NHS England and NHS Improvement South East Region

Orthodontic MCN Guidance on Waiting List Management

1) Introduction

The purpose of this guidance document is to provide specialist orthodontic providers across the South East with a consistent approach in how to determine and report waiting list times as well as waiting list management and prioritisation of patients for treatment. The effective prioritisation of patients has taken on even greater significance given the current Covid-19 pandemic and the impact it has had on capacity and services within both primary and secondary care orthodontic services. This guidance document has been produced by collaboration between the three orthodontic MCNs across the region.

2) Background

A consistent approach to the recording and reporting of waiting lists in primary care has been an ongoing issue since the introduction of PDS contracts in 2006. The introduction of DERS via the Vantage Rego system makes the reporting of waiting times far more responsive enabling providers to ensure that reported times are up to date. Historically there has been much variation in how such times have been calculated and reported. Accurate and consistent reporting of times enables referring dentists and patients seeking care to make properly informed choices and also enables commissioners to more accurately identify areas of need. It also creates more opportunity for collaboration between providers within an MCN to potentially offer alternative services for patients on lengthy waiting lists thus increasing access across the region and fully utilising available resources.

Inconsistent reporting has been compounded by variation in how waiting lists are managed, and patients prioritised. Some providers have consistently aimed to triage and assess new patients as soon as practical after which time patients are prioritised for treatment according to need whilst others have longer assessment waiting times and shorter treatment times. Some providers operate a single treatment waiting list, whereas the majority tend to operate a mechanism whereby patients are prioritised and placed on different waiting lists. There is also variability about the criteria used to prioritise patients. Pre-existing waiting lists prior to the commencement of the most recent PDS contracts in April 2019 have also contributed to current waiting times. Previous British Orthodontic Society guidance on the management of waiting list is attached and can also be found at the link here.

The current Covid-19 pandemic has introduced further, unprecedented challenges to waiting times and capacity. In line with the temporary holding arrangements, it is expected that orthodontic practices should be making proactive efforts to be delivering as comprehensive a service as possible and performing the highest possible levels of activity within the capacity afforded by the contracted NHS hours and safely within the scope of the standard operating procedure, whilst acknowledging the muliple Covid-related external influences that will affect delivery.

In the initial post national lockdown period, when face to face care was able to resume from 8th June, the initial priority for orthodontic practices and their teams was to address the needs of patients with problems and in active care with orthodontic appliances. During this immediate (and continued) recovery phase, capacity for all providers is being impacted, to varying degrees, due to the need to lengthen appointments and cleaning time, facilitate social distancing (in line with the standard operating procedures), cope with staff absences/patient cancellations/school closures and referrer-related compromises (*a non-exhaustive list*).
During this period, it is recognised that there are significant challenges in terms of any new activity by way of assessments or case starts. As such, whilst the interim measures remain in place, recorded UOAs will not be reconciled in the usual manner and no clawback will apply with relation to this period which began with the start of the current contractual year on April 1st 2020. At the time of writing, these interim measures continue. Clarity is expected soon on when this period and these measures will end.

As such, whilst providers are encouraged to provide the highest possible levels of new activity within capacity constraints, it is highly likely that new activity will not be at pre-covid levels and may be less easy to predict in terms of volume. The current unpredictability of new activity creates a challenge in terms of how this activity will affect waiting times. Referral patterns are also not normal as referring GDPs continue the recovery phase and may not be seeing the usual volume of potential orthodontic patients. The likelihood is that there will be an increase in this regard as the pandemic eases. As and when clearly defined UOA targets are reintroduced, it will become possible to predict waiting times with greater accuracy using the methodology described.

3) Methodology of the calculation of waiting times

The orthodontic service specification gives the definition of waiting times as:

i) Waiting list for assessment is the time between the date of receipt of the referral and the date of the assessment appointment

ii) Assessment to treatment start waiting list is “following assessment where a patient meets NHS criteria and is ready to commence treatment, they should be placed on a treatment waiting list if it is not possible to start treatment immediately”.

These two waiting times are reported on Rego. These waiting times should be reviewed regularly, ideally weekly and updated when they change. Providers should contact Vantage themselves to update the reported times.

With respect to "assessment to treatment start" times, Rego only allows one figure to be reported even though many providers will operate prioritised waiting lists. To ensure consistency in the times reported, it is recommended that a single, average time is reported using the methodology below, appreciating that some patients may be prioritised due to more urgent need. This will be a more useful and transparent figure to report to GDPs, patients and commissioners rather than reporting a best- or worst-case scenario as is sometimes the case.

