

Referral Criteria for Periodontics

Referrals that do not meet the criteria will be rejected

Level 1 Complexity (Routine)

This is the expected scope of all General Dental Practitioners. Referrals will NOT be accepted for referral triage.

Diagnosis and management of patients with uncomplicated periodontal diseases including but not limited to:

- Evaluation of periodontal risk, diagnosis of periodontal condition & design of initial care plan within the context of overall oral health needs.
- Measurement & accurate recording of periodontal indices
- Communication of nature of condition, clinical findings, risks & outcomes.
- Designing care plan and providing Level 1 Protocol treatment as outlined below (page 44).
- Assessment of patient understanding, willingness & capacity to adhere to advice & care plan.
- Evaluation of outcome of periodontal care and provision of supportive periodontal care programme.
- On-going motivation & risk factor management including plaque biofilm control.
- Avoidance of antibiotic use except in specific conditions (necrotising periodontal diseases or acute abscess with systemic complications) unless recommended by a specialist as part of a comprehensive care plan.
- Preventive & supportive care for patients with implants.
- Palliative periodontal care (PPC) which (encourages patients to change from non-engaging to engaging patients) and periodontal maintenance.
- Patients with Grade C Periodontitis will be referred after initial preventive advice on risk factor management and oral hygiene instruction. All other cases of periodontitis will have initial care (including treatment) and if unsuccessful referral may then be indicated.

Level 2 Complexity – Moderately Difficult

The management of Periodontic problems under the following circumstances are suitable for Level 2 referral:

- Following completion of primary care periodontal therapy (in accordance with the Level 1 treatment protocol), the patients exhibits >30% bone loss) and residual true active pocketing of 6mm and above.
- Grade C periodontitis as determined by a specialist at referral.
- Furcation defects when strategically important and, realistic and delegated by a specialist.
- Non-surgical management of gingival enlargement, in collaboration with medical colleagues.
- Pocket reduction surgery when delegated and supervised by a specialist.

- Peri-implant mucositis (gum inflammation is found only around the soft tissues of the dental **implant**, with no signs of bone loss); where implants have been placed under NHS contract.

Level 3 Complexity

- With Grade C or Stage IV periodontitis (bone loss > 2/3 root length) & true active pocketing of 6mm or more
- Rapid Periodontal breakdown >2mm attachment loss in any one year
- Requiring periodontal surgery not suitable for delegation
- Surgical Management of gingival hyperplasia.
- Furcation defects and other complex root morphologies not suitable for delegation
- non-plaque induced periodontal diseases not suitable for delegation to a Level 2 practitioner.
- Peri-implantitis where it is the responsibility of the NHS to manage the disease when implants have been placed under an NHS Contract
- Patients who require multi-disciplinary specialist care.
- Where patients of Level 2 complexity do not respond to treatment
- Non-plaque induced periodontal diseases including periodontal manifestations of systemic diseases, to establish a differential diagnosis, joint care pathways with relevant medical colleagues & where necessary, manage conditions collaboratively with practitioners with enhanced skills if appropriate & provide advice and treatment planning to colleagues.

Pre-referral checklist

Dental Practitioners are responsible for managing patient expectations and explaining to the patient the exact reason for the referral. The patient will understand that an explanation of the problem will be given but they may not be accepted for treatment by Level 2 practitioners.

All patients must have: -

- History of good attendance and compliance
- Plaque Score <20%. The plaque score will be performed on “Ramfjord’s teeth” (16, 12, 24, 36, 32, 44) at six sites per tooth (mesio-buccal, mid-buccal, mesio-buccal, mesio-lingual, mid-lingual, disto-lingual) using a periodontal probe. A positive score is recorded where a continuous line of plaque is evident on a surface as detected by probing without disclosing.
- Bleeding score <30% (preferably)

- Commitment to smoking cessation (all patients who have not stopped smoking following smoking cessation advice must be enrolled in a smoking cessation programme and have shown a reduction in number of cigarettes smoked.)
- Stable oral environment will have been achieved and all caries and overhang restorations managed.
- Diabetics – under specialist diabetic care, Hba1C <7 except in Level C cases
- Completed initial periodontal treatment by GDP in accordance with the recommended Level 1 treatment protocol (see below).
- At least 2 sets of 6-point pocket charting with the last chart 3 months after last course of debridement under local anaesthesia. (Patients with Grade C Periodontitis will be referred after initial preventive advice on risk factor management and oral hygiene instruction)
- Referral MUST be accompanied by radiographs of good diagnostic quality. In Generalised cases this will include full mouth periapical views.
- Commitment to long-term maintenance
- Patients with endo-perio conditions (Please also refer the patient for Level 2 Endodontics and make a note of the URN for that referral)

Patients must be informed and understand that referral does not guarantee acceptance for treatment, if deemed unsuitable at any stage during the pathway.

Referred patients will maintain contact with the referring Dental Practitioner (or dental practice) to whom they will return for maintenance/supportive periodontal care or emergency treatment.

Patient is informed and understands that the treatment may involve multiple long appointments and that success cannot be guaranteed.