NHS
Lancashire and South Cumbria
Integrated Care Board

Secondary Care Orthodontics pre-consultation engagement report

Engagement Process

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Engagement Timeline

The process started with a desktop review in July 2025 and continued with pre-consultation engagement from August to September 2025.

Methods of Engagement

Engagement included online questionnaires shared via clinics and participation of a Citizens' Panel.

Feedback and Analysis

A total of 291 responses were analysed to identify themes and improve the proposed service model.

What we presented

Pathway and operational

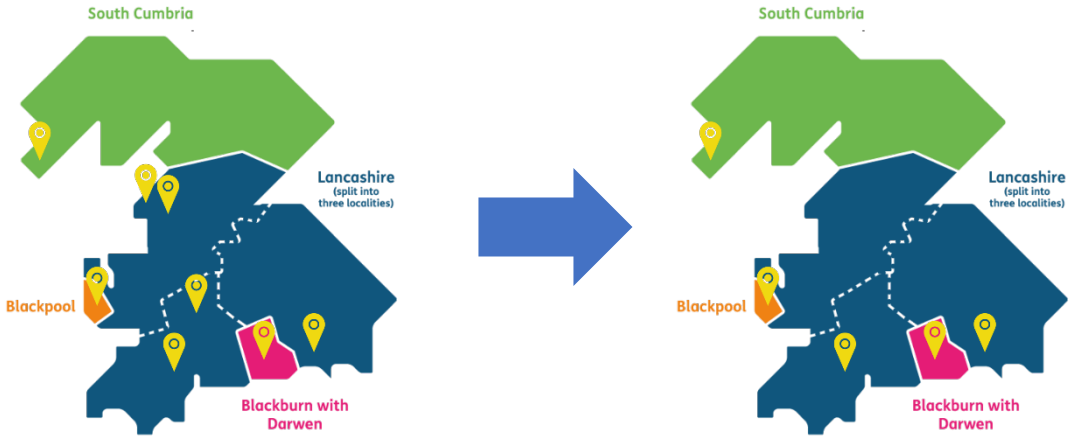
- Standardisation of the way services are delivered to maximise capacity across the system such as clinic templates, referral processes and the development of an advice and guidance service to strengthen the links between Primary and Seconday Care.
- Most of these improvements have already been implemented but due to the configuration of the service, not to maximum efficacy.

New commissioning model

- Instead of commissioning (paying) all four hospital Trusts for services, the ICB would pay just one Trust to provide all services in multiple locations across Lancashire and South Cumbria.
- **ELHT would be the lead provider of secondary care orthodontics.**
- All consultants would work for ELHT but in multiple hospital settings.
- This will strengthen professional infrastructure and create a single accountability for for providing services.

New location plan

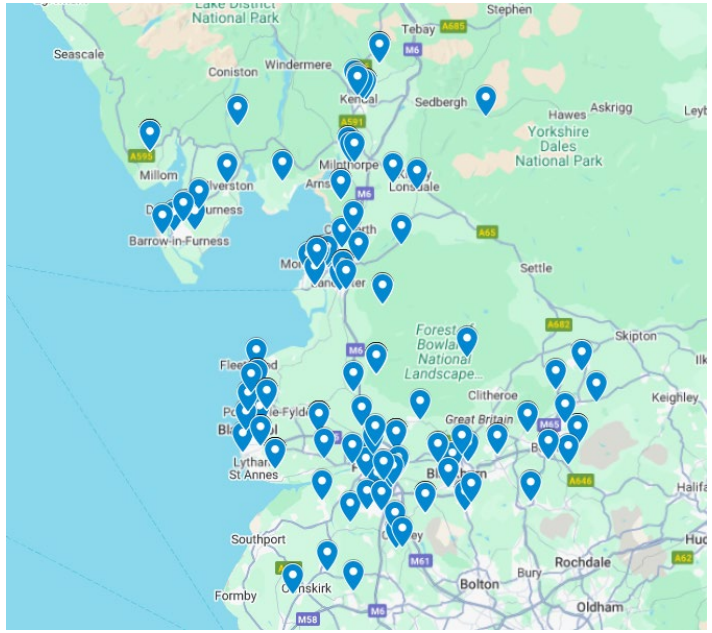
- This will provide more clinics at fewer sites allowing staff capacity to be maximised.
- Two main (hub) locations
  - One in East Lanashire (operating out of both Burnley General Hospital and Royal Blackburn Hospital).
  - One in Central Lancashire (operating out of Chorley and South Ribble Hospital).
- Two satellite (spoke) locations offering clinics one day a week
  - At Blackpool Victoria Hospital.
  - At Furness General Hospital.

