Plymouth Community Dental Services
Information and Guidance for Referrers

Plymouth Community Dental Services Ltd (PCDS) provides dental treatment for children and adults who, for various reasons cannot access the dental treatment they need in a General Dental Practice. We currently have three clinics across Plymouth, with use of a wheelchair tipper and sedation at Plymouth Dental Access Centre. We provide inhalation sedation and intravenous sedation for children and adults. General anaesthetic dental services are provided from Derriford Hospital for paediatric extractions and children and adults with profound special needs.

PCDS also provides Oral Surgery level 2 and 3 complexity services on referral using the Devon and Cornwall Area Oral Surgery referral process.

We have a Specialist-led special care dentistry service and a Specialist-led oral surgery service. The specialists at PCDS are able to provide advice around treatment plans, on-going care, shared care and onward referral for special care dentistry, paediatric dentistry and oral surgery.

Accepted patients will be offered an initial assessment appointment and, if appropriate, a course of treatment. Eligibility for continuing care with PCDS will be re-assessed on completion of each course of treatment. Patients who no longer fall within the PCDS remit will be discharged, 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. Normal NHS dental charges apply.

Patients who fail to attend one or more appointments may be followed up for safeguarding 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 practitioners.

Please refer using the appropriate forms:

- Special care dentistry and children with additional needs – NHS England South (South West) Referral Form for Assessment of Patient with Additional Needs;
- Paediatric extractions under general anaesthetic – PCDS Paediatric XGA Referral Form;
- Oral Surgery – Devon and Cornwall Area Oral Surgery Forms (https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/).

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

- dental charting and history, treatment completed or attempted, relevant radiographs and orthodontic letters.
- medical history, social history and additional needs including specific mobility requirements and ability to transfer to dental chair.
- details of parents / guardians / next of kin / advocate, and any other health or social care professionals involved in the patient's care.
- need for an interpreter, including language.

This can be especially helpful when dealing with vulnerable patients. Your compliance with the 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:

- Incomplete referrals will be returned for further information;
- Inappropriate referrals;
- Referrals outside of the PCDS commissioned scope or area;
- If made for financial or economic reasons;
- For common medical history problems that are manageable by a GDP, e.g. warfaranised patients.

Patients whose only problem is finding an NHS Dentist should be advised to telephone the Devon and Cornwall Dental Help Line 0333 006 3300.

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Referral Criteria for Plymouth Community Dental Services: Special Care Dentistry and Paediatric Dentistry

1. Special Care Dentistry Referrals

The specialty of Special Care Dentistry (SCD) is concerned with the improvement of the oral health of adults 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 casemix criteria (see link below). Some patients may have a combination of categories and all relevant information should be included in a referral. PCDS accepts referrals for level 2 and 3 care as described in NHS England's *"Guides for commissioning dental specialties – Special Care Dentistry"*, 2015.

PCDS provides dental treatment for suitable adult patients using local anaesthetic, conscious sedation and, for adults 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 PCDS will be re-assessed on completion of each course of treatment. Patients who no longer fall within the PCDS remit will be discharged, 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 preventative advice and intervention are delivered in line with *"Delivering Better Oral Health"* to help reduce the caries rate of special care patients whilst they are waiting to be seen for an assessment.

Inappropriate referrals will be returned. Inadequate referrals will be returned for further information. Your compliance with the guidelines will avoid unnecessary delays in patient care.

The specialists at PCDS are able to provide advice around treatment plans, on-going care, shared care and onward referral for special care dentistry patients.

Please refer using the NHS England South (South West) Referral Form for Assessment of Patient with Additional Needs referral form.

*BDA Casemix: https://bda.org/dentists/representation/salaried-primary-care-dentists/cccphd/casemix

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Special Care Dentistry Referrals

Casemix Category	Examples
Communication	Patient has a moderate-severe restriction in their ability to communicate requiring additional support e.g. Makaton or other communication aids. Such people may have: • moderate-profound learning disability, • progressing dementia, • debilitating brain injury.
Co-operation	Patients with severe disability or mental health state that prevents them from co-operating with dental examination and/or treatment. Presents with a disability, psychological, mental health state or dental phobia that means: • only limited examination is possible; • significant treatment interruption due to inability to co-operate, inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination.
Medical Status	Patients with complex or unstable medical problems that significantly affects the delivery of dental care. Patients usually fall into ASA III or IV.
Oral Risk Factors	Patient has restricted access to the oral cavity. Patient's oral hygiene requires support of third party to maintain. Patients with altered ability to swallow, e.g. PEG fed.
Access*	Patients who are unable to self-transfer to the dental chair.
Legal and ethical	Patient has doubtful or fluctuating capacity to consent. Treatment planning that may require a second opinion for special care dentistry patients.

