

Bwrdd lechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

Ysbyty Deintyddol Athrofaol University Dental Hospital

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Eich cyf/Your ref Ein cyf/Our ref Welsh Health Telephone Network 1872 Direct line/Llinell uniongyrchol

1st November 2012

To:

Chair's Local Dental Committees Commissioning Leads UHBs Primary Care Leads

Dear Colleague

Please find attached the draft Referral Guidelines for the University Dental Hospital at Heath Park, Cardiff. This document has been produced in conjunction with the Chief Dental Officer.

I would welcome any comments by Friday November 30th 2012.

Yours sincerely

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Enc. - Referral Guidelines

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REFERRAL GUIDELINES

Introduction

The University Dental Hospital Cardiff is primarily a facility for providing the clinical experience for Undergraduate dental students and student Dental Care Professionals. It also provides services to the local Health Community from the hospital based dental specialties of Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Oral Medicine, Oral Microbiology, Oral maxillofacial Pathology, Orthodontics, Paediatric Dentistry, Special Care Dentistry (including sedation) and Restorative Dentistry including its mono-specialties.

The hospital has an emergency clinic primarily for emergency care of patients who receive their primary dental care from the Undergraduate students or are inpatients of Cardiff and Vale University Health Board who require urgent dental attention. A small amount of emergency care is available at the request of a GDP by ringing the Dental Hospital on 02920 2415.

This referral protocol has been approved by the Welsh Assembly Government and forms the basis for acceptance of patients into the hospital for appropriate care. The Hospital accepts referrals from general dental practitioners (GDPs), the Community Dental Service (CDS), general medical practitioners (GMPs) and tertiary referrals from medical and dental specialists.

All patients should be referred to their local District General Hospital in the first instance if the service is available locally.

Oral & Maxillofacial Surgery

- Management of third molars In compliance with NICE guide lines, these will normally be removed where there has been two previous episodes of pericoronitis requiring antimicrobial therapy.
- Management of anxious patients who requires dental extractions. With sedation or general anaesthesia.
- Retained roots referral due to difficulty or patient had radiotherapy to head & neck.
- Management of orofacial pain including TMJ. When conservative treatment has been attempted
- Management of endodontic surgery.
- Management of abnormal orofacial bony & soft tissue lesions of the head and neck.
- · Management of Salivary Gland disease.
- Management of cutaneous facial abnormalities.
- · Management of facial deformity.
- · Management of vascular malformation.

Oral Medicine

- Recurrent oral ulceration & ulceration lasting more than two weeks.
- Blistering conditions of the orofacial region and oral mucosa.
- White & red patches of the oral mucosa.
- Candidosis or angular chellitis.
- Orofacial pain of non-dental origin.
- · Dry mouth, halitosis or altered taste.
- Orofacial & mucosal manifestations of systemic disease.

Orthodontics

Any patient can be referred for an Orthodontic consultant opinion; however acceptance for treatment will be based on:

- Assessment of treatment needed.
- · Requirements for student training.
- Patients under 18 with IOTN of 3.6 (DHC=3, AC=6), 4 or 5

Paediatric Dentistry

- Children with congenital or acquired dental anomalies who may require complex treatment (e.g. Hypodontia, Ameologensis Imperfecta,
 Dentinogenesis Imperfecta, Molar Incisor Hypominerisation, micro / macrodontia and delayed eruption).
- Children with complex medical problems which may affect the provision of dental care and those with developmental problems, learning difficulties and behavioural problems, who are unable to co-operate for routine dentistry.
- Children who have sustained complex dental trauma (e.g. pulp involvement in immature teeth).
- Children with soft or hard tissue pathology such as ulceration, swellings and cysts. Children with supernumeraries, odontomes, impacted teeth, submerging teeth, abnormal frenal attachments, and tongue-ties which may require surgical management. Pre-cooperative and uncooperative older children who have proven unable to co-operate with

Restorative Dentistry

Any patient can be referred for a consultant opinion; however acceptance for treatment will be based on:

- · Assessment of treatment needed.
- · Requirements for training.

A diagnostic and advisory service is always available for restorative dentistry.

Specialist Restorative treatment (including Implants) may be provided for priority patients groups:

- a) Oncology patients
- b) Developmental defects
- c) Severe trauma
- d) Severely medically compromised

Endodontics:

A limited number of patients may be accepted for specialist treatment and postgraduate training

- All referrals should contain a full history of the condition, a synopsis of recent interventions with details of treatments to the pulp or root canal, and planned final restorative care.
- Relevant radiographs must be included.

Periodontics:

- All referrals should contain relevant radiographs, a BPE score and full pocket and recession charting for patients with a BPE score of 4.
- Referrals will be accepted where confirmation is provided that the patient has had oral hygiene instructions; and supra and subgingival scaling.
- Patients who fulfil the criteria for Category 3 of the index of Restorative Treatment needs may be accepted for treatment.

routine dental treatment and may require treatment under general anaesthesia or sedation.

Oral Pathology

The Dental Hospital provides specialised diagnostic histopathology services for general dental services & for general dental practitioners via a postal referral system. Most tissue excised from a patient by a dental practitioner should be sent for histological examination. EXCEPTIONS include:

- Extracted teeth.
- · Routine gingivectomy specimens.
- Dental follicles.

Oral & Maxillofacial Radiology

- Radiographic referrals with enough clinical information to justify a radiographic exposure will be accepted. Please refer to 'selection Criteria in Dental Radiography' for more information.
- For CBCT investigation the practitioner should refer to the Health Protection Agency guidelines.
- You may also phone the consultant (02920744241) to seek advice.

Special Care Dentistry:

- History of infective endocarditis / cardiology problems.
- · Severe bleeding disorders.
- Psychological problems. (autistic disorders, profound learning disabilities and uncontrolled metal illness)
- · Confirmed Type I latex allergy.
- · Profound immuno-suppression.
- Somatic disease with uncontrolled movement.
- Patients who are HIV positive and unwell.
- Patients who are morbidly obese & have complex medical history.

Sedation:

Treatment for ASA III patients under sedation who cannot access specialist services in locally based dental anxiety management centres.

A limited number of ASA I & II patients will be accepted to fulfil the requirements for undergraduate & postgraduate training.

Bariatric

Patients who are morbidly obese and have complex medical histories will be accepted a a referral to Special Care Dentistry.

Bariatric referrals will not be accepted for patients outside of Cardiff and Vale Local Health Board, who do not fit the special care dentistry criteria.

<u>implants</u>

A diagnostic and advisory service is available for patients with edentulous areas. Relevant radiographs must be included where available. The Dental Hospital has limited defined annual budget for dental implant treatment. All requests will be assessed on a case by case basis whilst funding is available. Request for implant treatment subsequent to this will only be considered if the relevant funding has been agreed with the referring commissioning teams. Patients should be made aware of this prior to referral.

Patients normally considered for treatment would include:

- Oncology patients
- Patients with severe development defects
- Severe Trauma
- Limited number of cases for PG training

Rehabilitation of a single tooth space will always be provided in the first instance by means other than implants.

Patients are NOT accepted for implant rehabilitation, nor can implant problems be rectified at the hospital when treatment has been provided in a general dental practice.

Removable & Fixed Prosthodontics:

- A limited number of patients may be accepted for specialist treatment, postgraduate training or Undergraduate care but only after the initial treatment by the referring practitioner has not been successful.
- Relevant radiographs must be included when available.
- Patients referred for the rectification of problems or replacement of crown and bridgework not provided in the UDH will not usually be accepted.

For more information and to download referral forms please visit the Cardiff and Vale Dental Division website. Please note that this link will be live by the time the guidelines are implemented