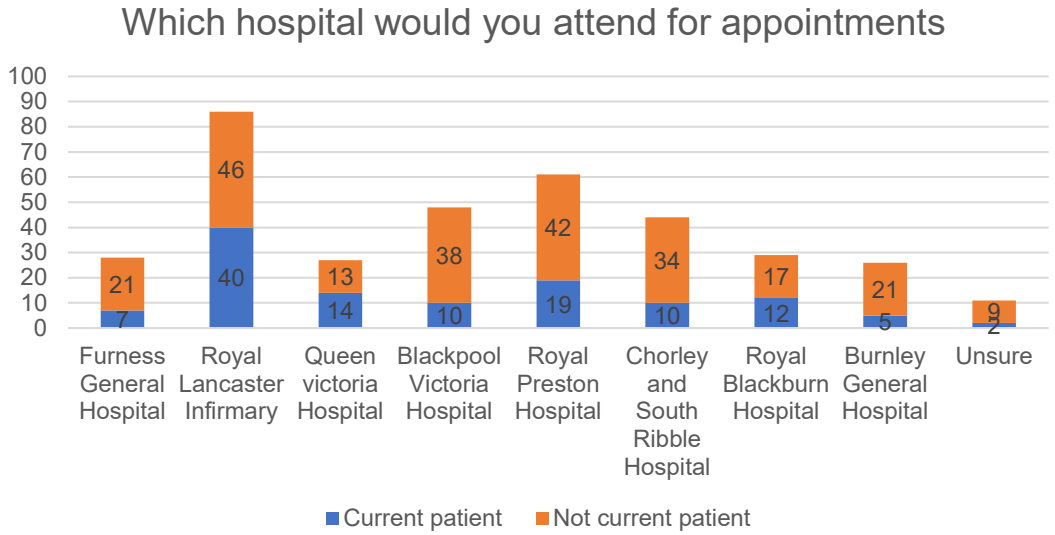


1. Are you a patient (or a carer for a patient) with experience of secondary care orthodontics?
2. Please provide the first part of your postcode (this allows us to see how our plans affect people living in different areas).
3. Which of the following hospitals do you / would you currently visit for orthodontic appointments? (A list of options)
4. Have you experienced any of the following (please select all that apply)?
5. Which of the following are important to you for a future service? (A list of options)
6. Do you agree with the proposed changes? (With comments).
7. Do you think there could be any issues for patients if we were to implement the proposed new service structure?

The respondents

- 291 people responded to the survey
  - 97 current patients/carers
  - 194 are not accessing the service (citizens panel)
- Based on 1,400 patients a year (approx 117 per month) this represents 82% response rate for the month
  - 7% of total population
    - (*best practice recommends a 1% response rate)*





