

**Community Dental Service**

**Referral Guidelines**

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**Introduction**

The Community Dental Service (CDS) in Newcastle is primarily a facility for providing clinical experience for treating patients with special management needs. It provides primary dental care services with the adjunct of inhalation sedation, intra venous sedation and general anaesthesia for patients with special care needs. The service provides an Outreach teaching provision for undergraduate dental students

The service is delivered at four sites across the city:

|  |  |
| --- | --- |
| Dental Department  Arthur’s Hill Health Centre  Douglas Terrace  Newcastle upon Tyne  NE4 6BT Tel: 0191 282 3209  Dental Department  Molineux Street Health Centre  Molineux Street  Newcastle upon Tyne  NE6 1SG Tel: 0191 213 8550 | Dental Department  Kenton Health Centre  Hillsview Avenue  Newcastle upon Tyne  NE3 3QJ Tel: 0191 282 3800  Dental Department  Walker Health Centre  Church Walk  Newcastle upon Tyne  NE6 3BS Tel: 0191 218 3997 |

The service does not provide all services on every site every day.

It also provides clinical teaching supervision to undergraduate dental students, student dental care professionals and qualified dentists undertaking further training.

**Newcastle CDS will only accept referrals which comply with the standards set out in this document. Any non-compliant referrals will be returned to the referrer with a copy to the patient.**

This document has been developed in collaboration with the NHS England Primary Care Commissioning (Dental), Local Dental Network (Cumbria, Tyne and Wear) and Newcastle Dental Hospital, it forms the basis for acceptance of referred patients into the service for appropriate care.

Newcastle CDS accepts referrals from general dental practitioners (GDPs), other community dental services (CDS), general medical practitioners (GMPs), other healthcare providers and school health workers.

**Making a referral**

The responsibility for making an appropriate referral rests with the referring healthcare professional. The General Dental Council Standards for the Dental Team (2013), state:

6.3- *“You must delegate and refer appropriately and effectively”*

6.3.1 - *“You can delegate the responsibility for a task but not the accountability”.*

This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong.

The General Medical Council also offers guidance on delegation and referral of patients;

*‘Referral involves transferring some or all of the responsibility for the patient’s care, usually temporarily and for a particular purpose such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that any health care professional to whom you refer a patient is accountable to a statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility for the management of the patient.’*

Prior to referral for assessment and possible treatment, the referring healthcare professional should discuss with the patient what treatment might involve and refer to any complications that may arise. This will allow the patient to consider the risks before being seen by the CDS and to inform any questions they may have.

It is not acceptable to refer a patient for financial reasons alone.

**Accepting a referral**

The professional accepting a referral of a patient has a duty to fully understand what the referral is for, and to offer appropriate management. The referring practitioner should be contacted to discuss any changes to the proposed treatment.

*The treatment or advice requested will only be provided where this is felt to be appropriate. If this is not the case, there is an obligation on the dentist to discuss the matter prior to commencing treatment, with the referring practitioner and the patient’.*

This is in line with Standard 6.4 of the GDC Standards for the Dental team.

A referring clinician should inform a patient that acceptance of a referred patient for consultation does not mean an acceptance for provision of treatment within the CDS. Acceptance for treatment will depend upon the treatment required and the most clinically appropriate location for that treatment.

Whilst a patient is awaiting an appointment for consultation following referral, emergency and routine treatment remain the responsibility of the referring clinician.

**The referral letter**

The referring practitioner must send appropriate information to enable the receiving practitioner to have an accurate picture of the problem and any accompanying difficulties. The referral letter should encapsulate the results of the referring practitioners’ examination and diagnosis.

It is **recommended** that the appropriate referral form is completed to ensure all relevant patient details are received. A number of referral forms have been developed; Special Care Management (Appendix A: page 14-15); Sedation (Appendix B: page 16-17), Domiciliary (Appendix C: page 18) and e-referral form (Appendix D: pages 19-21).

Alternatively, a letter should be clearly written or preferably typed, and should contain the information set out in the guidance below. The patient should be given a copy of the referral letter and/or referral form.

Email referrals can be made by sending a completed proforma and any appropriate attachments (e.g. labelled and correctly orientated digital radiographs) to **nuth.cds@nhs.net.**

**Additional patient information**

To minimise additional procedures, any relevant test results and radiographs of appropriate diagnostic quality should be included with the referral letter/form. Failure to provide radiographs in appropriate format (digital copy or printed on photographic paper) will result in rejection of the referral. Please also ensure they are in the correct orientation, not flipped and are labelled with the patient’s name, DOB and date of exposure. Following completion of treatment, radiographs will be returned to the original source where relevant to future care.

**Patient Advice**

Patients should be advised that the first appointment will be made for an assessment and it is *very unlikely* that any treatment will be given at their first appointment. The referring dentist must give the patient a patient leaflet which gives the patient relevant information regarding their referral. There is a patient information leaflet for adults (Appendix E: pages 22-23) and a patient information leaflet for children (Appendix F: pages 24-25).

Patients should be advised that once treatment is completed all patients will be referred back to their dentist for maintenance care unless the patient has been referred for special care management and due to their condition are no longer suitable to be seen by a GDP.

