North of Scotland Regional
Managed Clinical Network in Orthodontics
Service Specification

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Executive Summary

- This document outlines the service specification for the Regional Managed Clinical Network in Orthodontics for the North of Scotland. The collaborating NoS Boards are, NHS Highland, NHS Orkney, NHS Shetland, NHS Grampian, NHS Tayside and NHS Western Isles. The Regional Network does not seek to replace existing and emerging clinical networks in Grampian, Highland and Tayside but to provide a regional approach to the delivery of Orthodontic services.

- The characteristics of the network take account of the Core Principles, as defined in MEL (1999) 10, re-established in HDL (2002) 69 and further enhanced in HDL (2007)21. These principles are defined in section 4, together with supporting text to illustrate how the NoS MCN for Orthodontics will satisfy the requirements.

- Developing a system for information retrieval, collation and activity monitoring will be a high priority for the MCN. A brief summary of the proposal to develop e-Orthodontics for the MCN, adopting a phased approach to development and implementation, appears in section 5.

- The development and expansion of educational and training opportunities for the multi-professional groups of staff within with the network are an integral aspect of the emerging MCN in order to widen access to Orthodontic care in the NoS Board areas. NHS Education Scotland are represented on the MCN Steering Group.

- The costs associated with the support of the MCN are likely to involve Administrative and Clerical Support, a Network Manager, Clinical Lead and remunerated time for Steering Group members and Network Members when attending meetings. Any financial arrangements established will operate in line with the approaches set out in HDL(2002)10, “Guidance on Regional Planning for Health Care Services”.

- The Network will provide support to Orthodontic care providers and will facilitate the development of services across the NoS Board areas by offering an integrated, equitable and quality service for patients regardless of their geographic location.

- Appendix 1 illustrates the proposed structure of the Network.

- The paper identifies the need for approval to be sought from the North of Scotland Oral Health and Dentistry Board and the North of Scotland Planning Group before any major changes to the network arrangements can be actioned.
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Regional Managed Clinical Network in Orthodontics for the North of Scotland

1. Introduction

This paper outlines the service specification for the Regional Managed Clinical Network which will support the provision of high-quality, clinically effective Orthodontic services for the North of Scotland NHS Boards; NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles.

The aims of the Regional Managed Clinical Network shall be to:

- Achieve better, fairer access to Orthodontic services across the NoS Board areas
- Reduce waiting times and improve the patient's journey of care
- Encourage inter-provider referrals to optimise resources
- Ensure NHS Orthodontic care provided in the NoS Board areas is quality assured
- Improve communications and break down barriers between orthodontic care providers
- Provide comprehensive and accurate NoS-wide information for Commissioners

2. Background

The concept of Managed Clinical Networks (MCNs) originated from the work of the Acute Services Review (June 1998). It was followed in February 1999 by Management Executive Letter (MEL) (1999), which defined Managed Clinical Networks as:

"linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland".

The Acute Services Review recommended that managed clinical networks should be developed carefully and with appropriate pilots established to identify how traditional boundaries of care can be broken down and an improved, equitable, clinically effective service offered to patients. The main attractions of the MCN concept are its flexibility and pragmatism.

Further guidance on Managed Clinical Networks was issued in 2002 and 2007. HDL(2002) 69 restated the Scottish Executive’s commitment to the concept of MCNs, and its belief that Managed Clinical Networks are a key development that should be considered when planning services that span the traditional primary and secondary care boundaries.

“Strengthening the Role of Managed Clinical Networks” (HDL (2007)21, described the Scottish Executive Health Department’s revised guidance aimed at strengthening MCNs’ authority and increasing their influence over the way in which resources are allocated for services.

The extent to which local Orthodontic Managed Clinical Networks are developed across the North of Scotland, is variable. Some NHS Boards report the development of Board-specific clinical networks consisting of Hospital Consultants and Specialist Orthodontic Practitioners (“High Street” practitioners) in the areas where this group of experienced practitioners are established.

