

The Provision of NHS Orthodontic Care across South West Wales

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Service Description

Service Aims and Objectives

This Service Description sets out the general requirements of the ABMU and Hywel Dda Local Health Boards for the provision of NHS orthodontic services (both primary and secondary care) across South West Wales.

The main objective of the proposed new service is to provide a single care pathway across primary and secondary care for NHS orthodontic services within the region. The care pathway will support a flexible, timely, patient-centred orthodontic service for those eligible for treatment. This will require implementation of a revised care pathway for the provision of NHS orthodontic services which utilises the provision of services more effectively and informs the future planning and provision of NHS specialist dental services.

The main aims of the service are:

- To ensure continued achievement of national targets within secondary care and maintain current waiting times at acceptable levels across both primary and secondary care
- The provision of a service with equitable, high quality and timely access to NHS orthodontic treatment for all people eligible for NHS orthodontic care.
- Patients being seen in the most appropriate place by the most appropriate provider(s)/performer(s).
- To encourage efficiency and communication improvements for both patients and referrers.
- Support the timely advice and completion of NHS orthodontic care in ensuring efficient and successful outcomes for patients
- Ensure value for money

All Providers and/or Performers of NHS orthodontic care will be expected to deliver NHS orthodontic services in line with the new care pathway. All Providers and/or Performers of NHS orthodontic care will be on the GDC Specialist List for Orthodontics, or be an accredited DwSI in Orthodontics, or, with the agreement of the LHB, be working towards accredited DwSI in Orthodontics but under supervision of a Specialist Orthodontist.

Specific Functions of the NHS Orthodontic Care Pathway

Introduction

Referrers (General Dental Practitioners) will assess a patient to decide whether onward referral is needed as part of GDS/PDS mandatory services. A Referrer will refer a patient for

NHS Orthodontic treatment on the appropriate referral form to the Central Referral Centre (CRC). Any specific information e.g x-rays should be attached/enclosed with the referral.

Service Description – Central Referral Centre

The CRC will log and process all NHS Orthodontic referrals received on behalf of dentists from contracted to provide services within the South West Wales area to determine the most appropriate provider of care. The CRC will ensure the safe and timely receipt of all NHS Orthodontic referrals.

Assessment

The CRC will review the referral on the basis of Treatment Need and Complexity to determine whether patients should be referred to a Primary or Secondary Care provider for assessment

On this basis, should a specific Provider/Performer have been requested on the referral, the CRC will assess whether the Provider of care is appropriate to provide the complexity of treatment identified.

The CRC will act to advise referrers and patients of the process for NHS orthodontic care in the area and provide support and information where appropriate. It is not the role of the CRC to provide information to all patients, only to facilitate the patient choice process where appropriate.

The CRC will also act to support the LHBs in collating information to inform the management and future planning of NHS orthodontic provision. Information to be collated in line with the performance monitoring criteria.

Onward Referral from the CRC

Referrals meeting the quality standard will be referred onto the appropriate provider.

Poor quality referrals (i.e. insufficient information/incomplete template) will be returned to the referrer with the information to be provided clearly identified.

If the provider identified as a preference on the referral form can provide the level of treatment needed the referral will be forwarded to this provider. If they are unable to provide this level of treatment then the referral will be forwarded to an alternative provider. If waiting times offered by the preferred provider are significant the patient will be offered the choice to see an alternative provider.

Patients under Review

Patients who are not ready for treatment and do not need a short term review should be sent back to their General Dental Practitioner by the Provider/Performer concerned via the Central Referral Centre.

If the patient is deemed not ready for treatment but suitable for a short-term review these patients should be managed by the Provider/Performer responsible for this decision (i.e. completed the assessment).

Referrals Out of Area

Referrals from outside of ABMU and Hwyl Dda areas for secondary care orthodontics are to be forwarded direct to the Secondary Care Provider and should not form part of the referral management centre process. These referrals should be dealt with by secondary care under their specific contracting arrangements. This does not apply for Primary Care Referrals which should be managed by the CRC.

Primary Care Referrals received from outside of the area should be monitored against historical patient flow data. This data identifies the flow of patients seeking NHS orthodontic care out of area, information which informed the financial allocations to LHBs for the provision of NHS dental care. On the basis of this analysis, referrals should be assessed and either accepted and processed or returned to the referrer concerned.