**Triaging of patients**

All referrals for assessment to the CDS are triaged by clinical staff according to the description of the case and the urgency with which patients need to be seen. Due to the varying demand for specialist services, some patients will be placed on a waiting list if appropriate.

**Inadequate or inappropriate referrals**

As the clinician receiving a referral has a responsibility to ensure that the request for advice or treatment is fully understood**. Referral letters / proformas which do not include adequate information will be returned to the referring practitioner for clarification with the reason for not accepting the patient explained to both the referrer and the patient.**

Some patients request referral via their general medical practitioners for routine care. They should, in the first instance, be encouraged to seek treatment in the primary care sector locally and referring medical colleagues should be aware of the restrictions in acceptance of patients for routine care as above, and ensure that this is communicated to the patient prior to any referral.

The CDS is not able to provide treatment of a routine nature for patients based on their ability or willingness to pay for that treatment whether it is to be provided by either the present General Dental Services contract or is only provided under private contract by the referring practitioner. Patients receiving dental care from the CDS are subject to patient charges under NHS regulations.

**DNA’s and cancellations policy**

The CDS complies with the Patients Access policy of the Trust in that if a patient fails to attend an appointment for a consultation the patient will be discharged back to the care of the referrer. In exceptional circumstances, which are not within the control of the patient, the clinician does have discretion to provide another appointment but this will only be exercised in exceptional circumstances.

**The Referral Process (following referral)**

All referring practitioners will receive a letter once treatment is complete, or if the patient fails to attend or complete treatment and are being discharged.

If patients are accepted for treatment by undergraduate trainees, it is on the understanding (of both the patient and the referring dentist) that a specific course of treatment will be undertaken and then the patient will be discharged back to the dental primary care setting for review and continuing care (see appendix H, I and J on pages 27 to 33).

**Special Care Management Referrals**

**Information about this service**

Primary Dental Care treatment of patients with special needs falls within the remit of the salaried dental services and most patients should be referred to the local Community Service and not the Dental Hospital. This service provides the Special Care Team as referred to in the Dental Hospital Referral guidelines.

The referring dentist should consider where the patient lives before referral. If the patient lives outside Newcastle, it would be more appropriate to refer to the salaried service closer to the patient’s residence (See Appendix G: page 26). If your local dental service does not provide the service which your patient requires, then a patient requiring special care management can be referred to this service.

**Patient Acceptance Criteria**

* People with moderate or severe medical disability
* People with moderate or severe physical disability, including patients who require hoisting
* People with moderate or severe learning disability
* People with moderate or severe dementia
* Patients with mental illness who cannot be treated in primary care
* Inpatients and patients staying in secure units due to mental illness
* People who may have a combination of sensory, medical, physical, emotional, mental, intellect, and social disabilities that in combination make them unable to access General Dental Care
* People who require Bariatric care (referred to Arthur’s Hill Clinic only)
* People who require Domiciliary care (see Domiciliary section page 12)
* People with anxiety in relation to dental treatment who may require behaviour management or sedation for treatment (see Sedation section page 9)
* Adult patients who require General Anesthesia for fillings and extractions where other methods of treatment such as local anesthetic or sedation are not possible or have failed due to anxiety or poor co-operation. These patients should be referred directly to the Special Care Department at Newcastle Dental Hospital, or if for extractions only, the Oral Surgery Department at Newcastle Dental Hospital

**How to refer**

Referrals can be made by completing the CDS referral form (written or emailed) or by letter. Details that must be included in the referral are:

* Patients name, address, DOB, Contact number
* Carers’ details if appropriate including contact number
* Referrers name, address and contact number
* Reason for referral e.g. extractions, fillings, opinion
* Past dental history e.g. what type of treatment has been provided in the past
* Social history e.g. smoking/alcohol history, living circumstances, parental responsibility
* Special requirements- Hoist, Interpreter, Ambulance, Bariatric chair
* Medical history including GMP details and an up-to-date list of medications
* Urgent or routine care required

The proforma has been developed to ensure that all details are known to ensure the patient is triaged appropriately. **If a referral is received without all relevant information, it will be returned to the referrer asking for further information**.

**What will happen once a patient is referred?**

When a patient is referred to the Special Care Team, a dentist will assess the referral.

A letter will be sent to the patient asking them to contact the relevant clinic within 14 days to book an appointment to agree a date and time that is mutually convenient. This helps to reduce missed or cancelled appointments. **If no contact is made by the patient, no appointment will be arranged.**

**Sedation Referrals**

**Information about this service**

The CDS accepts referrals of dental patients who require conscious sedation to undergo primary dental care. Sedation services provided by the department are primarily intravenous sedation for *adults* and inhalational sedation for *children*. Other types of sedation will be provided where clinically indicated.

The CDS provides training for Postgraduate Sedation Certificate students.

**Acceptance Criteria**

In order to be considered for treatment patients must fulfil the criteria outlined below:

Patients unable to undergo dental treatment under local analgesia alone, who require treatment using pharmacological sedation. Examples include patients with:

* Dental anxiety or phobia
* Needle phobia
* Prominent gag reflex (which prevents dental treatment)
* Failed sedation in primary care
* Behavioural problems
* Medical issues (see detailed medical criteria below)
* Special needs (learning/physical disability - see further advice below)

**Medical Criteria**

Patients referred to the CDS Sedation Team for *intravenous sedation* will have their medical condition assessed to ensure they are treated by the appropriate clinician in the appropriate environment. These criteria are in line with criteria used in the sedation department of the Dental Hospital.

