NHS England

Interim Clinical Commissioning Policy: Orthognathic surgery

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Interim Clinical Commissioning Policy

Orthognathic surgery

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Policy Statement

NHS England will commission treatments for Orthognathic surgery in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Orthognathic surgery describes a number of surgical procedures on either or both of the mandible or maxillae (parts of the mouth), to bring the jaws into a more acceptable or functional relationship. Orthodontic treatment is required both before and after Orthognathic surgery.

1. Introduction

Orthognathic surgery **will be** funded by NHS England where patients present with malocclusion and/or sever skeletal deformity of the jaws and also meet further criteria.

Orthognathic surgery for other cases (noted below) are considered low priority and **will not** be routinely funded.

This policy **does not** cover treatment for Orthognathic surgery related to cleft lip/palate, in complex craniofacial surgery or in reconstruction following major trauma or surgery.

2. Criteria for commissioning

Orthognathic surgery to treat patients with malocclusion and/or sever skeletal deformity of the jaws that significantly affect oral function provided they have been assessed by a specialist multidisciplinary team. Patients must also meet all the following criteria:

- The Index of Orthodontic Treatment Need must be 4 or 5.
- Functional symptoms must have an important impact on quality of life which would normally have become apparent within 5 years of achieving skeletal maturity
- The multidisciplinary team confirms that orthodontic treatment is insufficient by itself to adequately correct these functional symptoms
- Patients have reached skeletal maturity

Orthognathic surgery should be low priority on the grounds of insufficient evidence of functional improvement for;

- Patients with speech problems
- Patients with jaw pain, particularly associated with temporomandibular joint

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

(Individual funding request policy, application form and contact details on NHS Internet – http://www.england.nhs.uk/ourwork/d-com/policies/gp/)

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

This procedure is considered to be of limited clinical value

There was evidence from three small controlled cohort studies that patients with malocclusion had statistically and clinically significantly improved oral function after Orthognathic surgery, Effect sizes were typically moderate (approximately 0.4), but did reach large (0.6-0.8) for some functional outcomes. One small study suggested that these benefits may persist for five years after surgery. There was insufficient evidence to compare different types of surgery or patient groups. No study evidence was found to identify how patients could be selected on the basis of expected functional improvement.

One low quality systematic review did not demonstrate statistically or clinically significant improvements in speech articulation after Orthognathic surgery in patients with malocclusion.

No trial evidence was identified to demonstrate a clinical benefit of Orthognathic surgery in treating jaw pain