Dental Referee: A guide for dental teams in Kent and Medway

Produced for NHS England
Kent & Medway Area Team

By the Dental Public Health Team
Public Health England - KSS Centre

February 2015
<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Directory of referral based dental services and local information for dental providers</th>
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<tr>
<td>Title</td>
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</tr>
<tr>
<td>Authors</td>
<td>Dental Public Health, Public Health England KSS Centre for NHS England, Kent &amp; Medway Area Team</td>
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<tr>
<td>Description</td>
<td>This guide contains the referral details for services available to general dental practitioners in Kent and Medway as well as key contact information for other local services such as occupational health, the NHS England Area Team and Health Education England.</td>
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<tr>
<td>Contact Details</td>
<td>For any changes, please contact the NHS England Area Team</td>
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Community Dental Services

East Kent

Kent Community Health NHS Trust

Before making a referral please carefully check these referral guidelines to ensure that you are referring to the correct service; and that you have provided all essential information and followed the correct protocol. Failure to do so may result in rejection and delays to patient management.

Patients to be referred should meet at least one of the following referral criteria:

1. Special Needs – patients who have medical, physical or mental conditions which make access to NHS dental care within the General Dental Service (GDS) difficult

2. Special Needs - as above, but these patients can receive regular examinations within the GDS so that following any treatment by referral, they can be referred back to the original dental practitioner

3. Paediatrics - Patients under 16 who have: Behavioural management problems, Anomalies of the dental tissues

4. Gerodontics - Patients who have a complex ageing dentition

5. Periodontics - Patients requiring surgical procedures involving periodontal tissue augmentation and / or bone removal (e.g. crown lengthening surgery). Patients with BPE score of 4 in any sextant PLUS one or more of the following factors:-
   - A concurrent medical factor that affects the periodontal tissues
   - Rapid periodontal breakdown > 2mm attachment loss in one year
   - Root morphology that adversely affects prognosis that is directly affecting the periodontal tissues
   - Patients under 35 smoking 10+ cigarettes a day
   - Please note: Patients will not be accepted who have not had prior oral hygiene instruction and scaling.

The Periodontal Service is not a replacement for routine oral hygiene maintenance in the Practice

6. Patients who are unable to access NHS Dental care - because local NHS dental care provision is limited
   - Service provided limited to urgent care & one course of dental treatment
   - Self-referral via Dental Call Centre 0808 238 9797 or text 07943091958 for a call back.
7 LAC (Looked after Children - Children in Care) - New LAC referral as part of new healthcare assessment

8 Bariatrics - Patients who are over the weight limit of 21 stone or 133 kg and cannot receive dental treatment with a General Dental Service due to weight restrictions on dental equipment

9 Domiciliary - Patients who cannot reach a NHS Dental Care Service themselves – this service is available to all Kent patients

Specialist Services for Sedation, General Anaesthetics and Domiciliary Care are available. Decisions on which treatment option is most appropriate will be made after consultation at a review appointment.

**Essential referral information:**

- Name
- Address
- Date of birth
- Reason for referral - indicating the referral group from the list above
- NHS Number
- Relevant medical and dental history
- Criteria group

If the requested 'Essential Information' is not provided then the referral will be returned.

**Referral Procedure:**

Referrals should be made using any of the following

- NHS form FP17RN
- your In-House referral form
- a typed letter
- by secure email: eck-pct.communitydentalservice@nhs.uk
- on-line at [https://www.kentcht.nhs.uk/home/our-services/dental-services-east-kent-and-london/online-referral-form/](https://www.kentcht.nhs.uk/home/our-services/dental-services-east-kent-and-london/online-referral-form/) (printable version available from this website)

*Note:* hand written letters are only acceptable if clearly legible

**All referrals must be sent to:**

Dental Services
Capital House
Jubilee Way
Faversham
Kent
ME13 8GD
Fax No. 0300 7900 159

Individual referral clinics and dental officers should NOT be contacted directly.

For **URGENT** referrals any queries please phone **0300 7900 158**
Contact details for individual clinics can be found in the directory at the end of this guide

Dental Access Centres

Dental Access Centres (DACs) provide urgent and routine dental care. Patients requiring urgent dental care should telephone or text the Dental Help desk on: Tel: 0808 238 9797 or text 07943 091958.

They will be offered an appointment either at a DAC or in a general dental practice where dentists have open access slots available. The Dental Helpdesk also provides information on NHS dental availability, how to access dental care and complaints.

<table>
<thead>
<tr>
<th>Location</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashford</td>
<td>01233 898937</td>
</tr>
<tr>
<td>Community Dental Services, The Rainbow Centre, Wyvern School, Great Chart Bypass, Ashford, Kent TN23 4ER</td>
<td></td>
</tr>
<tr>
<td>Broadstairs</td>
<td>01843 255311</td>
</tr>
<tr>
<td>Broadstairs NHS Dental Access Centre, The Broadway, Broadstairs, Kent CT10 2AJ</td>
<td></td>
</tr>
<tr>
<td>Canterbury</td>
<td>01227 597022</td>
</tr>
<tr>
<td>Canterbury NHS Dental Access Centre, 26 Old Dover Road, Canterbury, Kent CY1 3JH</td>
<td></td>
</tr>
<tr>
<td>Dover</td>
<td>01303 865630</td>
</tr>
<tr>
<td>Dover NHS Dental Access Centre, Dover Health Centre, Maison Dieu Road, Dover, Kent CT16 1RL</td>
<td></td>
</tr>
<tr>
<td>Folkestone</td>
<td>01303 228888</td>
</tr>
<tr>
<td>Folkestone NHS Dental Access Centre, 15 – 25 Dover Road, Folkestone, Kent CT20 1JY</td>
<td></td>
</tr>
<tr>
<td>Herne Bay</td>
<td>01227 594832</td>
</tr>
<tr>
<td>Herne Bay NHS Dental Access Centre, Queen Victoria Memorial Hospital, King Edward Avenue, Herne Bay, Kent CT6 6ED</td>
<td></td>
</tr>
<tr>
<td>New Romney</td>
<td>01797 246613</td>
</tr>
<tr>
<td>New Romney NHS Dental Access Centre, 54 Station Road, New Romney, Kent TN28 8LQ</td>
<td></td>
</tr>
<tr>
<td>Ramsgate</td>
<td>01843 255211</td>
</tr>
<tr>
<td>Ramsgate NHS Dental Access Centre, Newington Road Clinic, Ramsgate, Kent CT11 0QU</td>
<td></td>
</tr>
</tbody>
</table>
Medway and West Kent

Patients to be referred should meet at least one of the following referral criteria:

1. Special Needs – patients who have medical, physical or mental conditions which make access to NHS dental care within the General Dental Service (GDS) difficult

2. Special Needs - as above, but these patients can receive regular examinations within the GDS so that following any treatment by referral, they can be referred back to the original dental practitioner

3. Paedodontics - Patients under 16 who have:
   - Behavioural management problems
   - Anomalies of the dental tissues

4. Gerodontics - Patients who have a complex ageing dentition

5. Patients who are unable to access NHS Dental Care
   - Service provided limited to urgent care and one course of dental treatment
   - Self-referral via Dental Headquarters on 01634 382790

6. LAC (Looked after children)
   New LAC referral as part of healthcare assessment

7. Specialist Services - for Sedation, General Anaesthesia and Oncology patients are available. Decisions on which treatment option is most appropriate will be made after consultation at a review appointment.

8. Bariatrics - Patients who are over the weight limit of 21 stone or 133 kg and cannot receive dental treatment with a General Dental Service due to weight restrictions on dental equipment

**Essential Referral Information:**

- Name
- Address
- Date of birth
- Patient contact number
- Reason for referral
- NHS number
- Relevant medical and dental history
- Criteria group

*If the requested “essential information” is not provided, the referral will be returned.*
Referral Procedure

Wherever possible, referrals should be made on the electronic referral pro-forma which can be accessed as follows:

1. www.medwaycommunityhealthcare.nhs.uk
2. Click on either “Children’s” or “Adults” services
3. Click on “Dental (Community)"
4. Click on “On line form”
5. Complete the form and click “Submit”

Or your referral form or a typed letter can be sent by post marked CONFIDENTIAL to:

Clinical Director
Community Dental Service, Medway Community Healthcare CIC
MCH House
21 Bailey Drive
Gillingham Business Park
Gillingham
Kent ME8 0PZ

Referral pads are also available from Medway Community Healthcare

Or electronically by visiting:

www.medwaycommunityhealthcare.nhs.uk/our-services/adult-services/community-dental-service

NB: Only NHS Mail accounts should be used for sending and receiving secure patient related information

For URGENT referrals and any queries, please phone Dental Headquarters on 01634 382790

Other referrals
Patients appropriate for treatment under general anaesthesia or conscious sedation – relative analgesia/Behavioural management

Patient Charges
Patients should be advised that NHS charges will apply, unless evidence of exemption can be provided at the time of initial assessment appointment with the Community Dental Service.

Other information
Please also note that during the period between referral and actual assessment appointment, patients should present to referring dentist in the case of any acute dental episode.
Domiciliary Dentistry

The service is provided by Kent Community Health NHS Trust as part of the community dental service.

Dentists can refer patients as detailed in the community dental services section above. Members of the public or their representatives who wish to access the service can write to the service or contact them via the telephone number provided.

Patients requiring urgent dental care should telephone or text the Dental Help desk on: Tel: 0300 7900 158 or text 07943 091958.
Restorative Dentistry

East Kent

Before making a referral please check these referral guidelines carefully to ensure that you are referring to the most appropriate service; have provided all essential information; and have followed the correct referral protocol. Failing to do so may result in the rejection of the referral and delay the management of the patient.

Endodontics: All endodontic referrals should be sent to the Endodontic Assessment Panel on the appropriate referral form.

