The Dental Team

Access to Dental Care

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Learning Objectives

- Understand the role of dental professionals in holistic patient care
- Identify how dental settings can act as access points to wider healthcare
- Recognize referral responsibilities and inter-professional collaboration
- Appreciate the impact on public health and patient outcomes

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Why Dentistry is a Key Access Point

- High patient contact frequency
- Early detection of systemic diseases
- Opportunities for health promotion and intervention

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Responsibilities of the Dental Team

- Assess general and oral health status
- Recognize signs of systemic disease (e.g., diabetes, oral cancer)
- Provide appropriate referrals to medical professionals
- Maintain accurate records and communication

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Primary Care Responsibilities (GDPs)

- Deliver routine exams, prevention, fillings, simple extractions
- Early identification of orthodontic issues
- Initial management of oral health problems
- Referral for specialist opinion when needed

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Secondary Care / Specialist Services

- Managed via referral criteria and waiting lists
- Should be reserved for:
  - Severe or complex orthodontic needs (IOTN 4 & 5)
  - Special care dentistry
  - Oral and maxillofacial surgery
  - Paediatric or medically compromised patients

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Triage and Referral Management

Dentists must:

- Use local referral protocols
- Provide adequate clinical information
- Justify urgency and treatment need
- Be aware of Index of Orthodontic Treatment Need (IOTN) scoring thresholds

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Clinical Prioritisation and Equity

NHS care must be offered based on need, not ability to pay

- Prioritisation tools (e.g., IOTN, risk assessments) help allocate finite resources ethically

Under NHS contract system:

- Primary care dentists are paid per Unit of Dental Activity (UDA)
- Orthodontists are paid via Units of Orthodontic Activity (UOA)

Implications:

- Misallocation (e.g., referring borderline orthodontic cases) can drain limited UOAs
- Providing more complex care in primary care when possible can reduce secondary care burden

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Workforce Utilisation

Maximise roles of:

- Dental therapists, hygienists, orthodontic therapists
- GDPs with extended skills (e.g., Tier 2 providers)

Benefits:

- Frees up specialist time
- Delivers preventive care cost-effectively
- Supports integrated team-based care

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Prevention-Focused Resource Management

Investing in prevention reduces future cost burden

- Fluoride varnish, dietary advice, oral hygiene instruction = low-cost, high-impact interventions

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Ethical and Legal Responsibilities

- GDC standards require efficient and equitable use of resources
- Informed consent must include honest discussion of:
  - NHS availability
  - Treatment alternatives (private vs public)
  - Waiting times and options

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Examples of Systemic Conditions Identified in Dentistry

- Diabetes (periodontitis, dry mouth)
- Cardiovascular disease (gingival bleeding, hypertension)
- Oral cancer (persistent ulcers, red/white patches)
- Eating disorders (tooth erosion)

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Health Promotion and Public Health

- Smoking cessation advice
- Alcohol consumption screening
- Diet and sugar intake education
- Fluoride use and preventive care

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Referral Pathways from Dental to Medical Services

- General Medical Practitioner (GMP)
- Secondary care for oral medicine or oncology
- Mental health services (e.g., for anxiety, eating disorders)
- Safeguarding teams (children and vulnerable adults)

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Interprofessional Collaboration

- Work with GPs, pharmacists, dietitians, and nurses
- Share relevant clinical information (with consent)
- Coordinate care for patients with complex needs

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Referral Networks in UK Dental & Orthodontic Care

Primary Care Dental Services

- Most dental care is provided in primary care (general dental practices).
- Dentists may manage routine cases or refer patients for:
  - Complex dental procedures (e.g. oral surgery)
  - Specialist care (e.g. orthodontics, periodontics)

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Dental Referral Networks

- Referrals typically go from: GDP → Managed Clinical Networks (MCNs) or Secondary Care Services
- Common Specialist Referral Pathways:
  - Orthodontics
  - Oral and Maxillofacial Surgery
  - Special Care Dentistry
  - Restorative Dentistry
  - Paediatric Dentistry

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Referral Management Services (RMS)

Many regions use RMS to ensure:

- Appropriate triage
- Prioritisation based on clinical need
- Compliance with local guidelines and criteria

- Often digitised systems (e.g. eReferral or eRMS portals)

- NHS England
- Integrated Care Boards (ICBs)
- Managed Clinical Networks (MCNs)
- British Orthodontic Society (BOS)
- British Dental Association (BDA)

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Clinical Guidelines

NHS Orthodontic Assessment Criteria
NICE Guidelines
- NICE NG30: Oral health promotion in care homes
- NICE CG19: Dental recall intervals
- NICE NG47: Oral health improvement for local authorities

SDCEP (Scottish Dental Clinical Effectiveness Programme)
- Oral health assessment
- Antibiotic prescribing
- Paediatric dentistry
- Conscious sedation

Local Guidelines
- Often created by Local Dental Networks (LDNs) in coordination with ICBs
- Address regional variation in referral criteria, specialist availability, and resources

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Public Health Policies

NHS Dental Contract (2006, under reform)
- Introduced UDA-based system for general practice
- Criticised for being target-driven and not supporting prevention well

