Guidance on referral by a dentist for orthodontic treatment

In the first instance, patients, parents and carers should discuss any questions or concerns they have about needing orthodontic treatment with their own dentist, who will assess whether orthodontic treatment is likely to be needed to secure and maintain oral health.

The dentist will look at some other things first before deciding whether to refer to an orthodontist.

1. **Oral hygiene and the condition of the teeth**

   If a patient does not have good oral hygiene and/or has active decay in permanent teeth, a referral should not be considered. Dentists should make patients aware that they would not be accepted for orthodontic treatment if their oral hygiene is not good enough. Patients referred with inadequate oral hygiene will be returned to their dentist for appropriate treatment and instruction on looking after their mouths before orthodontic treatment can be considered. Orthodontic treatment is not appropriate in patients with poor oral hygiene as there is an increased risk of tooth decay and gum disease with orthodontic appliances in place.

2. **How well a patient copes with treatment and does what is advised**

   Patients who do not cooperate well during routine dental treatment and who do not follow the instructions they have been given about looking after their teeth and mouths should not be referred for orthodontic treatment. This is because orthodontic treatment takes quite a long time, and a successful result depends very much on how good the patient is at keeping regular review appointments and following the instructions they have been given about looking after the orthodontic appliance.

3. **The complexity of the case**

   To qualify for NHS treatment, a patient must show obvious need, as opposed to merely a desire for treatment. The need is judged by the Index of Orthodontic Treatment Need (IOTN) criteria. This is a national system, applied by all NHS providers and is used to assess the need and eligibility of patients for NHS orthodontic treatment on dental health grounds.

   If there is little crowding of the teeth, the appearance is reasonable, and eating and speech are not affected, it is unlikely that orthodontic treatment would be needed. The NHS cannot approve orthodontic treatment in these cases, and patients would need to have treatment carried out privately if they still wanted to have something done.

   If there is severe crowding or there are a number of teeth out of line, an orthodontic assessment will be needed and the dentist will decide whether it is right to refer to a specialist orthodontic practice or to the hospital service.

   There are some cases where it is not clear if the crowding is above the threshold for NHS treatment and the dentist can refer to an orthodontist for an opinion on this.
Referrals to a specialist orthodontic practice

The majority of orthodontic treatment can be carried out in specialist orthodontic practice.

In specialist orthodontic practices certain types of orthodontic treatment are provided within the NHS, free of charge for children and with normal charges applying for adults, when the treatment plan has been approved at Practitioner Services Division (PSD). However, some types of orthodontic treatment are not provided within the NHS and would be subject to a private charge.

Orthodontists will use the IOTN to assess the need for treatment, and whether the case meets the criteria for orthodontic treatment within the NHS. When assessed on the IOTN scale, a patient is first graded as 1, 2, 3, 4 or 5 on the Dental Health Component. Grade 1 does not need treatment, whereas grade 5 is in great need of treatment. If assessed as grade 3, the patient is further assessed at a grade between 3.1 and 3.10 by the appearance of the teeth; picture charts are available to show examples of each of these grades. To be eligible for NHS treatment, the overall score must be 3.6 or higher. If a case meets the criteria, most orthodontists will provide the treatment on the NHS. However, if the case falls outside the IOTN criteria, private treatment or no treatment may be the only alternative.

NHS treatment proposed by an orthodontist in a specialist practice needs to be considered and agreed by PSD of NHS Services Scotland who act as the agent of the Scottish Dental Practice Board. The treatment may not be approved if PSD considers that the case does not meet the IOTN threshold, the assessment of the patient is incorrect, or because the treatment plan is not appropriate.

Referrals to the consultant-led orthodontic service in Monklands, Hairmyres and Wishaw General Hospitals

All orthodontic treatment provided by the consultant-led hospital based orthodontic service is provided free of any charge.

Only cases meeting the criteria for IOTN 4 and 5 should be referred to the consultant-led orthodontic service, unless they are patients with special needs where treatment is not practicable within primary care. Patients with a low/borderline need for orthodontic treatment will not be offered treatment within the orthodontic department.

The main role of the NHS Lanarkshire hospital based service is to treat patients with more complex problems, in particular multi-disciplinary cases.

This may include:

- Patients with ectopic teeth requiring minor oral surgery as part of their overall management
- Patients requiring combined orthodontic/restorative management
- Patients requiring combined orthodontic/orthognathic surgery
- Patients requiring combined orthodontic/pediatric dentistry management
- Patients with clefts of the lip and palate and other craniofacial anomalies.

Referred patients are seen for assessment by a consultant orthodontist.