This service is a Consultant led service which provides specialist periodontic, endodontic, prosthodontic advice and treatment for patients undergoing treatment for head and neck cancer, trauma and those with developmentally missing teeth. The service also provides advice and treatment when possible for complex restorative cases referred directly from primary care. Patients with the following problems will be assessed and considered for treatment:

<table>
<thead>
<tr>
<th>Prosthodontics</th>
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<tr>
<td>Complex fixed and removable prosthodontics</td>
<td>Complex or narrow root canal anatomy</td>
</tr>
<tr>
<td>Tooth wear</td>
<td>Management of open apices resorption and trauma</td>
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<tr>
<td>Complex denture problems</td>
<td>Separated instruments</td>
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<tr>
<td>TMJ dysfunction</td>
<td>Surgery in the presence of adequate conventional obturation</td>
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<tr>
<td>Developmental abnormalities of dental tissues</td>
<td>Non-surgical re-treatment on strategic teeth</td>
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<td>Dental obturators &amp; pre restorative surgery</td>
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<tr>
<td>Failed crown &amp; bridgework</td>
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<table>
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<tr>
<th>Dental implants</th>
<th>Periodontics</th>
</tr>
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<tbody>
<tr>
<td>Developmentally absent teeth.</td>
<td>Patients with:</td>
</tr>
<tr>
<td>Head and Neck Cancer</td>
<td>Pockets &gt; 5.5 mm (BPE/CPITN 4) in patients who have failed to respond to treatment</td>
</tr>
<tr>
<td>Trauma</td>
<td>Pockets &gt; 5.5 mm (BPE 4) in patients &lt; 35 yrs.</td>
</tr>
<tr>
<td>Inability to wear a conventional prosthesis as deemed by a Consultant in Restorative Dentistry</td>
<td>Pockets &gt; 3.5 mm (BPE 4) in &lt; 19 yrs. age</td>
</tr>
<tr>
<td><em>Patients who smoke will only be accepted in exceptional circumstances.</em></td>
<td>Medical problems affecting the periodontium</td>
</tr>
<tr>
<td></td>
<td>Acute gingival problems</td>
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<tr>
<td></td>
<td>Furcation involvement with active disease</td>
</tr>
<tr>
<td></td>
<td>Pre-restorative surgery</td>
</tr>
<tr>
<td></td>
<td>Muco-gingival problems</td>
</tr>
<tr>
<td></td>
<td><em>Treatment should have been made to improve patients oral hygiene and remove gross calculus</em></td>
</tr>
</tbody>
</table>
Assessment and treatment will be provided in the Maxillofacial Department at Kent and Canterbury Hospital. Updates on outreach clinics and the relocation of the service to the William Harvey Hospital, Ashford will be announced in due course.

All referrals must be made using the correct referral forms and must include all essential information as well as radiographs for endodontic referrals:

All referrals to be sent to:

Patient Service Centre
East Kent University NHS Foundation Trust
Kent and Canterbury Hospital
Ethelbert Road
Canterbury CT1 3NG

For any referral queries please ring: 01227 766877 Ext: 74747
**London – Guy’s and St Thomas’ Hospital**

All referrals should be made on Guy’s & St Thomas’ referral form, which can be found at: [www.guysandstthomas.nhs.uk/our-services/dental/referrals.aspx](http://www.guysandstthomas.nhs.uk/our-services/dental/referrals.aspx).

These should be sent to:

The Dental Appointment Centre,  
Floor 25, Tower Wing,  
Guy’s Hospital,  
Great Maze Pond,  
SE1 9RT.

**This service cannot accept direct referrals for endodontics – all referrals for endodontics need to be made using the appropriate form and sent for local triage.**

Please refer to the endodontics section.
Implant Dentistry

The following factors need to be taken into account when considering patients for implant treatment:

Partially dentate patients should have otherwise healthy intact dentitions, i.e., good oral hygiene, periodontally healthy, minimal restorations and good long-term prognosis.

Patients losing teeth through periodontitis, endodontic failure, and bridge failure are not usually considered for implant treatment. Replacement of posterior teeth is considered a low priority and not usually accepted.

The mere fact that a patient would like to have their existing denture replaced by an implant retained prosthesis or dislikes the thought of wearing dentures does not justify the use of limited NHS funding unless the patient falls into one of the priority categories. Patients are normally accepted if they are in the following categories:

a) Edentulous in one or both jaws

- Severe denture intolerance
- Physical due to severe gagging
- Physical due to severe ridge resorption with unacceptable stability or pain
- Prevention of severe alveolar bone loss
- Moderate ridge resorption in patients under 45yrs
- Moderate resorption in one jaw opposed by natural teeth with a good prognosis

b) Partially dentate

- Preservation of remaining healthy intact teeth when the patient has missing teeth due to:
  - developmental disorders (oligodontia/anodontia or cleft lip/palate)
  - Trauma
  - Complete unilateral loss of teeth in one jaw where dentures are not tolerated or an edentulous span considered too difficult to manage by other means.

c) Maxillofacial and Craniofacial defects

- Intraoral implants. This group of patients have missing significant amounts of hard and soft tissues in addition to loss of teeth. They result from developmental disorders, trauma and the treatment of tumours.

- Extraoral implants.
  - Ears – congenital, traumatic or surgical loss of pinna
  - Eyes – loss of globe with exenteration of orbit due to trauma or resection.
- Nose – loss due to trauma or surgical resection
- Compound facial defects – usually due to resection for malignant disease.

Please note that the provision of implant therapy is subject to NHS England protocols.
Endodontics

All endodontic referrals should be sent to the Endodontic Assessment Panel on the appropriate referral form, which can be found at the end of this guide.

There are now two referral forms available for patients requiring complex endodontic treatment. One form for the treatment of teeth in the shortened dental arch premolar to premolar and one form for the treatment of molar teeth.

The forms have been designed to make the referral of patients simpler and also to ensure that all the necessary information is provided at the time of referral. Only with this information can patients be assessed fully and delays avoided. Please complete all sections; failure to do so may result in the form being returned for further information.

Information common to both forms

Referring dentist
The performer responsible for the treatment

Practice email
Your nhs.net email address for transferring patient identifiable information

Patient Details
These must include date of birth in addition to the name and the postcode to enable identification of a patient’s NHS number. If you know the NHS number of your patient please enter it in the relevant box on the form.

General Medical Practitioner
This is necessary for registering patients in secondary care.

Patient consent
It is necessary for the patient to consent to their personal information being shared with organisations involved in assessing the referral. This can be obtained verbally by you and recorded in your notes and on the referral form by signing the confirmation at the end of the form.

Treatment in London
It is important that your patient understands that an initial assessment and treatment will take place at one of the London dental hospitals or East Kent NHS Trust which will involve a number of visits. They must agree to the commitment for completing the course of treatment which involves travelling for lengthy appointments.

Tooth to be treated
Please circle the appropriate tooth on the dental chart

Radiographs
A recent periapical radiograph of diagnostic quality has to accompany the referral. It must show all relevant details such as the apex of the tooth, the diagnostic working lengths with the instruments in place. In the case of iatrogenic damage, separated
instruments and root canals that cannot be located, intra-operative radiographs are desirable. For non-healing apical pathology a clearly dated sequence of radiographs demonstrating this are desirable. Digital radiographs should either be sent as a jpeg file via nhs.net secure email or be saved onto a CD, or printed onto photographic quality paper and enclosed with the referral form.

**Medical history**
Please send a copy of the patients medical history form ensuring any drugs the patient is taking has been updated. This can be a scanned attachment or an electronic version from your practice software. It is important that the medical history has been validated on the date of referral.

**Signature of dentist**
This should be the dentist responsible for carrying out the treatment.

**Shortened Dental Arch Referral Form**

**Reason for referral**
There are a number of boxes on the back of the form to indicate the main reasons for referral. The relevant reason(s) for referral must be selected.

**Justification for referral**
In addition the reason for the referral, the justification also needs to be completed, for example: patient’s main complaint and history; nature of symptoms; number and dates of acute episodes; emergency management; number of appointments of attempting treatment; technical problems encountered; isolation and irrigant used; if and when root canal treatment/s were completed etc. Referrals will not be accepted for financial reasons alone.

**Molar Teeth Referral Form**

For the referral of molar teeth for treatment, it is required that information detailing the reason for the referral accompanies the referral form. It is important that in addition to the reasons given as to why the molar tooth cannot be treated in practice, a case is made for the strategic importance of the tooth or for exceptional medical or anatomical reasons and therefore why an attempt to maintain the tooth is important. This may involve special investigations such as study casts, periodontal indices and photographs in support and should be enclosed with the referral.

**Further Information**

Should you have any further queries please do not hesitate to contact your dental practice advisor or the dental team by email to ajbrown@nhs.net or on 01634 335182.
Periodontology

Specialist treatment is currently provided by Kent Community Healthcare Trust in East Kent and by Guy’s and St Thomas’ hospital by London Bridge.

For referral criteria for Kent Community Healthcare please refer to the section on Community Dental Services.

Conditions of acceptance for periodontal specialist treatment at Guy’s and St Thomas’ Hospital

The referring practitioner will manage all other treatment required. Patients cannot be accepted simply because they will not pay NHS charges in the GDS, or private charges if applicable.

All referrals to include full six point pocket charts and plaque scores, taken both before and after a course of initial periodontal treatment carried out in primary care. This will only be waived if other significant pathology is the reason for referral.

Priority patients

The following categories of patient have priority for acceptance:

High susceptibility to periodontitis, based on:

- Age of onset
- Age at diagnosis
- Disease severity
- attachment loss
- bone loss
- Disease extent

Medical complications or drug interactions affecting periodontal disease or its treatment.

