

Orthodontics second assessment appeals policy







# Orthodontics second assessment appeals policy

Policy & Corporate Procedures

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Document Purpose	Guidance	
Document Name	Orthodontics Appeals Proc	cess
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Target Audience	All NHS England Employee	25
Additional Circulation List		
Description	The Orthodontics appeals process sets out the steps that an Area Team and an orthodontic provider should follow in the event where a patient disputes where the GDP or orthodontic provider is not in support of orthodontic treatment.	
Superseded Docs		
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(if applicable)		
(if applicable)	For Area Teams to implem	ient and action.
(if applicable) Action Required Timing / Deadlines	For Area Teams to implem	ient and action.
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	From 1 April 2013, the NHS Commissioning Board adopted the name NHS England, a name that gives people a greater sense of our role, scope and ambitions - as the organisation responsible for allocating the NHS budget, working to improve outcomes for people in England and ensuring high quality care for all, now and for future generations.			
	Our legal name remains the NHS Commissioning Board as set out in our establishment orders. While the NHS Commissioning Board will be known as NHS England in everything that we do, there are times when the statutory name is required for legal and contractual transactions. The following list provides some key examples of legal documentation which requires us to use our full legal name:			
	Human resources contract of employment;			
	Any documentation involving a court of law, eg litigation claims			
	Contracts for directly commissioned services.			
	For ease of reference NHS England is the generic term used throughout this policy.			
2	<b>Policy statement</b> NHS England is responsible for planning, securing and monitoring services commissioned by them in respect of primary care, offender health, and military health and specialised commissioning.			
	This document forms part of a suite of policies and procedures to support NHS England with its direct commissioning responsibilities in relation to primary care. The suite of documents will form NHS England's single operating policy. This particular policy relates to orthodontic appeals. The policies and procedures underpin NHS England's commitment to a single operating model for primary care – a "do once" right approach intended to ensure consistency and eliminate duplication of effort in the management of the four primary care contractor groups from 1 April 2013.			
	The development process for the document reflects the principles set out in Securing excellence in commissioning primary care, including the intention to build on the established good practice of predecessor organisations.			

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	Wherever possible to enable improvement of primary care
	To balance consistency and local flexibility
	Alignment with policy and compliance with legislation
	Compliance with the Equality Act 2010
	A realistic balance between attention to detail and practical
	application
	<ul> <li>A reasonable, proportionate and consistent approach across the four primary care contractor groups.</li> </ul>
	This suite of documents will be refined in light of feedback from users.
3	It is the policy of NHS England that all refusals for orthodontic treatment
0	where a patient does not meet the relevant eligibility requirements should be
	managed through the NHS England individual funding request (IFR)
	process. However, area teams will use this policy where a patient requests
	a second opinion because their index of orthodontic treatment need (IOTN)
	score on assessment is borderline for meeting the requirements of a score
	of 3.6 and a second opinion would be appropriate.
4	Scope
	Officers of the following NHS England areas are within the scope of this
	document:
	NHS England:
	National Teams;
	Regional Teams; and
	Area teams
	All Commissioning Support Units;
	NHS Leadership Academy;
	NHS Improving Quality;
	NHS Sustainable Development Unit;
	Strategic Clinical Networks; and
	Clinical Senates.
5	Roles and responsibilities
	To decide on second assessment requests, a panel will be set up to decide
	each case. The panel will include:
	A representative clinician identified by the medical directorate
	<ul> <li>A representative commissioner from the commissioning directorate with delegated outbarity of the director of commissioning (who will get</li> </ul>
	with delegated authority of the director of commissioning (who will act
	as secretary to the panel)

