Subject: Fwd: URGENT Document wanted

Date: Wednesday, 25 July 2012 at 11:44:25 British Summer Time

From:

To: MikeMew@gmail.com

Attachments: prominent teeth 2011 NOW.doc, ATT00001.htm, Did you know II nov 09.doc,

ATT00002.htm, BOS justification - key papers.doc, ATT00003.htm, Mar 1 2010.doc,

ATT00004.htm, BOS justification for ortho.pdf, ATT00005.htm,

Hospitalconsultantserviceroleoct07.pdf, ATT00006.htm, IOTNpaper.pdf, ATT00007.htm

Dear Michael,

I drifted a fly over the DH to see if they would allow direct communication, and got this.

In my view I will do best at this stage to follow this route - it would be him drafting the parliamentary replies anyway - and I will get more detailed info quicker. The object is still to tease out what they believe and why, and not to reveal our hand too early.

No need for a swift reply, as I am on two weeks compulsory holiday from Friday and will not be allowed anything that even hints at work.



Begin forwarded message:

From: < Date: 25 July 2012 11:09:01 GMT+01:00

Subject: Fw: URGENT Document wanted

Dear

I have attached some reading in relation to orthodontic care.

I would like to give credit to the British Orthodontic society for producing this list at very short notice.

In response to your question about the causes of orthodontic problems, these are mainly genetic and as this is rather out of my sphere of knowledge I would be grateful if you treated my views as for your information only rather than for formal mention..

I am not a geneticist but our rather mixed race origins mean that the genes that control tooth size and those that control jaw size are not connected and the resultant overcrowding causes lots of problems. This may also result in an inappropriate relationship, in terms of antero posterior positioning, between upper and lower jaws. If you look at populations in parts of the world where there is less genetic mixing there is a much more consistent relationship between tooth and jaw size and the relationship between the upper and lower arches.

The Dept. introduced the use of IOTN (index of orthodontic treatment need) in 2006 which has both a health and aesthetic component, to determine eligibility for orthodontic provision via the NHS.

It would be clinically very unsound to correct one arch and not the other as , as a functioning unit, they work together and the long term health problems associated with irregular positioning of teeth are just as much a health issue in the upper arch as the lower.

I am not sure if there is any data collected on the incidence of other conditions in patients who have had orthodontic treatment or not.

I hope that answers some of your questions and that this initial tranche of reading material is helpful.

I would obviously be happy to talk again if you wanted further information.

regards

(See attached file: prominent teeth 2011 NOW.doc)(See attached file: Did you know II nov 09.doc)(See attached file: BOS justification - key papers.doc)(See attached file: Mar 1 2010.doc)(See attached file: BOS justification for ortho.pdf)(See attached file: Hospitalconsultantserviceroleoct07.pdf)(See attached file: IOTNpaper.pdf)



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