

## Delivering 18 Weeks in Dentistry: Maximum Impact – Shorter Pathways

The tool is meant as a specific reference point for dentistry services. It seeks to complement existing generic tools and therefore should be read in conjunction with the generic *Maximum Impact – Shorter Pathways* paper available at [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk).

### Purpose

This guide seeks to prompt PCTs and acute providers to consider ways in which the patient pathway can be shortened to help deliver 18 weeks in consultant-led dental services. This information builds on the work that various organisations have undertaken more recently to maximise efficiency of dental services in both the primary and secondary care settings and give ideas for future developments in order to manage waits.

The 18 week target therefore covers referrals to consultant-led services in dental specialities, namely:

- Oral surgery
- Orthodontics
- Restorative dentistry
- Paediatric dentistry
- Periodontics
- Prosthodontics

The target also covers referrals to oral maxillofacial services (OMFS), which (although a medical specialty) receives some of its referrals from dentists.

This guide therefore identifies tools which can be used to help improve efficiency and productivity of dental services and aims to:

- Raise awareness of the need to:
  - Deliver 18 weeks in dentistry alongside other consultant-led services
  - Maximise the known tools and techniques in order to support delivery of 18 weeks.

- Provide a comprehensive reference point, pulling together learning from previous sources, of the key tools available to support delivery, points to consider, and access to further information.
- Provide a checklist to support organisations in ensuring current service provision is being maximised in order to support delivery.

The Tool

This tool is meant as a reference point and will continue to be updated. By clicking on the area of good practice, access can be gained to examples and other supporting tools.

## Summary

Principles	Good Practice	Points in the Pathway with Significant Impact							
		Pre-Referral	Referral	Clinical Assessment	Decision to Treat	Treatment	Discharge From secondary care	Review	Discharge from pathway
Assessing need/services and planning	Assessing needs & current demand	■							
	Consider a whole system overview and review	■	■	■	■	■			
	Developing the capacity of specialists in primary care	■	■	■	■	■			
Patient Experience	Working with clinical networks	■	■	■	■	■			
	Managing patients' expectations	■	■	■					
	Changing the pattern of provision	■	■	■	■	■	■	■	■
Managing Flow	Supporting effective referrals	■	■	■	■	■	■		■
	Improving the throughput of secondary care	■	■	■	■	■	■	■	■
Optimising Workforce Productivity	Tackling recruitment issues	■	■	■	■	■	■	■	■
	Changing the skill mix		■	■	■	■		■	

## Supporting Information

### Principle: Assessing need/services and planning

#### Assessing needs and current demand

There is an important relationship between orthodontic provision in primary dental services, not subject to 18 weeks, and consultant-led orthodontic services which are. PCTs will need consider the provision of orthodontics in primary care in order to deliver 18 weeks in secondary care. The publication "*Strategic Commissioning of Primary Care Orthodontic Services*" (Gateway No. 7105) provides advice on needs assessment and strategic reviews of primary care orthodontics. Orthodontic capacity varies around the country and reflects historical decisions by practitioners about where to practice. As in other areas of health commissioning, local needs assessments should be undertaken to inform priority setting and planning. In planning orthodontic services, commissioners should be aware that the 2003 National Child Dental Health Survey found that 35% of 12 year olds are likely to have a need for treatment, however, not all of these patients will be present for treatment and some will not wish to follow the lengthy treatment involved, or have the good oral health that is a requirement for successful treatment.

Changes in need for referral may be associated with recent changes within primary care itself, for example, if access to dentists has increased and patients are now being seen who had previously unidentified needs for secondary care treatment. Some of these changes may, however, be partly transitional.

Many of the principles set out in the orthodontic strategic publication can be used for a whole system view of other dental specialties. Current capacity may not match long-term needs or require a fresh review of priorities by PCT boards. Referrals for secondary care may include patients who could now be treated in primary care by specialist practitioners and generalist practitioners with enhanced skills (Dentist with Special Interests – DwSIs).

#### Things to think about:

- 1) Have you assessed the oral health needs of your local population?
- 2) Have you set relative priorities (short and longer term) and have these been agreed by the PCT's Board?
- 3) Have you reviewed current capacity (short and longer term) within the primary and secondary sectors?

#### Where can I find out more?

1) '*Strategic Commissioning of Primary Care Orthodontic Services*' -

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139176](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139176)

2) Oral health needs assessment toolkit -

[http://www.primarycarecontracting.nhs.uk/uploads/Dentistry/march\\_uploads/ohna\\_formatted\\_v1\\_final.pdf](http://www.primarycarecontracting.nhs.uk/uploads/Dentistry/march_uploads/ohna_formatted_v1_final.pdf)

3) Dentists with Special Interests

<http://www.primarycarecontracting.nhs.uk/159.php>

Further and updated examples will be available on the 18 weeks website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

**Principle: Assessing need/services and planning****Whole system overview and review**

Obtaining chief executive sign up from PCT and Trusts is important if resources may need to be redirected within the current system to reflect perhaps the capacity of specialists in primary care to undertake work that has traditionally taken place in hospitals. There is a need to review what treatments should be provided in a primary care setting and what can only be done in secondary care. This might lead to updated referral guidelines that make best use of the capacity in secondary care. This review also needs to take into account the impact on teaching of changes in caseload.

Taking a view of the whole system involves consideration of the quality frameworks applying in primary and secondary care need to be and also the relative VFM where similar types of cases are treated in both sectors. There is a need also to quantify the different types of referral to secondary care as the workload involved with referrals for treatment will be very different to referrals for advice on clinical management. For example, patients being referred for treatment planning advice will normally attend hospital only once whereas each patient receiving orthodontic treatment may need to attend up to 20 occasions over 2/3 years.

Things to think about:

- 1) Have you clearly defined what services could be provided in the primary care setting by specialist contractors as opposed to those provided as part of consultant led services?
- 2) Have you distinguished between referrals to secondary care for advice on clinical management and referrals for treatment?
- 3) Has the impact of changes in workload in the secondary care sector identified any implications for teaching?

Where can I find out more?

- 1) Orthodontic overview from Torbay PCT (an early achiever site) –  
[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/TorbayCareTrust\\_page3\(1\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/TorbayCareTrust_page3(1)_150807.pdf)
- 2) 18 week patient pathway for dental pain & oral surgery –  
<http://www.18weeks.nhs.uk/public/default.aspx?load=ArticleViewer&ArticleId=787>
- 3) Orthodontic treatment pathway example –  
[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ortho\\_treatment\\_pathway\\_page4\(1\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ortho_treatment_pathway_page4(1)_150807.pdf)

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## Developing the capacity of specialists in primary care

There has been a considerable growth of specialist services in primary care in recent years, most notably in orthodontics. This has not happened consistently across the country and prior to the introduction of local commissioning in April 2006 was based mainly on the decisions of dentists as to where to set up in practice and whom to treat so current provision may not match a new local oral health needs assessment. Referral criteria may need to be reviewed as the capacity of primary care specialists may have increased, and indeed have the potential to increase further. The British Orthodontic Society has made clear that it believes there are trained orthodontists who are seeking new or increased or new contracts with PCTs. Where local spare capacity is not readily available, tendering should enable new capacity to be established. This may take some time to establish and will require sufficient resources to make it worthwhile for a new practice to set up. However, the specifications for such new services established in this way can be tailored local needs and, if tendered, give an opportunity to prospective contractors to show how local requirements can be met innovatively and cost effectively.

More recently a number of specialist oral surgery contracts have been commissioned in the primary care setting. Current secondary care waiting lists including referrals for minor oral surgery not requiring treatment to be provided under general anaesthesia have been successfully and appropriately re-directed by appointing and utilising the skills of DWSIs in oral surgery.

### Things to think about:

- 1) Have you reviewed current capacity (short and longer term) within the primary and secondary sectors?
- 2) Have you identified whether local primary care specialists have spare capacity available in a way that meets local requirements?

### Where can I find out more?

- 1) Dental procurement pack developed by a PCT -  
[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/dental\\_procurement\\_pack\\_page5\(1\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/dental_procurement_pack_page5(1)_150807.pdf)
- 2) Minor oral surgery procurement pack developed by a PCT –  
[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/minor\\_oral\\_surgery\\_page5\(2\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/minor_oral_surgery_page5(2)_150807.pdf)

Further and updated examples will be available on the 18 weeks website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

## Supporting Information

### Principle: Patient Experience

#### Working with clinical networks

Supporting the networking of GPs, primary care specialists and secondary care specialists can provide an opportunity for a system wide review of what happens now, using latest good practice and benchmarking information to reassess traditional ways of working and referral practices. Developing a network of clinicians can assist with agreeing new referral criteria and joint work on support for effective referrals. For example, criteria for treatment should be the same wherever patients are treated within the NHS. In orthodontics, IOTN gives a system for classifying which patients will benefit from specialist treatment whether in primary or secondary care. Specialist training arrangements may also need to be taken into account as changes in patient flows may have significant implications. Coordinating referrals across the system may help to route referrals to the capacity in a best position to expedite treatment.

