Enclosure 5

South East Wales Oral Surgery Managed Clinical Network

All-Wales Oral Surgery Referral Handbook

2019

Version 1.1

Contents

Appendices

1. INTRODUCTION

The specialty of oral surgery deals with the diagnosis and management of pathology of the mouth and jaws that requires surgical intervention. Care is provided by both oral surgeons and oral & maxillofacial surgeons, as the clinical competencies of these two specialties overlap.[1]

NHS England's Commissioning Guide for Oral Surgery and Oral Medicine[1] describes three levels of case complexity that are provided within the tiers of NHS services; levels 1, 2 and 3 care descriptors reflect the competence required of a clinician to deliver care of that level of complexity. This has been taken up by all Health Boards in Wales (Figure 1) and is published via the South East Wales Oral Surgery and Oral Medicine Managed Clinical Network (MCN).[2] The MCN acts as a leadership umbrella enabling developments of care and referral pathways and quality assurance arrangements for services spanning hospital, community and primary care settings.

Level 1 Procedures/Condition

- Extraction of erupted tooth/teeth including erupted uncomplicated third molars in line with NICE guidance;
- Effective management, including extraction where appropriate, of buried roots (whether fractured during extraction or retained root fragments);
- Effective management of unerupted, impacted, ectopic and supernumerary teeth;
- Understand and assist in the investigation, diagnosis and effective management of oral mucosal disease, including the early referral of patients with possible pre-malignant or malignant lesions;
- Management of dental trauma including re-implantation of avulsed tooth/teeth;
- Management of haemorrhage following tooth/teeth extraction;
- Diagnose and treat localised odontogenic infections and post-operative surgical complications with the appropriate therapeutic agents, and diagnose and refer patients with major odontogenic infections with the appropriate degree of urgency; and
- Recognise disorders in patients with craniofacial pain including the initial management of temporo-mandibular disorders and identify those patients that require specialised management, and to refer such conditions appropriately.

Level 2 Procedures/Conditions in addition to those in level 1

- Surgical removal of uncomplicated third molars involving bone removal in line with NICE guidance;
- Surgical removal of buried roots and fractured or residual root fragments;
- Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth);
- Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain;
- Surgical endodontics for incisor and canine teeth;
- Minor soft tissue surgery to remove apparent non-suspicious lesions; and
- Placement of an uncomplicated dental implant in accordance with NHS protocols.

Level 3 Procedures/Conditions

Level 3a – Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; or by a consultant.

Level 3b – Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training. The consultant team may include trainees and SAS grades. Where OMS consultants are not registered with the GDC they will not be eligible for performers list. Some OMFS consultants will be included in both the GMC and GDC specialist list; others will only be included in GMC specialist register.

Figure 1. Framework of complexity levels and procedures for Oral Surgery [2]

Oral surgery services are typically delivered within one of three settings and by three distinct groups of clinicians. Patients should understand they may be treated in either a primary care or hospital service: [3, 6]

1. ***Primary care general dental practice*** – most **Level 1** procedures are conducted in **general practice** by **general dental practitioners (GDPs)**. Extractions of teeth and roots are covered under the mandatory services section of the General Dental Service (GDS) contract[4], including surgical treatment when appropriate. The extraction of one or more teeth or roots in a single course of treatment attracts a band 2 charge for the patient and results in 3 Units of Dental Activity (UDAs) for the dental practitioner.
2. ***Intermediate services*** – these services provide **Level 2** care on a referral basis, and are typically delivered by a **clinician with enhanced skills and experience** who may or may not be on a specialist register. Most Level 2 procedures will be provided in intermediate oral surgery services (IMOS) in a **primary care setting** under GDS or Personal Dental Service (PDS) contracts, in which case patient's charges will be levied. Some Health Boards also offer these services in hospital/secondary care.
3. ***Consultant or specialist care*** – the commissioning guidance describes Levels 3a and 3b but, for the purposes of this guidance, **Level 3** services are **consultant-led services** delivered in, and by, **NHS Health Board hospitals** under NHS standard contracts. Although services are led by consultants, they will typically engage a wider workforce, including specialty and associate specialist-grade clinicians and those in formal training positions. Hospitals delivering oral surgery services at Level 3 include district general hospitals, larger training hospitals, and dental hospitals that have the additional requirement to train dental undergraduates.

1.1 Purpose of Document

This guidance has primarily been developed to direct clinicians towards the most appropriate treatment and referral pathways for their adult patients. The document uses a summary of pre-existing guidelines (with citations and references) and organises them into quick-reference diagrammatic flowcharts, which will better inform patient case management. Flowcharts comprise of the following topics:

- Third molar extractions;
- Patients taking anticoagulant or antiplatelet drugs;
- Patients at risk of medication-related osteonecrosis of the jaw;
- Patients at risks of infective endocarditis;
- Temporomandibular joint dysfunction.

Each outcome within the flowcharts is colour coded corresponding to the relevant care setting, as follows:

Level 1 Primary Care (General Dental Practice)

Level 2 Intermediate Care (IMOS or Hospital/Secondary Care)

Level 3 Secondary Care (Consultant-led NHS Hospital Services)

Additionally, a comprehensive list of Oral Surgery procedures and patient factors that may influence the decision to treat within each complexity Level can be found in Appendices A-C.

Clinicians should be aware that services vary amongst Health Boards. A glossary of the available services within each Welsh Health Board can be found in Appendix D.

1.2 The Referrals Website

All referrals for oral surgery and oral & maxillofacial surgery (OMFS) services within Wales are to be managed through the All Wales Referral Service website (e-RMS) using the appropriate referral forms. Information is available on the website detailing how to refer, use the online system and access online learning. Referrals can be tracked using this website by both referring practitioners and their patients using a unique reference number (URN).

