

Bristol Dental Hospital Information Pack and Referral Guidelines



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1. Introduction

The Bristol Dental Hospital provides consultant led services for referred patients in the main dental specialities of Oral and Maxillofacial Surgery, Oral Medicine, Restorative Dentistry, Special Care Dentistry, Paediatric Dentistry, and Orthodontics. In addition to these, there are pathology services for oral and maxillofacial surgery and radiology services.

We also provide the following:

- Dental Out of Hours Emergency Service.
- Primary Care Dental Service Special Care - this is for patients who are unable to access treatment from a general dentist because of special needs or disabilities.

These services are commissioned by NHS England.

We are a major teaching hospital of undergraduate and postgraduate dental students and dental care professionals.

This pack provides general information on the services available, making referrals and a clinical framework to support clinicians when referring their patients for specialist opinion and treatment. All the referral forms and any further updates are available on;

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/referral-forms/>

We are also developing a range of online videos to help clinicians with their work and to give further guidance as to what constitutes an appropriate or inappropriate referral.

We welcome your comments so that we can keep this information up to date. Please email: BDHManagementOffice@UHBristol.nhs.uk

2. Where services are provided

The dental speciality services are mainly provided at the Bristol Dental Hospital in the centre of Bristol with a limited number of Oral Surgery & Orthodontic clinics provided at Southmead Hospital. Services provided by the dental undergraduate and postgraduate training programme are at the Bristol Dental Hospital and South Bristol Hospital.

The emergency out of hours and primary care dental services special needs are provided at a range of locations across Bristol, Bath and Weston-Super-Mare.

Maps of service locations are available on the website.

3. General acceptance policy

Patients may be referred by their dentist or doctor in primary or secondary care. The referrals should only be for areas outside the dentist's own skills and should adhere to the priority groups set out in each speciality guideline. Self-referrals by patients

are not accepted for specialist consultant led services. Referrals are taken from across the South West of England.

For the Primary Care Dental Service Special Needs, referrals can be made by a variety of healthcare professionals, relatives and carers. Referrals are taken for patients living in Bristol, Bath and North East Somerset, North Somerset and South Gloucestershire.

Patients can self-refer for:

- a) Emergency Service - for patients who do not have a dentist.
- b) Undergraduate teaching programme - with the exception of oral and maxillofacial surgery and orthodontic treatments.

Acceptance is based on meeting the referral guidelines. It is solely based on clinical need and not on an inability to pay.

For some specialities such as restorative dentistry, most referrals will be accepted for advice and treatment planning only. If this is not indicated on the referral form, we may ask you to clarify this. Those patients who are accepted for treatment will be expected to have a dentist who is willing to assume responsibility for their continuing dental care and to participate fully in items of treatment as deemed necessary by the Consultant in that speciality. Patients will only be accepted where they meet the requirement of a secondary care service. Patients will be discharged back to their dentist with an ongoing treatment plan or once that treatment we have offered to undertake is completed.

The following societies/faculty also provides guidance to referrers.

- British Orthodontic Society (BOS) www.bos.org.uk/information-for-dentists
- The Royal College of Surgeons of England (RCS) www.rcseng.ac.uk
- The British Society of Paediatric Dentistry (BSPD) www.bspd.co.uk
- Faculty of General Dental Practice (UK) www.fgdp.org.uk/

4. General acceptance policy for treatment with undergraduate and postgraduate students

As we are a major teaching hospital, students, under the supervision of highly qualified dental staff, can treat patients with less complex conditions outside of the priority referral categories. Normally, if these conditions were treated by a general dentist in primary care, there would be a set charge as per the national guidelines. If patients are treated by a student, there is no charge for these services. Postgraduate students will see a wider range of more complex conditions - this will be dependent upon the needs of the students.

The type of treatments change according to the educational needs of the dental students and cannot be guaranteed to be available. Acceptance and the timing of treatment is influenced by the teaching cycle. Undergraduate and postgraduate clinics are closed over summer, Christmas and Easter holidays.

If there are specific conditions that the undergraduate or postgraduate students can see, more information is given in each speciality section.

5. Making a referral

It is essential that the referral form is fully completed. There are specific referral forms on the website for each speciality. Test results and radiographs of appropriate diagnostic quality also need to be included. For all orthodontic referrals, it is important that the referring clinician indicate the IOTN score. We are planning to develop an electronic referral system in the future.

The responsibility for making an appropriate referral is with the referring clinician. Prior to referral for assessment and possible treatment, the clinician should discuss with the patient what treatment might involve and refer to any complications that may arise. This will allow the patient to consider the risks before seeing the specialist and to decide what questions to ask the specialist. The referral process and timescales should be outlined so the patient knows the importance of confirming appointment times and what happens if they do not attend.

If the clinician feels the patient could be seen by the undergraduate or postgraduate programme, the patient needs to be aware that they may have to wait for these services. Patients who wish to seek care via the undergraduate teaching programme (with the exception of oral and maxillofacial surgery and orthodontics) can also self-refer by writing to the University of Bristol Dental School.

6. Making a referral - fast track

Please note that any suspected head and neck cancer malignancy, referrals must be submitted via the Fast Track Office, either via Choose & Book if you are a GP or via fax on 0117 342 3266 using the designated Fast Track Referral Form for Suspected Head and Neck Cancer, which can be found on the website.

[http://www.uhbristol.nhs.uk/media/2281249/2ww_bnssg_head_and_neck_referral_2014 - _blank.pdf](http://www.uhbristol.nhs.uk/media/2281249/2ww_bnssg_head_and_neck_referral_2014_-_blank.pdf)

Patients should also be advised that once treatment is completed, all patients will be referred back to their dentist for ongoing maintenance and care.

7. Timescales for patients being seen

There are national guidelines for waiting times for consultant led clinics. Patients have a legal right to start NHS consultant-led treatment within a maximum of 18 weeks from referral, unless the patient chooses to wait longer or it is clinically appropriate that the patient waits longer. The Dental Hospital generally aims to see urgent patients within 2 weeks and routine patients within 6-11 weeks from receiving the referral form. If a patient cannot make an appointment within 18 weeks, they will be discharged and the clinician will need to re-refer the patient.

