



**Lancashire and
South Cumbria**
Integrated Care Board

Pre-consultation engagement report

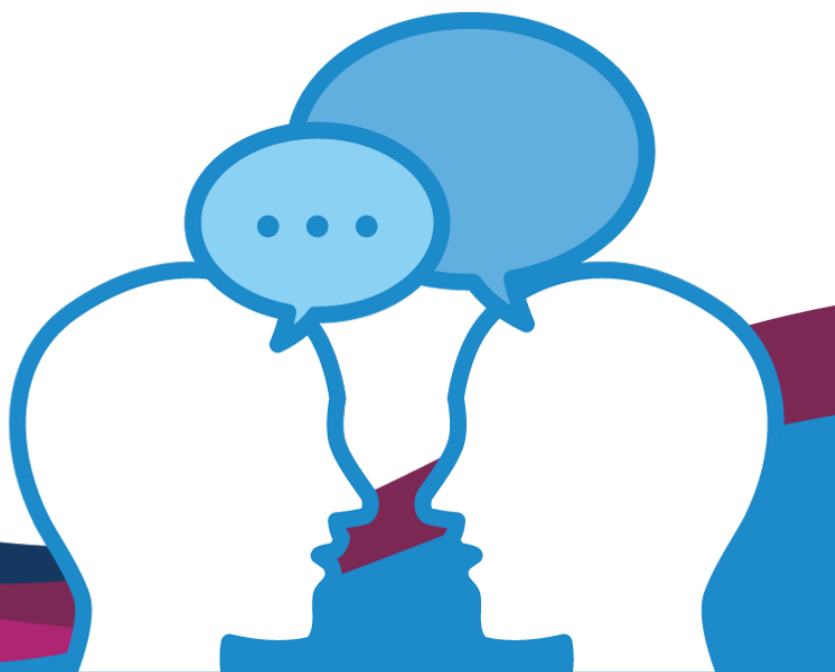
Lancashire and South Cumbria secondary care orthodontics collaborative programme

Listening to communities

October 2025

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Acknowledgements

We would like to thank all the patients, their families and carers who shared their views and the clinic staff and consultants for sharing the survey with their patients

Introduction

In November 2023, NHS Lancashire and South Cumbria Integrated Commissioning Board (ICB) ¹ and Lancashire and South Cumbria's Provider Collaborative Board (PCB) ² identified secondary care orthodontics as one of three 'fragile' services within the system. This was indicated due to significant gaps in existing service provision, attributable to difficulties in the recruitment and retention of consultants into parts of the system. It is recognised nationally that there is a shortage of Orthodontic Consultants, and following several months of advertisement, the system has been unable to recruit to the substantive vacancies and this has had a knock-on effect across the system, as well as causing significant inconvenience to patients and their families. 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 desktop review of patient feedback conducted in July 2025 provided evidence in favour of the case for change and allowed the programme to progress to the next phase of development. This phase required a period of pre-consultation engagement to review the proposed model and highlight any risks to it or any alternative options.

This report describes the engagement process and the findings that resulted from it.

¹ The organisation responsible for planning NHS services

² The board of a partnership that bring together two or more NHS Trusts working closely with established partnerships called Integrated Care Systems, which include NHS organisations, local councils and others, to support improved commissioning of services for people within the same population footprint.

Executive summary

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

As part of the NHS England service change assurance process, the case for change document has already been supported by a desktop review of existing insight. The secondary care orthodontics collaborative programme, led by the provider collaborative board, is now progressing with stage two of this assurance process which requires engagement on the proposed model in what is often referred to as pre-consultation engagement. It must be noted that no decision has yet been made on whether a consultation is necessary.

The proposed new model has been shared with patients, their families and carers and the ICB's citizens panel and their views sought via an online questionnaire.

Our engagement took place from 15 August until 26 September 2025. A total of 291 individuals completed the engagement questionnaire, including 97 current patients.

The majority of respondents recognised the need for change and supported the proposed model, particularly those in areas where service provision would be maintained or improved. However, significant concerns were raised by participants from areas facing reduced local provision, especially regarding increased travel distances, accessibility, financial impact, and potential disruption to family routines, education, and work.

The feedback highlighted the importance of equity, continuity of care, clear communication, and support for those most affected by the changes. Respondents also emphasised the need for additional support measures, such as travel assistance and flexible appointment times, to mitigate the impact on vulnerable groups.

Recommendations

Based on the engagement findings, the following actions are recommended:

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. A suggested option was to alternate the South Cumbria clinics between Royal Lancaster Infirmary or Queen Victoria Hospital and Furness General Hospital. Alternatively, a vehicle that can provide mobile 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.
- Consider flexible appointment times (e.g., evenings or weekends) to reduce disruption to education and work.

4. Financial considerations

- Assess the financial impact of travel on patients and explore options for reimbursement or subsidised transport where appropriate.

Continued/...

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.

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.