It is impossible to accurately predict the impact of the Covid-19 pandemic on current waiting times due to variability in new activity currently being delivered during the recovery phase. It is therefore suggested that providers use the methodology below with the caveat that waiting times may be increased in relation to the reported times. More accurate figures can be re-calculated once more clearly defined uoa delivery targets are adopted once more.

A) Waiting time to assessment

In line with the Service Specification and Baseline Performance targets contained within the PDS contract, in usual circumstances (outside the Covid -19 recovery phase and interim arrangements):

- providers will ensure a referral is reviewed for appropriateness within 10 working days of the referral being received by the specialist practice, apart from exceptional circumstances such as unplanned sickness, returning any that are incomplete.
- all referrals will not automatically warrant an assessment appointment to be offered. Any referrals that require additional clinical information to explain the need for advice or where there is no indicator that the patient has a minimum IOTN score of 3 or other clinical factors that would not warrant an assessment should be returned requesting additional information. Where the referral suggests that an assessment is appropriate this should be offered within 12 weeks from the date of receipt of referral (not date of review of referral).
- if waiting 12 weeks for an assessment appointment would result in the patient reaching the age of 18 prior to assessment they should be offered an earlier assessment appointment before their 18th birthday so that where they have sufficient IOTN treatment can be offered without the need to seek commissioner approval. In these instances, the assessment FP17O must be kept open so that when the patient starts treatment over the age of 18 it is still covered under the NHS as they were under 18 at the time of assessment.
- following assessment where a patient meets NHS criteria and is ready to commence treatment, they should be placed on a treatment waiting list if it is not possible to start

treatment immediately. The placement on the waiting list is to be prioritised by the patient's clinical need (see guidance below)

Additional notes:

It is appreciated that many providers will have had pre-existing waiting lists exceeding the 12-week threshold detailed within the service specification. The number of UOA's available for providers to direct towards assessments is to a large extent dictated by the need to start a specified number of treatment starts as detailed in the next section. If, in normal circumstances, contractors are unable to fulfil this contractual requirement, it is suggested that consideration is given to liaison with the local NHS team to work towards a position when it is possible to assess patients within 12 -weeks of receipt of referral. In some cases, contractors have removed themselves from the DERS until such time as they are able to comply.

B) Assessment to Treatment start

The definition of a treatment waiting list is the period of time after which a patient is assessed and judged to meet NHS criteria, accepts the offer of NHS orthodontic treatment and is ready to commence orthodontic treatment. Whilst patients should be prioritised according to clinical need, Rego only allows the reporting of one waiting time. Therefore the following methodology is suggested by way of calculating and reporting this time.

According to the service specification and PDS contract, a provider's annual required level of case starts can be calculated by dividing the number of contracted UOAs by 22.5. Hence the treatment waiting time after assessment and acceptance can be calculated as follows:

i) Number of annual UOAs divided by 22.5 = required annual number of case starts (A)
ii) Number of patients on treatment waiting list (B) divided by (A) = C (indicative wait for treatment measured in years)
iii) Multiply C by 52 weeks and add the number of weeks to next bookable treatment start to give average treatment waiting time in weeks (D)

Worked example

A practice with an annual contract to deliver 6750 UOAs has 300 qualified patients on its treatment waiting list.

i) 6750 UOAs divided by 22.5 = target 300 case starts (A) per annum
ii) 300 patients on waiting list (B) divided by annual level of case starts (A) = 1 i.e. 1 year to wait after next bookable appointment.
iii) It is 8 weeks to wait until next bookable treatment start slot. Convert the wait of 1 year into weeks (x52). Add the wait until the next appointment of 8 weeks to give an average waiting time to treatment of 60 weeks from assessment.
iv) This is the figure that should be reported to Vantage and the patient should be removed from the waiting list once they are allocated an appointment to start.

This figure is an average wait until treatment given the current number of patients on the waiting list and the usual number of annual case starts. This model also assumes that a provider is delivering care evenly spread throughout any one contract year. If a provider is ahead of schedule in any given year, thus having fewer UOAs available for the remainder of the year, this may lengthen waits calculated by this method. Similarly, providers with a higher-than-average number of units left to deliver may in fact have a shorter wait than estimated by this method. These variations should be considered at a local level.

There is an understanding that some patients may be prioritised according to need which may shorten waits for some and result in delays for other patients. There is also the caveat that the current Covid-19 pandemic will introduce delays but as yet this cannot be quantified. Providers will need to revise times once more predicable UOA delivery is resumed.