The referring clinician needs to ensure the patient is prepared to be seen within these timescales, and do not refer patients who are not ready for treatment. It is important that the patient attends the appointment within this 18 week time frame as otherwise they could be discharged.

If there are significant capacity problems and this will affect an ability to see patients within the standard wait times, we may provide further guidance on a temporary basis outlining priorities for future referrals for a specific timeframe. This will be made available via our website.

8. What happens when we receive a referral and timescales for clinicians/patients receiving information

- All referrals received via mail, fax (and Choose and Book from GPs) are routed through the Patient Access Team.
- If a referral is for a suspected head and neck cancer, these will go immediately to the Fast Track Office where the patient will be phoned to make an appointment within two weeks. This is then confirmed in a letter.
- For urgent referrals, the Patient Access Team will ring the patient within 14 days of receiving the referral to book an appointment.
- For routine referrals, we are implementing a system where the patient will be informed by letter once the Patient Access Team have received the referral. This letter will confirm that the referral has been received and is being reviewed and that the patient will be contacted in due course to arrange an appointment. Should further clinical detail(s) be required or if the referral is found to be inappropriate for care at the Bristol Dental Hospital, it informs the patient that we will contact the referrer directly.
- For routine referrals, once clinic availability is confirmed, the patient is written to and asked to contact the Call Centre to book an appointment within 14 days. The patient should generally receive this letter within 6-9 weeks of the referring clinician referring them.
- If a patient fails to respond to the letter, the Patient Access Team will inform the patient and GP and the patient is removed from the waiting list. The referring practitioner should re-refer if they feel it is urgent.
- If the patient needs to change their appointment after they have confirmed, they can phone the Call Centre on 0117 3424422 or complete an on line form. www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/university-of-bristol-dental-hospital/how-to-change-or-cancel-your-appointment
- Where the patient has given their mobile telephone number, a reminder text confirming the appointment is sent to them 7 days before and 24 hours before their appointment.
- All patients/parents (who have opted in to receive the letter) along with any other specific medical specialities will receive a letter following a new patient assessment and again once treatment is complete specifying the results of the assessment, what the treatment consisted of and why.

9. Inadequate or inappropriate referrals

A referral which does not meet the service criteria will be returned to the referrer with a completed 'rejection of referral' form or letter. The referring clinician is then responsible for either improving the details/clarity of the referral to enable acceptance, or providing the care themselves. The referring clinician is responsible for contacting the patient to inform them of the delay in making an appointment.

If the referring dentist feels that they could treat the patient if they had some additional skills or training, the Postgraduate Deanery may be able to make additional training available in some specialties.

10. Patients not attending appointments

10.1 Patients not attending new patient appointment

If a patient fails to attend a new patient appointment, the computer system is checked for patterns of failure to attend and any Safeguarding alerts. Unless there are some specific reasons not to, the patient is then discharged back to the referring clinician. If discharged, a letter is written to the referrer and a copy sent to the patient/parents, and other medical staff where identified. If there is a concern, the referrer will then need to refer the patient again. The set time scale of being seen within 18 weeks will then start again.

10.2 Patients not attending a treatment appointment

If a patient fails to attend a treatment appointment which they have confirmed, the notes are reviewed by a clinician and unless there is concern for a patient, the patient is not offered another appointment and will be discharged back to the referring clinician. If there is a concern, the referrer will then need to refer the patient again.

11. Patient information and charges

There is a range of patient information on the website. This includes maps, transport options, disabled access information, car parking and a wide range of patient information leaflets.

Patients are not charged for any services provided by Consultant led clinics or by undergraduate or postgraduate students. The only exception to this is for appliance repairs and replacements: within Child Dental Health, a charge is made for lost or broken orthodontic appliances, retainers and sleep apnoea appliances. Please call the Children's Dental Hospital reception for the fees.

Patients will pay normal NHS charges for the Dental Out of Hours Emergency Service and the Primary Care Dental Services Special Care.

INFORMATION ON DENTAL SERVICES

12. Dental Out of Hours Emergency Service

12.1 Speciality information

The service is provided to any patient whether NHS or private who require out of hours dental treatment outside of their normal dentist's opening hours, or are just visiting the area. Places and times of opening are below. To access this service, patients must phone 111. Triage will determine the patient's need and an appointment will be given if appropriate. Referral is not needed by a dentist.

Location	Opening Times - Weekdays	Opening Times - Weekdays and Bank Holidays
Charlotte Keel Health Clinic, Seymour Road, Easton, Bristol, BS5 0UA	Monday, Wednesday, Friday: 6pm - 8.30pm	Saturday: 9am - 4.30pm Sunday: 9am - 5pm Bank hols: as per Saturdays
Riverside Health Centre, James Street West, Bath, BA1 2BT	Monday, Wednesday, Friday: 6pm - 8.30pm	Saturday: 9am – 12.30pm Sunday: 9am – 1.00pm Bank hols: as per Saturdays except closed on Xmas day
Weston General Hospital, Grange Road, Uphill, Weston-Super-Mare, BS23 4TQ	Monday, Wednesday, Friday: 6pm - 8.30pm	Saturday: 9am - 12pm Sunday: 9am – 1pm Saturdays except closed on Xmas day

The cost of treatment for all services and clinics is the same as at any other NHS dental practice. Unless individuals are exempt from charges, for which proof is normally required, normal NHS charges apply. Charges will be payable at the time of treatment and need to be paid in full.

13. Emergency services for patients who do not have a regular dentist – service provided by undergraduate students

13.1 Speciality information

This is an emergency service for patients who do not have a regular dentist called the Primary Dental Care Unit. The unit's main objective is to teach undergraduate dental students. The service is available from Monday to Friday before 10.00am (doors open at 8.00am) and is provided by supervised dental students on a predominantly first come first served basis. A dentist does not need to refer a patient.

