



Oral Surgery Managed Clinical Network Committee
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Dear Colleague

NHS England published the guidance for managed clinical networks for Oral Surgery and Oral Medicine in 2015. The Southwest managed clinical network committee was established in 2017. The following guidance has been agreed to assist General Dental Practitioners when deciding to refer patients. This guidance is applicable to the Southwest Region which comprises of Devon, Cornwall, Isles of Scilly, Somerset, North Somerset, Bristol and South Gloucestershire.

The guidance is agreed by all specialist oral medicine care providers in the region and used as the basis for triaging referrals for oral medicine.

Improving the Oral Surgery Care Pathway is a local and national priority for NHS England we would like your help to achieve this.

Currently throughout the South West area patients requiring oral medicine are referred to secondary care hospitals and a variety of primary care based providers. There is a wide variety of methods of referral and referral forms that have a common agreed format with some local variation reflecting specific access for services relevant in your local area.

The following guidance will be regarded as a consistent set of guidelines for practitioners in the geographic South West region. Guidance can be downloaded from the link below.

<https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/>

If you have any comments or queries please contact the LDN chair via

<https://www.england.nhs.uk/south/info-professional/dental/dcis/south-west-ldn/membership/>

With kind regards

Oral Surgery / Oral Medicine Managed Clinical Network Committee
Southwest of England

Email referrals

The NHS secure email standard regulations require that emails sent to and from health and social care organisations must meet the secure email standard (DCB1596) so that everyone can be sure that sensitive and confidential information is kept secure.

Please see <https://s3-eu-west-1.amazonaws.com/comms-mat/Training-Materials/Guidance/DentistryFAQ.pdf> for further details on how to sign up for NHS mail

Patient NHS numbers

NHS numbers are mandatory on referrals.

Fax referrals

The use of fax for referrals is not supported by the NHS as it is not secure.

**All suspected oral cancer cases should be “fast tracked” direct by secure email or "Choose and book" and their receipt confirmed.
(Appendix 4)**

For advice please consider contacting your local provider or hospital for advice by telephone.

ORAL MEDICINE REFERRAL GUIDANCE

1. Speciality Information

Oral Medicine is concerned with the oral health care of patients with chronic, recurrent and medically related disorders of the oral and maxillofacial region, and with their diagnosis and non-surgical management. The emphasis is on conditions that are primarily managed without the need for surgery.

In some cases oral symptoms can suggest a connection with disease or problems in other parts of the body and it is the Oral Medicine specialist who can best decide what tests or investigations are needed in these situations. Some of these conditions also involve other diseases in the body, and in these cases the oral medicine specialist works as part of a multi-disciplinary patient care team.

Conditions managed in Oral Medicine are often chronic and may have a significant psychological, as well as physical impact on the patient's quality of life. The scope of Oral Medicine practice includes disorders of:

- Oral soft tissues (mucosa, tongue, lips)
- Salivary glands
- Neurological dysfunction including non-dental related pain

(Definition extracted from “What is Oral Medicine?” at www.bsom.org.uk)

There is only one Oral Medicine consultant led service in the Southwest of England based at The Bristol Dental Hospital. Patient access must consider the ease of patients attending for a specialist assessment and in many cases this will be initially via the local Oral and Maxillofacial service.

The Oral and Maxillofacial service will provide diagnostic assessments with subsequent advice and management for soft tissue disease of the mouth and jaws, chronic facial pain, and the oral manifestation of systemic disease. These systemic medical conditions may include diseases of the gastrointestinal tract, rheumatological and haematological conditions and immunological disorders.

On occasion your patient may be referred by your local specialist onwards to the Oral Medicine Department at the University of Bristol Dental Hospital. You will be kept informed if this occurs and the Dental Hospital will include you in all correspondence to your local specialist.

2. Accepted referral conditions

Urgent Referrals: The following is a guide and the list is not exhaustive. When referring, clinicians should consider the underlying rationale for urgency and describe this in the referral. For all these conditions, if malignancy is suspected, please use the fast track procedure.