To access, simply visit: https://www.dental-referrals.nhs.wales/dentists/

To sign up, please visit this link: https://www.dental-referrals.nhs.wales/dentists/signup/

1.3 The Decision to Refer

Patients should be referred if they present with specific difficulties that lie outside the competence of a GDP (see section 1.4). **The responsibility for making an appropriate referral rests with the referring dentist.** The referring GDP should inform the patient about the referral process and make them aware that the final decision on the care they receive rests with the clinician who will be treating them. [5]

If additional restorative dentistry is being planned as part of the patients existing treatment plan, this must be continued by the referring dentist while the patient is awaiting oral surgery assessment and treatment, where appropriate. The referral should also indicate which teeth are planned to be restored and do not need to be considered for extraction. If teeth that are restorable are to be removed, indicate why.[6]

Referring GDPs have the responsibility for their patient's care while waiting for assessment and treatment, including the provision of emergency treatment prior to definitive treatment. There are OMFS on-call services based at all University Health Boards and emergency referrals to the on-call team can be made directly by phone. This is prudent in immediate life threatening conditions, such as airway compromise.

Patients who accept an appointment but then cancel two successive appointments or 'Do Not Attend' the accepted appointment without giving prior notice will be discharged back to the referring GDP. [5]

Referrals for patients where head and neck cancer is strongly suspected should be sent via the urgent suspected cancer (USC) pathway using e-RMS. You will find a specific USC referral form on your system that will trigger a 2-week appointment wait. Please note that this pathway is for **suspected cancers only**, not for routine investigations. Consider NICE guidance (NG12)[7] carefully and only use when appropriate.

1.4 Clinician Competence

All referrals must be made in accordance with the criteria set out in this guidance. However, this document should **not** be interpreted as an instruction to individual practitioners as to what procedures they should undertake. Clinicians should only work within their knowledge, acquired skills, professional competence and clinical ability.[5]

Where treatment required is within the scope of a GDP but the dentist concerned does not feel able to undertake the procedure, they should look within the same dental practice to see if a colleague can assist. Providers should review the skill mix amongst their performers in order to develop a system of referral between clinicians within the practice to manage all patients requiring mandatory services.[5, 6]

Providers (and their performers) are encouraged to discuss any potential training needs with their Local Health Board and the Health Education and Improvement Wales (HEIW). [5]

1.5 Radiographs

GDPs are reminded that if **diagnostic quality** radiographs exist prior to referral, the Ionising Radiation (Medical Exposure) Regulations 2017 carry the responsibility to reduce additional exposure to patients.[6] The provision of the original film or a good quality copy of a radiograph, preferentially digital, avoids unnecessary additional radiographic exposure to the patient as per FGDP Guidance.[6] Failure to provide a radiograph must be justified within the content of the referral.

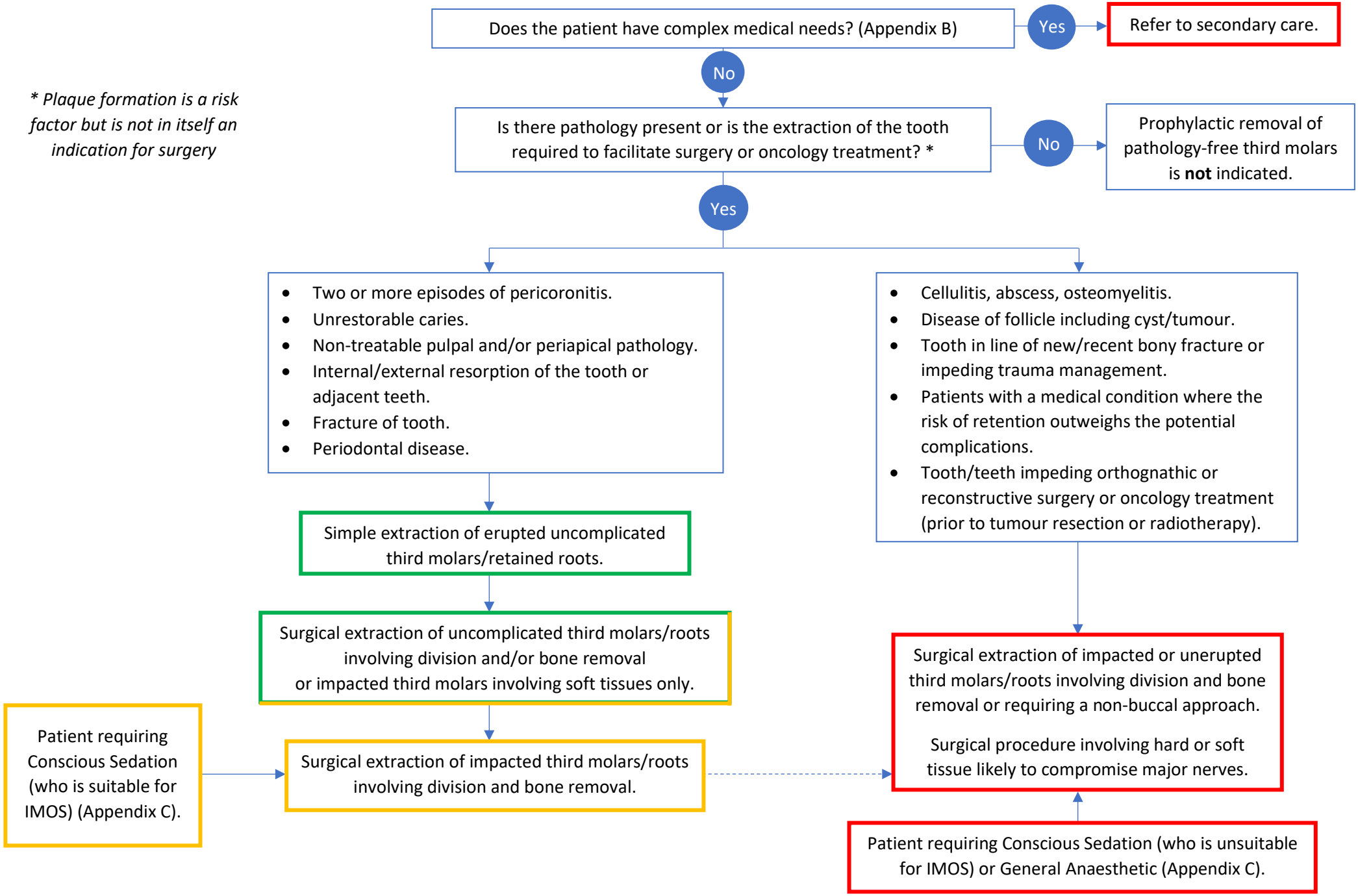
1.6 Acknowledgments

Thanks go to NHS England, Yorkshire and Humber MCN and Leeds Dental Institute, the Scottish Dental Clinical Effectiveness Programme, National Institute for Health and Care Excellence, Royal College of Surgeons England and British Association of Oral Surgeons for the use and adaption of their existing guidance.