13.2 Accepted referral conditions

The service attempts to see all patients who attend but this is not always possible. Patients may have a long wait to see somebody. Children and those with severe oral dental problems are given priority. If a patient is accepted for assessment that day, they will either be allocated a patient treatment slot or asked to wait and see a nurse

who will either allocate a treatment slot or give advice as to where else the patient may be treated.

13.3 Patients who are not accepted for treatment

If patients are currently receiving treatment from a dentist we are unable to accept them for treatment unless the patient has a referral letter from the dentist.

14. Primary Care Dental Service Special Care

14.1 Speciality information

The Primary Care Dental Service Special Care provides dental care for people who are unable to access treatment from a general dentist because of special needs, or disabilities. The service employs dentists with special skills and the clinic bases are all suitable for people with disabilities and have a range of equipment such as hoists.

The Service is provided across Bristol, Bath and Weston-Super-Mare and referrals are welcome from dentists and a range of healthcare professionals, carers and relatives. Normal NHS dental charges will be applied unless proof of exemption is provided.

14.2 Accepted referral conditions

Special Care dentists provide treatment for the following:

- Patients with special or social care needs.
- Patients with moderate or severe learning disabilities.
- Patients with severe physical disabilities for whom access to a local dentist is impossible.
- Patients with severe management, behavioural, or psychological difficulties.
- Patients who are housebound.
- Patients with severe cognitive impairment.

To prevent the service from becoming overloaded by retaining too many patients under treatment, as many individuals as possible are referred back to their referring dentist for continuing care, especially where the associated disabilities would not normally preclude treatment where appropriate Care Plans will be provided.

NHS dental charges applied to all non-exempt patients.

14.3 Patient acceptance criteria for undergraduate trainee care

Patients within the above conditions may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

14.4 Patient acceptance criteria for postgraduate trainee care

Students may undertake more complex procedures under supervision.

14.5 Patients who are not accepted for treatment

- People with mild learning difficulties can generally be treated very successfully with their local dentist.
- People who are able to access routine oral care within the existing primary care setting.

14.6 Specific information that has to be included in the referral

Please use the referral form on the website: Special Care Referral Form

- Current and comprehensive medical history should be provided along with a list of current medications for the patient.
- Details of special care needs.
- Any information related to patients' mobility or their ability to physically attend appointments.
- Any information regarding carers and their contact details if appropriate.
- The patient / carer has been informed and agreed to this referral.
- As necessary proof of exemption from NHS dental charges.

15. Oral and Maxillofacial Surgery

15.1 Speciality information

Oral & Maxillofacial (OMF) Surgeons specialise in the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. OMF surgery is unique in requiring a dual qualification in medicine and dentistry, and is often seen as the bridge between medicine and dentistry, treating conditions that require expertise from both backgrounds such as head and neck cancers, salivary gland diseases, facial disproportion, facial pain, temporomandibular joint disorders, impacted teeth, cysts and tumours of the jaws as well as numerous problems affecting the oral mucosa such as mouth ulcers and infections. Ref: British Association of Oral and Maxillofacial Surgeons. www.baoms.org.uk

There is also an oral and maxillofacial pathology service which provides a routine diagnostic oral and maxillofacial, head and neck histopathology reporting service. We also provide a specialist referral service for oral and maxillofacial, head and neck pathology with specific expertise in:

- Salivary gland disease.
- Oral mucosal lesions.
- Odontogenic pathology.

15.2 Accepted referral conditions

Patients are accepted with the following conditions:

- Head and neck cancer.
- Cutaneous malignancy head and neck lumps.
- Salivary gland disorders (including cleft).
- Correction of facial deformity.

- Aesthetic facial and reconstructive surgery.
- Facial trauma surgery.
- Oral and dentoalveolar surgery.
- Temporomandibular disorder.

Further guidance is available from the Royal College of Surgeons: www.rcseng.ac.uk/

Guidance is available for managing patients who are taking warfarin and undergoing dental treatment.

www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60028&.

Specific information on the apical surgery, management of wisdom teeth, retained roots and temporomandibular disorders follows on from the end of this section.

15.3 Patient acceptance criteria for undergraduate trainee care

Patients outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

15.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

15.5 Patients who are not accepted for treatment

All of these conditions should be treated in primary care by the referring dentist.

- Routine extractions within the scope of a suitably qualified dentist.
- Referrals for the initial management of periapical pathology should be directed to restorative dentistry in the first instance following the guidance given under Restorative Dentistry – endodontics.
- Patients taking warfarin with INR < 3.5 to <4.0 for routine exodontia within the scope of a suitably qualified dentist.

15.6 Specific information that has to be included in the referral

Please use the referral form on the website: General Oral Surgery Referral Form. For any general extraction, biopsy, exposure/bonding, please use the form: General Oral Surgery Referral Form

- The radiograph must be of diagnostically acceptable quality. If the tooth is fully erupted a diagnostically acceptable radiograph is required. If tooth is partially erupted, a radiograph which justifies referral will be accepted (e.g. caries demonstrated in lower 7. A reason must be given if a radiograph is not included.
- Detail the tooth/ teeth on the chart provided. If the treatment required does not fit into any of the above categories then detail in the box provided.
- For general oral surgery, please state if for extraction or biopsy and details if patient is suitable for a local anaesthetic.

16. Oral and Maxillofacial Surgery: Apical Surgery

16.1 Speciality information

Apical surgery can be required when the top of a teeth's' roots (the apex) develops an infection which won't respond to root canal treatment. A procedure called an apicectomy, can be used to remove the infection and seal the top of the root.

Further information and some diagrams can be seen on the advice sheet from the British Association of Oral Surgeons.

<http://www.baos.org.uk/resources/Apicectomy1.pdf>

16.2 Accepted referral conditions

Referral may be necessary where:

- Presence of peri-radicular disease in a tooth filled adequate tooth. If the root filling is poor re-root filling will be attempted. If this is not possible (obliterated canals, post etc, apicectomies may be considered but the prognosis is worse.
- Biopsy of peri-radicular tissue is required e.g odontogenic cysts and other pathological conditions.
- Managing root perforations crack.