Patients **suitable** for primary dental care treatment with intravenous sedation by CDS Sedation Team in CDS clinic include the following

* Patients with no systemic disease (ASA I).
* Patients with mild to moderate systemic disease, not interfering with normal activities (ASA II).

e.g. well-controlled asthma, mild hypertension (BP<160/95), non-insulin

dependent diabetes, well controlled thyroid disease, mild anaemia, obesity (BMI up to 35), learning disability (mild).

* Patients with severe systemic disease which limits activity (ASA III), but is *well controlled*. If the disease is well controlled, patients in this category *may* be accepted for intravenous sedation e.g. hypertension (BP up to 170/100), insulin-dependent diabetes, psychiatric conditions (neuroses, depression), drug abuse (cannabis), multiple sclerosis, Parkinson’s.
* Patients aged 16-70 years are accepted for intravenous sedation but outside this age range need to be individually assessed as to their suitability. For patients outside this age range, please contact the Sedation Team Tel: 0191 282 3209.

Patients **unsuitable** for primary dental care treatment with intravenous sedation by CDS sedation team in CDS clinic include the following

* Patients with severe systemic disease which limits activity (ASA III), and is *poorly controlled or complex* e.g. hypertension (BP>170/100), myocardial infarction <3 years, stable angina, cardiac arrhythmias, severe chronic bronchitis, morbid obesity (BMI more than 35), alcohol dependence, severe psychiatric conditions (psychoses), grand mal epilepsy, drug abuse (cocaine, heroin), Alzheimer’s, systemic medication posing major interaction with sedation drugs.
* ASA IV – Severe systemic disease which is life-threatening e.g. myocardial infarction <6 months, unstable angina, heart failure, implantable defibrillator, Wolf-Parkinson White, cerebrovascular accident, uncontrolled diabetes, severe emphysema, organ transplantation, motor neurone disease, myasthenia gravis.
* Patients who are pregnant.

These patients can be referred to the CDS sedation team who will assess and determine how they would be best managed.

The options are:

* Local anaesthetic- if it is deemed that the risk of having intravenous sedation or a general anaesthetic is too great to be justified. The patient will then be referred back for treatment by their GDP.
* Inhalation sedation- often used for patients with BMI>35. This treatment will be carried out at one of the CDS clinics
* Intravenous sedation / general anaesthesia under a specialist anaesthetist. These patients will be dentally pre-assessed by the Sedation Team and if felt appropriate, treated by an anaesthetist led service at Newcastle Dental Hospital with community dental staff treating the patients.

**How to refer**

In addition to standard patient information, the referral letter must include the following:

* Reason for requesting sedation (e.g. dental anxiety/phobia, severe gag reflex, behavioural management, disability, potential traumatic/surgical procedure)
* Past dental history and response to attempted treatment under local analgesia
* Details of oral examination, dental diagnosis and treatment requested (specify for each tooth)
* Full medical history and list of all systemic drugs & allergies
* Appropriate radiographs

Incomplete referrals will be returned to referring practitioners, asking for further information. It is advised that the CDS Performa specific for Sedation Referrals is completed (Appendix B page 17-18).

**What will happen once a patient is referred?**

The referral letter will be assessed by a dentist.

A letter will then be sent to the patient asking them to contact the relevant clinic within 14 days to book an assessment appointment to agree a date and time that is mutually convenient. This helps to reduce missed or cancelled appointments. **If no contact is made by the patient, no appointment will be arranged.**

**Domiciliary Referrals**

**Information about this service**

Newcastle CDS offers domiciliary care for those patients who are physically, medically or mentally unable to leave their home to attend a dental surgery. Assessment, examinations and some very limited treatments are carried out within the home setting. However, following assessment, it may be deemed inappropriate to undertake some treatments within the domiciliary setting. In such cases, appointments will be made for the patient to attend the clinic nearest to their home or a referral will be made to the Dental Hospital by our team. If patients are able to leave their home with additional support (e.g. an ambulance) then additional support would be arranged for them to attend a surgery.

**Acceptance Criteria**

* Patients must live within Newcastle Local Authority area.
* Patients must be unable to leave their home or if the risk of doing so would put their health at serious risk.

**How to refer**

The CDS has developed a specific referral form for Domiciliary Referrals (Appendix C page 19). This is to ensure that we have all the relevant information to make an appropriate appointment. We would prefer to receive the referral on this form. However, if this form is unavailable for any reason, a referral by letter will be accepted but must contain the minimum information as below:

1. Patient name, Date of Birth, Address, Contact telephone number
2. Carers details, if appropriate, including contact number
3. Referrers name, address and contact number
4. Reason for referral and likely treatment need e.g. extractions, fillings, opinion, dentures
5. Past dental history e.g. last dental visit and previous treatment provided
6. Social History e.g. smoking/alcohol history, living circumstances, if the patient manages to attend hospital, hairdressers, other appointments
7. Special requirements- hoist, Interpreter, ambulance, bariatric chair
8. Medical history including GMP details and an up-to-date list of medications and allergies. Please also indicate if the patient has any history of violence or aggression
9. Urgent or routine care required

If you are unsure if you can refer a patient to this service, please telephone one of our clinics for advice. Telephone referrals are not accepted.

