

## **Guidance notes on Special Care Dentistry Referrals – Pan London**

All London NHS special care dentistry (SCD) referrals from dentists will be made by use of the standard pro-forma, which is the agreed process of clinical triage for patients requiring enhanced SCD services in the London. This form has been created via clinical advice from Local Professional Network and relevant stakeholders. Referrals that fulfil the stated requirements and fall within level 2 (moderately difficult) or level 3 (complex) will be accepted and deemed level 1 will be declined and returned to the referrer.

### **Description of the Specialty**

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The Specialty of Special Care Dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors. The Specialty focuses on **adolescents and adults only (age 16 years old and above)** and includes the important period of transition as the adolescent moves into adulthood. The Specialty was formally recognised by the General Dental Council (GDC) in 2008.

It is important to recognise that Special Care Dentistry is not synonymous with the Community Dental Service (CDS). It is a specialty related largely to adults, whereas most CDSs provide some Special Care Dentistry and other services, such as Paediatric dentistry.

### **Levels of Care**

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Within Special Care Dentistry, complexity may relate to the patient and their specific additional needs, as opposed to the planned dental procedure. Clearly this is very varied and likely to change, dependent on the clinical situation and over time.

Whilst the complexity of this particular group of patients may necessitate more specialised care for operative interventions e.g. conscious sedation, general anaesthesia, for the majority of Special Care Dentistry, patients will initially be seen within primary care dental services.

The Levels of Care described in this document refer to the complexity of the case with regards to procedural and/or patient modifying factors and the skill set and competencies of the provider and / or their team. **These combined factors determine the setting where care may be delivered.**

### **Level 1 Care**

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Level 1 care refers to procedure/conditions to be performed or managed by a dentist commensurate with level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent. The emphasis should be on

thorough assessment, effective on-going surveillance, robust preventive care and delivery of relatively straight-forward treatments. Components of level 1 complexity of care are often provided by other members of the dental team such as dental nurses with extended duties, dental hygienists or therapists.

Providers of Level 1 care should make reasonable adjustments to facilitate access for Special Care Dentistry patients in terms of time, equipment and facilities. All patients should be treated with equality, respect and dignity. Dentists need to be conversant with current guidance relevant to Special Care Dentistry patients, for example safeguarding training, obtaining consent and management of patients taking certain medication.

Level 1 care includes the following:

- Oral health assessment of need and circumstances, oral health review, risk
- Evidence based preventive intervention to enable high quality and effective oral hygiene and diet advice, fluoride therapy; where appropriate, liaison with carers may be required to facilitate this
- Provision of basic care
- Emergency treatment and management of pain, infection and dento-alveolar trauma
- Delivery of treatment following the provision of a treatment plan from a Special Care Dentistry specialist provider
- Continuing care

The diverse needs and complexities of this patient group (e.g. access, communication, cooperation and medical issues) might necessitate **shared care** for a short period of time or a specific treatment episode; in these cases appropriate referrals should be made to Special Care Dentistry services in a timely fashion and in accordance with local protocols

## **Level 2 Care**

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At this level, care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register. This care may require additional equipment or environment standards but can usually be provided in primary care. Level 2 complexity may be delivered as part of the continuing care of a patient or may require onward referral.

In some cases where contractual frameworks, infrastructure, team experience and training allow, conscious sedation techniques might be used to facilitate routine treatments within a primary care setting.

Providers of level 2 care on referral will need a formal link to a consultant/specialist-led MCN, to quality assure the outcome of pathway delivery.

The following patient modifying factors would lead to a Level 2 referral:

**a) Communication**

Significant communication difficulties due to multi-sensory or cognitive impairment

**b) Co-operation**

Patients who present with a disability, psychological or mental health state that means:

- only limited examination is possible
- significant treatment interruption due to inability to co-operate, inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination

These patients may require:

- Advanced anxiety and behaviour modification techniques, e.g. progressive desensitisation, Cognitive Behavioural Therapy
- Conscious sedation for moderate phobia / gagging, or concomitant disabling/ medical / mental health condition
- Clinical holding of patient should only be undertaken following risk assessment and by a dental team with appropriate training in clinical holding

**c) Medical**

This includes patients with:

- Moderately controlled medical condition(s)
- Progressive degenerative medical/ disabling condition: intermediate stage where specialised service / risk assessment is required

These patients may require management under specialist supervision.

