

Royal Devon NHS Foundation Trust Salaried Dental Service

Information and Guidance for Referrers

Royal Devon NHS Foundation Trust Salaried Dental Service provides dental treatment for children and adults who, for certain reasons, cannot access the dental treatment they need in a General Dental Practice. We work at several clinics across Devon.

We have a specialist-led Special Care Dentistry service and specialist-led Oral Surgery service. We can provide advice around treatment plans, ongoing care, shared care, and onward referral to consultant-led services if required. We provide conscious sedation and general anaesthesia for children and adults with special needs.

We also provide Oral Surgery level 2 complexity services, on referral via the Devon Referral Support Services.

Accepted patients will be offered an initial assessment appointment and if appropriate, a course of treatment. Eligibility for continuing care with our service will be re-assessed on completion of each course of treatment. Patient who no longer fall within our remit will be discharged or referred to dental services appropriate to their needs. Some patients may be suitable for shared care with a general dental practice.

Normal NHS dental charges apply for primary dental care within our service, unless the patient is exempt. Proof of exemption must be brought to the first appointment.

Until the first appointment with the service, the referring dentist remains responsible for the provision of emergency care for the patient.

Patients who fail to attend one or more appointments may be followed up for safeguarding reasons and/or discharged in accordance with Trust guidelines.

How to refer

Referrals can be from:

- General dental practitioners
- General medical practitioners
- Other health, education or social care professionals.

We do not accept referrals directly from patients or their friends/family.

Please refer using the appropriate forms:

- For Special Care Dentistry Adults use the Special Care Adults referral forms on the NHS England South West website
- For children's dentistry use the NHS England South West Referral Form: Request for Assessment of Children with Additional Needs
- For Oral Surgery, use the Devon and Cornwall Area Oral Surgery Referral Form 1.

Please complete as much information as possible relevant to the referral, including:

- Charting of diseased teeth and treatment required
- Dental history, treatment completed or attempted, relevant radiographs and orthodontic letters

- Medical history, social history and details of any additional needs including specific mobility requirements and ability to transfer to dental chair
- Details of parents/guardians/next of kin/advocates, and any other health and social care professionals involved in the patient's care
- Need for interpreter (including language).

This can be especially helpful when dealing with vulnerable patients. Your compliance with these guidelines ensures patients are booked on the correct clinic with the most appropriate dentist and will avoid delays in patient care.

Referrals will be rejected if they are:

- Incomplete (referrals will be returned for further information)
- Inappropriate
- Outside the commissioned scope of practice or geographical area
- If made for reasons other than the patient's best interests
- For common medical issues that are manageable by a GDP.

Referrals for patients with no Special Care Dentistry needs but whose weight cannot be accommodated by their current dentist's chair will also not be accepted.

Wherever possible, please enclose recent radiographs and any other information that will help with patient care. Digital radiograph images should be labelled (with name and DoB/NHS no.), saved in a suitable format (e.g. JPEG) and emailed to us. Film radiographs will be returned at the end of treatment.

Patients whose only problem is finding an NHS dentist should be advised to telephone the Devon and Cornwall Dental Help Line on 0333 006 3300 and/or search online via the NHS website.

Special Care Dentistry

The specialty of Special Care Dentistry is concerned with the improvement of the oral health of adult and adolescents who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, or more often, a combination of these factors.

Patients will be assessed for patient complexity using the BDA weighted case mix criteria. Some patients may have a combination of complexity factors, so as much relevant information should be included in referrals as possible. We accept referrals for level 2 and 3 care as described in NHS England's "Guides for commissioning dental specialties: Special Care Dentistry" (2015).

We provide dental treatment for suitable patients using local anaesthetic, inhalation sedation, intravenous sedation and, for certain patients with profound special needs, dental treatment under general anaesthetic.

First Appointment

Accepted patients will be offered an initial assessment appointment and, if appropriate, a course of treatment. Eligibility for continuing care with the service will be reassessed on completion of each course of treatment. Patients who no longer fall within our remit will be discharged back to their referring dentist for continuing care or referred to dental services appropriate to their needs. Some patients may be suitable for shared care with a GDS provider, who should provide all preventive care.

In all cases we ask that preventive advice and interventions are delivered in line with Public Health England’s document “Delivering Better Oral Health” to help reduce patients’ risk of oral disease while they are waiting for assessment.

Patients who weigh more than 28 stones (177kg) requiring special care dentistry should be referred to a service with equipment that is able to accommodate them, as our service unfortunately cannot provide this.

We are not commissioned to provide dental care for level 1 patients whose only additional need is related to their weight.

Patients requiring level 1 care on a domiciliary basis should be referred to a domiciliary general dental service.

Children’s dentistry

The majority of children can be seen in General Dental Practice. The Salaried Dental Service accepts referrals of children with additional needs under the age of 18. There is no Paediatric Dentistry specialist within this service.

Some children may be managed jointly with Specialists and Consultants in Paediatric Dentistry at Bristol Dental Hospital.

Our dentists can provide advice around treatment plans, ongoing care, shared care and onward referral for paediatric dentistry patients.

