



**Lancashire and
South Cumbria**
Integrated Care Board

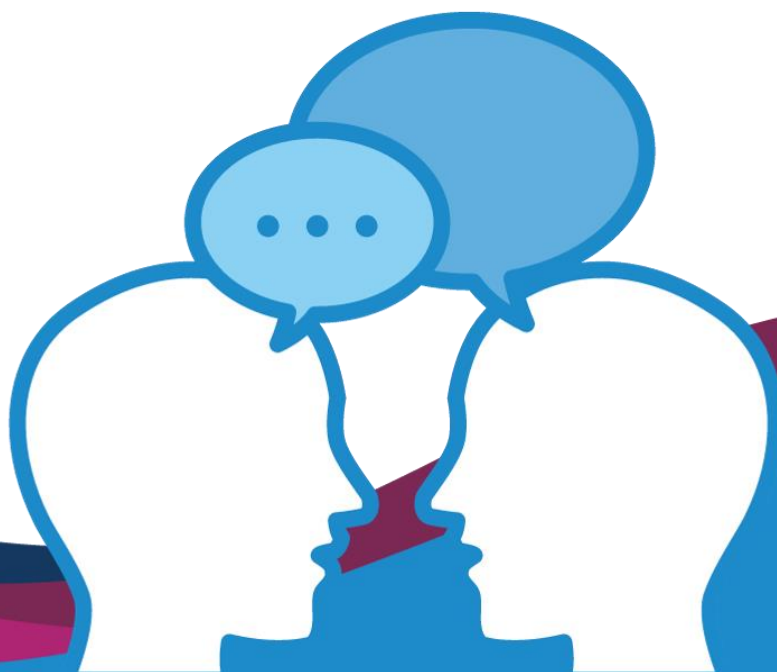
Lancashire and South Cumbria secondary care orthodontics collaborative programme - case for change

Listening to communities report

July 2025

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Acknowledgements

Thank you to the patient experience teams at each of the four hospital Trusts involved in the programme for sharing their data.

Introduction

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.

Secondary care orthodontics is a highly complex clinical speciality, concerned with the alignment of the jaw and bite as well as the straightening and movement of the teeth.

The purpose of the Orthodontics Collaborative programme is to create a robust and sustainable service for the Lancashire and South Cumbria population, ensuring timely access and reducing unwarranted variation in access and clinical outcomes irrespective of a patient's place of residence.

A 'case for change' document has been created which highlights some areas of particular interest to the Orthodontics Collaborative programme and a possible solution to the issues. This is informed by data and clinical expertise within the programme group.

To ensure the case for change is supported by patient-led insight, a plan for engagement has been developed and implemented. This report outlines the findings of the engagement insight gathering process and offers recommendations for progressing the development of the new service model.

Executive summary

The primary goal of the Orthodontics Collaborative programme is to establish a robust and sustainable service that ensures timely access for all patients, regardless of their location, while minimising unwarranted variations in clinical outcomes. A 'case for change' document was produced, emphasising the need for transformation supported by both data analysis and clinical expertise.

To enrich this case for change with patient perspectives, a structured engagement plan was implemented, allowing for insights directly from those most affected. The engagement efforts focused on information gathered from Friends and Family Tests from each of the four acute Trusts and comments and complaints received by patient experience teams between January 2024 and May 2025. It also refers to other engagement activity that was pertinent to the issues raised.

Taking into account all engagement activity, the views of 2,001 people have been taken into account. Of these 873 were directly related to secondary care orthodontics including 190 written comments. Each year the service sees an average of 1,400 patients – if we take the 190 written comments alone this represents a 13 per cent sample of the population.

The feedback from patients does broadly support the case for change by evidencing experience of the main issues raised within it.

The recommendations that can be 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.

What have we been talking to people about and why?



Secondary care orthodontics is a highly complex clinical speciality, concerned with the alignment of the jaw and bite as well as the straightening and movement of the teeth.

