REFERRAL GUIDELINES

Orthodontic Department
Dorset County Hospital
NHS Foundation Trust (DCHFT)

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REFERRAL GUIDELINES

A complete range of malocclusions are accepted in the department for advice and/or treatment. Patients are generally in the 10 – 14 age range, but patients of all ages will be seen on request. The referral form/letter should give relevant clinical details including the IOTN score, the dentists and patients concerns, any previous orthodontic treatment, full patient demographic details including the patients date of birth, the name of the family doctor, and the patient NHS number if known.

Some conditions necessitating an earlier referral are indicated below:-

1. Unerupted incisors, abnormalities of incisor morphology (size, shape and number).
2. Anterior crossbites.
3. Significant buccal cross bites (with a mandibular displacement).
4. Absent permanent teeth.
5. Severe Class II malocclusions.
6. Craniofacial abnormalities such as a cleft lip and palate deformities.
7. Severe incisor crowding.
8. Submerging deciduous teeth.
9. Lack of palpation of the unerupted upper canines, particularly in association with lack of mobility of the deciduous canines at the age of 9 – 10, warrants further investigation.
10. Impacted first molars.

The Hospital Orthodontic Services provides:

i. A diagnosis service for all referrals from General Dental practitioners, Special Care Dentistry, General Medical Practitioners and Hospital Services.
ii. Second opinions

iii. Treatment of severe malocclusion:
   a) Gross skeletal problems requiring orthognathic surgery.
   b) Cleft lip and palate, and other congenital anomalies.
   c) Hypodontia with MULTIPLE missing teeth. All cases will require restorative support as an adjunct to orthodontic treatment. Advice will be sought from a Consultant in Restorative Dentistry (this may be at the Bristol Dental School) BUT the restorative aspect of the treatment plan may not be provided within the Hospital service.
   d) The management of impacted teeth.

vi. Treatment of medically compromised patients, and those with special needs.

**Adult Treatment**

Acceptance of adult patients is limited to those possessing severe skeletal problems requiring multi-disciplinary treatment. Routine adult treatment is not undertaken in either the Hospital or Specialist Practice.

**Index Of Orthodontic Treatment Need**

The index of Orthodontic treatment need (IOTN) is used within the hospital department as a sieve for conditions requiring treatment. Patients in categories 1 and 2, as well as 3 aesthetic index 1 to 5 will derive no clinical benefit from orthodontic treatment, whilst those in groups 4 and 5 will. The Orthodontic Department is limited by NHS England to accept only cases falling into the categories 4 and 5.

Those patients who fall into the IOTN category 3 aesthetic score 6 to 10 are able to have NHS orthodontics but treatment will be provided by a Specialist Practitioner or a Dentist with a Special Interest in Orthodontics.

It is important to discuss the perceived problem with the patient and or/parent to ascertain their views and likely compliance with orthodontic treatment and to ensure that the desire for treatment and their oral hygiene is of a satisfactory standard. If the latter is not satisfactory (and is not likely to be) this should be mentioned in the referral letter, as it will have a bearing on which treatment option will best suit the patient.
FOLLOW-UP AND DISCHARGE ARRANGEMENTS

A letter is sent to the referring Practitioner after the first consultation visit and, if appropriate, when patients are seen for review and also when discharged from the department.

QUALITY ASSURANCE

Clinical Audit is undertaken within the Department in accordance with the recommendations of the Regional Orthodontic Audit Committee and Royal College of Surgeons.

Referral Route

Referrals are accepted from General Dental Practitioners, General Medical Practitioners, Special Care Dentistry, Hospital Consultants, as well as the Regional Referral Management Centre. This should be on a standard referral form obtained from the Department or our website:

http://www.dchft.nhs.uk/patients/departments-G-O/orthodontics/Pages/default.aspx

If you have a secure NHS e-mail address you will be able to e-mail the referrals directly to the department using the following e-mail address: dch-ft.orthodonticdepartment@nhs.net
Patient radiographs wherever possible should be enclosed as an attachment to the e-mail. We will then be able to send any correspondence directly back to you via e-mail.

Referrals should be addressed to the appropriate consultant of choice or shortest wait. Patients from East Dorset may be appointed utilizing the Choose and Book system.

In order to keep within target waiting times for consultation and treatment an appointment with an alternative consultant may be offered to patients, unless specifically declined by the referrer.

New Patient Clinics are held on Monday, Tuesday, and Thursday.

Relevant radiographs should be included.