Patients with complex problems, such as:

- severe localized gingival recession
- lack of attached gingiva, leading to complications
- gingival overgrowth

Requests for advice:

Consultant opinions and advice on treatment planning will be offered for patients referred with the following documentation:

- Full medical history
- Comprehensive periodontal charting
- Appropriate diagnostic radiographs
Acceptance of other patients for treatment

If patients referred for opinions have problems which require consultant-led management, or if there are sufficient facilities for treating them on teaching clinics, they may be offered treatment in the department. Practitioners should advise at referral whether they would like this option if available, subject to resources.
Prosthodontics

All referrals should be made on Guy’s & St Thomas' referral form, which can be found at:


These should be sent to:
The Dental Appointment Centre,
Floor 25, Tower Wing,
Guy’s Hospital,
Great Maze Pond,
SE1 9RT.

The contact number is 0207 188 8006
Orthodontics

Specialist Practices Criteria

Patients can be accepted for orthodontic treatment by practitioners with a NHS orthodontic contract if they have a minimum of IOTN 3, with an aesthetic component of 6 or above. Please see list below.

Hospital Referrals Criteria

Any patient can be referred to a hospital consultant for advice. However, this does not guarantee treatment. Patients will only be offered treatment if they are categorised as a grade 5 according to the Index of Orthodontic Treatment Need (IOTN).

IOTN: Grade 3 (moderate)

- Increased overjet greater than 3.5mm but less than or equal to 6mm with incompetent lips.
  - Reverse overjet greater than 1mm but less than or equal to 3.5mm.
  - Anterior or posterior crossbites with greater than 1mm but less than or equal to 2mm discrepancy between retruded contact position and intercuspal position.
  - Displacement of teeth greater than 2mm but less than or equal to 4mm.
  - Lateral or anterior open bit greater than 2mm but less than or equal to 4mm.
  - Increased or complete overbite without gingival or palatal trauma.

IOTN: Grade 4 (great)

- Increased overjet greater than 6mm but less than or equal to 9mm.
- Reverse overjet greater than 3.5mm with no masticatory or speech difficulties.
- Anterior or posterior crossbites with greater than 2mm discrepancy between retruded contact position and intercuspal position.
- Severe displacements of teeth greater than 4mm.
- Extreme lateral or anterior open bites greater than 4mm.
- Increased and complete overbite with gingival or palatal trauma.
- Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for prosthesis.
- Posterior lingual cross bite with no functional occlusal contact in one or both buccal segments.
- Reverse overjet greater than 1mm but less than 3.5mm with recorded masticatory and speech difficulties.
- Partially erupted teeth, tipped and impacted against adjacent teeth.
- Presence of supernumerary teeth.
IOTN: Grade 5 (very great)

- Increased overjet greater than 9mm.
- Hypodontia with restorative implications (more than one tooth missing in any quadrant) requiring pre-restorative orthodontics.
- Impeded eruption of teeth (except for third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth and any pathological cause.
- Reverse overjet greater than 3.5mm with reported masticatory and speech difficulties.
- Defects of cleft lip and palate and other cranio-facial anomalies.
- Submerged deciduous teeth

**Orthodontic Referral Form**

Can be found at the end of this document

**Specialist Practices Locations**

<table>
<thead>
<tr>
<th>Practice</th>
<th>Contacts</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ashford</strong></td>
<td>B Hayes</td>
<td>The Orthodontic Practice, 29 New Rents, Ashford TN23 1JJ</td>
<td>01233 610387</td>
</tr>
<tr>
<td><strong>Birchington</strong></td>
<td>R Kane</td>
<td>7 Surrey Gardens, Birchington CT7 9SA</td>
<td>01843 844600</td>
</tr>
<tr>
<td><strong>Canterbury</strong></td>
<td>R Hutchison</td>
<td>The Orthodontic Practice, 54 Broad Street, Canterbury CT1 2LS</td>
<td>01227 452529</td>
</tr>
<tr>
<td><strong>Canterbury</strong></td>
<td>R Flanagan</td>
<td>King Street Orthodontic Practice, King Street, Canterbury CT1 2AJ</td>
<td>01227 762353</td>
</tr>
<tr>
<td><strong>Margate</strong></td>
<td>R Flanagan</td>
<td>100 – 102 Northdown Road, Cliftonville, Margate CT9 2RQ</td>
<td>01843 299402</td>
</tr>
<tr>
<td><strong>Longfield</strong></td>
<td>C Sheridan/S Sadek</td>
<td>Oasis Dental Care Ltd, 38 Main Road, Longfield DA3 7QZ</td>
<td>01474 704736</td>
</tr>
<tr>
<td><strong>Maidstone</strong></td>
<td>B O’Connor/ P Hannon</td>
<td>125 Tonbridge Road, Maidstone ME16 8JS</td>
<td>01622 675996</td>
</tr>
<tr>
<td><strong>Maidstone</strong></td>
<td>P Davis</td>
<td></td>
<td>01622 737666</td>
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<tr>
<td>Northfleet</td>
<td>S Newell</td>
<td>Tel: 01474 358104</td>
<td>Grove House Orthodontic Clinic, Grove Road, Northfleet DA11 9AX</td>
</tr>
<tr>
<td>Rochester</td>
<td>A McCance</td>
<td>Tel: 01634 710105</td>
<td>Cypress House, 227 Frindsbury Hill, Rochester ME2 4JS</td>
</tr>
<tr>
<td>Sevenoaks</td>
<td>H Lawton</td>
<td>Tel: 01732 452233</td>
<td>Eustace &amp; Partners, 6 Dartford Road, Sevenoaks TN13 3TQ</td>
</tr>
<tr>
<td>Sevenoaks</td>
<td>R Wilson</td>
<td>Tel: 01732 453556</td>
<td>Oasis Dental Care, 138 London Road, Sevenoaks TN13 1DJ</td>
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<tr>
<td>Sevenoaks</td>
<td>J Costello</td>
<td>Tel: 01732 460966</td>
<td>Total Orthodontics, 3a Brewery Lane, Bligh’s Meadow, Sevenoaks TN13 1DF</td>
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<tr>
<td>Tonbridge</td>
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<td>Tel: 01732 367874</td>
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<tr>
<td>Tunbridge Wells</td>
<td>N Woodhouse</td>
<td>Tel: 01892 542226</td>
<td>Grosvenor House, 7 Upper Grosvenor Road, Tunbridge Wells TN1 2DU</td>
</tr>
<tr>
<td>Tunbridge Wells</td>
<td>A Thom</td>
<td>Tel: 01892 528915</td>
<td>The Independent Orthodontic Practice, 52 Warwick Park, Tunbridge Wells TN2 5EF</td>
</tr>
<tr>
<td>Tunbridge Wells</td>
<td>K J Harvey</td>
<td>Tel: 01892 543500</td>
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</table>
Hospital Locations

<table>
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<td>Medway Maritime Hospital</td>
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<tr>
<td>Windmill Lane, Gillingham ME7 5NY</td>
<td></td>
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<tr>
<td>Darent Valley Hospital</td>
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<td>Darent Wood Road, Dartford DA2 8DA</td>
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<td>Maidstone Hospital</td>
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</tr>
<tr>
<td>Hermitage Lane, Maidstone ME16 9QQ</td>
<td></td>
</tr>
<tr>
<td>Guy’s Kings &amp; St Thomas Dental School</td>
<td>020 7188 8006</td>
</tr>
<tr>
<td>Floor 22 Guy’s Hospital, St Thomas Street, London SE1 9RT</td>
<td></td>
</tr>
<tr>
<td>Queen Mary’s Hospital</td>
<td>020 8302 2678</td>
</tr>
<tr>
<td>Frognal Avenue, Sidcup DA14 6LT</td>
<td></td>
</tr>
<tr>
<td>Queen Victoria Hospital</td>
<td>01342 410210</td>
</tr>
<tr>
<td>Holtye Road, East Grinstead, East Sussex, RH19 3DZ</td>
<td></td>
</tr>
</tbody>
</table>
Kent Orthodontic Appeals

Appeals Process for Orthodontic Cases Falling Outside Index of Orthodontic Treatment Need Criteria.

It must be made clear that this appeals process is on grounds of insufficient IOTN and that all clinicians will still have the right to refuse treatment on clinical grounds such as poor oral hygiene or that in the consideration of the clinician the patient would not comply with treatment protocols.

Patients for whom Orthodontic care should be provided –

The NHS (General Dental Services Contract) Regulations 2005 and The NHS (Personal Dental Services Agreements) Regulations 2005 state:

The contractor shall only provide orthodontic treatment to a person who is assessed by the contractor following a case assessment as having a treatment need in –

(a) grade 4 or 5 of the Dental Health Component of the Index of Orthodontic Treatment Need (b); or

(b) grade 3 of the Dental Health Component of that Index with an Aesthetic Component of 6 or above,

unless the contractor is of the opinion, and has reasonable grounds for their opinion, that orthodontic treatment should be provided to a person who does not have such a treatment need by virtue of the exceptional circumstances of the dental and oral condition of the person concerned.

“Not Clinically Necessary”

Notwithstanding all of the above, practitioners are reminded that under the NHS it is not permissible to do treatment which is not clinically appropriate. If they are convinced that treating a patient is simply not clinically justified, the patient cannot be offered treatment under the NHS under any circumstances.

Proposed Appeals Procedure for Patients Against Denial of NHS Orthodontic

Treatment on grounds of insufficient IOTN
An appeal would need to be initiated by the general dental practitioner who made the original referral to either a specialist practice or hospital consultant, or who refused to refer on the grounds of insufficient IOTN.

The dentist appealing on grounds of insufficient IOTN would be required to contact the contract holding Area Team in the first instance. The contract holding Area Team is the Area Team that the referring General Dental Practitioner has a contract with, this would enable issues to be dealt with locally to the patient.

The Area Team should ensure that the patient/representative understands the eligibility criteria and that their appeal clearly relates to the fact that the patient has
been denied treatment on the grounds of ‘insufficient IOTN’. Should they still wish to appeal the patient will be required to be seen by a different Specialist Orthodontist who had been calibrated in the use of the IOTN.

The Specialist will assess the IOTN and report his or her findings to the Area Team. The Area Team will inform the General Dental Practitioner and the patient of the outcome.