At the present time, secondary care orthodontics is delivered by all four acute Trusts in Lancashire and South Cumbria, with clinics delivered out of the eight sites shown below:

- University Hospitals of Morecambe Bay NHS Trust (UHMBT):
 - Royal Lancaster Infirmary
 - Furness General Hospital
 - Queen Victoria Hospital
- Blackpool Teaching Hospitals NHS Trust (BTH):
 - Blackpool Victoria Hospital
- East Lancashire Hospitals NHS Trust (ELHT):
 - Royal Blackburn Hospital
 - Burnley General Hospital
- Lancashire Teaching Hospitals NHS Foundation Trust (LTH):
 - Royal Preston Hospital
 - Chorley and South Ribble Hospital

Both BTH and UHMBT have no permanent consultants and are reliant on temporary / locum consultants to maintain service delivery. In addition to this, BTH is currently not accepting new referrals, with patients having to seek treatment at another provider. These temporary / locum arrangements have led to delays in treatment for new patients and those waiting for follow-up appointments, whilst undergoing orthodontic treatment.

Without changes to the orthodontic service as a whole, we will not have a stable, resilient workforce or be able to offer the high-quality and timely care and treatment that patients deserve. At present, due to the configuration of services across Lancashire and South Cumbria, patients are not receiving an equitable service.

The proposal we are currently looking at is split into three main areas:



Pathway and operational

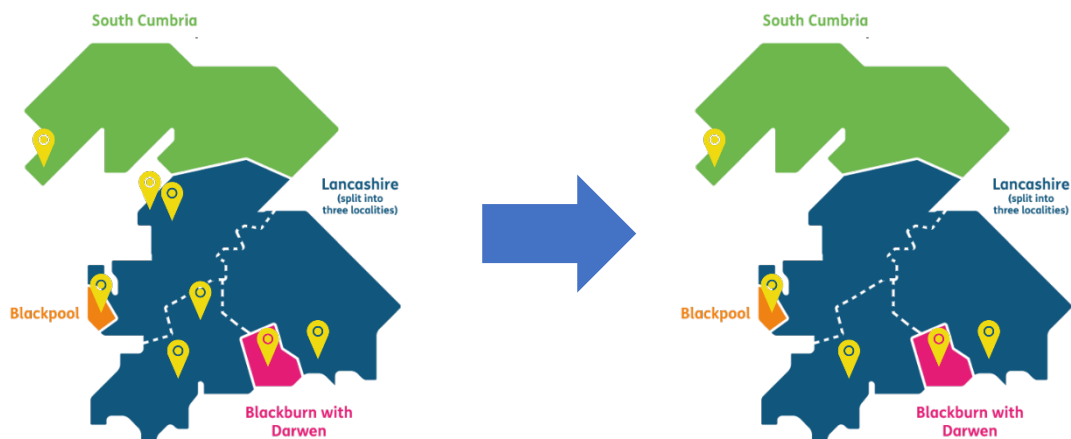
- Standardisation of the way services are delivered to maximise capacity across the system such as clinic templates, referral processes and the development of an advice and guidance service to strengthen the links between Primary and Secondary Care.
- Most of these improvements have already been implemented 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 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 Lancashire (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.



The new model will require more travel for those who would currently attend Royal Lancaster Infirmary or Queen Victoria Hospital (who would now attend either the Furness General satellite site or the Central Lancashire hub) and Royal Preston Hospital (who would now attend the Central Lancashire Hub at Chorley Hospital). However, patients attending either provider currently will benefit from a more stable and reliable service. The new location plan

includes investment of £1.96m into Chorley and South Ribble Hospital for new dental suites and £0.43m investment into Royal Blackburn Hospital.

Due to the above change in service provision, it is important the ICB fulfils its duty to involve and engages with patients at all stages of the decision-making process. We have spoken to patients, their families and carers about what impact this proposed model would have on them.

What have we talked about before?

Previous engagement

In the early stages of developing the proposed model, a 'case for change' document was developed and shared via the ICB and Trust governance processes. It was also scrutinised by NHS England as part of the service change assurance process.

The case for change highlighted several issues with the current services. The previous engagement confirmed that the issues highlighted were experienced by patients and what the impact of these issues had been. This supported the first stage of assurance.

The ICB has previously published a report into findings of a desktop review of patient feedback on secondary care orthodontics which took place in July 2025. The report is available on the ICB website:

https://www.healthierlsc.co.uk/application/files/5617/5310/0664/Secondary_care_orthodontics_listening_to_communities_report_V1_110725.pdf

This supported the case for change document in that it found evidence of workforce challenges leading to long waiting times. It also highlighted some findings of what patients wanted to see from an improved service.

Who have we heard from and how?



Deciding who to talk to

The key target audience for this engagement was current patients or those with lived experience of the service.

Due to the nature of secondary care orthodontics, most users are under the age of 18 and so feedback from parents, families and carers was also welcome.

How did we speak to people?

Secondary care clinicians disseminated a survey during their clinics which meant that patients, their families and carers were directly targeted.

Questionnaire

An online questionnaire was developed asking patients a series of questions which were:

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?

A leaflet directing people to the questionnaire was given to patients during clinics for them to take away and complete in their own time. This allowed for more full consideration rather than completing it during the clinic appointment. It also removed any potential for bias from the respondent being in the presence of the consultant when completing it. All participants were given information on how to speak to the ICB engagement team if they needed support in completing the questionnaire.



The ICB also shared the questionnaire with its Citizens' Panel. The Citizens' Panel is made up of a wide range of people who regularly volunteer their time to contribute views on a range of topics and changes to health services which impact our population.

How many people got involved?

The survey was completed by 291 respondents. There were 97 (33 per cent) respondents who are current patients or family/carers of patients of the service. A further 194 (67 per cent) indicated they were not accessing the service or were unsure.

