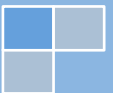


Guidance for Referrals to Dental Specialty Services

Special Care Dentistry 2019

Patients should be referred using these guidelines if
they require specialist special care dental services

Lancashire and South Cumbria Special Care Dentistry
Clinical Network



Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Preface

This booklet is one of a series of guidance documents produced by the Clinical Networks for the Lancashire and South Cumbria Local Area Team of NHS England to guide Referrers through the process of referring patients to Dental Specialties.

For correspondence relating to this guidance please contact:

Central Lancashire, East Lancashire and Blackburn with Darwen:

Central Administration Point
Lancashire Care Dental Service
St Peters Centre
Church Street ,
Burnley
BB11 2DL
Tel: 01254 283350
Email: lcn-tr.scdreferrals@nhs.net

North Lancashire:

Dental Triage
Morecambe Dental Centre
Queen Victoria Centre
Lancaster
LA4 5NN

Tel: 01524 406711
Email: BFWH.dental.north@nhs.net

For Blackpool

Dental Department
Whitegate Drive Health Centre
158 Whitegate Drive Health Centre
Blackpool
FY3 9ES
T: 01253 953034
Email: BFWH.dental.referral@nhs.net

For Lancashire Teaching Hospitals NHS Foundation Trust

The Call Centre
Preston Business Centre
Watling St Road
Fulwood
Preston
Lancashire
PR2 8DY
T : 01772 524555
Email : outpatients@lthtr.nhs.uk

DO NOT send referrals to these addresses

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

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Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

1.0 Introduction

SCD is concerned 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. The specialty focuses on adolescents and adults only and includes the important period of transition as the adolescent moves into adulthood.

Individuals presenting with such an impairment or disability will often have additional needs which healthcare professionals should try to meet so that they have equitable oral health outcomes in terms of self-esteem, appearance, social interaction, function and comfort. It is a diverse client group with a range of disabilities and/or additional needs and includes people living at home, in long-stay residential care and secure units.

The management and prevention of oral disease is the responsibility of everyone involved in the care of patients with additional needs, including the dental team, health care professionals, carers, social services and the voluntary sector. Referrals to SCD can be made by dental and medical practitioners and other professionals who are providers of health and social care.

This document outlines the referral process for adult patients (over 16-years old) to the Dental Specialty of Special Care Dentistry (SCD). This specialty provides and enables the delivery of oral care for people with an impairment or disability who cannot receive dental treatment with their own General Dental Practitioner (GDP). Unless the patient has complex disabilities and impairments, referral for advanced restorative treatment will not be accepted.

Aim

The aim of this referral process is to ensure that patients are seen at the right time, in the right place, by the right person.

All Referrers must complete the SCD Adult Referral Form (Appendix 1) using the guidance in this document. Referrals will be administered centrally (by the Referral Management Centre RMC) and sent for Managed Clinical Network consultant led clinical triage. The triaging dentist will assign patients for care based on the additional needs described in the referral form.

Patients will be allocated to the appropriate care setting to meet their needs and may not be the setting chosen by the patient or referrer. This depends on the clinical information provided, medical history and any other information provided within the referral form.

The guidance is presented in colour-coded sections that match the referral pathway flow chart (Figure 1). It covers the following:

Section 2.0 Which patients can be referred to SCD? (blue)

Section 3.0 How can I refer my patient to SCD? (pink)

Section 4.0 How do I send the referral form? (orange)

Section 5.0 What happens when the referral is sent? (green)

Section 6.0 What do I tell my patient? (purple)

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Notes for Referrers

Who can I refer?

Adults (over 16 years old) with additional needs that prevent them receiving dental care in General Dental Practice (GDP).

How can I refer?

Complete the referral form online using the RMC system

The online system is the easiest way to refer your patients and will provide a tracking number and will always have the latest version of the form and guidance notes.

If you need access to the system you can apply for an account at www.dental-referrals.org or email at the address above.

If you are using the Word versions of the form the completed referral form and any relevant electronic radiographs must be sent using a secure nhs.net e-mail account to: d.referrals@nhs.net

Postal referrals will be accepted and should be sent to:

Dental Referral Management Centre

6 The Offices

Stannian Fold

Pool Lane

Lymm

Warrington

WA13 9AB

Wet films can be sent recorded delivery to the RMC where they will be scanned and films returned. A free scanner is available for dental practices with wet films.

Important: For patients without a dentist requiring urgent care please contact the Dental Helpline on 0300 1234 010

Patients under the regular care of a Dentist must be referred by their Dentist.

Urgent care remains the responsibility of the referring dentist.

To ensure the best care for patients the Referrer must follow the guidance in this document. If in doubt please contact the service providers for advice.

Incomplete or incorrectly completed forms will be returned to the Referrer.

Referring a patient to SCD does not guarantee that the patient will be accepted for care in the Service. Dentists are reminded of their obligations to provide mandated services under their contractual agreement.

NHS England will monitor referrals including those requesting procedures considered within the generally accepted competence of a Primary Care Dentist.

