





### Managed Clinical Network - Special Care Dentistry South East Wales



# Community Dental Service Referral Care Pathway for Vulnerable Adults requiring Special Care Dentistry in ABUHB including Sedation and General Anaesthesia

# Advice for dentists, doctors and other health care professionals

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#### Introduction

The recommendation of the Special Care Dentistry (SCD) in Wales Implementation plan (2011) is to ensure that vulnerable adults have access to specialist SCD workforce and receive dental care using the safest patient management techniques in the most appropriate healthcare setting.

The National Oral Health Plan for Wales (NOHP) 2013-18 has set standards to ensure that

- better referral care pathways exist between dental services
- vulnerable adults who require dental treatment with general anaesthesia (GA) are not waiting longer than the Welsh Government guidelines (Standard 7&8).

To meet these standards and improve SCD services for patients in ABUHB, this referral care pathway has been developed in conjunction with the South East Wales Managed Clinical Network for Special Care Dentistry.

#### **Special Care Dentistry services**

Special Care Dentistry (SCD) is provided by dental teams in all branches of the profession. Until the establishment of the specialty in Special Care Dentistry in 2008 referrals across South East Wales have been made to community and hospital services following protocols developed locally or as the referring dentist saw fit. The purpose of developing a referral pathway is to standardise as far as possible the patient pathway across South East Wales.

#### **Special Care Dentistry in General Dental Practice**

Many patients with mild to moderate disability and impairment are cared for in general dental practice successfully. This is often dependent on the experience and attitude of the practitioners leading the care.

Where a GDP feels the patient needs care outside his/her experience appropriate referral should be made to a specialist/consultant in SCD. It needs to be recognised that as in other specialties the complexity of care leading to referral will vary between practitioners and the specialist may, on receiving referrals manage the patient within community or hospital dental service teams without taking on the care of the patient themselves. Some of the conditions which might lead to referral will be seen in Table 1.

#### Dentists with Enhanced Skills (DES) in SCD

This presently implies a contractual arrangement with dentists providing particular specified services in the field of SCD. There are no DES in South East Wales at the moment but may see this developing in the near future particularly in the area of sedation. ABUHB has contracted sedation services in the GDS in Gwent. (Newport and Abergavenny)

#### **The Community Dental Service**

In the past it has been the accepted norm in Gwent for SCD referrals to be sent to the CDS where staff have extra training and expertise to manage these patients. Many GDS dentists will refer directly to their local CDS clinics where they will see community dentists, senior community dentists, or SCD specialists.

The CDS receives referrals from other local healthcare professionals, social care staff, special school staff and others and has over years developed referral protocols. Information has also been given to these professionals to ensure vulnerable people have access to NHS care if they are unable to access in the GDS, or for whom there is evidence that they would not otherwise seek care in the GDS.

Care provided may be continuous or for a single course of treatment (i.e. sedation) after which the patient may be returned to/referred on to, the GDS. Referrals to the CDS will usually be for those with moderate disability and impairment requiring more complex care and many of these patients require, for example, regular review of their oral condition, domiciliary care or care using specialist equipment and techniques which are appropriately provided in the CDS setting. Community Dental staff will then refer on to their local specialists if they feel this is required.

#### SCD in the Hospital Service

SCD specialists/consultants working in the HDS provide care for patients requiring sedation or general anaesthesia. In Aneurin Bevan Health Board these services are led by a consultant in SCD.

#### Specialist services in SCD

Specialists in SCD are those on the GDC specialist list in SCD and in South East Wales and in ABUHB they include consultants in SCD. It is apparent from the above that specialists in SCD receive referrals from a variety of sources and should facilitate care for those referred to them. Specialists should provide or facilitate care for patients with more complex needs within specialist teams in the CDS and HDS. DCPs within such teams also need specialist training and qualifications to support the more complex patients.

#### Consultants in SCD

In ABUHB services are led by consultants in SCD. These individuals take responsibility for the most complex patients requiring SCD and for the clinical management and leadership of specialist teams working with and taking referrals from specialists in SCD and others. They will also provide shared care with consultants in other dental and medical specialties where appropriate.

They manage the training of dentists and DCPs and other staff to ensure appropriate services are available to patients in their locality as well as supervising specialist trainees in SCD.

## Specialist referral onwards to Hospital/ consultants (tertiary referrals)

There are some situations where tertiary referrals from **specialist** to consultant services will be appropriate;

- Patients whose conditions preclude treatment in the specialist services of the GDS/CDS
- Patients needing shared care with other medical/dental consultants because of their complex needs.
- Patients with severe bleeding disorders requiring treatment in liaison with haematology or haemophilia unit.
- Patients with severe dental phobia who cannot be managed locally
- Patients needing GA and complex sedation

These referrals will only be carried out by specialists.

