

Useful Information for Dentists

REFERRAL GUIDELINES

Referrals are accepted via the Central Referral Centre for Hampshire and Dorset. A standard referral form and guidelines are provided by NHS England South Central <https://www.solent.nhs.uk/dental> . Patients must fall into the IOTN category 5 and fulfil the criteria for level 3b as laid down in the National Commissioning Guidelines for Orthodontic Service's, category 4 who need multiple disciplinary care or medically compromised patients, and those with special needs.

It is important to discuss the patient's perceived problem 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.

The Hospital Orthodontic Services provides:

- i. Second opinions
- ii. 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 is usually at the Bristol Dental Hospital) N.B. the restorative aspects of the treatment plan will usually be provided by Bristol Dental Hospital.
 - d) The management of impacted teeth.
- iii. 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 NHS adult treatment is not undertaken in either the Hospital or Specialist Practice and can only be obtained privately.

Index Of Orthodontic Treatment Need

The Orthodontic Department is limited by NHS England to accept only cases falling into IOTN category 5, category 4 who need multiple disciplinary care or patients with medically compromised patients, and those with special needs.

All other patients that require NHS orthodontics will have their treatment provided by a Specialist Practitioner or a Dentist with a Special Interest in Orthodontics.

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. All letters will be copied to the patient/parent/guardian.

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 normally received via the Hampshire and Dorset CRC (Central Referral Centre) 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 NHS England South Central website:

New Patient Clinics are held on Monday and Thursday.

Relevant radiographs should be included.

Consultant staff working at Dorset County Hospital NHS Foundation Trust:

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Patient Assessment using IOTN (Index of Treatment Need)

