



Title	Guidance for Referral to NHS Borders Public Dental Service
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Guidance for Referral to NHS Borders Public Dental Service

Intention

The intention of this document is to provide guidance support for referrers. In doing so, referred patients may then be appropriately directed to see the right person at the right time.

General Guidance

SCI-Gateway should be used for all referrals from external referrers' e.g. independent dental contractors and general practitioners to the Public Dental Service (PDS) this includes PDS Borders General Hospital (BGH) referrals. PDS domiciliary service referrals should not go through SCI-Gateway but must follow the Caring for Smiles process outlined in Section 3. Referrals from NHS Borders staff should follow the process in Section 4.

In order that patients are triaged correctly and have the necessary arrangements put in place to support them, please use the checklist Appendix 1a. This will ensure you have all the necessary information included prior to sending your referral electronically.

All completed forms are required to be copied and pasted to a Word document and attached to your referral.

Failure to provide appropriate information or attach documents to the referral in accordance with this guidance may result in the referral being returned to your practice and cause delay to patient's treatment.

Section 1

Acceptance Criteria for Referral to NHS Borders Public Dental Service

Patients referred for treatment within the Public Dental Service should fulfil at least one of the following criteria:

1. Be unable to accept dental treatment with local anaesthetic due to learning disability, physical or mental ill health in general practice.
2. Be unable to accept treatment with local anaesthetic due to **extreme** dental anxiety or phobia. Please note mild or moderate anxiety would be expected to be managed in general practice.
3. Pre-cooperative children i.e. children in whom young age prohibits compliance for dental interventions.
4. Children in whom local anaesthetic has been attempted and failed.
5. Extractions in children as per Appendix 1b (General Anaesthesia Criteria).

6. Medically compromised patients generally ASA3 and above (Appendix 2). ASA2 patients are suitable for treatment in general practice and many ASA3 patients may also be safely treated in GDP environment for the majority of procedures with local anaesthetic, with appropriate advice and precautions. Referral of ASA3 patients will be considered on an individual basis.
7. **Highly anxious** and **phobic** patients for management by conscious sedation or general anaesthetic. This service generally extends to offer **routine extractions and restorative dentistry**. Please note that it is essential that an **Indicator of Sedation Treatment Needs** (Appendix 3) is included with your referral. Treatment under GA is only considered as an appropriate treatment option in exceptional cases.

The GDC guidelines on GA referrals specifically indicate that **prior to making the referral**, the referring practitioner should discuss: (1) The risk involved with a procedure under GA (2) Alternative methods of treatment with the patient. Please see page 16 for link to Royal College of Anaesthetists advice leaflets.

8. Patients requiring an opinion and/or treatment by restorative, prosthodontic, periodontal, special care or paediatric, dental consultant or specialist please see section 5.

Section 2

Referrals Not Accepted by NHS Borders Public Dental Service

Patients that will **not** be accepted for treatment with the Public Dental Service:

1. Patients referred for financial reasons i.e. who do not wish to pay for their dental treatment.
2. Patients who require multiple quadrant dentistry who wish or are being referred for convenience.
3. Paediatric referrals for **general anaesthetic** to facilitate routine extraction of sound premolar teeth for orthodontic reasons (Appendix 1b).
4. Patients who have not attempted to access routine care and are referred via Dental Enquiry Line (DEL) or Borders Emergency Dental Service (BEDS). These patients should be advised to register with an NHS dental practitioner accepting new patients. A list of dental practices registering NHS patient is available from the Dental Enquiry Line on 0300 7900 710 or by e-mailing a request to dental.enquiry@borders.scot.nhs.uk
5. Patients requiring advanced restorative dentistry (including endodontic and crown and bridge work) managed by sedation or general anaesthetic.
6. Patients referred who cannot manage to access premises with stairs unless PDS referral criteria are met as in section 1 above. Practitioners in this position should consider other options for registered patients including referral to GDS colleagues with ground floor premises.

Section 3

Referral Process for Requesting Domiciliary Oral Care

1. Referrals should be submitted via secure e-mail to: bord-uhb.caring4smiles@borders.scot.nhs.uk using the template 'Generic Request for Domiciliary Oral Care' (Appendix 4). Please ensure there is clear justification for the additional need of a domiciliary visit.
2. Referrals for domiciliary care consideration will not be accepted without completion of 'Domiciliary Request Assessment Form' (Appendix 5). Generally a score of 8 or less would recommend that a domiciliary visit is appropriate. Any deviation from this will be considered on individual needs basis.

Section 4

Internal Referrals Process from NHS Borders' Staff Wishing to Refer Patients Currently Within Acute (BGH) or Community Hospital

Internal referrals from NHS Borders' staff wishing to refer patients currently within acute (BGH) or community hospital:

Please use the referral forms within the NHS Borders Dental Services Intranet Site by clicking the 'Referrals' tab to access the referral request forms - 'Generic Request for Dental Assessment or Treatment (for BGH) or (for Community Hospital's).

Urgent referrals should be directed to the Dental Enquiry Line by telephone 0300 7900 710 and followed up by the completed forms to dental.enquiry@borders.scot.nhs.uk

Section 5

Process for Out of Area Specialist Referrals

Patients requiring an opinion and/or treatment by restorative, prosthodontic, periodontal, special care or paediatric, dental consultant or specialist not available in NHS Borders:

Please refer via Public Dental Service on SCI-Gateway using exception criteria; add a brief description in comment box. These patients will be onward referred out of area by referrals hub team on behalf of NHS Borders Commissioning Team.

Appendices

Appendix 1a

Appendix 1a Referral Checklist			
Have you included the following information in your referral?			
First language if not English	Interpreter required		
Sensory impairment	Hearing	Vision	Communication
Mobility	Can manage stairs	Can walk with frame	Can weight bear
	Can transfer by self	Wheelchair user	Hoisting required
Does the patient have any additional needs?	Learning disability		
	Acquired brain injuries		
	Diagnosed mental health illness		
	Autistic spectrum disorders		
	Current significant misuse of substances		
	Child with cleft lip or palate		
	Dental treatment complicated by medical condition		
	Medical condition significantly affected by poor oral health		
	Sensory disability making access to general dental service difficult		
	Physical disability making access to general dental service difficult		
	Access to bariatric dental care needed (patient is over 21 stone / 133 kg)		
	If yes, please specify the weight of the patient		
Children or adults with a high level of anxiety or with a phobia of dental treatment and/or with behavioural difficulties. (treatment must have been attempted in GDP first)			
IOSN Appendix 3 score must also be completed for these patients.			
REASON FOR REFERRAL AND TREATMENT REQUESTED?			
PREVIOUS ATTEMPTS AT TREATMENT?			
RADIOGRAPHS ATTACHED?			
Have you completed appendix 4 and 5 for domiciliary referrals to: bord-uhb.caring4smiles@borders.scot.nhs.uk			
The referral has been discussed and agreed with the patient and/or Parent/Guardian?			
NHS charges are payable to PDS unless the patient is exempt			
Medical history information contained in referral?			
This patient referral meets the current referral guideline?			

Appendix 1b

Indications for the use of General Anaesthesia in children:

There are essentially only two indications for GA:

- The child needs to be fully anaesthetised before dental treatment procedures can be attempted
- The surgeon needs the child fully anaesthetised before dental treatment can be performed.

Circumstances and conditions suitable for Paediatric GA:

Please note 1-3 are suitable following unsuccessful attempts with behavioural management techniques and local anaesthetic.

1. Severe pulpitis requiring immediate relief
2. Acute soft tissue swelling requiring removal of the infected tooth/teeth
3. Surgical drainage of an acute infected swelling
4. Single or multiple extractions in a young child unsuitable for conscious sedation
5. Symptomatic teeth in more than one quadrant.
6. Moderately traumatic or complex extractions e.g. ankylosed or infra-occluded primary molars, extraction of broken-down permanent molars
7. Established allergy to local anaesthesia
8. Post operative haemorrhage requiring packing and suturing
9. Examination under GA, including radiographs, for a special needs child where clinical evidence exists that there is a dental problem which warrants treatment under GA.

N.B. Severe pulpitis and acute infection are by far the most common conditions treated under GA.

Circumstances and conditions which rarely justify Paediatric GA:

- Carious, asymptomatic teeth with no clinical or radiographic signs of sepsis
- Orthodontic extraction of sound permanent premolar teeth in a healthy child
- Patient/carer preference, except where other techniques have already been tried.

Extenuating circumstances that override the above limitations are:

- Physical, emotional, learning impairment or a combination of two or more of these
- Children who have attempted treatment using LA alone or LA combined with conscious sedation and been unable to co-operate
- Medical problems which are better controlled with the use of GA.

Reference: UK National Clinical Guidelines in Paediatric Dentistry, Guideline for the Use of General Anaesthesia (GA) in Paediatric Dentistry. Caroline Davies, Mike Harrison, Graham Roberts. The Royal College of Surgeons of England 2008.

Appendix 2

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

Reference: The American Society of Anesthesiology: www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system

Appendix 3

Indicator of Sedation Need (IOSN)

ANXIETY QUESTIONNAIRE TO BE COMPLETED BY THE PATIENT

Can you tell us how anxious you get, if at all, with your dental visit?

Please indicate by putting an "X" in the appropriate box

1. If you went to your Dentist for TREATMENT TOMORROW, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

3. If you were about to have a TOOTH DRILLED, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

4. If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

5. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not Anxious Slightly Anxious Fairly Anxious Very Anxious Extremely Anxious

(Humphris GM, Morrison T and Lindsay SJE. The Modified Dental Anxiety Scale: Validation and United Kingdom Norms. *Community Dental Health* 1995; 12:143-150)

Dentist to score Anxiety Questionnaire

Each of the five answers is scored as follows:

Not anxious = 1
Slight anxious = 2
Fairly anxious = 3
Very anxious = 4
Extremely anxious = 5

So the total Questionnaire Score is a sum of all five items (range 5 to 25)

Indicator of Sedation Need (IOSN)

MATRIX TO BE COMPLETED BY THE DENTIST

1. Anxiety Questionnaire (MDAS) Rank Score

Questionnaire Score is converted to Rank Score

Please put an "X" next to answer

MDAS 5-9 (minimal anxiety)	1	<input type="checkbox"/>
MDAS 10-12 (moderate anxiety)	2	<input type="checkbox"/>
MDAS 13-17 (high anxiety)	3	<input type="checkbox"/>
MDAS 18-25 (very high anxiety)	4	<input type="checkbox"/>

2. Medical & Behavioural Indicator Rank Score

No medical or behavioural indicators	1	<input type="checkbox"/>
<i>Systemic disorders (not of severity to exclude sedation) that may be exacerbated by treatment</i> Fainting attacks / hypertension / angina / epilepsy / other (please state)	2	<input type="checkbox"/>
<i>Systemic disorders that compromise ability to cooperate</i> Arthritis / parkinsonism / multiple sclerosis / other (please state)	3	<input type="checkbox"/>
<i>As a rule of thumb ASA II would generally be 2 or 3 and an ASA III would result in a grade of 4</i>		
Gag reflex	4	<input type="checkbox"/>

These indicators are not designed to replace your usual full medical history

3. Treatment Complexity Rank Score

<i>This guidance is not exhaustive – if in doubt about score then please score higher value</i>		
ROUTINE – Scale, single rooted extraction of 1 or 2 teeth, single quadrant restorations	1	<input type="checkbox"/>
INTERMEDIATE –Multi-rooted extraction, surgical extraction without bone removal, 2 quadrant restorative	2	<input type="checkbox"/>
COMPLEX –Surgical extraction with bone removal, multiple quadrant restorative	3	<input type="checkbox"/>
HIGH COMPLEXITY – Any treatment considered more complex than above or are multiples of the above	4	<input type="checkbox"/>