Referral to secondary care is usually for:

- Severe malocclusion: Cases with significant jaw discrepancies or complex tooth misalignments.
- Surgical orthodontics (orthognathic surgery): When the bite problem requires jaw repositioning surgery.
- Multidisciplinary cases: When orthodontic treatment needs to be coordinated with other dental specialties (e.g. restorative dentistry, oral surgery) or medical specialties.
- Complex restorative problems: Cases involving missing teeth, developmental anomalies, or other issues that require a team approach.
- Patients with medical, developmental or social problems: Where additional support is needed.
- Complex cases not suitable for management in a specialist dental practice or where a second opinion is required.

Within the Lancashire and South Cumbria population of 1.8m, an estimated 1,400 patients require the service each year; most of these patients are under the age of 18.

Secondary care orthodontics is 'fragile', with an unsustainable operating model due to several reasons which predominantly fall into three categories – workforce, clinical standards and performance.

The case for change document recognises specific issues that affect patient experience. These can be summarised as:

- Workforce challenges cause delays on access to both new and follow up appointments resulting in long treatment pathways.
- Time between referral and treatment is in excess of the 18-week national elective standard at some providers.
- Patients going beyond the clinically appropriate time for follow ups of six to eight weeks.
- Difficulty in referral processes resulting in some referrals to secondary care being unnecessary.

The engagement plan aimed to ensure patients were involved at all stages of the decision-making process by analysing their views on services against the above issues and to ensure any proposed service model meets their needs.

What have we talked about before?

The ICB has not carried out any specific engagement on secondary care orthodontics before. However, there has been some engagement on other services that is relevant.

Clinical Strategy Development

In May 2023, an engagement programme commenced to capture insight from local people and staff regarding the principles of networked clinical services. This concluded in August 2023.

The engagement asked questions about travel, use of community settings and local hospitals, and having specialised services centralised in specialist centres.

Your health. Your future. Your say

Throughout September to November 2024, the 'Your health. Your future. Your say.' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. They featured information about challenges and areas of focus for the ICB including challenges and opportunities with the quality and sustainability of health and care services, increasing health inequalities, hospital reconfiguration, integrated urgent care and transforming community care. Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups.

[Read the full report](#)

Feedback fortnight

Feedback Fortnight is a two-week period of engagement with children, young people and families/carers to ensure their active participation in decisions regarding their health and wellbeing.

This engagement was carried out from 3-14 March 2025.

[Read the full report here](#)

Since the majority of patients accessing secondary care orthodontics are under 18 the findings of this study can be relevant to this programme.

Who have we heard from and how?



The purpose of the engagement was to assess previous patient experience of services as they are currently provided.

A relatively low number of patients flow through the service each year (around 0.07 per cent of the Lancashire and South Cumbria population) and the age of patients using the service makes speaking directly with them about their past experience difficult.

Since we are not able to directly contact previous patients, the decision was taken to rely on feedback already gathered.

A desktop review of data collated by the ICB and hospital Trusts in Lancashire and South Cumbria was carried out. This incorporated Friends and Family test results, complaints and compliments from between January 2024 and May 2025.

It should be noted that the majority of patients accessing secondary care orthodontics are under the age of 18 so most, if not all, of the comments received are from their parents/guardians/carers.

How many people got involved?

Insight source		Number of people/responses
Orthodontic Friends and Family Test	Blackpool Teaching Hospitals NHS Foundation Trust (BTH)	0
	University Hospitals of Morecambe Bay NHS Trust (UHMBT)	50
	East Lancashire Hospitals NHS Trust (ELHT)	594
	Lancashire Teaching Hospitals NHS Foundation Trust (LTH)	39
	ICB	7
Orthodontic complaints / compliments	Blackpool Teaching Hospitals NHS Foundation Trust (BTH)	11
	University Hospitals of Morecambe Bay NHS Trust (UHMBT)	24
	East Lancashire Hospitals NHS Trust (ELHT)	109
	Lancashire Teaching Hospitals NHS Foundation Trust (LTH)	39
	ICB	7
Orthodontic specific sub total		873
Clinical strategy development		357
Your health. Your future. Your say		188
Feedback fortnight		583
Total		2,001

*The reason for BTH having low response rates is due to the service being mostly suspended as a result of the aforementioned workforce related issues experienced at the Trust.