The following techniques are available in our service:

Children under 12 years of age	Young people aged 12-17 (inclusive)	General anaesthetic exodontia ONLY
<ul style="list-style-type: none"> a) Behavioural management techniques/ local analgesia b) Local analgesia plus inhalation sedation (must be able to understand and follow instructions) 	<ul style="list-style-type: none"> a) Behavioural management techniques/local analgesia b) Local analgesia plus inhalation sedation c) Local analgesia plus midazolam (intravenous) 	<ul style="list-style-type: none"> a) 2 years – 18 years of age b) ASA 1 or 2 (see appendix) c) Caries control where history of pain or sepsis d) MIH where the first adult molar teeth are of poor prognosis (c. 8-10 years) e) Orthodontic extractions and supernumerary tooth extractions are not accepted

General Anaesthetic (GA)

The aim of dental treatment carried out under GA is to treat dental disease and achieve oral health. Following clinical and radiographic assessment, all mobile teeth, carious teeth and teeth of questionable or poor prognosis will be extracted at GA.

Treatment under GA will only be considered as a last resort when treatment under local anaesthesia or conscious sedation is not feasible or appropriate. The Special Care Dental Service, in line with guidance from the British Society of Paediatric Dentistry, does not undertake routine conservation of teeth for children under GA, except in exceptional cases related to a child with severe additional needs.

It should be explained to patients and their parents / carers that undergoing general anaesthesia usually indicates radical extractions of teeth as necessary so that further anaesthetics may be prevented in the future. Where

possible, all planned restorative care should be completed by the referring dentist prior to referring for extractions under GA.

Patients and parents / carers should be informed of all treatment options, including the risks and benefits of GA and alternative treatment options. For further information, please consult the BSPD/RCA/FGDP/AAGBI/APAGBI/ADA/RCN guideline at <http://bspd.co.uk/Portals/0/Public/Files/Guidelines/Main%20Dental%20Guidelines.pdf>.

First appointment

Accepted patient will receive an initial assessment appointment where the treatment plan will be discussed and the most appropriate form of behavioural management determined. Please advise the patient and their parent/guardian that active treatment will not begin on the first appointment (unless clinically urgent). The person with parental responsibility for the child must attend this appointment for consent purposes.

Inappropriate referrals:

- Routine or emergency dental care for healthy, co-operative children (e.g. caries in co-operative children, endodontic treatment in mature permanent teeth)
- Root canal treatment in permanent molars unless there is a good clinical indication for retention of the compromised tooth (e.g. severe hypodontia)
- Orthodontic extractions
- Orthodontic assessment or treatment
- Root canal treatment of teeth with open apices (requires level 3 care from specialist paediatric dentist).

Inappropriate and incomplete referrals will be returned. Your compliance with the guidance will avoid unnecessary delays in patient care.

In all cases we ask that preventive advice and interventions are delivered in line with Public Health England’s document “Delivering Better Oral Health” to help reduce children’s risk of oral disease while they are waiting for assessment.

On completion of the episode of care, the patient will be referred back to the referring general dental practitioner for continuing care. Where children referred due to anxiety have been able to co-operate for treatment with local anaesthetic alone, they will be referred back with a treatment plan to complete the course of treatment by the referring dentist.

Continuing care for children referred to the service will only be provided in cases of exception need and/or complexity.

Sedation techniques

Below are the available sedation techniques within our service:

Children under 12 years	Young people 12-18 years of age	Adult aged over 18 years of age who meet Special Care criteria
<ul style="list-style-type: none"> a) Behavioural management techniques/local analgesia b) Local analgesia plus inhalation sedation (must be able to understand and follow instructions) 	<ul style="list-style-type: none"> a) Behavioural management techniques/local analgesia b) Local analgesia plus inhalation sedation c) Local analgesia plus midazolam (intravenous) 	<ul style="list-style-type: none"> a) Behavioural management techniques/local analgesia b) Local analgesia plus inhalation sedation c) Local analgesia plus midazolam (intravenous)

Treatment under sedation will aim to secure oral health. The care provided will be limited by the compliance of the patient under sedation. Some more complex treatments (e.g. molar endodontics) are rarely considered for patients requiring sedation.

Patients requiring oral surgery under sedation should be referred using the Devon and Cornwall area Oral surgery forms to DRSS.

The patient must:

- Have attempted treatment with the general dental practitioner
- Be well enough to have sedation in primary care setting (i.e. ASA I or II – see table below)
- Give a commitment to improve and maintain oral health
- Understand that there is a range of management techniques that may be offered, dependent on their needs
- Have an appropriate person who is able to stay with them for 24 hours after their sedation (if undergoing intravenous sedation)
- Agree to attend all appointments that are made or cancel them as early as possible.

The referring dentist should continue to see the patient following their referral and after discharge from the Salaried Dental Service.

In all cases we ask that preventive advice and intervention and delivered in line with Public Health England's document "Delivering Better Oral Health" to help reduce patients' risk of oral disease while they are waiting to be seen for an assessment.

Inappropriate/ inadequate referrals will be rejected and the person directed to appropriate care. Your compliance with the guidelines will avoid unnecessary delays in patient care.

Appendix: ASA classification

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction