Restorative Dentistry Periodontics Service Specification

Service	10. Restorative Dentistry – Periodontics **(SBCH Ref No. SS_054)**
Commissioner Lead	
Provider Lead	
Period	

1. Purpose

1.1 Aims

To provide a Consultant-led service for the assessment of patients referred with diseases and disorders affecting the periodontal tissues and muco-gingival problems and to advise on appropriate management and treatment.

Most patients are accepted for treatment in the department where there is a chronic or aggressive form of periodontitis, a need for periodontal surgery or where there are complex medical problems. The periodontal unit co-ordinates regional oral care pathways for patients with HIV disease and renal transplant patients, both services involving the PDS and a national oral care service for adult Epidermolysis Bullosa (EB) patients, with Solihull. One of the consultants also holds honorary consultant contracts with Birmingham

Children's Hospital and the maxillofacial department at UHBFT, for day case and in-patient periodontal surgery on special needs patients, supporting the PDS on an ad-hoc basis.

1.2 Evidence Base

Periodontal disease is the most prevalent inflammatory disease of humans, estimated to affect up to 50% of the adult population. 85% of over 65-year olds in the UK have disease and 8% of adults have severe disease leading to tooth loss (Cobb et al 2009). In addition to the morbidity caused by tooth loss due to periodontitis, evidence suggests causal links between periodontitis and rheumatoid arthritis (dePablo et al 2009) and between periodontitis and atherogenic vascular disease (Friedewald et al 2009; Jiminez et al 2009) independent of common risk factors. Moreover, periodontal therapy improves diabetes outcomes (Taylor et al 2001) and vascular endothelial function (Tonetti et al 2007). The prevalence and severity of periodontal disease is greater in smokers and in some patients with co-existing systems disease.

1.3 General Overview

Periodontology is concerned with the diagnosis and treatment of diseases of the soft and hard supporting tissues of the teeth.

Aspects of periodontal treatment are undertaken within primary care by general dentists, dentists with special interests, dental specialists and, under prescription, by dental hygienists/therapists (oral health teaching, scaling, root surface debridement, non-surgical treatment and maintenance).

Some types of periodontal disease, including where there is an association with systemic disease (e.g. Diabetes), require treatment within secondary care and some require tertiary care (e.g. HIV, EB, drug-induced gingival overgrowths, vesiculobullous and erosive gingival diseases, certain syndromes involving the mouth).

Periodontal clinical measures, radiographs and disease classifications aid decisions regarding the need for specialist treatment i.e.: chronic gingivitis and aggressive periodontitis, systemic diseases that manifest in and around the periodontal tissues and syndromic disorders.

1.4 Objectives

- To see all appropriate referred patients for consultant/specialist assessment.
- To see such referrals within 5 weeks of receipt.
- On assessment to advise patient and, subsequently, referring general and specialist practitioners and dental/medical/surgical colleagues, of treatment options and requirements and, if appropriate, provide a

treatment plan for the practitioner to carry out.

- If specialist treatment within the Hospital is required to commence treatment within 18 week so referral once the patient is ready to start treatment. Over 90% of accepted referrals require specialist treatment within the department and treatment to consultation ratios are high.

1.5 Expected Outcomes

Patients who have no active or minimally active disease and have functioning dentition (ability to speak, chew, eat etc.) are in a position to be able to prevent and maintain recalcitrant disease and whose gingival and mucosal tissues are comfortable.

Goal/Outcome:

- Evidence/maintenance of alveolar bone levels.
- Degree of mobility of teeth.
- Number of pockets over 4mm.
- Absence of bleeding.
- Measureable improvement in indices.
- Improvement in signs and symptoms of mucosal diseases.

2. Service Scope

2.1 Service Description

Patients accepted for secondary care treatment will include those where:

- Treatment by the referring practitioner has been unsuccessful.
- Patients require surgical management of soft or hard periodontal tissues.
- There is a risk of severe periodontal disease due to a medical condition (e.g., poorly controlled diabetes).
- They are at risk of, or have been identified with, aggressive periodontitis.
- There is a risk of complications from periodontal treatment.
- There is a requirement for complex restorative planning.
- There is a need for medical management of systemic diseases affecting the periodontium and where pharmacological intervention is necessary.

Periodontal treatment may be surgical or non-surgical or medically-based and is carried out by Consultants, Specialty Dentists, Restorative specialist training grades, Dental Hygienists and senior Dental and Hygiene students under close specialist supervision.