16.3 Patient acceptance criteria for undergraduate trainee care

Patients outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

16.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

16.5 Patients who are not accepted for treatment

- Mandibular teeth 5 to 5 are not good candidates for apicectomy due to the risks to the nerve, thickness of the bone and poor access. The general advice is to extract.
- Multi-rooted teeth for apicectomy unless exceptional circumstances. The general advice is to extract.

16.6 Specific information that has to be included in the referral

Please use the referral form on the website: Apical Surgery Referral Form

- Detail the tooth requiring assessment for apicectomy and the reason why.
- Assessment of the periodontal tissues and oral hygiene must be recorded.

- Probing depths & recession must be recorded.
- Endodontic history
- Type of coronal restoration present and comment on soundness.

17. Oral and Maxillofacial Surgery: Management of Third Molars (wisdom teeth)

17.1 Speciality information

Wisdom teeth or 'third molars' are the last of adult teeth to appear. Some people develop problems with their wisdom teeth for a variety of reasons, most commonly the reason is that there isn't enough space for them to fully erupt. This causes them to be 'impacted'. If a wisdom tooth is impacted, it can cause problems cleaning them which can lead to infection, or 'pericoronitis'. They can also develop decay, suffer from cyst formation or sometimes cause decay in the next tooth.

Further information is from the British Association of Oral Surgeons. www.baos.org.uk/resources/RemovalofWisdomTeeth.pdf

17.2 Accepted referral conditions

Patients are only accepted when it is stated clearly in the referral form that they conform to these guidelines below.

Scottish Intercollegiate Guidelines Network:
www.sign.ac.uk/guidelines/fulltext/43/index.html

Royal College of Surgeons:
www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/ncg97.pdf

17.3 Patient acceptance criteria for undergraduate trainee care

Patients may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

17.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

17.5 Patients who are not accepted for treatment

- Patients whose condition does not comply with the above guidelines

17.6 Specific information that has to be included in the referral

Please use the referral form on the website: Extraction of Wisdom Tooth Referral Form

- State how the patient conforms to the above guidelines.

18. Oral and Maxillofacial Surgery: Retained Roots

18.1 Speciality information

A retained root fragment can give rise to symptoms and could need to be removed.

18.2 Accepted referral conditions

Referral to the specialty may be necessary where:

- Removal of the root is difficult e.g. because of proximity to the inferior dental nerve.
- Previous attempts at extraction in dental practice have failed.
- Patients have had radiotherapy to head and neck.

18.3 Patient acceptance criteria for undergraduate trainee care

Patients may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

18.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

18.5 Patients who are not accepted for treatment

Where the radiograph and information provided supports the treatment of the patient in primary dental care.

18.6 Specific information that has to be included in the referral

Please use the referral form on the website: General Oral Surgery Referral Form.

19. Oral and Maxillofacial Surgery: Temporomandibular Disorders (TMD)

19.1 Speciality information

Temporomandibular disorder (TMD) is a problem affecting the 'chewing' muscles and the joints between the lower jaw and the base of the skull.

19.2 Accepted referral conditions

The majority of patients can effectively be managed by the general dentist - see details in 19.7. Patients should be managed in this way before considering referral as many will be readily responsive to treatment or symptoms may be self-limiting. In the absence of potential dental problems or any evidence provisionally suggesting TMD patients with chronic facial pain should be referred to Oral Medicine.

Patients with TMD are accepted with the following conditions:

- Unsuccessful treatment.
- Psychological distress.
- Occlusal preoccupation.

- Disc displacement without reduction (closed lock).

19.3 Patient acceptance criteria for undergraduate trainee care

Patients are not generally accepted for undergraduate trainee care.

19.4 Patient acceptance criteria for postgraduate trainee care

Patients are not generally accepted for undergraduate trainee care.

19.5 Patients who are not accepted for treatment

Patients will not be accepted for TMD treatment if the following criteria have not been satisfied/completed:

- Patients where the condition has not been initially managed by their dentist.

19.6 Specific information that has to be included in the referral

Please use the referral form on the website: Temporomandibular Disorder Referral Form.

19.7 Information on treatments to have been undertaken before referral

Many patients with a diagnosed TMD can effectively be managed in general dental practice using straightforward conservative measures such as a combination of explanation, reassurance, remedial jaw exercises and a soft splint.

Prior to referral dentists should provide these conservative measures for the patient with a clear explanation of the nature of the condition affecting the TMJs and jaw muscles as there is now evidence that this helps ease the patient's anxieties during subsequent management.

Advice on diagnosis, patient explanation and jaw exercise sheets can be downloaded from: www.ncl.ac.uk/dental/AppliedOcclusion

20. Oral Medicine

20.1 Speciality information

Oral Medicine is concerned with the oral health care of patients with chronic, recurrent and medically related disorders of the oral and maxillofacial region, and with their diagnosis and non-surgical management. The emphasis is on conditions that are primarily managed without the need for surgery.

In some cases mouth symptoms can suggest a connection with disease or problems in other parts of the body and it is the Oral Medicine specialist who can best decide what tests or investigations are needed in these situations. Some of these conditions

also involve other diseases in the body, and in these cases the oral medicine specialist works as part of a multi-disciplinary patient care team.

Conditions managed in Oral Medicine are often chronic and may have a significant psychological, as well as physical impact on the patient's quality of life. The scope of Oral Medicine practice includes disorders of:

- Oral soft tissues (mucosa, tongue, lips)
- Salivary glands
- Neurological dysfunction including non-dental related pain

Definition extracted from "What is Oral Medicine? ": bsom.org.uk

20.2 Accepted referral conditions

Urgent Referrals: The following is a guide and the list is not exhaustive. When referring, clinicians should consider the underlying rationale for urgency and describe this in the referral. For all of these conditions, if malignancy is suspected, please use the fast track procedure.