What did we hear?



The following is an analysis of the findings of the review of the insight available.

Non-orthodontic related comments

The relevant information from the Clinical Strategy Development, Your Health. Your future. Your say, and Feedback fortnight includes:

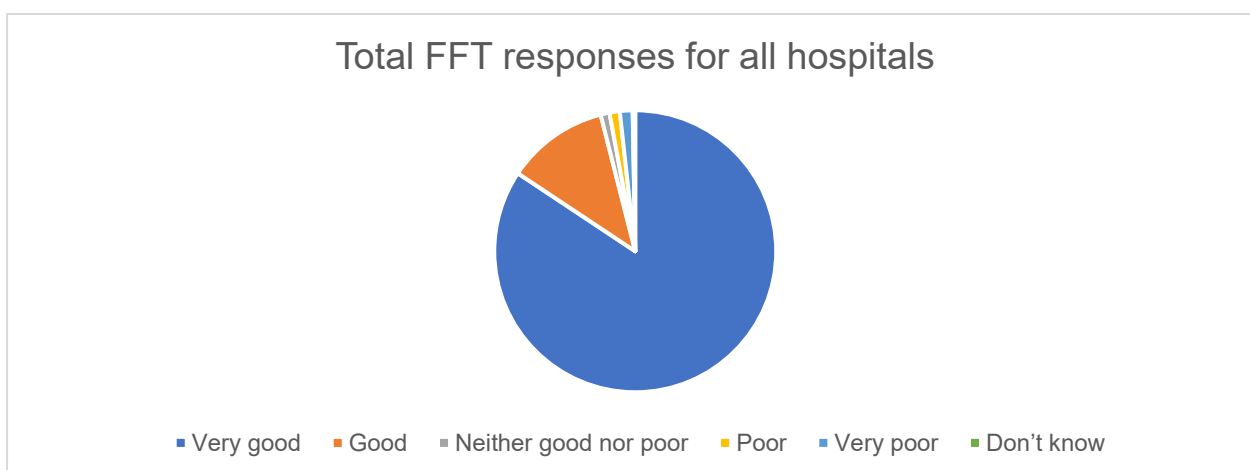
- Clinical Strategy Development
 - This showed that 50 per cent of people were willing to travel for better service with a further 27.4 per cent saying they would be willing but had concerns. Those concerns that are relevant to this programme included:
 - **Travel.** People not accessing treatments as too difficult.
 - **Disparity** between speed at which you get seen for specialist treatment if you live near a city.
- Your health. Your future. Your say
 - **Long waiting times:** Many comments mentioned lengthy waiting times for appointments and referrals, highlighting a general struggle to access timely care.
 - **Travel and transport:** Travel to hospital and other services, particularly where there is a reliance on public transport, is a significant issue for older people, those in poverty or with low incomes, carers and those with conditions that make it harder such as disabilities, dementia and frailty.
- Feedback fortnight
 - **Waiting times:** Participants noted challenges related to waiting times for appointments across a range of services. Many participants highlighted the need for more timely and efficient service delivery (reduced waiting times) and the need to improve the overall accessibility of healthcare services.
 - **Satisfaction Levels:** Participants highlighted areas of excellence, such as the professionalism and compassion of healthcare staff.
 - **Communication:** Some common themes for improvement included the need for better communication between different departments, across healthcare providers and between healthcare providers and patients.

Friends and Family Test

When completing Friends and Family Test surveys the patient is asked to rate the service they have received.

The table below shows the responses for each of the hospitals.