4) Prioritisation of patients on treatment waiting lists

Following assessment where a patient meets NHS criteria and is ready to commence treatment, they should be placed on a treatment waiting list if it is not possible to start treatment immediately. Once assessed, the placement on the waiting list is to be prioritised by the patient's clinical need. Please note that patients should not be placed onto a treatment waiting list if they are under review and not yet ready to commence treatment. The placement of patients under review onto treatment waiting lists artificially inflates waiting times. Instead, such patients should be managed through separate review lists or returned to the referring GDP for re-referral at the appropriate time. As Rego does not allow the recording and reporting of separate review lists, we would recommend that practices record this data internally. This may be useful to aid future needs assessments and commissioning decisions.

The following criteria act as guidance by way of prioritising patients. There are some additional considerations with respect to the prioritisation of services during the Covid-19 recovery phase during which time capacity has been impacted as has the ability to deliver new courses of treatment. This is discussed in section 5.

Higher priority

The following group of patients may be considered to have more urgent treatment needs and should be prioritised accordingly.

- Patients who require functional appliances and whose age means this needs to be started soon so that their treatment is not compromised by missing the ideal age.

- Impacted teeth, which may need to be exposed and aligned to prevent damage to the surrounding teeth.
- Patients with an orthodontic need and associated pathology, compromised teeth or trauma whose outcome may be compromised by a delay in treatment.
- Patients who are approaching their 18th birthday and who would run the risk of passing 18 if placed on the usual treatment waiting list. The point at which this becomes an issue will vary from practice to practice depending on existing waiting lists. In these instances, the assessment FP17O can be kept open so that when the patient starts treatment over the age of 18 it is still covered under the NHS as they were under 18 at the time of assessment.
- Patients aged under-10 requiring interceptive treatment. These patients should not be placed onto any waiting list but should treated as a priority be booked in for a treatment start. As these cases only trigger 4 UOAs they do not significantly affect UOA planning.

Lower priority

- All non-urgent, routine, IOTN qualified cases that do not fulfill the criteria of WL1 and do not require a secondary care referral.

5) Additional considerations for prioritisation in relation to Covid-19 pandemic

It is currently expected that orthodontic practices should be making proactive efforts to be delivering as comprehensive a service as possible and performing the highest possible levels of activity within the capacity afforded by the contracted NHS hours and safely within the scope of the standard operating procedure.

During the Recovery Phase, all orthodontic providers should be:

- Treating active appliance patients & patients in retention (*chronologically*) who had appointments cancelled during the Lockdown Phase (LDP)
- Treating patients with emergencies that arose during LDP
- Treating current emergencies
- Triaging and where possible assessing New Patients and commencing *some specific* new treatments (following the guidance below*)

In addition, consideration should be given to:

- Seeing new and review patients who were cancelled during LDP
- Seeing new and review patients due to be seen during the recovery phase

(*) New treatment starts during Recovery Phase

As the capacity to deliver case starts will be impacted compared to usual levels, in addition to prioritising patients according to the criteria outlined in section 4, the following additional criteria should be considered:

- Patients whose active orthodontic treatment was scheduled to start and have had extractions carried out.
- Patients who have had surgical extractions/exposure and bonding etc. carried out in secondary care or via local referral services and need to commence treatment as soon as possible.
- Patients that require Early Intervention treatment and are aged between 9 years 6 months and 10 years' of age as assessment must take place before the 10th birthday.
- Patients that require definitive orthodontic treatment and are aged between 17 years 6months and 18 years' of age (assessment must take place before the 18th birthday).
- Patients that require a functional appliance, are the correct age for such an appliance and where a patient might be compromised if the target-age is missed.

When making a decision about whether to commence active extraction cases, please bear in mind that, should a regional or national lockdown happen, patients who have had teeth extracted might be compromised. A risk-assessment should be carried out prior to making decisions regarding extractions. Significant delays may also be experienced in getting any extractions performed.

New NHS treatment starts should be prioritised according to need as capacity to deliver care is impacted. The criteria outlined in section 4 should be used as a baseline with special consideration given to the criteria outlined in section 5 during the Covid-19 recovery phase. Such patients should be prioritised above other patients.

If a patient does not fit any of these categories (and is eligible for NHS treatment: IOTN 3.6 and above), he/she should be placed on the treatment waiting list**.** Please inform the patient that:

- he/she will have his/her treatment commenced as soon as capacity at the Practices allows us to commence such treatments.
- He/she will not require another assessment but will proceed straight to record-taking and treatment planning.
- Inform patients/ parents of the indicative waiting list times using the methodology above but with the added caveat that times will be increased due to the as yet unknow impact of the Covid-10 pandemic. It is currently very difficult to give an accurate

timeframe to commence treatments, but updated information should be provided to all patients following a period of 6 months on the treatment waiting list.

Orthodontic MCNs

NHS England and NHS Improvement, South East region