Appendix 1 - Restorative Dentistry Referral Guidelines for referring practitioners

These guidelines are intended to assist General Dental Practitioners (GDPs), Community Dental Service (CDS) Dentists and Primary Care Specialists make an informed decision when contemplating referring HSC patients to the Restorative Dentistry Department at the School of Dentistry.

The Restorative Dentistry Department is located in the School of Dentistry at the Belfast Health and Social Care Trust (BHSCT). The Department aims to provide the highest quality care for patients as well as providing training for specialty trainees and undergraduate dental students.

All patient demographic details must be included in all referrals sent to SOD to ensure prompt administration processes. All referrals must include complete patient contact details; sufficient clinical details outlining the problem, with radiographs if appropriate. Medical and drug histories are essential.

The responsibility for making an appropriate referral rests with the referring health care professional. For information, three referral categories are used in the referral system: ‘Red Flag’ referrals are only for cases of suspected cancer (patient to be seen within 2 weeks); ‘Urgent’ cases are non-cancer cases which need to be seen urgently; all other cases are categorised as ‘Routine’.

Where applicable, high quality radiographs should be provided for all Dental referrals. Normally these radiographs should be less than 12 months old and will be returned to the referring practitioners. Digital referrals and radiographs emailed to the Appointments Office would be welcomed:

SODReferrals@belfasttrust.hscni.net

NB. Any information sent by electronic means should be provided with an adequate level of encryption or password protection in line with Data Protection Guidelines.
The referral criteria enclosed should ensure that we are able to provide appropriate specialist care to those patients with complex treatment needs. It is important, however, that patients are aware of the practical service limitations and therefore do not have unrealistic expectations. All patients accepted for treatment should remain registered with their General Dental Practitioner (GDP) or Community Dental Service (CDS) dentist.

During treatment in the Restorative Dentistry Department, it is expected that the referring practitioner will continue to see their patient for routine examinations and treatment and provide all other aspects of your patient’s oral hygiene/care. Following completion of specialist treatment, patients will be discharged to their dental practitioner for long term care and maintenance.

These referral criteria are to ensure that referring dental practitioners have a clear understanding of which patients should be referred for consultant restorative dentistry advice and treatment. The Department has three units comprising of Periodontal Dentistry, Prosthetic Dentistry and Conservative Dentistry.

The referral criteria outlined below should ensure that we are able to provide appropriate specialist care to those patients with complex restorative needs. Where a GMP wishes to refer a patient for a Restorative Dental opinion or treatment, patients should, where possible, be directed to their GDP for triage in the first instance.

A. Periodontal Dentistry Department

The following conditions are accepted for referral to consultant clinics for diagnosis, management advice and treatment.

The referral guidelines for Periodontics are in line with the British Society of Periodontology document ‘Referral Policy and Parameters of Care’ and take into account the complexity of the periodontal disease process as described by the Clinical Audit Committee of the Royal College of Surgeons of England.
We are unable to accept new periodontal referrals without the following treatment having been completed by the referring practitioner:

1. Oral hygiene instruction with particular emphasis on an appropriate method of interdental cleaning;
2. Supragingival scaling and polishing;
3. Subgingival scaling and root planning to all areas of pocketing/loss of attachment of 5 mm or more. This may require quadrant subgingival scaling with root planning under local anaesthesia;
4. Smoking cessation advice when appropriate;

If following such management the patient has continuing periodontal problems we will be happy to accept a referral and provide a suggested treatment plan for you or provide specialist periodontal treatment when this is considered to be appropriate. It is important that patients are aware of the limitations of the service and therefore do not have unrealistic expectations.

We will be happy to see patients, who require specialist restorative management as a high priority due to, for example, a complicated medical history such as oral cancer. Acceptance is based on clinical need.

All periodontal referrals must include a BPE score or other detailed clinical periodontal record with evidence of the changes in the periodontal condition which have followed the initial periodontal treatment provided. Under normal circumstances patients will only be accepted for secondary care if they meet one of the following criteria:

- Residual periodontitis (BPE=4 in at least 2 sextants), which persists after periodontal treatment, in a patient with good oral hygiene. It must be demonstrated that conventional root surface debridement therapy has failed prior to referral;
- Patients with advanced localised defects that may benefit from tissue/bone regeneration;
- Aggressive periodontitis, for example significant periodontitis in a
young patient;

- Risk of severe periodontal disease due to a medical condition, such as organ transplant, diabetes, immunosuppression or oral cancer. Patients with gingival overgrowth, whether drug-induced or not, are accepted for diagnosis and therapy if appropriate;

- Mucosal disease affecting the gingival tissues, such as desquamative gingivitis;

- Patients with recurrent NUG are accepted for investigation irrespective of their BPE scores;

- Patients requiring complex restorative treatment planning, combined periodontal-endodontic treatment or combined periodontal-orthodontic treatment;

- Patients requiring muco-gingival surgery, such as crown-lengthening procedures, or for the treatment of gingival recession.

The Restorative Dentistry Department is not in a position to accept referrals of patients with mild disease (BPE scores of 3 or less) unless exceptional circumstances dictate they cannot be managed in the primary dental care sector. The exceptional circumstances should be outlined in the letter of referral.