Additional thanks to Vaseekaran Sivarajasingam, Esther Brewer, Joelle Mort and members of the South East Wales Oral Surgery and Oral Medicine MCN.

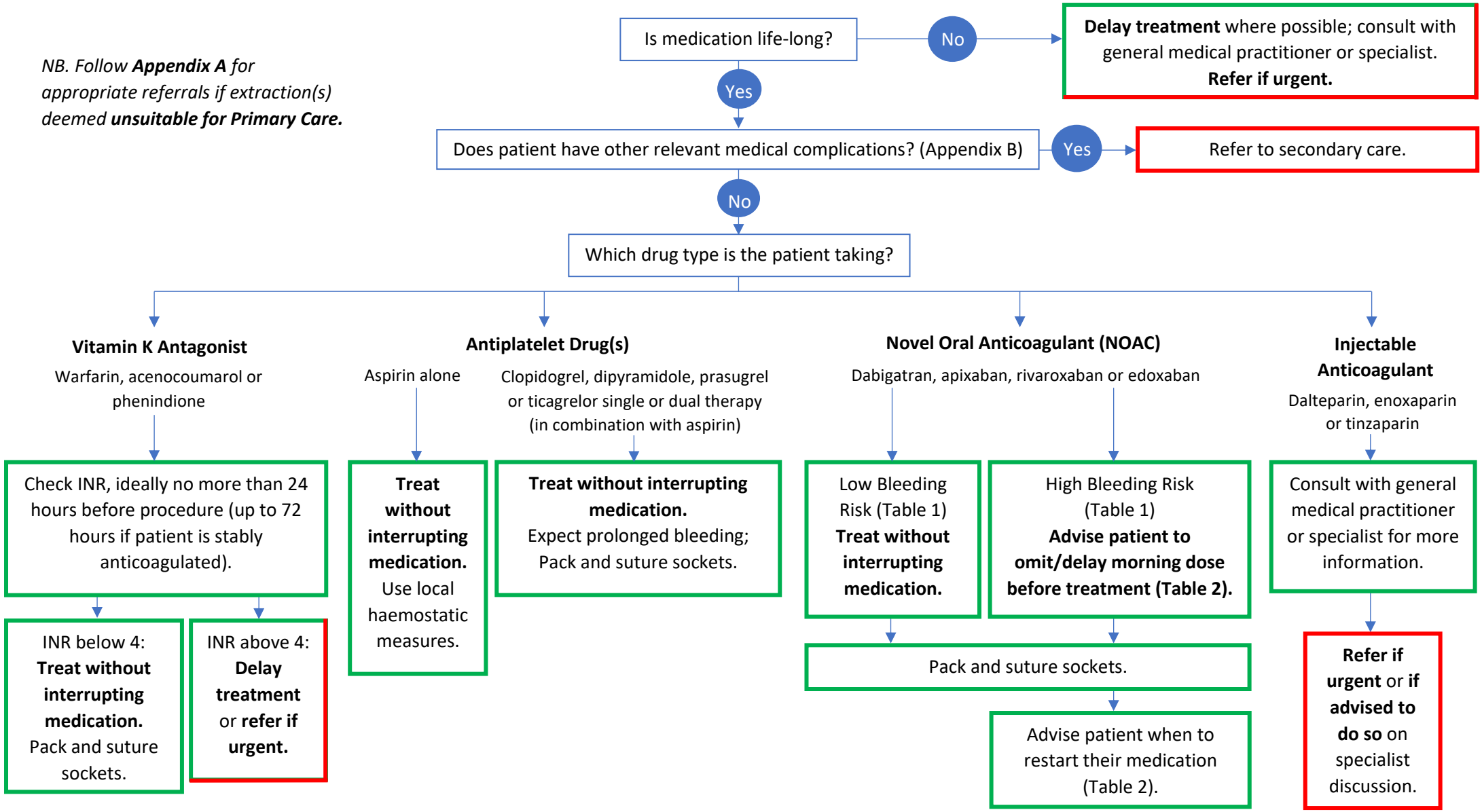
2. MANAGEMENT OF PATIENTS REQUIRING LOWER THIRD MOLAR EXTRACTION [8, 9]

** Plaque formation is a risk factor but is not in itself an indication for surgery*



3. PATIENTS TAKING ANTICOAGULANT OR ANTIPLATELET DRUGS [10]

*NB. Follow **Appendix A** for appropriate referrals if extraction(s) deemed **unsuitable for Primary Care.***



General advice for all patients taking the above drugs: Plan treatment early in the day and week; Consider limiting initial treatment area and staging extensive or complex procedures; treat atraumatically, use appropriate local measures and only discharge the patient once haemostasis has been achieved; if travel time to emergency care is a concern, place particular emphasis on the use of measures to avoid complications; provide patient with written post-treatment advice and emergency contact details.