In November 2007, the North of Scotland Planning Group agreed to the need to establish a Managed Clinical Network for Orthodontics for the North of Scotland. The Network will address...
the problem of inequalities in service provision particularly with regard to access and quality of patient care. The Network will include representatives from all six of the North collaborating Boards: NHS Grampian, NHS Tayside, NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles. Close collaboration with all these areas will be vital to ensure that a comprehensive service for Orthodontics is provided across a large geographical area.

3. Current Service

The specialty of Orthodontics is concerned with the management of abnormalities of the teeth, jaws and face. Treatment involves the management of ‘variations in facial growth and oro-facial function, and the effects of occlusal variation on facial appearance and the health and function of the masticatory system’\(^1\). The nature of care means that the treatment package for most patients lasts from around 18 months to 3 years.

All patients are entitled to a Specialist Orthodontic opinion. Approximately 1/3 of 12 year-olds require Orthodontic treatment\(^4\) and 15-20% of 15-16 year-olds have a residual Orthodontic treatment need\(^5\). The combination of increasing demand for orthodontic care and the need for multidisciplinary orthodontic care are creating significant pressure on the provision of orthodontic care within hospital-based Orthodontic Units. All NHS Boards report long treatment waiting lists and have raised concern as to the Scottish Government Health Department’s waiting time of an 18 week Referral to Treatment Standard\(^6\).

There is an increasing demand for technically complex orthodontic treatment within NHS Board populations. Fixed orthodontic appliance treatments are generally not provided by primary care dentists and require frequent return appointments over a long period of time (in excess of 2 years) to the hospital-based unit.

\(^1\) Senate of Dental Specialties, 2000  

North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles
3.1 Population Bases

Population estimates by area of residence are:

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North of Scotland</td>
<td>1,197,187</td>
<td>1,296,230</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>389,707</td>
<td>391,639</td>
</tr>
<tr>
<td>NHS Highland*</td>
<td>213,590</td>
<td>306,701</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>525,930</td>
<td>529,889</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>19,590</td>
<td>19,770</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>22,000</td>
<td>21,880</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>26,370</td>
<td>26,350</td>
</tr>
</tbody>
</table>

Source: General Register Office for Scotland

* The increase in population numbers for NHS Highland in 2006, is as a result of the inclusion of Argyll and Bute to create a new NHS Highland.

3.2 Staffing

There are three “tiers” of orthodontic treatment available to a greater or lesser degree across the North of Scotland:

**Primary Care Dentists** (General Dental Practitioners (GDP’s) and Community Service Dentists (CSD)): Some provide limited care involving monitoring the developing dentition, Orthodontic extractions and simple active removal appliances. Many provide no orthodontic treatment at all, and some, with additional skills and postgraduate experience, provide orthodontic care for slightly more complex cases with support from Hospital consultants. These individual are often referred to as Dentists with Special Interest (DwSI). GDP’s are located in most towns but remote and rural areas report a shortage of GDP’s and resulting difficulties with patient access. Many GDP’s are independent contractors, some of whom have no NHS commitment.

**Specialist Orthodontic Practitioners**: These groups of Practitioners are referred to as “high street” specialists and treat the majority patients under GDS regulations. They are high volume care providers who provide a range of treatment modalities from routine orthodontic cases to complex cases. Most Specialist Orthodontic Practitioners also provide a limited amount of “private practice”. Across the North of Scotland, Specialist Orthodontic Practices can be found in Aberdeen (5), Dundee (3), Inverness (1) and Perth (1).

There are no Specialist Orthodontic Practitioners in the Islands Boards or in less urban areas.

