

Restorative Dentistry Referral Criteria

Restorative Dentistry referral criteria are outlined to provide General Dental Practitioners (GDPs), Community Dental Service (CDS) Dentists, Primary Care Specialists, and Hospital Consultants with specific guidance when considering referring Health and Social Care Board (HSCB) patients to the Restorative Dentistry Department, School of Dentistry (SoD), Belfast Health and Social Care Trust (BHSCT).

Referral Categories

There are three referral categories used in the dental referral system:

'Red Flag'	Red flag referrals are only for patients where cancer is suspected (patient will be seen within 2 weeks),
'Urgent'	Urgent referrals are for patients who are non-cancer patients who need to be seen urgently,
'Routine'	Routine referrals are for all other patients.

Collaborative Care

All patients accepted for treatment should remain registered with a General Dental Practitioner (GDP).

During treatment with the Restorative Dentistry Department, it is expected that the GDP will continue to see their patient for routine examinations and treatment.

The GDP is expected to participate in 'shared care' with the Restorative Dental Departments as required and will provide all other aspects of the patient's dental care. Following completion of specialist treatment, patients will be discharged to their GDP for on-going dental care and maintenance.

Patient preparation and expectations

It is expected that all patients will have been given instruction regarding primary prevention of dental diseases prior to referral to the SoD. In all cases, acceptance of referrals will be related to clinical need. The restorability and strategic value of the teeth should be carefully assessed before a referral is made.

Acceptance of a referral at the SOD will include an initial consultation which most commonly will allow a treatment plan and guidance to be prepared for delivery in the primary care sector. It does not mean that the patient will be accepted for treatment.

It is important, that patients are aware of the practical service limitations of Restorative Dentistry and that they do not have unrealistic expectations. A *Restorative Dentistry Patient Information leaflet* is available.

The **Restorative Dentistry Department** comprises three specialist clinics:

Periodontal Clinic

Conservation Clinic (which includes Endodontics)

Prosthodontic Clinic

A referral pro-forma must be fully completed for all referrals to the Restorative Dentistry Department.

The following referral pro-forma forms are available on our website:

- Referral pro-forma for Conservation / Endodontics / Prosthodontics
- Referral pro-forma for Periodontics

The responsibility for making an appropriate referral rests with the referring health care professional.

Incomplete referrals will be returned to the sender outlining reason(s) for return.

The referral criteria outlined ensures that the consultant led dental teams in the SoD provide appropriate specialist care to those patients with complex restorative needs.

The Restorative Dentistry Department **will not** accept:

- Patients who have been previously treated in the Restorative Dental Department if their current dental needs can now be managed in the General Dental Service;
- Patients unwilling to meet financial costs of treatment in General Dental Practice;
- Dentally anxious / phobic patients on the basis that they require intravenous or inhalation sedation;
- Where a General Medical Practitioner (GMP) wishes to refer a patient for a Restorative Dentistry opinion or treatment, patients should be directed to their GDP or the Community Dental Services (CDS) for dental assessment in the first instance.

For information on registering with a GDP see:

<http://www.hscbusiness.hscni.net/services/2070.htm>

Periodontal Clinic

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.

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

- Complicated medical history such as oral cancer, acceptance is based on clinical need;
- 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 Necrotising Ulcerative Gingivitis 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;
- If following appropriate primary care management the patient has continuing periodontal problems we will accept a referral, provide a suggested treatment plan for the GDP or provide specialist periodontal treatment where this is considered to be appropriate.

The periodontal referral pro forma must include a detailed clinical periodontal record with evidence of the changes in the periodontal condition which have followed the initial periodontal treatment provided. This information must be outlined on the periodontal referral pro-forma.

The periodontal clinic **will not** accept periodontal referrals without the following treatment having been completed:

- Oral hygiene instruction with particular emphasis on an appropriate method of interdental cleaning;
- Supragingival scaling and polishing;
- Subgingival scaling and root planing to all areas of pocketing/loss of attachment of 5 mm or more. This may require quadrant subgingival scaling with root planing under local anaesthesia;
- Smoking cessation advice when appropriate;
- Monitoring of the periodontal condition following non-surgical periodontal treatment.

The periodontal clinic do not 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 Periodontal Referral Pro-forma for consideration.

Conservation Clinic (including Endodontics)

The following conservation referral criteria are in line with those established in other major dental hospitals across the UK.

The following conditions are accepted for referral to consultant-led restorative clinics for diagnosis, advice on management and where appropriate treatment.