Consultant staff working at Dorset County Hospital NHS Foundation Trust:

Mr T H Bellis  
Consultant Orthodontist  
Orthodontic Department  
Dorset County Hospital  
Williams Avenue  
Dorchester  
Dorset  
DT1 2JY

Mrs P E Ellis  
Consultant Orthodontist  
Orthodontic Department  
Dorset County Hospital  
Williams Avenue  
Dorchester  
Dorset  
DT1 2JY

Mrs R Bradley  
Consultant Orthodontist  
Orthodontic Department  
Dorset County Hospital  
Williams Avenue  
Dorchester  
Dorset  
DT1 2JY

Mrs C Furness  
Consultant Orthodontist  
Orthodontic Department  
Dorset County Hospital  
Williams Avenue  
Dorchester  
Dorset  
DT1 2JY
Consultant to whom the patient is referred:

ANY Consultant  Mr T H Bellis  Mrs P E Ellis  Mrs C Furness

Referring Practitioner ................................................................. Date ........................................

Address .............................................................................................. Tel No ........................................

NHS No .............................................................................................. Hospital No .........................

Patient’s Name .................................................................................. DOB ..................................

Address .............................................................................................. Sex  Male / Female ........

General Medical Practitioner .......................................................... Address ..................................

Past Medical & Dental History

Reason for Referral:

Is patient’s Oral Hygiene good?  Yes / No

Does patient want treatment?  Yes / No

Any other relevant information:

Index Of Treatment Need (IOTN):  5  4  3  2  1

Signature .................................................................................................. Date ..........................

Routine radiographs will not normally be taken in the Orthodontic Department and need not be obtained prior to referral, but if available please enclose with referral to reduce radiation dosage for patient.
## DORSET ORTHODONTIC MANAGED CLINICAL NETWORK

### Index of Orthodontic Treatment Need IOTN

<table>
<thead>
<tr>
<th>IOTN Score</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for treatment</td>
<td>Very Great</td>
<td>Great</td>
<td>Moderate</td>
<td>Little</td>
<td>None</td>
</tr>
</tbody>
</table>

| a | Overjet | >9mm | 6-9mm | 3.5-6mm incompetent | 3.5-6mm competent |
| b | Reverse overjet | >3.5mm | 1-3.5mm | <1mm |
| c | Crossbite | >2mm | 1-2mm | <1mm |
| d | Tooth displacement | >4mm | 2-4mm | 1-2mm | <1mm |
| e | Openbite | >4mm | 2-4mm | 1-2mm |
| f | Overbite | Increased, complete & trauma | Increased, complete & no trauma | <3.5mm incomplete, no trauma |
| g | Pre or post normal occlusion | | | | ½ unit discrepancy |
| h | Hypodontia | >1 tooth per quadrant | | Less severe |
| i | Impeded eruption | Crowding, displacement, pathology | | |
| l | Posterior, lingual crossbite | | No functional occlusion |
| m | Reverse overjet | >3.5mm | 1-3.5mm |
| p | Cleft lip and palate | Defects |
| s | Deciduous teeth | Submerged |
| t | Partially erupted | | Impacted |
| x | Supplemental | | Supplemental |
| IOTN N/A | | | | | Teeth with Caries or Trauma with doubtful prognosis, monitoring growth, orthognathic surgery |

### Notes
1. Cleft lip and palate patients – always referral direct to hospital services
2. Patients in all other blue(very great need) and green(great need) zones – referral to hospital service or specialist practice for assessment
3. Patients in orange (moderate need) zones – referral to specialist practice for assessment
4. Patients in red zones are not eligible for NHS treatment
Notes on how to apply the IOTN scoring system:

- Patients should normally be under the age of 18 at the START of treatment.
- Patients whose malocclusions fall within the **GREEN** zones may be eligible for NHS treatment.
- Patients whose malocclusions fall within the **ORANGE** zones may be eligible for NHS treatment IF the aesthetic component is greater than 6.
- Patients who fall within the **RED** zones will not be eligible for NHS treatment.
- Patients who fall within the **BLUE** zones will require combined multidisciplinary treatment and will be eligible for NHS orthodontic treatment.
- IOTN has hierarchical scale ‘MOCDO’: The worst occlusal feature only is identified in determining the score.

1. Missing teeth (congenital, ectopic and impacted).
2. Overjets.
3. Crossbites.
4. Displacements of contact points.
5. Overbites.

PLEASE REFER TO THE GUIDELINES FOR HOSPITAL AND SPECIALIST SERVICES.

IT IS THE RESPONSIBILITY OF THE REFERRING PRACTITIONER TO DECIDE UPON THE MOST APPROPRIATE AVENUE OF REFERRAL FOR THEIR PATIENTS.

Further reading:

1. Shaw, W.C., O'Brien K.D., and Richmond, S.  
   Quality Control in Orthodontics: indices of treatment need and treatment standards.  