**Hospital-based Orthodontic Units**: Consultant Orthodontists in these units provide:

Treatment for complex and multidisciplinary cases and some ‘routine’ cases where these are a necessity for undergraduate teaching and postgraduate training. The benchmark generally accepted for treatment is for patients with an IOTN score of 3.6 or above. The National Dental Specialties Task and Finish Group confirmed this threshold to treatment in April 2009. Consultant Orthodontists provide advice and support to primary care dentists, including Specialist Practitioners where necessary. Most Consultants are involved in Specialist Registrar and Senior House Officer / Foundation Years postgraduate training, contribute to undergraduate clinical teaching and education for other dental care professionals (PCDs).

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* 2009, April, “Key Areas to Focus Improvement”, Dental Specialties Task and Finish Group

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Consultant Orthodontists work closely with OMFS and Restorative Dentistry and other hospital specialties for cases with dentofacial deformity, hypodontia and other types of cases with multi-disciplinary care comprising a large proportion of their workload. In addition, Orthodontic care is an important component of the multi-disciplinary Cleft team, with designated Cleft Orthodontists providing cleft orthodontic care as part of the national managed clinical network for Cleft services in Scotland (CLEFTSiS). The following table illustrates the number of Consultant Orthodontists across the North of Scotland:

<table>
<thead>
<tr>
<th></th>
<th>NHS Grampian¹</th>
<th>NHS Highland²</th>
<th>NHS Tayside³</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>3</td>
<td>2¹</td>
<td>2</td>
</tr>
<tr>
<td>Honorary</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: DHSRU report (2008) as updated with information from the North of Scotland Planning Group

¹ NHS Grampian provides a visiting service to NHS Orkney and NHS Shetland
² Historically, NHS Highland provided a visiting service to NHS Western Isles
³ Includes one vacant post

As can be seen from the table above, there is currently one, single-handed Consultant Orthodontist in NHS Highland, based at Raigmore Hospital. A locum Consultant is filling the vacant post at present. It is recognised that this latter post cannot be sustained as a locum appointment in the long term. Unfortunately, attempts to recruit to the post to date have been unsuccessful. Highland historically provided a visiting service to NHS Western Isles. However, the inability to recruit to the vacant Consultant post in Highland resulted in the service to Western Isles being delivered in part by a visiting Consultant from Glasgow. However it is likely that patients in the Western Isles may in future have to travel to Glasgow for new patient and treatment appointments.

In Aberdeen there are presently three full-time Consultant Orthodontists. Aberdeen supports a visiting service to Dr. Gray’s Hospital in Elgin and an outreach service to NHS Shetland and to NHS Orkney. At present, there is a vacant academic Consultant Orthodontist post available in the new Aberdeen Dental School.

In NHS Tayside, one NHS Orthodontic Consultants provides a service at Perth Royal Infirmary and the other provides a service at Springfield Medical Centre in Arbroath. The Honorary Orthodontic Consultants provide four clinical sessions each at Dundee Dental Hospital.

The Caseload for all Consultants is influenced by other roles including undergraduate teaching, postgraduate training and DCP education, research, audit and management activity etc.

The Staffing numbers noted above should not be used on their own, but should be used in conjunction with the evidence for need and demand for Orthodontic services across the North of Scotland to plan services for the future.
3.3 Waiting Times and compliance with 18 week RTT Standards

Current Waiting Times for Orthodontic Treatment across the North are as follows:

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Waiting Time (Routine New Appointment)</th>
<th>Number of Patients on Treatment/Review Waiting List</th>
<th>Waiting Time (Review Appointment/ Treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian</td>
<td>12 Weeks</td>
<td>183</td>
<td>Back to 2005</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>12 Weeks</td>
<td>195</td>
<td>Back to 2007</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>3 Weeks</td>
<td>716</td>
<td>Back to 2007</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>17 Weeks</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>19 weeks</td>
<td>Not recorded electronically</td>
<td>Not Available</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>Not available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: NoS NHS Boards, Local Management and Information Teams

4. Core Principles

HDL (2007) 21, Section 10 re-states the core principles of an MCN. These are largely unchanged from MEL(1999)10, with only a few minor modifications based on the experiences of emerging and developing MCN’s during the intervening eight year period.