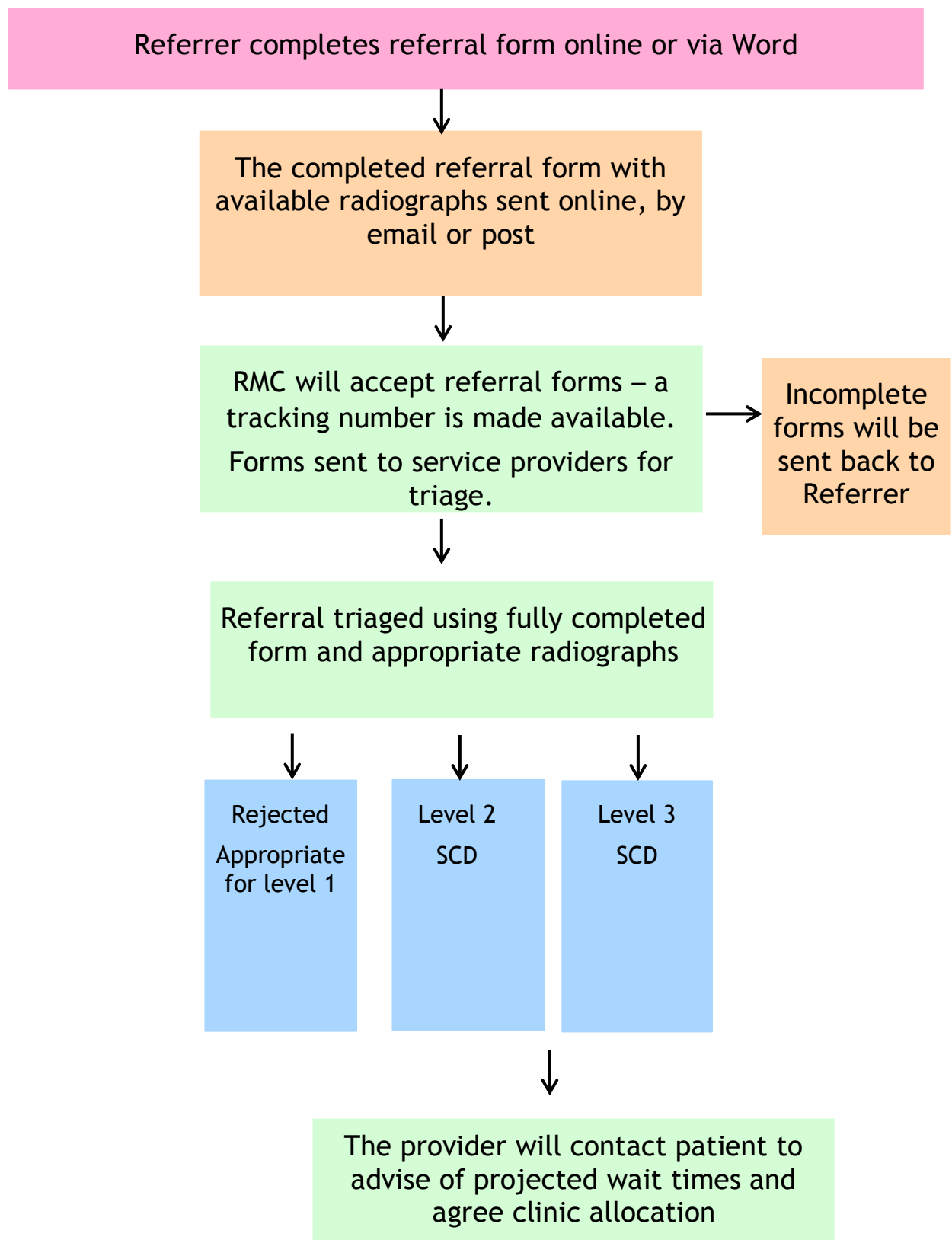
Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

You must not use this system to refer children. Referrals for children must be made using the paediatric referral pathway.

Patients requiring Minor Oral Surgery procedures should be referred for management in Minor Oral Surgery.