SEDATION NEED= 1 + 2 + 3 scores to be calculated and sedation need to be added to referral

Total Rank Score Need	Score Descriptor	Sedation
3-4	Minimal need	No <input type="checkbox"/>
5-6	Moderate	No <input type="checkbox"/>
7-9	High need	Yes <input type="checkbox"/>
10-12	Very high need	Yes <input type="checkbox"/>

Adapted from: Coulthard P, Bridgman CM, Gough L, Longman L, Pretty IA, Jenner T. Estimating the need for dental sedation. 1. The Indicator of Sedation Need (IOSN) – a novel assessment tool. *British Dental Journal* 2011;9:211(5):E10.

**NHS BORDERS PUBLIC DENTAL SERVICE
REQUEST FOR DOMICILIARY ORAL CARE**

Send completed request to: bord-uhb.caring4smiles@borders.scot.nhs.uk

Patients Name:

Patients Home Address:

Date of Birth: Tel/Mob number:

Reason for dental request: - Urgent/Routine (Please state)

Does the patient have a denture?

Does the patient have their own natural teeth?

Please provide a brief history and reason for request:-

NB: Please complete full medical history overleaf

Can patient give a valid consent?

Need to discuss, AWIA certificate required (please state)

Is there a financial and/or welfare power of attorney for the patient? Please supply name and daytime contact:-

Does patient receive any benefits? Please state

Not all benefits entitle people to free dental care. If there is a charge an estimate will be given. Patients can complete an HC1/HC1SC to request remission of charges or reimbursement of cost.

Is the patient able to come into the dental clinic?

Patient will require an escort...

Is patient a wheel chair user?

Does patient need a hoist to transfer?

Referred by (Print)

Position Date

	YES	NO	DETAILS
Do you have any mobility issues or difficulty transferring onto a dental chair?			
Are you taking any medicines from your doctor (tablets, creams, ointments, injections, inhalers, other)?			
Have you taken any medication for osteoporosis or bone disease in the last 3 years?			
Are you currently taking any medication to "thin" your blood?			
Have you had any serious illness?			
Are you taking or have you taken steroids in the last two years?			
Are you allergic to any medicines, foods or materials?			
Have you in the past or are you at present undergoing head or neck radiotherapy?			
Had jaundice, liver, kidney disease or hepatitis?			
Had a heart murmur, heart problem, angina, high blood pressure, heart attack or pacemaker?			
Had any blood tests in the last 12 months?			
Had a bad reaction to a general or local anaesthetic?			
Do you have arthritis?			
Suffer from bronchitis, asthma or other chest condition?			
Have fainting attacks, giddiness, blackouts or epilepsy?			
Have diabetes?			
Bruise easily, or suffered from prolonged bleeding after tooth extraction, surgery or injury?			
Suffer from any infectious disease (including HIV and hepatitis)?			
Have you ever had major surgery?			
Are you expecting a baby or a nursing mother?			
Do you carry a medical warning card?			
Do you regularly drink more than 14 units of alcohol per week?			
Do you smoke or use tobacco, pan, gutkha or supari?			
Are there any other aspects concerning your health that you think the dentist should know about?			
Is there any other information which your dentist might need to know about, such as self-prescribed medicines. (e.g. aspirin, recreational drug use or other drug use)			
Do you weigh less than 21 stone <input type="text"/> Weight if over 21 stones <input type="text"/>			
Name and position of person completing the medical history			
<input type="text"/>			
Is the patient able to consent to care? <input type="text"/>			
If patient unable to consent, please state Welfare Power of Attorney Guardian			
<input type="text"/>			

For Doctor Responsible: I confirm it is appropriate for this patient to have routine dental treatment, including fillings and extractions, if need be. There are no medical contra-indications or specific precautions needed unless outlined overleaf or in medical history.