The proforma has been developed to ensure that all details are known to ensure the patient is triaged appropriately. **If a referral is received without all relevant information, it will be returned to the referrer asking for further information**.

**What will happen once a patient is referred,**

The referral letter will be assessed by a dentist.

A letter will be sent to the patient asking them to contact the relevant clinic within 14 days to book an appointment to agree a date and time that is mutually convenient. This helps to reduce missed or cancelled appointments. **If no contact is made by the patient, no appointment will be arranged.**

**Appendix A- Special Care Management referral form**

**Please note to enable us to deal with all referrals in a timely manner, we ask that all sections of this form are completed.**

|  |  |  |
| --- | --- | --- |
| **Patient Details**  Name:  DOB:  NHS Number:  Male □ Female □  Address:  Postcode:  Contact telephone number:  Home: Mobile: | | **Parent/Carers Details (if applicable):**  Name:  Male □ Female □  Address:  Postcode:  Contact telephone number:  Home: Mobile: |
| Does the patient have problems with mobility? Yes □ No □  If Yes please give details: | | |
| **Medical History**: Details of any significant medical conditions (including allergies e.g. latex and specific additional needs e.g. learning disability). A full medical history should be attached including GMP details and an up-to-date list of medications | | |
| **Social History** (i.e. details of legal guardian, living arrangements, smoking/alcohol/drug history etc.) | | |
| Urgent Care Required: Yes □ No □ | | |
| **Reason for Referral** (if for bariatric services please provide patients’ height, weight and BMI): | | |
| **Dental History**: (Please give as much detail as possible including use of LA): | | |
| Clinic/ Department to which referral is to be directed: | | |
| **Radiographs: Please provide digital copies (email to nuth.cds@nhs.net) or print on photographic paper and ensure images are orientated correctly and labelled with the patient’s name, DOB and date of exposure.**  Radiographs attached: Yes □ No □  If Yes please state type: | | |
| Signature of Referring GDP:  Please Print Name:  Date of referral: | Practice Stamp and contact number: | |

**Appendix B- Sedation referral form**

**Please note to enable us to deal with all referrals in a timely manner, we ask that all sections of this form are completed**

If you require further information or have a query about a potential referral, please telephone 0191 282 5306 for advice

|  |  |  |
| --- | --- | --- |
| **Patient Details**  Name:  DOB:  NHS Number:  Male □ Female □  Address:  Postcode:  Contact telephone number:  Home: Mobile: | | **Parent/Carers Details (if applicable):**  Name:  Male □ Female □  Address:  Postcode:  Contact telephone number:  Home: Mobile: |
| Does the patient have problems with mobility? Yes □ No □  If Yes please give details: | | |
| **Medical History**: Details of any significant medical conditions (including allergies e.g. latex and specific additional needs e.g. learning disability). A full medical history should be attached including GMP details and an up to date list of medications:  Patient Height: Weight: BMI: | | |
| **Social History** (i.e. details of legal guardian, living arrangements, smoking/alcohol/drug history etc.) | | |
| Urgent Care Required: Yes □ No □ | | |
| Reason for Referral for sedation:  □ Dental Anxiety / phobia □ Needle phobia □ Severe gag reflex  □ Behavioural management □ Disability □ Failed sedation in practice  □ Other Please state ………………………………………………………………………………… | | |
| **Past Dental History** (Please give as much detail as possible including use of LA): | | |
| Treatment required **(note: if the dental treatment requires a specialist or consultant, the referral must be sent to appropriate specialist department)** | | |
| **Radiographs: Please provide digital copies (email to nuth.cds@nhs.net) or print on photographic paper and ensure images are orientated correctly and labelled with the patients name, DOB and date of exposure.**  Radiographs attached: Yes □ No □  If Yes please state type: | | |
| Signature of Referring GDP:  Please Print Name:  Date of referral: | Practice Stamp and contact number: | |

**Appendix C Domiciliary Referral Form**

|  |  |
| --- | --- |
| **Patient Name** |  |
| **DOB** |  |
| **Address** |  |
| **Date:** | **Completed by:** |
| **Questionnaire Responder and relationship to patient** |  |
| **Reason for referral:**  **If URGENT – bleeding/swelling/trauma please follow protocol** |  |
| **Medical History** | **GMP** |
| **Dental charges/exemption status** | **Patients Mobility**  Can they access clinic by ambulance?  Is hoisting required?  How do they attend hospital appointments/hairdressers? |
| **Parking Instructions** | **Access to property** |
| **Who will be present for visit** | **Any pets?**  **To be in separate room** |
| **Ability to communicate**  **Speech**  **Sight/hearing**  **Comprehension**  **Interpreter** | **History/Risk of violence/aggression?** |
| **Next of Kin details/ LPOA** | **Social/Key worker details** |

**Appendix D Community Dental Service Referral Form**

**Please email all referrals to nuth.cds@nhs.uk**

\* indicates mandatory field. Please note forms not correctly completed will be returned and not processed Referral for advice accepted where clinically justified, not at patient/parent request.

Please include as much information as possible (including any radiographs).

