

COMPLEXITY ASSESSMENT – ORTHODONTIC TREATMENT

Need and risk screening and entry criteria

- The benefits of Orthodontic treatment outweigh the risks
- Orthodontic treatment needed and not precluded by either patient co-operation or medical history

Level 1

Recognise malocclusion and normal occlusion.
 Ensure oral health is good prior to referral
 Perform basic Orthodontic examination, review the level of complexity and be familiar with IOTN, explain to a patient what Orthodontic treatment may involve and make valid and timely referrals
 Monitor post-Orthodontic care maintenance

Work to be carried out by primary care

Level 2

Patients with developing dentition requiring straightforward interceptive measures
 Removable appliances in patients without skeletal discrepancies
 Non-complex fixed appliance alignment in patients without skeletal discrepancies or significant anchorage demands

Level 2 care delivery requires a minimum of 50 case starts per year per clinician
 Patient modifying factors may result in referral to 3a or 3b

Level 3a

Patients requiring Orthodontic treatment for the management of skeletal discrepancies (removable, functional and fixed appliances)
 Patients with restorative problems, which do not require complex multidisciplinary care with secondary care input
 Patients with impacted teeth where the Oral Surgery/Orthodontics liaison can be managed from specialist practice
 Advice to those providing Level 1 or 2 care

Work to be referred to Specialist services
 Patient-modifying factors may result in referral to 3b

Level 3b

Patients with clefts of the lip and/ or palate or craniofacial syndromes
 Patients with significant skeletal discrepancies requiring combined Orthodontics and Orthognathic surgery
 Patients who require Orthodontics and complex Oral Surgery input (e.g. multiple impacted teeth)
 Patient with complex restorative problems requiring secondary care input in a multidisciplinary environment
 Patients with complex medical issues, including psychological concerns, which require close liaison with medical personnel locally.
 Patients with medical, developmental or social problems who would not be considered suitable for treatment in specialist practice
 Complex Orthodontic cases not considered suitable for management in specialist practice
 Referrals where advice or a second opinion is required from a secondary care Consultant (i.e. to those providing Level 1, 2, 3a care)

Work to be referred to consultant Specialist Services

5 Summarised illustrative patient journey

