

## The Way Forward With 18 Weeks

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- Validate Waiting List
- Determine number of "Consultant cases" and number of primary care/training cases
- Discuss with your trust what needs to be done – number of cases that need treatment and by whom
- Contact PCT to discuss scale of problem of present WL
- Contact Consultant in DPH/OHAG/PCT commissioners to discuss problem of untreated need
- Establish MCN with PCT

### Working with PCTs

- Key to the solution
- Require Oral Health Commissioning Group
- Orthodontic Subgroup
- Undertake local needs assessment
- PCTs cannot deny patients on a waiting list care
- PCTs cannot deny patients requiring treatment care

### Managed Clinical Networks

- Effective MCNs essential
- Establish one now
- Needs PCT backing and support
- All providers have to be involved
- Everyone needs to agree to free flow of patients
- Local guidelines
- Referral
- Acceptance – IOTN, dental health, patient commitment
- Commonality of information to patients
- Central referral mechanisms take away patient choice, are expensive and do not use trained staff effectively
- See BOS documentation on website

### Problems

- There is not enough capacity in the system to treat patients
- You may not even have capacity for hospital cases
- Orthodontic departments may be undermined because of a fall in income by PbR. Lack of access, secondary to the inability to keep a waiting list, may deter referrals which will reduce income from number of new patients.

### Solutions for 18 weeks

- Only patients ready for treatment enter pathway
- See AM ppt presentation
- Cases who require orthodontic treatment that could be done in primary care should access care by local arrangement via the MCN
- If insufficient capacity for "Consultant Cases" then you should contact PCT to discuss options (increase capacity etc)
- Make your trust aware that your referral profile (rate, type etc) may change