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	6		<b>nust:</b> eneral dental and orthodontic contrac y NHS England and inform them if the		
		The contractor	must:		
			at it adheres to the request process a nts and timeframes specified within it		
			e process to patients and refer them t te a decision regarding access to NH		
		Corporate level	procedures		
	7		ntral and regional teams will use this e a challenge from a contractor arises of this policy.		
		Distribution and implementation			
	8	This document w website	ill be made available to all staff via th	e NHS England	
	9	Notification of thi	s document will be included in the all	staff email bulletin.	
	10	A training needs analysis will be undertaken with staff affected by this document.			
	11	Based on the findings of that analysis appropriate training will be provided to staff as required.			
		Monitoring			
	12	Compliance with this policy will be monitored via the primary care oversight group, together with independent reviews by internal and external audit on a periodic basis.			
	13	oversight group v policy. <i>The docu</i>	e policy ratification a formal sub-group will have responsibility for reviewing a ment should be reviewed in 24 month es an earlier review.	nd updating the	
•		Equality impact assessment			
14 Equality and diversity are at the heart of NHS Eng the development of the policies and processes cit have given due regard to the need to eliminate dis and victimisation, to advance equality of opportun relations between people who share a relevant pr		ersity are at the heart of NHS England of the policies and processes cited in egard to the need to eliminate discrim , to advance equality of opportunity, a	a this document, we nination, harassment and to foster good ted characteristic (as		
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15	As part of its development this document and its impact on equality has been analysed and no major impact has been identified.
16	References
	GDS Regulations 2005
	PDS Regulation 2005
	The Dentist Act 1984
	The Dentist Act 1984 (Amendment Order) 2005
	The National Health Service (England) Performers Lists Regulations 2013
	NHS Act 2006
	Health and Social Care Act 2012

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#### Scope of policy

- Where a patient has been refused orthodontic treatment and has appealed this decision, the appeal should be managed via the NHS England individual funding request (IFR) process which is available to area teams on NHS England's intranet and the internet.
- The exception to this is where a patient's IOTN and treatment need on assessment is borderline and the patient or dentist believe a second assessment is required to confirm the IOTN. It is unlikely that there will be many second assessment requests and the majority of appeals will be handled through the IFR.
- 3. A borderline request is deemed to be an IOTN of 3 where the asthetic component (ac) is between 1-5

#### Process to manage a request for second assessment to confirm IOTN

- 4. Where a patient has received an initial assessment for orthodontic treatment which results in a borderline result, the patient or dentist can request a second assessment to confirm the initial result of the IOTN.
- 5. In these instances the contractor is required to signpost the patient to the person identified within the area team who deals with the request process or can make a request on behalf of the patient.
- 6. Requests for second assessments can only be made using the proforma in annex 2. It is the responsibility of the dentist to provide the information needed by the area team. The request will not be processed unless all the information required has been provided.
- 7. The proforma will be sent to the area team
- 8. On receipt of the completed proforma, the area team will convene a panel within three months, to determine whether a second assessment is required based on the information provided.
- 9. The panel will include:
  - a. A representative clinician as identified by the medical directorate
  - b. A representative commissioner from the commissioning directorate with delegated authority of director of commissioning (who will act as secretary to the panel)

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- 10. The panel will support requests for a second assessment where all of the following are met:
  - a. The evidence is sufficient to support a request for a second assessment
  - b. The patient can reasonably be expected to complete the course of treatment if the second assessment were to recommend treatment
  - c. The appeal is not solely on financial grounds.
- 11. Where technology is available the panel may be held virtually
- 12. The panel decision will be communicated to the director of commissioning for the area team. The panel decision is binding.
- 13. The decision of any second assessment is also final and cannot be appealed through this policy. However, the patient will be informed of their right to request treatment due to exceptional circumstances, which would be managed through the IFR process. The patient will be informed of the binding nature of the second assessment in the panel decision letter and informed how they can access the IFR process through their dentist.
- 14. The decision of the panel will be communicated to the patient and dentist within two weeks of sign off.
- 15. In the case of a second assessment being granted the patient will be informed of the name of an orthodontist who will provide the second opinion. The orthodontist will contact the patient to make their assessment appointment. Letters to support the decision of the panel are available in annexes 5, 6 and 7.

