

REFERRAL GUIDELINES

Introduction

The University Dental Hospital is primarily a facility for providing clinical teaching to undergraduate Dental Students and student Dental Care Professionals. It also provides services to the local community from the hospital based specialities of Oral & Maxillofacial Surgery, Oral & Maxillofacial Radiology, Oral Medicine, Oral Microbiology, Oral & Maxillofacial Pathology, Orthodontics, Paediatric Dentistry, Special Care Dentistry (including sedation) and Restorative Dentistry (including the mono-specialities).

The hospital has an emergency clinic primarily for the care of patients who either receive their primary dental care from the undergraduate students or are inpatients of Cardiff & Vale University Health Board who require urgent dental attention. A small amount of emergency care is available at the request of a GDP by ringing the Dental Hospital on 029 2074 2415.

This referral protocol has been produced following consultation with relevant stakeholders and forms the basis for acceptance of patients into the hospital for appropriate care. The Hospital accepts referrals from General Dental Practitioners, the Community Dental Service, General Medical Practitioners and tertiary referrals from hospital specialists.

Oral & Maxillofacial Surgery <ul style="list-style-type: none"> • Management of third molars – In compliance with NICE Guidelines, these will normally be removed where there has been two previous episodes of pericoronitis requiring antimicrobial therapy. • Management of anxious patients who require dental extractions - With sedation or general anaesthesia. • Retained roots – Referral due to difficulty or patient had radiotherapy to head & neck. • Management of orofacial pain including TMJ – When conservative treatment has been attempted. • Management of abnormal orofacial bony & soft tissue lesions of the head and neck. • Management of salivary gland disease. • Management of cutaneous facial abnormalities. • Management of facial deformity. • Management of vascular malformation. 	<ul style="list-style-type: none"> • White & red patches of the oral mucosa • Candidosis or angular cheilitis • Orofacial pain of non-dental origin • Dry mouth, halitosis or altered taste • Orofacial & mucosal manifestations of systemic disease. 	Orthodontics <p>A referral for an orthodontic consultant opinion can only be requested using the standard Orthodontic Referral Form. Acceptance for treatment will be based on:</p> <ul style="list-style-type: none"> • Patients under 18 with an IOTN of 3.6 (DHC=3, AC=6), 4 or 5. • Patients over 18 requiring MDT care that specifically requires hospital management, eg those that require orthodontic treatment in combination with corrective jaw surgery or complex hypodontia cases requiring orthodontic and restorative dentistry input. • Requirement for student teaching.
Oral Medicine <ul style="list-style-type: none"> • Recurrent oral ulceration & ulceration lasting more than two weeks. • Blistering conditions of the orofacial region and oral mucosa. 	Oral Pathology <p>The Dental Hospital provides specialised diagnostic histopathology services for general dental services and for general dental practitioners via a postal referral system. Most tissue excised from a patient by a dental practitioner should be sent for histological examination. EXCEPTIONS include:</p> <ul style="list-style-type: none"> • Extracted teeth • Routine gingivectomy specimens • Dental follicles Oral & Maxillofacial Radiology <ul style="list-style-type: none"> • Radiographic referrals with enough clinical information to justify a radiographic exposure will be accepted. Please refer to 'selection criteria in dental radiography' for more information. • For CBCT investigation the practitioner should refer to the Health Protection Agency guidelines and the SEDENTEX CT Guidelines. 	Paediatric Dentistry <ul style="list-style-type: none"> • Children with congenital or acquired dental anomalies who may require complex treatment (eg hypodontia, amelogenesis imperfecta, dentinogenesis imperfecta, molar incisor hypomineralisation, micro/macrodonia and delayed eruption). • Children with complex medical problems which may affect the provision of dental care and those with developmental problems, learning difficulties and behavioural problems, who are unable to