Agreement with the proposed model

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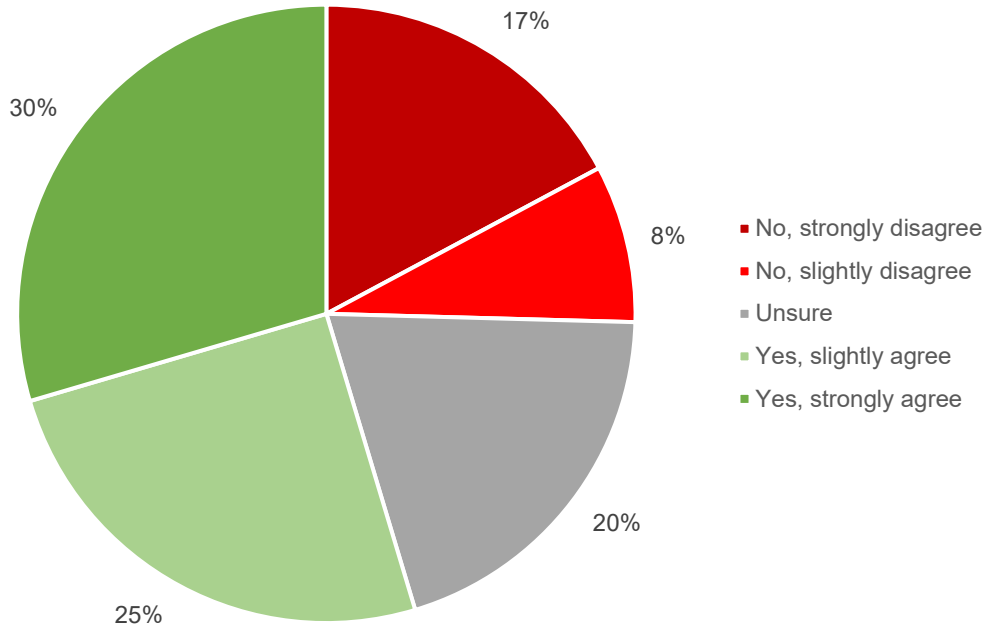
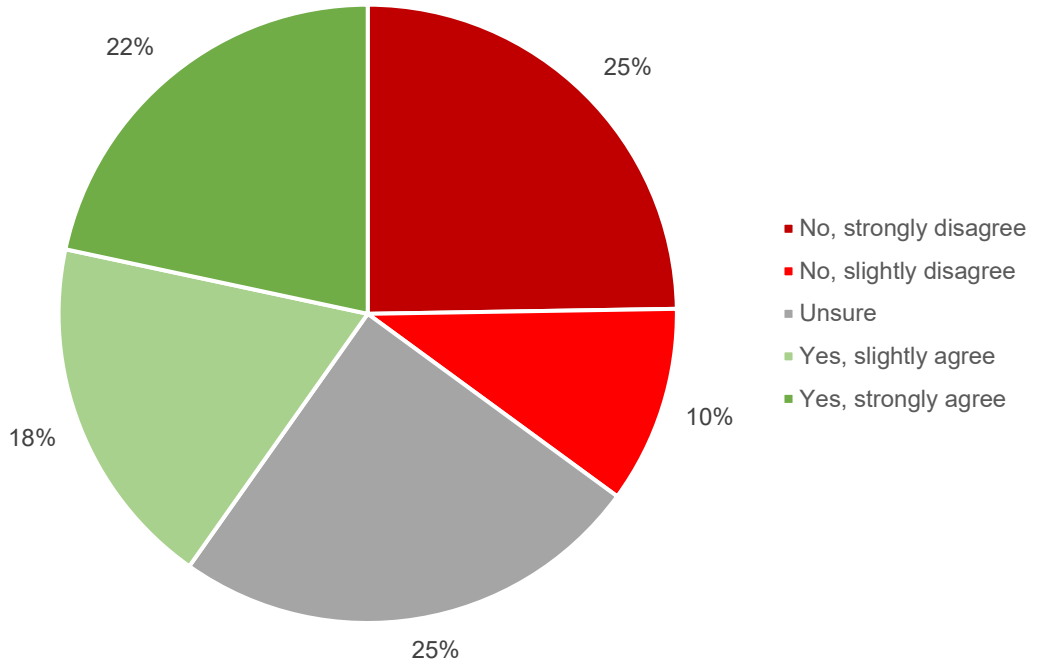
All respondents



Just patients



The key issues

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Travel and accessibility	• Increased distance and cost
Impact on families	• Long distances mean long times out of school/work
Equity	• Morecambe and Lancaster are deprived and now expected to go further
Staffing	• Will a single provider really solve recruitment issues?
Cost	• Mostly of travel
Location	• No provision in Kendal / Lancaster
Parking	• Difficult to attend appointments
Continuity	• Seeing the same staff

Final recommendations

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1. Mitigate travel and accessibility barriers

- Explore options for additional satellite clinics or periodic outreach services in areas most affected by reduced local provision, such as Lancaster, Morecambe, and rural communities. An option to this that was suggested was to alternate the south Cumbria clinics between Royal Lancaster Infirmary or Queen Victoria Hospital and Furness General Hospital. Alternatively a mobile vehicle that can provide clinics in local communities.
- Consider integrated hospital transport solutions or travel support schemes for patients and carers facing significant travel challenges, particularly those with mobility issues or on low incomes.

2. Enhance communication and support

- Provide clear, accessible information about the reasons for change, the benefits of the new model, and the support available for those impacted by increased travel.
- Ensure that patients, carers, and families are kept informed and involved at every stage of the decision-making process.

3. Promote equity and inclusion

- Monitor the impact of service changes on vulnerable groups, including those with disabilities, children, and people from deprived areas, to ensure equitable access and outcomes.

Some suggestions from respondents

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Additional clinics in the areas that may lose provision.

a. “Could they not arrange for a clinic at Lancaster every two weeks, especially if permanent staff are going to be employed at all the other hospitals you are thinking of moving them to.”
b. “There seems to be not even a one-day clinic in anywhere between Chorley and Barrow! So people in Kendal, Lancaster, Morecambe, Preston would have to travel.”
c. “Maybe (at the very least) consider a day clinic in Morecambe (running out of Chorley hub or one of the east Lancs hub) in order to provide that huge area with an option.”
d. “If you want one provider, mobile clinics could be setup with the same staff travelling to each location in rotation.”

Solution to additional travel

a. “Perhaps consider using integrated hospital transport especially for those patients or their carer with mobility issues.”

Options for helping those impacted by education or work

a. “Could an evening and weekend service be looked at too, I understand there would be great cost implications with this!”

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