East of England Tier 2 Referral Criteria For Periodontics

Tier 2 Complexity – Moderately Difficult

The management of Periodontal 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 engaging compliant patient 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.
- Patients with certain non-plaque-induced periodontal diseases e.g. periodontal manifestations of GIT.
- Patients With certain non-plaque-induced periodontal diseases e.g. virally induced diseases, auto-immune diseases, abnormal pigmentation, vesiculo-bullous disease, periodontal manifestations of gastrointestinal & other systemic diseases and syndromes, under specialist guidance

Level 1

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 individualized care plans and providing Level 1 Protocol treatment as outlined below
- Assessment of patient's understanding, willingness and capacity to adhere to advice and care plan.
- Palliative periodontal care (PPC) which (encourages patients to change from non-engaging to engaging patients). This includes ongoing motivation and risk factor management including biofilm control.
- Evaluation of outcome of periodontal care and provision of supportive periodontal care programme.
- Professional Mechanical Plaque Removal (PMPR) in accordance with BSP recommendations link
- 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 and supportive care for patients with implants.

- Engaging Patients with Grade C Periodontitis will be referred after initial preventive advice on risk factor management and oral hygiene instruction (Step 1). All other cases of periodontitis must have initial care(including treatment) and if unsuccessful referral may then be indicated.

Level 3 Complexity

Cases falling within this category must be referred using the existing Level 3 referral forms in your region. These cases are not suitable for the Level 2 Pilot.

- With Grade C or Stage IV periodontitis (bone loss > 2/3 root length) & true active pocketing of 6mm or more that has not responded to Level 2 treatment
- 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 may be performed on Ramfjord's teeth 16, 12, 24, 36, 32 and 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.
- Engaging patients with a Bleeding score <30% preferably or showing a reduction of at least 50%.
- 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 PMPR under local anaesthesia. (Patients with Grade C Periodontitis will be referred after initial preventive advice on risk factor management and oral hygiene instruction Step 1).
- Referral MUST be accompanied by radiographs of good diagnostic quality. In Generalised cases this will include full mouth periapical views.
- Commitment to long-term personalised supportive maintenance with the referring general dental practice.
- 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. Patient is informed and understands that the treatment may involve multiple long appointments and that success cannot be guaranteed.
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.

Level 1 Treatment Protocol - See BSP link

Periodontal Treatment that must be provided by the GDP prior to referral will include:

- Educate, diagnosis, oral health risk assessment, development of an individualised care plan.
- Explain importance of oral hygiene, encourage and support behaviour change for OH improvement.
- Advice on and demonstration of individually tailored plaque control measures.
- Reduce risk factors including smoking and sign posting patient to relevant smoking cessation services, plaque retentive factors, diet modifications and diabetes control intervention.
- Assessment of patient understanding, willingness & capacity to adhere to advice & care plan, including the need for long term maintenance.
- Professional Mechanical Plaque Removal (PMPR) including thorough supra (Step 1); and subgingival (Step 2/step 3 engaging patients) biofilm and calculus removal under local anaesthesia over at least 4 visits (Step 3 subgingival instrumentation reserved usually for engaging patients who have reduced their plaque and bleeding scores by at least 50%.). This may include following the Healthy Gums Do Matter Protocol as outlined in https://www.bsperio.org.uk/news/healthy-gums-do-matter

The outcome of the treatment must be assessed by repeat examination of probing depths and bleeding upon probing scores not more than 3 months after the completion of active treatment. Appropriate Level 1 treatment protocol will take approximately 6 to 9 months and involves a skill mix workforce. Patients referred are expected to have plaque scores of < 20% on a scale that records presence or absence of plaque. In addition, a bleeding score of <30% is desirable. As already mentioned, an engaging patient is one who shows at least a 50% reduction in plaque scores.

The dates of treatment must be included on the referral form. Engaging patients with Grade C Periodontitis, referral is made following step 2.

Non-acceptance for Periodontal referral (Rejections)

- Patients appropriate for Level 1 treatment management

- Those with active periodontal disease who have not received the expected initial non-surgical periodontal treatment as noted in the Level 1 treatment protocol.

- Non-exempt patients unwilling to meet NHS charges
- Patients who demonstrate poor compliance with plaque control and oral health advice, and poor attendance/ poor Motivation and poor commitment. Patients would normally be expected to have plaque scores of less than 20% on a scale that records presence or absence of plaque
- Patients unwilling to give up smoking subsequent to cessation advice.
- Management of Periodontal Abscess
- Patients who have untreated primary dental disease.
- Those who have poor oral hygiene and have refused to consider other types of toothbrushing techniques including electric toothbrush, and interproximal brushes.
- Where the teeth affected are 7's and 8's unless they are the only teeth maintaining OVD
- Dentition with a clear poor long-term prognosis
- Singularly affected molars where > 20 occlusal contacts remain
- Teeth with poor Endodontic and restorative status not removed prior to referral
- Patients desire to give treatment a go in an otherwise poor prognosis case.
- Smokers who are unwilling to give up smoking subsequent to smoking cessation advice and have refused to enrol in a smoking cessation programme with GP (Smokers have a poor prognosis with surgical treatment and there is an increased risk of relapse).
- Where removal of 2 or less teeth with questionable prognosis will significantly improve the periodontal outcome of the patient.