

Q. My son/daughter is at boarding school in the UK, and needs orthodontic treatment. Is orthodontic treatment available for my child at boarding school and, if so, how do we access it?

Orthodontic treatment for children at boarding school in the UK is, and always has been, the responsibility of the Department of Health (DoH) through the National Health Service (NHS). Recent changes to the NHS dental services now pass this responsibility directly to the local Primary Care Trust (PCT). This change is designed to give PCTs the ability to commission the dental (including orthodontic) care specifically needed within their area as they do for all other aspects of primary health care.

Publicly funded orthodontic treatment is restricted to patients whose severity of orthodontic problem meets the DoH's minimum criteria for care as measured by the internationally recognised Index of Orthodontic Treatment Need (IOTN). Prior to the recent changes the limiting factor in accessing NHS orthodontic treatment was the capacity of local orthodontic providers – both high street practices and local hospital departments. Essentially, if an NHS orthodontist had room in their practice to take a patient on, they did, albeit usually following a period of perhaps up to 2 years on a waiting list. There was no restriction on the number of NHS cases an orthodontist could treat so long as they met the DoH's treatment need guidelines. With PCT commissioning, orthodontists can now only treat a finite number of NHS cases each year according to the contract negotiated with the PCT. Additional patients can only be treated with prior agreement by the PCT and thus any spare capacity on the part of the orthodontic practice may only be accessed on a private (non-NHS funded) basis.

The following may assist you in seeking orthodontic care for your child:

- Ideally, register your child with a local (to the boarding school) General Dental Practitioner (GDP) who should have information on local practices/hospital departments that provide NHS (and/or private) orthodontic treatment. The GDP will then refer them appropriately.
- If you are serving and living overseas and unable to register your child in the UK with a local GDP, they may still access routine dental care at your overseas Garrison dental centre that will also help to try and find an appropriate UK orthodontic practice for you. Obviously this is more difficult as they will not have the local knowledge of a UK based GDP.
- Contact local orthodontic practices yourself to ask whether NHS treatment is provided. The British Orthodontic Society website www.bos.org.uk has a facility to 'Find an Orthodontist' by typing in a postcode or town name. This search will bring up a list of orthodontists in that area with their contact details.
- To check if an orthodontist is on the 'Specialist Register' go to the General Dental Council website www.gdc-uk.org and search through the Specialist Register. Orthodontics is a dental speciality and most comprehensive orthodontic treatment is provided by a specialist in the field. There are also a number of other dental practitioners with an interest in orthodontics who have built up an expertise in undertaking some of the usually less complex cases: your local GDP should know these practices and be able to advise you accordingly.
- You should be prepared for long waiting times for treatment (your child may be seen for assessment relatively quickly but commencement of treatment may involve up to a 2 year waiting period). The stability of education principle behind the Armed Force's boarding school scheme has the benefit of ensuring that your child will be in one place long enough to come to the top of a waiting list and access treatment. This has often been very difficult for non-boarders who may move location before either reaching the top of a waiting list or completing treatment.
- You may find that NHS orthodontics is not easily available in your area or you may not wish to wait for a long time. If this is the case your only alternative option may be to go privately with an orthodontist in the local area. The average cost may be in the region of £1,500 to £4,000 depending on the complexity of the case. A growing number of practices have interest free payment plans.
- If your child is placed on an unreasonably long waiting list, contact your Primary Care Trust. Your nearest PCT can be found through the following website:
<http://www.nhs.uk/England/AuthoritiesTrusts/Pct/Default.aspx>
- One of the potential difficulties with orthodontic treatment of boarding school children is the continuity of treatment during the relatively long absences from the school (and orthodontist's) location particularly during the summer holidays. Due to the very individual and often complex and dynamic nature of orthodontic treatment frequent visits to the orthodontist are required in order to monitor and adjust appliances (braces). These visits rarely follow a regular pattern and

may vary in interval from between just a few days to several weeks depending on the stage of treatment and progress being made. For those families serving abroad in areas served by the military orthodontic service, arrangements are available for DDS orthodontists to provide emergency care to deal with breakages and other problems during the school holidays.

- In addition to the 'Find an Orthodontist' facility, The British Orthodontic Society website www.bos.org.uk also contains other useful information on orthodontics, a number of patient information leaflets and answers to some frequently asked questions.
- If you are a parent considering sending a child to boarding school you may find it useful to include access to dental, orthodontic and general healthcare as additional factors to be considered in choosing a suitable school. Boarding schools sometimes have contacts with local orthodontic practices and it may be worth asking the schools you are looking at what, if any, arrangements they have and whether or not they are provided privately or under the NHS.

Whilst the Government has clearly identified health care provision to civilians in the UK as a DoH and not a MoD responsibility, it is recognised that many Service dependants could be potentially disadvantaged in accessing various forms of health care purely as a result of their dependant status and particularly the mobility of their resultant lifestyle. A combined DoH/MoD Partnership Board has been established to look at these issues (including orthodontic access) and a Command Paper is currently being drafted across Government with the specific intention of identifying areas in which all government departments might better contribute to supporting the Armed Forces and their dependants more equitably.