Dental Contract Reform Programme

"Delivering Better Oral Health" toolkit (Public Health England)
- Targets:
  - Fluoride use
  - Sugar intake
  - Oral hygiene behaviour
  - Smoking cessation

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Local Variations

Variation in Specialist Services
- Availability of orthodontists and specialist clinics varies by region
- Some areas face longer waiting times due to:
  - Workforce shortages
  - Funding caps (e.g. orthodontic contracts with fixed UOA limits)

Health Inequalities
- Access to NHS orthodontic services can differ significantly across regions
- Children from lower-income families often face barriers despite higher needs

ICBs and Customisation
- Local commissioning bodies (LCBs) may modify referral thresholds and criteria
- Example: Some ICBs may fund borderline IOTN 3.6+ cases if waiting lists allow

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Safeguarding Responsibilities

- Recognize signs of neglect or abuse
- Follow local safeguarding procedures
- Maintain confidentiality and accurate documentation
- Make timely referrals to social care or safeguarding leads

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Barriers and Challenges

- Time pressures in practice
- Lack of training in systemic disease identification
- Limited integration with NHS digital health records
- Uncertainty about referral thresholds

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How to Overcome Challenges

- Continuous professional development (CPD)
- Clear referral protocols and communication pathways
- Practice-wide safeguarding and medical emergency training
- Engagement with Local Dental Networks (LDNs) and LCBs

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Summary of Key Points

- The dental team plays a crucial role in integrated healthcare
- Dentists are well-placed to detect early signs of systemic illness
- Referrals and collaboration improve patient outcomes
- Ethical and professional responsibilities support holistic care

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Discussion Questions

- What systemic conditions have you observed in patients in your work place?
- How can dental practices improve integration with other healthcare providers?
- What challenges might arise in safeguarding or referrals?

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What systemic conditions have you observed in patients in your work place?

Diabetes Mellitus

- Delayed healing, dry mouth (xerostomia), increased risk of periodontal disease, oral infections like candidiasis.
- Patients may present with uncontrolled blood glucose signs (e.g., periodontal abscesses, loose teeth).

Cardiovascular Disease

- Patients may be on anticoagulants (e.g. warfarin, DOACs), ACE inhibitors, beta-blockers.
- Risk of hypertensive crisis or cardiac events during procedures if not well controlled.

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Immunosuppressive Conditions

- E.g., HIV/AIDS, chemotherapy, organ transplant patients.
- Oral ulcers, candidiasis, Kaposi's sarcoma, lichen planus.

Respiratory Conditions

- COPD or asthma—important when using aerosols; patient may need pre-treatment inhalers.

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Neurological Disorders

- Dementia, Parkinson's disease—affects cooperation, oral hygiene, swallowing ability.
- Dental neglect is common in these groups.

Mental Health Conditions

- Depression, anxiety, eating disorders—can affect oral health through neglect, erosion (e.g., bulimia), and substance misuse.

Autoimmune Conditions

- Lupus, Sjögren's syndrome—dry mouth, increased decay, mucosal lesions.

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How can dental practices improve integration with other healthcare providers?

Shared Records & Communication

- Use of shared digital health records (e.g., NHS Summary Care Record) where appropriate.
- Secure email or e-referral systems to communicate with GPs, hospitals, or pharmacists.

Interdisciplinary Training

- Cross-train dental teams on chronic illness management and referral pathways.
- GPs and community nurses should understand oral health red flags.

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Multidisciplinary Case Meetings
- Especially for patients with complex needs (e.g., care home residents, those with mental health conditions).

Embedding Oral Health in Primary Care
- Offer oral health education through GPs, pharmacies, and social workers.
- Dentists contributing to "Making Every Contact Count" (MECC) by spotting systemic disease signs.

Referral Protocols
- Clear protocols for referring to specialists: e.g., oral medicine, ENT, dermatology, safeguarding leads.

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What challenges might arise in safeguarding or referrals?

Recognition of Non-Obvious Signs
- Dental teams may not easily identify signs of abuse or neglect (e.g., bruising, weight loss, fearfulness), especially in adults.

Consent and Capacity
- Assessing capacity for referral (especially in dementia, learning disabilities).
- Managing parental or carer involvement in paediatric or vulnerable adult care.

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Inter-agency Barriers
- Delayed responses from social care or unclear contact pathways.
- Lack of integrated IT systems can hamper information sharing.

Time Pressures
- Safeguarding discussions and documentation are time-consuming and may be deprioritized under clinical pressure.

Confidence and Training Gaps
- Dental staff may lack training in identifying safeguarding issues or feel unsure about raising concerns.

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How Practices Can Address These Challenges

- Regular safeguarding training, including Level 2 and 3 for appropriate staff.
- Named safeguarding lead in practice; clear internal protocols.
- Maintain a referral contact list (social services, urgent mental health team, local safeguarding board).
- Debriefs and support for staff involved in safeguarding or traumatic referrals.
- Incorporate health questionnaires that capture systemic disease and potential red flags.

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