If the outcome is that the patient falls in to a treatment category (IOTN 3.6 or above) the dentist will re-refer the patient for treatment. If the outcome is that the patient falls below the treatment category, treatment will be denied and no further appeal allowed by the Area Team on the grounds of insufficient IOTN. The patient will be informed of the NHS complaints procedure.

If the patient or their representative accepts the IOTN score is insufficient but still wishes to pursue NHS orthodontic treatment on the grounds of psychological well-being or other exceptional circumstances then the case will go before the Individual Funding Request Panel (via the referral form available from the Area Team) for their determination to treat or not. As in all cases presented to the panel the patient must be supported by their GP or GDP and appropriate written evidence, for example from a clinical psychologist, consultant psychiatrist or orthodontic specialist stating exactly why the patient needs orthodontic treatment.

The outcome will be notified to the patient and supporting GP or GDP. Any further appeals will be through the NHS complaints process.

**Appeals to be sent to:**

A. Godden  
Senior Dental Contracts Manager  
NHS England Kent & Medway Area Team  
Wharf House  
Tonbridge  
Kent  
TN9 1RE
ORTHODONTIC REFERRAL

IOTN index met

Treatment offered

IOTN index not met but clinically necessary

IOTN index not met – patient informed by GDP of appeals procedure

Appeal to Area Team by the referring GDP

Area Team explains to the patient the eligibility criteria by letter

Patient wishes to appeal

Area Team refers patient to IOTN calibrated Specialist

Specialist Orthodontist submits required information to Area Team (18 weeks from appeal)

Area Team reports outcome to the GDP and patient (4 weeks post-assessment)

Request by GP/GDP for exceptional treatment with report to Single Treatment Panel

Treatment not offered – No Appeal

Re-refer for treatment to Specialist/Consultant

Appeal successful

Treatment not offered – No Appeal

Refer back to GDP
Paediatric Dentistry

East Kent

Kent Community Health NHS Trust
Patients under 16 who have behavioural management problems and anomalies of the dental tissues. Please refer to the section on community dental services.

Medway and West Kent

Medway Community Healthcare
Patients under 16 who have behavioural management problems and anomalies of the dental tissues. Please refer to the section on community dental services.

London

Guy's and St Thomas' Hospital
All referrals should be made on Guy’s & St Thomas’ referral form, which can be found at:


These should be sent to:

The Dental Appointment Centre,
Floor 25, Tower Wing,
Guy's Hospital,
Great Maze Pond,
SE1 9RT.
Oral Surgery and Oral & Maxillofacial Services

All routine referrals for Oral and Maxillofacial Surgery should be sent to the Primary Care Booking Service at Station Road on the appropriate form.

IMOS Referral Form

Please use the form available through the Kent Local Dental Committee (KLDC) website – www.kldc.org.uk

Referral guidelines for wisdom tooth extractions

A competent GDP would be expected to extract a fully erupted wisdom tooth. Wisdom teeth that are deemed to be appropriate for extraction on referral include:

- A third molar with obvious or previous history of infection (including recurrent pericoronitis or a single episode of pericoronitis showing evidence of spread of infection into facial tissues).
- A third molar tooth associated with pathological change.
- Unrestorable caries in the third or in the adjacent molar.
- Non-treatable pulpal and/or periapical pathology.
- Cellulitis, abscess and osteomyelitis.
- Impacted third molars associated with periodontally involved adjacent (usually second molar teeth) should be removed early. This is especially important in smokers where periodontal disease may progress rapidly.
- Internal/external resorption of tooth or adjacent tooth.
- Disease of the follicle including a cyst or tumour.
- Fractured tooth.

(From the National Clinical Guidelines published by The Faculty of Dental Surgery, RCS England, 1997 and National Institute for Clinical Excellence, 2000)
Referral for dental extraction on medically compromised patients

a) Complex medical histories that CAN be treated in PRIMARY CARE by a competent GDP

Most patients with cardiovascular disease, respiratory disease, diabetes or epilepsy are well controlled by medication and can be treated within the primary care setting. Specifically, patients taking the following medications can also be treated in primary care:

- Steroid therapy maintained at <10mg prednisolone per day (or equivalent dose of another steroid) – these patients do not need steroid cover.

- Antiplatelet drugs such as aspirin and clopidogrel. These patients are not at risk of excessive bleeding and therefore can be treated in the primary care setting without cessation of their therapy.

- Warfarin with a stable INR < 3.5. As long as the following guidelines are heeded, patients can be safely treated WITHOUT stopping their warfarin medication:
  - The patient’s INR is between 1.0 – 3.5 pre-operatively. Extraction appointments should be arranged within 24 hours of a visit to an INR clinic (72 hours if INR is stable), so a reading can be obtained prior to the appointment.
  - There is no history of liver disease or use of drugs that affect liver function.
  - Extractions are carried out with minimal trauma.
  - Oxidised cellulose (or a similar haemostatic agent) is placed in each socket followed by suturing.
  - A dental review within 3-5 days is available.
  - For any further queries please contact your local oral surgery department.
  - Low dose oral bisphosphonates with no other co-morbidity.

b) Patients with any of the following medical conditions will be accepted for treatment within the HOSPITAL SETTING:

- Unstable angina (chest pain at rest) and uncontrolled hypertension.

- Respiratory function decreased to the extent that the patient has to have home oxygen therapy (including moderate to severe chronic obstructive pulmonary disease).

- Any medical condition such as liver/kidney disease that requires additional investigations prior to extraction.
- Patients with coagulation disorders such as Haemophilia or Von Willerbrands.
- Patients on warfarin with a therapeutic INR range of > 3.5, or with an unstable INR.
- Patients undergoing chemotherapy.
- Patients who have had radiotherapy to the head and neck.
- Steroid medication >10mg of prednisolone or equivalent dose of another steroid, as per BNF, within the last three months.
- IV bisphosphonate therapy or oral bisphosphonate therapy AND an additional co-morbidity such as diabetes, steroid or other immunosuppressive therapy (for further information on Bisphosphonates please see section at end of document).
- Patients who have immune dysfunction.
- Uncontrolled diabetes.
- Cerebro-vascular accident within the last six months.
- Uncontrolled epilepsy.
- Uncontrolled thyroid condition.

NOTE: If a patient suffers from a condition not mentioned above and you feel they should be seen in the hospital setting, please complete the ‘ROUTINE’ referral proforma and enter the condition in section 5.
Apicectomy referrals

Patients will NOT be accepted for apicectomy if they:

- Require intravenous sedation or general anaesthesia.
- Are at risk from bacterial endocarditis (as per new NICE guidelines).
- Have a haematological disorder.
- Have poor oral hygiene, active periodontal disease or uncontrolled dental caries.
- Require a repeat apicectomy.

Referrals for apicectomy will ONLY be accepted on incisor, canine or premolar teeth, and if they conform to one of the following categories:

- Failed conventional endodontic treatment where there is evidence of re-root treatment and an adequate coronal seal. The roots should be fully obturated throughout width and length.
- Inability to undertake conventional root canal treatment due to sclerosed or obstructed canal.
- Where the peri-radicular radiolucency is greater than 1cm and where a biopsy is indicated.
- Teeth with a post crown where there is an adequate coronal seal and the Fits the root canal well.
- Is longer than 11mm.
- Has no history of cementation failure.
- Where the tooth is a crucial abutment for a bridge and there is an adequate coronal seal.
- Teeth with iatrogenic or traumatic damage or resorption where surgery offers the opportunity to retain the tooth.
Emergency referrals

Where there is an immediate risk to the patient’s health, including:

- Overwhelming maxillo-facial infection.
- Osteonecrosis.
- Facial trauma.
- Creation of an oro-antral communication.
- Fractured tuberosity.
- Displacement of tooth into antrum.

Please refer directly to your nearest accident and emergency department.

1. Urgent referrals (including suspected malignancy)

Please continue to use the existing ‘Rapid Access’ referral proforma.

2. Salaried / Community Dental Service referrals

For patients with learning disabilities, unstable mental health problems or dementia that are untreatable within the dental chair and would benefit from the provision of not only extractions but also full oral examination, radiographs and conservation, please continue to refer directly to the Salaried/Community Dental Service.

Third molar tooth removal

Nationally there remains a concern that general dental practitioners continue to refer inappropriately for extraction to hospital and specialist care. The main reasons for concern are:

- The prophylactic removal of third molar teeth.
- Inappropriate use of general anaesthetic for their removal.

Evidence based guidelines for when wisdom teeth should be removed have been issued by the Royal College of Surgeons, 1997. These are the basis of the agreements between the Primary Care Trusts and the providers for the acceptance of cases.

Criteria for referral:

- Overt or previous history of infection, including pericoronitis.
- A third molar tooth associated with pathological change.
- Unrestorable caries in the third or in the adjacent molar.
- Non-treatable pulpal and/or periapical pathology.
- Cellulitis, abscess and osteomyelitis.
- Impacted third molars associated with periodontally involved adjacent (usually second molar teeth) should be removed early. This is especially important in smokers where periodontal disease may progress rapidly.
- Internal/external resorption of tooth or adjacent tooth.
- Disease of the follicle including a cyst or tumour.
- Fractured tooth

*Taken from National Clinical Guidelines published by The Faculty of Dental Surgery, RCS England 1997 and National Institute for Clinical Excellence, 2000*
## Hospital Locations for Oral and Maxillofacial Surgery

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<tr>
<th>Hospital</th>
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<th>Address</th>
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<td><strong>Queen Victoria Hospital</strong></td>
<td>01342 410210</td>
<td>Holyte Road, East Grinstead, East Sussex, RH19 3DZ</td>
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<tr>
<td><strong>Darent Valley Hospital</strong></td>
<td>01322 428458</td>
<td>Darenth Wood Road, Dartford, DA2 8DA</td>
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<tr>
<td><strong>Medway Maritime Hospital</strong></td>
<td>01634 830000</td>
<td>Windmill Lane, Gillingham, ME7 5NY</td>
</tr>
<tr>
<td><strong>Maidstone Hospital</strong></td>
<td>01622 729000</td>
<td>Hermitage Lane, Maidstone, ME16 9XX</td>
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<tr>
<td><strong>Queen Mary's Hospital</strong></td>
<td>020 8302 2678</td>
<td>Frognal Avenue, Sidcup, DA14 6LT</td>
</tr>
<tr>
<td><strong>The Eastman Dental Hospital</strong></td>
<td>020 3456 7899</td>
<td>256 Gray's Inn Road, London WC1X 8LD</td>
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</table>
Advice on management of patients taking Bisphosphonates and other similar drugs

This advice is aimed at dentists to minimise the risk of patients taking bisphosphonates and other medications from developing osteonecrosis of the jaw (ONJ). Medication related osteonecrosis of the jaw (MRONJ) is a term used to describe ONJ related to antiresorptive therapies (RANK ligand inhibitors (Denosumab) and bisphosphonates) and antiangiogenic therapies (Appendix I).