*Patients more than 23 stone / 146kg should be referred to bariatric dental services (currently Torbay and South Devon Community Dental Service).
*Patients requiring domiciliary care should be referred to a domiciliary dental service.

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2. Paediatric Dentistry Referrals

Paediatric dentistry is concerned with the provision of dental care and dental surveillance for children under the age of 16 years. The majority of children can be seen in General Dental Practice.

The PCDS accepts referrals for children with additional needs under the age of 16 years. Some children may be managed jointly with the Consultants in Paediatric Dentistry, University of Bristol Dental Hospital.

PCDS provides dental treatment for suitable child patients using local anaesthetic, conscious sedation, paediatric exodontia under general anaesthetic and, for children with profound special needs, comprehensive care dental treatment under general anaesthetic.

PCDS accepts referrals for level 2 and 3 care as described in NHS England's *"Guides for commissioning dental specialties – Paediatric Dentistry"*, 2018. PCDS has a small paediatric NHS dental service, which is for children who are self-referred by their parents / guardians.

The dentists at PCDS are able to provide advice around treatment plans, on-going care, shared care and onward referral for paediatric dentistry patients.

General Anaesthetic Dental Treatment

The aim of the treatment carried out under GA is to secure oral health. Following clinical and radiographic assessment all mobile teeth, carious teeth and any teeth of dubious or poor prognosis will be extracted at the XGA appointment. All restorations must be completed before the XGA.

a. Paediatric XGA List

Please refer using the PCDS Paediatric XGA Referral Form.

- 18 months-16 years old;
- ASA I or II (medically well or well controlled medical conditions);
- Mild to moderate mental health or behavioural issues, e.g. mild to moderate ADHD, mild Autism;
- Extractions only under GA for caries control and molar incisor hypomineralisation (MIH);
- Orthodontic extractions are not accepted.

b. Paediatric Special Care GA List

The comprehensive care lists are only booked by the specialists in special care dentistry as many complex patients are able to tolerate dental treatment with conscious sedation and/or behaviour management.
Please refer using the NHS England South (South West) Referral Form for Assessment of Patient with Additional Needs referral form.

First Appointment

Accepted patients 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). A parent or legal guardian must attend this appointment.

Inappropriate Referrals

- Routine or emergency dental care for healthy, co-operative children (e.g. caries in cooperative children, endodontic treatment in permanent teeth with closed apex).
- Root canal treatment in permanent molars unless there is good clinical indication for retention of the compromised tooth i.e. severe hypodontia.
- Orthodontic extractions under general anaesthesia.
- Orthodontic assessment or treatment.
- Any patient aged 16 years or older.

Inappropriate referrals will be returned. Inadequate referrals will be returned for further information. Your compliance with the guidelines will avoid unnecessary delays in patient care.

In all cases we ask that preventative advice and intervention are delivered in line with *"Delivering Better Oral Health"* to help reduce the caries rate of children whilst they are waiting to be seen for an assessment.

On completion of the episode of care, the patient will be referred back to the referring primary care dentist to make arrangements for the patient's continuing care. Where children referred for sedation 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 paediatric patients on referral will only be provided under exceptional need and/or complexity circumstances.

Emergency or Acute Referrals for Unregistered Children

Unregistered children with severe pain, swelling or following dento-alveolar trauma requiring urgent attention can be referred directly to PCDS. **ALL** appointments must be made through the PCDS Call Centre. Each case is triaged by telephone, assessed for urgency, prioritised and an emergency dental appointment allocated. Do not send patients down to the Dental Access Centre.

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Paediatric Dentistry Referrals

Casemix Category	Examples
Communication	Children with a moderate-severe restriction in their ability to communicate requiring additional support e.g. Makaton or other communication aids. Such children may have: • moderate-profound learning disability, • debilitating brain injury.
Co-operation	Children with developmental problems, learning difficulties and behavioural problems, that makes dental care more difficult to provide. Children with mental health problems that prevent them from co-operating with dental examination and/or treatment. Child with a disability, psychological, mental health state or dental phobia that means: • only limited examination is possible; • significant treatment interruption due to inability to co-operate, inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination. Pre-cooperative children who require extractions. Children with extreme dental anxiety who have been proven to be unable to co-operate with routine dental treatment.
Medical Status	Children with complex medical problems that place them at risk from dental disease and/or its treatment. Patients usually fall into ASA III or IV.
Oral Risk Factors	Children with altered ability to swallow, e.g. PEG fed. Children who have sustained complex dental trauma (e.g. pulp involvement in immature teeth). N.B. wherever possible patients who have suffered dento-alveolar trauma are expected to have received emergency treatment within 24 hours of the trauma by a primary care dentist. Referral for long-term trauma management should be made