#### Things to think about:

- 1) Does the local clinical network panel need to be reviewed in light of the need to include all stakeholders and attainment of the 18 week requirement for dental led consultant services?
- 2) Have you thought about using rapid cycle improvement methodology to review the potential for system improvement?
- 3) Have you considered publicising locally the criteria for access to orthodontic treatment so that expectations can be influenced at an early stage?
- 4) Are patient flows in primary care being monitored?

#### Where can I find out more?

- 1) Clinical networks across Tayside -

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ClinicalNetworks\\_Tayside\\_page6\(1\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ClinicalNetworks_Tayside_page6(1)_150807.pdf)

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## Principle: Patient Experience

**Managing patients' expectations**

The implementation of the new dental contract in primary care in April 2006 made clear that NHS orthodontic treatment would be available in most circumstances to IOTN 3.6 and above. These patients have the higher need and are in the best position to benefit from treatment. Referrals to secondary care in some parts of the country may have included patients whose needs could be met in primary care if primary care specialist capacity was available. Clarity about referral criteria and moving to a situation whereby each sector is appropriately sized for the work that it can undertake most effectively provides an opportunity to communicate to patients what they can expect. Patients who do not meet the criteria for NHS treatment and have no other clinical factors that would support a decision to treat them clearly need to know their position as soon as possible.

Things to think about:

- 1) Have you considered publicising locally the criteria for access to orthodontic treatment so that expectations can be based on a sound foundation at an early stage
- 2) Has the PCT communicated its view of priorities and reasoning if shifts in commissioning are being contemplated?

Where can I find out more?

- 1) Orthodontic patient information leaflet developed by a PCT –  
[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry455lb4zem55p2beq44515082007160322/Files/Orthodontic\\_Patient\\_Information\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry455lb4zem55p2beq44515082007160322/Files/Orthodontic_Patient_Information_150807.pdf)

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## Changing the pattern of provision

Putting in place actions to achieve 18 weeks is likely to need both short term and long-term action to change the shape of provision. The earlier a long-term view can be developed the better so that it can inform short term action. However, it may not be possible to delay short term action whilst a longer term vision is put together and gains commitment within the whole system. Short term action includes not only putting in place arrangements to make sure that referrals are appropriate for secondary care and improving the throughput possible in secondary care, but also considering what can be done in primary care. In orthodontics, it may be possible to agree a short term contract for the transfer of patients waiting for treatment in secondary care to a primary care specialist. Where such transfers are made it will normally be important to mobilise additional capacity rather than redirect current capacity otherwise waiting times in primary care might increase. In the longer term it might, of course, be appropriate to increase long term specialist capacity in primary care.

### Things to think about:

- 1) Can the cases of patients waiting for secondary care be reviewed and validated to identify those patients who could appropriately be treated by primary care specialists?
- 2) If new capacity in primary care is needed that cannot be procured locally but is not needed on a scale to attract a new practice, is a joint initiative with another PCT viable?
- 3) If tendering, how would you enhance the national contract with local requirements that would fulfil your planning to best effect?

### Where can I find out more?

- 1) SE Coast Primary Care Contracting Workshop regarding orthodontic services - <http://www.primarycarecontracting.nhs.uk/events/all/618>

Further and updated examples will be available on the 18 weeks website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

## Principle: Managing Flow

### Supporting effective referrals

Referrals patterns from dental practices (and to a lesser extent medical practices) affect the waiting list for secondary care dentistry. Local practices need to be regularly reminded of the agreed criteria for referrals to primary care specialists and to secondary care. These will be based on the distinctive contributions that secondary care can give and are not available in primary care eg General Anaesthesia for oral surgery and complex multi-specialist work with plastic surgery and oncology e.g. in cancer care or cleft lip and palate. In addition, in orthodontics, patients should not normally be referred for orthodontic treatment if their general oral health is not well maintained and there are clear guidelines to assist with the identification of patients who meet the appropriate criteria for treatment (IOTN). Training should be offered to GPs in making effective referrals to specialists, whether in primary or secondary care. Referral management or support centres can help with this process where they can be implemented as they can help to make sure that patients receive early specialist advice on whether treatment is indicated and if so where.

