

Report to: Health & Wellbeing Board Report of: Linda Hillman, Anglia and Essex Public Health England Centre	Reference number: HWB/003/14 Item 7
Date of meeting: 14 January 2014	County Divisions affected by the decision: All divisions
Title of report: Essex orthodontic needs assessment 2013 – key findings and next steps	

Introduction

Orthodontics is a specialist branch of dentistry concerned with aligning the teeth and jaws, usually during a specific period of a child's development, in circumstances where the natural alignment will develop outside a functional and aesthetic range perceived as normal. An orthodontic needs assessment was undertaken for the Essex Area Team, between May and July 2013, by a consultant in dental public health from Public Health England, in collaboration with providers in the Essex local dental network, dental public health colleagues, contract managers and the NHS Business Services Authority, following a recommended framework.

Main methods and key findings

Existing data and information were collected, including the evidence base for care, local demographics and population projections, epidemiological survey reports, current contracted activity and care pathways for NHS care provision, perspectives of professionals, commissioners and the public.

It was established that there is a clear role going forward for a local orthodontic managed clinical (professional) network to support NHS Essex to set and maintain standards in orthodontic assessment and provision through the NHS, and to support service developments for efficient pathways, equitable for the entire population.

Demographic data show that absolute numbers of children in the age groups where orthodontic care is most commonly begun are unlikely to have increased in the years since a nationally co ordinated survey that included assessment of orthodontic treatment need was carried out in 2009 – 10, although numbers will again begin to rise a little by 2020. At the time of the survey, data suggested that across the county, 6055 12 year old children either needed orthodontic care or were already in treatment and it

was demonstrated that professional judgement was important to accurately identify who was eligible for care and when it should begin, and hence manage demand.

Levels of services commissioned in different parts of the county compared well with population distribution and identified need, although it was acknowledged that the calculations of both need and supply, and then their comparison, make significant assumptions. Current providers report an acute lack of capacity in the North East, not seen elsewhere. Data on wider NHS orthodontic uptake show that residents in other parts of Essex sometimes access services outside Essex and this may be why there isn't the observed pressure on local services in those areas.

Many people, particularly in some geographical areas travel a long way for orthodontic care and these populations and patients in vulnerable groups are at a greater risk that, for such long courses of treatment, that distance from specialist services is a significant barrier to access.

Management information on primary care orthodontic contracts highlights areas where improvements in service quality and productivity can be encouraged.

There are impending changes in hospital based consultant services in the North of the county, and this presents an opportunity to establish the best arrangements from the resources available. At the time when the report was prepared, hospital service data was unavailable, but the information from it is to be considered before service commissioning decisions are made.

There are gaps in our knowledge about the views of patients and the public, particularly from vulnerable groups, on local orthodontic services that are available.

Recommendations

Eleven recommendations were made in the report, which would be addressed through the following six actions that were put to NHS Essex, contributing to overarching aims to ensure service continuity and equity of provision for all population groups.

1. NHS Essex should work with the profession to address observed shortfall in capacity in North East Essex (this in part is caused by children being referred who don't need to be).
2. NHS Essex should support the establishment of an orthodontic sub-group of its existing Essex Local Dental Network. This should be consultant led and support further communications and work on all its orthodontic services. The network would also routinely monitor patient and public experience and views, especially those from people in vulnerable groups and their representatives.
3. Orthodontic consultants are well placed to support the Area Team to maintain and improve orthodontic standards across Essex in addition to their roles to undertake the most complex work, working with other specialists as required, and

to provide specialist training. Levels of investment in current hospital services and specialist training should be identified and future service models developed in liaison with the current consultant staff, the Essex orthodontic network and Health Education England.

4. Work would continue within NHS Essex to ensure consistency and excellence in management of primary care orthodontic contracts, in line with the new national performance framework, and to review the referral management system in North East Essex.

5. Management time is required to tackle areas where contract delivery falls below standards expected nationally, and staff should be supported by the local orthodontic network as outlined above (2). Further work should be begun to establish the extent of extra clinical capacity that this should release.

6. Pathways through local services should be clear and understandable for the public, and processes in place to deal with cases that might fall outside those agreed.

Health Watch and the Health and Wellbeing Boards are well placed to provide patient and public perspectives, plus those from other local organisations and professional groups. Early feedback to the Area Team would be gratefully received, along with any recommendations for more detailed or specific investigations that should be undertaken, and any ongoing support that could be offered.