Routine Care

Ask

All patients should be asked about past, current or possible future use of antiresorptive and antiangiogenic medications when taking a medical history. For a list of these medications please see appendix II. Dentists should be aware of conditions for which antiresorptive drugs are likely to be prescribed in the UK (Table 1).

<table>
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<tr>
<th>Non-Malignant</th>
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<td>Osteoporosis</td>
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<td>Breast cancer</td>
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<td>Osteogenesis imperfecta</td>
<td>Prostate cancer</td>
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<td>Fibrous dysplasia</td>
<td>Bony metastatic lesions</td>
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<td>Primary hyperparathyroidism</td>
<td>Hypercalcemia of malignancy</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
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</table>

Table 1 Conditions for which antiresorptive drugs may be prescribed

Advise

All patients prescribed antiresorptive or antiangiogenic medications should receive advice on:

- maintaining good oral hygiene;
- having a healthy diet and reducing sugary snacks and drinks;
- stopping smoking;
- limiting alcohol intake;
- receiving routine dental check-ups;
- the importance of reporting any oral symptoms (tooth mobility, pain, swelling) to a dentist.

Before starting the drug treatment, or as soon as possible after, aim to get patient as dentally fit as possible by:

- Undertaking remedial dental work
- Focus on reducing periodontal/dental infection or disease
- Adjust or replace poorly fitting dentures to minimise mucosal trauma
Once on drug treatment, as long as there is an alternative treatment option, avoid extractions or any oral surgery or procedures which may impact on bone, these may include dento-alveolar, periodontal, periapical, deep root planning, complex restorations and implants.

*If any patients taking antiresorptive or antiangiogenic medications have spontaneous or chronic bone exposure, refer to oral surgery or oral maxillofacial surgery specialist.*

Extractions

Assess

If an extraction or any oral surgery or procedure which may impact on bone is necessary, assess whether patient is low or high risk.

- **Low Risk:**
  - before they have started antiresorptive medication;
  - taking bisphosphonate for prevention or management of osteoporosis without any other risk factors.

- **High Risk:**
  - previous diagnosis of ONJ;
  - the indication for therapy is a malignant condition or another non-malignant condition (e.g. paget’s disease);
  - concurrent use of systemic corticosteroids or other immunosuppressant’s;
  - coagulopathy, chemotherapy or radiotherapy

*Further details in appendix III*

Act

Low risk patients already receiving antiresorptive or antiangiogenic medications

- Patients should be informed of the very small risk (<1%) of compromised bone healing
- When other treatments are not feasible, perform extractions, oral surgery, or procedures that may impact on bone as atraumatically as possible
- Straightforward extractions should be undertaken in primary care
- Review healing at 4 weeks. If site fails to heal within 4-6 weeks refer to an oral surgery or oral and maxillofacial surgery specialist

*There is no evidence supporting antibiotic or topical antiseptic prophylaxis in reducing risk*
High risk patients already receiving antiresorptive or antiangiogenic medications

- Procedures involving direct osseous injury should be avoided
- Non-restorable teeth may be treated by removal of crown and endodontic treatment of remaining roots
- Contact an oral surgery or oral and maxillofacial surgery specialist to determine whether the patient should continue to be treated in primary care for any extraction or procedure that may impact on bone.
  - Include full details of patient’s medical history and dental history

Appendices

Appendix I
Definition of MRONJ

Patients may be considered to have MRONJ if all of the following characteristics are present:

- Current or previous treatment with antiresorptive or antiangiogenic agents
- Exposed bone, or bone that can be probed through an intraoral or extraoral fistula in the maxillofacial regions that persists for more than 8 weeks.
- No history of radiation therapy to jaws or obvious metastatic disease of the jaws.

Appendix II
Types of Medication

Medications that could potentially cause ONJ are divided into 2 categories:

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<th>Type of Medication</th>
<th>Medication Name</th>
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<td>Antiresorptive</td>
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<td>Alendronic Acid</td>
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<tr>
<td></td>
<td>Risedronate Sodium</td>
<td>Osteoporosis, Paget’s disease</td>
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<tr>
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<td>Zolendronic Acid</td>
<td>Paget’s disease, skeletal events associated with bone metastases, hypercalcaemia</td>
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<td>Etidronate Sodium</td>
<td>Osteoporosis, paget’s disease</td>
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<td>Tiludronic Acid</td>
<td>Paget’s disease</td>
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<tr>
<td></td>
<td>Ibandronic Acid</td>
<td>Osteoporosis, bone metastases, hypercalcaemia</td>
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<tr>
<td></td>
<td>Pamidronate Disodium</td>
<td>Paget’s disease, bone pain, skeletal events associated with bone metastases, hypercalcaemia</td>
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<tr>
<td></td>
<td>Sodium Clodronate</td>
<td>Bone pain, skeletal events</td>
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</table>
### Table

<table>
<thead>
<tr>
<th>Class</th>
<th>Drug</th>
<th>Indications</th>
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</thead>
<tbody>
<tr>
<td>RANK-L inhibitor</td>
<td>Denosumab</td>
<td>60mg osteoporosis, 120mg skeletal events associated with bone metastases from solid tumours</td>
</tr>
<tr>
<td>Antiangiogenic Tyrosine Kinase Inhibitor</td>
<td>Sunitimab</td>
<td>Gastrointestinal stromal tumour, renal cell carcinoma, pancreatic neuroendocrine tumour</td>
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<td></td>
<td>Sorafenib</td>
<td>Hepatocellular carcinoma, renal cell carcinoma</td>
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<tr>
<td>Humanised monoclonal antibody</td>
<td>Bevacizumab</td>
<td>Metastatic colorectal carcinoma, no-squamous non-small cell lung carcinoma, glioblastoma, metastatic renal cell carcinoma</td>
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<tr>
<td>Mammalian target of rapamycin pathway</td>
<td>Sirolimus</td>
<td>Organ rejection in renal transplant</td>
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### Appendix III

#### Risk Factors

Risk factors include those that are related to the medication, including the indication and duration of the medication. Those related to local factors, such as dental treatment, concomitant oral disease, concomitant corticosteroid or antiangiogenic use.

Risk of ONJ among cancer patients exposed to bisphosphonates or denosumab may be comparable and has been shown to be 50-100 times higher than those treated with a placebo. Among patients with osteoporosis, the prevalence has been shown to be variable but increasing with the duration of the exposure to antiresorptive medications. However the risk remains 100 times smaller than compared to patients exposed to antiresorptive medications for malignancy.

Local risk factors in the development of MRONJ include tooth extraction which can be a precipitating event. As well as extractions, concomitant oral diseases such as pre-existing inflammatory disease are well recognised risk factors. Concomitant use of corticosteroids or antiangiogenic medications are associated with increased risk. Risk factors which have been inconsistently reported include co-morbid conditions (anaemia and diabetes) and tobacco use.
The best current estimate for the risk of developing ONJ in osteoporosis patients exposed to bisphosphonates following tooth extraction is 0.5%. For cancer patients, the estimate is 1.6-14.8%.

References

The Oral Health Management of Patients Prescribed Bisphosphonates (2011)
Scottish Dental Clinical Effectiveness Programme (SDCEP)
CANCER REFERRALS

The “suspected cancer referral for Head and Neck/Thyroid Profoma” can be downloaded from:

www.kentmedwaycancernetwork.nhs.uk

The “contact us” section has a link to Urgent Referrals Proformas.

The “Head and Neck/Thyroid suspected cancer referral proforma” should be faxed to the local hospital as listed on page two of the form.

Practices are advised to also telephone the hospital (telephone number on page two of the form) to check their form has been received.

Oral Medicine and Oral Pathology

All referrals should be made on Guy’s & St Thomas’ referral form, which can be found at:


These should be sent to:
The Dental Appointment Centre,
Floor 25, Tower Wing,
Guy’s Hospital,
Great Maze Pond,
SE1 9RT

The contact number is 0207 188 8006.
Sedation

For referrals to sedation services please contact the practices below for referral policies and forms.

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramsgate</td>
<td>M Al-Gholmy</td>
<td>01843 591694</td>
</tr>
<tr>
<td></td>
<td>Dumpton Park Dental Surgery, 246 Hereson Road, Ramsgate</td>
<td>CT11 7ET</td>
</tr>
<tr>
<td>Hythe</td>
<td>N Patel</td>
<td>01303 262683</td>
</tr>
<tr>
<td></td>
<td>Pennypot Dental Practice, 1 Martello Drive, Hythe</td>
<td>CT21 6PH</td>
</tr>
<tr>
<td>Chatham</td>
<td></td>
<td>01634 400128</td>
</tr>
<tr>
<td></td>
<td>Gibraltar House Clinic, Gibraltar Hill, Chatham</td>
<td>ME4 4RY</td>
</tr>
<tr>
<td>Rochester</td>
<td></td>
<td>01634 840303</td>
</tr>
<tr>
<td></td>
<td>Crown Court Clinic, 203 High Street, Rochester</td>
<td>ME1 1HB</td>
</tr>
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</table>
Child Protection and Safeguarding

The General Dental Council (GDC) expects all registrants to be aware of the procedures involved in raising concerns about the possible abuse or neglect of children and vulnerable adults. The GDC considers that the term ‘vulnerable adults’ means “a person above the age of 18 years who is or may be in need of community care services (including healthcare) by reason of mental or other disability, age or illness; and who is unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

Kent Safeguard Children Board have developed a website which contains information and advice about the protection and safeguarding of children in Kent and Medway. On the site, you’ll find a dedicated section for professionals.