The core principles appear in bold below, and are supported by additional text to show how the NoS Orthodontic network will satisfy the requirements.

4.1 Each MCN must have clarity about its management arrangements, including the appointment of a person, usually known as the “Lead Clinician” (or “Lead Officer” if it is a multi-agency Network), who is recognised as having overall responsibility for the functioning of the Network. Each network must also produce an annual report to the body or bodies to which it is accountable, and that annual report must be available to the public.

The management of the NoS Regional Orthodontic Managed Clinical Network will be overseen by a steering group comprising of representatives from all six NoS Boards and the NoS Oral Health and Dentistry Board. Membership is as follows:

- The NoS Oral Health and Dentistry Clinical Lead
- The Lead Consultant Orthodontist
- The Regional Manager for Oral Health and Dentistry
- A representative from NHS Education Scotland
- The Director of Scottish Telehealth
- A Specialist Practitioner
- A General Dental Practitioner
- A Community Dental Officer

The Lead Consultant Orthodontist for the NoS Regional Orthodontic Managed Clinical Network will rotate at three yearly intervals. The Lead Consultant Orthodontist for the start-up and initial three year period will be Dr Grant McIntyre, Consultant Orthodontist based in NHS Tayside.

A full list of members participating in the network can be found at Appendix (Names to be agreed)

Dedicated time will need to be provided for the Lead Consultant Orthodontist who will be supported
by the Regional Manager for Oral Health and Dentistry. The NoSPG Corporate Services Team will provide administrative support. In time, as the Network develops, additional support for audit and orthodontics will be required. This minimum staffing level will be essential to create and run an effective, viable Regional network without creating an additional bureaucracy.

The Management arrangements suggested are determined by the size and structure of the MCN and reflect the population size and geography of the North of Scotland. The aim is to encourage maximum involvement with minimum hierarchy.

Membership of the MCN will be open to any health professional in the Region who is involved in providing orthodontic care. The need to free up staff time to enable them to participate in the Network must be recognised by Senior Managers in all collaborating NoS Boards. GDPs and SOPs should approach their local NHS Board to claim the Dental Guild Rate for attendance.

A report of the Network’s activity will be produced for the six collaborating North of Scotland Boards in March each year. The report will be published on the NoSPG website and will be made available to members of the public. ([www.nospg.nhscotland.com](http://www.nospg.nhscotland.com))

| 4.2 | Each network must have a defined structure, which sets out the points at which the service is to be delivered and the connections between them. This will usually be achieved by mapping the journey of care. The structure must indicate clearly the ways in which the Network relates to the planning function of the body or bodies to which it is accountable. |

Members of the North of Scotland Managed Clinical Network for Orthodontics will ensure that standards of accountability and transparency are established. This will require a mutual awareness of those elements of the network development, which challenges or appears to threaten individuals or individual Boards. By doing so, members can assure themselves and the wider stakeholder groups that they have in place the mechanisms to align their governance arrangements where their activities inter-relate.

Appendix 1 demonstrates the defined structure of the Network.

| 4.3 | Each Network must have an annual work plan, setting out, with the agreement of those responsible for delivering services, the intended service improvements, and, where possible quantifying the benefits to service users and their families. |

A work plan will be developed and will:

- Identify the overall goals and aims
- Highlight the key objectives – SMART
- Outline likely timescales
- Specify the key resource requirements
- Explain how people and processes will be engaged

The operational aims of the work plan will be to:

- Co-ordinate the development of integrated pathways to cover the management of patients throughout their journey of care and in different settings whilst allowing flexibility within NHS Board areas in order to deal with local issues relating to service delivery.
- Review the current service provision and bring forward proposals for improvements.
- Identify opportunities for increased flexibility and more efficient use of available skills and resources to minimise waiting times for consultation and treatment, as far as is practicable within the available resources, by optimising their use.
- Improve communication between all providers and between providers and referrers.
- Improve care pathway across the transition between primary care and secondary care.
- Ensure treatment for patients is provided in the most appropriate setting.
- Develop of an agreed audit/outcome assessment programme and appropriate responses to the results.
- Provision of unified and expert input to service planning in the North of Scotland collaborating Boards to ensure that the most appropriate provider of Orthodontic services is available where there is most need.
- Develop innovative roles and new ways of working.
• Provide an overview of the workforce and the training of successors to the NoSPG.