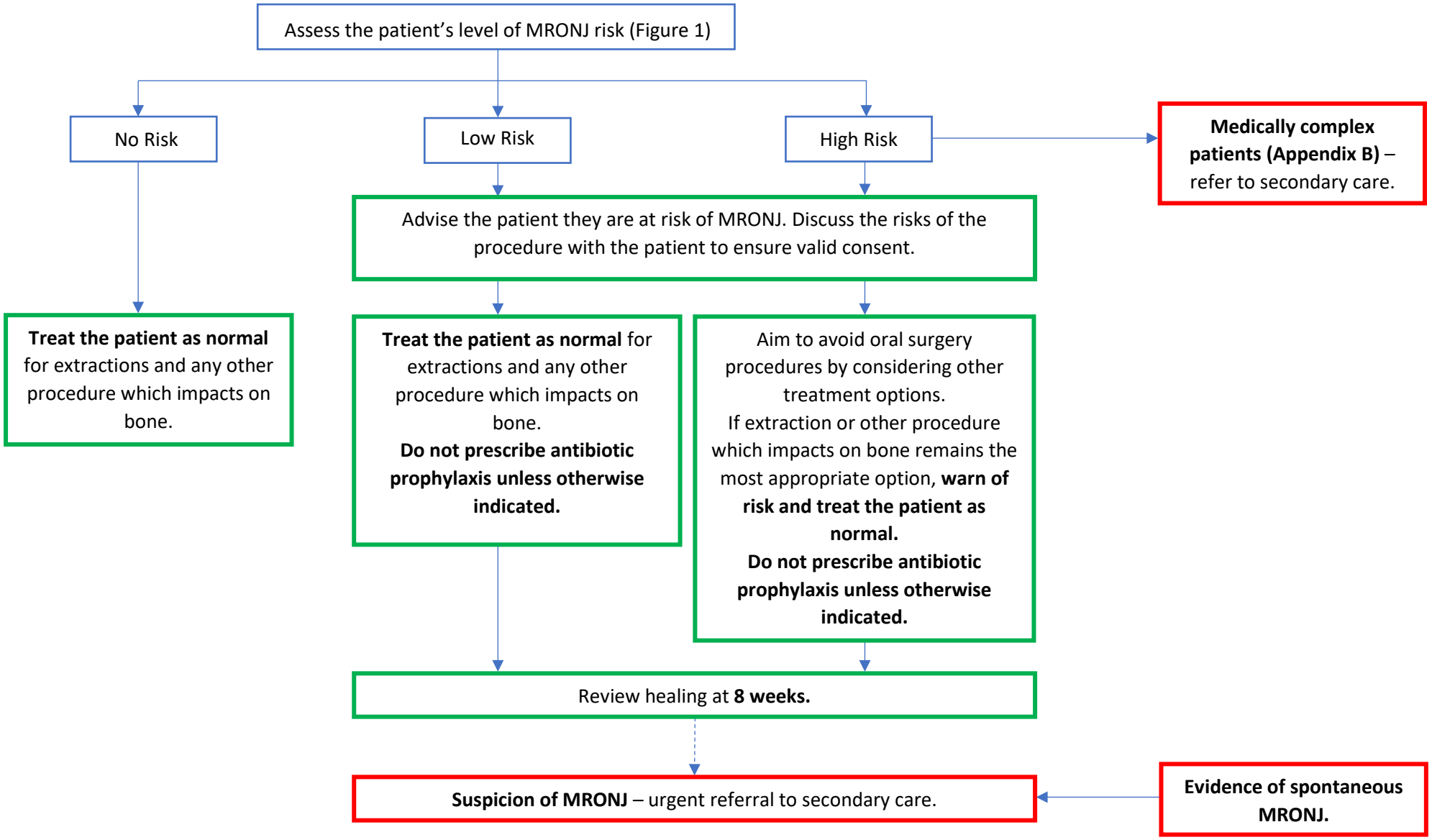
Table 1. Risk of Post-Operative Bleeding Complications for Dental Extractions [10]

No or Minimal Risk	Low Risk	Higher Risk
• Local anaesthesia by infiltrations, intraligamentary or mental nerve block. • Local anaesthesia by inferior dental block or other regional nerve blocks.	• Simple extractions (1-3 teeth, with restricted wound size). • Incision and drainage of intra-oral swellings.	• Complex extractions and/or adjacent extractions that will cause a large wound or more than 3 extractions at once. • Flap raising procedures such as elective surgical extractions.

Table 2. Medication Advice for Patients of High Bleeding Risk [10, 11]

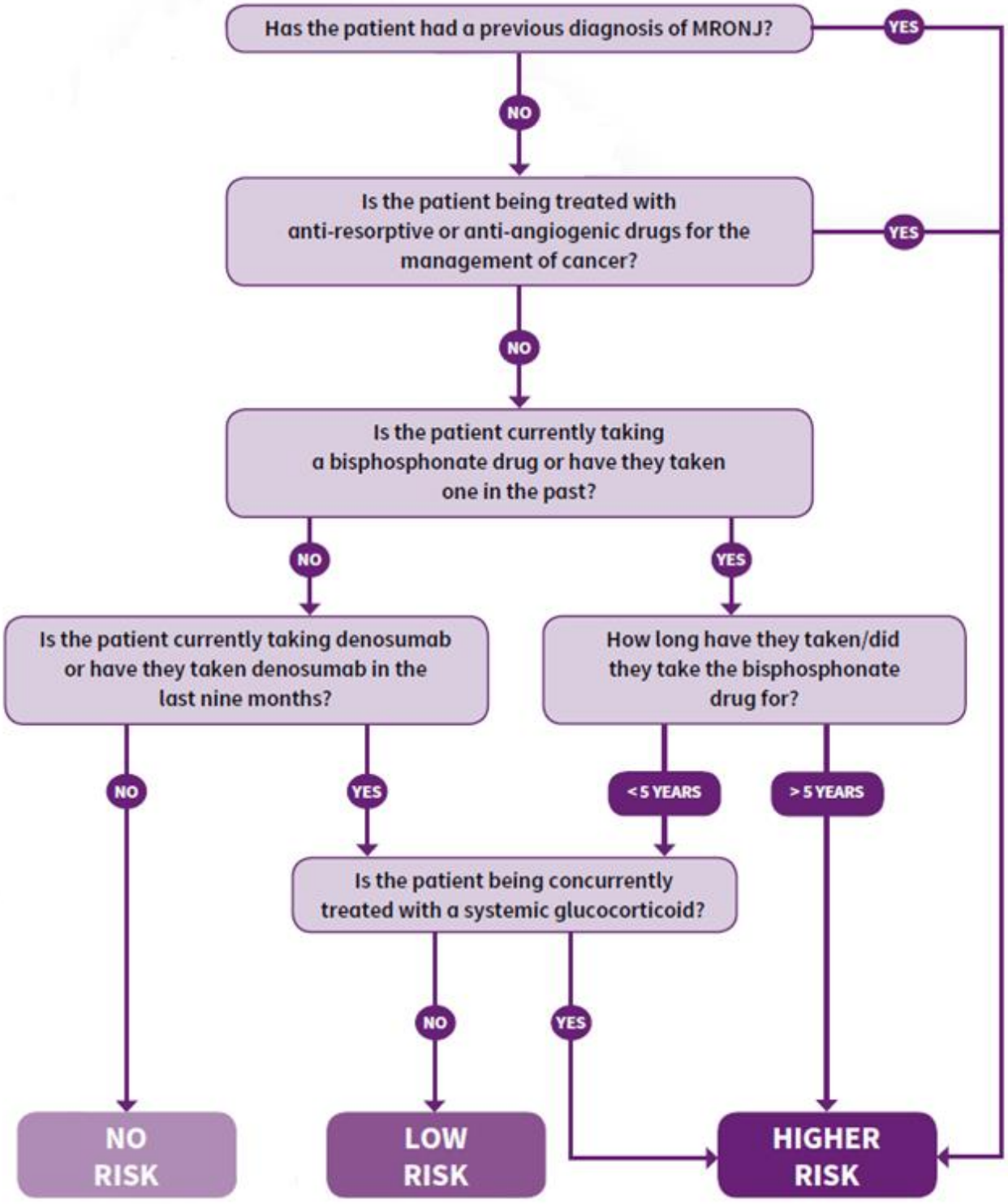
NOAC	Usual Drug Schedule	Pre-Operative Advice	Post-Operative Advice
Apixaban (Eliquis) or Dabigatran (Pradaxa)	Twice a day	Omit morning dose	Take evening dose at usual time (no earlier than 4 hours after haemostasis has been achieved); continue with usual drug schedule thereafter.
Rivaroxaban (Xarelto) or Edoxaban (Lixiana)	Once a day (morning)	Delay morning dose	Take delayed medication 4 hours after haemostasis has been achieved; continue with usual drug schedule thereafter.
	Once a day (evening)	Not applicable, continue usual drug schedule	Take evening dose at usual time (no earlier than 4 hours after haemostasis has been achieved); continue with usual drug schedule thereafter.

4. PATIENTS AT RISK OF MEDICATION-RELATED OSTEONECROSIS OF THE JAW (MRONJ) [12]



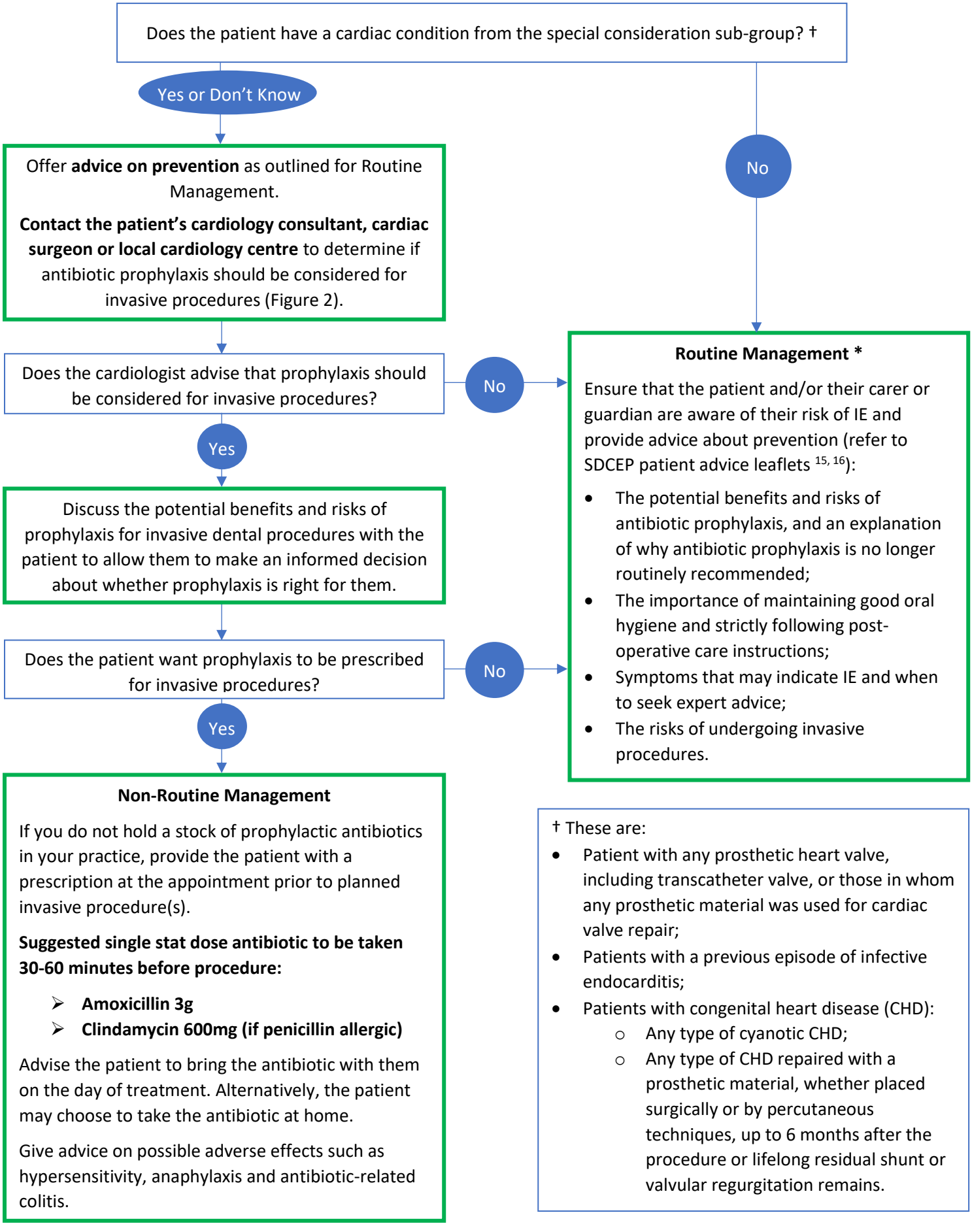
*NB. Follow **Appendix A** for appropriate referrals if extraction(s) deemed **unsuitable for Primary Care.***

Figure 2. SDCEP MRONJ Assessment of Patient Risk [12]



NB. Be aware that any low risk patient who continues to take bisphosphonate drugs after their five-year medication review should be reclassified as higher risk.

5. MANAGEMENT OF PATIENTS AT INCREASED RISK OF INFECTIVE ENDOCARDITIS (IE) [13, 14]



* If an increased risk patient who is not in the sub-group (e.g. acquired valvular heart disease with stenosis or regurgitation; hypertrophic cardiomyopathy) requests antibiotic prophylaxis, consider contacting their cardiology consultant, cardiac surgeon or local cardiology centre for advice.

Figure 3. Patients at Increased Risk of Infective Endocarditis – Letter to Cardiology Services [13]

This template letter can be adapted for use when contacting a patient's cardiology consultant, cardiac surgeon or local cardiology centre. It is available to download from the SDCEP website (http://www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis/).

Dental Practice Name:

Address:

Tel No:

To:

Date: _____

Dear _____

Re: _____ D.O.B.: _____

Address: _____

_____

Email: _____

I understand the above individual is under your care. I have referred to both NICE Clinical Guideline 64 and the SDCEP implementation advice on *Prophylaxis Against Infective Endocarditis* and I am writing to enquire whether, due to their heart condition, it is your opinion that this patient requires antibiotic prophylaxis against infective endocarditis before undergoing invasive dental procedures.

I would be very grateful if you could reply to the address above and provide details of the patient's heart condition, any related medications and whether, in your opinion, antibiotic prophylaxis is appropriate if the patient is undergoing an invasive dental procedure such as an extraction.

I have discussed the matter with [*Enter Patient/parent/carer name*] and she/he is happy that I discuss this important issue with you.

Yours sincerely,

Dental Practitioner

6. MANAGEMENT OF PATIENTS WITH TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMD) [6, 17, 18, 19]

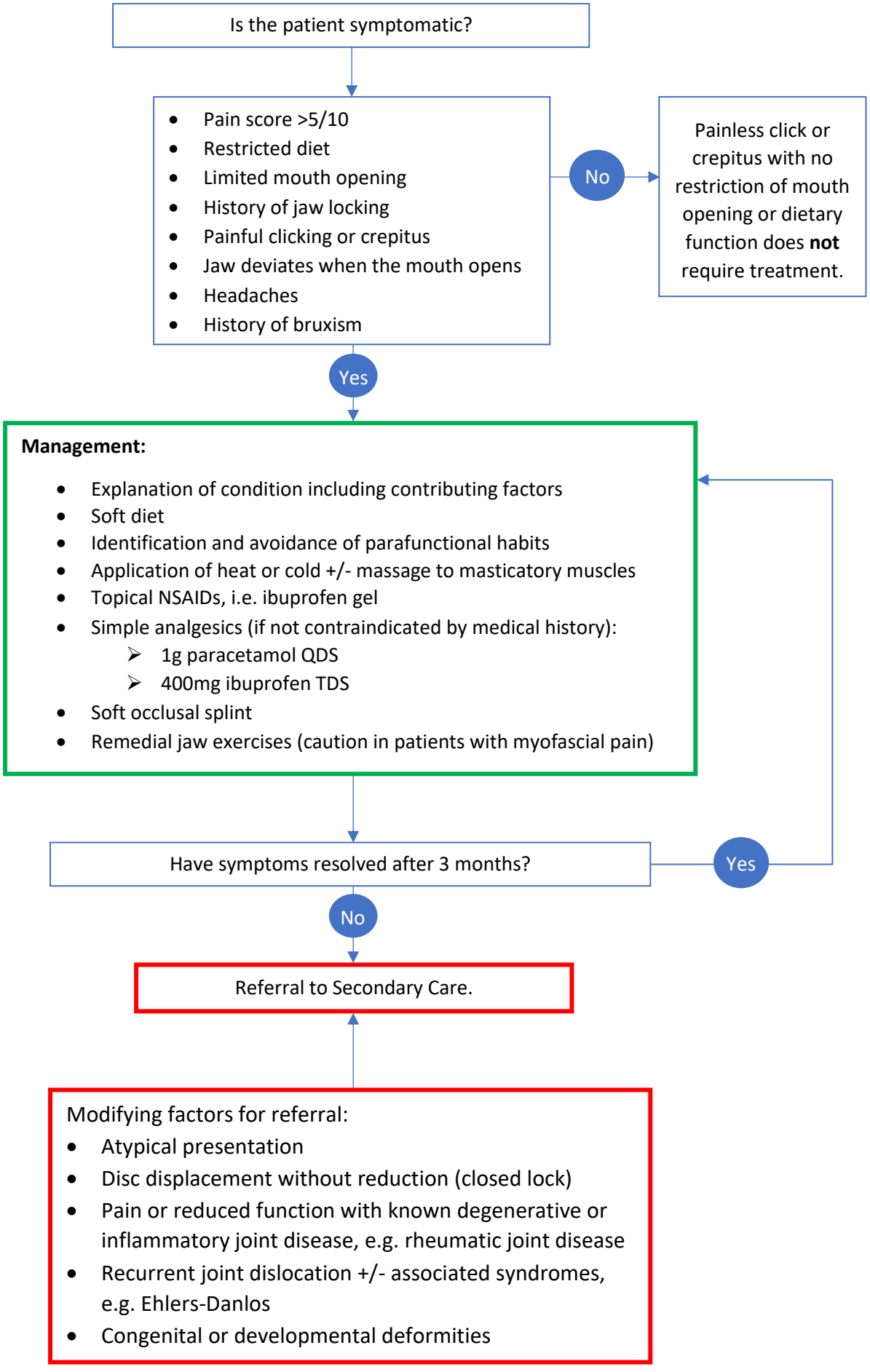


Figure 4. Management of TMD – Bite Raising Appliance Sample Leaflet

Bite Raising Appliances

Information for Patients

What is a Bite Raising Appliance?

A Bite Raising Appliance is a lightweight, thin plastic device made of a firm or soft, clear material that is worn over either the top or bottom set of teeth.

These are designed to help protect your teeth and minimise painful symptoms caused by the jaw's tendency to clench and grind, which in turn will reduce muscle tension and spasm.

Fitting and Removing

You should be able to line up your teeth with their outline in the appliance then push to seat in place. It will feel somewhat tight for a few minutes; this is normal.

To remove, simply feel for the edge of the appliance and place light finger pressure.

Any pressure to insert/remove the appliance should be placed evenly on both sides.

Wearing the Bite Raising Appliance

Unless instructed otherwise, your appliance should be worn every night. It can take up to six weeks to benefit from its effects.

At first, you may spit it out during the night but this should pass as you get used to wearing the appliance.

The appliance should feel snug against your teeth but not too tight or uncomfortable thereafter, and it should not rub against your gums. Your jaw may also feel unusual at first, but you should become accustomed to it after a period of use.

Saliva flow will increase during the first two weeks of wear; this is normal.

Please note that the appliance will naturally discolour or yellow over time.

Cleaning and Storing

Clean after each wear by using a soft toothbrush with soap and cold water. Toothpaste can scratch or discolour the material. Rinse your appliance then store it in a sealed container or bag.

You may also use diluted sterilising fluid every so often to help inhibit the growth of bacteria; be aware that this can discolour the material.

Things to Avoid

Do not wear the appliance whilst eating, drinking, cleaning your teeth, or participating in sporting activities (this is not a substitute for a sports mouth guard).

Do not leave in direct sunlight.

Do not allow the appliance to come into contact with any hot liquids or soak in household bleach, antiseptic solutions, mouthwashes or denture cleaning tablets.

Follow-up Appointments

Unless stated otherwise, a review appointment will be arranged for you in approximately 3 months' time.

Please bring your appliance with you to all future appointments.

Remember to continue with any physiotherapy exercises and/or other management advice (i.e. pain killers, heat application, soft diet) that you may have been given prior to the fit of your appliance.

If you feel that the appliance needs to be adjusted as it is rubbing or uncomfortable, or you become aware of any change in your bite, contact the outpatient department.

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APPENDIX A. SUGGESTED APPROPRIATE SERVICE FOR ORAL SURGERY PROCEDURES [1, 2, 5, 6]

Complexity Levels are taken from, and described in, the Guide for Commissioning Oral Surgery and Oral Medicine. [1] They are not exhaustive and may be revised according to Welsh Oral Surgery MCNs. Clinicians should feel competent to provide a specific Oral Surgery procedure and manage any complications that may arise before proceeding. [2]

For each Level, an assessment of the medical status of the patient is required in addition to consideration of social factors, level of patient anxiety, and other potential complications; e.g., a patient requiring a Level 1 procedure but with a complex medical history may be classified as Level 3. [2,3]

Procedure Type	**Sub-Type**	**Suggested Appropriate Service**		
		Level 1 **Primary Care (General Dental Practitioner)**	**Level 2** **Intermediate Care (IMOS/ Secondary Care)**	**Level 3** **Secondary Care (Oral Surgery/ OMFS services)**
Simple extraction of teeth	All procedures	Y		
Surgical removal of teeth or roots (including uncomplicated third molars) likely to:	Involve soft tissue only	Y		
	Involve division and/or bone removal	Y	Y	
	Be close (within 2mm on xray) to maxillary antrum	Y	Y	
	Involve a non-buccal approach			Y
	Involve an unerupted ectopic tooth or teeth			Y
Closure of oro-antral communication or fistula	Without antral access for tooth or root retrieval		Y	Y
	With antral access for tooth or root retrieval			Y

Surgical removal of impacted third molar likely to:	Involve soft tissue only	Y		
	Involve bone removal		Y	Y
	Involve tooth or root division		Y	Y
	Involve a non-buccal approach			Y
Procedures involving hard or soft tissue likely to compromise major nerves	All procedures			Y
Removal of supernumerary teeth	Erupted requiring simple extraction	Y		
	Unerupted/ impacted/ ectopic requiring surgical extraction			Y
Surgical exposure of tooth	Buccal/labial approach		Y	Y
	Buccal/labial approach to include bonding of orthodontic bracket			Y
	Palatal approach			Y
Drainage of dentoalveolar abscess	Intra-oral approach	Y		
	Extra-oral approach			Y
Enucleation of cyst of jaw	All procedures			Y
Apicectomy of tooth *	Single-rooted anterior teeth where root canal is adequately obturated		Y	Y

Excision of non-suspicious lesion of oral soft tissues **	E.g. apparent denture-induced hyperplasia, fibro-epithelial polyp, mucocele			Y
TMJD	Initial management	Y		
	Management which has not responded to simple interventions			Y

* This service is not provided by the oral surgery and oral & maxillofacial surgery departments within Cardiff & Vale UHB, please refer apicectomy cases to the restorative department at the University Dental Hospital, Cardiff.

** Reference should be made to the South East Wales Oral Medicine MCN's Oral Medicine Referral Guide.

APPENDIX B. MEDICAL CONDITIONS INDICATING TREATMENT IN SECONDARY CARE [5, 20]

Well-controlled medical comorbidities (e.g. well-controlled hypertension, asthma, diabetes, epilepsy, etc.) are not an indication for referral unless the complexity of procedure dictates so.

Assessment of medical conditions should be made using the American Society of Anaesthesiologists (ASA)[21] physical status classification system, which will guide the referring dentist as to the best setting for patient treatment:

ASA I (fit & well) and ASA II (mild systemic disease) requiring interventions in Level 1.
ASA I (fit & well) and ASA II (mild systemic disease) requiring interventions in Level 2.
ASA III (significant systemic disease) requiring interventions in Level 1 or above; Above ASA III (significant or life threatening disease) requiring any oral surgical procedure.

Other complex needs: It is expected that the majority of patients who receive routine dental care with a General Dental Practitioner in the primary care setting who have complex histories associated with their ability to communicate, access to oral care, oral health risk factors, or who have legal and ethical barriers to care, could be managed in accordance with the criteria outlined within this document. This may also apply to patients receiving care provided by the Salaried Primary Dental Care Service, based on the individual's case.

Patients requiring oral surgical procedures who, in the opinion of the referring clinician, have exceptional circumstances or complex needs may need to be allocated to secondary care. These referrals will be subject to individual case assessment prior to allocation.

APPENDIX C. ASSESSMENT OF SEDATION NEED [20, 22, 23, 24]

Particular care must be taken when referring patients for treatment under general anaesthesia as this carries an increased level of risk and should not be offered to patients as a routine alternative.[6] Conscious sedation is an effective alternative in many cases and can make untoward events less likely in some patients. In addition, conscious sedation may enable treatment in patients with movement disorders or who have a learning disability or other cognitive impairment.

A Modified Dental Anxiety Score (MDAS) of 19 correlates with the definition of dental phobia. The Index of Sedation Need (IOSN)[23] can be a useful tool when assessing the need for referral for sedation. The responsibilities of the referring clinician are described in the Scottish Dental Clinical Effectiveness Programme guidance.[24]

Comprehensive details must be provided to support any referral:

- Patients scoring a **MDAS level of 12 and above** may require additional support such as behavioural management or pharmacological anxiolytics as described in WHC(2018)009.[22]
- The MDAS assessment must be completed within the e-RMS oral surgery referral questionnaire.
- A full justification of why treatment cannot be provided by any other means is required for patients requesting general anaesthesia.

Patients who require Level 1 or Level 2 procedures carried out under sedation because of a demonstrable severe psychological state affecting their ability to receive treatment will be allocated to either the GDS sedation provider, Community Dental Service (CDS), Level 2 IMOS or Level 3 Hospital services, dependent upon ASA status.

Such patients would be characterised by:

1. Considerable difficulty in co-operation
2. Limited examination only possible
3. Considerable interruption which disrupts provision of treatment due to anxiety
4. Patient has received two or more behaviour modification/acclimatisation visits without success

When considering where to refer, dentists should be aware that Level 2 services in GDS/CDS do not usually include surgical third molars or surgical endodontics, but are most often carried out as part of a mixed treatment plan. An example of a mixed treatment plan might be: surgical removal of non-third molar teeth and completion of restorations or endodontics. Likewise, referral for Level 2 or Level 3 purely surgical work should be made to the appropriate Level 2 IMOS or Level 3 hospital services.

In addition, patients who have a physical condition, such as a severe gag reflex or a movement disorder such as Huntington's Disease or Cerebral Palsy, who need to be treated under sedation will also be allocated to either the CDS, GDS Sedation Providers, Level 2 IMOS or Level 3 Hospital services, dependent upon ASA status and the degree of complexity of the surgery.

APPENDIX D. GLOSSARY OF LEVEL 2 AND LEVEL 3 NHS WALES SERVICES

Aneurin Bevan University Health Board

Level 3	Oral & Maxillofacial Surgery Department Royal Gwent and Grange University Hospital Cardiff Road, Newport, Gwent NP20 2UB Tel: 01633 234234
Level 3	Oral & Maxillofacial Surgery Department Nevill Hall Hospital Brecon Road, Abergavenny, Gwent NP7 7EG Tel: 01873 732732
Level 2	Blackwood Dental Centre 171A High Street, Blackwood, Gwent NP12 1AA Tel: 01495 222697
Level 2	Kensington Court Clinic 197 Chepstow Road, Newport, Gwent NP19 8GH Tel: 01633 277263
	ABUHB Community Dental Service Tel: 01633 623728
Level 1/2	Gateway Conscious Sedation Service 44 Cross St, Abergavenny, NP7 5ER Tel: 01873 737737

Betsi Cadwaladr University Health Board

Level 3	Oral & Maxillofacial Surgery Department Glan Clwyd Hospital Rhuddlan Road, Bodelwyddan, Rhyl, Denbighshire, LL18 5UJ Tel: 01745 583910
Level 3	Oral and Maxillofacial Surgery Department, Wrexham Maelor Hospital Croesnewydd Road, Wrexham LL13 7TD Tel: 01978 261100
Level 3	Oral and Maxillofacial Surgery Department Ysbyty Glan Clwyd, Rhuddlan Rd, Bodelwyddan, Rhyl LL18 5UJ Tel: 01745 583910
Level 2	Intermediate Oral Surgery Service Tel: 03000 856 235

Cardiff and Vale University Health Board

Level 3	Oral & Maxillofacial Surgery Department University Dental Hospital Heath Park, Cardiff CF14 4XY Tel: 029 2074 7747

Cwm Taf Morgannwg University Health Board

Level 3	Oral & Maxillofacial Surgery Department Prince Charles Hospital Gurnos Road, Merthyr Tydfil CF47 9DT Tel:01685 721721
Level 3	Oral & Maxillofacial Surgery Department Royal Glamorgan Hospital Ynysmaerdy, Llantrisant CF72 8XR Tel:01443 443443
Level 3	Oral and Maxillofacial Surgery Department Princess of Wales Hospital Coity Road, Bridgend CF31 1RQ Tel: 01656752752
Level 2	Porth Dental Teaching Unit Leith House, Pontypridd Rd, Porth CF39 9PH Tel: 01443 680168
Level 2	Cefn Coed Dental Practice 148 High St, Cefn-coed-y-cymmer, Merthyr Tydfil CF48 2PL Tel: 01685 723377
	CTMUHB Community Dental Service Aberdare Road, Merthyr Tydfil CF48 1BZ

Hywel Dda University Health Board

Level 2/3	Parkway Clinic Lamberts Road SA1, Waterfront, Swansea SA1 8EL Tel: 01792 455780
Level 2	Park Street Oral and Maxillofacial service, Park street, Newtown, Powys SY16 1EG Tel: 01686 617394
Level 2	Dew Street Dental Practice, 31 Dew Street Haverford West, Pembrokeshire SA61 1ST Tel: 01437 762709

Powys Teaching Health Board

Level 3	Oral & Maxillofacial Surgery Department Brecon War Memorial Hospital Cerrigochion Road, Brecon LD3 7NS Tel: 01874 622443
Level 2	Park Street Oral and Maxillofacial service, Park street, Newtown, Powys SY16 1EG Tel: 01686 617394
Level 2/3	Parkway Clinic (**patients aged 3-17 only**) Lamberts Road SA1, Waterfront, Swansea SA1 8EL Tel: 01792 455780

Swansea Bay University Health Board

Level 3	Oral & Maxillofacial Surgery Department Morriston Hospital Heol Maes Eglwys Morriston, Cwmrhydyceirw, Swansea, SA6 6NL Tel: 01792 702222
Level 3	Oral and Maxillofacial Surgery Department Princess of Wales Hospital Coity Road, Bridgend CF31 1RQ Tel: 01656752752
Level 2	Cambria Dental Surgery 25 Eversley Rd, Sketty, Swansea SA2 9DB Tel: 01792 202229
Level 2/3	Parkway Clinic Lamberts Road SA1, Waterfront, Swansea SA1 8EL Tel: 01792 455780
	SBUHB Community Dental Service Swansea Tel: 01792 517838