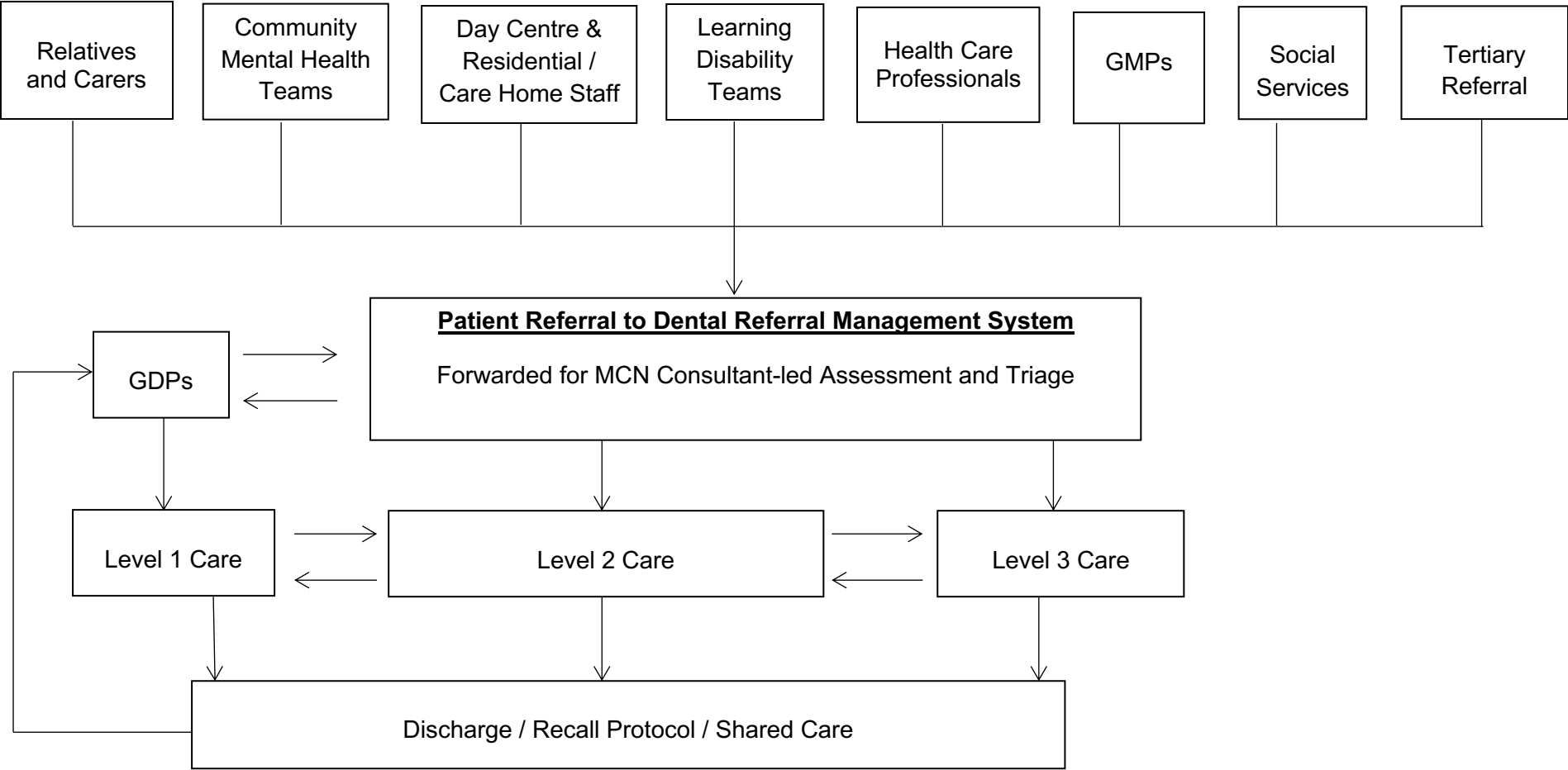
Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Figure 1 - Special Care Dentistry Adult Referral Pathway



Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Figure 1 –Illustrative Patient Journey



Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

2.0 Which patients can be referred to SCD?

Only adult patients (over 16-years old) who cannot receive dental care in General Dental Practice and meet the allocation criteria below may be referred to SCD (Table 1).

Please note children should be referred using the Paediatric Dentistry referral pathway.

It is not usually necessary to refer patients for treatment in the hospital setting who suffer from chronic but controlled medical conditions (for example, angina, diabetes, epilepsy, asthma, renal disease etc.) unless specifically instructed by the patient's General Medical Practitioner (GMP) or Consultant.

Management of patients with additional needs is part of primary dental care and patients should not be discriminated against by referral for treatment to SCD. However, advice is available if practitioners need support in providing care or such patients.

Patients can be referred to SCD if they are registered with a GDP. Patients can also be referred by General Medical Practitioners, relatives and carers, Community Mental Health Teams, Day Centre and residential / care home staff, learning disability teams, healthcare professionals, social services and from tertiary providers.

You may refer a patient to SCD if they require:

1. Advice: specialist advice about their oral health care needs including prevention and treatment planning;
2. Part of a course of treatment that will be completed by the GDP: SCD to provide part of a comprehensive treatment plan. The patient will return to receive on-going care from their GDP but advice and support will continue to be available from SCD (shared care)
3. Single course of treatment
4. Current treatment and all future on-going oral health needs.

If referring as a GDP, please consider if there is anybody else working in the practice who could support this treatment before considering referral.

For patients requiring urgent treatment please ensure this is made clear on the referral form

All referrals for patients requiring SCD should be made using this referral pathway unless cancer is suspected or the patient has an immediate life-threatening condition (Figure 2).

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Figure 2 - Referral guidance for suspicious or unexplained soft and hard tissue lesions

Traumatic or urgent cases

The following should be referred to be seen on the same day:

1. Acutely swollen face/systemically unwell
2. Dental/facial trauma requiring urgent specialist management
3. Uncontrolled dental haemorrhage

Refer to: your local acute hospital with a Max-Fax dept

Suspicious or unexplained soft and hard tissue lesions

Where malignancy is suspected, these should be referred under the two week rule. Please do not use this form to refer under the 2 week rule. Please use the appropriate form for your area.

2.1 Allocation criteria

This section outlines the criteria used to allocate patients to specific clinics or services within SCD. It is for information purposes only. Referrers are not expected to use the criteria to allocate patients. Clinical Triage will be carried out by MCN consultant led special care clinicians after the referral is received. This will be based on the information in the referral form. The allocation criteria for SCD are described overleaf (Table 1). The allocation criteria are described so that Referrers will be familiar with them.

Referrers need to be sure they provide enough information on the referral form for an allocation decision to be made based on the true needs of the patient.

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Table 1: Care Pathway Allocation Criteria: Level 1,2,3

Level 1 – Special care needs that require a skill set and competence as covered by dental undergraduate training and dental foundation training, or its equivalent.

As with other specialties, the majority of Special Care Dentistry patients will initially be seen within primary care dental services. This is within the remit of a provider of NHS primary dental care mandatory services. It is challenging to describe the Special Care Dentistry scope of practice for a provider of Level 1 care. Within this specialty, complexity may relate to the patient and their specific additional needs, as opposed to the planned dental procedure. Clearly this is very varied and likely to change, dependent on the clinical situation and over time.

