Guidance for referral to intermediate restorative dental assessment service

1.1. Overview

This guidance outlines when it is suitable for adults (over 18 years) to be referred for a specialist restorative assessment.

A Restorative specialist will carry out assessment for intermediate restorative care. For all patients who meet the acceptance criteria, and have a demonstrable potential to benefit from treatment, a treatment plan will be devised. Where this plan cannot be carried out at the patient’s usual General Dental Practice the PCT may choose to fund specialist treatment as an exceptional treatment.

The specialist restorative service will not provide first line primary dental care. It delivers an intermediate level service for patients who require advanced care that is beyond the level of a competent GDP but is not complex enough to require multidisciplinary care in a hospital setting. This will include:

- Treatment planning, where required, to support GDPs to provide full mouth restorative care for patients
- Specialist treatment to facilitate achievement a functional shortened dental arch with reasonable aesthetics (following PCT exceptional treatment approval)

A clinical judgement is needed to assess whether conditions require treatment, as each condition will have a range of severity and the treatment plan will be dependent on the oral condition, the number of other teeth present and other factors.

1.2. Assessment of appropriateness of referrals

All referrals will be assessed (should this be triaged instead of assessed?) to ensure that they are suitable for intermediate specialist restorative care. This assessment will consider 3 elements: it will ensure that the referral contains all necessary information, that the patient is suitable for advanced restorative care in a primary care setting and, finally, that the patient meets the clinical acceptance criteria. The criteria that underpin these three elements of the assessment are detailed fully below.

I. Information required

All referrals must give the full range of information or they will be returned to the referring dentist.
Reasons for referrals to be returned include:
- No dental performer details
- No dental practice details
- No GMP details
- No recent comprehensive medical history
- No BPE
- No radiographs (where appropriate)
- No diagnosis detailed
- Problem not clearly detailed
• Location of problem not identified
• No clear reason given for need for specialist care

II. Clinical and patient factors that render a patient unsuitable for advanced restorative care in primary care setting

Clinical factors
• Requires sedation or GA for completion of the restorative treatment1,2
• Patient in acute pain3
• Initial treatment not completed, e.g. non-surgical treatment of periodontitis, stabilisation of caries3,4.
• Requires multidisciplinary secondary care
• Requires implants
• Requires a different specialist service, e.g. special care, oral surgery.

Patient factors
• Irregular attender3
• Unwilling to pay NHS charges for definitive restorations (where not exempt)1,5,6
• Unable to maintain definitive restorations5,7,8
• Unable to open mouth sufficiently to provide treatment1,5,9
• Poor oral hygiene10,11
• No indication that treatment options discussed with patient11
• Patient has not consented to referral for specialist assessment12,13
• No demonstrable benefit to oral health or quality of life13,14,15

III. Clinical acceptance criteria by monospeciality

<table>
<thead>
<tr>
<th>Clinical need demonstrated</th>
<th>Periodontics</th>
<th>Prosthodontics</th>
<th>Endodontics</th>
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<tbody>
<tr>
<td>BPE 4 in one or more sextants16</td>
<td>The tooth/teeth:</td>
<td>The tooth/teeth:</td>
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<td>Severe muco-gingival problems, e.g. severe localised recession</td>
<td>• Is/are of strategic importance17,18</td>
<td>• Is/are of strategic importance9,1,5,7,19</td>
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<tr>
<td></td>
<td>• Can be adequately restored (fixed prosthetics)</td>
<td>• Can be adequately restored9,1,5,7,8,20,21</td>
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<td></td>
<td>• Have adequate bony support and good periodontal prognosis</td>
<td>• Have adequate bony support and good periodontal prognosis1,5,7,8,19</td>
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<tr>
<td>First line treatment complete</td>
<td>Subgingival debridement of all sites with pockets 4mm or greater under local anaesthetic</td>
<td>Endodontics has been attempted by GDP unless complex presentation (canals with &gt;40 degree curvature, teeth with iatrogenic damage or pathological resorption)</td>
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<td>Removal of secondary local factors, e.g. overhangs</td>
<td>The RCT completed by the GDP should be of good quality and that problems persist despite this.</td>
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<td>Oral hygiene instruction with plaque score of 20% or less</td>
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<tr>
<td>Adequate information provided</td>
<td>Full mouth 6 point pocket chart</td>
<td>Patient would not prefer an extraction</td>
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<td></td>
<td>pre- and post- first line treatment details including review appointments</td>
<td>Patient can tolerate rubber dam</td>
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<td></td>
<td>Plaque score history</td>
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<td></td>
<td>Evidence of signposting to smoking cessation services (where relevant)</td>
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</table>

- The term **Strategic Importance** refers to teeth that contribute to achievement of a shortened dental arch. This is normally taken to mean a functionally and aesthetically acceptable anterior and pre-molar dentition. It can also be defined as being when all anterior teeth and 3-5 occlusal units are present. A pair of occluding premolars corresponds to one occlusal unit and a pair of occluding molars to two units.
References

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