

Information for Dentists

Referral Guidelines

Referrals are accepted via the DERS electronic referral management service. This was introduced in February 2020. Patients falling into the Category 3b only will be accepted for consultation, as laid down in the National Commissioning Guidelines for Orthodontic Services.

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 prior to referral.

The Hospital Orthodontic Services provides:

- i. Advice
- ii. Second opinions
- iii. Treatment of severe malocclusion:
 - a) The management of impacted teeth or other eruption problems
 - b) Gross skeletal problems requiring orthognathic surgery
 - c) Cleft lip and palate, and other congenital anomalies
 - d) 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
- iv. Treatment of medically compromised patients, and those with special needs
- v. All patients requiring impacted teeth exposed or extracted or hypoplastic 6's to be assessed by the Orthodontic team prior to referral to Max Fac

Adult Treatment

Acceptance of adult patients is limited to those possessing severe skeletal problems requiring multi-disciplinary treatment including Orthognathic Surgery.

Other complex dental anomalies, including patients presenting late with impacted teeth or presenting with multiple congenitally missing teeth who have not had the opportunity for treatment as a child.

Adult patients with congenital deformities, including cleft lip and palate and other craniofacial anomalies should also have the opportunity to be assessed for treatment.

Adult patients who have suffered acute dental trauma and require a joint approach to dental rehabilitation should also have direct access to the service.

Dental practitioners should be able to seek advice from the orthodontic team provided they have sort prior approval in the IFR process by NHS England prior to referral.

Routine NHS adult treatment is not undertaken in either the hospital or specialist practice and can only be obtained privately.

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 only accepted via the DERS electronic referral system, exceptions to this would include referrals from general medical practitioners, hospital consultants.

New patient clinics are held on Mondays, Wednesdays and Thursdays.

Relevant radiographs should be included in the referral if available.

Consultant staff working at Dorset County Hospital NHS Foundation Trust:

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Patient Assessment using IOTN (Index of Treatment Need)