Whilst the complexity of this particular group of patients may necessitate more specialised care for operative interventions e.g. conscious sedation, general anaesthesia, providers of primary care are integral to the provision of basic care, appropriate preventive intervention and continuing care. This is known as ‘shared care’. Due to challenges of providing treatment in this group, the importance of good prevention cannot be over-emphasised. Primary care teams should focus on providing high quality and effective oral hygiene and diet advice, fluoride therapy and, where appropriate, liaise with carers to facilitate this.

Services should provide clear information regarding their facilities to inform patient choice. Providers of Level 1 care should make reasonable adjustments to facilitate access for Special Care Dentistry patients in terms of time, equipment and facilities. All patients should be treated with equality, respect and dignity.

Dentists need to be conversant with current guidance relevant to Special Care Dentistry patients, for example safeguarding training, obtaining consent and management of patients taking certain medication. Patients suitable for management within routine primary care should be treated safely and effectively and not disadvantaged through inappropriate and unnecessary referral.

Whilst Special Care Dentistry patients may receive the majority of their care from primary dental care teams providing Level 1 care, it is recognised that the diverse needs and complexities of this patient group (e.g. access, communication, cooperation and medical issues) might necessitate shared care for a short period of time or a specific treatment episode. Providers of Level 1 care need to appreciate their own level of competence and make clinical judgments based upon knowledge, evidence and risk assessment. Appropriate referrals should be made to Special Care Dentistry services in a timely fashion accordance with this guidance.

Where appropriate, conscious sedation techniques might be used to facilitate routine treatments within a general practice setting. In addition, providers of Level 1 care may be able to deliver treatment for Special Care Dentistry patients following the provision of a treatment plan from a Special Care Dentistry specialist provider.

The need and demand for Special Care Dentistry is expected to increase over time. Many Special Care Dentistry patients have and will wish to maintain a long-term continuing care

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)
relationship with their local practitioner. The general dental practice team provider is an essential member of an evidence-based, preventive-focused care pathway.

Level 2 Care

Level 2 care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register. This care may require additional equipment or environment standards but can usually be provided in primary care. Level 2 complexity may be delivered as part of the continuing care of a patient or may require onward referral. Providers of Level 2 care on referral will need a formal link to a specialist, to quality assure the outcome of pathway delivery;

Level 3 Care

Level 3a - Special care needs that require management by a dentist recognised as a specialist in Special Care Dentistry at the GDC-defined criteria;

Level 3b - Special care needs to be managed by a dentist recognised as a specialist in Special Care Dentistry at the GDC defined criteria and holding consultant status.

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

Casemix Category	Level 2 Care: Dentist with enhanced skills or experience	Level 3 Care: Registered Specialist / Consultant
Communication	Significant communication skills due to multi-sensory or cognitive impairment	No verbal communication ability due to severe cognitive impairment
Co-Operation	Presents with a disability, psychological or mental health state that means: - Only limited examination is possible - Significant treatment interruption due to inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination May require: - Advanced anxiety and behaviour modification techniques e.g. progressive desensitisation, Cognitive Behavioural Therapy - Conscious sedation for moderate phobia / gagging or concomitant disabling / medical / mental health condition - Clinical holding of patient should only be undertaken following risk assessment and by a dental team with appropriate training in clinical holding	Presents with severe disability or mental health state that prevents them from co-operating with dental examination and / or treatment. May require: - Specialist experience of managing combative, agitated or inappropriate behaviour in patient at risk of harm to self or others - Basic / advanced sedation techniques dependant of level of co-operation, anxiety and treatment required - Assessment of patient requiring dental treatment under GA - Significant clinical holding involving Level 2 or 3 holds / multidisciplinary working
Medical	ASA 3 moderately controlled medical condition(s) Progressive degenerative medical / disabling condition: intermediate stage where specialized	ASA 3 unstable and ASA 4 medical condition i.e. significant risk of medical emergency Progressive degenerative medical / disabling

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

	service of risk assessment is required • Management under specialist supervision	condition: advanced stage May require: • Multifactorial / multispecialty medical risk assessment • Treatment in medically supported hospital setting • Use of conscious sedation is ASA III / Iv conditions • Shared medical care e.g. haematology, radiology, oncology, cardiology, respiratory medicine
Access	Requires NHS transport to access dental surgery and / or special equipment to transfer to dental chair (manual handling risk assessment, hoist)	Patients who require secondary care facilities for access
Oral Risk	Oral hygiene requires support of third party	Access to oral cavity for dental treatment severely restricted by major positioning difficulties, inability to open mouth or dysphagia problems Patient unable to tolerate home oral care provided by 3rd party Requires multi-disciplinary management of oral care with high risk factors for oral disease
Legal and Ethical	Best interest requires 2nd clinical opinion Doubtful or fluctuating capacity to consent, clinician required to make interest decision and consult / correspond to do so	Patients requiring a Deprivation of Liberty standard or a court decision regarding their oral care. Clinician required to make a non-intervention decision where there is extreme difficulty in providing care and it is not in the patients best

Guidance for Referrals to Dental Specialties - Special Care Dentistry (SCD Adults)

		interests to provide active treatment
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ASA Physical Status Classification System
This is an internationally recognised system of classifying a patient’s medical status in general terms.

ASA Physical Status 1 A normal healthy patient
ASA Physical Status 2 A patient with mild systemic disease
ASA Physical Status 3 A patient with severe systemic disease
ASA Physical Status 4 A patient with severe systemic disease that is a constant threat to life
ASA Physical Status 5 A moribund patient who is not expected to survive without the operation

Definitions:**Advice:**

Advice from dentist in specialist led SCD team with subsequent communication to referring practitioner.

Provision of part of a course of treatment that will be completed by the GDP:

There may be occasions when the majority of the treatment plan can be completed by a level 1 provider but where specific elements of the treatment require level 2 or level 3 support. On these occasions referral for a specific part of a treatment plan can be made. Please ensure you identify which treatment you require specialist services to provide. Continuing care in these instances will remain the responsibility of the referring dentist.

Single course of treatment:

If the patient you are referring requires only a single course of treatment to be provided by specialist services please identify this on the referral form.

Current and all future on-going oral health needs:

Specialist dental services will only agree to provide on-going oral health needs where by reason of disability the patient cannot reasonably access primary dental care services.

Dental care under General Anaesthesia (GA) or Sedation

This can only be provided after a full medical and dental assessment. There must be a demonstrable severe physiological or psychological state affecting the patient's ability to co-operate. Therefore patient preference for treatment under GA or sedation in an otherwise unimpaired patient is not an indication for referral to this service. If this is the case, other providers of may be considered.

- General Anaesthesia (GA): this can only be provided in a hospital setting. It will only be provided when necessary to meet the clinical needs of the patient and not as a patient choice. Medical and Dental Referrers are reminded of their obligations to patients referred for treatment under GA. Sedation: Use of sedation does not preclude the need for local anaesthetic. Unless the patient has complex disabilities and impairments referral for advanced restorative treatment will not accepted. Complex surgical procedures should be referred to Minor Oral Surgery.

2.2 Guidance for other professionals who are providers of health and social care.

Other professionals may refer patients under their care who require specialist dental care and are not under the regular care of a dental practitioner. SCD services should not be used as a substitute for regular dental care. The Dental Helpline should be used to access routine or urgent dental care - 0300 1234 010

Patients under the regular care of a Dentist must be referred by their Dentist.

2.3 Guidance for Dentists and Medical Practitioners

The responsibility for making an appropriate referral rests with the referring Dentist or Medical Practitioner. Dentists are reminded of their requirement to offer the full range of mandatory services for patients with additional needs when appropriate. Before referring a patient, Dentists should review the skills mix amongst their contract performers and develop a system of referral between colleagues within the practice to manage all patients requiring mandatory services in accordance with the contractual requirements of the provider.

This guidance should not be interpreted as an instruction to individual practitioners as to what procedures they should undertake. Individual performers should only work within their knowledge, professional competence and clinical ability. Providers (and their performers) are encouraged to discuss any potential training needs with their contract holder or Health Education England

3.0 How can patients be referred to SCD?

If, based on the guidance in this document, your patient's oral health needs would be most appropriately met by SCD you may refer them using the SCD Adult Referral Form (Appendix 1) which is available online. Referrals from non dentists will be accepted via nhs.net or by post.

You should complete the referral form electronically. The boxes will expand to accommodate additional text in the electronic section.

All sections of the referral form must be fully completed as described below to enhance the quality of care provided to patients. Incomplete or incorrectly completed forms will be returned by the referral management centre to the Referrer.

Referrers can complete the information fields on the referral form by selecting tick boxes and typing answers in free text boxes.

- **All sections are mandatory.**
- **If you do not know please complete "Not known".**
- **If the section is not applicable please complete "Not applicable".**
- **Inappropriate or incomplete referrals will be returned to the Referrer.**

Section 1:

Patient Details - The following information is mandatory

Referral date

Title

Forename(s)

Surname

Gender

Date of birth

Home address & post code

Telephone contact details

Preferred means of contact Is an interpreter required – if yes, which language

NHS Number if known

Is the patient a military veteran?

Primary Carer: If applicable you must include the name of the patient's main carer including their address, their relationship to the patient and their telephone number.

Section 2:

Patient General Medical Practitioner's Details

Practice Address and telephone number

Section 3:

Referrer Details

The following information is mandatory

Referrer Name

If not GDP, please give job title or relationship to patient

Referrer work address

Work Telephone number

Email address (nhs.net if available)

Postcode

Section 4:

Why is the patient being referred?

Please tick all that apply

- Learning disability
- Physical disability
- Medical complex
- Mental health issues
- Young adult in care (aged 16-25)
- Care of the older adult
- Dental anxiety – if you tick this box, you will be directed to a further series of questions
 - The patient has expressed severe anxiety/phobia about routine dental treatment?
 - The patient's anxiety is preventing them from accepting routine dental care?
 - The referring dentist has attempted to help the patient manage their anxiety by acclimatisation on at least 2 occasions.
 - The referring dentist can provide evidence of what preventative measures they have provided for the patient
 - The patient is aware there may be a need for multiple appointments to manage their treatment needs.
 - The patient is ready to have their dental phobia/anxiety addressed
 - The patient understands they may be managed using a variety of techniques, which may include psychological therapies eg cognitive behavioural therapy (CBT)
- Others – if you tick this box, please specify

Section 5:

What do you want specialist services to do? (Mandatory- complete in full)

1. Advice
2. Provision of part of a course of treatment that will be completed by the GDP
3. Single course of treatment
4. Current treatment and all future on-going oral health needs

Unless the patient has complex disabilities and impairments referral for advanced restorative treatment will not be accepted. Complex surgical procedures should be referred to Minor Oral Surgery.