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# Annex 1: Abbreviations and acronyms

A&E	accident and emergency		
APHO	Association of Public Health Observatories (now known as the		
	twork of Public Health Observatories)		
APMS	Alternative Provider Medical Services		
AT	area team (of the NHS Commissioning Board)		
AUR	appliance use reviews		
BDA	British Dental Association		
BMA	British Medical Association		
CCG	clinical commissioning group		
CD	controlled drug		
CDAO	controlled drug accountable officer		
CGST	NHS Clinical Governance Support Team		
CIC	community interest company		
CMO	chief medical officer		
COT	course of treatment		
CPAF	community pharmacy assurance framework		
CQC	Care Quality Commission		
CQRS	Calculating Quality Reporting Service (replacement for QMAS)		
DAC	dispensing appliance contractor		
Days	calendar days unless working days is specifically stated		
DBS	Disclosure and Barring Service		
DES	directed enhanced service		
DH	Department of Health		
EEA	European Economic Area		
ePACT	electronic prescribing analysis and costs		
ESPLPS	essential small pharmacy local pharmaceutical services		
EU	European Union		
FHS	family health services		
FHS AU	family health services appeals unit		
FHSS	family health shared services		
FPC	family practitioner committee		
FTA	failed to attend		
FTT	first-tier tribunal		
GDP	general dental practitioner		
GDS	General Dental Services		
GMC	General Medical Council		
GMS	General Medical Services		
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GP GPES GPhC GSMP HR HSE HWB IC IELTS KPIS LA LDC LETB LIN LLP LMC LOC LETB LIN LLP LMC LOC LPC LPN LPS LRC MDO MHRA MIS MPIG MUR NACV NCAS NDRI	general practitioner GP Extraction Service General Pharmaceutical Council global sum monthly payment human resources Health and Safety Executive health and wellbeing board NHS Information Centre International English Language Testing System key performance indicators local authority local dental committee local education and training board local intelligence network limited liability partnership local medical committee local optical committee local optical committee local pharmaceutical services local pharmaceutical services local representative committee medicial defence organisation Medicines and Healthcare Products Regulatory Agency management information system minimum practice income guarantee medicines use review and prescription intervention services negotiated annual contract value National Clinical Assessment Service National Duplicate Registration Initiative
NACV	negotiated annual contract value
NHAIS	National Health Authority Information System (also known as Exeter)
NHS Act	National Health Service Act 2006
NHS BSA	NHS Business Services Authority
NHSCB	NHS Commissioning Board
NHS CfH	NHS Connecting for Health
	NHS Dental Services
NHS LA	NHS Litigation Authority new medicine service
NPE	net pensionable earnings

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NPSA OJEU OMP ONS OOH PAF	National Patient Safety Agency Official Journal of the European Union ophthalmic medical practitioner Office of National Statistics out of hours postcode address file
PALS	patient advice and liaison service
PAM	professions allied to medicine
PCC	Primary Care Commissioning
PCT	primary care trust
PDS	personal dental services
PDS NBO	Personal Demographic Service National Back Office
PGD	patient group direction
PHE	Public Health England
PLDP	performers' list decision panel
PMC	primary medical contract
PMS	Personal Medical Services
PNA	pharmaceutical needs assessment
POL	payments online
PPD	prescription pricing division (part of NHS BSA)
PSG	performance screening group
PSNC	Pharmaceutical Services Negotiating Committee
QOF	quality and outcomes framework
RCGP	Royal College of General Practitioners
RO	responsible officer
SEO	social enterprise organisation
SFE	statement of financial entitlements
SI	statutory instrument
SMART	specific, measurable, achievable, realistic, timely
SOA	super output area
SOP	standard operating procedure
SPMS	Specialist Personal Medical Services
SUI	serious untoward incident
UDA	unit of dental activity
UOA	unit of orthodontic activity

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# Annex 2 - Request for second assessment proforma

Patient name:	Patient date of	birth:
Address:		
	patient's parents/guardian consent I records with the area team panel t sessment	
Name: (Patient/parent/guardi	ian [delete as appropriate]	
Signature:		
Date:		
Patients GP and addr	ess:	
Patients general dent	al practitioner and address:	
Patients orthodontic p	practitioner and address where initia	al assessment was
undertaken:		
Treatment details		
Treatment history (if a	applicable):	
Assessment of gener	al oral health/condition:	
Assessment of genera		