	once the patient is stabilised. Children with congenital or acquired dental anomalies who may require complex restorative or orthodontic treatment (e.g. Hypodontia, Ameologensis Imperfecta, Dentinogenesis Imperfecta, Molar Incisor Hypominerisation (MIH), Micro /macro-dontia and delayed eruption). Please refer children with suspected MIH around their 9th birthday, unless they are in pain. Children with cleft lip and palate and other cranio-facial anomalies requiring routine dentistry.
Access	Patients who are unable to self-transfer to the dental chair.
Legal and ethical	Looked after children, child refugees and asylum seekers. Treatment planning that may require a second opinion for paediatric dentistry patients.

Paediatric Sedation and GA Dentistry Referrals

Children under 12 years of age	Young people 12-16 years of age	General Anaesthetic Exodontia ONLY
a) Behavioural management techniques / local analgesia; b) Local analgesia plus inhalation sedation (must be able to understand and follow instructions).	a) Behavioural management techniques/local analgesia; b) Local analgesia plus inhalation sedation; c) Local analgesia plus midazolam (intravenous, trans-mucosal).	a) 18 months-16 years old; b) ASA I or II (medically well or well controlled medical conditions); Mild to moderate mental health or behavioural issues, e.g. mild to moderate ADHD, mild Autism; c) Caries control where history of pain or sepsis d) MIH where first adult molar teeth are of poor prognosis (around 9th birthday). d) Orthodontic extractions are not accepted

3. Sedation Techniques Provided by PCDS

Children under 12 years of age	Young people 12-16 years of age	Adults aged 16-65 years of age
a) Behavioural management techniques / local analgesia; b) Local analgesia plus inhalation sedation.	a) Behavioural management techniques/local analgesia; b) Local analgesia plus inhalation sedation; c) Local analgesia plus midazolam (intravenous, trans-mucosal).	a) Behavioural management techniques/local analgesia; b) Local analgesia plus inhalation sedation; c) Local analgesia plus midazolam (intravenous, trans-mucosal).

Treatment under sedation will be sufficient to secure oral health. The care provided will be limited by the compliance of the patient under sedation. Molar endodontics will not be completed with sedation. Patients requiring oral surgery with sedation should be referred using the Devon and Cornwall Area Oral Surgery Forms.

The patient must:

- have attempted treatment twice with the primary care dentist.
- have an index of sedation need (IOSN*) of at least 7.
- be well enough to have sedation in a primary care setting (ASA I-II).
- be willing to have their dental anxiety/phobia addressed. Referral for cognitive behaviour therapy (CBT) for dental anxiety should be discussed. Referrals can be made by the patient's GP or GDP.
- give a commitment to improve and maintain Oral Health.
- understand that they may be managed using a variety of techniques, which may include psychological therapies e.g. CBT.
- have an appropriate person who is able to stay with them for 24 hours after their sedation.
- agree to attend all appointments that are made or cancel them as early as possible. Treatment will be discontinued following two cancellations or one failure to attend.
- be willing to be contacted by telephone.

The referring dentist should continue to see the patient following their referral and after discharge from the dental sedation service.

In all cases we ask that preventative advice and intervention are delivered in line with *"Delivering Better Oral Health"* to help reduce the caries rate of patients whilst they are waiting to be seen for an assessment.

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

*IOSN form: https://www.dstg.co.uk/index.php/documents/document/iosn-form-pdf

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ASA Physical Status Classification System (2014)

Taken from Conscious Sedation in Dentistry Dental Clinical Guidance, third edition.

ASA PS Classification	Definition	Definition Examples, including, but not limited to:
ASA I	A normal healthy patient.	Healthy, non-smoking, no or minimal alcohol use. Blood pressure: 90-120 / 60-80 mmHg
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. Blood pressure: 120-140 / 80-90 mmHg
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. Blood pressure:140-190 / 90-100 mmHg
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. Blood pressure: < 190 / 100 mmHg
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.

Abbreviations
ARD: Acute renal disease / BMI: Body mass index / CAD: Coronary artery disease
CVA: Cerebrovascular accident / COPD: Chronic obstructive pulmonary disease
DIC: Disseminated intravascular coagulation / DM: Diabetes mellitus
ESRD: End-stage renal disease / HTN: Hypertension / MI: Myocardial infarction
PCA: Post-conceptual age / TIA: Transient ischaemic attack.

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