Visit: www.kscb.org.uk

General Enquiries:

Kent Safeguarding Children Board
Room 2.60, 2nd Floor
Sessions House
County Hall
Maidstone
ME14 1XQ

Email: kscb@kent.gov.uk
Tel: 01622 694859
Fax: 01622 694114

If you are worried about a child, please contact specialist children’s services or the Police:

Kent Central Duty Team
Tel: 03000 411111
Fax: 03000 412345

Emergency Out of Hours
Tel: 03000 419191

Email: social.services@kent.gov.uk

Kent Police Child Abuse Investigation Unit: 01622 690 690
## CCG Safeguarding Professionals Contact Details

<table>
<thead>
<tr>
<th>CCG</th>
<th>Designated Nurse contact details</th>
<th>Administrative support</th>
<th></th>
<th>email</th>
</tr>
</thead>
</table>
| West Kent CCG                               | Trish Stewart - children 07795544005 Tracey Creaton – adults 07415 640055 | Hannah Owen       | 01732 375273 | Hannahowen@nhs.net  
|                                             |                                  |                         |   | trishstewart@nhs.net  
|                                             |                                  |                         |   | tracey.creaton@nhs.net      |
| Designated Dr for Safeguarding Children     | Dr Sameena Shakoor 07979 366093  | Hannah Owen       | 01732 375273 | Hannahowen@nhs.net  
|                                             |                                  |                         |   | sameena.shakoor@nhs.net      |
| Designated Dr for LAC                       | Dr Georgie Siggers               |                         | 01892 539144 x4755 | georgie.siggers@nhs.net    |
| Named GP for Safeguarding Children          | Vacancy                          |                         |               |                                      |
| Medway CCG                                  | Domenica Basini - children 07879 638776 Kate Bushell - adults 07415 603902 | Sue Jackman      | 01634 335043 | Sue.jackman@nhs.net  
|                                             |                                  |                         |   | domenica.basini@nhs.net      |
| Medway CCG Designated Dr for Safeguarding Children | Dr Eleni  
|                                             | Stathopulu 01634 825168 | Su Good          | 01634 825172 | sgood@nhs.net  
|                                             |                                  |                         |   | Eleni.stathopulu@nhs.net    |
| Medway CCG Designated Dr for LAC            | Dr Folake Durowoju 01634 825163  | Jackie Pearson     | 01634 825163 | jackie.pearson1@nhs.net  
|                                             |                                  |                         |   | f.durowoju@nhs.net          |
| Medway CCG Named GP for Safeguarding Children | Dr Sati Lall  
|                                             | 07884 114220 01634 687200 |                         |               | satvinder.lall@nhs.net  |
| Dartford Gravesend and Swanley (DGS) CCG    | Pauline Grieve - Children 07739 631418 Kate Bushell – adults 07415 603902 | Sue Jackman      | 01634 335043 | Sue.jackman@nhs.net  
<p>|                                             |                                  |                         |   | <a href="mailto:pauline.grieve@nhs.net">pauline.grieve@nhs.net</a>      |
|                                             |                                  |                         |   | <a href="mailto:katebushell@nhs.net">katebushell@nhs.net</a>         |</p>
<table>
<thead>
<tr>
<th><strong>Designated Dr for Safeguarding Children</strong></th>
<th><strong>Designated Dr for LAC</strong></th>
<th><strong>Swale CCG</strong></th>
<th><strong>Thanet and South Kent Coast CCGs</strong></th>
<th><strong>Ashford and Canterbury CCGs</strong></th>
<th><strong>All Kent and Medway CCGs</strong></th>
<th><strong>All Kent CCGs (not Medway)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Kate Dickinson 01322 614131 Delia Shuttleworth 01322 614131</td>
<td>Delia Shuttleworth 01322 614131</td>
<td>Pauline Grieve – Children 07739 631418</td>
<td>Sue Jackman 01634 335043</td>
<td>Sheridan Morrison – children 07951 165821</td>
<td>Sophie Rayner 03000 424712</td>
<td>Nancy Sayer 07788 917042 01634 335062</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kate Bushell – adults 07415 603902</td>
<td></td>
<td>Sally Ann Baxter – Adults 07769 627359</td>
<td></td>
<td>Jane Legg 01634 335283</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sophie Rayner 03000 424823</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Jane Legg 01634 335283</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Assocate Designated Nurse for LAC Jo James 07795 300728 01634 335125</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All Kent CCGs (not Medway)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Designated Dr For Child Death – West Kent Dr Charles Unter 07767 354529</td>
</tr>
<tr>
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<td></td>
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</tbody>
</table>
Smoking Cessation Services

Kent NHS Stop Smoking Services offer free, friendly information, advice and support by trained advisors, to people who want to stop smoking. Those that use our services are four times more likely to successfully stop.

Clients can receive one to one, group, telephone or online support from our core service; we also have commissioned services within GP practices and community pharmacies. To make a referral contact your local service:

**Eastern and Coastal Kent**

<table>
<thead>
<tr>
<th>Community Health NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westcliffe House</td>
</tr>
<tr>
<td>Westcliffe Gardens</td>
</tr>
<tr>
<td>Folkestone</td>
</tr>
<tr>
<td>Kent CT20 1SZ</td>
</tr>
<tr>
<td>Monday – Friday 9.00am – 5.00pm (Wednesday 9am – 7pm) or text Quit to 87023</td>
</tr>
</tbody>
</table>

**Medway**

<table>
<thead>
<tr>
<th>Tel: 0800 234 6805</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: 01634 333200</td>
</tr>
<tr>
<td><a href="mailto:medwaystopsmokingservice@nhs.net">medwaystopsmokingservice@nhs.net</a></td>
</tr>
<tr>
<td>Monday to Thursday: 8.00am – 8.00pm</td>
</tr>
<tr>
<td>Friday 8am – 5pm</td>
</tr>
<tr>
<td>An answerphone is available outside of these hours.</td>
</tr>
</tbody>
</table>

**West Kent**

<table>
<thead>
<tr>
<th>Kent Community Health NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unity 7&amp;8 North Court</td>
</tr>
<tr>
<td>Armstrong</td>
</tr>
<tr>
<td>Maidstone</td>
</tr>
<tr>
<td>Kent</td>
</tr>
<tr>
<td>ME15 6lz</td>
</tr>
<tr>
<td>Mon – Fri: 8.30am – 5.00pm</td>
</tr>
<tr>
<td>An answerphone is available outside of these hours.</td>
</tr>
</tbody>
</table>

**National Contacts**

NHS Smoking Helpline: 0300 123 1044
Monday to Friday: 7.00am – 11.00pm daily
Weekends: 11am – 4pm
Website: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)
Occupational Health

Occupational Health Services for NHS providers

Occupational health services are provided on behalf of the NHS England LAT by OH Works for NHS practices

OH Works Ltd
Unit 18 Bilting Business Centre
Canterbury Road
Ashford
TN25 4HA

Tel: 01233 811888
Email: kentdental@ohwork.co.uk

Staff support/counselling service
Counselling service free of charge to all NHS staff

<table>
<thead>
<tr>
<th>Staff Care Services</th>
<th>Tel: 01732 526910</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.staffcareservices.co.uk">www.staffcareservices.co.uk</a></td>
</tr>
</tbody>
</table>
What are psychological therapies?

Psychological therapies include a range of counselling and behavioural therapies. These therapies or treatments can help you overcome:

- stress
- emotional problems
- relationship problems
- troublesome habits
- problems, such as hearing voices

The person carrying out the treatment is usually called a therapist, while the person being treated is called the patient or client.

Most psychological therapies can be done one-to-one or in groups. Some can now be done using a computer and online via the internet. You can also work through some treatments using self-help books.

Types of treatments

There are many types of treatments. Some are described here

Cognitive and behavioural therapies

These therapies are based on the way you think (cognitive) and/or the way you behave. They recognise that it is possible to change, or recondition, our thoughts or behaviour to overcome specific problems. Examples of cognitive and behavioural therapies include cognitive analytical therapy, cognitive behavioural therapy and dialectical behavioural therapy

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy can help you to change how you think (‘cognitive’) and what you do (‘behaviour’). These changes can help you to feel better. It focuses on the present problems and difficulties. Instead of focusing on the causes of your distress or symptoms in the past, it looks for ways to improve your state of mind now. It has been shown to help people with anxiety disorders, bipolar disorder, bulimia, depression, phobias and stress.
The Royal College of Psychiatrists suggests that CBT may also help if you have difficulties with anger, a low opinion of yourself or physical health problems, like pain or fatigue. The British Association for Behavioural and Cognitive Psychotherapies keeps a register of accredited therapists.

Humanistic therapies

Humanistic therapies focus on self-development, growth and responsibilities. They seek to help people recognise their strengths, creativity and choice in the ‘here and now’. These therapies explore your relationship with different parts of yourself (such as your body, mind, emotions, behaviour and spirituality) and other people (for example family, friends, society or culture) and support you to grow and live life to the full. Examples of humanistic therapy include person-centred counselling, gestalt therapy and transactional analysis.

How can I get help?

You can receive help with psychological therapies through the NHS free of charge, or you can pay to receive a service by ‘going private’. Some voluntary organisations offer counselling at a reduced or discounted rate.