B. Conservative Dentistry Department

The following conditions are accepted for referral to consultant clinics for diagnosis, management advice and treatment.

The following guidelines are in line with those established in other major dental hospitals across the UK. The Conservative Dentistry Department will accept patients for assessment at a Consultant New Patient Clinic as outlined by the criteria below:

- Patients requiring complex multidisciplinary management, including:
  - Head and Neck Oncology
  - Cleft Lip and Palate
  - Hypodontia/ Oligodontia

- Patients requiring a restorative diagnostic and treatment planning service;

- Patients with chronic pain thought to be of dental origin;
• Patients who have experienced severe dental trauma;
• Patients requiring occlusal rehabilitation, including severe tooth wear cases;
• Patients with complex medical conditions requiring specialist restorative management.

Patients requiring complex non-surgical and surgical endodontics
We experience considerable demand in requests for redo endodontic treatments for molar teeth and in a significant proportion of these cases the prognosis and restorability of the teeth is questionable. We simply do not have the capacity required to absorb so many endodontic cases which impacts on our ability to address more appropriate hospital referrals for specialist restorative care.

We accept the following endodontic cases:

• Teeth with severe root curvatures;
• Teeth with complex root anatomy e.g. bifid canals;
• Non vital teeth with immature apices NB patients under 13 years should be referred to Paediatric Dentistry;
• Location or negotiation of sclerosed canals with the understanding that patients will be returned to the referring practitioner for completion of the root canal treatment and final restoration;
• Removal of fractured posts in teeth with a favourable prognosis.

We do NOT accept the following endodontic cases:

• Patients with poor oral hygiene;
• Patients with periodontally involved teeth of questionable prognosis;
• Patients with limited mouth opening;
• Teeth which are of questionable restorability;
• Third molars;
• Second molars unless they are strategic in an overall treatment plan such as a bridge abutment or a distal abutment for a partial denture;
• Patients who are “keen to save” but the prognosis of the teeth is considered poor;
• Dentally anxious patients requiring intravenous or inhalation sedation;
- Patients unwilling to meet financial costs of treatment in practice.

In all cases acceptance of referrals will be related to clinical need. The restorability and strategic value of the teeth must be carefully assessed before a referral is made. We are unable to accept patients referred purely on financial grounds.

It is expected that all patients will have been given instruction regarding primary prevention of dental diseases and we do not accept referrals of patients who have failed to respond to oral hygiene instruction. We do not accept referrals for the routine dental management of dental phobics.

Acceptance for a consultation does not mean that the patient will be accepted for treatment – more commonly a treatment plan with guidance will be prepared for delivery in the primary care sector.

C. Prosthetic Dentistry Department

The following conditions are accepted for referral to consultant clinics for diagnosis, management advice and treatment.

The following Prosthetic Dentistry guidelines are in line with those established in other major dental hospitals across the UK. The Prosthetic Dentistry Unit offers diagnostic, planning and treatment services for a wide variety of conditions.

The following categories are given priority in the Prosthetic Dentistry Unit:

- Patients requiring multidisciplinary care by Specialists e.g.
  - Patients with severe congenital dento-facial abnormalities i.e. hypodontia, palatal clefts;
  - Patients requiring oral rehabilitation following ablative tumour surgery or maxillofacial trauma;
  - Patients with medical or oral conditions which make prosthodontic dental treatment difficult e.g. Parkinsonism, Scleroderma;
- The treatment of missing teeth with dental implants under the HSC is reserved for patients with severe hypodontia or rehabilitation following
head and neck cancer surgery and severe maxillofacial trauma;

- Resources are extremely limited and treatments will be prioritized;
- The maintenance of implant-retained prostheses will be borne by the patient with their General Dental Practitioner after a one year period of follow-up in the unit;
- Patients who have been previously treated in the department will not necessarily be treated again if their needs are considered to manageable in the Primary Dental Care sector.

**Referral Details**

Referral letters should always be addressed to the **Appointments Office** in the School of Dentistry and should state what consultant led service the patients is being referred to.

Referral letters which obviously do not meet the referral criteria will be returned to the referring practitioner. This prevents patient and clinician time being wasted on unnecessary hospital visits.

We are unable to accept patients for treatment on financial grounds or where local specialist waiting lists are long.

It is essential for the consultant to know certain details about the patient and the clinical diagnosis in order to prioritise an appointment.

- **Patient details** including current contact telephone number so that the patient can be contacted to attend a clinic at short notice;

- **Relevant medical history**;
- **Relevant social history**;

- **Clinical description of the dental problem** in order to categorise the urgency and appropriateness of the referral;

- **Radiographs and photographs** should be supplied with the referral if available. If original radiographs are provided these can be copied and returned to the referring practitioner;

- A summary of the patient's dental health status along with the level of motivation to wear dental appliances if applicable;
• Inappropriate referrals will be returned to the referring practitioner with an explanatory note.

All referral letters should be sent to the Central Dental Appointments Office:
Appointments Office
2nd Floor
School of Dentistry
Grosvenor Road
Belfast
BT12 6BA
Landline: 028 9063 9300
Fax No: 028 9063 4989
Email address: SODReferrals@belfasttrust.hscni.net

It is important that all practitioners adhere to this policy to avoid conflicting advice. Any deviation from this policy should be noted in the patients’ records with the reason for variance.