

SCHEDULE 1

ADDITIONAL SERVICES

PART 2

ORTHODONTIC SERVICES

Patients to whom orthodontic services may be provided

4.—(1) An agreement that includes the provision of orthodontic services will specify that orthodontic services may be provided to—

- (a) only persons who are under the age of 18 years at the time of the case assessment;
- (b) only persons who have attained the age of 18 years at the time of the case assessment; or
- (c) persons falling within paragraph (a) or (b).

(2) Where an agreement specifies the matters referred to in sub-paragraph (1)(b) or (1)(c), it will in addition specify the circumstances in which orthodontic services may be provided to a person over the age of 18 years at the time of a case assessment.

(3) The contractor will only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in—

- (a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need(1), or
- (b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for its opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

(4) In a case where a person does not have a treatment need but the contractor has reasonable grounds for its opinion that orthodontic treatment should be provided to that person because of the exceptional circumstances of the dental and oral condition of that person, such treatment as is referred to in sub paragraph (3) may be provided.

Commencement Information

II Sch. 1 para. 4 in force at 1.3.2006, see [reg. 1\(1\)](#)

Orthodontic course of treatment

5.—(1) Subject to sub-paragraph (2), the contractor will provide orthodontic services to a patient by providing to that patient an orthodontic course of treatment.

(2) The contractor may provide orthodontic services that are not provided by virtue of an orthodontic course of treatment where—

- (a) it provides a repair to an orthodontic appliance of a person; and

(1) The Development of an Index for Orthodontic Treatment Priority: European Journal of Orthodontics 11, p.309-332, 1989 Brooke, P.H. and Shaw W.C.

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- (b) the orthodontic course of treatment in which that orthodontic appliance was provided is being provided by another contractor, hospital or relevant service provider under Part 1 of the Act.

(3) The contractor will use its best endeavours to ensure that an orthodontic course of treatment is completed within a reasonable time from the date on which the orthodontic treatment plan was written in accordance with paragraph 6(1).

- (4) If an orthodontic course of treatment is—
 - (a) terminated before it has been completed; or
 - (b) otherwise not completed within a reasonable time,

any further orthodontic services to be provided to that patient under the agreement must be provided as a new orthodontic course of treatment.

- (5) An orthodontic course of treatment may only be terminated by—
 - (a) the contractor—
 - (i) when the circumstances referred to in paragraph 3(1) of Schedule 3 (violent patients) occur and notice that it will no longer provide services has been given to the Relevant Body;
 - (ii) where the patient has refused to pay a charge in the circumstances referred to in paragraph 4 of Schedule 3 (refusal to pay NHS Charges prior to the commencement of, or during, treatment); or
 - (iii) where, in the reasonable opinion of the contractor, there has been an irrevocable breakdown in the relationship between the patient and that contractor and notice of such a breakdown has been given to the patient and the Relevant Body;
 - (b) the patient; or
 - (c) a person specified in paragraph 1(2) of Schedule 3 acting on the patient’s behalf.

Commencement Information

I2 Sch. 1 para. 5 in force at 1.3.2006, see [reg. 1\(1\)](#)

Orthodontic treatment plans

6.—(1) Where the contractor has, following a case assessment, determined that orthodontic treatment should be provided to a patient, it will, at the time of that case assessment, ensure that the patient is provided with an orthodontic treatment plan on a form supplied for that purpose by the Relevant Body which will specify—

- (a) the name of the patient;
- (b) the name of the contractor;
- (c) particulars of the places where the patient will receive orthodontic treatment;
- (d) the telephone number at which the contractor may be contacted during normal surgery hours;
- (e) details of the orthodontic treatment which is, at the date of the examination, considered necessary to secure the oral health of the patient;
- (f) the NHS charge, if any, in respect of those services if provided pursuant to the agreement; and
- (g) subject to paragraph 11 of Schedule 3 (mixing of services provided under the contract with private services), any proposals the contractor may have for private services as an

alternative to the services proposed under the agreement, including particulars of the cost to the patient if he or she were to accept the provision of private services.

(2) If the patient, having considered the treatment plan provided pursuant to sub-paragraph (1), decides to accept the provision of private services in place of orthodontic services under the agreement, the contractor will ensure that the patient signs the treatment plan in the appropriate place to indicate that he or she has understood the nature of private services to be provided and his or her acceptance of those private services.