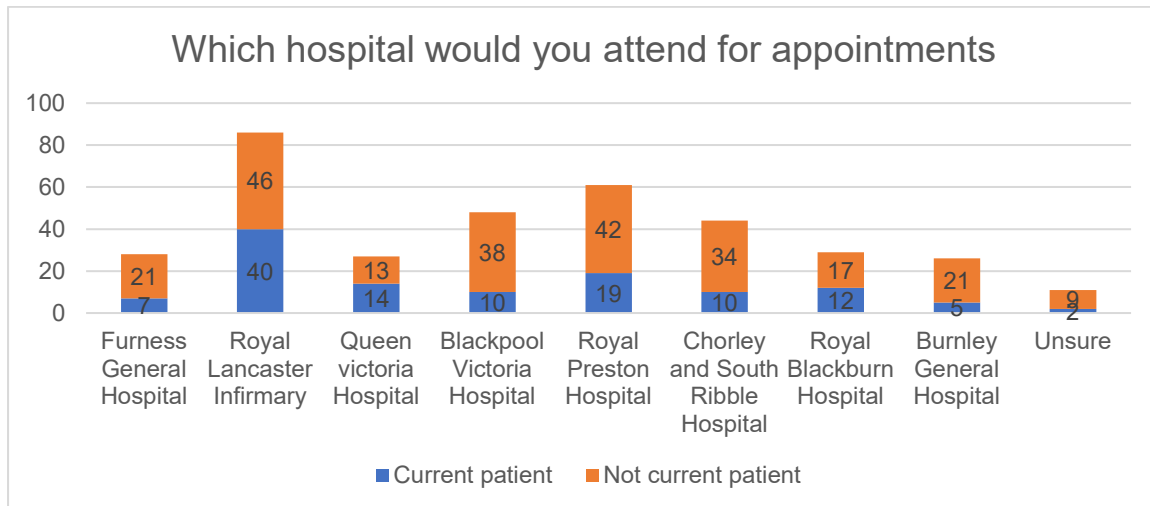
The engagement took place over a little more than one month. With around 1,400 per year, we would expect to see 117 patients in that one-month period. Hearing from 97 patients in one month represents an 82 per cent response rate. It is roughly 7 per cent of the total 1,400 patients.

A breakdown of where the respondents reported they lived and their demographic breakdown is provided in [Appendix 1](#) and [Appendix 2](#) respectively.

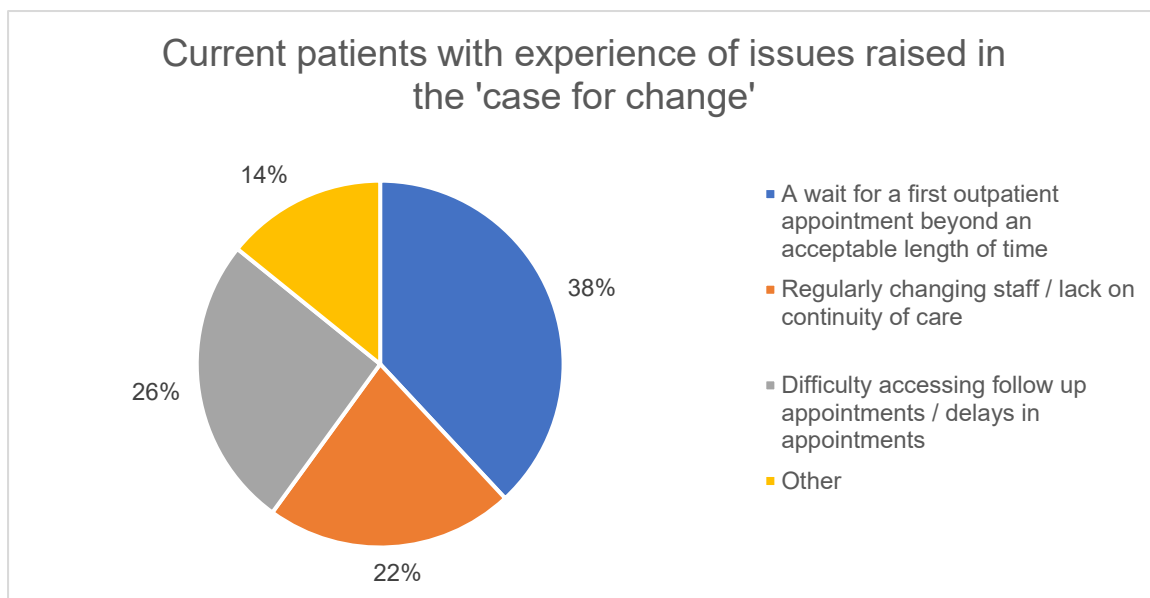
What did we hear?



Participants were asked which hospital they would access for appointments. The responses are shown in the chart below.

