

To :

- General Dental Practitioners in Belfast LCG Area;
- Professor Donald Burden Clinical Dental Director Belfast Trust (for cascade to all Dental Hospital Dentists)
- Jim Lynn CDS Clinical Director Belfast HSC Trust (for cascade to BHSCCT CDS team) ;
- Dr Tony Stevens Belfast HSC Trust Medical Director
- Mr Brian Barry Director of Specialist Hospitals & Women's Health Belfast HSC Trust

Web Site :

www.hscboard.hscni.net

Email:

Michael.Donaldson@hscni.net

7 March 2014

Dear Colleague

Referral of Patients Requiring Oral Surgery Services at the Belfast Dental Hospital

I am writing to set out the current arrangements for referring patients to the oral surgery (OS) service based in the Dental Hospital, Belfast HSC Trust. The **Oral Surgery Referral Guidelines**, **Contact Details** and **Referral Pro Forma** are now available for download on the BSO website at:

<http://www.hscbusiness.hscni.net/services/2470.htm>

These guidelines should be read in conjunction with the '**Referral of Patients Requiring Oral Medicine Services**' issued by the HSCB on 1 October 2013 which are also available for download at the web link referenced above.

These oral surgery guidelines clarify which types of cases are appropriate for referral to the Dental Hospital OS services, where to refer patients and how to make a referral, particularly when oral cancer is suspected. It is important to stress that these guidelines **apply only to the Belfast Trust OS service**. I would ask you to note that while these are the extant arrangements they may change in the future. If this happens I will write to you again to explain the new arrangements. Where possible, I would encourage practitioners to refer suitable oral surgery cases to the high street specialists in your area.

1. Which patients to refer and which Trust covers your practice

Referral criteria for Belfast HSC Trust–provided OS services are set out in the Oral Surgery Referral Guidelines. The Oral Surgery Department accepts referrals from dental practices which are located in the Belfast HSC Trust area. Practices outside of the Belfast HSC Trust should refer to their local Oral and Maxillofacial Surgery (OMFS)/OS clinic. To determine which Trust you should refer to, and the contact details for that Trust, please consult appendices 2 & 3 of the **Oral Medicine** referral package as referenced above.

Please note that Trusts will refuse to see patients who have been referred to them when the treatment required is available under the General Dental Services but the patient does not wish to pay.

2. Referral Categories

In Northern Ireland three referral categories are used:

Red Flag - only for suspected cases of cancer (patient to be seen within two weeks)

Urgent - non-cancer cases which need to be seen urgently

Routine - all other cases.

These categories may differ from other national guidance, however we require that referring practitioners use the Northern Ireland classification detailed above.

The Red Flag categories are routinely audited and where there is a pattern of repeated inappropriate referrals then Trusts will communicate this to the referring practitioner to make them aware of the problem

3. Suspected oral cancer

If you are concerned that your patient may have oral cancer you should tick the Red Flag box in the Urgency of Referral section in the referral pro forma (appendix 1). It is important to stress that the Red Flag criterion is strictly for cases of suspected cancer.

Post or fax the completed pro forma to the Appointments Office, 2nd Floor School of Dentistry, Grosvenor Road, Belfast, BT12 6BA . You should also phone the Dental Hospital to confirm that they have received your referral (Phone: 02890639300 Fax No: 02890634989).

4. Other OS Conditions (urgent or routine)

If your patient fits the referral criteria set out in appendix 1 but you do not suspect oral cancer you should complete the referral pro forma (appendix 1) and in the Urgency of Referral section tick the appropriate box (urgent or routine). Post or fax the completed pro forma to the Appointments Office, 2nd Floor School of Dentistry, Grosvenor Road, Belfast, BT12 6BA Fax No: 02890634989.

I hope you find the above information useful.

Yours sincerely



**Head of Dental Services
Health & Social Care Board**

Encs

ORAL SURGERY REFERRAL PRO FORMA

PATIENT DETAILS Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Master <input type="checkbox"/> Dr <input type="checkbox"/> Surname First name Date of Birth Address Post code Contact No CHI/HCN No..... Interpreter required? Y / N First Language.....	MEDICATION URGENCY OF REFERRAL Red Flag (i.e. suspected cancer only) <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/>
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CLINICAL DETAILS Reason for referral History of complaint..... Pt symptoms..... Investigations undertaken Likely Diagnosis <i>Please attach radiographs/photographs where relevant</i>

REFERRER DETAILS GDP <input type="checkbox"/> CDS <input type="checkbox"/> Specialist <input type="checkbox"/> GMP <input type="checkbox"/> Name Practice Contact No

GMP DETAILS As above <input type="checkbox"/>
Name
Practice
.....
.....
Contact No

MEDICAL HISTORY (INC ALLERGIES)

LESION DESCRIPTION (where applicable)
Site
Size
Shape
Colour
Margins
Findings upon lesion palpation
.....
Findings upon palpation of lymphnodes ...
.....

RISK FACTORS
Tobacco usage (cigs/day)
Alcohol usage (units/week)

PRINT NAME

SIGN NAME

DATE

ORAL SURGERY REFERRAL GUIDELINES

The responsibility for making an appropriate referral rests with the referring health care professional. Three referral categories are used: 'Red Flag' referrals are only for cases of suspected cancer (patient to be seen within 2 weeks); 'Urgent' cases are non-cancer cases which need to be seen urgently; all other cases are categorised as 'Routine'. Referring practitioners should tick the appropriate category in the 'Urgency of Referral' section in the referral Pro Forma in Appendix 1.

All referrals must include complete patient contact details; sufficient clinical details outlining the problem, with radiographs if appropriate. Medical and drug histories are essential. Acceptance for treatment will be based on clinical need. Referring practitioners should use the Oral Surgery Referral Pro Forma.

- **NB: A referral which does not meet the service criteria will be returned to the referrer with an explanatory note.**

Please note that high quality radiographs should be provided for all dentoalveolar referrals. In third molar cases, an OPG is advisable. For other teeth, the radiograph must show the apex of the subject tooth/teeth. Normally these radiographs should be less than 12 months old and will be returned to the referring practitioners if they are the originals. Digital copies emailed to the appointments department would be welcomed (SODReferrals@belfasttrust.hscni.net).

For mucosal conditions, clinical photographs would also be welcomed

N.B. Any information sent by electronic means should be provided with an adequate level of encryption or password protection in line with Data Protection Guidelines

Oral Surgery Referrals are accepted for the following:

Oral mucosal and related pathology

See also HSCB referral guidance for Oral Medicine:

<http://www.hscbusiness.hscni.net/services/2470.htm>

- Abnormal areas in the mouth that are suspected of being oral cancer should be referred immediately and marked as Red Flag". In addition the following may also be referred:
 - White or red patches
 - Ulceration of the oral mucosa
 - Vesiculo-bullous disorders

- Jaw Cysts
- Any intraoral mass/swelling or lesion requiring diagnosis and/or treatment
- Salivary gland swellings and disorders

Trauma

- a. Dento-alveolar fractures.
- b. Intra oral soft tissue trauma

Spreading infection

- Where patients present with emergent signs of spreading infection including trismus, dysphagia, airway problems, pyrexia and systemic upset, telephone contact should be made with the Oral Surgery Department at the Dental Hospital phone: 02890633159.

Surgical Extractions

- Surgical removal of retained roots and teeth.
- Multiple extractions (in one or both jaws) for patients who may need a general anaesthetic or conscious sedation. This has to be part of a treatment plan agreed with the patient and includes arrangements for continuing care in primary care. ***It is the responsibility of the referring dentist to undertake an oral health assessment and agree a full treatment plan with the patient before referring. A copy of the treatment plan should be included in the referral to ensure treatment provided under sedation/GA does not conflict with the overall plan.***
- Routine extractions or, in the opinion of the referring dentist, a ***possible*** surgical extraction will ***only*** be accepted with an explanation and radiographic evidence for e.g. patient with history of difficult extractions e.g. ankylosis.

Orthodontic-related procedures

- Exposure or removal of ectopic teeth, and removal of supernumerary teeth will be considered provided the practitioner has obtained a specialist orthodontist assessment which should accompany the practitioner's referral.
- In addition, it should be clearly stated why the orthodontist wishes to have the teeth removed/exposed and that they will be undergoing this procedure as part of their **on-going** orthodontic treatment

Symptomatic Third Molars

- **ALL** referrals should follow NICE guidelines (NICE: Wisdom Teeth – Removal TA1 March 2000) and will only be accepted where access to secondary care skills and facilities are required such as:

Complex anatomical considerations (this does not necessarily include proximity to the Inferior Alveolar canal as removal/

decoronation in these cases may be managed as effectively in the Primary Care Specialist Oral Surgery practice following appropriate imaging)

- Pathology which may complicate the procedure
- Patient has related medical problems which make management inappropriate in primary care.

