Referral of Patients

to the
Community Dental Referral Service

In
Hillingdon

June 2012
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### Appendices:

- Patient Referral Form A1- Adults
- Patient Referral Form A2 – Paediatrics
- Patient Referral Form A3–Adults/Paediatrics (other health professionals)
Referral of Patients to the Hillingdon Community Dental Service

Background

The specialist dental services were established many years ago to address long waiting lists for patients referred by general dental practitioners to the London teaching hospitals.

The current acceptance criteria were last updated in 2011. The pressure on the waiting list continued with additional growth of the waiting list for adults with special needs. We have therefore made these criteria more specific to help aid the referral decisions. In particular, there is an ever increasing group for whom access to a dentist is becoming difficult and this appears to be related to an ageing population keeping their teeth.

Best Use of Resources

Hillingdon Community Health wishes to protect its Community Dental Referral Service and therefore, it is important that the referring practitioner is able to carry out any additional work needed to secure the best treatment outcome, but outside the remit of the specialist e.g. provision of crown work following endodontic treatment.

The service has a clear discharge policy and process for minimising failed appointments.

The use of this referral pack by General Dental Practitioners (GDP) in Hillingdon is an important means of maximising the limited resources available for community dentistry.

Process for Referral

1. General Dental Practitioners will be required to use the patient referral forms A1 for adults and A2 for children. General Medical Practitioners and other healthcare and social professionals seeking advice on referring patients will be required to use the patient referral form A3 for adults and children.

2. All referrals should be sent to:
   
   Community Dental Referral Service
   Uxbridge Health Centre
   George Street
   Uxbridge
   Middlesex
   UB8 1UB

3. On receipt of referral all details will be recorded.

4. Clinicians will oversee the triage process and
   a] accept the referral and assign to the appropriate clinic or
   b] send a letter to reject the referral or
   c] request missing information

5. Once the accepted referral comes to the appropriate point on the waiting list, a letter will be sent to the patient inviting them to contact the department to arrange a convenient appointment.

6. If the patient does not contact the clinic to make an appointment within one calendar month no further communication will be made. Confirmation of discharge is sent to the referrer offering them the opportunity to re-refer if appropriate.

7. If an appointment is made, a confirmation letter of appointment, medical history and patient information leaflet are sent to the patient.
8. From that appointment there are three different options:-
   • Assessment, treatment plan or treatment
   • Failed appointment - discharge letter sent to patient and referrer
   • Inappropriate referral - details sent to referrer

9. Once treatment has been carried out the patient is either:
   • Discharged
   • Reviewed according to criteria with interval based on risk factors (specialists only).

Acceptance Criteria of Referrals for Specialist Treatment
Referrals are accepted from dentists and health care professionals. Patients must be registered with a Hillingdon GMP or if unregistered, resident in the borough.

In addition, a service level agreement is in place to provide Harrow residents registered with a Harrow GMP for the following specialist treatment:
   • Endodontics
   • Periodontics

The referring dentist should ensure that primary dental disease is under control and that patients demonstrate a good standard of oral hygiene.

The referring dentist is expected to provide supporting treatment and any necessary routine and continuing care including emergencies.

Information Required to Support every Referral
The following information is required:
   • Completed A1 form (Adult) or A2 form (Child under 16 years) from GDPs
   Or
   • A3 form (Adult or Child) from other health care professional containing:
   • Patients full name, date of birth, address, postcode, all contact numbers, ethnicity, NHS number and GMP details.
   • Recent radiograph/OPG if applicable
   • Name, address, telephone number and performer number of referring dentist
   • NHS charge band and the total NHS charge paid by the patient (if any).
   • Nature of referral, urgency, past dental treatment & recent radiographs if available.
   • Relevant medical history.
   • Information about any treatment attempted by the GDP.

Referrals Accepted For Assessment and Treatment Plan
In addition to assessment, treatment may also be provided if deemed appropriate.

Removable Prosthodontics
- Cases complicated by congenital abnormalities of dental tissue
- Assess, advise and treat complex cases beyond the scope of the GDP when the GDP has attempted to provide removable prosthodontics for the patient, but been unable to do so satisfactorily.

Failed crown & bridgework will not be accepted

Endodontics
Patients with special medical needs needing low complexity endodontic treatment will be completed by the special care dental service, under supervision of the endodontic specialist where appropriate. These patients will need to meet the acceptance criteria for the special care dental service.
Anterior Teeth
- Complex or sclerosed root canal anatomy in anterior teeth
- Management of open apices and resorption
- Endodontic surgery in the presence of adequate conventional obturation
- Re-treatments of anterior teeth and pre-molars will be accepted where the other qualifying criteria are met
- Complicated fractures of anterior teeth

Posterior Teeth
Re-treatment of 1st, 2nd or 3rd molars will be outside the scope of the NHS endodontic service. The only exception will be those teeth considered by the specialist to be key functional teeth which will help to maintain a functional dentition. Referrals for treatment of 2nd or 3rd molars will only be accepted if they are key functional teeth.