Improving Access to Psychological Therapies programme (IAPT)

In England the government has launched a national programme to increase the availability of psychological therapies for adults with mental health needs. This programme is called the Improving Access to Psychological Therapies Programme (IAPT). The aim is to provide people who are experiencing depression or anxiety problems with psychological therapy for a brief period when they first start to experience a problem. It is hoped that this will avoid or limit the need for medication, time off work or unemployment.

At present, IAPT services focus on the provision of cognitive behavioural therapy and counselling in addition to information, advice and signposting to other services and sources of support.

The provision of these kinds of therapies is in line with guidance from the National Institute for Health and Clinical Excellence (NICE). NICE is the organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

The programme was trialled in a number of places across the UK. More than 70% of people who were supported reported an improvement in their mental health. The results included:

- better health and wellbeing
- high levels of satisfaction with the service received
- more choice and better access to appropriate services
• more people staying employed and able to participate in their everyday activities

Who provides IAPT services?

In Kent and Medway, three organisations provide IAPT services. These are Kent and Medway NHS and Social Care Partnership Trust (KMPT), KCA and Counselling Team Ltd. Details of the services available are enclosed on the spreadsheet below.

<table>
<thead>
<tr>
<th>IAPT Services - SELF REFERRAL ACCEPTED</th>
<th>TOWN</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>FAX NUMBER</th>
<th>EMAIL</th>
<th>OPENING HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHFORD</td>
<td>Braethorpe Resource House, Gore Hill, Canterbury Road, Ashford TN24 8QF</td>
<td>01233 639 383</td>
<td>01233 631 582</td>
<td><a href="mailto:AshfordPTP@kca.org.uk">AshfordPTP@kca.org.uk</a></td>
<td>Monday-Friday, 9-5</td>
<td></td>
</tr>
<tr>
<td>CANTERBURY &amp; COASTAL</td>
<td>The Old Bakery, Garfield Place, Faversham ME13 6AB</td>
<td>01795 590 212</td>
<td>01795 536 935</td>
<td><a href="mailto:CanterburyCoastalPTP@kca.org.uk">CanterburyCoastalPTP@kca.org.uk</a></td>
<td>Monday-Friday, 9-5</td>
<td></td>
</tr>
<tr>
<td>DARTFORD, GRAVESHAM &amp; SWANLEY</td>
<td>KMPT Primary Care Psychological Therapy Service, 17 High Street, Swanley BR8 8AE</td>
<td>01322 669 899</td>
<td>01322 667 274</td>
<td>Monday-Friday, 9-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOVER &amp; DEAL</td>
<td>KMPT Coleman House, Brookfield Avenue, Dover CT16 2AH</td>
<td>01304 216 692</td>
<td>01304 216 677</td>
<td>Monday-Friday, 9-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDWAY</td>
<td>PTP Medway, 248a High Street, Chatham ME4 4AN</td>
<td>01634 406 087</td>
<td>01634 202 428</td>
<td><a href="mailto:MedwayPTP@kca.org.uk">MedwayPTP@kca.org.uk</a></td>
<td>Monday-Friday, 9-5</td>
<td></td>
</tr>
<tr>
<td>MAIDSTONE</td>
<td>KMPT, The Courtyard, Pudding Lane, Maidstone ME14 1PA</td>
<td>01622 776 355</td>
<td>01622 776 369</td>
<td>Monday-Friday, 9-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHEPWAY</td>
<td>Counselling Team First Floor Offices, 6-8 Bank Street, Hythe CT21 5AN</td>
<td>01845 456 897</td>
<td>01845 456 897</td>
<td><a href="mailto:admin@counsellingteam.com">admin@counsellingteam.com</a></td>
<td>Mondays, Wednesdays &amp; Fridays 9-8 &amp; Tuesdays &amp; Thursdays 9-5</td>
<td></td>
</tr>
<tr>
<td>SOUTH WEST KENT</td>
<td>KMPT, Spa House, 28 Upper Grosvenor Road, Tunbridge Wells TN1 2ET</td>
<td>01892 524 996</td>
<td>01892 525 569</td>
<td>Monday-Friday, 9-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWALE</td>
<td>PTP, 4 Park Road, Sittingbourne ME10 1DR</td>
<td>01795 439 486</td>
<td>01795 424 139</td>
<td><a href="mailto:swalePTP@kca.org.uk">swalePTP@kca.org.uk</a></td>
<td>Monday-Friday, 9-5, Mondays appointments offered until 7pm</td>
<td></td>
</tr>
<tr>
<td>THANET</td>
<td>PTP, 38 West Cliff Road, Ramsgate CT11 9NT</td>
<td>01843 593 832</td>
<td>01843 582 083</td>
<td><a href="mailto:ThanetPTP@kca.org.uk">ThanetPTP@kca.org.uk</a></td>
<td>Monday-Friday, 9-5, Wednesdays appointments offered until 8.30pm</td>
<td></td>
</tr>
</tbody>
</table>

How can I get help from an IAPT service?

Your GP can refer you to these services. In some areas you can ‘self-refer’. This means that you can contact the provider directly and seek an appointment to see someone. It is hoped that more services will accept self-referrals as the services develop and grow in size.

What can you expect when referred to an IAPT service?

If you are referred you will be assessed and offered the type of support that seems most suitable for your needs. IAPT services provide advice, information and signposting and therapy. You will be offered information and, depending on your needs, should be offered therapy. Therapy is available via the computer (computerised cognitive behavioural therapy also known as CCBT), over the phone, in group sessions or face to face, in GP surgeries or in local centres. You may be offered up to six or up to 20 treatment sessions. You will have an initial assessment over the telephone by a trained counsellor who will then arrange an appointment, where necessary. The current waiting time for an appointment after being assessed over the telephone is 6-8 weeks.
Going private

There are many therapists and counsellors who will provide you with therapy or counselling services for payment. These will generally charge between £30 & £50 pounds per session and many give the first session free of charge. The British Association for counselling and psychotherapy (BACP) holds a register of accredited or registered counsellors and therapists.

For more information about accreditation and registration, go to the accreditation pages of the BACP website.

BACP client information helpdesk: 01455 883 316 for help to find a suitable counsellor.

www.counselling-directory.org.uk is a great website for finding the counsellor for you. The service is free and confidential.

At the time of placing this on the KLDC Website we have checked that all of the services accept self-referral and the telephone numbers work. Please let us know if you encounter any difficulty.
Useful Contacts

NHS England Local Area Team

Contracts Team

Annie Godden – Senior Contracts Manager
Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE
0113 825 4661
anniegodden@nhs.net

Alison Cross – Assistant Contracts Manager
Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE
0113 824 8518
alisoncross@nhs.net

Mark Kerr – Contract Support
Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE
0113 824 8517
markkerr@nhs.net

Mark Ridgeway – Contracts Support
Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE
0113 824 8521
mark.ridgeway@nhs.net

Dental Practice Advisors

Dental Practice Advisors (DPAs) undertake practice inspections and can provide advice to General Dental Practitioners. They will undertake induction visits to new entrants on the dental list and advise on the appropriateness of facilities and practice arrangements. DPAs will identify and promote good practice in order to improve standards and involve practitioners in continuing professional development, quality assurance and customer satisfaction.

Graham Bishop
West Kent Locality – Maidstone, Tunbridge Wells and Sevenoaks
Tel: 01634 335182 Email: graham.bishop@nhs.net

Ken Hymas
Eastern and Coastal Kent locality
Tel: 01634 335182 Email: ken.hymas@nhs.net

Huw Winstone
Medway and West Kent locality – Dartford, Gravesend and Swanley localities
Tel: 01634 335182 Email: huw.winstone@nhs.net
Public Health England – KSS Centre

Brett Duane – Consultant in Dental Public Health
Public Health England, County Hall North, Chart Way, Horsham, West Sussex
RN12 1XA
Email: brett.duane@phe.gov.uk

PA to Consultant in Dental Public Health
Amanda Archer – Brown, 50 Pembroke Court, Chatham Maritime, Chatham, Kent
ME4 4EL
Tel: 01634 335182
Email: ajbrown@nhs.net

Health Education KSS

For information on training for all the dental team, including postgraduate courses and foundation (vocational) training, visit the website: www.kssdeanery.ac.uk/dental

Professor Stephen Lambert-Humble
Dean of Postgraduate Dentistry
HEKSS, Dental Department
7 Bermondsey Street
London
SE1 2DD
Tel: 0207 415 3400
Email: dta@kss.hee.nhs.uk

For course bookings visit: http://www.kssdentaltraining.co.uk/

Dentaline (out of hours dental emergencies)

DentaLine Admin Centre Tel: 01634 382791
DentaLine Call Centre Tel: 01634 890300
Dental Helpline – Eastern & Coastal Kent Tel: 0300 123 4412

Kent Local Dental Committee

Julian Unter – secretary
Rainham Dental Surgery
15 High Street
Rainham
Kent
ME8 7HX
Tel: 01634 235377
Email – secretary@kldc.org.uk
Website – www.kldc.org.uk
**Endodontic Referral Form - Shortened Dental Arch**

*Only use this form for incisor, canine and pre-molar teeth*

*Please return the completed form to the Endodontic Assessment Panel, Dental Public Health, 50 Pembroke Court, Chatham, Kent ME4 4LE or email to ajbrown@nhs.net*

<table>
<thead>
<tr>
<th>Referring dentist (performer)</th>
<th>For office use only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Name (provider)</td>
<td>Date received ________</td>
</tr>
<tr>
<td>Practice Address</td>
<td>Reference no ________</td>
</tr>
<tr>
<td>Practice Telephone No.</td>
<td>Assessed by ________</td>
</tr>
<tr>
<td>Practice NHS EMail address</td>
<td>Outcome _____________</td>
</tr>
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</table>

**Patient Information**

<table>
<thead>
<tr>
<th>Patient Surname</th>
<th>Date of Birth</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td>NHS No. If known</td>
<td></td>
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</tbody>
</table>

**Address and postcode**

<table>
<thead>
<tr>
<th>General Medical Practitioner</th>
</tr>
</thead>
</table>

**Commitments**

1. Have you justified the referral below and do you agree to restore the tooth after RCT is complete e.g., with a crown if indicated.