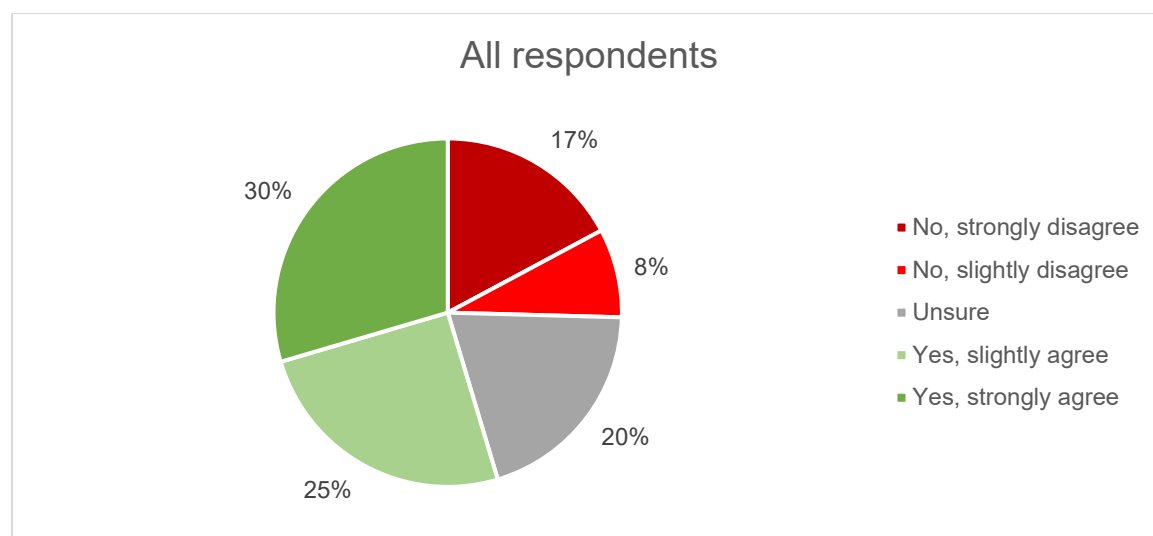


As a sense check with the previous engagement those who said they were patients were asked if they had experienced any of the issues raised in the case for change. The below chart shows the responses for each of the options provided.

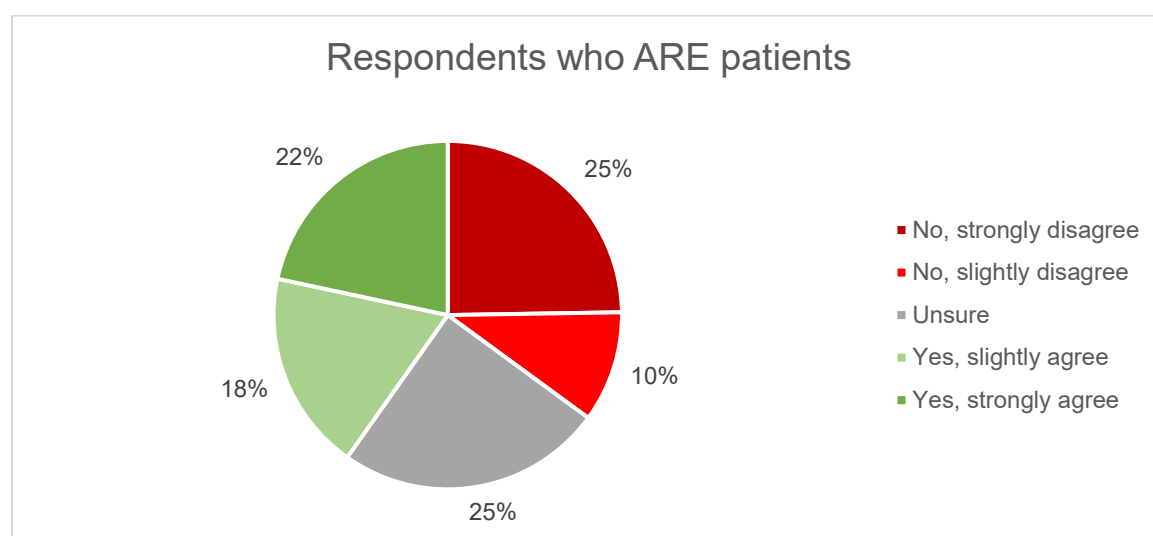


Do people agree with the proposed model?

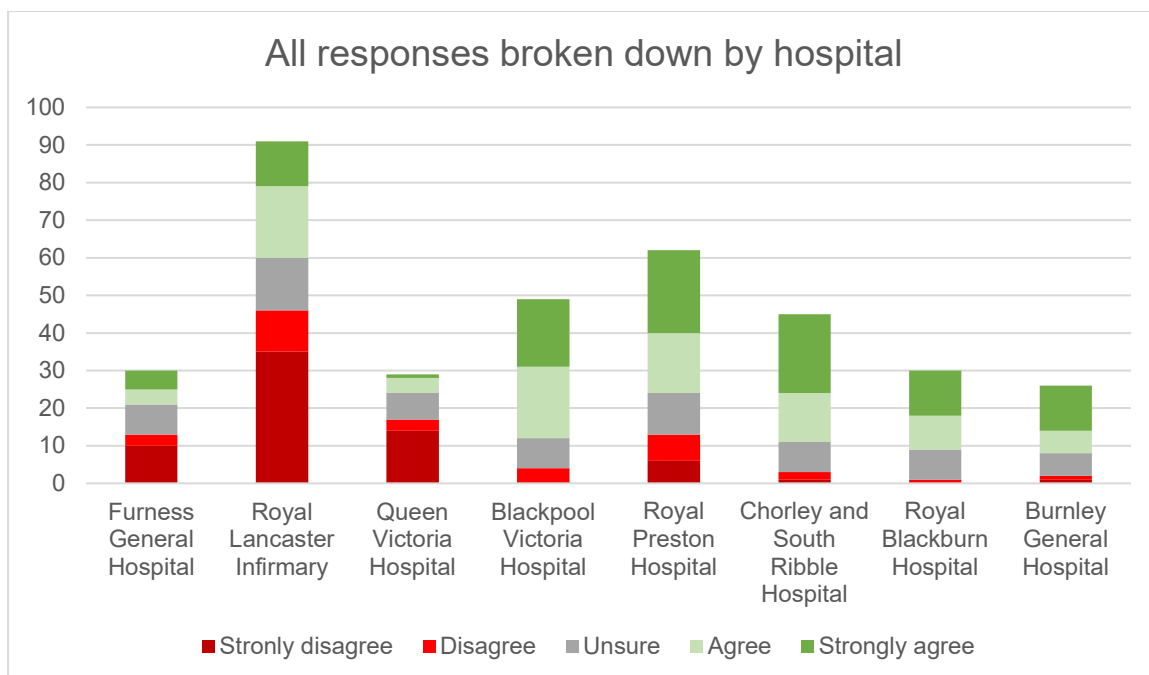
Participants were then asked whether they agreed or disagreed with the proposed model. The responses are broken down as follows.