**d) Access**

Patients may require:

- Requires NHS transport to access dental surgery
- and/or special equipment to transfer to dental chair (manual handling risk assessment, hoist)
- Domiciliary Care

**e) Oral risk**

- Oral hygiene requires support of third party

**f) Legal and ethical**

- Best interests require 2nd clinical opinion
- Doubtful or fluctuating capacity to consent, clinician required to make best interest decision and consult/ correspond to do so

## **Level 3 Care**

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The following patient modifying factors would lead to a Level 3 referral. Those patients at the most severe end of the spectrum in all categories should be seen within level 3b services.

### **a) Communication**

- No verbal communication ability due to severe cognitive impairment

### **b) Co-operation**

- Patient presents with severe disability or mental health state that prevents them from co-operating with dental examination and/or treatment.

*May require:*

- Specialist experience of managing combative, agitated or inappropriate behaviour in patient at risk of harm to self or others
- Basic/Advanced sedation techniques dependent of level of co-operation, anxiety and treatment required
- Assessment of patient requiring dental treatment under GA
- Significant clinical holding involving Level 2 or 3 holds / multidisciplinary working

### **c) Medical**

- Moderate – severe medical condition / multiple co-morbidities, i.e. significant risk of medical emergency
- Progressive degenerative medical / disabling condition: advanced stage

*May require:*

- Multifactorial / multispecialty medical risk assessment
- Treatment in medically supported hospital setting
- Use of conscious sedation in an acute care setting
- Shared medical care e.g. haematology, radiology, oncology, cardiology, respiratory medicine

### **d) Access**

- Patients who require secondary care facilities for access

### **e) Oral risk**

- Access to oral cavity for dental treatment severely restricted by major positioning difficulties, inability to open mouth, or dysphagia problems
- Patient unable to tolerate home oral care provided by 3rd party
- Requires multi-disciplinary management of oral care with high risk factors for oral disease

#### **f) Legal and ethical**

- Patients requiring a Deprivation of Liberty standard or a court decision regarding their oral care.
- Clinician required to make a nonintervention decision where there is extreme difficulty in providing care and it is not in the patients' best interests to provide active treatment

#### **Examples of Level 3a and Level 3b care are as follows:**

##### **Level 3a**

This encompasses procedures/conditions to be performed or managed by a dentist recognised as a specialist in Special Care Dentistry by the GDC.

Management of patients with more complex dental conditions or where care delivery is complicated including patients with:

- Significant anxiety and/or behavioural disturbance
- Treatment planning, support and follow up for those patients requiring extractions under general anaesthesia
- Treatment planning and delivery of comprehensive dental care under general anaesthesia
- Oral health surveillance and or treatment needs where significant medical comorbidity or disability increase the complexity and risks of delivery of care.
- Such care may be shared with a consultant
- Patients may be under the ongoing care of a physician, for example those patients with:
  - significant cardiovascular disease
  - significant abnormalities of haemostasis
  - ongoing treatment for haematological or organ malignancies
  - with significant disability or learning difficulties
  - with significant behavioural problems, including autism

##### **Level 3b**

This is the most complex level of care and should be delivered by a dentist recognised as Consultant in Special Care Dentistry. It includes the following items:

- Assessment and identification of dental variations which may be linked to patient modifying factors. This may include changes in relation to the facial profile, dental morphology, structure and positioning (e.g. changes secondary to thalassaemia major)
- Assessment and initial management of oral pathology or oral medical conditions which may occur more commonly in this patient cohort (e.g. oral candidosis I patients with underlying immunological defects or iatrogenic suppression)
- Assessment, surveillance and treatment of patients with significant comorbidity being managed by medical specialities (oncology,

cardiology, haematology, hepatology, nephrology, endocrinology etc). This may include providing urgent dental treatment prior to open heart surgery, organ transplant or prior to commencing chemotherapy

- Assessment and management of patients with a significant disability, comorbidity, significant behavioural disturbance (eg patients with severe autism) or severe anxiety who require hospital based and/or multidisciplinary work-up and support prior to and/or as an adjunct to delivery of dental treatment.
- Treatment planning and comprehensive care under general anaesthetic, involving more difficult surgical or restorative procedures, or where the patient is undergoing joint procedures with another surgical specialty.