Orthodontic Needs Assessment Yorkshire and Humber (Y & H) 2017-2020

Executive Summary

- NHS orthodontic care is the treatment of malocclusions and is provided in both primary and secondary care, but the majority is provided by high street specialists for those cases of index of orthodontic treatment need of 3.6 and above.

- March 2019 sees the expiry of the majority of PDS Orthodontic contracts across Yorkshire and the Humber with a value of £19,889,838. An additional £2,166,416 was spent in hospital services in 2016/17. There are an additional 35 general and orthodontic contracts that are not available for procurement as they have no end date.

- The exact numbers of completed cases in the hospital is unknown, but there may be the potential for some cases to be delivered in a primary care specialist setting.

- In 2017/18 there are **335,991** UOAs contracted (PDS only) with a mean UOA (PDS) value of £59.31, though this mean varies from £56.01 in North Yorkshire and the Humber to £61.81 in South Yorkshire and Bassetlaw. The mean in West Yorkshire is £61.12.

- There are various methods of determining orthodontic treatment need in a population, however, a third of the population has been used as a pragmatic estimate of orthodontic treatment need.

- There is an apparent inequity in commissioned specialist primary orthodontic care services ranging from 0% of population need in Bassetlaw to 127% in York.

- Areas where the number of available case starts exceeds the estimated normative need, possibly due to patient flows or over-commissioning include:

  Harrogate, Scarborough and Ryedale, Selby, York and Doncaster

- Areas where the number of available case starts is less than 70% of estimated normative need, possibly due to patient flows or under-commissioning include:

  Craven, Hambleton and Richmondshire, Hull, North East Lincolnshire, North Lincolnshire, Bassetlaw, Barnsley, Rotherham, Bradford and Airedale and Calderdale

- However, local interpretation will be required to understand natural patient flows. NHS England will need to consider addressing apparent inequity in service provision.

- The 12 year old population is predicted to grow from the census in 2011 to 2030. Some local authorities, however, are predicted to have a drop in this age group of children. The overall availability of UOAs to meet the estimated normative need for treatment of Yorkshire and Humber residents in primary care for 2017/18 was **73%.** Projections are this would drop to **69%** in 2020 and **67%** in 2030 if the contracted number of UOAs remained constant at **335991**.

- General Dental Practitioners (GDPs) act as gatekeepers in terms of a referral to an orthodontic service. Averaged access to a GDP by 12 year olds in Yorkshire & Humber is **84%** but varies across the region. Based on access to GDPs, **87%** of currently commissioned UOAs would meet the estimated need in Yorkshire and the Humber. Current work undertaken in the region to improve dental access may increase the number of orthodontic referrals.

- There are a number of important modifying factors which impact upon whether the need is met:

    - The population in Yorkshire & Humber is estimated to grow by 5% by 2020 (estimated to be an additional 1060 cases)

    - The willingness of individuals to have orthodontic treatment (demand) will impact on the numbers of individuals seeking orthodontic care

    - Patient suitability for orthodontic treatment. Patients must have excellent oral hygiene and no active oral disease to fulfil the clinical requirements for orthodontic treatment.

    - The ability of patients to travel to providers of orthodontic services

    - Provision of secondary (hospital) orthodontic services

    - The provision of private orthodontic care

- Factoring an un-quantified private market, cases with dental caries and hospital orthodontic service provision the data from this needs assessment suggests that the overall orthodontic activity contracted in Yorkshire and the Humber is likely to meet identified need.

- This orthodontic needs assessment takes into account need in any given year but does not take into account waiting lists. Consideration should be given to validating the lists.

- Efficient use of available resources (contracted UOAs) will be key to enabling shorter waiting times and more people receiving orthodontic treatment. This will be essential to securing sufficient treatment for the population, possibly through a referral management system or fixed ratios of assessments to treatment, and also the use of KPIs and standard referral forms.

- Efficient use of UOAs is key to securing sufficient treatment courses for the population. Quality is not simply related to the technical competence of treatment. It refers to whether care is relevant to need and to its effectiveness, efficiency, equity, acceptability and accessibility.

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