The majority of **all** respondents agreed with the proposed model, however, as can be seen below the responses from those who are patients were closely split.

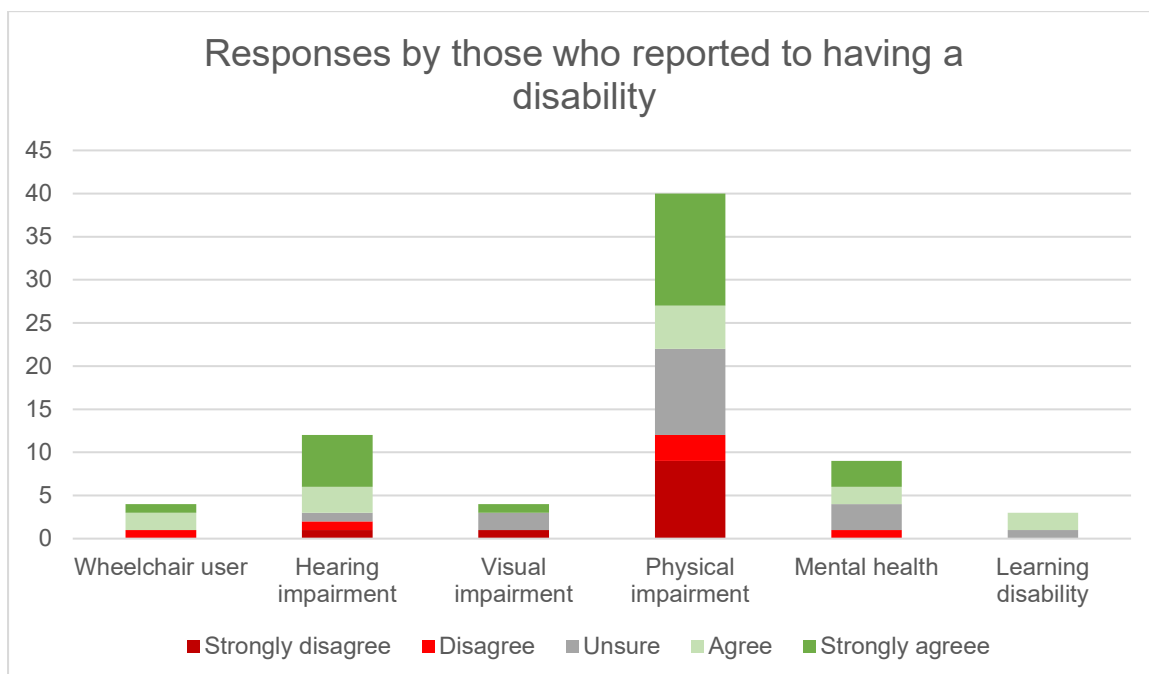


Thirty-nine patients either slightly or strongly agree to the proposed model whereas 34 patients either disagree or strongly disagree. However, we must be aware that most participants are from hospitals that will see a reduction in service provision. As can be seen from the next chart, most patients from these hospitals are against the proposed model.

