" over two years and will be reconciled at year end 2022.

The number of case starts expected will be based on the modified UOA output (55% of the total contracted UOAs for 2020/21 and 2021/22 combined) divided by 22. In addition, providers are expected to ensure:

1. Timely submission of claims within 8 weeks of case start.
2. All completed cases have IOTN at finish reported.
3. All abandoned/discontinued cases must be reported and outcome submitted on FP17O within 8 weeks of the decision.
4. Number of remote examinations/assessment/review/advice undertaken (using Attend Anywhere) recorded and reported to HB monthly.
5. PAR score recorded at end of all completed/concluded cases.

The Welsh Government recommends that HBs use this guidance to form the basis for requirements in 2020/21 and 2021/22 **in GDS contracts and PDS agreements;** it applies to the combined financial years 2020/21 and 2021/22. There will be a six month formal review of this guidance/arrangement at the end of Q2 (September 2021) to assess the context of the pandemic and restrictions planned and/or in place for Q3 & Q4.

Assuming recovery proceeds as planned, there will be a two-year end reconciliation of i**ndicators benchmark/agreed position.**

- Delivery of case starts as calculated by 55% of the total contracted UOAs for 2020/21 and 2021/22 combined divided by 22. Within tolerance level (5%).
- Number of forms submitted - at start and completion of treatment, with a ratio of 1:1 expected.
- The proportion of completed treatments to the total of all FP17O Concluded Treatment forms submitted should be no less than 90%.
- Completion of all fields/sections on FP17OW.
- All fields not completed viewed as a breach of contract for persistent non-completion of, for example, Assessment and Reviews, completions etc.
- Although UOAs are suspended please submit <u>all</u> assessment/reviews which are undertaken during this time as it will allow an understanding of all necessary activity to be complied.

From 1 April 2021 to end of March 2022, it is anticipated that, for the majority of cases, there should be no more than one assessment claim per patient. Decisions following assessment will be:

- reject and communicate why to referrer and patient;
- review in 12 or 24 months' time if IOTN 4 or 5 or priority IOTN 3 but not ready for case start this year or within 18 months;
- list for case start within a year;
- list for case start within 6 months.

PAR Score: Report PAR score for ***all cases*** on completion, including abandoned and discontinued cases. Complete IOTN on all case completion submissions as required.

6. Delivery of effective services

In addition to the development of effective planning and performance management processes to align with this guidance, HBs can work with their local MCN which brings together clinicians from primary and secondary care to provide advice to support implementation in this recovery period. This will include:

- Educational material for referring dentists with NHS contracts to provide patients (IOTN = or < 3) information on why provision of their care is not a priority to enable the service to focus on IOTN 4 & 5 and priority IOTN 3 cases.

- Ensure the outcome of treatment (completed, discontinued or abandoned) is reported for each patient.

- Ensure that waiting time/list data is collated and reported as advised.

HBs should continue to work in collaboration with their respective LDCs, clinical leads and groups in the planning and delivery of dental services. It is important that all understand what is required to manage the impact of Covid-19 in response and in recovery.

Annex 1

Date Rec'd (for internal use):

Orthodontic Assessment and Treatment Form

Patient Name:_____ **Date of Birth:**_____

2. Tertiary Care: All Sections must be completed	☐☐
Does the patient have: Cleft lip and/or palate?	
Does the patient have: Craniofacial syndrome?	
Does the patient have: Other complex or congenital medical conditions (<18's only)	
Please specify if you have answered yes to any of the above:	

Opinion; treatment if appropriate ☐ **In active treatment** ☐

RADIOGRAPHS INCLUDED: OPG ☐ **Lat Ceph** ☐ **Periapical** ☐ **Occlusal** ☐ **Bite wings** ☐

4.Clinical Information: All Sections must be completed	☐☐
Is the patient motivated to undergo orthodontic treatment (wear appliance)? *	
Is the patient dentally fit at the time of referral? *	
Is oral hygiene 'good' to 'excellent'? *	
Have the patient and parents been advised that they may not be eligible for NHS treatment? *	
Has the patient been referred for or received orthodontic treatment on the NHS previously? *	
Reason for Referral*:	
Medical history:	
Allergies:	
Current medications:	

4.	**Presenting Problem**	**Please identify the Main Presenting Problem**
Transfer Case	**Transfer Case**	
Missing	**Hypodontia**	**More than one** tooth absent per quadrant (not 8's) **(IOPA/ DPT required)**
		ONLY one tooth missing per quadrant (not 8's) **(IOPA/ DPT required)**
	Incisors	Unerupted maxillary central incisor at >8 yrs **(IOPA Radiograph required)**
	Canines	Age under 10yrs
		Age 10+yrs if not palpable buccally/ line or arch - take parallax radiographs