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1. Practice / referrer Information - *Complete for ALL REFERRALS*** | | | |
| **Today’s date\*** | Click here to enter text. | **Date of decision to refer*\**** | Click here to enter text. |
| **Referring GDP name\*** | Click here to enter text. | **GDC number** | Click here to enter text. |
| **Referring GDP Signature\*** | Click here to enter text. | **NHS.net address (where available)** | Click here to enter text. |
| **Practice Referrer Address\*** | Click here to enter text. | | |
| **Postcode\*** | Click here to enter text. | **Telephone number\*** | Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2. Patient Information - *Complete for ALL REFERRALS*** | | | | | | | |
| **Title\*** | Click here to enter text. | **First Name\*** | | Click here to enter text. | | **Surname\*** | Click here to enter text. |
| **Date of Birth\*** | Click here to enter text. | **Age\*** | | Click here to enter text. | | **Gender\*** | Click here to enter text. |
| **Patient Address,** | Click here to enter text. | | | | | | |
| **Postcode\*** | Click here to enter text. | | **Telephone (mobile)\*** | | Click here to enter text. | | |
| **NHS number** | Click here to enter text. | | **Patient e-mail address** | | Click here to enter text. | | |
| **Medical History information (including list of medications where relevant, GMP details and carer details if relevant):** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Current dental/oral health and relevant dental history:** | | | | **Social History** (details of legal guardian, living arrangements, smoking/alcohol/drug history etc.) | | | |
| Click here to enter text. | | | | Click here to enter text. | | | |
| **Has the Patient been seen in Newcastle CDS Previously?** | | | |
| Yes  No | | | |
| **Any Special Care requirements e.g. Hoist, Interpreter, Bariatric chair?** | | | | Yes  Please give details:  No | | | |
| **Radiographs taken as appropriate & supplied in appropriate format and orientation (printed on photographic paper or digital copy provided)** Please also label with pt name, DOB and when the images were taken. | | | | Yes  No  Unable to obtain radiographs | | | |

|  |  |
| --- | --- |
| **Section 3. Reason for referral – *Complete this section*** ***for ALL REFERRALS*** | |
| Routine care for special care patients |  |
| Treatment under sedation |  |
| Please supply patients Height: Weight: BMI: | |
| Please indicate reason for sedation: | |
| To be seen on undergraduate clinics (one course of treatment only) |  |
| Bariatric referral |  |
| Please supply patients Height: Weight: BMI: | |
| **Please give details of dental treatment required e.g. examination, fillings, extractions (MUST give details here)** | |
|  | |
| Please indicate if this referral is Routine or Urgent | |

|  |  |
| --- | --- |
| **Indication of clinic you wish the patient to be seen at based on post code:** | |
| ***Arthurs Hill Dental Clinic***  *Douglas Terrace*  *Arthurs Hill*  *Newcastle Upon Tyne*  *NE4 6BT*  Tel: *0191 282 3209*  *Email: nuth.cds@nhs.net* | ***Kenton Dental Clinic***  *Kenton Resource Centre*  *Hillsview Avenue*  *North Kenton*  *Newcastle Upon Tyne*  *NE3 3QJ*  *Tel: 0191 282 3800*  *Email: nuth.cds@nhs.net* |
|  |  |
| ***Molineux Dental Clinic***  *Molineux Centre*  *Molineux Street*  *Byker*  *Newcastle Upon Tyne*  *NE6 1SG*  *Tel: 0191 213 8550*  *Email: nuth.cds@nhs.net* | ***Walker Dental Clinic***  *Walker Resource Centre*  *Church Walk*  *Walker*  *Newcastle Upon Tyne*  *NE6 3BS*  *Tel: 0191 213 8997*  *Email: nuth.cds@nhs.net* |
|  |  |
|  |  |
|  |  |

Please ensure this is the correct community dental service to refer to. Other local CDS services are found below:

|  |  |
| --- | --- |
| ***Community Services District/ Area*** | ***Contact Details*** |
| |  |  | | --- | --- | | **Gateshead, South Tyneside & Sunderland (SoTW)** | Dental Office  Clarendon, Windmill Way  Hebburn NE31 1AT  Tel: 0191 5026750  Email: communitydentalsotw.electronicreferrals@nhs.net | | **Northumberland & North Tyneside** | Dental Referrals, Dental Department,  Health Centre, Albion Road, North Shields,  Tyne & Wear NE29 0HG  Tel: 0191 219 6693  Email: [nhc-tr.albionroad.dental@nhs.net](mailto:nhc-tr.albionroad.dental@nhs.net) | | **Durham** | Dental Department  Park Place Health Centre  Park Place  Darlington DL1 5LW  Tel: 01325 342 150 or 01388 455767  Email: [cddft.communitydental@nhs.net](mailto:cddft.communitydental@nhs.net) | | **Teesside** | Community Dental Service,  Guisborough Primary Care Hospital,  Northgate, Guisborough  Cleveland TS14 6HZ  Tel: 01642 944734 Fax: 01287 284 125  Email: nth-tr.tcdsreferrals@nhs.net | | **Cumbria** | Dental Referrals, Carlisle Dental Centre,  Infirmary Street  Carlisle CA2 7HY  Tel: 01228 608 199 Fax: 01228 549 764  Email:  [ncm-tr.dentalreferralapphub@nhs.net](mailto:ncm-tr.dentalreferralapphub@nhs.net) | | |



**Appendix E – Patient Information Leaflet (Adults)**

**Information for patients**

**Referral to the**

**Community Dental Service**

**This leaflet will tell you…**

* **About your referral**
* **Why your dentist has referred you**
* **About your appointment**
* **Where you can find further information about the Community Dental Service**

**This leaflet is available in large print on**

**request please contact 0191 282 3209**

**About your referral**

Your dentist has referred you to the Community Dental Service which provides dental treatment which your dentist is not able to provide and a teaching facility for dental students.

If you need to have treatment, it will be carried out by the most appropriate person for that care.

If the treatment required could be done by a general dental practitioner you may be referred back to your dentist or, in some circumstances, given the option of being treated by a dental student.

**Why have I been referred to the Community Dental Service?**

Your dentist has referred you for any one of the following reasons…

* treatment if this is may be required by someone who has been trained further e.g. specialist
* possible opportunities for treatment by a dental trainee (undergraduate or postgraduate)
* treatment under sedation or general anaesthetic

**Make sure that you are clear why you are being referred**

**What happens next?**

Your referral is assessed by one of our dentists, if accepted you will receive a letter asking you to contact the relevant clinic within 14 days to book an appointment, to agree a date and time that is mutually convenient. This helps to reduce missed or cancelled appointments. **If you do not contact us no appointment will be arranged.**

**What will happen at my appointment?**

You will receive a thorough examination and assessment.

It is possible you may need to have further tests carried out e.g. radiographs (X-rays), blood tests.

**It is unlikely any treatment other than addressing any pain will be carried out at your first visit.**

**What if I can’t attend the appointment?**

You should telephone 0191 282 3209 as soon as possible to cancel your appointment. You will then receive a new appointment.

**What if I miss an appointment?**

If you miss an appointment, you will not automatically be sent another appointment.

If you and your dentist still think you need to be referred, your dentist will need to write again requesting an appointment and it is possible you will be put at the end of the waiting list.

**Where can I find further information about the Community Dental Service?**

Further information may be obtained from the website [www.newcastle-hospitals.org.uk](http://www.newcastle-hospitals.org.uk)

**For independent dental you can advice contact…**

The British Dental Health Foundation helpline

✆0845 063 1188 9am to 5pm, Monday to Friday or visit

[www.dentalhelpline.org.uk](http://www.dentalhelpline.org.uk)



**Appendix F – Patient Information Leaflet (Children)**

**Information for parents and guardians**

**Referral to the Community Dental Service (for a child or minor)**

**This leaflet will tell you…**

* **About your young person referral**
* **Why your dentist has referred your young person**
* **About your young person’s appointment**
* **Where you can find further information about the Dental Hospital and independent advice**

**This leaflet is available in large print on**

**request please contact 0191 282 3209**

**About your young person’s referral**

Your dentist has referred your child or minor (hereafter referred to as young person) to the Community Dental Service which provides dental treatment for children that your dentist is unable to offer.

If your young person needs to have treatment, it will be carried out by the most appropriate person for that care. Treatment is undertaken by staff and dental students. Treatment may be completed under local anaesthetic, sedation or general anaesthetic.

If the treatment required could be done in primary dental care i.e. outside the dental hospital, your young person may be referred back to your dentist or, in some circumstances, given the option of being treated by a dental student.

**Why have we been referred to the Community Dental Service?**

Your dentist has referred your young person for any one of the following reasons…

* treatment if this is required by someone who has been trained further e.g. specialist
* possible opportunities for treatment by a dental trainee (undergraduate or postgraduate)
* treatment under sedation

**Make sure that you are clear why your young person is being referred**

**What happens next?**

You will receive a letter asking you to contact the relevant clinic within 14 days to book an appointment to agree a date and time that is mutually convenient. This helps to reduce missed or cancelled appointments. **If you do not contact us no appointment will be arranged.**

**What should I do before my young person’s appointment?**

It is very important your young person attends with someone who can give all the details of your young person’s medical history and details of any medication they are taking.

It is also important the young person attends with someone with parental responsibility.

**What will happen at my young person’s appointment?**

Your young person will receive a thorough examination and assessment.

It is possible your young person may need to have further tests carried out e.g. radiographs, blood tests.

**It is unlikely any treatment other than addressing any pain will be carried out at your young person’s first visit.**

**Please note the assessment may take 2-3 hours, as this is a teaching environment and your young person may be seen by one or more clinician’s and students**

**What if we can’t attend the appointment?**

You should telephone 0191 282 3209 as soon as possible to cancel your appointment. You will then receive a new appointment.

**What if we miss an appointment?**

If you miss an appointment, your young person will not automatically be sent another appointment.

Your dentist will be sent a letter to inform them that you and your young person failed to attend the appointment.

If you and your dentist still think your young person needs to be referred, your dentist will need to write again requesting an appointment and it is possible your young person will be put at the end of the waiting list.