Name and designation:

Any queries to Caring for Smiles, Oral Health Promotion, Rushbank, Newstead, Melrose, TD6 9DA 01896
824547/4508 or email: bord-uhb.caring4smiles@borders.scot.nhs.uk

Appendix 5

**Domiciliary Request Assessment Form
NHS Borders Dental Service**

Name of patient: D.O.B.

Address:

Section 1 – Mobility (Please choose one only)	Please put an “X” in box if yes	Score
Fully Independent (Mobile)	<input type="checkbox"/>	10
Frail but ambulant – needs assistance / partially sighted / blind/ mental health condition	<input type="checkbox"/>	6
Very unsteady gait	<input type="checkbox"/>	4
Mobile with use of wheelchair	<input type="checkbox"/>	2
Immobile	<input type="checkbox"/>	0
Question 1 – When was the last time the patient was able to leave the house?		
<input type="text"/>		
Section 2 – Personal needs (Please choose all that apply)	Please put an “X” in box if yes	Score
Meets all personal needs	<input type="checkbox"/>	10
Meets own personal needs with some external aid e.g. family/carer	<input type="checkbox"/>	6
Meets few personal needs – relies heavily upon external aid e.g. family/carer	<input type="checkbox"/>	4
Unable to meet any personal needs due to physical / mental health/psychological conditions	<input type="checkbox"/>	0
Question 2 – Does the patient have someone to bring them to the dental surgery?		
<input type="text"/>		
Section 3 – Activity (Please choose all that apply)	Please put an “X” in box if yes	Score
Attends appointments outside their home	<input type="checkbox"/>	6
Uses a Taxi/Car for other activities e.g. shopping/ social outings/doctor	<input type="checkbox"/>	6
Attends his / her doctor or health centre	<input type="checkbox"/>	4
Attends day centre / clubs/other	<input type="checkbox"/>	2
Other (please specify)	<input type="text"/>	2
TOTAL		<input type="text"/>

Useful Contacts

PDS Special Care Department, BGH, Melrose, TD6 9BS
Tel no: 01896 826201

All Public Dental Service Clinics central contact number: 0300 7900 710

Dental Enquiry Line
Tel no: 0300 7900 710 E-mail: dental.enquiry@borders.scot.nhs.uk

Hawick Dental Centre, Victoria Road, Hawick, TD9 7AH

Coldstream Dental Centre, Kelso Road, Coldstream, TD12 4LQ

Dental Dept, Kelso Health Centre, Inch Road, Kelso, TD5 7LF

Dental Dept, Galashiels Health Centre, Currie Road, Galashiels, TD1 2UA

Dental Dept, Haylodge Health Centre, Neidpath Road, Peebles, EH45 8JG

Caring for Smiles inbox: bord-uhb.caring4smiles@borders.scot.nhs.uk

Special care inbox: Dental.SpecialCare@borders.scot.nhs.uk

Useful Links

SDCEP guidance, including: Antibiotic prophylaxis; Acute Dental Problems; Anticoagulates and Antiplatelets; Caries in Children; Patients at Risk of Medication Related Osteonecrosis of the Jaw; Drug Prescribing www.sdcep.org.uk

Dental Trauma UK updated guidance for injuries to the primary dentition:
www.dentaltrauma.co.uk/File.ashx?id=15337

Dental trauma UK updated guidance for management of injuries to the permanent dentition:
www.dentaltrauma.co.uk/File.ashx?id=15336

Royal College of Anaesthetists: <https://rcoa.ac.uk/patient-information/patient-information-resources/information-children-parents-carers>

National Autistic Society (NAS): www.autism.org.uk

Scottish Society for Autism: www.autism-in-scotland.org.uk

Communication Passports: www.communicationpassports.org.uk/Home/