<p>cooperate for routine dentistry.</p> <ul style="list-style-type: none"> Children who have sustained complex dental trauma (eg pulp involvement in immature teeth). Children with soft or hard tissue pathology such as ulceration, swellings and cysts. Children with supernumeraries, odontomes, impacted teeth, submerging teeth, abnormal frenal attachments, and tongue-ties which may require surgical management. Pre-cooperative and uncooperative older children who have proven unable to cooperate with routine dental treatment and may require treatment under sedation or general anaesthesia. 	<p>patients referred to UDH will be based on:</p> <ul style="list-style-type: none"> Assessment of treatment needed. Requirements for training. <p>A diagnostic and advisory service is always available for restorative dentistry.</p> <p>Specialist restorative treatment (including implants) may be provided for priority patient groups:</p> <ol style="list-style-type: none"> Oncology patients Developmental defects Severe trauma Severely medically compromised 	<p>Implants</p> <p>A diagnostic and advisory service is available for patients with edentulous areas. Relevant radiographs must be included where available. UDH has a limited defined annual budget for dental implant treatment. All requests will be assessed on a case by case basis whilst funding is available. Requests for implant treatment subsequent to this will only be considered if the funding has been agreed with the relevant commissioning team. Patients should be made aware of this prior to referral.</p> <p>Patients normally considered for treatment would include:</p> <ul style="list-style-type: none"> Oncology patients Patients with severe developmental defects Severe trauma <p>Rehabilitation of a single tooth space will always be provided in the first instance by means other than implants.</p> <p>Patients are NOT accepted for implant rehabilitation, nor can implant problems be rectified at the hospital when treatment has been provided in a general dental practice.</p>
<p>Special Care Dentistry</p> <ul style="list-style-type: none"> History of infective endocarditis/ cardiology problems. Severe bleeding disorders. Psychological problems (autistic disorders, profound learning disabilities and uncontrolled mental illness). Confirmed Type I latex allergy. Profound immuno-suppression. Somatic disease with uncontrolled movement. Patients who are HIV positive and unwell. Complex special care patients who score highly on BDA Case Mix Score. 	<p>Endodontics</p> <p>A limited number of patients may be accepted for specialist treatment and postgraduate training.</p> <p>Acceptance for treatment will be based on IORTN and only category 3 patients will be considered where capacity is available.</p> <ul style="list-style-type: none"> All referrals should contain a full history of the condition, a synopsis of recent interventions with details of treatments to the pulp or root canal, and planned final restorative care. Relevant radiographs must be included. 	<p>Removable & Fixed Prosthodontics</p> <ul style="list-style-type: none"> A limited number of patients may be accepted for specialist treatment, postgraduate training or undergraduate care but only after the initial treatment by the referring practitioner has not been successful. Relevant radiographs must be included when available. Patients referred for the rectification of problems or replacement of crown and bridgework not provided in the UDH will note usually be accepted.
<p>Sedation</p> <p>Treatment for ASA III patients under sedation who cannot access specialist services in locally based dental anxiety management centres.</p> <p>A limited number of ASA I & II patients will be accepted to fulfil the requirements for undergraduate and postgraduate training.</p>	<p>Periodontics</p> <ul style="list-style-type: none"> All referrals should contain relevant radiographs, a BPE score and full pocket and recession charting for patients with a BPE score of 4. Referrals will be accepted where confirmation is provided that the patient has had oral hygiene instructions; and supra and subgingival scaling. Aggressive Periodontal disease. 	
<p>Restorative Dentistry</p> <p>Acceptance for treatment for all</p>		

These referral guidelines are intended to support Health Boards to deliver their services in line with the Welsh Government's National Oral Health Plan (NOHP) (2013) which places a requirement on Health Boards to: "... work closely together to develop regionally agreed referral and care pathways which will allow GDS, CDS, HDS to better work together" and "to develop clear plans on how their residents will access specialist dental services based in primary (specialist/DwES), the CDS and/or secondary care, and ensure an integrated approach through the delivery of the aforesaid services.)"

For more information and to download referral forms please visit:
www.cardiffandvaleuhb.wales.nhs.uk/udh-resources-for-health-professionals