Private Referrals

Orthodontic Providers cannot take on new patients for NHS orthodontic care via private referral and assessment. All NHS patients receiving NHS orthodontic care should be referred via the CRC.

For clarification, should a patient be referred for orthodontic treatment privately and after assessment is deemed eligible for NHS treatment the referral must be processed by the CRC and allocated as appropriate.

Disputes, Transfers and Second Opinions

If a referrer or Provider seeks to follow the disputes process, arrange a transfer of care or second opinion the clinician must complete the referral form to clearly identify this request with supporting information.

If a referral for a dispute is received, the CRC must refer all documentation to the Complaints Manager for the LHB concerned.

If a referral for a Second Opinion is received, this should be referred to an appropriate Provider according to the Clinical Competency section. Note: Patients are only eligible for one second opinion (per patient).

If a referral for a Transfer of Care is received, the CRC must ensure that the reasons for this referral are clearly identified. If suitable for transfer of care the case should be discussed with a suitable Provider who has capacity available and the case discussed with the PCT Dental lead concerned to ensure activity is awarded within the contracts appropriately.

Information to Referrers and Patients:

To keep the General Dental Practitioner (GDP) and the patient informed of the progress of the referral the CRC will be required to:

- Provide the patient with an estimated waiting time for assessment (where appropriate)
- Collate estimated waiting times for start of treatment for all South West Wales orthodontic practices.
- To provide patients with alternative options for treatment should the proposed waiting time for assessment be deemed unacceptable.
- Where appropriate, provide information to patients regarding the process of referral and eligibility. Provide information where appropriate to patient in an attempt to manage patient's expectations.
- Where appropriate, provide patients (and referrers where appropriate) with information (leaflet to be developed by complaints) concerning the Referral Panel process.
- Provide useful local information to patients about Orthodontic practices such as the location, directions and parking facilities.
- Where possible, take into account the location of services to ensure access to care within a reasonable travel distances.

Cases for the Area Referral Panel

Cases for the Area Referral Panel will be submitted to the CRC on a specific referral form. These referrals should be referred to an appropriate provider for an assessment only. A report of the assessment should be provided to the CRC.

The findings of this initial assessment should be sent to the appropriate LHB lead who will seek appropriate professional advice and reporting. On the basis of these recommendations, cases will be considered by the Area Referral Panel and the LHB informs the referrer of the outcome.

The LHB or CRC will not accept direct patient requests, or routinely enter into any correspondence with patients and/or their families unless as part of the statutory NHS Complaints Procedure. The referring clinician should act as the patient's representative as responses to referrals considered by the LHB's Referrals Panel will be made direct to the referrer. It is the referrer's responsibility to communicate the outcome of this appeal to the patient concerned.

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Referral for Orthodontic treatment - Guidance for referrers

ELIGIBILITY

Patients must meet the requirements of the Index of Treatment Need (IOTN) Dental health Components 4, 5 and 3 (with an aesthetic component of 6 or above) to be eligible for NHS treatment.

The patient should be less than 18 years of age on the date of the referral to be eligible for NHS orthodontic treatment in primary care. This will be based on the date the referral form is signed by the referrer.

For those patients that are not eligible for treatment, if deemed appropriate by the referrer the case can be referred to the LHB Referral Panel for consideration. Please see additional guidance for further details.

GENERAL INSTRUCTIONS

Referrals can only be made by General Dental Practitioners and associated dental clinical professionals. Please note that General Medical Practitioners cannot refer a patient for NHS orthodontic treatment in primary care and GMPs should advise patients to see a General Dental Practitioner in the first instance.

All sections of the referral form must be completed, including the dental health component of the IOTN by ticking the appropriate box.

If an OPG radiograph is available a copy should be included with the referral form. Where possible an OPG should be taken as this information will support the patient's assessment.

Please note all sections of this form must be completed. If all sections are not completed, the form will be returned and the patient's treatment may be delayed.

PROCESS

Should the patient be assessed and deemed eligible in line with National criteria. The Provider will assess the complexity of treatment needed and either accept the patient for treatment or refer the patient to be seen by an alternative Provider.

Should the patient be assessed and not deemed eligible in line with National criteria, the referrer and patient will be advised. The referrer should contact the patient concerned to address any queries or concerns.

ADVICE TO PATIENTS

Due to eligibility criteria and other considerations, it is essential that referrers inform their patients that a referral does not guarantee treatment.