2.2 Accessibility/acceptability

As a secondary and tertiary treatment service all referrals are made by primary care practitioners or consultant colleagues and accepted according to strict and rigidly implemented referral criteria. Out of area referrals by exception.

2.3 Whole System Relationships

The service provision requires close working with other clinical specialties and support services within the Hospital. Undergraduate teaching and training is integrated within the department.

2.4 Interdependencies

- Other clinical specialty areas
- School of Dentistry University of Birmingham; the department is involved in the delivery of the University undergraduate curriculum and senior staff includes University employees.
- Schools of Dental Nursing and Dental Hygiene and Therapy
- The Workforce Deanery
- The Trust Corporate Services
- Laboratory services for Pathology, Immunology, Haematology, and Clinical Biochemistry.

- Paediatric and adult Dermatology.

2.5 Relevant networks and screening programmes

The association of periodontal disease with systemic conditions and diseases results in close networking with other medical specialties including:

- Genito Urinary Medicine, particularly in relation to the immuno-compromised patient.
- Nephrology – transplant teams.
- The National Epidermolysis Bullosa Unit at Heartlands Hospital.
- NICE

2.6 Sub-contractors

All in-house, except SLAs for laboratory services.

3. Service Delivery

3.1 Service model

This is a Consultant-led outpatient assessment and treatment service to consult, investigate and advise a suitable treatment plan which could include returning to primary care with treatment plan. Occasionally may include a shared treatment plan with primary care dentist and the Dental Hospital. In-patient surgery is performed on a needs basis at UHBFT or Birmingham Children's Hospital, and day cases at the Nuffield.

The prevalence of periodontal disease in the UK is high (54% of adults aged over 16 had moderate signs of periodontal disease) and strict criteria apply for referral into the service.

3.2 Care Pathways

All pathways are initiated by a primary, secondary or tertiary care referral. Pathways will vary, dependant on the assessed treatment needs.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries
Like all Birmingham Dental Hospital clinical services Periodontology is a regional service. The National Epidermolysis Bullosa service accepts referrals from across the UK via Solihull and the Dermatology lead Dr Adrian Heagerty.

4.2 Location(s) of Service Delivery
Birmingham Dental Hospital with the majority of clinical activity taking place in the Periodontology Department (2nd Floor). Ad hoc clinics are run at the Children's Hospital, Solihull (EB service) and ad hoc theatre sessions at the Nuffield, Children's and UNBFT.

4.3 Days/Hours of operation
Monday – Friday 9.00am – 5.00pm with some variations (Closed Bank Holidays)

- Occasional additional evening clinics

4.4 Referral criteria & sources

- The referral should, at a minimum, include:
  - All required demographic information
  - Basic periodontal examination
  - Evidence of primary care treatment
  - Confirmation that appropriate primary care has been completed
  - Supporting pocket chartings with a current BPE as a minimum
  - Radiographs if available.

Referral criteria guarantee that only complex disease (according to national British Society of Periodontology guidelines) is accepted and criteria are robustly implemented. In 2009 30% of referrals were returned for further information or because they do not fulfil the widely publicised referral criteria.

4.5 Referral route
Primary, secondary or tertiary providers refer directly to a named consultant or to the Department of Periodontology.

4.6 Exclusion criteria
Patients will only be accepted for treatment within the department where the treatment complexity or associated systemic conditions require secondary care management.

4.7 Response time & detail and prioritisation
National Targets apply, 5 weeks.

Referrals to whom priority is given include:

- Patients who are immunocompromised, e.g. those who have undergone organ transplantation, those with HIV disease, those with malignancies or taking cytotoxic drugs, those with EB.
- Patients under 16 years of age with periodontal problems.
- Patients in whom there is a suspicion of malignancy or underlying significant system disease.

5. Transfer of and Discharge from Care Obligations

On completion of treatment patients will be referred back to their practitioner with recommendations for a maintenance programme. There will be a percentage of patients who fail to adhere to treatment plan. HIV, renal, EB and patients with systematic diseases (e.g. graft versus host disease, mucosal disease) are maintained within the department.

6. Self-Care and Patient and Carer Information

7. Quality Requirements

Performance Indicator	*Indicator*	*Threshold*	*Method of Measurement*	*Consequence of breach*
Quality				
Performance & Productivity				

8. Activity

8.1

Activity Performance Indicators	*Threshold*	*Method of measurement*	*Consequence of breach*	

8.2 Activity Plan

8.3 Capacity Review

9. Prices & Costs

9.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
National Tariff plus Market Forces Factor				
Non-Tariff Price (cost per case/cost and volume/block/other)*				
Total		**£**		**£**