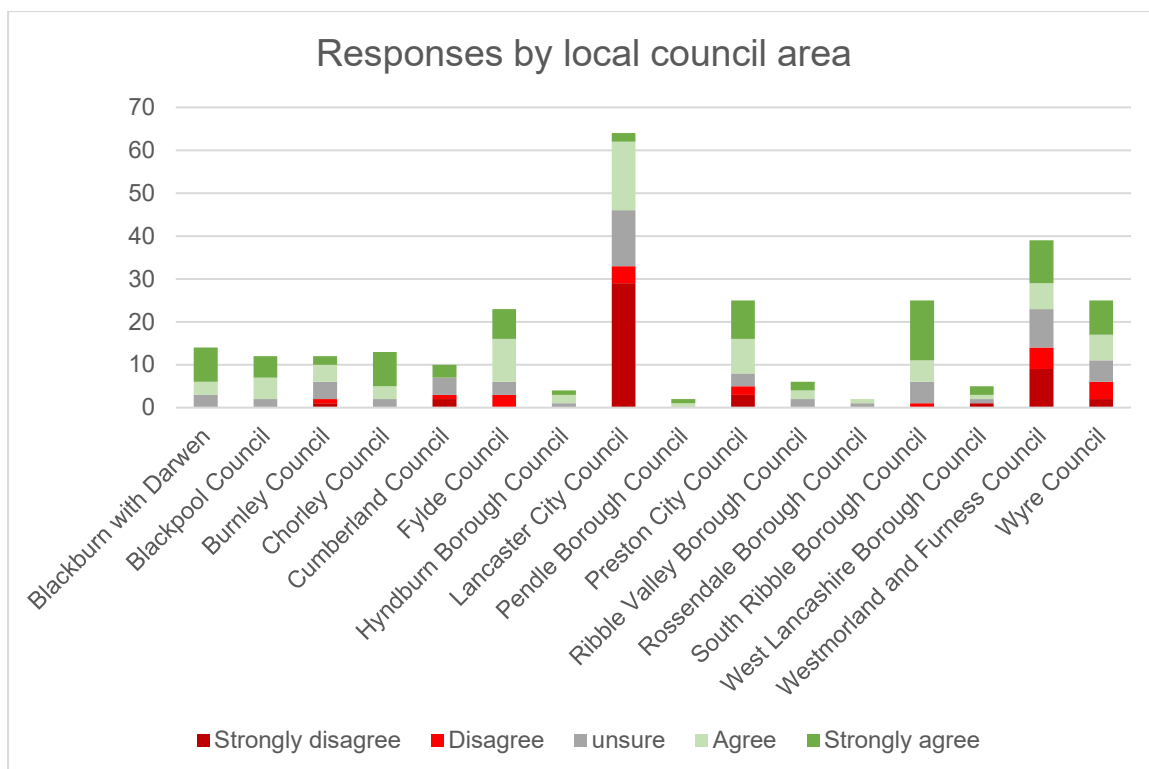


Patients from hospitals that see a potential reduction in service are against the proposed model whereas those that see an increase or no change in service provision are mostly in favour of the proposed model.

The new model will require patients in some areas to travel further for their appointments which means that those with disabilities may feel they face additional issues when attending appointments, as could those from areas of higher deprivation.



The majority of people who reported to having a disability were in favour of the proposed model.



Participants from more deprived areas such as Blackpool where the provision will be improved by the satellite sites are in favour of the model. Those in deprived areas that see no change are also in favour. Those in areas of deprivation where service provision will change are more against the change.

What are the issues?

Why do people approve of or disagree with the proposed mode?

Participants were asked to provide comments on why they agree or disagree with the proposed model. The following themes were identified:

1. Travel and accessibility challenges

Many comments highlight the inconvenience and hardship caused by increased travel distances, especially for those without cars, people in rural areas, and those with mobility issues.

- “Additional travel (alternative to Blackpool) is a great inconvenience for those who don’t drive. Again people in Lancaster and areas around Lancaster would have to travel to appointments. People will be relying on public transport, trains or buses to get to these places, ok if you have a car.”
- “For isolated communities on the coast reducing places for any procedures is a disaster. One clinic in Barrow is not enough. There is a consistent erosion of medical and dental services in this area. With poor transport links it's simply not always viable to travel. Not everyone drives and for the elderly it's not good enough.”

- c. "Rural living patients do not have easy access to public transport some patients may miss a whole day off school especially if they have a distance to travel."
 - d. "Travel would be a problem for patients over Wyre and northwards. Would another clinic be possible at Lancaster to deal with patients north of Garstang, Lancaster and South Cumbria."
- 2. **Impact on families and children**
 There is concern about the disruption to family routines, children's education, and the burden on working parents.
 - a. "As a full time working mother of two children, both under orthodontist care, having to travel would cause a major disruption to our routines. This is already difficult to manage, even when care is provided locally."
 - b. "Children would have too much time off school if their appointments are far away from home. There really needs to be better facilities at all hospitals."
- 3. **Equity and fairness**
 Comments frequently mention perceived unfairness, particularly for residents of Lancaster, Morecambe, and rural or deprived areas, who feel disadvantaged by the proposals.
 - a. "Cutting out Lancaster and Morecambe is a dreadful action. This is a relatively poor area and you expect them to travel miles to other areas."
 - b. "It would seem that the north of the region has less access to a permanently based nuclear hub. This area covers such a wide geographical area (although not as populated) it would mean difficult access for patients without their own transport."
 - c. "Doesn't offer equity for people living further away from a hub. What if they can't afford the transport needed?"
 - d. "The frail and elderly or those with vulnerability may struggle to attend."
 - e. "Inequity due for patient that are digital savvy with your new systems, and the elderly and poorer patient not have the money to travel longer distance like from Barrow to virtually any other of the hospital."
- 4. **Service quality and consistency**
 Some comments support the idea of centralising services for better quality, consistency, and efficiency, but others worry about loss of local expertise and continuity.
 - a. "Combining and rationalising services across the ICB provides a more cost-effective and efficient service."
 - b. "Because patients deserve a good, consistent service with a professional and familiar group of staff."
- 5. **Staffing and recruitment**
 There are concerns about staffing levels, recruitment, and the impact of moving or consolidating services on staff morale and retention.
 - a. "Maybe recruitment would be more viable if Dentists were offered more days per week and more importantly people would not have to travel so far also cutting down on their carbon footprint."
 - b. "If differing hospital trusts are unable to provide an acceptable service with permanent staffing levels, how can you be assured a single provider, from the existing pool, can give an acceptable service?"
- 6. **Financial concerns**
 The cost of travel, both in terms of money and time, is a recurring worry, especially for those on low incomes or without access to private transport.
 - a. "Due to the cost of travel for families with children and no transport."