- Patients with acute widespread oral ulceration.
- Patients with a chronic oral mucosal ulceration.
- Patients with suspected acute salivary gland pathology.
- Patients with suspected facial numbness.
- Patients with suspected facial palsy.
- Patients with suspected acute oral mucosal infections.
- Patients with suspected acute oral manifestations of systemic disease.
- Patients with suspected trigeminal neuralgia.

Please note the list below is 'live' and is subject to amendment dependent on the capacity available and the wait times. Items below marked * may be of a lesser priority when there is limited capacity. As per the information given in section 7, please see website.

Patients are accepted for routine referrals with the following conditions:

- Persistent (lasting more than two weeks), chronic or recurrent oral ulceration.
- Lumps and swellings of the oral cavity.
- White and red patches (including lichen planus and oral submucous fibrosis).
- Any oral lesions suggestive of potentially malignant/ malignant oral disease.
- Stomatitis (including candidosis) and cheilitis (or cheilosis).
- Pigmentary conditions of the oral mucosa.
- Mucosal manifestations of systemic disease including HIV infection.
- Patients complaining of numbness in the oral and maxillofacial region.
- Oral mucosal and related pathology.
- Facial pain and burning mouth symptoms requiring medical management.
- Patients complaining of a dry mouth or other symptoms related to salivary gland disease requiring a diagnosis and/or medical management.
- Allergies and adverse reactions to dental materials.
- *Patients complaining of taste disturbances and oral dysaesthesia.
- *Patients complaining of halitosis in whom all dental/ periodontal causes have been eliminated.

- *Patients complaining of medically unexplained oral symptoms.

20.3 Patient acceptance criteria for undergraduate trainee care

Patients within the above priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

20.4 Patient acceptance criteria for postgraduate trainee care

Students may undertake more complex procedures under supervision.

20.5 Patients who are not accepted for treatment

- Clinical referral not within scope of practice outlined above
- When a referral for the same complaint has been organised for the patient to an allied speciality.
- Patients where dentist has not treated caries and periodontal disease.

20.6 Specific information to be included in the referral

Please use the referral form on the website: Oral Medicine Referral Form

- If relevant, the radiograph must be of diagnostically acceptable quality and clinical pictures should be included if possible in the referral to aid triaging.
- If concern that a lesion is malignant exists then the referral should be sent as a red flag/ 2 week wait/ fast track cancer referral using the appropriate forms as per BDH website as consistent with NICE Head & Neck Cancer Referral Guidance.

20.7 Information on treatments to have been undertaken before referral

- Dentist must have treated routine dental pathology such as caries and periodontal disease.
- Key details about the patient, any lesion and the clinical diagnosis in order to prioritise an appointment.

21. Restorative Dentistry

21.1 Speciality information

Restorative Dentistry includes specialist care and advice in the rehabilitation of oral function and dento-facial appearance. Priority patient groups which are treated include those recovering from oral cancer, those born with very few teeth or oral defects (cleft palate), those subject to significant trauma and those requiring special care. Restorative dentistry provides specialist care and advice in the restoration of the bite and teeth both from a functional and aesthetic point of view. The bite and teeth may have been damaged as a result of dental disease, tooth wear, tooth loss, trauma or treatment for diseases such as cancer. Restorative Dentistry consists of several component specialities namely: prosthodontics (including dental implantology), endodontics and periodontology. Details for these specific areas

follow on from this section. Guidelines for occlusal and temporomandibular dysfunction disorders are in the Oral Surgery section.

21.2 Accepted referral conditions

Most referrals will be accepted for advice and treatment planning only. If this is not indicated on the proforma we may ask you to clarify this. Those patients who are accepted for treatment will be expected to have a general dental practitioner who is willing to assume responsibility for their continuing dental care and to participate fully in items of treatment as deemed necessary by a Consultant in Restorative Dentistry. Patients will only be accepted where we have capacity to care for them. Most patients will be discharged back to their general dental practitioners with a treatment plan or once that treatment we have offered to undertake is completed.

Priority patients include those recovering from oral, head and neck cancer, those born with very few teeth or oral defects (cleft palate), and those subject to significant trauma and those requiring special care. Conditions include:

- Head and neck cancer: reconstruction of the oral and dental tissues after cancer surgery and radiotherapy
- Cleft lip and palate: a condition resulting in a localised failure of the lip, palate and dental tissues to develop. Reconstruction of the dental tissues is required after cleft surgery and orthodontics.
- Congenitally missing teeth (Hypodontia): a condition in which some or all of the teeth and supporting tissues fail to develop and grow. Reconstruction will often require a combined orthodontic and restorative treatment approach.
- Dental and facial trauma: reconstruction of the oral and dental tissues following loss through accidental injury
- Dental anxiety (fear) and phobia: provision of dental treatment in a caring and sympathetic way, which may include adjunctive sedation or general anaesthesia.
- Oro-facial pain: a range of conditions resulting in discomfort in the dental or jaw tissues. Investigation, diagnosis and treatment.
- Chronic Severe and Aggressive Periodontal Disease associated with systemic disease.
- Toothwear: damage to the teeth caused by tooth grinding, acid or other substances. Restoration of the teeth to improve appearance, function and long-term survival.
- Missing and broken down teeth: where specialist advice or treatment is required to restore appearance and function.
- Medically compromised: e.g. haemophilia, immunocompromised, organ transplant, infective endocarditis and those requiring intravenous antibiotic cover.

21.3 Patient acceptance criteria for undergraduate trainee care

Patients outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral. Patients need to be able to attend lengthy appointments and must not have complex medical or behavioural problems.

21.4 Patient acceptance criteria for postgraduate trainee care

On occasions the dental hospital is able to accept patients, who are outside the normal patient priority groups. This is dependent upon the educational needs of the postgraduate clinical training programmes and cannot be guaranteed to be available.

21.5 Patients who are not accepted for treatment

- Patients falling outside of the priority groups mentioned above.
- Patients who do not fulfil criteria for undergraduate and postgraduate student treatment.
- Patients with poor oral hygiene.

NB: We can offer advice and planning for care if not accepted for treatment.

21.6 Specific information that has to be included in the referral

Please use the referral form on the website: Restorative Referral Form.