Dental extractions in medically compromised patients / potential complications

- The vast majority of procedures should be able to be undertaken in dental practice or if necessary in High Street specialist Oral Surgery Practice.
- Patients with ischaemic heart disease (including patients on aspirin), chronic pulmonary disease, diabetes or epilepsy which is under control should be able to undergo treatment in general dental practice/primary care oral surgery specialist practice.
- Patients taking less than 10mg of Prednisolone per day do not normally require additional steroids. However, qualified advice based on the patient's medical history should be sought.
- Extractions can be undertaken on patients taking warfarin in dental practice/primary care specialist oral surgery practice. The INR should be checked the day before or on the day of the extraction, usually at the GMP's surgery and the procedure undertaken if the INR is less than 3.0 and has been previously stable. Bleeding should be controlled by local haemostatic measures. Please seek telephone advice if required.
- Refer patients on warfarin who require multiple extractions and those where the INR is >3.0 or unstable.
- Patients at risk from osteoradionecrosis due to previous exposure to therapeutic radiation for mouth/neck malignancy who require dental extractions will be accepted
- Referrals can be made to Community Dental Services in line with their service role as set out in the Scope of Service Specification:
<http://www.dhsspsni.gov.uk/index/dental/dental-pubs.htm>

Apicectomy (Surgical Endodontics)

- Conventional root canal treatment should be the first treatment option for cases of periapical pathology within primary care. If unsuccessful, non-surgical re-treatment should be the preferred option for endodontic failure.
- All teeth should be adequately root filled prior to referral, repeat root filling has a higher success rate than apicectomy and hence should be carried out. The success rate of re-apicectomy is very low and will not be carried out by the department.

- Practitioners may wish to consider referral to specialist endodontists in this regard.
- Practitioners should undertake a full clinical assessment of their patient and provide the service with written details using the proforma giving the clinical justification for the requirement to have an apicectomy.
- For comprehensive guidelines for referral for apicectomy see:
http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines

Temporomandibular Joint Dysfunction (TMJ)

- Initial management of TMJ Dysfunction can take place within primary care which may involve supportive patient education on avoidance of clenching and grinding, relaxation and a soft diet. For patients with persistent pain, stabilising splints or bite raising appliances may help, but permanent occlusal adjustments should be avoided.
- Referral to specialist secondary care may be necessary for clarification of diagnosis where there is underlying joint disease, limited opening in isolation or if the patient has persistent TMJ Dysfunction problems following initial intervention by the referring practitioner. A click in the absence of pain is not an indication for referral.
- Patients with pain AND severe limitation to movement should be referred urgently.

Patients on Bisphosphonates

Please follow the advice set out in DHSSPSNI 'Best Practice Guidance – Osteonecrosis associated with Bisphosphonate usage':

http://www.dhsspsni.gov.uk/hsc_sqsd_54_09_osteonecrosis_associated_with_bisphosphonate_usage-2.pdf

Please note that the secondary care oral surgery service:

- **Does not accept** referrals for routine extractions.

Under GDS arrangements, routine dental extractions (including multiple dental extractions) are considered part of the normal care that a GDS practitioner should provide. In circumstances where practitioners lack the expertise to competently undertake routine extractions, it is the responsibility of that practitioner to make alternative arrangements for the patient to access such care under the GDS.

- **Does not accept** patients who are having difficulty in accessing primary dental care services or have associated financial reasons or economic issues.
- Where patients are not currently registered with a GDP, then they should be

advised to do so in the first instance. Where there are difficulties in this process, then this should be raised with the Integrated Care Team at the HSCB; Phone: 02890321313.

The oral surgery department at the Dental Hospital accepts referrals from dental practices within the Belfast Trust area. Practices outside of the Belfast HSCT should refer to their local Oral and Maxillofacial Surgery/Oral Surgery clinic. See appendices 2 and 3 of the **oral medicine referral guidelines** for a list of the oral surgery, oral medicine and oral and maxillofacial surgery clinics in Northern Ireland which can be downloaded at:

<http://www.hscbusiness.hscni.net/services/2470.htm>

Contact Details:

All referral letters should be sent to the Central Appointments Office:

Appointments Office
2nd Floor
School of Dentistry
Grosvenor Road
Belfast
BT12 6BA

Landline: 028 9063 9300

Fax No: 028 9063 4989

Email address: SODReferrals@belfasttrust.hscni

For urgent clinical Oral Surgery enquiries:

Landline: 028 9063 3159