2. Has the patient agreed to the above and to the commitment of continuing and completing the course of treatment?

3. Have you included clinical history, treatment so far attempted and a copy of your patient’s dental treatment history?

**Tooth to be treated (please circle the appropriate tooth/teeth)**

<table>
<thead>
<tr>
<th>5 4 3 2 1</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>1 2 3 4 5</td>
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</table>
**Reason for Referral**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Please tick</th>
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</thead>
<tbody>
<tr>
<td>For advice only on complex endodontic problems</td>
<td></td>
</tr>
<tr>
<td>For endodontic complications of trauma</td>
<td></td>
</tr>
<tr>
<td>Single/multiple root canals with curvature &gt;40°</td>
<td></td>
</tr>
<tr>
<td>Single/multiple root canals that are NOT considered negotiable from radiographic and clinical evidence through their entire length</td>
<td></td>
</tr>
<tr>
<td>Teeth with iatrogenic damage</td>
<td></td>
</tr>
<tr>
<td>Teeth with pathological desorption</td>
<td></td>
</tr>
<tr>
<td>Teeth requiring retreatment of root canals – following failed attempt by GDP</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

**Justification for referral** – e.g., history of present condition, treatment already attempted/planned

**Clinician Declaration**

*I confirm that I have discussed this referral with the named patient or the person responsible for the patient and have explained that this information will be shared with NHS England, Public Health England, East Kent Hospitals University NHS Foundation Trust or other London teaching hospital. The patient also understands that the initial appointment is likely to be for clinical assessment only; this and any treatment will involve travel to these centres.*

Signature of dentist _____________________________ Date ___________________

A poor radiograph, an incomplete form or no justification for treatment will result in the referral being returned. Please ensure a recent periapical radiograph of diagnostic quality is sent with this form – either electronically on a CD or to ajbrown@nhs.net or by post to the address at the top of the form.
Endodontic Referral Form for Specialist Treatment - Only use this form for molar teeth

Please return the completed form to the Endodontic Assessment Panel, Dental Public Health, 50 Pembroke Court, Chatham, Kent ME4 4LE or email to ajbrown@nhs.net

<table>
<thead>
<tr>
<th>Referring dentist (performer)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Practice Name (provider)</td>
<td>Date received ________</td>
</tr>
<tr>
<td>Practice Address</td>
<td>Reference no _________</td>
</tr>
<tr>
<td>Practice Telephone No.</td>
<td>Assessed by __________</td>
</tr>
<tr>
<td>Practice NHS EMail address</td>
<td>Outcome ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Surname</th>
<th>Date of Birth</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td>NHS No. If known</td>
<td></td>
</tr>
</tbody>
</table>

Address and postcode

General Medical Practitioner Details

Have you attached information detailing the reason for the strategic importance of the tooth and why it should be referred for specialised endodontic treatment

Have you justified the referral below and do you agree to restore the tooth after RCT is complete – e.g., with a crown, if indicated

Has the patient agreed to the above and to the commitment of continuing and completing the course of treatment?

Tooth to be treated (please circle the appropriate tooth)

<table>
<thead>
<tr>
<th>8 7 6</th>
<th>6 7 8</th>
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<td>8 7 6</td>
<td>6 7 8</td>
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Shortened Dental Arch
There is evidence that the shortened dental arch comprising of the anterior and premolar teeth meet the requirements of a functional dentition. This for most individuals ensures that their appearance is not affected. There is no significant evidence that in most individuals not having complete dental arches has a clinical difference in respect to masticatory ability, signs and symptoms of temporomandibular disorder, migration of remaining teeth, periodontal support and oral comfort.

**Treatment of Molars**
There will no doubt be occasions when a molar tooth is of strategic importance and is key to the maintenance of a functional dentition. The term ‘Strategic Importance’ refers to teeth that contribute to achievement of a shortened dental arch. There are also on occasions important medical or anatomical reason for retaining a tooth. In these instances a panel will review the case as set out by the dentist and make a decision as to the importance of saving such a tooth.

**Guide to Evidence for Necessity of Treatment of Tooth**
It is important, in order to assess the strategic importance of the molar you require treating, to give the panel the information necessary to make a decision. This will include why you are unable to treat the tooth yourself, for example –

- Single/multiple root canals with curvature >40°
- Single/multiple root canals that are NOT considered negotiable from radiographic and clinical evidence through their entire length
- Teeth with iatrogenic damage
- Teeth with pathological resorption
- Teeth requiring retreatment of root canals

Recent radiographs and charting, that include a periodontal assessment and the relevant clinical information will be required to support the importance of maintaining the tooth in order to have a functional dentition. Please include clinical history, treatment so far attempted and a copy of your patient’s dental treatment history.

**Clinician Declaration**
I confirm that I have discussed this referral with the named patient or the person responsible for the patient and have explained that this information will be shared with NHS England, Public Health England, East Kent Hospitals University NHS Foundation Trust or other London teaching hospital. The patient also understands that the initial appointment is likely to be for clinical assessment only, this and any treatment will involve travel to these centres.

Signature of dentist ___________________________ Date _______________

A poor radiograph, an incomplete form or no justification for treatment will result in the referral being returned. Please ensure a recent periapical radiograph of diagnostic quality is sent with this form – either electronically on a CD or to ajbrown@nhs.net or by post to the address at the top of the form.
Kent Orthodontic Referral Proforma

Date: ...........................................

Referring Practitioner

Name:..........................................................
Address:..........................................................
........................................................................
Contact No:...............................................  

Insert Address of Orthodontist Here:

Patient Details IN BLOCK CAPITAL LETTERS please

Name........................................................................................................................................ Male/Female
Address......................................................................................................................................
.................................................................................................................................................... NHS No.................................
Postcode (Essential)........................................................................... Date of Birth.............................

GDP (If not referrer) Name.................................................................
Practice.................................................................

GP Name.................................................................
Practice.................................................................

Please tick one or more reason(s) below for your referral. Then check your selection overleaf to decide the most suitable provider. Further descriptions for each reason are available overleaf.

Non palpable, unerupted, permanent canines in patient aged 10 years (see note 9) □

1) Overjet >6mm <10mm □ >10mm □ 8) Presence of supernumerary teeth □
2) Reverse overjet -1mm □ >-1mm □ 9) Impacted teeth inc canines □
3) Traumatic overbite □ 10) Submerged deciduous teeth □
4) Open bites > 4mm □ 11) Aesthetic impairment □
5) Ant/Post x-bite with displacement □ 12) Possible surgical case □
6) Crowded / Malaligned teeth □ 13) GDP would like an opinion □
Relevant Medical History……………………………………………………………………………………………………

Additional Comments/Information…………………………………………………………………………………………

Please send relevant radiographs and models if available

FOR DATA PROTECTION PURPOSES, ELECTRONIC REFERRALS MUST BE SENT TO AND FROM SECURE NHS.NET ACCOUNTS ONLY. IF NHS.NET UNAVAILABLE, PLEASE SEND BY POST

NHS Orthodontic Referral Guidelines
This orthodontic referral proforma is to help you decide which patient needs a referral for NHS orthodontic treatment and which provider is the most suitable. All NHS referrals must be on this form, although you may attach a letter providing further details if you wish. This proforma is based around the “need” of the patient for orthodontic treatment.

S = Specialist practice (may include DwSI) H = Hospital service (see provider sheet)

1) Overjet: measured from the most prominent of the four incisors.
   Action- if >6mm but <10mm, refer to S. If >10mm refer to S or H

2) Reverse overjet:
   Action - Edge to edge to -1mm refer to S. If > -1mm, refer to H

3) Traumatic overbite: increased complete overbite with signs of trauma to the labial or palatal tissues.
Action- refer to S or H

4) Open bites Ant/Post: >4m.
Action - if linked to a digit habit refer to S. If not, refer to H

5) Ant/ Post X bite with displacement: mandibular displacement from RCP to ICP greater than 2mm.
Action - refer to S

6) Crowded / Malaligned Teeth:
Action - refer to S

7) Missing teeth: this relates to:
a) Hypodontia congenitally absent teeth commonly, upper laterals or second premolars (third molars do not count)
b) Avulsed teeth or inappropriate extractions (eg space remaining due to early loss of one or more first molars)
Action - refer to S unless severe hypodontia, then refer to H

8) Presence of supernumerary teeth: Extra teeth causing a problem.
Action - refer to S or H

9) Impacted teeth: a) simple tipped teeth causing food packing b) moderate /severe impactions, including impeded eruption – not enough room for a tooth to erupt c) impacted or palatal canines - if the maxillary canines cannot be palpated in the buccal sulcus by age 9-10 years, they may be ectopic and further investigations should be carried out.
Action - if a) refer to S, if b) refer to S or H, if c) refer to S or H

10) Submerged deciduous teeth: adjacent teeth grossly tipped towards each other, premolar impacted or missing.
Action - refer to S

11) Aesthetic impairment: in a select number of cases treatment may be justifiable on grounds of “aesthetic impairment”. If you feel this is the case then the patient should be referred for a specialist opinion, but warned that treatment may not be available on the NHS.
Action - refer to S

12) Possible surgical case: for severe skeletal discrepancy, defects of cleft lip palate, craniofacial anomalies.
Action - refer to H

13) GDP opinion: where a GDP has real concerns regarding an individual patient then a referral for a specialist opinion remains entirely appropriate.
Action- refer to S

14) Patient over 18 :
Action - for orthodontics only refer to S (private) or if for (9b), (12) above then refer to H (NHS).
In addition, patients referred for orthodontic treatment should be dentally fit and have good oral hygiene.