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Burnley General Hospital (ELHT)	2	0	0	0	0	0
Royal Blackburn Hospital outpatients (ELHT)	109	24	0	1	0	0
Royal Blackburn Hospital inpatients (ELHT)	404	45	4	1	2	2
Chorley and South Ribble Hospital (LTH)	4	0	0	0	0	0
Royal Preston Hospital (LTH)	28	3	1	2	1	0
Furness General Hospital (UHMBT)	22	6	1	2	4	0
Royal Lancaster Infirmary (UHMBT)	7	1	1	2	3	0
Queen Victoria Hospital (UHMBT)	0	1	0	0	0	0
Blackpool Victoria Hospital (BTH)	0	0	0	0	0	0
Totals (for system)	576	80	7	8	10	2



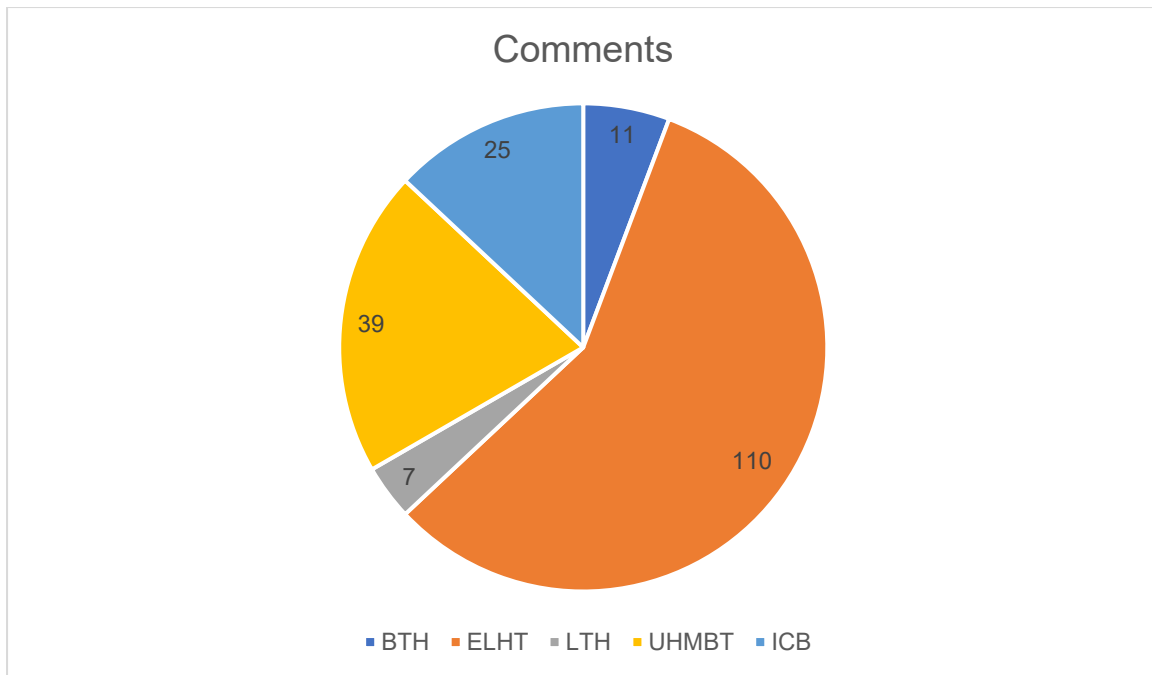
This shows the opinion of the services across the whole of Lancashire and South Cumbria system to be mostly very good.

The poorest rated hospitals based on this data are Royal Lancaster Infirmary and Furness General Hospital with Blackpool Victoria Hospital not recognised due to a lack of service provision.

