

Private and confidential

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Our ref: VIS106***

Date: 16-10-2018

NHS Dental Services Clinical Orthodontic Monitoring

Contract No.100000/0000/00000

Dear

Thank you for forwarding the treatment information we recently requested. The records received have been examined by one of our orthodontic advisers who has produced a report which is attached for your information.

The report uses a traffic light system for grading clinical records, treatment need and standard of treatment as follows:

Red: Unsatisfactory, requiring further investigation.

Amber: Satisfactory, but where reservations were expressed.

Green: Good, satisfying all relevant criteria.

The advice to commissioning bodies is that the report should be acted upon as follows:

Red: Issues requiring urgent discussion with the contract holder.

Amber: Issues for the performer and contract holder to reflect upon and agree appropriate action.

Green: No apparent cause for concern.

Should you have any queries or comments relating to the content of the report please send them by email to nhsbsa.dsorthoadmin@nhs.net within 14 days.

Please remember to include your report reference number and contract number. Any observations received will be forwarded to your NHS commissioning body.

We hope that you find this report useful.

Yours sincerely,

NHS Dental Services

NHS Dental Services Clinical Orthodontic Monitoring Report

Performer :	A Wire	Our ref :	VIS106***
Performer No :	123456	Assessor :	Orthodontic Adviser
Provider :	Straitenum Orthodontics	Date :	02/10/2018
Contract No :	100000/0000/00000	No. Cases Assessed :	5

Clinical Records

Patients MC and CM had the benefit of a pre-treatment radiographic examination comprising a dental panoramic radiograph. The quality of both radiographs was of a satisfactory standard. Pre-treatment radiographs were not obtained for patients IA, AD and JW. In the case of patients IA and AD the assessor is of the opinion that a pre-treatment radiographic examination was desirable but not essential. However, in the case of patient JW the assessor was of the opinion that a pre-treatment radiographic examination was essential to exclude the possibility of unsuspected pathology and ensure a safe and satisfactory diagnosis in view of the necessity to extract teeth and the extent of the tooth movements proposed.*

* It is acknowledged that the radiography guidelines are open to interpretation and that it is longer considered to essential to obtain pre-treatment radiographs in all cases. However it is the unanimous view of the NHS orthodontic advisors that appropriate radiographs should be obtained where significant tooth movement is proposed and especially where the extraction of teeth is prescribed (British Orthodontic Society, Orthodontic Radiography Guidelines, Third Edition 2008 and Fourth Edition, 2015).

3D digital pre- and post-treatment study models were submitted for all five cases.

Treatment Need

All five patients were eligible for NHS-funded orthodontic treatment as assessed by the Index of Orthodontic Treatment Need (IOTN). The reported IOTN scores were all correct.


Standard of Treatment

Patient IA: Treatment was limited to provision of an upper removable appliance. The 3D digital images of the post-treatment study models show a minimal improvement with the cross-bite at UR6 uncorrected. The assessor is of the opinion that the patient would have benefited from dual-arch fixed appliances to more fully satisfy the requirements of the case.*

Patient MC: Treatment was limited to provision of a lower fixed appliance. The 3D digital images of the post-treatment study models show further treatment is required to improve the alignment of the upper arch and to close residual extraction space in the lower premolar region, with the uprighting of teeth adjacent to the extraction site. They also show that the incisor relationship has deteriorated during treatment with retroclination of the lower incisors. The failure to either balance extractions in the upper arch, or alternatively retain space in the lower arch for replacement of absent LR5 and LL5, has resulted in an unbalanced occlusion where the prognosis for stability must be considered poor. The assessor is of the view that the patient would have benefited from dual-arch fixed appliances to more fully satisfy the requirements of the case.* The treatment duration was 14 months. **

Patient AD: Treatment was limited to provision of an upper fixed appliance. The 3D digital images of the post-treatment study models show that the overjet has increased during the treatment and further treatment is required to establish a better inter-digitated Class I buccal occlusion on the right. The assessor is of the opinion that the patient would have benefited from dual-arch fixed appliances to more fully satisfy the requirements of the case.* The treatment duration was 4 months. **

Patient CM: The 3D digital images of the post-treatment study models show that further treatment was required to improve the inter-digitation of the buccal segments. The treatment duration was 9 months. **



Patient JW: The 3D digital images of the post-treatment study models show residual space in both upper and lower arches. They also show retroclination of the lower incisors with some deepening of the overbite. The Performer advises on form FP17(0) that treatment was discontinued at the patient's request.***

* Under the terms of the 2006 NHS contract each patient is expected to receive all necessary treatment to achieve the best possible outcome. This would normally involve the use of dual-arch fixed appliances in all but exceptional cases (Commissioning Specialist Dental Services, Orthodontic Treatment Protocol, Gateway Reference 5865).

** The NHS GDS average treatment duration is 21 months.

*** The Performer is reminded that where the treatment objectives are not fully achieved, or treatment is discontinued, the course of treatment should be reported as "Treatment abandoned-patient requested" or "Treatment discontinued", rather than "Treatment completed" and with Part 6 of form FP17(0) completed accordingly.

In view of the above findings, the records relating to a further five completed 21UOA cases will be requested for independent assessment.

NOTE



Unsatisfactory, requiring further investigation.



Satisfactory, but where reservations were expressed.



Good, satisfying all relevant criteria.