The work of the Regional Orthodontic MCN will be integrated with the North of Scotland Planning Group work plan and be embedded within the Health Plans for each of the individual NoS NHS Boards.

4.4 Each Network must use a documented evidence base, such as SIGN guidelines where these are available, and should draw on expansions of the evidence base arising through audit and relevant research and development. All the professionals who work in the Network must practice in accordance with the evidence base and the general principles governing Networks.

The Network will agree and adopt evidence-based practice and relevant guidelines such as those produced by the British Orthodontic Society.

The network will provide the structure needed to facilitate benchmarking and a co-ordinated approach to data collection. This will require:

• Pooling resources at a regional level to avoid duplication of effort
• Support from admin & clerical staff to facilitate audit
• To Facilitate clinical audit using data within e-records

4.5 Each Network must be multi-disciplinary and multi-professional, in keeping with the nature of the Network. Multi-agency Networks will cover NHS and local authority/social care services. There must be clarity about the role of each professional in the Network, particularly where new or extended roles are being developed to achieve the Network’s aims.

The general principles of accountability and Clinical Governance apply to the Managed Clinical Network as does all work undertaken within the NHS in Scotland.

Members of the Network, including Managers, will continue to be accountable to the NHS Boards holding their contract of employment.

The Lead Clinician and Lead Consultant Orthodontist have a responsibility to ensure that the employing NHS Board is made aware of any performance issues relating to its employees about which the Lead clinician and/or Lead Consultant Orthodontist become aware.

The Network will explore new and emerging roles, in particular:

• The Development of DwsIs within a regional MCN structure
• The Development of Orthodontic Therapists in higher volume settings
• Working with NHS Boards to identify areas where additional Specialist Practitioners are needed
• The emerging recruitment and retention strategy in secondary care

4.6 Each Network should include representation by service users and the voluntary sector in its management arrangements, and must provide them with suitable support in discharging that function. Each Network should develop mechanisms for capturing service users’ and carers’ views, and have clear policies on improving access to services, the dissemination of information to service users and carers, and on the nature of that information.

The NoS Orthodontic MCN steering group will include a patient representative from one of the NHS Board areas (To be agreed)

Information will be disseminated to patients by means of the NoSPG website and the Annual Report.

4.7 Each Network must have a quality assurance programme which has been developed in accordance with the arrangements set out by NHS Quality Improvement Scotland. The social work Performance Improvement Framework (PIF) and developing work on joint inspection will be relevant to multi-agency Managed Care Networks.
Clinical Governance is the process whereby NHS organisations are accountable for the quality of care that they provide. Managed Clinical Networks have an important role in promoting and improving quality and this might involve linking with other health authority clinical governance structures. A Quality Assurance programme will be developed based on the NHS Quality Improvement Scotland (QIS) framework for Managed Clinical Networks. The NoS Managed Clinical Network for Orthodontics will promote the implementation of these guidelines throughout the North of Scotland. The functions of the framework will be to:

- To measure performance against agreed standards
- To support improvements in care and services
- To learn from challenges and share strengths
- To report openly.

### 4.8

**Networks’ educational and training potential should be used to the full, in particular through exchanges between those working in the community and primary care and those working in hospitals or specialist centres.** All Networks should ensure that professionals involved in the Network are participating in appropriate appraisal systems which assess competence to carry out functions delivered on behalf of the Network, and that the participating clinicians are involved in a programme of continuous professional development.

The educational and training potential will be developed through close collaboration with NHS Education Scotland (NES). The particular needs will be recognised of those working in rural or more isolated areas for access to specialist advice and support. The potential for sharing best practice and expertise and for exchanging staff across hospital and primary care will be explored to the full. The needs of patients and carers for education and training will be considered in order to encourage maximum involvement in decisions about care and treatment.

In the first instance, an outcome assessment programme will be established using the Peer Assessment Rating (PAR) and following this, other “stretching but achievable” audits will be developed.

Multi-professional case conferences or meetings will be established to discuss the management of more complex treatments. Individual patient care should be a regular part of the Network's activity for educational purposes.

Members of the NoS MCN for Orthodontics, together with the other key dental specialties of Oral Surgery/Oral and Maxillofacial Surgery and Restorative Dentistry, will play a key role in the organisation and development of the programme for the annual NoS Dental Specialties event. (November 2009)

### 4.8

**There must be evidence that the potential for Networks to generate better value for money has been explored.**

There may be potential for making better use of resources through needs assessment which will identify any particular problems or gaps in services and then to focus on how these can be resolved; and through better communication and easier multi-professional working across the NHS, local authority and the voluntary sector.

The emphasis of the Regional Network will be on the provision of quality care by making better use of the resources available, improving access to Orthodontic Services, ensuring equity for all patients across the North, regardless of location.

There should be recognition by the NoS NHS Boards that the Network will only be able to provide a quality service if services are adequately resourced. This proposal offers an opportunity for the NoS Managed Clinical Network in Orthodontics to explore networking solutions instead of duplicating resources.
5. e-Orthodontics Strategy

The "Action Plan For Improving Oral Health And Modernising NHS Dental Services, in Scotland" suggested that Orthodontic resources are concentrated on those children and young people who are assessed under the Index of Orthodontic Treatment Need (IOTN) as having clinical needs. Maximising existing, and implementing new communication technologies to support the Managed Clinical Network is essential. Developing a system for information retrieval, collation and activity monitoring will be a high priority for the MCN.

The proposal for the development of e-Orthodontics in the North of Scotland is set out in the draft document entitled “A Strategy for e-Orthodontics for the North of Scotland”, and dated 1st June 2009. The document suggests a phased approach with four stages of development. The four stages are:

Stage I: e-Triage
Stage II: Treatment Planning/Advice
Stage III: Training and Education
Stage IV: EDI in Primary Care

Each stage will be subject to robust evaluation before recommendations on further roll-out, where appropriate, are made. Members of the Regional Orthodontic MCN agree that e-Orthodontics is essential to support the following initiatives:

• Agreement and implementation of Regional referral pathways and protocols including Minimum dataset
• e-referrals and providing an Orthodontic triage advice using e-health
• Support for DwSIs throughout the patient journey using e-health

If successful, the e-Orthodontics initiative will support the development of an integrated IT infrastructure for the North of Scotland Orthodontic Managed Clinical Network and participating North Boards. It is likely too, that the approach may be replicated with other dental specialties, including Restorative Dentistry and Oral Surgery/Oral and Maxillofacial Surgery.

Establishing a reliable system to cover NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles will be a challenge.

6. Benefits of the Regional MCN

The establishment of this specialty-based Regional Managed Clinical Network upholds the principles of HDL(2007)21 and of Corporate and Clinical Governance. The network will formalise existing links by offering clinical and educational support to individuals involved in the delivery of orthodontic care and other professional groups in the network. It will provide opportunities to explore ways to improve recruitment and retention of staff, to consider staffing profiles with a view to developing multidisciplinary team working and with a flexibility that allows cover of annual or planned study leave. As the network develops cross boundary research and development opportunities will arise which capitalise on academic strengths locally and nationally.

The network offers the opportunity to review current practice in service delivery with the potential to reduce waiting times in Orthodontics, improve access to services and to make the patient experience better all round. The need for additional resources in support of such initiatives must be recognised.