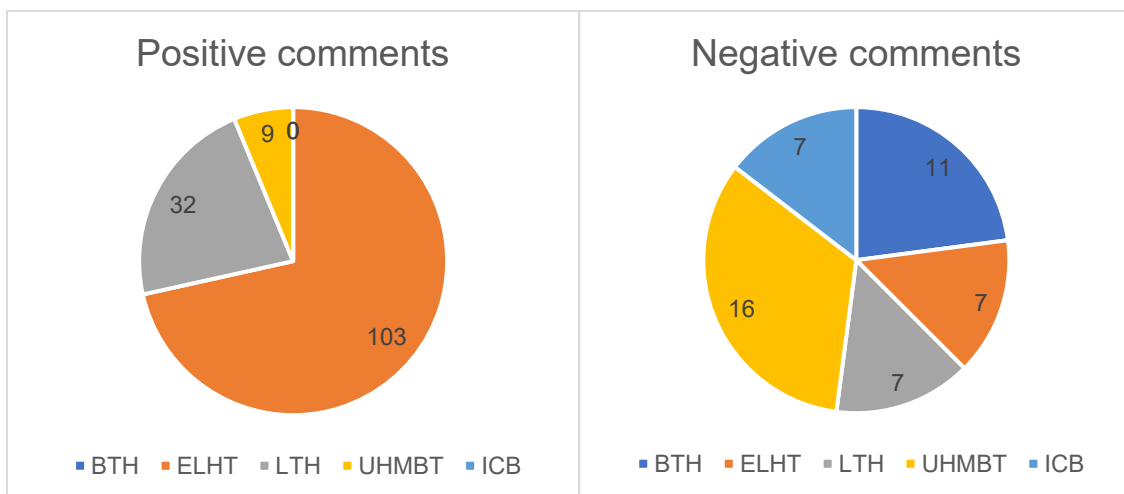
Comments and complaints

All comments and complaints that have come to the hospital Trusts or the ICB either through additional comments in the Friends and Family Test responses or as separate comments and complaints systems have been collated for analysis.

The number of comments per Trust are shown below. The majority of comments are from ELHT with very few from LTH and to the ICB.



Of the 192 comments received 144 were positive and 48 were classed as negative. The breakdown of positive / negative comments by each Trust are shown below.



BTH and the ICB received no positive feedback.

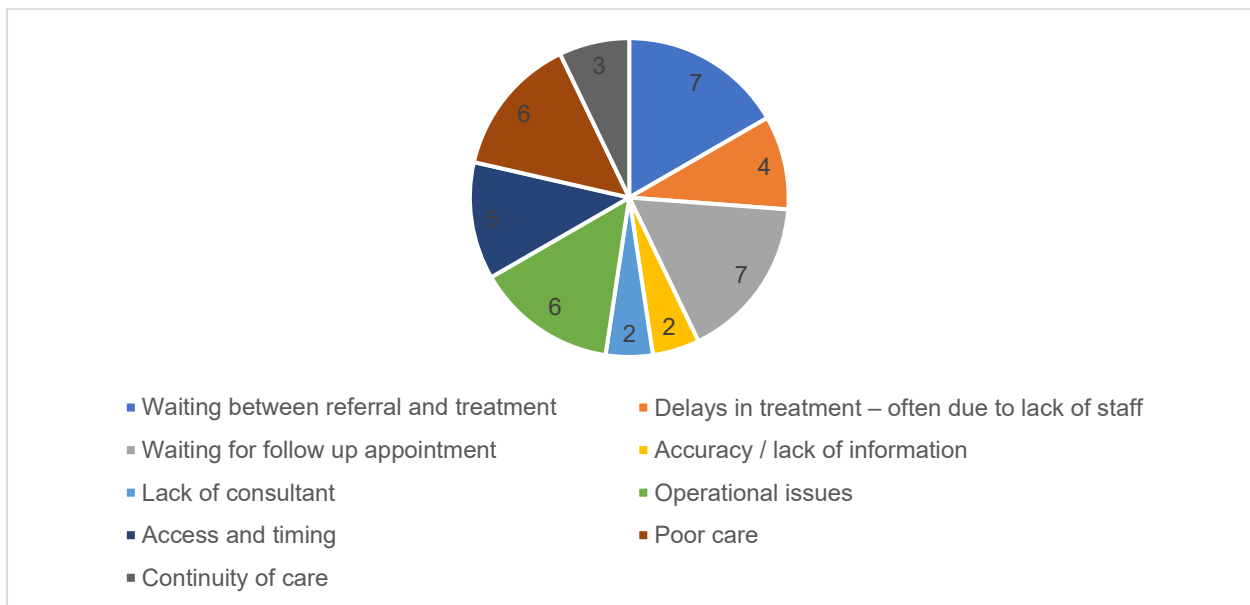
The vast majority of the positive comments were about the care and friendliness experienced from staff at all Trusts. Other comments involved the ease of getting appointments with ELHT services and the overall good patient experience by those accessing LTH services.

