

## Integrated Care Board

<b>Date of meeting</b>	14 May 2026
<b>Title of paper</b>	Case for Change Secondary Care Orthodontics Programme
<b>Presented by</b>	Craig Harris – Chief Commissioning Officer & Accountable Emergency Officer
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<b>Agenda item</b>	14
<b>Confidential</b>	No

### Executive summary

The attached paper is the Case for Change that supports the Secondary Care Orthodontic Collaborative Programme.

Lancashire and South Cumbria's Provider Collaborative Board and Integrated Commissioning Board identified secondary care Orthodontics as one of three 'fragile' services within the system in November 2023, due to having significant gaps in existing service provision, principally created by difficulties in the recruitment and retention of consultants into parts of the system. Orthodontics was, therefore, prioritised for transformation and improvement.

The Secondary Care Orthodontics Case for Change proposes an operating model that will address the identified fragility and provide a clinically and financially sustainable service moving forward. These are as follows:

1. Operating improvement opportunities
2. **Hub and satellite model**
3. Lead provider model

Secondary Care Orthodontic services are currently delivered across eight acute provider sites, which leads to inefficiencies and the operation of single-handed Consultants. The inherent fragilities of single-handed Consultant services have materialised during the last 18 months with long periods of time where patients have not had access to a local service. In addition to this, the operation of Orthodontic services across eight sites with a small Consultant workforce hinders the ability to maximise therapist capacity due to their supervision requirements.

A review of the current geographical footprint of referrals has been undertaken, which has identified that 30% of patients being referred into Secondary Care Orthodontics, are already choosing not to attend their nearest hospital and therefore are travelling further to access treatment. The highest demand for Secondary Care Orthodontics is within East Lancashire, with Central Lancashire having the second highest demand. Therefore, the proposal is that these two

locations become the two Orthodontic hubs for Lancashire and South Cumbria. The document includes the recommended optimum location plan as agreed by the Orthodontic Collaborative Group (involving Clinical, Operational and ICB colleagues). To maintain access for those in the most deprived areas and those within peripheral locations of LSC, the proposal maintains 'satellite' clinics at both Blackpool and Furness Hospitals. The proposed location plan would see the number of sites reduce from eight to five. The risk of additional travel for some patients has been highlighted.

The programme has explored opportunities to mitigate the risk of additional patient travel as part of the proposed implementation. This includes (but not limited to):

- Car parking concessions at each of the four Trusts' hospital sites
- Non-emergency services for patient travel (e.g., from NWAS, Acute Providers, and through General Practice)
- NHS Business Services Authority provide options for people on low income/savings to help with travel costs

The need to concentrate Orthodontic activity within a more central location, also allows the optimum skill mix of 1 Consultant to 1.5 Therapists within an outpatient clinic to be mobilised, ensuring that activity is maintained throughout the year and patients are seen within the recommended timeframes. The new model will allow clinicians to work more collaboratively and build resilience, leading to less risk of fragility in the future.

It is acknowledged that some staff working within hospitals that are part of the Secondary Care Orthodontics' services will be impacted directly or indirectly by the consolidation of care access points. The programme will look to support the possible impact upon staff with mitigations that include:

- staff involvement in the development of the proposal.
- positive communications and engagement in advance and during the proposed change
- use of national and local metrics to baseline and monitor change before and after implementation to assess and address risks and issues.

Benefits to patients and staff resulting from the programme of work include:

- an increase to the Therapist workforce.
- reduced variation through standardised pathways and a single consistent model of care across L&SC
- a reduction in the cancellation of clinics at short notice through a stable staff resource and rota mechanism.

As noted below, this Case for Change was originally drafted in early 2025. The programme has progressed since then and some of the content reflects legacy work. For example, financial references were accurately presented at the time of drafting but have been superseded. Financial modelling of the proposed implementation is currently being undertaken with all four partner acute Provider teams (led by ELHT). The culmination of this current work will be more contemporaneously presented within Pre-Consultation Business Case (which will be

presented in full to the ICB Public Board as per the programme governance plan). In light of this the original Appendix 2 has been removed as out of date.

The governance timeline is outlined below – with the Case for Change previously being presented to and endorsed by

- Orthodontic Collaborative Project Group - 07<sup>th</sup> March 2025
- LSC Clinical Portfolio Board - 26<sup>th</sup> March 2025
- LSC ICB Commissioning Resource Group - 27<sup>th</sup> March 2025
- LSC Joint Committee Provider Executive Committee (ExCo) - 8<sup>th</sup> April 2025
- LSC Provider Collaborative Board - 10<sup>th</sup> April 2025
- NHSE Stage 1 Assurance Group - November 2025
- LSC ISB Service Change Oversight Group (SCOG) - 4<sup>th</sup> March 2026

These initiated the subsequent service change process that is currently underway. However, with the recent ICB Policy and SOP that reflects the long standing NHSE Major Clinical Service Change guidance it is important that the ICB Public Board review and endorse the attached paper.