7. Finance


North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles
Section 18 of HDL(2202)69, makes reference to the funding arrangements required for MCNs to function effectively. It states that, in the case of Regional Networks, the financial arrangements should operate in line with the approaches set out in HDL(2002)10. The guidance on funding refers to Regional services, which are provided for more than one NHS Board area. The MCN for Orthodontics for the North of Scotland is not a Regional service. By its very nature, Orthodontics is a service that must be delivered locally, by appropriately trained individuals. Whilst the intention is not to establish a Regional service, the principles underpinning such agreed services are equally appropriate to a Regional Managed Clinical Network. They include:

- Regular benchmarking and validation agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement.
- Demonstrate clearly the level of costs which result with independent cost audits available if appropriate.
- Costs should be divided between the participating Boards.

At the time of writing, the costs associated with the development and implementation of the NoS MCN for Orthodontics are not clear. These will become apparent as the network matures and develops in time. Other potential sources of funding will be identified and approached before any request for funding is made to the NoS Boards. Mr Richard Carey, Chairman of the NoS Oral Health and Dentistry Board, will have overall responsibility for any funding arrangements identified.

7.1 Impact on Other Services

The degree of impact on other services will require to be assessed as the Orthodontic MCN proposal is confirmed. In general terms however, the linkages between Orthodontics and the other Acute Services Dental specialties of Oral Surgery/OMF Surgery and Restorative Dentistry are acknowledged.

8. Next Steps

Section 420 of Mel (1999)10 recognised the NHS as an extremely complex organisation and suggested that managed clinical networks should be developed carefully, and with careful consideration of the strategic planning needs of the organisations involved. The actions that now require to be established include:

- This proposal, and the principles and membership of the NoS MCN for Orthodontics to be confirmed.
- Steering Group membership to be agreed.
- Lead Consultant Orthodontist to be agreed10.
- A work plan and a quality assurance programme, based on the underpinning core principles of an MCN, identified in section 4, is to be developed. This should demonstrate the expected benefit, deliverables and timescales for delivery for each.
- Date of next meeting(s) to be established
- Final draft proposal to be shared with the NoS Oral Health and Dentistry Board on Tuesday, 9th June 2009.

The approval of the North of Scotland Oral Health and Dentistry Board and the North of Scotland Planning Group must be sought for any major proposed changes to the network arrangements are actioned.

9 Scottish Executive Health Department, "NHS Scotland: Guidance on Regional Planning for Health Care Services, HDL(2002)10, 1 March 2002
10 Mr Richard Carey, Chairman of the NoS Oral Health and Dentistry Board, wrote to Consultant Orthodontists on 12th September 2007, seeking a nomination from their number to act as the Lead Consultant Orthodontist. In the absence of any nominations, Dr Grant McIntyre, Consultant Orthodontists in Tayside, was approached and agreed to fulfil the role of Lead Consultant. This decision was supported by members of the NoS Oral Health and Dentistry Board and by members of NoSPG.

North of Scotland Planning Group is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles
9. Conclusions

The Regional Managed Clinical Network in Orthodontics for the North of Scotland is an opportunity to provide an improved, integrated service for the patients of NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. The network will ensure that patients always have equitable access to Orthodontic expertise and a high quality of care regardless of geographic location. The NoS Managed Clinical Network will provide an opportunity to promote best practice by providing a forum in which innovation, through sharing experience and ideas, can be supported and encouraged, and the associated implications discussed and understood.

The core criteria for Managed Clinical networks (HDL(2007)21) provides a platform on which to embrace corporate and clinical governance standards and offer benefits to patients and staff. The core principles will be the starting point for planning and development of the NoS Orthodontic MCN. All of these must be satisfied in order for the proposal to be formally recognised and accredited as an MCN.

Helen M Strachan
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North of Scotland Oral Health and Dentistry
25th June 2009