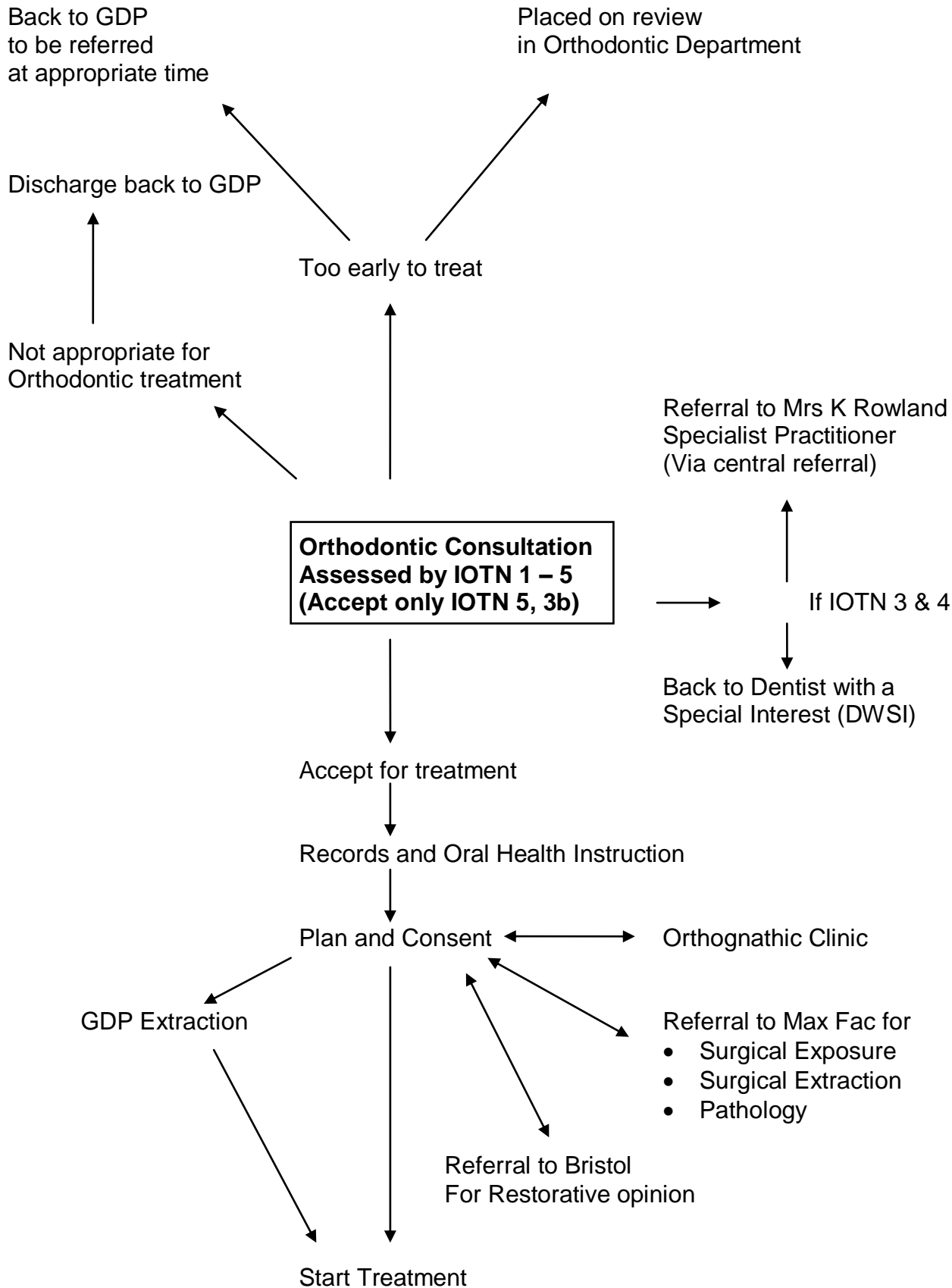
Basic Pathway of Care

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 one, two or three appointments over a number of weeks
5. Patient seen for follow up appointments at four to eight week intervals for approximately 18 months to two 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 three months post treatment and discharged if appropriate
8. Some patients may be reviewed for a further nine months or longer as required post treatment and then discharged when appropriate

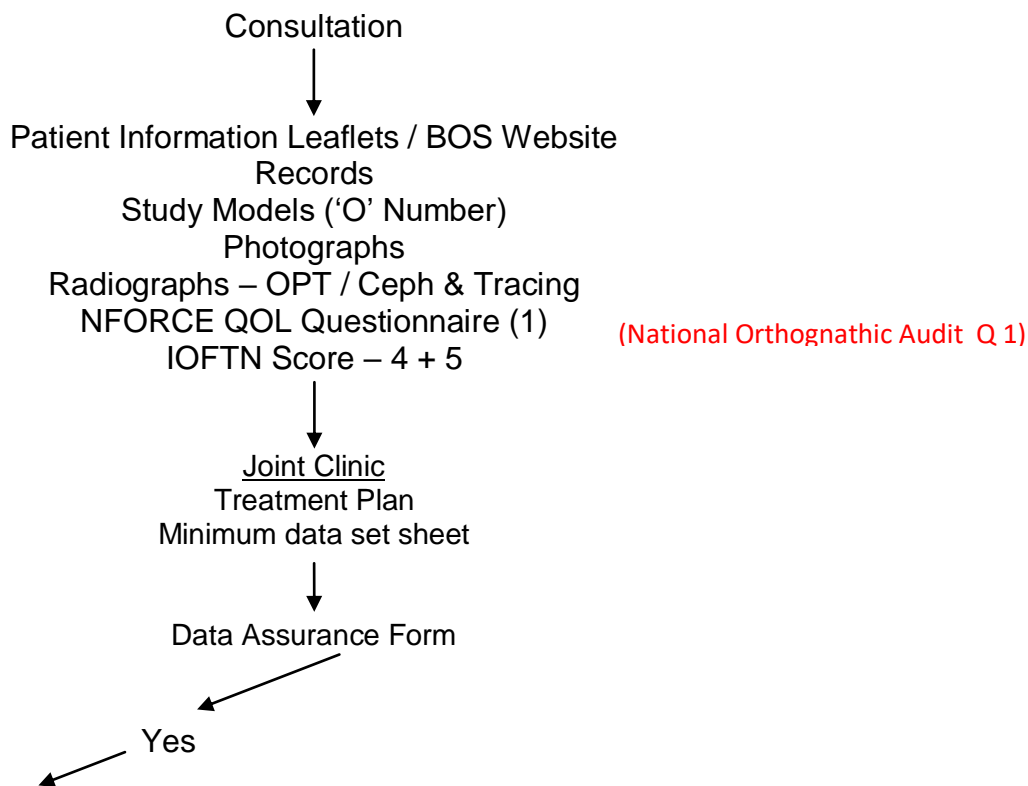
More complex cases are:

- Orthognathic patients
- Patients with Hypodontia
- Cleft lip and palate patients
- Patients with impacted teeth
- Patients with complex medical conditions
- Patients with complex learning and physical disabilities

Orthodontic Patient Pathways



Orthognathic Care Pathway



Orthodontic Treatment

Pre Surgery

Study Models
Photographs
Radiographs – Tracing



Letter to
MaxFac Poole
For Photoceph

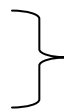
Joint Clinic – Surgical Plan

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