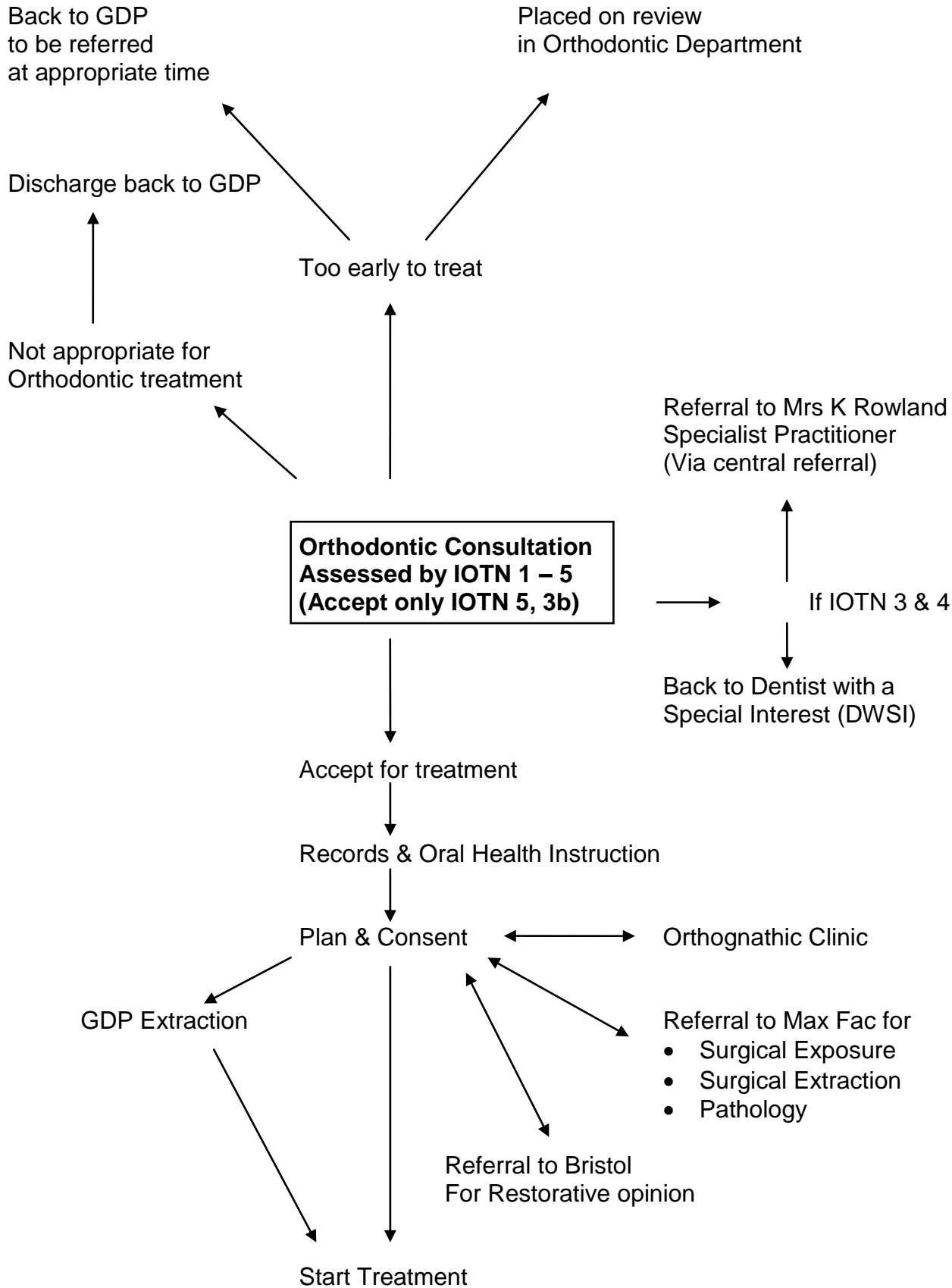
Basic Pathway of Care

1. Appointment for a Consultation with one of the Consultants.
2. Appointment for Orthodontic impressions, photographs and Oral Health Instruction.
3. Appointment for planning of treatment and consent to treatment.
4. Appointment for treatment start.
 - May be one long single appointment.
 - May be a combination of 1, 2, or 3 appointments over a number of weeks.
5. Patient seen for follow up appointments at 4-8 week intervals for approximately 18 months to 2 years.
6. On completion of treatment patient are seen for two appointments on the same day.
 - To take the brace off.
 - To fit retainers.
7. Appointment for a review 3 months post treatment and discharged if appropriate .
8. Some patients may be reviewed for a further 9 months or longer as required post treatment and then discharged when appropriate.

More complex cases are:

- Orthognathic patients
- Patients with Hypodontia
- Cleft Lip & Palate patients
- Patients with impacted teeth
- Patients with complex medical conditions
- Patients with complex learning and physical disabilities

Orthodontic Patient Pathways



ORTHOGNATHIC CARE PATHWAY

Consultation



Patient Information Leaflets / BOS Website
Records
Study Models ('O' Number)
Photographs
Radiographs – OPT / Ceph & Tracing
NFORCE QOL Questionnaire (1)
IOFTN Score – 4 + 5

(National Orthognathic Audit Q 1)



Joint Clinic
Treatment Plan
Minimum data set sheet



Data Assurance Form

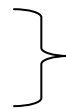
Yes

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Orthodontic Treatment

Pre Surgery

Study Models
Photographs
Radiographs – Tracing



Letter to
MaxFac Poole
For Photoceph

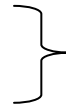
Joint Clinic – Surgical Plan

Letter From Surgeon

Surgical Waiting List in Poole

Pre Surgical
Orthodontic Preparation

Surgical Models
Photographs
Face Bow



Liaise with MaxFac Lab

Surgery

Post Op OPT Radiographs

Poole

Post Surgery

Ceph (Orthodontics)

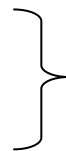
(National Orthognathic Audit Q 2)

Debond

Study Models
Photographs
Radiographs – OPT / Ceph
PAR
Departmental Satisfaction Questionnaire
NFORCE QOL Questionnaire (2)
Update Minimum data set sheet

Follow Up – Joint Clinic

1 Year
2 Years (NFORCE Q)
3 Years
5 Years (NFORCE Q)



Study Models
Photographs
Radiographs – Ceph

Audit

Every Third Year

Hypodontia Care Pathway

Referral



Consultation



Assess suitability for treatment



Case suitable for Orthodontic treatment approach
No restorative treatment required



Orthodontic Treatment



Case requires joint restorative



Records: sm's, photos, x-rays



Ref Bristol joint clinic



Back to DCHFT Plan + Consent



Orthodontic treatment



Back to Bristol for occlusal check



Completion of orthodontic treatment



Debond and fit retainers. Ref
back to Bristol for restorations



Restorative work in Bristol Then
back to DCHFT for new retainers



Retainer check then Discharge