Guide to completing referral forms – Restorative Dentistry

(Including Periodontal and Generic Restorative (including Endodontics and Prosthodontics))

1. **Expectations for Referrers**

The majority of patients will be reviewed for treatment planning advice only, and this should be made clear to the patient at the time of referral. Occasionally, patients may be accepted by the teaching hospital for undergraduate or postgraduate training. The details of such cases can be found on the relevant referral forms e.g. Generic Restorative (restorative, endodontic, and prosthodontics) or periodontal and referral forms from undergraduate/postgraduate centres (see their websites for details).

1. **Expectations for Patients**

Referrers are responsible for explaining to the patient the exact reason for the referral. The patient should understand that an explanation of the problem will be given but they may not be accepted for treatment at the hospital. Referrers should make patients aware of the criteria for treatment to be provided in a hospital setting or a specialist centre. When appropriate, referrers should advise patients that they will be seen by the restorative team in order to provide their dentist with a suitable treatment plan to be completed within their dental practice paid for (as they would normal pay) by the patient.

1. **Making an appropriate referral to the Department of Restorative Dentistry**

High priority patient groups are more likely to be accepted for treatment, but this is not guaranteed and includes:

* Head and neck oncology patients requiring specialist or complex care.
* Developmental defects, such as cleft lip and palate; hypodontia; and complex dental anomalies.
* Trauma, severe trauma involving the dentoalveolar complex.
* All other patients outside of these groups may be able to have an assessment and advise only appointment in some Southwest units. Some patients might meet the criteria for treatment within Tier 2 services when/if available. When/if Tier 2 services are available the pathway and criteria for referral into these services should be reviewed by referrer (please note patient will need to have a GDP) and used appropriately.

The following are not considered appropriate reasons for referral and are likely to be rejected:

1. Untreated caries.
2. Untreated periodontal disease.
3. Manufacture of soft and hard acrylic occlusal guards.
4. Patients who cannot or will not pay NHS or private charges.
5. Primary or secondary RCT in patients who are not in priority groups.
6. Where the long-term restorability or periodontal prognosis of the tooth is in question.
7. **Criteria for Acceptance**

Cases will be considered for acceptance based on the following criteria:

**Restorative /Denture / Endodontic**

* Head and Neck Oncology patients requiring specialist or complex care.
* Development defect, such as cleft lip and palate; hypodontia; and complex dental anomalies.
* Trauma: severe trauma involving the dentoalveolar complex.

**Possible for postgraduate training cases in units where this is available (this is also trainee requirement dependant and there is no guarantee of acceptance for treatment)**

Denture

* Previous attempts to make a satisfactory denture unsuccessful. Previous dentures need to be brought with the patient to any appointments.
* Complex oral anatomy.

Endodontic

* The patient has a stable oral environment.
* The tooth/teeth which require treatment are of strategic importance and can be made predictably functional with a favourable prognostic success rate.

**Periodontal**

**General Principles**

* Patients with recurrent acute necrotising ulcerative gingivitis/periodontitis, non-plaque related gingival/periodontal conditions, localised gingival recession or medication associated gingival enlargement may be referred.
* Have ongoing management with a Dental Practitioner to whom they can return to for maintenance/supportive periodontal care.
1. **Completing the referral forms correctly**

All referrers must complete all sections of the form for each patient and send any additional information as required.

* Select relevant form for patient: Generic Restorative (restorative, endodontic, and prosthodontics) or periodontal. All fields should be completed, or the referral may be rejected.
* The patient may know their own NHS number if the referrer is unable to access this information, if not, you can leave this blank.
* Indicate whether the referral is for specialist advice or for treatment. If the patient does not meet the criteria for treatment, but a clear treatment plan is already in place and the referrer believes there is an exceptional need, an individual funding request (IFR) form should be completed instead (see section below for guidance).
* The referrer must confirm, in the appropriate section, that primary dental disease is stable.
* If the patient is dentate, BPE must be provided. If edentulous there is a section to indicate. If neither box is completed the referral is likely to be rejected.
* Any appropriate radiographs should be provided in a useable format – please see below for guidance notes on radiographs.

**Enclosing radiographs**

* Digital radiographs (as DICOM and jpeg) should be emailed or provided as photo quality print outs on high quality paper. Patient demographics should be indicated as well as the date captured.
* Referrers should not send ‘wet film’ radiographs.
1. **Individual Funding Request Process (IFRP)**

Where the referrer does not need treatment planning advice but believes that there are exceptional circumstances which mean that the patient should receive specialist-led treatment with ICB funding an Individual Funding Request should be submitted. The form and guidance for this request are available at:

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