Please advise patients that should they be assessed as eligible for treatment, they will be offered an appointment with an appropriate Provider of NHS orthodontic treatment who can provide the complexity of the treatment needed. This may be either within a Hospital or within Primary Care.

GUIDELINES FOR ORTHODONTIC REFERRAL

General Considerations

Most orthodontic patients will benefit from referral during the late mixed dentition.

For those requiring appliance therapy it is expected that patients

- Have an adequate level of oral health. Active dental caries should have been treated and the patient should demonstrate that they are able to maintain satisfactory oral hygiene.
- Are aware of the reasons for referral and are prepared to wear orthodontic appliances, if indicated.

The Hospital Dental Service will receive referrals for diagnosis and treatment planning but will normally only accept for treatment patients requiring multidisciplinary care and the management of significant facial deformity. More routine cases may occasionally be treated where complexity is high. Specialists in primary care, provide treatment for the majority patients who are eligible for NHS care.

Early Referrals

Early referrals will be accepted for orthodontic assessment as follows:

- Where there is obvious *Hard or Soft tissue trauma* resulting from the malocclusion, for example: wear to incisal edges in the case of a cross-bite; localised gingival recession resulting from labial displacement of a lower incisor.
- Where there is significantly *delayed eruption*
- Where it is known that there are *missing teeth*, this will allow the earliest possible planning of the complete dentition.
- *Class II and III malocclusions* where there is an *underlying Skeletal* pattern.

Urgent Referrals

Patients demonstrating the following anomalies will receive priority:

- Referrals between specialists in primary and secondary care
- Referrals from accredited DWSIs requiring a treatment plan
- Patients with:
 - Delayed eruption of teeth
 - Ectopic teeth
 - Patients requiring GA for extraction of symptomatic teeth
 - Significant skeletal II discrepancies in growing patients
 - Presence of pathology and/or dental anomalies
 - Decision on management of traumatised teeth

- Patients who are demonstration genuine psychological distress due to their malocclusion
- 2nd opinions
- Patients in treatment
 - Transfers
 - Requests for opinion on treatment already started

REFERRAL FOR NHS ORTHODONTIC ASSESSMENT

Please complete this form for any patient in need of NHS orthodontic treatment that meets the following criteria:

1. Patient must meet the requirements of the Index of Treatment Need (IOTN) Dental Health Components 4, 5 and 3 (with an aesthetic component of 6 or above) to be eligible for NHS treatment
2. Patient to be less than 18 years of age at the point of referral for primary care treatment
 - Please complete all sections of this referral form.
 - Please include a copy of an OPG (if available)

Please note that you must complete all sections of this form. If all sections are **not** completed, the form will be returned to you and the patient’s treatment will be delayed.

Please see accompanying notes for further details

SECTION ONE – Patient Details

Patient Name	Address
Date of Birth	
Contact Tel(s):	Post code:

SECTION TWO –Referral Details

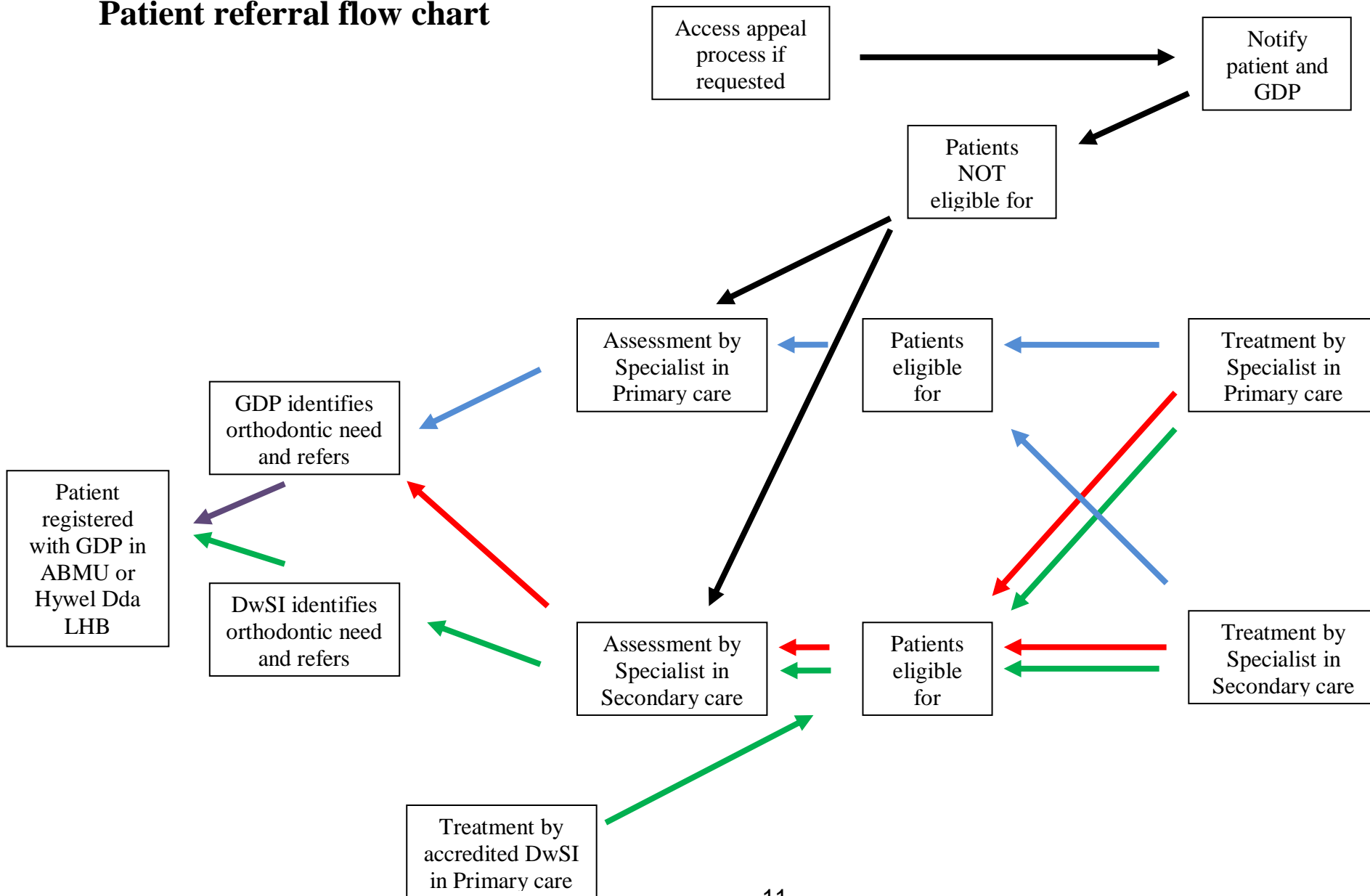
Name of Referrer	Practice Stamp (Address and Contact Tel):	
Signature		
Date		
Has this patient been referred before for NHS orthodontic treatment?	Yes <input type="checkbox"/>	If Yes, please specify where
	No <input type="checkbox"/>	
Has this patient or referrer expressed a preference of Provider?	Yes <input type="checkbox"/>	If Yes, please specify who
	No <input type="checkbox"/>	
Enclosures: OPT <input type="checkbox"/>	Ceph <input type="checkbox"/>	Models <input type="checkbox"/>
Other:		

Reason for referral: Opinion Treatment Transfer

IOTN Occlusal features		Please tick	
5i	Impeded eruption of teeth (excluding third molars) due to crowding, displacement or the presence of supernumerary teeth, retained deciduous teeth or pathology		Patient usually referred to Secondary Care for assessment
5m	Reverse overjet greater than 3.5mm with reported masticatory and speech difficulties		
5a	Increased overjet greater than 9mm		
5h	Extensive hypodontia with restorative implications (more than one tooth missing in any quadrant) requiring pre-restorative orthodontics		
5c	Defects of cleft lip or palate and other craniofacial anomalies		
5e	Submerged deciduous teeth		
4x	Presence of supernumerary teeth		
4l	Posterior lingual crossbite with no functional occlusal contact in one or both buccal segments.		
4m	Reverse overjet greater than 1mm but less than 3.5mm with recorded masticatory and speech difficulties		
4h	Less extensive hypodontia requiring complex pre-restorative orthodontics or space closure to obviate the need for a prosthesis		
4h	Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for a prosthesis		Patient usually referred to Secondary Care for assessment
4a	Increased overjet greater than 6mm but less than or equal to 9mm		
4b	Reverse overjet greater than 3.5mm with no masticatory or speech difficulties		
4c	Anterior or posterior crossbites with greater than 2mm discrepancy between retruded contact position and intercuspal position		
4d	Severe contact point displacements greater than 4mm		
4e	Extreme lateral or anterior open bites greater than 4mm		
4f	Increased and complete overbite with gingival or palatal trauma		
4t	Partially erupted teeth, tipped and impacted against adjacent teeth		