(3) Where, for clinical reasons, the services included in the orthodontic treatment plan under sub-paragraph (1) need to be varied, the contractor will provide the patient with a revised orthodontic treatment plan in accordance with that sub-paragraph.

(4) Subject to paragraph 5(4) and (5), the contractor will provide the orthodontic services which are detailed in the orthodontic treatment plan provided pursuant to sub-paragraph (1) or, where the orthodontic treatment plan is revised, pursuant to the revised orthodontic treatment plan.

Commencement Information

I3 Sch. 1 para. 6 in force at 1.3.2006, see [reg. 1\(1\)](#)

Monitoring outcomes

7.—(1) The agreement will require the contractor to monitor, in accordance with this paragraph, the outcome of the orthodontic treatment it provides.

(2) The contractor will, in respect of orthodontic courses of treatment it provides in which orthodontic treatment is provided following the case assessment, monitor the outcome of that orthodontic treatment in accordance with sub-paragraph (3).

(3) The contractor will monitor the outcome of orthodontic treatment in accordance with “Methods to determine outcome of orthodontic treatment in terms of improvement and standards”(2) in respect of—

- (a) where the total number of cases is 20 or fewer, all the cases of the orthodontic courses of treatment it provides; or
- (b) where the total number of orthodontic courses of treatment provided is greater than 20—
 - (i) 20 of the cases; and
 - (ii) in addition, 10 per cent of the number of cases over 20, of orthodontic courses of treatment it provides.

(4) The agreement will specify the period of time which is relevant for calculating the number of orthodontic courses of treatment that need to be monitored in accordance with this paragraph.

(5) As part of its monitoring of the outcome of orthodontic treatment under paragraph (2), the contractor will, in respect of the patients whose courses of treatment are monitored calculate a peer assessment rating of the patient’s study casts—

- (a) taken at or after the case assessment but prior to the commencement of orthodontic treatment; and
- (b) taken at the completion of the orthodontic course of treatment,

(2) European Journal of Orthodontics 14, p125-139, 1992 Richmond S, Shaw W.C, Anderson M. and Roberts C.T.

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using either Clinical Outcome Monitoring Program software⁽³⁾ or by applying the methodology set out in “An introduction to Occlusal Indices”⁽⁴⁾.

(6) In sub-paragraph (5), “peer assessment rating” means an index of treatment standards in which individual scores for the components of alignment and occlusion are summed to calculate an overall score comparing pre- and post- treatment⁽⁵⁾.

Commencement Information

I4 Sch. 1 para. 7 in force at 1.3.2006, see [reg. 1\(1\)](#)

Completion of orthodontic courses of treatment

8.—(1) The contractor will indicate on the form supplied to the Relevant Body pursuant to paragraph 39 of Schedule 3 (notification of a course of treatment) whether or not the orthodontic course of treatment was completed.

(2) If the Relevant Body requests in writing that the contractor provides reasons for the failure to complete one or more orthodontic courses of treatment, the contractor will, within such period as the Relevant Body may specify, provide the reason or reasons for the failure.

(3) If the Relevant Body—

- (a) determines that the number of orthodontic courses of treatment provided by the contractor which have not being completed is excessive; and
- (b) does not consider that the reasons given by the contractor for the failure to complete the orthodontic courses of treatment are satisfactory,

it will be entitled to exercise its powers under paragraph 71 of Schedule 3 on the grounds that the contractor is not, pursuant to paragraph 5(3), using its best endeavours to ensure orthodontic courses of treatment are completed.

Commencement Information

I5 Sch. 1 para. 8 in force at 1.3.2006, see [reg. 1\(1\)](#)

(3) Clinical Outcome Monitoring Program — Version 3.1 for Windows 98, XP and 2000. See also Weerakone S and Dhopatkar “A: Clinical Outcome Monitoring Program (COMP): a new application for use in orthodontic audits and research”, American Journal of Orthodontics and Dentofacial Orthopaedics 2003;123: 503-511.

(4) Richmond, O'Brien, Buchanan and Burden, 1992, Victoria, University of Manchester, ISBN 1-898922-00-4.

(5) A description of this methodology can be found in the European Journal of Orthodontics 14, p180-187, 1992, Richmond S, Shaw WC, Roberts CT and Andrews M: “Methods to determine the outcome of orthodontic treatment in terms of improvement and standards”.

Changes to legislation:

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