		Canines buccally placed or in line of the arch with sufficient space for eruption
		Canines buccally placed or in line of the arch with <4mm of space available for the canine
		Canines palatally placed
Overjet	**Increased**	Overjet greater than 9mm *Age 10+yrs*
		Overjet greater than 9mm *Age under 10yrs*
		Overjet 6-9mm *Age 11+yrs*
		Overjet 6-9mm *Age under 11yrs*
		Overjet under 6mm *Any age*
	Reverse	Reverse overjet 1-3.5mm *Age < 18yrs*

		Reverse overjet greater than 3.5mm <18yrs
Crossbite	**Anterior**	One or two incisor teeth in crossbite
		Three or four incisor teeth in crossbite
	Posterior	With RCP-ICP displacement >1mm
		With RCP-ICP displacement <1mm
Displacement of contact points	**Crowding**	More than four deciduous molars still present
		Four or less deciduous molars present with:
		Marked crowding or irregularity
		Mild crowding, marked aesthetic detriment
		Mild crowding, little aesthetic detriment
		Severe spacing, marked aesthetic detriment
Open and Overbites	**Open Bite**	Lateral or anterior open bite 2-4mm
		Lateral or anterior open bite greater than 4mm
	Overbite	Complete and potentially traumatic
Additional Features		Submerged deciduous teeth
		Supernumerary teeth
		Problems likely to require hospital assessment
		PROVIDE DETAILS:
		Other (assessment of 6's, impacted other teeth)
		PROVIDE DETAILS:

Referral Type *: Routine Referral: ☐ Urgent Referral: ☐

If urgent please select one of the following	☐
Un-erupted maxillary central incisor that are markedly delayed **(IOPA Radiograph required)**	
Impacted permanent canines that are placing the incisor roots at risk requiring hospital assessment **(Radiograph required)**	
Impacted permanent canines that are placing the incisor roots at risk requiring primary care priority assessment **(Radiograph required)**	
Significant Class II skeletal discrepancies in patients with an overjet greater than 9 mm approaching 13-years-old	
Patient requiring an opinion prior to GA extraction of an acutely symptomatic first molar	
None of the above apply:	

The provider type (primary or secondary care), will be determined by information on the form

Primary Care:_____

Secondary Care Choice:_____

Orthodontic Assessment and Treatment Form

******IMPORTANT******
This form is to assist you in transferring details to the online form only

DO NOT SEND TO DRMC IT WILL BE RETURNED

Annex 2

A few notes to assist understanding impact of the suspension of UOAs during the pandemic response and in contracting/monitoring in orthodontic delivery in general in 2020/21 & 2021/22.

In response to the pandemic orthodontic providers had to scale back services in March 2020 and since opening more fully in June 2020 have had to concentrate on completing cases that were in active treatment, prior to red alert, rather than return to pre-Covid 19 volumes of assessment or case starts.

The volume of orthodontic care and treatment is measured in the number of Units of Orthodontic Activity (UOA) to be provided. Although UOA monitoring was suspended, all other contractual expectations remain such as NHS commitment/opening hours etc. In red and amber alert phases FP17Os submitted 2020/21 can be viewed and would appear on the face of it to be 'very low activity' levels if comparisons were made for each provider with 2019/20 UOA delivery.

Urgencies and active treatments have and are being completed and prioritised since dental services opened again in June 2020. In order to complete cases, address the treatment backlog and adhere to the SOP, fewer case starts and/or assessments will have been offered.

The position is that an orthodontic provider is paid an annual contract amount in 12 instalments to provide an agreed level of orthodontic care and treatment during that year. Although UOA monitoring was suspended orthodontic NHS commitment continued but with a different case mix and a need to adhere to SOP requirements.

A helpful analogy to use is to consider the orthodontic commitment, in the case of a full time NHS commitment, as a bath full of water. From day one of the financial year, assessments will be provided and active treatment completed - and go down the plug-hole. As this happens the level of the water drops so to maintain the same level of commitment new UOAs for assessments and case starts need to be added - so turn the taps on. In Red/Amber alert 'turning the taps on' and therefore 'generating UOAs' was restricted by necessity to complete existing cases and implement the SOP. As these restrictions need to continue the 'bath' is smaller in this period.

To maintain a steady state, completions need to match new work commenced. This has been interrupted by the pandemic. Therefore, in the new financial year 2021/22, as part of the ongoing response and in recovery to Covid-19, this guidance is supporting 'turning the taps on' by prioritising case starts and efficiency in assessments. It also recognises, given there will be fewer 'ongoing' cases in the bath, a minimum of 50% of case starts and assessments as measured over a two year period is achievable and expected.

The existing eRMS; detailed referral proforma; and communication to referrers and patients will support orthodontic providers to deliver NHS commitment as requested, to deliver prioritised case starts and assessment and to focus on that rather than UOAs.