**South West Region Orthodontic Referral Guidance**

This guidance is intended to help you make appropriate referrals for your patients needing orthodontic care. Please read through them and keep in a safe place for future reference.

NB The referral form discussed is for use in all areas of the South West **EXCEPT Dorset where REGO is used.**

**SELECTING SUITABLE PATIENTS FOR NHS REFERRAL**

Patients are eligible for NHS orthodontic treatment under the age of 18 years (at time of referral) if they have an IOTN of 4 or 5. If the patient has an IOTN of 3 they also need an aesthetic component of 6 or over as judged by the dentist and patient.

If the patient is over 18 years and has a significant skeletal discrepancy they may be eligible for treatment in the hospital setting. A slightly different index applies - Index of Functional Treatment Need (IOFTN) of 4 or 5 is required.

The article including the IOFTN can be found here <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4063315/>

For all other patients please consider a referral for private orthodontic treatment with a specialist orthodontist.

**WHEN TO REFER PATIENTS**

To allow orthodontic providers to care for our patients efficiently and safely, it is important that they are referred at the correct time and stage of development. Early referral of patients who are not coming to harm is not appropriate and will delay orthodontic providers seeing patients who do need their care. Most patients who are ready for routine orthodontic care will be in the permanent dentition. If your patient is an exception to this please ensure you provide enough information in the ‘Section 10: INFORMATION TO SUPPORT REFERRAL’ box on page two of the referral form. Failure to do so may result in your referral being rejected.

The British Orthodontic Society provides information for dentists on their website.

<https://www.bos.org.uk/professionals-members/information-for-dentists/>

**MAKING URGENT REFERRALS**

We appreciate that there are situations when it is important to make an urgent referral. This would be appropriate when the patient is coming to harm or will come to harm if not seen in a short time frame.

This includes the following situations

* Orthodontic intervention required following recent dental trauma e.g. non-eruption of an intruded tooth
* Time critical orthodontic opinion required e.g. patient in mixed dentition with a supplemental tooth
* Recent radiographs show impacted tooth with resorption to adjacent tooth/teeth
* Other pathology related to orthodontics that needs urgent assessment
* Onward referral of specialist practice patient in active treatment to hospital for advice/ adjunctive care
* Transfer of patients in active orthodontic treatment.

If you are making an urgent referral please tick the ‘URGENT’ box in section 6 of the referral form.

Please ensure you provide enough information in the ‘Section 10: INFORMATION TO SUPPORT REFERRAL’ box on page two of the referral form.

**WHERE TO REFER PATIENTS**  
The [NHS England Clinical standard for dental specialties](https://www.england.nhs.uk/wp-content/uploads/2023/06/B2015-Clinical-standard-for-dental-specialties-orthodontics-version-2-21-June-2023.pdf) – Orthodontics outlines where patients should be referred.

This divides care into 3 levels with 3a being specialist practice and 3b hospital care.

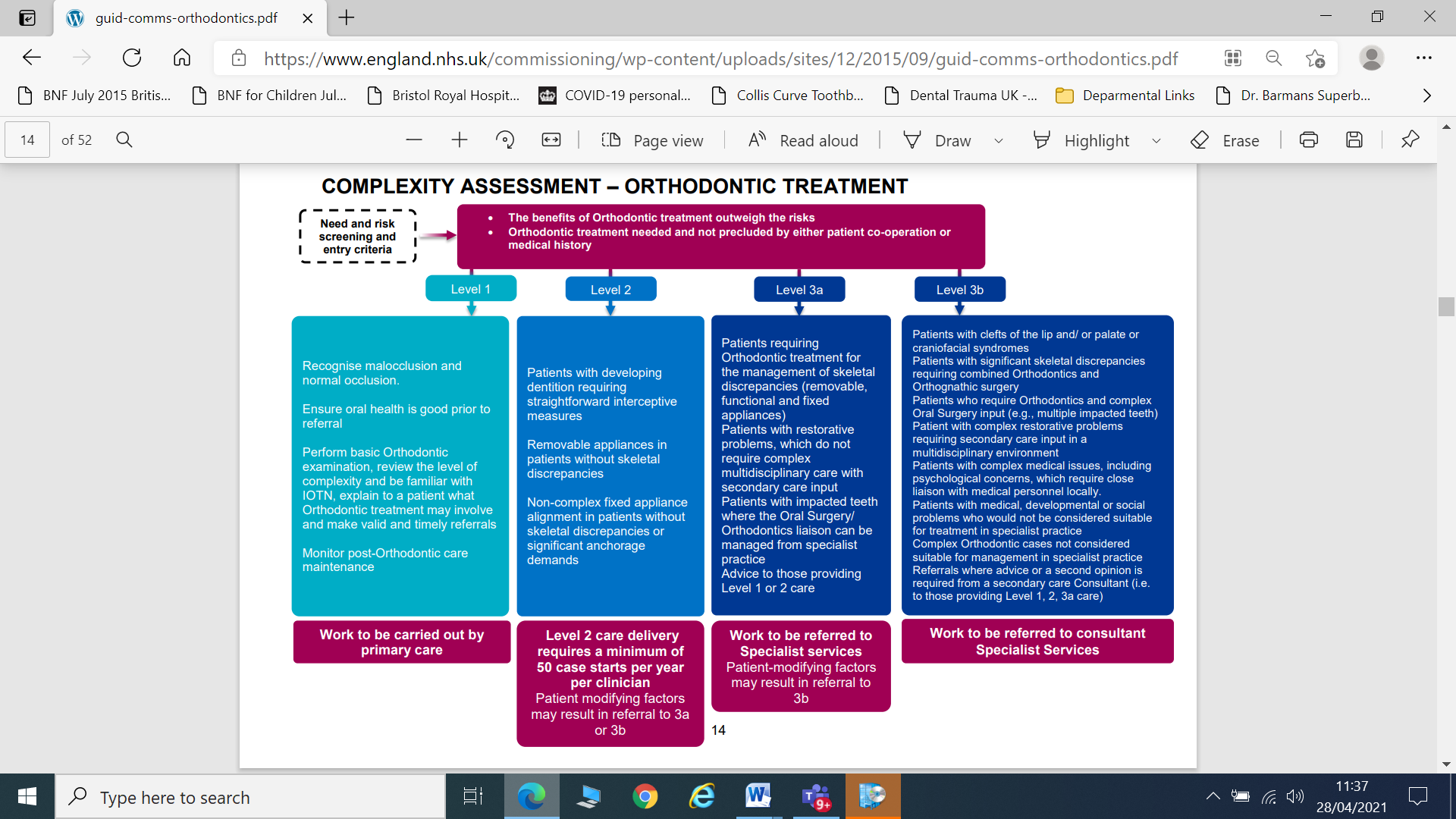
The majority of orthodontic care provided in the hospital setting is multidisciplinary and generally include the following multidisciplinary team (MDT) clinics:

* Orthognathic Care (Orthodontics and OMFS)
* Orthodontic-Restorative Dentistry Clinic
* Orthodontic-Paediatric Dentistry Clinic
* Orthodontic -Oral Surgery Clinic
* Cleft clinics

On the second page of the referral form you need to tick ONE box which is the main reason for referral or the worst aspect of the patients’ malocclusion. If you tick any of the yellow boxes these patients should be referred to the relevant secondary care provider for hospital care.

If you tick any of the boxes for hospital or MDT referrals please complete the box below ‘Section 10: Information to support referral’. Please also use this box for any other information that you think the provider may need.

Please remember that we only have the information that you provide us with to triage and decide whether to accept the referral. If you do not provide enough information we may not accept the patient for assessment.



**HOW TO REFER PATIENTS**

Please use the referral form under the Orthodontic section here: <https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/>

Please complete the form FULLY. If you have recently taken any relevant radiographs as part of your patient’s routine clinical care please send high quality copies with your referral (see section below). Failure to do the above may result in the referral being rejected and returned to you. Please ensure all radiographs include your patient’s full name, date of birth and date that the radiograph was taken.

**Please do not make multiple referrals for the same patient as this increases waiting times for all patients. Multiple referrals may be rejected by ALL providers.**

**ORTHODONTIC PROVIDERS**

The list of orthodontic providers is found here:

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

**SENDING RADIOGRAPHS WITH REFERRALS**

It is important that you send a copy of all recent and relevant radiographs with the referral. This should either be on a high quality paper print of the radiograph or by emailing the DICOM file (.dcm) to the orthodontic practice directly (see section below about effective and secure communication). Failure to do so may result in rejection of the referral.

**HOW THE REFERRAL IS PROCESSED**

Your referral will be triaged by your chosen orthodontic provider and will be allocated a priority based on the information you provide. The orthodontic provider will contact your patient for a new orthodontic assessment in due course.

In the meantime please ensure that:

* Your patient is caries free and/or caries have been stabilised
* Your patient has a diet compatible with orthodontic treatment
* Your patient is aware of the importance of attending orthodontic appointments
* You continue to provide routine dental care for your patient throughout
* You communicate any changes in the malocclusion or dentition with the orthodontist
* You communicate any changes of patient contact details to the orthodontist as soon as possible

If your patient fails to attend their new orthodontic assessment the provider will liaise with the patient and inform you of the outcome. If the patient is discharged you will need to re-refer them if they wish to be seen.

**EFFECTIVE AND SECURE COMMUNICATION**

We are keen to ensure that communication between us, our patients and their families is effective and secure.

If you have not already done so we would recommend applying for an nhs.net email account. Anyone providing NHS care can do this by going to <https://portal.nhs.net>. Emails between nhs.net accounts are secure and allow rapid transfer of confidential data between providers.

Please note that it is not acceptable to send patient identifiable data through email accounts other than these, as they are not considered secure by the NHS.

**THE ROLE OF THE GDP**

The GDP acts as a gatekeeper to specialist services and the role includes making appropriate referrals to the correct provider at the right time.

Following acceptance for treatment there is shared care for the patient by both the GDP and the orthodontic provider. It is the GDP’s role to support the patient by continuing to provide routine dental care throughout the referral and duration of treatment for all orthodontic patients. If you have referred a patient for orthodontic assessment, they have not yet been seen and you notice a significant change (e.g. new root resorption) please let the orthodontic provider know.

If during the course of orthodontic treatment it is necessary to undertake any dental care that may impact on orthodontic treatment please liaise directly with the treating orthodontist.

Following orthodontic care the patient will be discharged back to their GDP. The majority of patients will have retainers (either removable or bonded retainers) which will need long term care, maintenance and replacement. Details of these will be sent to the GDP following discharge.

**TRANSFER CASES**

Patients in active orthodontic treatment may move and request transfer to a new orthodontic provider. The above guidance about where to refer patients for continuation of care applies. Only complex MDT cases should be referred for hospital care. If the patient has started treatment in specialist practice then it is normally appropriate to continue this in specialist practice.

If you are a GDP arranging the transfer of care please send a completed copy of the orthodontic referral form along with copies of all correspondence from the patients’ current orthodontist. Please note that the patient remains under the care of the previous orthodontist until transfer of care is accepted by the new orthodontist.