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IOTN Score and date of assessment
Summary of treatment requested:
ourinnary of iteatinent requested.
Cost of assessment (normally expressed in UOAs):
Clinical information
Relevant medical history:
Clinical information including the patient record
Please include any x-rays, study models, photographs
Other information
Has the patient been seen privately in relation to this request? Yes/No

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#### Annex 3

#### Request for second assessment – panel form

Name of patient

DOB

Date of panel

Date of original assessment from which this appeal originates

#### 1) Information provided:

- A statement completed fully on pro-forma as provided in annex 2 Yes/No
- Patient consent received Yes/No
- Appropriate radiographs (if available), Yes/No
- Study models (if required), Yes/No
- Photographs (if available). Yes/No

#### 2) Panel assessment

2a) Is the Information provided adequate to consider the request? Yes/No

**2b) If NO** state reason(s):

**2c) If NO** what action is to be taken (request more info, refer back to practice etc.)

#### 3) Conclusion of the panel, this patient should:

3i) **Receive** a second assessment from an orthodontic provider to confirm IOTN score

- 3ii) Not receive a second assessment from an orthodontic provider OR
- 3v) Further Information is required. Yes/No

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# Panel reasons for support or refusal

# 4) Panel members

Name & Job title:

Name & Job title:

Letter sent to patient/parents	Date:	By:
Letter sent to dentist	Date	By:
Letter sent to orthodontist:	Date	By:

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### Annex 4

#### Area team

# Second opinion request monitoring form

Patient name	
Practice and clinician	
Date proforma received in office	
	Yes/No
To proceed with review	Reason(s):
Panel arranged	Date
Panel report submitted to area team	Date
Recommend or deny second assessment	Agreed/deny (reason in minutes)
Area team to assign orthodontist for second opinion	Date
Letter to dentist, orthodontist and parent/guardian (annexes 5, 6 and 7)	Date

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#### Annex 5 – Letter to parent/guardian, outcome of panel decision (refusal)

Dear

[insert patient name]

NHS England has considered your request for a second assessment to consider your eligibility to orthodontic treatment. I am writing to confirm the outcome of your request.

Based on the evidence provided we are unable to support your request for a second opinion for the following reasons:

[insert reasons taken from minutes]

The decision of NHS England is final and cannot be appealed.

With regards

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# Annex 6 – Letter to parent/guardian, outcome of panel decision (successful)

Dear

[insert patient name]

NHS England has considered your request for a second assessment to consider your eligibility for orthodontic treatment. I am writing to confirm NHS England's decision.

Based on the evidence provided to NHS England, we support your request for a second opinion.

You will shortly be contacted by [insert name of provider] to make an appointment for an assessment.

Please note the decision of the second assessment will be final and if they do not agree that you are eligible for orthodontic treatment this outcome cannot be appealed against. If following the second assessment you are still not considered eligible to access NHS orthodontic treatment but believe your personal circumstances are such that you should receive orthodontic treatment you can request treatment via NHS England's individual funding request policy. This can be accessed from your dentist.

With regards

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#### Annex 7 – Letter to GDP/orthodontist requesting second opinion

Dear [Insert name of orthodontist who will perform second assessment]

Following a panel for a request for a second assessment to confirm the patients IOTN, the area team has agreed that the patient [insert name] can have a second assessment to confirm their IOTN. If the patient's IOTN make them eligible the patient can start orthodontic treatment.

The area team is asking you to offer the patient an appointment for an assessment.

[insert patient details]

The patient will be informed that your decision is final and cannot be appealed through this policy if the outcome does not support eligibility for treatment. However, if following the second assessment they are still not eligible due to their IOTN score but believe their personal circumstances are such that they deserve orthodontic treatment they can request treatment via NHS England's individual funding request policy and this can be accessed from their dentist.

With regards

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#### Version control tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
1	February 2013	Primary Care Commissioning	Tbc	New document
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