Subject: RE: URGENT Document wanted
Date: Tuesday, 27 November 2012 at 11:51:27 Greenwich Mean Time
From: Mike Mew
To: [redacted]

[redacted]

Hi I hope all is well next door, we have certainly been working hard in No.4 and have been messed around by landlords which means that I will not be moving for at least another month even two.

It does seem strange that you have not received anything more back from the Chief Dental officer apart from a preliminary response within days of your enquiry in which he said that we should give "credit to the British Orthodontic society for producing this list at very short notice" which appears to be somewhat hollow words since now 4 months latter there does not appear to have been any further response on this. As you mentioned in your questions you have a 9 year old daughter and she is not getting younger while you are waiting for the response. Time is off essence, the treatment that I do is not applicable must after 8 years of age and if you are likely to be denied an informed choice at this rate. As currently are the rest of the country.

I'm about to send another letter to the British Dental Journal for publication. It is going to make set out some very uncomfortable facts and it will put my reputation on the line, which was at some point inevitable. However it is important to have the answers to the questions that you asked relatively soon, which as you can see below have not been addressed and the responses listed are refutable with the minimal of evidence. I don't think that the orthodontists would use this argument given the current evidence although I believe that this is still what is being taught to under graduates today (which is another issue).

Best wishes,

Mike

Below is your original questions and the initial response from Barry [redacted] he attached some articles that although interested mainly deal with aesthetic considerations, ie children look better and are less teased at school if they do not have teeth that stick out and one or two suggesting that they are less likely to damage the teeth if they do not stick out (although orthodontics is a rather expansive preventative measure for this).

-----Original Message-----
From: [redacted]
Sent: 25 July 2012 11:44
To: MikeMew@gmail.com
Subject: Fwd: URGENT Document wanted

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.

[redacted]

Response from Barry [redacted]

Begin forwarded message:

From: [redacted]
Date: 25 July 2012 11:09:01 GMT+01:00
To: [redacted]
Subject: Fw: URGENT Document wanted

Dear [redacted]
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)

[redacted]
Chief Dental Officer
[redacted]

Your original questions

Dear [redacted]

I was about to put down the questions below for written answer when it occurred to me that if I showed them to you first I might be able to find answers to them in a way that caused the DH less time and trouble.

I am happy to be sent off to read or to talk to do the legwork generally.

I am coming to this area new, as a consumer-by-proxy (with a 9 year old daughter). It appears to me that we may have been seduced into funding expensive treatments that have a very shallow health justification, and that we ought to re-examine what we are doing in these hard times that we are being offered NHS treatment for something that the NHS has no business funding. My questions are aimed at making a start on understanding whether I am right in my suppositions.

Yours,

[redacted]

1. To ask HMG: what is their best estimate of the current annual cost to the NHS of orthodontic therapy, including associated extractions and surgery?

2. To ask HMG: what factors they regard as being the causes of the problems treated by orthodontic therapy (for a normal healthy child requiring orthodontic treatment); what scientific papers and related evidence this is based on; and what is the pathological process by which these factors are thought to affect a child?

3. To ask HMG: what they regard as the process by which current orthodontic treatment aims to treat the suspected causes of orthodontic problems?

4. To ask HMG: if the NHS funded only the correction of the upper visible teeth in patients with misaligned but functional dentition, what is their estimate of the consequent annual saving to the NHS, and of the health benefits forgone by those who would otherwise have had full orthodontic treatment.

5. To ask HMG: what is their best estimate of the proportion of NHS patients who have undergone substantial orthodontic work and who have subsequently either been diagnosed with sleep apnea or have seen an ENT specialist; and what those proportions are for patients who have not undergone orthodontic work.