#### Referral pathway for patients requiring Special Care Dentistry

#### References

- Dental Services for Vulnerable People and the Role of the Community Dental Service 2008. Welsh Assembly Government EH/ML/014/08.
- The Provision of Oral Health Care under General Anaesthesia in Special Care Dentistry: A Professional Consensus Statement (2009). British Society of Disability and Oral Health.
- Special Care Dentistry in Wales Implementation Plan (2011).
- Together for Health: A National Oral Health Plan for Wales 2013-18 www.wales.gov.uk/doc/phhs/publications/140520reportn.pdf

Table 1

Criteria for referral for SCD from GDS					
Patients with:					
Learning disability	Patients whose cognitive abilities are such that they are unable to manage their own oral care adequately and/or care provided in GDS, particularly those who need carers to support their daily activities.				
Mental illness	Patients with diagnosed mental illness who need additional skills and facilities to manage their oral care.				
Physical disabilities, movement disorders and access issues	Patients whose mobility/ physical disability requires specialist facilities and /or skills to manage their oral care. Eg hoists, recliners to facilitate transfer for quality access to patients' mouths.				
Complex medical needs	Complex Medical conditions which affect their oral health and/or dental treatment, that cannot be managed in GDS				
Anxiety and phobia	Patients for whom there is evidence that they have dental phobia and/or anxiety which affects their ability to receive dental treatment in GDS.				
Sensory impairments	Patients with sensory impairments who have additional conditions which mean they require specialist care.				
And also;					
Bariatric patients with additional needs	Patients who exceed the weight limit of 23 stone and have additional medical conditions affecting their dental care				
Vulnerable groups	Homeless people / substance misusers who are unable to access GDS				
Frail Older people	Older people who because of their frailty and complex medical/social needs are unable to access care in the GDS				

#### REFERRAL PATHWAY

#### Referral of patients for Special Care Dentistry will be as follows;

1) By referral from General Dental Practitioners using **SCD Form** attached to this document. Table 1 indicates the criteria for referral.

This form should be sent to the address below for central triage (see below).

2) By agreed internal referral pathways for non dental health and social care professionals employed in the Aneurin Bevan University Health Board area.

#### Referral for dental conscious sedation/GA for adults

It may be considered that **ADULTS** (16 years plus) with severe dental anxiety or phobia who require restorative dental care and where the usual clinical dental management techniques have failed should be referred directly for sedation and possible treatment under GA.

It is advised that they be referred using the **SCD Form** below. All dental sedation options should then be attempted before the dental sedationist makes a referral for treatment general anaesthesia.

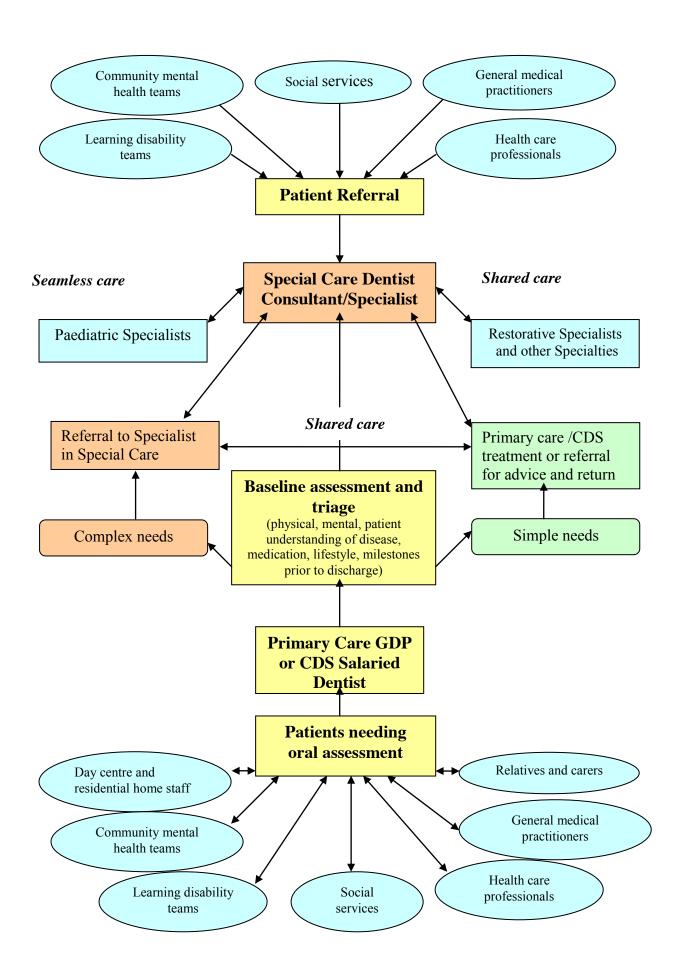
The SCD, GA and sedation care pathway ensures that referrals are triaged and the patient assessed by the most appropriate dental team which will either be SCD CDS/HDS teams or appropriately trained GDS sedationists for people who are anxious and phobic.

#### Please send Referral Forms as follows:-

SCD Referrals
Clinical Directors
Dental Department
Grange House
Llanfrechfa Grange Hospital
Cwmbran
Torfaen
NP44 8YN

Tel: 01633 623728

**Integrated Model of Best Practice** 









## Managed Clinical Network - Special Care Dentistry South East Wales



# Referral Care Pathway Adults requiring Bariatric Dental Care in ABUHB

# Advice for dentists, doctors and other health care professionals

Sue Greening and Vicki Jones Consultants in Special Care Dentistry Aneurin Bevan University Health Board January 2015

#### Introduction

The number of individuals in our population who are described as overweight or obese is increasing significantly. This is having an effect on the oral health care services provided in ABUHB and elsewhere in Wales and the UK

The World Health Organisation (WHO) defines obesity as 'Abnormal or excessive fat accumulation that may impair health'.

The current definition of 'overweight' proposed by the WHO is a BMI (Body Mass Index) of 25 kg/m² or more. <sup>2</sup> Individuals are classified as obese rather than overweight when BMI is 30 kg/m² or more.

BMI is defined as the weight in kilograms divided by the square of the height in metres (kg/m<sup>2</sup>).

#### **Definition of Bariatrics**

**Bariatrics** is the branch of medicine that deals with the causes, prevention and treatment of obesity. The term 'bariatric' is widely used throughout the literature referring to obese patients.

'Bariatric dentistry' is used as an appropriate way of referring to dentistry for this group of patients.

There is a growing trend towards describing 'bariatric' patients as 'Plus size' patients or 'super plus size' patients which individuals might find less stigmatising.

#### Statistics in Wales

Welsh Health Survey 2014

- 58% of adults were classified as overweight or obese, including 22% obese.
- 1 in 4 adults in Gwent are obese
- 61% of adults in Blaenau Gwent were classified as overweight or obese including 25% as obese

There is evidence that being overweight or obese increases the risk of a number of chronic diseases:-

- Diabetes Mellitus Type 11
- Hypertension
- Cardoiovascular disease including stroke
- Cancer

- Sleep breathing disorders
- Osteoarthritis
- Gallbladder and Liver disease
- Gastro Oesophageal Reflux disease

It is estimated that over half the UK population could be obese by 2050 (UK report – Foresight Tackling obesities).

#### **Bariatric Dentistry**

The issues that need to be addressed in providing oral care for this group of people can be seen in 2 categories

- 1) The risk of co morbidity in people who are overweight or obese and the effect on oral health ( see medical conditions above)
- 2) The safe delivery of care for + size or Super + size people. The maximum lifting weight for the majority of modern dental chairs is 23 stones (140kg) which is considerably lower than the weight of obese individuals in the community.

Providing care for overweight and obese patients therefore requires practical adjustments to ensure safe care

- Specific dental chairs for those over 23 stones
- Large blood pressure cuffs and appropriate CPR equipment
- Manual handling adjustment including bariatric hoists
- Additional training for staff caring for + and Super + patients

## **Bariatric Dentistry in Aneurin Bevan University Health Board** (ABUHB)

ABUHB is now able to offer oral healthcare services for those people over 23 stone/140 kgs from the new Resource Centre in Blaenavon. The surgery has a bariatric dental chair and equipment suitable for overweight and obese people.

GDPs who cannot provide dental care for those people heavier than the weight limit of their chair and weighing less than 23 stones should contact Primary care for a list practices locally that have higher weight limits for their dental chairs.

The GDS service at Blaenavon (provided through the CDS) will provide care non special care dentistry for people who weigh 23stone (146 kgs) to approximately 30 stone (190 kgs). Anyone above that weight may require more specialist care within

the umbrella of SCD and care would be provided by appropriate CDS staff. GDS dentists who have concerns regarding dental chairs with a weight limit below 23 stone should refer to other colleagues in the GDS with chairs with higher weight limits.

Please complete the form below for referral to the service. All details of the patient will be required before the patient can be accepted. Patients will only be accepted for the service on completion of this form and referrals will be returned if found to be inappropriate.

#### References

- Obesity and dentistry: a growing problem D. Reilly1, C. A. Boyle2 & D. C. Craig3 British Dental Journal 207, 171
   175 (2009)
- World Health Organisation, 2006. Obesity and overweight [online] Available at http://www.who.int/mediacentre/factsheets/fs311/en/index.html
- A copy of the 'Tackling Obesities: Future Choices' Foresight Project is available on Foresight's website at: http://www.foresight.gov.uk/
- Welsh Health Survey 2014 wales.gov.uk/statistics-and-research/welsh-health-survey

#### Please send Referral Forms as follows:-

SCD Referrals
Clinical Directors
Dental Department
Grange House
Llanfrechfa Grange Hospital
Cwmbran
Torfaen
NP44 8YN

Tel: 01633 623728



Date of Referral:	
Date received:	Office use only

# **Special Care Dentistry / Bariatric / Sedation REFERRAL FORM**

Please complete ALL sections

- 10000 0011151	7 12 000 ti							
Return completed form to:			Referring Practitioner:					
Community Dental Service			Dentist: (BLOCK CAPITALS) Practitioner Stamp:					
PATIENT DE	TAILS ((BLC	OCK CAPITALS)						
Name:					DOB	:	Male / Female	
Address:						•		
Postcode: Contact Tel No:								
NOK/ Carer	Name of Key	/ Care/NOK (if appro	priate):					
Details:	Address:			•				
	Tel no:						Postcod	e:
Reason for Referral (see criteria overleaf and then enter correct code into this box):-								
Past Dental H	listory:						<u> </u>	
LA Attempt: N	lo 🔲 Yes 🛭	Previous Sec	dation:	No 🗆	Yes 🗖	if yes	what type:	IHS 🔲 IV 🔲
Social History: Method of Communication:								
Walks:		Jses Zimmer:		Verba	l:	☐ Co	ommunication	Aid:
Wheelchair:	<b>-</b>	Housebound:		Non-	Verbal:			
Any Available Risk Assessment: No 🔲 Yes 🖵 please encode:								
Woight:	kg Hoi	aht. m	DAI.					

Please describe reason for referral (see criteria below)							
Treatment requeste	ed						
(PLEASE DESCRIBE ANY TRE	ATMEN	NT YOU HAVE ATTEMPTED).					
<b>n</b>		<b>n</b>					
Radiographs include	ded	Copy of referral letter included					
CRITERIA FOR RI	EFE	RRAL					
Patients with:							
Learning Disability	01	Patients whose cognitive abilities are such that they are	_				
Mental Health Problems	02	and/or care provided in GDS, particularly those who need carers to support their daily activities.  Patients with diagnosed mental illness who need additional skills and facilities to manage their oral care.					
Physical Disabilities and		Patients whose mobility/ physical disability requires specialist facilities and /or skills to manage their oral care.					
Access Issues	03	I.e., hoists, recliners to facilitate transfer or access to patients' mouths.					
Complex medical needs	04	Complex Medical conditions which affect their oral hea	Ith and/or dental treatmer	nt, that cannot be managed in			
complex medical needs	04	GDS and require liaison with other Medical Consultants					
Anxiety and phobia	05	Patients for whom there is evidence that they have dental phobia and/or anxiety which affects their ability to receive dental treatment in GDS i.e., require sedation.					
Cognitive impairments	06	Patients with cognitive impairments i.e., Brain Injury, Dementia.					
And also;							
Bariatric patients	07	Patients who exceed the weight limit of 23 stone					
Vulnerable groups	08	Homeless people / substance misusers who are unable to access GDS					
Frail Older people	09	Older people who because of their frailty and complex medical/social needs are unable to access care in the GDS					
Referring dental practitioner signature: Date:							
PRINT NAME:							
Referred to							
Office use only							
Date							

## Please complete this Medical History form. Thank you.

	PATIEN'	TS DE	TAIL	s			
Name:							
Known As:							
DOB:	/ / Gender:						
Address: Postcode:							
Tel No:							
MEDICAL HISTORY PLEASE TICK YES OR NO TO ALL OF THE FOLLOWING:-							
	CONDITION	YES	NO	DETAILS			
Heart condi	tion/Angina						
Heart Murm	ur						
Blood Pressu	ure problems						
Breathing/C	Chest Problems/Asthma						
Shortness of	breath at rest/or exertion						
Bleeding Dis	sorders (Warfarin, clotting problems)						
Anaemia/Si	ckle cell/ Other						
Allergies (e.	g., Penicillin, latex, plasters)						
Endocrine/Thyroid problems							
Jaundice/Liver Disease							
Diabetes (what type)							
Fits/Fainting/Seizures/Epilepsy							
Mental Illness/Dementia							
Kidney/Urinary Problems							
Neurological Disorders (MS,Stroke, Parkinson's, Brain injury)							
Skeleto/Muscular Problems (Arthritis, Scoliosis)							
Infectious di	iseases (Hep B, C or HIV)						
Sleep apnoea/Snoring night breathing problems							
History of transplants, pacemakers, shunts,							
Previous cancer / treatment							
Sensory problems (Sight, hearing, touch etc)							
Other							
Eating Problems/Poor Swallow/Gastric Reflux							
Learning Disability / Autism				Mild Moderate Severe			
Smoker Yes No							
Alcohol use How many unit per week							
Approxima	ite Weightkg	Appro	oximo	ite Heightcm			