There are a number of different referral management systems that have been adopted, each seeking to provide a more efficient patient pathway & experience, including:

- Directing all referrals via specialist primary care contractors in the first instance
- Establishing a dedicated central primary care referral triage centre/service

In addition, effective referrals have also been supported with the aid of:

- Standardising local referral protocols and papers
- Training non specialist primary care contractors on standard clinical classifications, such as IOTN

Things to think about: Have the local referral management systems been reviewed in light of proposed service changes?

Where can I find out more?

1) Orthodontic referral guidelines developed by a PCT –

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/Orthodontic\\_Referral\\_Guidelines\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/Orthodontic_Referral_Guidelines_150807.pdf)

2) Orthodontic referral proforma developed by a PCT -

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/OrthodonticReferralProforma\\_page9\(2\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/OrthodonticReferralProforma_page9(2)_150807.pdf)

3) Westminster referral centre –

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/WestminsterReferralCentre\\_page9\(3\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/WestminsterReferralCentre_page9(3)_150807.pdf)

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## Improving the throughput of secondary care

Analysing the processes within secondary care using process mapping should enable the rate limiting step(s) to be identified and inform actions to increase throughput without causing unanticipated consequences. For example in orthodontics, process mapping of the steps involved in for outpatient referrals and treatment should identify clock starts and stops. In one example, being able to combine first outpatient visit and planning for treatment as a one step service would result in cutting 2 years off the wait for treatment.

### Things to think about:

Is it desirable to distinguish between referrals for advice and treatment planning and those for treatment?

### Where can I find out more?

1) Considering the removal of unnecessary waits by Torbay PCT (early achiever site) –

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/Removing\\_Waits\\_Torbay\\_page10\(1\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/Removing_Waits_Torbay_page10(1)_150807.pdf)

2) Orthodontic process pathway developed by a PCT -

[http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ProcessMap\\_Doncaster\\_page10\(2\)\\_150807.pdf](http://www.18weeks.nhs.uk/cms/ArticleFiles/35zry4551b4zem55p2beq44515082007160322/Files/ProcessMap_Doncaster_page10(2)_150807.pdf)

Further and updated examples will be available on the 18 weeks website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

**Principle: Optimising Workforce Productivity****Tackling recruitment issues**

In some cases, difficulties associated with the recruitment of specialist clinical staff can limit the number of patients treated. This affects particularly secondary care and in primary care, recruitment of specialist staff for some dental specialities, is now possible without too much difficulty in most parts of the country. Clearly, this will be affected by whether the position or tendered service available is of a viable quantity to attract a new specialist service. Where recruitment pressures are more severe in secondary care, this is another reason to examine carefully the potential for patients to be transferred to primary care, in cases where appropriate specialist services have capacity.

Things to think about:

Has the local primary and secondary dental workforce been assessed and a recruitment plan developed in line with opportunities for changes to service configuration and skill mix?

Where can I find out more?

Further and updated examples will be available on the 18 weeks website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

## Changing the skill mix

There are increasing opportunities, in both primary and secondary care to change the skill mix by deploying dental therapists. By undertaking more simple procedures, therapists enable dentists to undertake more complex care, thereby increasing local capacity.

In a number of areas, PCTs are actively considering the accreditation of DwSIs as part of their commissioning framework in the four dental sub-speciality areas that to date have DwSI competency frameworks, namely: orthodontics, minor oral surgery, endodontics and periodontics.

In April this year, the Department of Health published a set of policy documents called *Implementing Care Closer to Home: Convenient Quality Care for Patients* which outlined the establishment and accreditation of Practitioners with Special Interest (PwSIs) as part of PCT's commissioning options. DwSIs were identified as an integral part of this. An NHS Step by Step guide to establishing DwSIs is also available.

### Things to think about:

Has the impact of new skill mix opportunities both in the short and longer term being considered?

### Where can I find out more?

1) Appointing dentists with a special interest in endodontics

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133751)

2) Appointing dentists with a special interest in minor oral surgery

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133855](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133855)

3) Appointing dentists with a special interest in orthodontics

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133858](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133858)

4) Appointing dentists with a special interest in periodontics

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133861](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133861)

5) Establishing a DwSI services

[http://www.primarycarecontracting.nhs.uk/uploads/Dentistry/april\\_2006\\_uploads/step\\_by\\_step\\_guidance\\_dwsis.pdf](http://www.primarycarecontracting.nhs.uk/uploads/Dentistry/april_2006_uploads/step_by_step_guidance_dwsis.pdf)

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