**Where can I find further information about the Community Dental Service?**

Further information may be obtained from the website [www.newcastle-hospitals.org.uk](http://www.newcastle-hospitals.org.uk)

**For independent dental you can advice contact…**

The British Dental Health Foundation helpline

✆0845 063 1188 9am to 5pm, Monday to Friday or visit

[www.dentalhelpline.org.uk](http://www.dentalhelpline.org.uk)

**Appendix G: Contact Details of the Salaried Services in North East**

|  |  |
| --- | --- |
| ***Community Services District/ Area*** | ***Contact Details*** |
| |  |  | | --- | --- | | **Gateshead, South Tyneside & Sunderland (SoTW)** | Dental Office  Clarendon, Windmill Way  Hebburn NE31 1AT  Tel: 0191 5026750  Email: communitydentalsotw.electronicreferrals@nhs.net | | **Northumberland & North Tyneside** | Dental Referrals, Dental Department,  Health Centre, Albion Road, North Shields,  Tyne & Wear NE29 0HG  Tel: 0191 219 6693  Email: [nhc-tr.albionroad.dental@nhs.net](mailto:nhc-tr.albionroad.dental@nhs.net) | | **Durham** | Dental Department  Park Place Health Centre  Park Place  Darlington DL1 5LW  Tel: 01325 342 150 or 01388 455767  Email: [cddft.communitydental@nhs.net](mailto:cddft.communitydental@nhs.net) | | **Teesside** | Community Dental Service,  Guisborough Primary Care Hospital,  Northgate, Guisborough  Cleveland TS14 6HZ  Tel: 01642 944734 Fax: 01287 284 125  Email: nth-tr.tcdsreferrals@nhs.net | | **Cumbria** | Dental Referrals, Carlisle Dental Centre,  Infirmary Street  Carlisle CA2 7HY  Tel: 01228 608 199 Fax: 01228 549 764  Email:  [ncm-tr.dentalreferralapphub@nhs.net](mailto:ncm-tr.dentalreferralapphub@nhs.net) | | |

**Appendix H – Referral Form for patient to be seen by Undergraduate Dental**

**Students**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Referring Practitioner: | | | | | | | Practice Address/Stamp: | |
| Signature: |  | | | Date: | |  | Phone Number: |  |
| **Patient Details** | | | | | | | | |
| Name: | |  | | | | | DOB: |  |
| Address: | |  | | | | | Phone Number: |  |
| NHS Number |  |
| Medical History:  (State if NAD) | |  | | | | | | |
| Social History:  (State if NAD) | |  | | | | | | |
| Special Requirements?  e.g. Disabilities | | Yes | No | | If Yes: | | | |
| Interpreter required? | | Yes | No | | If Yes state language: | | | |
| General Medical Practitioner: | | Name: |  | | | | Phone Number: |  |
| Address: |  | | | | | |
| Details of Referral continued on next page….. | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of referral** | | | | | | | | | | |
| Reason for referral: | |  | | | | | | | | |
| Opinion only | Provide Treatment | | | | Other: e.g. treatment of certain problem, other treatment planned at GDP. | | | | | |
| Previous treatment given/attempted, including preventative advice:  (State if Nil) | | |  | | | | | | | |
| Cooperation: | | | Poor | | | | Average | | Good | Excellent |
| Additional relevant information: | | |  | | | | | | | |
| Radiographs included:  **(Please provide digital copies (email to nuth.cds@nhs.net) or print on photographic paper)** | | | Yes | Not taken | | No | | If Yes state types and date taken:  If No please state reason: | | |

**The Newcastle upon Tyne Hospitals Community Dental Department**

**Appendix I: Patients Registration sheet for Treatment from an Undergraduate Dental Student** *(usually printed on yellow paper)*

**Patients Registration Sheet for a course of dental treatment**

**from a Undergraduate Dental Student**

**Preferred clinic and time which you will be able to attend on a regular basis, please tick:**

|  |  |  |
| --- | --- | --- |
| **Weekdays** | **Arthur’s Hill** | **Kenton** |
| **Monday – am** |  | **□** |
| **Monday – pm** |  | **□** |
| **Tuesday – am** |  | **□** |
| **Tuesday – pm** |  | **□** |
| **Wednesday – am** | **□** |  |
| **Wednesday – pm** | **□** |  |
| **Thursday – am** | **□** |  |
| **Thursday – pm** | **□** |  |
| **Friday – am** |  | **□** |
| **Friday - pm** |  | **□** |

|  |
| --- |
| **Title: - Mrs □ Ms □ Miss□ Mr □ Master □**  **Surname: -**  **First Name: -**  **Home Address: -**  **Post Code: -**  **Telephone number: - Mobile number: -**  **Date of Birth: -**  **General Medical Practitioner: -**  **Do you speak English as a first language? Yes □ No □**  **Ethnicity: - NHS number: -** |

**I have read the information leaflet ‘Receiving your dental treatment from a student’ and understand the implication of being seen by a student.**

**Signature: -**

**Name Block Capitals: - Date: -**

**Appendix J: Information for Patients Receiving Dental treatment**

**from student dentists** *(usually printed on yellow paper)*



**Information for patients**

**Receiving your dental treatment from a student dentists or therapist**

**This leaflet will tell you about…**

1. What is different about having dental treatment from a student
2. What to do if you no longer want to have treatment from a dental student

This leaflet is available in alternative formats by telephoning

0191 282 3209

The community dental service works in partnership with Newcastle University Dental School to provide students the opportunity to deliver dental care to a wider group of patients.