- The radiograph must be of diagnostically acceptable quality. A reason must be given if a radiograph is not included.

21.7 Information on treatments to have been undertaken before referral

- A good standard of oral hygiene is required.
- A summary of recent interventions with details of treatment.

22. Restorative Dentistry: Removable Prosthetics

22.1 Speciality information

Removable prosthetics includes replacing missing teeth by removable dentures. The majority of treatment is normally provided within general dental services but some complex situations require specialist management.

22.2 Accepted referral conditions

All patients referred to the department should have good oral health, have no active caries or incomplete restored teeth. Attempts must have been made to alleviate problems associated with dentures that have been provided by the dentist in the past few months. Patients are accepted with the following conditions:

- Edentulous patients with severe/chronic denture intolerance.
- Patients with residual ridge class IV, V, VI.
- Patients with severe jaw discrepancies may be considered for treatment.

22.3 Patient acceptance criteria for undergraduate trainee care

Patients outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

22.4 Patient acceptance criteria for postgraduate trainee care

On occasions the dental hospital is able to accept patients, who are outside the normal patient priority groups. This is dependent upon the educational needs of the postgraduate clinical training programmes and cannot be guaranteed to be available.

22.5 Patients who are not accepted for treatment

Patients referred for the rectification of problems or replacement of crown and bridgework or veneers not provided by the Dental Hospital will not be accepted for treatment except when the case would be suitable for training purposes.

22.6 Specific information that has to be included in the referral

Please use the referral form on the website: Restorative Referral Form.

- The radiograph must be of diagnostically acceptable quality.

22.7 Information on treatments to have been undertaken before referral

- A good standard of oral hygiene is required.
- A summary of recent interventions with details of treatment.

23. Restorative Dentistry: Endodontics

23.1 Speciality information

Endodontic (root canal) problems include disease inside the teeth. Patients who may benefit from surgical endodontics should be referred to the Department of Restorative Dentistry and **not** Oral Surgery in the first instance.

23.2 Accepted referral conditions

Patients are accepted with the following conditions:

- Patients at medical risk from tooth extraction and with complex endodontic needs e.g. bisphosphonate treatment, post-radiotherapy.
- Primary treatment of functionally and aesthetically important teeth, with complex endodontic needs, with a strong long-term prognosis with generally with a minimum 2mm of coronal tissue above gingival level and prognosis for endodontic intervention is better than extraction and prosthetic replacement.
- Management of dental trauma and its consequences, including root resorption.
- Investigation of atypical pain that is likely to be associated with endodontic cause.
- Investigation of suspicious pathology that is likely to be associated with endodontic cause.

23.3 Patient acceptance criteria for undergraduate trainee care

Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral. These include:

- Uncomplicated initial root canal treatment of anterior, premolar and molar teeth.
- Teeth which have been accessed and minimally instrumented for emergency pain relief are acceptable.

Teeth should be: restorable and accessible and uncomplicated to instrument. Patients should be in good general health and aware of and able to commit to treatment over several, lengthy appointments.

23.4 Patient acceptance criteria for postgraduate trainee care

On occasions the dental hospital is able to accept patients, who are outside the normal patient priority groups. This is dependent upon the educational needs of the postgraduate clinical training programmes and cannot be guaranteed to be available.

23.5 Patients who are not accepted for treatment

- If the tooth is unrestorable.
- If the tooth is of poor prognosis.
- If the mouth has been poorly maintained.
- Poorly maintained mouths ie poor oral hygiene, active caries and/or periodontal disease which is unmanaged.
- Treatment will not be offered for third molars unless there is a compelling need for their preservation on local dental (e.g. avoidance of a free-end saddle situation) or systemic (e.g. avoidance of extractions in patients taking bisphosphonates) grounds.

23.6 Specific information that has to be included in the referral

Please use the referral form on the website: Restorative Referral Form.

- The radiograph must be of diagnostically acceptable quality.
- BPE score.
- An important reason to retain a tooth.
- Confirmation that the tooth has good periodontal and restorative status.

23.7 Information on treatments to have been undertaken before referral

- A summary of recent interventions with details of treatment to the pulp or root canal and planned final restorative care.

24. Restorative Dentistry: Periodontics

24.1 Speciality information

Periodontics is a range of diseases of the gum and bone supporting the teeth.

Patients accepted for periodontal treatment should continue to see their own dentist for their routine dental examinations and treatment. On completion of periodontal treatment, pre- and post-treatment charts will be sent to the dentist for information to inform the future monitoring and maintenance of the patient. A maintenance programme of periodontal care with a recommended recall interval with the referring dentist will be suggested.

24.2 Accepted referral conditions

Patients will only be accepted if the specific problem is beyond the scope of a general dental practice. Patients are accepted with the following conditions:

- Basic Periodontal Examination (BPE) scores of 4 (The score must be quoted on all referrals).
- Aggressive onset periodontitis.
- Chronic adult periodontitis should only be referred if they have received treatment from their referring dentist or hygienist which includes: oral hygiene instructions (OHI) with interdental cleaning; non-surgical surface debridement (RSD) requiring local anaesthesia; monitoring vis to assess OHI and RSD; if a smoker, encouragement to stop otherwise treatment outcome will be poor.
- Medical conditions, medication histories or syndromes that directly affect periodontal status such as: uncontrolled diabetes; patients with drug-induced gingival enlargement; idiopathic gingival fibromatosis; necrotising periodontitis; and blood disorders.
- Patients requiring inter- discipline treatment planning.
- Mucogingival problems, gingival recession or other periodontal defects for which surgery may be indicated.
- Periodontal-endodontic lesions.
- Smoker whose treatment response has been poor may be re- referred if they have stopped for longer than six months.

24.3 Patient acceptance criteria for undergraduate trainee care

Patients within and outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

24.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

24.5 Patients who are not accepted for treatment

- Patients with poor oral hygiene or who are non responsive to, or non compliant with initial hygiene phase therapy provided by their dentist.
- Patients with BPE scores of 3 or less.
- Irregular dental attenders.
- Re- referral should not be made if disease recurrence results from failure to comply with oral hygiene instruction.

24.6 Specific information that has to be included in the referral

Please use the referral form on the website: Restorative Referral Form.

- Comprehensive periodontal charting (full pocket and recession) or BPE scores.
- The radiograph must be of diagnostically acceptable quality.
- Evidence of longitudinal monitoring of patients for whom there appears to be periodontal deterioration.
- Cessation of smoking confirmed.
- Confirmation that appropriate primary care has been completed.

24.7 Information on treatments to have been undertaken before referral

- A good standard of oral hygiene instruction with particular emphasis on interdental cleaning.
- Supragingival scaling.
- Subgingival scaling/root surface debridement to all areas of pocketing of 5mm or greater. This requires local anaesthesia.

25. Restorative Dentistry: Dental Implants

25.1 Speciality information

Dental Implants are titanium metal posts surgically implanted in the jaw bone to support fixed or removable dental prostheses

25.2 Accepted referral conditions

Patients must be medically well, non-smokers with no active dental disease, and be able to demonstrate a good standard of oral hygiene.

Funding for this procedure is usually limited to the following patient groups as directed by NHS England (South):

- Rehabilitation of oncology (head & neck cancer) patients where there is a significant oral and dental tissue defect.
- Significant developmental anomalies such as Hypodontia (congenital absence of teeth), cleft lip & palate and severe tooth structure defects.
- Severe oro-facial trauma where there is a significant oral and dental tissue defect.

Funding for patients falling outside of the above groups requires an NHS Individual Funding Request (IFR) process via NHS England (South). Following completion of implant treatment, it is our usual practice to discharge patients for ongoing follow up in primary dental care.

25.3 Patient acceptance criteria for undergraduate trainee care

Patients are not accepted for undergraduate care.

25.4 Patient acceptance criteria for postgraduate trainee care

There is currently no additional funding for patients to be treated via our postgraduate teaching programmes. Treatment is limited to the priority patient groups as outlined above.

25.5 Patients who are not accepted for treatment

- Completion of implant treatment commenced outside of the NHS.
- Maintenance of implants and implant restorations provided outside of the NHS except for management of acute infection.

25.6 Specific information that has to be included in the referral

Please use the referral form on the website: Restorative Referral Form.

- Available radiograph(s) must be of diagnostically acceptable quality.
- Confirmation that the patient is a non-smoker.

25.7 Information on treatments to have been undertaken before referral

- Excellent plaque control.
- All alternative treatment to have been tried prior to referral for assessment.

26. Special Care Dentistry

26.1 Speciality information

Special Care Dentistry is involved with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors. It is for adolescents and adults.

26.2 Accepted referral conditions

Referrals are for:

- Patients with special or social care needs.
- Patients with moderate or severe learning disabilities.
- Patients with severe physical disabilities for whom access to a local dentist is impossible.
- Patients with severe management, behavioural, or psychological difficulties.
- Patients who are housebound.
- Patients with severe cognitive impairment.
- Patients with a complex and compromised medical history for whom dental treatment in the GDS might compromise their general health.
- Patients undergoing or due to commence Oncology treatment.
- Patients with hereditary or acquired coagulation defects.
- Patients with a suppressed or defective immune system.
- Patients requiring specialised sedation or GA facilities for provision of oral care with regard to their special needs.

This is not an inclusive list of all the relevant criteria and each referral will be carefully assessed for its individual appropriateness for the speciality. Continuing care is provided for patients at the Bristol Dental Hospital where needed or if suitable they will be seen in a community setting by primary care dental service special needs.

26.3 Patient acceptance criteria for undergraduate trainee care

Patients within the above conditions may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral.

26.4 Patient acceptance criteria for postgraduate trainee care

Students may undertake more complex procedures under supervision.

26.5 Patients who are not accepted for treatment

Patients who are able to access routine oral care within the existing primary care dental practice.

26.6 Specific information that has to be included in the referral

Please use the referral form on the website: Special Care Referral Form

- The patient / carer has been informed and agreed to this referral.
- Details of special care needs.
- A current and comprehensive medical history should be provided along with a list of current medications for the patient.
- Any information pertaining to patients' mobility or their ability to physically attend appointments.
- Any information regarding Carers and their contact details if appropriate.

26.7 Information on treatments to have been undertaken before referral

There are none applicable.

27. Paediatric Dentistry

27.1 Speciality information

Paediatric dentistry aims to improve oral health in children and encourage the highest standards of clinical care. It includes care of children through to their 16th birthday and provides comprehensive and therapeutic oral healthcare for infants and children through adolescence, including those with special healthcare needs.

27.2 Accepted referral conditions

Patients are accepted with the following conditions:

- Medically compromised- e.g. ASAll, organ and BM transplant, immunosuppressed, AIDS, cystic fibrosis, leukaemia, haemophilia, complex cardiac.
- Special needs with behavioural problems such as autism, CP, ADHD etc that need a general anaesthetic for dental treatment.
- Recent dento- alveolar trauma requiring urgent attention.
- Complex dento- alveolar trauma e.g. root fracture, immature root.
- Tooth structural defects such as amelogenesis imperfecta, dentinogenesis imperfecta, enamel hypoplasia, MIH.
- Severe erosion/attrition.
- Dental anomalies such as hypodontia and supernumerary teeth.
- Minor dento-alveolar surgery.
- Dental care for children with cleft lip and palate and other facial anomalies.
- Early onset periodontal disease.
- Pathology of hard or soft tissue.
- Mild medical condition- e.g. severe asthma, uncontrolled epilepsy, ASAll, cardiac abnormalities.
- Management of caries in children under 3 years of age.
- Patients over 4 years of age needing GA and multiple extractions.
- Patients needing GA for dental treatment when conventional behaviour management techniques have failed.
- Children with severe anxiety or phobia.
- Children with multiple caries where all options in primary care have been explored prior to referral.
- Simple extractions under LA in children with complex medical histories.

Lower priority cases include the following which may be seen by the undergraduates, dental care therapists and specialist registrars.

- Management of the carious dentition
- Anxious children
- Management of simple trauma

Emergency attendance (walk-in)

Children should seek care from their own dentist in the first instance. If this is not possible, all children are directed to the Dental Hospital if they attend as an emergency Monday to Friday when the hospital is open. This would be for the following conditions.

- Children with facial cellulitis
- Bleeding
- Complex dental trauma that has occurred that day

27.3 Patient acceptance criteria for undergraduate trainee care

Patients outside of these priority groups may be taken on by the undergraduate students during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral. Please see list above.

27.4 Patient acceptance criteria for postgraduate trainee care

Students will undertake more complex procedures under supervision.

27.5 Patients who are not accepted for treatment

- Children after their 16th Birthday.
- Children who require routine restorations, oral hygiene instruction and preventive care that should be attempted in the primary care setting.
- All fit and healthy children of school age should have had some form of treatment attempted prior to referral to specialist services. This could include temporary dressings or acclimatisation and behaviour management, OHI and diet advice.
- Children (under 16) referred for intravenous sedation. This is not provided by the Department of Child Dental Health. We can provide inhalational sedation or a general anaesthetic for appropriate cases according to the acceptance criteria.
- Routine orthodontic extractions of premolar teeth under general anaesthetic, inhalation sedation or local anaesthetic
- Routine single tooth extractions under general anaesthetic.
- Labial or lingual frenectomies in young children who cannot have the procedure carried out under local anaesthetic
- Simple composite restorations of adult incisor teeth which have had minimal enamel dentine fractures
- Routine molar RCT in older co-operative children
- Routine single canal RCT in co-operative older children

27.6 Specific information that has to be included in the referral

Please use the referral form on the website: Paediatric Dentistry and Orthodontics Referral Form/Paediatric General Anaesthetic Referral Form.

- Justification for general anaesthetic.
- Sickle cell status.

27.7 Information on treatments to have been undertaken before referral

Children requiring treatment under general anaesthetic need to have treatments carried out as per the General Dental Council Guidelines.

28. Orthodontics

28.1 Speciality information

Orthodontics involves the growth and development of the facial structures and the dentitions. It includes the management of dental crowding, ectopic teeth, missing teeth (hypodontia), other dental anomalies and craniofacial anomalies.

Consultant

- Multidisciplinary referrals.

- Combined orthodontic care in association with paediatric dentistry / restorative dentistry / oral and maxillofacial surgery / oral surgery.
- Patients requiring multidisciplinary management as a result of craniofacial anomalies or developmental anomalies, as opposed to dental disease.
- Sleep apnoea on tertiary referral.

Second opinions

- As requested, following a previous orthodontic consultation.

Important

All new patients should be referred only if they fulfil the criteria below:

- The patient should be referred at the appropriate age.
- The patient's dental care must be adequate. Excellent oral hygiene and careful diet control are essential before any orthodontic appliances are placed in the mouth. If these fundamental criteria are not met then severe periodontal and tooth damage can occur during treatment.
- Caries under control in all cases, except when advice is being sought on extractions – for example the interceptive extraction of first molar teeth.
- Patient motivation, if it is considered that appliances, either removable or fixed, are needed this should be discussed with the patient prior to referral. There is little point referring a patient who is not prepared to wear an appliance.

Replacement retainers

We are unable to replace / repair retainers free of charge. If requested we can provide replacement retainers or repair fixed retainers but a charge will be incurred by the patient.

28.2 Patient acceptance criteria for undergraduate trainee care

Please be aware that we only able to arrange for a consultation regarding the suitability of orthodontic treatment. We cannot, however, guarantee that we would be able to provide this treatment within one of our teaching clinics

Patients outside of these priority groups may be taken on by the undergraduate training during clinical term-time. Suitable cases may be accepted for treatment, dependant on the needs of the undergraduate teaching programme at the time of referral. This may include patients requiring interceptive orthodontic treatment.

28.3 Patient acceptance criteria for postgraduate trainee care

- Orthodontic treatment referrals, if the patient is under the age of 18 years, and qualifies under the IOTN criteria.
- Transfer of patients in appliances if patient has started treatment in secondary care elsewhere.
- Interceptive orthodontic advice and treatment.

Acceptance, and the timing of treatment, is influenced by the teaching cycle of the postgraduate students, which runs over a 3 year period.

28.4 Patients who are not accepted for treatment

- Adult patients apart from those needing multidisciplinary care.
- Sleep apnoea patients who have not been assessed by the respiratory team.

28.5 Specific information to be included in the referral

Please use the referral form on the website: Paediatric Dentistry and Orthodontics Referral Form.

- Reason for referral – utilising the IOTN criteria where appropriate.
- If relevant, the radiograph must be of diagnostically acceptable quality.

28.6 Information on treatments to have been undertaken before referral

- Previous dental history which would include an indication of teeth with a poor long-term prognosis, previous orthodontic consultations/ treatment and any previous history of dental trauma.

29. Radiology

29.1 Speciality information

The department provides a full range of maxillofacial and dental radiography. This includes intraoral radiography e.g. periapical, occlusal and bitewing views, extraroral radiography - dental panoramic tomography, cephalometric skull radiography (orthodontic and orthognathic views), conventional skull and facial views including sinus views.

29.2 Accepted Referral Conditions

It is a legal requirement under Ionising Radiation (Medical Exposure) Regulations 2000 - IR (ME) R - that all examinations which include exposing patients to ionising radiation (i.e. X-rays, fluoroscopic studies, CT, nuclear medicine) be clinically justified.

Helpful guidance regarding the most appropriate radiological investigation, be that involving ionising radiation or radiation free (ultrasound, MRI), can be found in the Royal College of Radiologists publication

Making the best use of a Department of Clinical Radiology, iRefer 7th Edition (MBUR7). www.rcr.ac.uk/content.aspx?PageID=995

29.3 Specific information that has to be included in the referral

Please use the referral form on the website: Radiology Referral Form

- Full patient information and clinical details must be specified on the request otherwise legally the procedure cannot be performed.