If you are a dentist referring to specialist services, you must provide the following information in section 5:

- Diagnosis and clinical history including previous treatment modality
-

- What are the patients symptoms
- What treatment have you provided for this condition
- What treatment are you requesting
- Why can't this treatment be provided by the referrer
- Have you discussed this referral and possible treatment options with the patient / carers

•

Section 6:

Medical History (mandatory- complete in full)

A relevant comprehensive medical history with details of medication and any allergies must be provided in all cases,

It is not usually necessary to refer patients who suffer from chronic but controlled medical conditions (eg, angina, diabetes, epilepsy, asthma, renal disease etc) unless specifically instructed by the patient's GMP or Consultant. However, a specialist led SCD is available for advice if practitioners need support in providing care or such patients.

Please identify any issues relating to mobility, communication, cooperation, oral risk factors and any legal barriers to care.

We require you to indicate if the patient is likely to be over 21 stones / 133kg in weight. This enables specialist dental services to provide higher weight or bariatric facilities as required. Please note that referrals based only on the weight of the patient will be rejected. We do accept referrals for higher weight or bariatric patients provided other conditions exist which meet the thresholds for referral.

Anticoagulant therapy

Patients taking anticoagulant therapy with a stable INR below 4.0 in the absence of complications or advice to the contrary should be managed in the practice³. If such a patient is referred, the supporting details box of the referral form must be used to clearly state the reason why the patient's medical condition justifies referral.

Bisphosphonates

For patients receiving bisphosphonates as prophylaxis and/or treatment for osteoporosis, treatment of Paget's disease, or as part of some cancer regimens, particularly for metastatic bone cancer and multiple myeloma, refer to the MOSS guidance document. Any decision to refer should be based on the assessed needs of the patient and the current evidence in this field.⁴

Section 7:

Where would the patient prefer to be seen on their initial visit?

Listed on the referral form are the key sites for specialist service providers in Lancashire. Please select your patient's choice of clinic for the assessment appointment. Please note that specialist services will endeavour to provide care as close to home as possible. However, not all sites provide the full range of services. Please advise your patient of this.

Referrers who are not Dentists need not complete section 8.

Section 8:

Radiographs

If it is possible to take radiographs, or if relevant recent radiographs are available, these must be included with the referral. These should be of appropriate diagnostic quality.

Radiographs should be taken in accordance with national guidance.
Digital radiographs should be stored as JPEG. Standard films may be scanned and sent as a JPEG.

All radiographs or radiographic images should include the patient's name and date of birth and the date the radiograph was taken.

Scanners are available for conversion of intra oral films to digital images from the Referral Management Centre.

Section 9:

Current Treatment Charges

The Referrer must indicate the date of referral and whether the patient being referred is currently being treated as a private or NHS patient. The Referrer must also indicate the NHS charge band applied, the total charge made for treatment, whether the patient is exempt and the reason why.

4.0 How do I send the referral form?

The online referral system is the preferred route and will ensure that the latest form is used. Film scanners are available to practices. You can access the online system via:

<https://app.dental-referrals.org/>

If you do not have an account you can sign up at www.dental-referrals.org. You can also download referral forms from the site as well as copies of this document.

Wet films can be sent recorded delivery to the RMC where they will be scanned and films returned.

If you are using the Word versions of the form the completed referral form and any relevant electronic radiographs must be sent using a secure nhs.net e-mail account to: d.referrals@nhs.net

Postal referrals will be accepted and should be sent to:

Dental Referral Management Centre

6 The Offices

Stannian Fold

Pool Lane

Lymm

Warrington

WA13 9AB

It is essential that email referrals are made from an NHS.net email account to maintain security and confidentiality.

The Referrer must ensure that the referral form is fully completed accurately

Please note that, incomplete referral forms or referrals with radiographs of poor diagnostic quality will be returned to the Referrer which may lead to subsequent delays in patient care. All sections are mandatory.

Referrals that are not sent on the correct form using the method described in this document will not be accepted.

.0 What happens when the referral is received?

If accepted through administrative triage, referrals will be sent to the providers of specialist special care dentistry for clinical triage. If the referral is accepted, patients/carers will be contacted regarding allocation to the appropriate site/provider.

Inappropriate referrals or incorrectly completed forms will be returned to the Referrer with an explanation for the decision. Clinical decisions are made by clinicians and not by administrative staff.

5.1 Advice for Dentists: Claiming UDAs and Patient Charge Revenue THERE IS NO CHANGE TO THE CURRENT PROCESS.

Referring Dentists should claim the most appropriate band for the treatment provided within the practice. The practice should charge the patient the appropriate fee for the band claimed.

For example, a referred patient who has received only an examination and preventive care, should pay a band 1 charge (if fee- paying patient) and the GDP should claim for a band 1 course of treatment. If the practice has undertaken any treatment under bands 2 or 3, similarly the patient should pay the appropriate fee for the received course of treatment, and the GDP should claim accordingly.

The existing arrangements for patients allocated to the Salaried Primary Dental Care Service or to receive Domiciliary Services will continue.

Section 6.0 What do I tell my patient?

The Referrer must advise the patient and carers about all aspects of the referral process as effective communication between them and health care professionals, social services and the voluntary sector is essential to enhance the quality of oral care for patients with special care needs.

You should tell your patient that:

1. The referral will be triaged by dentists working within the Specialist Dental Services of local provider organisations. Only clinically appropriate referrals will be accepted into the service.
 2. Patients must be made aware of treatment options and the risks and benefits, especially GA and Sedation prior to referral and of the commitment required to engage with services
 3. The final discussion on what care they receive for their condition will be between the patient and the clinician who will be treating them, which may not be that recommended by the referrer or in the setting requested
 4. Referral to SCD does not guarantee that the patient will be managed in that service after triage.
 5. Patients/carers who do not make contact or who do not attend will be discharged and not offered a further appointment without a new referral in line with local policies.
 6. Patients requesting an update on their referral should contact the Referral Management Centre in the first instance to ensure that the referral has been received and accepted. Subsequent to this the patient should contact the referrer.
 7. The patient's first appointment with the special care team will likely involve assessment
-

and diagnosis only, treatment is generally not provided on this appointment.

8. If treatment is needed, or the patient is in pain, after the referral and before treatment, they should contact the referring dentist for care.

References

Bateman P, Arnold C, Brown R, Foster LV, Greening S, Monaghan N, Zoitopoulos L. (2010) BDA special care case mix model. Br Dent J Apr 10;208(7):291-6.

Guides for Commissioning Dental Specialties – Special Care Dentistry. NHS England 29th September 2015

British Society of Disability and Oral Health (2012) Clinical Guidelines and Integrated Care Pathways for the Oral Health Care of People with Learning Disabilities

[www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/BSD%20Guidelines%20\(Web\).pdf](http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/BSD%20Guidelines%20(Web).pdf)

Contact Details

For correspondence relating to this guidance please contact:

Central Lancashire, East Lancashire and Blackburn with Darwen:

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Church Street ,
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Tel: 01254 283350
Email: lcn-tr.scdreferrals@nhs.net

North Lancashire:

Dental Triage
Morecambe Dental Centre
Queen Victoria Centre
Lancaster
LA4 5NN
Tel: 01524 406711
Email: BFWH.dental.north@nhs.net

For Blackpool

Dental Department
Whitegate Drive Health Centre
158 Whitegate Drive Health Centre
Blackpool
FY3 9ES
T: 01253 953034
Email: BFWH.dental.referral@nhs.net

Appendices

Appendix 1 – Referral Form

Lancashire and South Cumbria Special Care Dentistry (SCD) Adult Referral Form (June 2019)

1. Patient Details:			
Gender: ☐ Male ☐ Female		NHS Number (if known):	DOB:
Title:	Patient's First Name:		Patient's Last Name:
Address:	Town or City:		Postcode:
Preferred contact: Letter ☐ Home tel no. ☐ Mobile ☐		Best Contact Number:	
Interpreter required: ☐ Yes ☐ No Language:		Is the patient a military veteran? ☐ Yes ☐ No	
Primary Carer Details (if applicable):			
Name:		Relationship:	
Address:	Postcode:	Telephone:	

2. Patient's General Medical Practitioner Details:	
GMP's name:	GMP practice address & postcode:
☐ Patient is not registered with a doctor	

3. Referrer Details (this form must be completed by named referrer):		
Referrer's name:		Job title & relationship to patient:
GDC number:	Practice phone number:	Email address (nhs.net):
Practice name:		
Practice address:		Practice postcode:

4. Why is this patient being referred to specialist services (tick all that apply):	
☐ Learning disability	☐ Care of older adult
☐ Physical disability	☐ Dental anxiety
☐ Medically complex	☐ Others, please specify:
☐ Mental health issues	
☐ Young adult in care (aged 16 - 25)	

Please note if you have selected dental anxiety from the options above, you must complete the following questions below	
The patient has expressed / displayed severe anxiety / phobia about dental treatment?	☐ Yes ☐ No
The patient's anxiety is preventing them from accepting dental care?	☐ Yes ☐ No
The referring dentist has attempted to help the patient manage their anxiety by acclimatisation on at least 2 occasions:	☐ Yes ☐ No
The referring dentist can provide evidence of what preventative measures they have provided for the patient:	☐ Yes ☐ No
The patient is ready to have their dental phobia / anxiety addressed:	☐ Yes ☐ No
The patient understands they may be managed using a variety of techniques, which may include psychological therapies e.g. cognitive behavioural therapy (CBT):	☐ Yes ☐ No
The patient is aware there may be a need for multiple appointments to manage their treatment needs:	☐ Yes ☐ No

5. Treatment Needs:
What do you want specialist dental services to do? (tick all that apply):
☐ Advice
☐ Provision of part of a course of treatment that will be completed by the GDP
☐ Single course of treatment
☐ Current and all future on-going oral health needs
Diagnosis and clinical history including previous treatment modality:
What are the patient's symptoms?
What treatment have you provided for this condition?
What treatment are you requesting?
Why can't this treatment be provided by the referrer?
Have you discussed this referral and possible treatment options with the patient / carers?

6. Medical History:
Please tell us about the patient's medical history:
Medication:
Allergies:
Any issues relating to: mobility / communication / cooperation / oral risk factors / legal barriers to care? Please specify:

Is the patient likely to be over 21 stones / 133kg in weight?

☐ Yes ☐ No

7. Where would the patient prefer to be seen on their initial visit?

Please select your
patients choice of clinic
for the assessment
appointment

- ☐ Ashton Health Centre, Preston PR2 1HR
- ☐ Barbara Castle Way HC, Blackburn BB2 1AX
- ☐ St Peters Centre, Burnley BB11 2DL
- ☐ Whitegate Drive Health Centre, Blackpool FY3 9ES
- ☐ St Anne's Health Centre, St Anne's FY8 2EP
- ☐ Moor Park Health and Leisure Centre, Bispham FY2 0JG
- ☐ Dental Access Centre, Morecambe LA4 5NN
- ☐ Royal Preston Hospital, Preston PR2 9HT
- ☐ Chorley & South Ribble District General Hospital, Chorley PR7 1PP
- ☐ Walk in Centre, The Concourse, 116-118 South Way, Skelmersdale WN8 6LJ

8. Radiographs (to be completed if referrer is a Dentist):

Relevant radiographic images have been emailed or posted with referral:

☐ Not included ☐ In post

☐ OPG ☐ Periapical ☐ Bitewings

If you have not supplied radiographs, please state why:

9. Current Treatment Charges (to be completed if referrer is a dentist)

Date of assessment:

☐ This patient receives Private Dental Treatment

☐ This patient receives NHS Treatment

Band Claimed - Charge £

☐ This patient is exempt from charges

Reason:

For office use only: URN.....

Appendix 2: Case Mix Model

Ability to Communicate:
Free communication with adequate understanding between patient, carer and dental team.
Mild restriction: • Some difficulty in communication but can overcome. Patient can communicate for themselves without intervention of 3rd party • Patient has mild learning difficulty
Moderate restriction: • Interpreter / 3rd party required to communicate • Non-verbal communication
Severe restriction: • No ability to communicate due to impairment

Ability to Co-Operate:
Patient will accept all restorative care and simple extractions with LA +/- standard behavioral management techniques
Full examination and / or simple treatment possible but requiring additional support or behavior management techniques
Limited examination only possible Clinical holding required Patient will accept limited restorative care of anterior teeth only with difficulty
Patient requires general anaesthetic, sedation or other advanced management techniques to accept treatment

Medical Status:
Note: This criterion covers both issues where modifications have to be made to provision of dental care due to the patient's medical history and where a patient's medical history is not readily obtainable at a dental appointment.
Adequate medical history obtainable at appointment with no significant relevance of this course of treatment. No additional investigations required.
Medical history unable to be obtained at first appointment Further information required in order to complete medical history
Medical or psychiatric status complex or unstable, affecting the provision of treatment
Multidisciplinary review required to treat Multidisciplinary appointment for medical reasons

Oral Risk Factors:
Minimal risk factors: • Stable oral environment; brushes twice daily with fluoride paste • Can comply with all aspects of 'Delivering Better Oral Health' advice
Moderate risk factors: • Can comply with most aspects of 'Delivering Better Oral Health' advice • Good OH hindered by malocclusion / manual dexterity

• Cariogenic diet resulting in uncontrolled caries • Course of treatment following period of neglect
Severe risk factors e.g. • Extensive support to achieve some aspects of 'Delivering Better Oral Health' advice • Oral hygiene relies on 3rd party to maintain • Patient does not spit toothpaste out • Altered salivation • Access to oral cavity severely restricted
Extreme risk factors e.g. • Unable to comply with any aspects of 'Delivering Better Oral Health' • High calorie supplementation • Regular sugar-containing medication • Severe xerostomia • PEG feeding • Immunocompromised

Access to Oral Care:
Unrestricted: • Patient can access surgery without staff intervention • Child accompanied by a parent
Moderately restricted: • Patient who fails to attend or cancels at short notice more than once in a course of treatment • Patient requires support to access the surgery e.g. carer attends; administrative support
Severely restricted: • Specialised equipment to attend the surgery (e.g. ambulance, hoist, wheelchair tipper, slide board)
Domiciliary care required*

*This criterion is intended **ONLY** for patient seen on a domiciliary basis in a hospital or nursing home. Do not use for operating theatre cases.

Legal and Ethical Barriers to Care:
Note: This criterion includes issues related to collection of patient charges as well as the actual provision of treatment.
No legal or ethical issues affecting care e.g. no problems with consent or parental responsibility
Some legal / ethical difficulties may arise: • Best interests decision not requiring additional correspondence
Moderate legal / ethical difficulties may arise: • Fluctuating capacity to consent • Best interests decision requires additional correspondence with carers / relatives • Financial responsibility requires further clarification • Parental responsibility requires further clarification
Severe legal / ethical difficulties: • Multi-professional consultation / case conference required • Referral to an IMCA • Safeguarding referral made

Legal and Ethical Barriers to Care:
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Note: This criterion includes issues related to collection of patient charges as well as the actual provision of treatment
No legal or ethical issues affecting care e.g. no problems with consent responsibility
Some legal / ethical difficulties may arise: • Looked after children • Parental responsibility requires further clarification • Financial responsibility requires further clarification • Clinician required to make a best interests decision, not requiring a second opinion • Clinician required to assess capacity and provide treatment. Informal consultation with family and carers; no AWI certificate issued
Moderate legal / ethical difficulties may arise: • Children in foster care • Fluctuating capacity to consent due to psychiatric illness • Clinician required to assess capacity and AWI certificate issues. Consultation with welfare attorney / carer
Multi-professional consultation required in order to overcome legal / ethical difficulties: • Best interest meeting / case conference required • Referral to other colleagues SLT or clinical psychologists / case conference / 2nd dental opinion required before AWI issued or where there is a dispute.

