

## Criteria for referral into Torbay & South Devon Community Dental Service

The role of the Community Dental Service (CDS) has developed over the last few years. The service is commissioned to provide oral care for adults and children with additional needs in Torbay & South Devon. We accept patients on referral from other health & social care professionals, for those whose oral care needs cannot be met in general dental practice.

Many patients referred to special care dental services only require the skills of that service for some procedures. Routine examination, oral health assessment and preventative care can be managed quite satisfactorily in general dental practice and it is expected that the referring practitioner will continue to see their patients for ongoing care. Hence, most patients will be discharged back to their general dental practitioner following completion of the course of treatment, unless their needs identify them as appropriate for long term care.

Patients will be assessed for patient complexity using the BDA weighted case mix criteria. We accept referrals for level 2 and 3 care as described in NHS England's "Guides for commissioning dental specialties: Special Care Dentistry" (2015) and Paediatric Dentistry (2018).

For those who fit our criteria, 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.

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. Patients 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 practitioner and some may be appropriate for continuing care with the service.

The referral criteria enclosed should ensure that we are able to provide appropriate care to those patients with complex treatment needs who come under the remit of the CDS and the commissioner's expectations.

### Referral Criteria

#### Children with:

- Moderate/Severe Learning disabilities
- Severe mental health problems
- Behavioural/ management problems that affects the provision of dental care
- Severe physical disabilities
- Autistic Spectrum disorders - when impacting on their ability to accept dental care in GDS
- Child protection issues or Looked After Children
- Complex Medical needs
- 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 emergency treatment is expected to have happened by GDP within 24 hours of the trauma & any additional injuries such as head injuries, potential concussion should have been addressed and if required appropriate referral to secondary care made

Where possible we aim to provide acclimatisation and one course of treatment, after which patients will be referred back to the referring dentist for ongoing care. Treatment under local anaesthesia should have been attempted by the referring dentist on at least 2 occasions and deemed unsuccessful.

Children requiring special care dentistry who meet the referral criteria due to the nature of their disability or impairment may be offered ongoing care within the CDS.

Children who may be considered a safeguarding risk may also be offered ongoing care until a referral into the GDS becomes achievable and appropriate.

### **Inhalation Sedation and GA for children**

Inhalation sedation can be a useful adjunct when providing care for the nervous and anxious child, however, to be successful this still requires a certain level of understanding and cooperation from the patient. For this reason, the very young children are not routinely offered sedation and other behaviour management options must be explored in the first instance. The suitability of a patient for inhalation sedation is based on the assessment of the individual patients' needs and not on the demands of the parents. It would be appreciated if referring clinicians can explain this to parents to reduce the expectation that an extensive course of restorative care is possible under inhalation sedation in this age group and the child is to be referred to the appropriate provider (see below).

Paediatric general anaesthetic in Torbay is provided by the Maxillofacial team at Torbay Hospital. This service only provides exodontia for routine, healthy children; there is no facility for restorative work to be completed at the same time. All restorative work possible should be completed ideally prior to a referral for general anaesthetic in order to reduce the likelihood of the need for a repeat general anaesthetic in the future. For these cases please refer directly to Torbay Hospital.

### **Adults with:**

- Learning disabilities/challenging behaviour which interferes with provision of dental care
- Patients whose weight exceeds the safe weight limit of the referring GDP's dental chairs N.B. Newer dental chairs can take up to 28 stone, please confirm on the referral what is the highest weight limit of any chair in the practice.
- Severe physical disabilities
- Patients who are unable to self- transfer to the dental chair
- Autistic Spectrum disorders- when impacting on their ability to accept dental care
- Brain injuries
- Patients with altered ability to swallow, e.g. PEG fed.
- Severe mental health condition
- complex Medical condition
- Severe Dental anxiety/phobia: many patients struggle to cope with dental treatment, and most can be managed in dental practice if time is taken to address their fears and anxieties. However, some experience anxiety/phobia to such a degree that they cannot be treated in practice

Referrals are not accepted for:

- Nervous or apprehensive adults without a special need
- Routine or emergency dental care for healthy, co-operative children
- Adults requesting a general anaesthetic who do not meet the criteria for special needs
- Molar endodontics – unless for a child patient who fits the remit of the CDS and there is good clinical indication for retention of the compromised tooth i.e. severe hypodontia
- Patients requiring complex restorative care, orthodontics or oral surgery

***Please note:***

No posterior root canal treatment or Crown/Bridge work will be provided unless medical history precludes extraction as treatment of choice e.g. history of radiotherapy in region of head and/or neck, bisphosphonate therapy, patients whose blood clotting cannot be easily controlled.

The CDS does NOT routinely provide intra venous (IV) sedation services or general anaesthetic (GA) for the anxious patient with no requirement for special care dentistry.

Sedation will only be offered when alternate treatments have been tried and the referring dentist can evidence this.

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 or extra-coronal restorations will not be completed with sedation/GA.

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.
- 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 at short notice.

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.**

6<sup>TH</sup> November 2023