

Specialist Periodontal Service

Referral Protocol

1. A primary care specialist periodontal service has been commissioned by NHS Tower Hamlets. Any dentists practicing in Tower Hamlets may refer to the service.
2. Under General Dental Council guidance, it is the referring dentists' responsibility to ensure that any patient referral for care is appropriate.
3. The British Society of Periodontology 'Parameters of Care' <http://www.bsperio.org.uk/members/referral.htm> form the basis of periodontal care for patients. Before a referral to the service is made the referring dentist should observe the following parameters of care:
 - It is the responsibility of the dentist to monitor/screen patients for the presence of periodontal diseases including the use of relevant radiographs to make a diagnosis and institute a treatment plan with defined therapeutic goals.
 - Like many other conditions the treatment of periodontal disease depends to a large extent on patient compliance.
 - An assessment should be made of rate of disease progression and related to age in the overall context of oral health management. Consequences of no treatment should be explained.
 - For reasons of poor general health, lack of effectiveness of plaque control or non-compliance with good oral hygiene regimes, the patient's own wishes or the operators' decision, appropriate treatment to control disease may be deferred or declined.
 - In certain cases, because of the severity and extent of the disease, the age and health of the patient, treatment that is not intended to attain optimal results may be indicated. In these cases initial therapy may become the end point.
 - All periodontal assessments should be written in the notes particularly with regard to probing depths, attachment levels, bleeding sites, plaque scores and mobility and outcome assessments must be carried out in relation to the balance of the health/disease axis and the comfort function and aesthetics of the patient.
 - If the results of initial treatment resolves the periodontal condition, maintenance therapy should be scheduled at appropriate time intervals.

4. Acceptance criteria

Only referrals conforming to the criteria below, detailed in the service specification and made on the PCT designated referral form will be accepted. All other referrals will be returned to the referring dentist.

Referrals will only be accepted if the patient has been provided with initial treatment and supportive therapy

Referrals for routine periodontal treatment will **not** be accepted.

To prescribe advanced periodontal care relevant radiographs will have been taken. These **must** be included with the referral or it will be returned. This will avoid unnecessary further exposure to ionising radiation for the patient and will expedite the referral process.

In addition, an FP17 RN must be completed as part of the referral process.

4.1 Patient criteria

All patients referred must be a resident in Tower Hamlets (post codes E1, E2, E3, and E14) or registered with a general medical practitioner in Tower Hamlets

4.2 submission criteria

All referrals must be made on the PCT standard referral form.

The referring dentist must include in the referral the following:

- A short summary of the original problem
- What treatment has been carried out
- The BPE pocket chart
- Relevant modifying factors
- Relevant radiographs

4.3 clinical criteria

The service will only accept referrals from patients falling into the complexity 3 category of the Index of need for periodontal treatment published by the Royal College of Surgeons. Further details can be found in the service specification or in the link below

http://www.rcseng.ac.uk/fds/clinical_guidelines/documents/complexityassessment.pdf

| | |
|---------------------|---|
| Complexity 3 | <p>Surgical procedures involving periodontal tissue augmentation and /or bone removal (e.g. crown lengthening surgery)</p> <p>BPE score of 4 in any sextant including one or more of the following factors</p> <ul style="list-style-type: none"> • Rapid periodontal breakdown > 2mm attachment loss in one year • Root morphology that adversely affects prognosis • A concurrent medical factor that is directly affecting the periodontal tissues • Patients under 35 smoking 10+ cigarettes a day |
|---------------------|---|

Conditions accepted may include the following:

- Aggressive periodontitis
- Severe chronic periodontitis
- Vertical/ angular bony defects
- Furcation involvement
- Significant root surface exposure

An initial assessment appointment will be provided. Treatment will not be carried out if the clinician is of the opinion that the prognosis will not significantly be improved through poor patient compliance with oral hygiene regimes, the severity or extent of the disease or poor general health.

Following completion of the treatment, the patient will be returned to the referring practice for continuing care and maintenance therapy.