- Any oral lesions suggestive of potentially malignant/ malignant oral disease
- Patients with acute widespread oral ulceration
- Patients with a chronic oral mucosal ulceration
- Patients with suspected acute salivary gland pathology
- Patients with suspected facial numbness
- Patients with suspected acute oral mucosal infections
- Patients with suspected acute oral manifestations of systemic disease
- Patients with suspected trigeminal neuralgia

Patients are accepted for routine referrals with the following conditions:

- Persistent (lasting more than two weeks) chronic or recurrent oral ulceration, where there is no suspicion of malignancy
- Lumps and swellings of the oral cavity
- White and red patches (including lichen planus and oral submucous fibrosis)
- Stomatitis (including candidosis) and cheilitis (or cheilosis)
- Pigmentary conditions of the oral mucosa
- Mucosal manifestations of systemic disease including HIV infection
- Facial pain and burning mouth symptoms requiring medical management
- Patients complaining of a dry mouth or other symptoms related to salivary gland disease requiring a diagnosis and/or medical management
- Allergies and adverse reactions to dental materials

- Patients complaining of taste disturbances and oral dysaesthesia
- Patients complaining of halitosis in whom all dental/ periodontal causes have been eliminated
- Patients complaining of medically unexplained oral symptoms

Patients who are not accepted for treatment

- Clinical referral not within scope of practice outlined above
- When a referral for the same complaint has been organised for the patient to an allied speciality.

Specific information to be included in the referral

- Indicate if the referral is considered urgent or routine
- A detailed history of the patient's complaint.
- Details of any investigations or treatment that may have already been provided
- A provisional diagnosis if possible to assist triage
- **If you are concerned that a lesion may be malignant the referral should be sent as a red flag/ 2 week wait/ fast track cancer referral using the appropriate forms as per NICE Head & Neck Cancer Referral Guidance.**

It is expected that unless there is a clinical urgency for referral any periodontal conditions or caries have been treated before referral.

3. Radiographs

Practitioners will only be able to access this service by taking an appropriate diagnostic radiograph, which must be included with the referral if indicated by the provisional diagnosis. Printed digital radiographs should be of diagnostic quality. It is recommended that you print on a laser printer set at 600dpi on normal A4 paper. If appropriate zoom in to the area of interest, and print a second copy. Please ensure that all radiographs have: i. Patients Full Name ii. Date of Birth iii. Date radiograph taken.

Practitioners are reminded that if diagnostic quality radiographs exist prior to referral that the Ionising Radiation (Medical Exposure) Regulations 2017 carry the responsibility to reduce additional exposure to patients by providing the original or a good quality copy of a radiograph with the referral to avoid unnecessary additional radiographic exposure to the patient. Failure to do so may be seen as a breach of regulations.

4. Photographs

If available please submit high quality photographs with the patient's name, date taken and orientation stated.

5. When and where to refer

Somerset, Devon & Cornwall

Level 1

Referral to local OMFS/ Oral Surgery unit

Level 2-

Referral to local OMFS/ Oral Surgery unit

Level 3 complexity-

Discuss with the local Oral and Maxillofacial service for advice about possible initial assessment in regional Oral Medicine service if practical and deemed in patient's best interest

Bristol, North Somerset, South Gloucestershire

Referral to local Oral Medicine service (Bristol Dental Hospital)

5.1 "Where should I send the referral form?"

All the referrals for the Devon, Torbay and Plymouth areas should be sent to Devon Access and Referral Centre DART on the DCIoS Oral Surgery Referral form (**Form 1**). Their address, email and telephone number are on the form.

NOTE: GDPs who currently refer directly to Derriford or Plymouth based primary care should now refer all patients through DART.

All the referrals for the Cornwall area should be sent to Kernow Health Referral Management Service RMS on the DCIoS Oral Surgery Referral form (**Form 1**). Their address, email and telephone number are on the form.

For Somerset the referral should be sent to the relevant secondary care providers in your area usually accessed via Musgrove Park Hospital or Community Salaried Services.

For Bristol and South Gloucestershire referrals should be sent to Bristol Dental Hospital Oral Medicine Dept. The referral form can be downloaded from <http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/referral-forms/>