The negative comments were grouped into themes; the themes and examples of comments in each category are listed below:

- Waiting between referral and treatment
 - *“My dentist sent my referral to the orthodontist at BVH and I was accepted for treatment. I waited over a year for my appointment (my dentist did inform me it would take this long).” (BTH)*
- Delays in treatment – often due to lack of staff
 - *“I attended my first appointment in Nov 2024 followed by around 4 more appointments mostly on Saturday mornings. The last appointment was in Jan 2025 and I was informed that my next appointment would be surgery and braces in the next month or so. I called the orthodontist secretary to make sure I was still on the list and haven’t been forgotten. The secretary informed me that the funding has been stopped and that I will not be having the surgery or treatment until a new orthodontist has been appointed. Nearly two years of waiting and now told the treatment is not happening is poor patient care.” (BTH)*
- Waiting for follow up appointment
 - *“After a successful procedure to expose my son’s tooth, we waited well over four months for a check-up appointment, which should have taken place two weeks after surgery.” (UHMBT)*
- Accuracy / lack of information
 - *“Patient raises concern about her consultation and follow up including poor and inadequate verbal and written communication and delay in investigation, care and treatment. She complains that the clinic letter, which was delayed, was not clear or accurate and was misleading.” (LTH)*
- Lack of consultant – where this is specifically mentioned
 - *“After waiting several years for an orthodontic referral, my daughter was finally seen and had a few initial appointments. We were hopeful that she would begin her orthodontic treatment. However, communication stopped without any explanation. After months of trying to get an update, I was told by the secretary that there is currently no orthodontist available and that our only option is to raise a complaint with PALS. This is very upsetting. My daughter has serious insecurities about her teeth, which are affecting her mental wellbeing.” (BTH)*
- Operational issues – ranging from clinics running late or waiting for x-rays
 - *“Orthodontist was lovely and the dental nurse - 40 min delay with appointment time Got sent to medical unit 1 for dental X-ray and machine was being serviced, so then got sent to centenary- waited almost 40 mins there for staff to that come till us there is a problem with the dental X-ray machine and that we had to. Go back down to medical unit 1A lot of waiting and massing about for an 11 second X-ray” (UHMBT)*
- Access and timing – regarding location or travel to an appointment or the time of day (lack of out of working hours appointments).
 - *“Staff were friendly, professional and understanding. Everything was good so I don’t think it could’ve been better, other than we travelled to Westmorland Hospital from Heysham... Lancaster Royal Infirmary would’ve been easier and quicker to get to.” (UHMBT)*
- Poor care – where people were not happy with the staff or the way care was delivered.

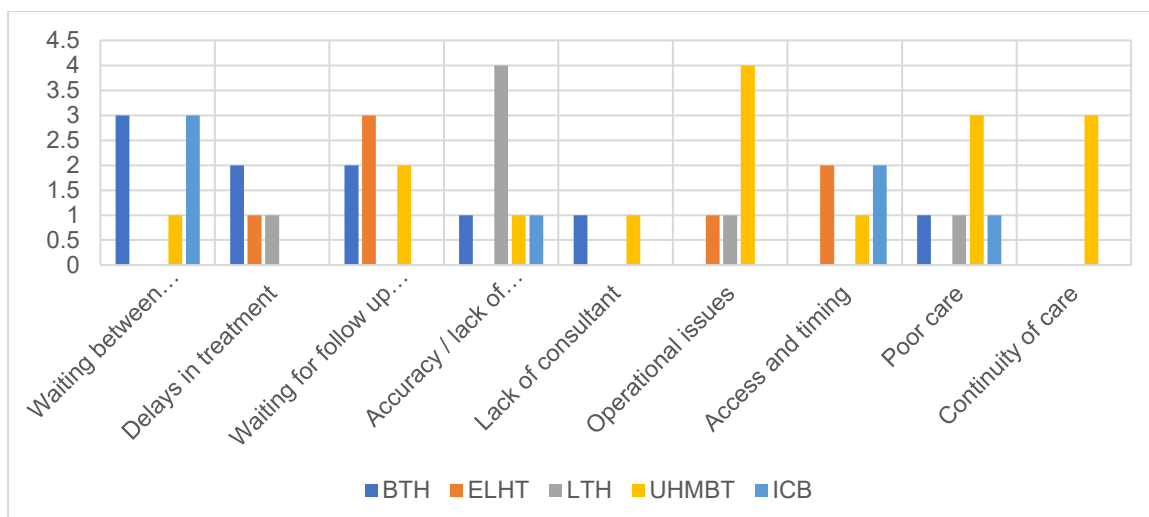
- *“When we arrived, the orthodontist was rude. He did not look at us for around 5 minutes after we entered the room. He said he had no idea why we had been sent to him and that it was a waste of time. It was a waste of my time. I had to take time out of work. I was not happy with the way he spoke to us or acted.” (UHMBT)*
- Continuity of care – regarding changes in consultant
 - *“We have seen a number of orthodontic specialists who have been supportive and concerned about my daughters teeth, proposing a variety of treatments. We then were invited for another appointment, expecting a plan forward, unfortunately we saw a different specialist so there was no continuity in care. This person said that they were not concerned, she needed to improve her dental hygiene and that she was being removed from proposed hospital care. The lack of consistency and removal of care is disappointing.” (UHMBT)*

The chart below shows the number of negative comments for each theme.



The most common complaints were around waiting for appointments following referral for treatment and follow up appointments.

The graph below shows the number of each theme for each of the Trusts.



What we have learned

What our patients have told us

Patients have repeatedly told us about delays for appointments at both the referral to treatment stage and the follow-up appointment stage. They have expressed to us the mental health impacts these long waiting times have on them ranging from stress and negative emotions towards the process to prolonged self-esteem issues due to lack of treatment.

Ease of access is important to our patients. This is the case both in terms of ease of making appointments – and those appointments being provided within expected timeframes – and in terms of location and timing of appointments as close to home as possible and at times that are suitable for the patient.

However, we have heard during other general engagement that people are willing to travel for specialist care.

Another important issue is continuity of and level of care. Patients do not like to be passed around and see multiple consultants for treatment. If they do have to see multiple consultants, they want each consultant to be fully aware of the treatment pathway the patient is on. This is echoed in calls for better communication between the consultants and staff and the patient.

Operational issues are also highlighted which range from being sent for an x-ray when the x-ray service is closed, long waits during clinics and issues with receiving appointment letters or diagnostic results.

Conclusion and recommendations

The comments from patients/parents/guardians/carers do broadly support the case for change.

Patients have clearly experienced the issues the case for change raises; particularly those of long waiting times and lack of consultants.

Although there are some issues with staff and the way services operate, the general opinion is that all services are good, and staff are helpful and efficient.

Access to appointments is also important with as little travel as possible and clinics at times that suit those who are working.

Recommendations:

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 new model should address travel times and reduce additional travel (and cost) as much as possible or balance additional travel with improved levels of service.
4. Any future engagement will need to identify and focus on areas where additional travel may be necessary.