The Community Dental Department has a variety of students working within the department:

**Dental undergraduate students:**

These are students who will become dentists when qualified

**Dental therapy students:**

These are students who will become dental therapists, who can provide a wide range of treatments which a dentist can carry out e.g. fillings and baby teeth extractions but not all types of treatment e.g. extraction of permanent teeth.

**Your treatment will always be carried out by a student who has been trained to carry out that specific treatment.**

It is possible that all of your dental care or part of your dental care will be provided by a student.

Each year the student moves to a different site and so it is unlikely you will have the same student for more than one year.

**Will my dental care be different if provided by a student?**

The dental treatment you receive is very likely to take longer to complete than you might normally expect. This is because the student will be working very carefully to provide a very high standard of treatment and they need to have each stage of their work checked.

Please make sure you let the reception staff know if there are any specific days, mornings or afternoons when you are not able to attend appointments.

**Will I know how long my appointment will take?**

You will be given an appointment which should be long enough for the student to carry out the treatment you need and you will be told how long your appointment may take.

However, sometimes there can be unforeseen problems which will mean that your treatment will take longer. This can also impact on the next patient appointment. In other words, you may not be seen exactly at the time of your appointment because it has taken the student longer with the patient who was booked in earlier.

If it is really important that you are seen on time, it is advisable to make your appointment for the first one in the morning or afternoon. However, these are popular appointments so you may have to wait longer to be given this appointment. You should also be told how many appointments you will need but this may not always be possible.

**Why are my dental appointments always on the same day?**

The dental students are allocated to specific days of the week and specific mornings or afternoons.

You will be expected to be able to keep your appointments to these specific times.

If you are given a morning or afternoon which you know that you are not going to be able to attend then you must inform the receptionist as soon as possible. It may be possible to move your appointment to another student on another session.

If you do move from one student to another, it is possible your treatment will take longer because a re-assessment may be necessary or you may be moved to a student with less experience.

**Why do I have to wait a few weeks before my next appointment?**

The students are allocated to the clinic usually every 2 weeks so it is normal for your appointments to be given 2 weeks apart.

Occasionally, your appointments may be made after a longer period of time e.g. 4 or 6 weeks time. This may be due to student holidays e.g. Easter or because they need to attend other training.

5

If it is important that you receive your treatment more frequently than it is possible with one student, it may be suggested that your treatment is carried out by more than one student.

**Will I still receive a good standard of dental treatment?**

The dental care you will receive will still be to the high standard you would expect by a qualified dentist and will be supervised by a qualified member of staff (clinical supervisor).

**What do I do if I need to change an appointment?**

Please contact the reception staff who will then offer you the next available appointment with your allocated student

If you think that the next available appointment is too long to wait, you are advised to speak with the receptionist who will check with the clinical supervisor before making an appointment with another student.

If you move from one student to another, it is possible that your treatment may take longer as the student you moved to may be less experienced or a re-assessment may be necessary.

**What about paying for my dental treatment?**

As you are being treated by a student, you will not be charged for the dental treatment you receive.

Due to NHS regulations, you will still need to complete a orange PR Form so the NHS know whether or not you would be entitled to exemption from NHS charges. This is so that NHS England can calculate how much patient charge money the trust will not be receiving.

**How will I know that I am being seen by a student?**

Before receiving any dental treatment from one of our students you will be asked to sign a form *‘Consent to dental treatment by a student’*.

**What do I do if I no longer want dental treatment from a student?**

You will need to contact the receptionist who will record this on your dental record.

Any appointments you have with a student will automatically be cancelled. The receptionist will give you a list of dentists you can contact.

**What happens if I have a problem with my teeth between appointment times?**

If you have a problem and need to be seen between appointments, please contact the clinic (see back page) and the receptionist will try to find you an appointment so that you can be seen as soon as possible.

Please note, the earliest appointment may be with another student and it could be at another clinic.

If the students are on holiday, you may get booked in with a member of staff. If you are booked in with a member of staff whist you are in the middle of a course of treatment you will not have to pay.

If you are not in the middle of a course of treatment and you see a member of staff you will be asked to pay normal NHS charges unless you are exempt from charges under the NHS regulations.

If you are seen by a member of staff whilst the student is on holiday, you will be returned to a student clinic once they return from holiday.

If you have a problem with your teeth after 5pm weekdays or at the weekend or national holidays, you should telephone 111 for advice.

**What happens when I finish my course of treatment?**

You will be advised to seek routine dental care from a

General Dental Practice unless you are a child patient

or have exceptional circumstances.

**Contacting us**

**Opening hours: 9.00-17.00**

Arthur’s Hill Dental Department ✆ 0191 282 3209

Kenton Dental Department ✆ 0191 282 3800

Molineux Dental Department ✆ 0191 275 5780

Walker Dental Department ✆ 0191 213 8997

**If you have any questions about your treatment please ask your dentist**

If you cannot contact your dentist during normal working hours (including Bank Holidays) please ring

**NHS 111 (free of charge)**

For independent dental advice you can contact…

The British Dental Health Foundation helpline 0845 063 1188 9am to 5pm, Monday to Friday or visit

[www.dentalhelpline.org.uk](http://www.dentalhelpline.org.uk/)