Other Reason for Referral (e.g. IOTN aesthetic component >6 or teeth of doubtful prognosis):

Patient referral flow chart



**NHS Orthodontic Care
Assessment appeal process
Guidance for General Dental Practitioners**

Guidance

If as a clinician you believe that the case of an individual patient is so singular as to justify an exception to the acceptance criteria for NHS orthodontic care, you may apply for the case to be considered individually by the LHB. All requests should be provided by the patient's General Dental Practitioner in writing and supported by a clear description of the exceptional circumstances, copies of any relevant correspondence and other supporting documentation.

The LHB will only approve a request for an exception if there is robust evidence that the patient would be likely to derive significant clinical benefit from the therapy in question. It is important therefore that you provide all the information that you wish to be taken into account in reaching a decision, specifically how a condition affects the day to day functioning of the patient concerned.

In order for the LHB to consider an application, the patient must be registered with a GP practice belonging to the LHB and lives within the geographical responsibility of the LHB. Please note that only a General Dental Practitioner can make a referral to the panel for consideration. Referrals received by the LHB from inappropriate parties will be returned without consideration.

Process

It is expected that General Dental Practitioners should submit referrals on the template provided together with all supporting documentation. In most instances the form alone will not be sufficient for the LHB to make a decision. An orthodontic provider will usually assess the patient concerned and the findings will be sent to the LHB Referral Panel to action as appropriate.

The LHB will not accept direct patient requests, or routinely enter into any correspondence with patients and/or their families unless as part of the statutory NHS Complaints Procedure. The referring clinician should act as the patient's representative as responses to referrals considered by the LHB Referrals Panel will be made direct to the referrer. It is the referrer's responsibility to communicate the outcome of this appeal to the patient concerned.

Appeals

Where the referrer wishes to appeal the outcome of this process, the appeal should be made in writing to the appropriate LHB lead with additional supporting information/evidence. The information provided will be reviewed by the Area Appeals body.

The role of the appeals body is to judge whether the process and framework by which a funding decision is made was fair, equitable and based on the evidence available at that time. It does not take funding decisions itself and, if any new evidence is brought before it, this must be referred back to the previous panel. However, it would be accepted that, should the appeal body overturn the decision of a Panel, then funding would be expected to follow. The grounds for funding decisions need to be accepted as relevant to meeting the overall healthcare needs of the population within resource constraints.

The LHB will not accept appeals instigated by a patient, their family or other non-clinical representative (e.g. local MP).

Patients have the right to raise a formal complaint with the LHB using the NHS complaints procedure should they be unhappy with the LHBs handling of their case. The NHS Complaints Procedure cannot be used to investigate or influence funding decisions and the appropriate process for appeals should be followed.

The decision of the LHB Appeals Body is final. However, if a patient remains dissatisfied they will be informed they have the right to ask the Public Services Ombudsman for Wales to review their case and this should be done within two months receipt of the final response from the LHB concerned.

Area Referral Panel – Lead Contacts

REFERRAL FOR NHS ORTHODONTIC ASSESSMENT APPEAL

Please complete this form for consideration if as a clinician you believe that the case of an individual patient is so singular as to justify an exception to the acceptance criteria for NHS orthodontic care. All requests should be provided by the patients General Dental Practitioner, in writing and supported by a clear description of the exceptional circumstances, copies of any relevant correspondence and other supporting documentation

Please note that you must complete all sections of this form. If all sections are **not** completed, the form will be returned to you and the patient’s treatment will be delayed.

SECTION ONE – Patient Details

Patient Name	Address
Date of Birth	
Contact Tel(s):	Post code:

SECTION TWO –Referral Details

Name of Referrer		Practice Stamp (Address and Contact Tel):
Signature		
Date		
Referral History	Specialist(s) seen:	
	Date:	
IOTN	Dental Health	
	Aesthetic	
Reason for appeal		

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Is this treatment clinically necessary to improve or maintain oral function?	
What health gain/benefits will this intervention provide?	
What is the likely outcome if this treatment is not funded?	
Enclosures: OPT <input type="checkbox"/> Ceph <input type="checkbox"/> Models <input type="checkbox"/>	
Other:	

Please send the completed form to