What is a complex endodontic referral?
- Restoration does not reflect original anatomy/alignment
- Significant deviation from normal e.g. taurodont
- Extreme curvature or s shaped curve
- Mandibular pre-molar or anterior with 2 roots
- Maxillary pre-molar with 3 roots
- Canal divides in the middle or apical third
- Very long tooth (>25mm)
- Open apex (1.5mm in diameter)

Periodontics
- Aggressive forms of periodontitis in juveniles
- Generalised aggressive periodontitis in adults
- Specific crown lengthening and root resection at the specialist’s discretion

Initial therapy (as below) must have been completed prior to referral:
- Patient motivation
- Demonstration of plaque control techniques
- Smoking cessation advice and enrolment in smoking cessation programme if required
- Removal of any plaque retentive factors
- Subgingival scaling with root surface debridement
- Monitoring

Referrals for treatment are accepted if, after initial therapy, there is still active periodontal disease: bleeding on probing, suppuration, static or increasing pocket depth > 7mm in the presence of:
- A plaque score below 10%
- Some progress made towards smoking cessation (if applicable)

Referrals will also be accepted for diagnosis and treatment planning for the following:
- Patients with pockets >5.5 mm who have failed to respond to treatment
- Patients with pockets >3.5 mm who are aged less than 19 years
- Patients with medical problems affecting the periodontium (e.g. diabetes)
- Patients with furcation involvement, with active disease
- Pre-restorative surgery
Acceptance Criteria for Special Care Dentistry
Community dentists provide a complementary service to their colleagues in General Dental Practice and hospital departments. The service has two aspects: a responsibility for dental public health and a treatment service for patients with special requirements, who cannot access the General Dental Service.

Referrals are also accepted from doctors and other health and social care professionals. Wherever possible patients should be encouraged to attend a local General Dental Practitioner in the first instance.

Thus the CDS provides care for:
- Adults with moderate to severe learning difficulties
- Adults with complex medical condition which affects ability to treat and choice of treatment e.g. neurological conditions.

In general we do not accept patients with treated medical conditions e.g. high blood pressure, diabetes and whose main need may be for extensive dental treatment.
- Adults who are unable to stand unaided and require transfer from a wheelchair to a dental operating chair by hoist in order to undergo dental treatment.

Adults who use a wheelchair because of limited mobility should be referred to a practice with open access for wheelchairs. Adults who require domiciliary care should be referred to practices commissioned to provide this. This information can be obtained from PALS. Currently HCDRS is not commissioned for domiciliary care.
- Adults with moderate to severe oral risk factors eg altered salivation, limited mouth opening, PEG feeding, requiring multi-disciplinary approach
- Adults who require multi-professional consultation to comply with the mental capacity act.

It remains the responsibility of the referring dentist to provide or secure any necessary treatment or provide advice until the patient attends their assessment appointment with the CDRS.

At present we do not accept adults with dental phobia and would expect these patients to be referred to practices currently established to treat patients under sedation. The exception might be to see patients who are referred by other health care professional because they are unable to visit a dentist.

Acceptance Criteria of Referrals for Paediatric Services
Children under 16 can be referred into the CDS in the following circumstances:
- Complex medical needs, severe learning disability, or severely challenging behaviour requiring special care
- Gross caries
- Children under the age of 11 who are unable to co-operate with a long course of treatment
- Severe sepsis/urgent treatment requiring intervention, e.g. trauma in a young child

Children requiring treatment under GA will be referred on to a hospital unit. Criteria for referral:
- Treatment to be performed is likely to be too difficult to be undertaken under local anaesthesia, even with conscious sedation.
- Medical condition contra-indicating the use of local anaesthetic – ie allergy to local anaesthetic or C1 esterase inhibitor deficiency.

In order to minimise the need for repeat general anaesthetic we would recommend referral for assessment in HCDRS in the first instance to allow for full treatment planning. We will then liaise with the appropriate hospital department if a GA is found to be necessary.

Urgent Referrals
Children under the age of 3
Swellings
Trauma
Compromised medical conditions

Pain is not an indication for an urgent referral.
Failed appointments

Patients who fail to attend for assessment appointments without notification, will be automatically discharged to their referring general dental practitioner. The referring practitioner will be informed in the case of patients failing to attend and if the patient still wishes to be treated, they will require a new referral.

Patients who fail to give at least 2 working day notice when cancelling an appointment will not be offered subsequent appointments, except at the discretion of the service.

Patients are expected to arrive 5 minutes prior to the appointment time.

Discharge Guidelines

All patients will be referred back to the referring practitioner on completion of the specified course of treatment except in exceptional circumstances at the discretion of the CDRS specialists and dentists. The referring practitioner will be expected to provide continuing care and routine maintenance whilst the patient is on the waiting list, while under treatment with a specialist and after discharge from the CDRS.

 Patients with special needs may continue to receive treatment from the CDRS subject to their clinical needs and disability. The appropriateness of their treatment in the CDRS will be reviewed in the light of their changing needs. This will be assessed using the BDA case-mix model\(^1\) and in general, only patients who score moderate to high need will be retained in the service. A shared care model may also be adopted whereby routine prevention and maintenance is provided by a general dental practitioner.

All discharge arrangements are discussed with patients and carers as appropriate and noted on the care plan and consent form.

The practitioner must undertake to provide or secure additional treatment necessary to complete treatment or maintain oral health e.g. crowns for endodontically treated teeth and routine emergency care.

Periodontal patients will require routine review, monitoring and maintenance by their referring GDP.

Patients will only be retained in the CDRS should they fall into appropriate categories which require longer term maintenance or treatment. Reviews will not routinely be offered.

\(^1\) BDA case-mix model