### Public and Stakeholder Engagement

**Public/stakeholder Forums/Meetings:** the *Listening to Communities Report* (July 2025) detailed the output from a structured engagement process that used information gathered from Friends and Family Tests (from each of the four acute Trusts), comments and complaints received by patient experience teams between January 2024 and May 2025 and other engagement activity that was pertinent to the issues raised: the views of over 2,000 people were taken into account.

Of these circa 2000 responses, 873 were directly related to secondary care Orthodontics including 190 written comments. For note, each year the service sees an average of 1,400 patients which represents a 13% sample of the population.

The feedback from patients broadly supports the Case for Change by evidencing experience of the main issues raised within it. The recommendations that were made based on the findings are:

1. Any new model must make access to consultants more sustainable and reduce the waiting times.
2. Any new model must learn from good practice in each of the current services provided so that the patient experience is maintained.
3. Any future engagement will need to identify and focus on solutions for areas where additional travel (and, therefore, cost) may be necessary for patients.

**Staff Engagement:** a number of sessions have been undertaken with staffing groups impacted by the change programme, such as Lab Technicians, Consultants, and Therapists. These meetings, which have given a background to the programme, an overview of the proposed change to service engagement, and opportunities for staff to ask questions and feedback on the proposals have been led by the Clinical Lead and Orthodontics Consultants, Simon Watkinson.

Simon Watkinson has also maintained updates on the progress of the programme with his peer group through the Local Dental Committee meetings.

Output from the Orthodontics Collaborative Board, chaired by Sharon Gilligan (ELHT Chief Operating Officer) is also cascaded through the membership to each of the respective Trusts.

**Digital Engagement:** feedback from the public was sought through the use of an online questionnaire between 15<sup>th</sup> August to 12<sup>th</sup> September 2025 ([LSC Integrated Care Board : Secondary Care Orthodontics](#)). Feedback from this survey will support the drafting of a Consultation Strategy (as below) if required.

Also contributing to that consultation planning will be the feedback from the NHSE Stage 1 Assurance Group (November 2025). This gave positive assurance on the engagement up to that point, noting that

- the plan up to that point had used the OASIS framework
- some higher-intensity tactics (e.g. focus groups/patient advisory groups) will be reserved for consultation, if required.
- prior to any formal consultation, NHSE would expect continued proactive engagement in affected geographies and with VCSE partners, local Directors of Public Health, LDN (Local Dental Network)/MCN (Managed Clinical Network) stakeholders, and primary care orthodontic providers.

In preparation for a public consultation, if it is deemed to be necessary, a draft **Consultation Strategy** is currently being developed by the ICB Communications & Engagement Team as part of the pre-implementation work of the programme. This document has been shared with key stakeholders, Communication Leads within each Trust, and representatives from within the programme for feedback and iteration. The document outlines the strategic rationale and implementation plan for a formal consultation on the Orthodontic Collaborative programme in L&SC.

### Recommendations

The Public Board membership are recommended to endorse the Secondary Care Orthodontic Programme Case for Change in line with the Major Clinical Service Change process.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	
SO6	To develop and implement ambitious, deliverable strategies	✓

### Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?		✓		A programme Risk Register is maintained.
Financial Implications				To be confirmed as part of the Pre-Consultation Business Case

<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>			<b>Outcomes</b>
Orthodontic Collaborative Project Group	07 <sup>th</sup> March 25			Endorsement
LSC Clinical Portfolio Board	26 <sup>th</sup> March 25			Endorsement
LSC ICB Commissioning Resource Group	27 <sup>th</sup> March 25			Endorsement
LSC Joint Committee Provider Executive Committee (ExCo)	8 <sup>th</sup> April 25			Endorsement
LSC Provider Collaborative Board	10 <sup>th</sup> April 25			Endorsement
NHSE Stage 1 Assurance	27 <sup>th</sup> Nov. 25			Endorsement
LSC ISB Service Change Oversight Group (SCOG)	4 <sup>th</sup> March 26			Endorsement
Commissioning Committee	22 <sup>nd</sup> April 26			Supported with requests for extra information included here.
<b>Conflicts of interest associated with this report</b>				
Not applicable.				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed	✓			ICB endorsed QIA: available upon request.
Equality impact assessment completed	✓			ICB endorsed EHIRA: available upon request.
Data privacy impact assessment completed	✓		✓	DPIA online submission made to ICB IG Team; advice given. Acute Provider-led DPIA-work to be undertaken.
<b>Report authorised by:</b>		Craig Harris, Chief Commissioning Officer & Accountable Emergency Officer		