- 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 who require specialist restorative management for occlusal rehabilitation, including severe tooth wear cases;
- Patients with congenital dental anomalies e.g. amelogenesis imperfecta, dentinogenesis imperfecta;
- Patients with complex medical conditions requiring **specialist restorative** management.

The conservation clinic will accept patients with the following endodontic conditions for consultation;

- 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;
- Removal of fractured posts in teeth with a favourable prognosis;
- Endodontic retreatments in patients who have previously received head and neck radiotherapy and / or intravenous bisphosphonate medications which **cannot** be managed in the General Practice setting.

Subject to service demands referrals **may** be accepted for:

- 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).

The conservation clinic **will not** accept;

- Patients with poor oral hygiene or those who have failed to respond to oral hygiene instruction;
- Patients who have failing extensive crown and bridgework;
- Patients requiring endodontic treatments where the prognosis and restorability of the teeth is questionable;
- Patients requiring endodontic treatment of second or third molars unless they are strategic in an overall treatment plan such as a bridge abutment or a distal abutment for a partial denture;
- Patients requiring endodontic re-treatments (except as outlined above);
- Patients with tooth wear without the following management having been completed and outlined in the referral pro-forma:
 - Diet history and diet advice regarding extrinsic acid sources;
 - Gastrointestinal tract history (including referral to GMP if appropriate);
 - Topical fluoride advice and /or prescription;
 - Where appropriate the placement of composites to help stabilise the dentition;
 - Where appropriate the provision of a full coverage Michigan or flexible biteguard;
 - Monitoring of the tooth wear.

Prosthodontic Clinic

The prosthodontic dental referral guidelines are in line with those established in other major dental hospitals across the UK.

The prosthodontic department provides diagnosis, treatment, planning and advisory services for patients registered with a GDP who require removable full or partial prostheses (dentures).

All patients referred to the prosthodontic department should have a good level of oral hygiene and have no active caries (decay) or incompletely restored teeth.

The prosthodontic clinic accepts the following conditions:

- Patients with medical or oral conditions which make prosthodontic dental treatment difficult e.g. Parkinsonism, Scleroderma;
- Patients requiring multidisciplinary care by specialists such as patients with severe congenital dento-facial abnormalities e.g. palatal clefts;
- Patients with **severe** hypodontia where for developmental reasons there are multiple missing teeth;
- Following **severe** maxillofacial trauma (direct trauma to the facial bones, teeth and nerves causing loss of teeth / facial disfigurement);
- Patients who have had head and neck oncology treatments and require oral rehabilitation (mouth repair) following surgical removal of tumours;
- Dental Implants: The treatment of missing teeth with dental implants under the HSB is reserved for patients who have:
 - hypodontia (congenital absence of teeth) or cleft lip and palate where there is an absence of adjacent teeth in one quadrant. (NB. absent single teeth in this patient group are **not** normally accepted). This patient group are also accepted for assessment by prosthodontic specialists prior to any planned orthodontic treatments;
 - had resective oral surgery and require retention of obturators;
 - had rim resection +/- free flaps and require support for overdentures or bridgework;
 - had traumatic loss of teeth with severe maxillofacial trauma, within the last two years prior to GDP referral, where two or more adjacent teeth are lost.

Implant patients must be over 18 years, non-smokers, free of dental caries and active periodontal disease and be able to demonstrate a good standard of oral hygiene.

Following implant treatment the SoD will provide on-going care for one year post-op and then discharge the patient to the care of their GDP for ongoing dental care.

The prosthodontic department **does not provide** treatment relating to **implant work undertaken elsewhere** which has not been completed, which has failed or requires maintenance or restoration.

Making a referral

To make a referral to the Restorative Dentistry Department please complete the correct referral pro-forma.

A Restorative Dentistry Referral Pro-forma must be completed for referral to Conservation, Endodontics and Prosthodontics.

A Periodontal Referral Pro-forma must be completed for referral to Periodontics.

Where applicable, high quality radiographs are requested for all dental referrals. Normally these radiographs should be less than 12 months old and will be returned to the referring practitioner. Digital referrals and radiographs emailed to the Appointments Office would be welcomed.

The email referral address is: SODReferrals@belfasttrust.hscni.net **N.B.** Any information sent by electronic means should be provided with an adequate level of encryption or password protection in line with Data Protection Guidelines.

Rejected or inappropriate referrals will be returned outlining the reason(s).

All referral letters should be sent to;

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

References

'Referral Policy and Parameters of Care'

https://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/ncg97.pdf