- b. "Moving services 30+ miles away would make it inaccessible. Having to take an entire day off school in order to attend, significant financial difficulties funding travel."
- c. "Travel long distances for my children is not an option. Having to take days off education to attend appointments so missing vital lessons. Adding extra stress to single/lone parent families with no support."
- d. "Travel costs for people on low income. Bus/train tickets provided for these."
- e. "I live in a deprived area and many patients will not be able to afford to travel to get treatment."

The key negative comments focussed on travel and cost especially for those in more deprived areas having to travel further for treatment. This is also reflected by those who would have to take children out of school or leave work in order to travel to appointments.

What other concerns do people want to raise?

The participants were given an opportunity to raise any other issues they had with the proposed model or services.

Many of the themes were the same as the above with the following additions.

1. Service location and distribution

There was significant feedback about the location of clinics and the need for more local or satellite services, particularly in Lancaster, Morecambe, and Cumbria.

- a. "Burnley and Chorley are both too far from patients in the north of Lancashire. By adding a Lancaster base the two nodes now become a triangle."
- b. "Keep a local service in Lancaster and Morecambe."
- c. "Some clinics required in Lancaster / Kendal area otherwise travel is prohibitive."

2. Parking and hospital site issues

Parking availability and the practicality of accessing hospital sites were frequently mentioned as barriers.

- a. "Public transport or lack of parking on hospital sites."
- b. "Limited car parking at Chorley Hospital - parking crucial for those attending from South Ribble and Preston areas."
- c. "Parking. All of your facilities are terrible for parking. If we are travelling more to get to appointments/services, unless you travel by magic carpet, parking is terrible."
- d. "Travel time would be a big issue as the services are for children and they require multiple appointments it means having much more time off school to attend."
- e. "Yes this will impact her education, I won't be able to take time off to get her to appointments during term time."
- f. "Unable to take time out of education on a regular basis to meet the appointments if a lot of travel is required."

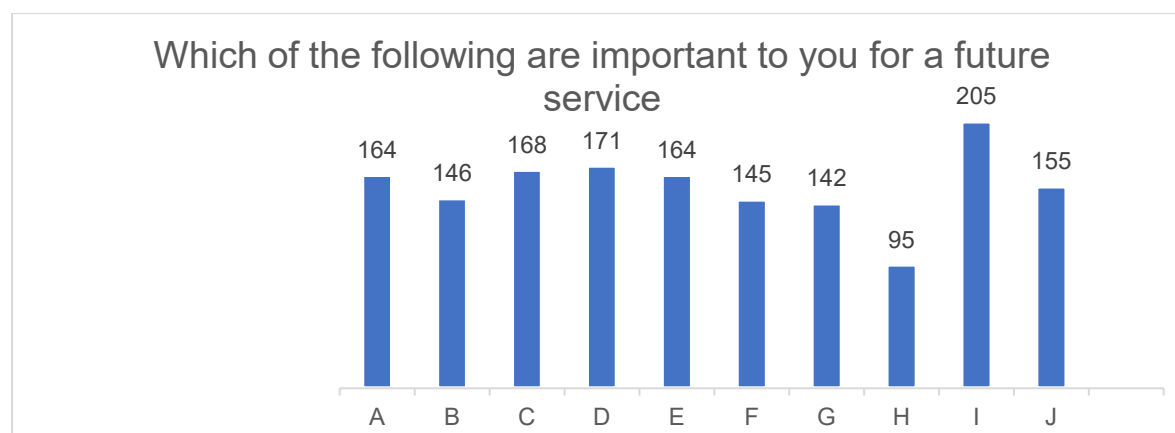
3. Quality and continuity of care

Some comments focused on the importance of maintaining high-quality services and continuity of care, especially if services are centralised or staff are stretched.

- a. "If the quality of the service was anything less, travelling and then having delays, or issues with staff, or the service just generally wasn't up to standard, I would feel that I would not want to make that journey again."
- b. "I would worry about continuity of care and would suggest that efforts are made for patients to still see the same people."

What do participants want to see?

Participants firstly asked about what was important to them from a future service. The responses are below.



A	Being able to choose where to go for treatment
B	Better quality of service – even if it requires some travel
C	Equity of service
D	A stable and consistent workforce
E	Improved joint working between primary care and secondary care.
F	Reduced confusion over who to contact for information
G	Improved resources with access to the latest technology
H	More clinics – even if there is a requirement to travel further
I	Less waiting for appointments
J	A financially sustainable orthodontic service for the NHS

In the comments for the questionnaire there were some participants who made suggestions for how the proposed model could be improved. These are:

1. Additional clinics in the areas that may lose provision.

- “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.”
- “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.”
- “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.”
- “If you want one provider, mobile clinics could be setup with the same staff travelling to each location in rotation.”

2. Solution to additional travel

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

3. Options for helping those impacted by education or work

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

What we have learned



Conclusion and recommendations

The findings indicate that while there is overall support for the proposed model - particularly among those who stand to benefit from improved or unchanged service provision - there are notable concerns among patients and carers from areas facing reduced local provision. Key issues raised include increased travel distances, accessibility challenges (especially for those without private transport, people with disabilities, and those in rural or deprived areas), and the potential impact on families, education, and work commitments. Financial concerns related to travel and parking were also prominent.

Despite these concerns, many respondents recognised the potential benefits of a more stable, consistent, and high-quality service, with improved workforce sustainability and reduced waiting times. The engagement also highlighted the importance of equity, continuity of care, and the need for clear communication throughout the process.

Recommendations

Based on the engagement findings, the following actions are recommended:

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.³

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.

³ Some people are eligible for non-emergency patient transport services (PTS). These services provide free transport to and from hospital for people including:

- those whose condition means they need additional medical support during their journey
- those who find it difficult to walk
- parents or guardians of children who are being transported

PTS may not be available in all areas. To find out if you're eligible for PTS and how to access it, you'll need to speak to your GP or the healthcare professional who referred you to hospital.

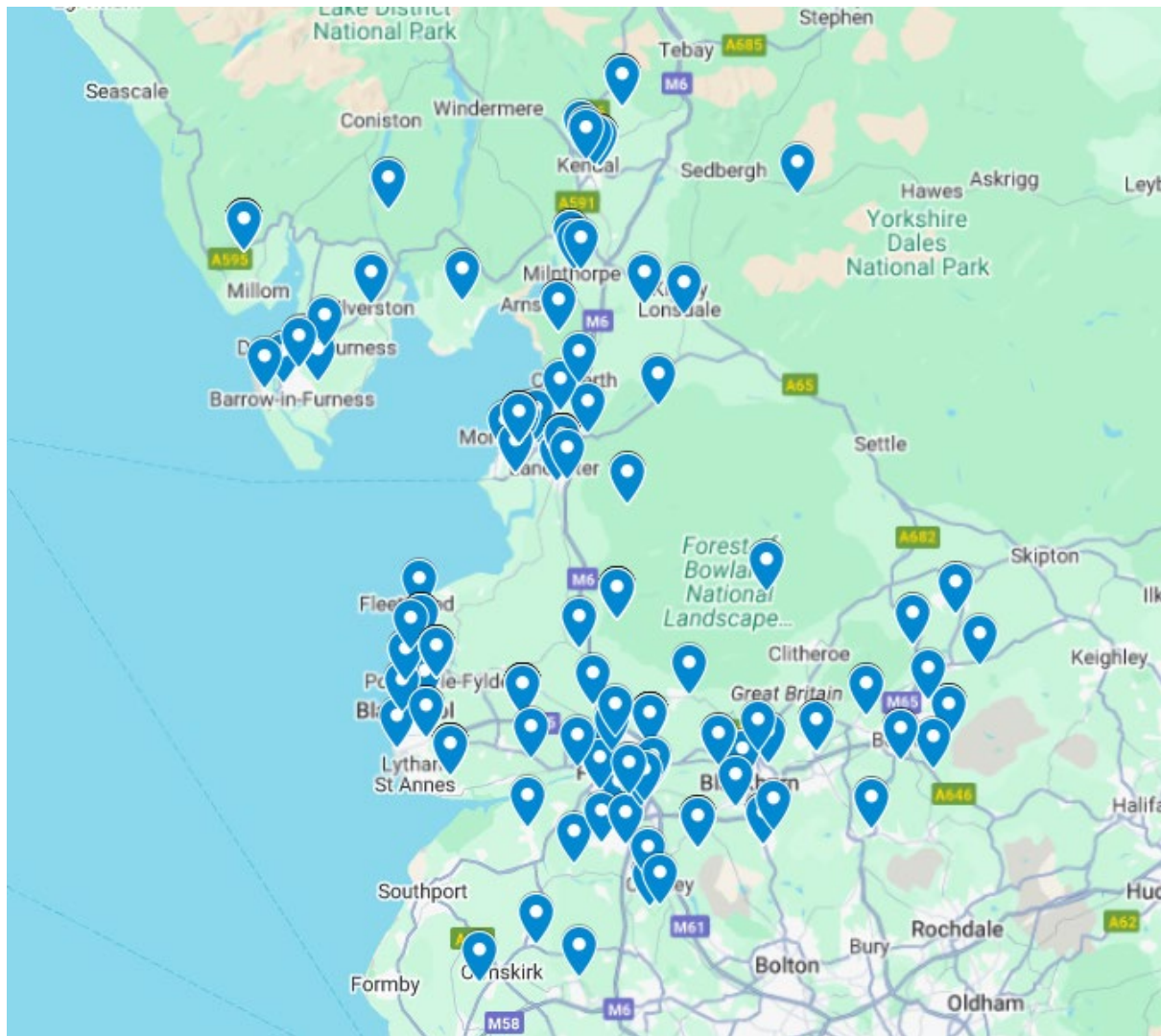
- Consider flexible appointment times (e.g., evenings or weekends) to reduce disruption to education and work.

4. Financial considerations

- Assess the financial impact of travel on patients and explore options for reimbursement or subsidised transport where appropriate.

Appendix 1 – Map of respondents.

Respondents were asked to provide the first part of their postcode so that we could check that we have heard from people from across Lancashire and South Cumbria. The map below shows the spread of those responses.



This shows responses cover the full geography of Lancashire and South Cumbria meaning responses are representative of the full population of the ICB area.

Appendix 2 – demographic breakdown of respondents.

