

Referring Patients Policy

In caring for our patients, we endeavour to act in their best interests. Where a patient requires treatment that we are unable to provide, we refer the patient to another professional who is competent to provide it. Where another professional accepts a patient on referral, they are fully responsible for any treatment provided, so we ensure they understand and are content with the proposed treatment prior to undertaking it.

Before Referral

The referring clinician must obtain the patient's consent to make the referral. The patient should understand the reasons for referral, what the treatment may involve, and any possible complications that may arise. Where possible, they are given the relevant contact details of the professional that they are being referred to and, if known, the likely timescales.

Before seeing the specialist, the patient is allowed time to consider the risks involved and to provide any additional information that the specialist will need before starting treatment.

The Referral

Where the referral is to a clinician external to the practice, and the referral is not through an online process, the referral letter is sent within 1 day of obtaining consent from the patient to make the referral and includes:

- The referring dentist's name, correspondence address, telephone number and email address.
- The name, address (including the postcode), date of birth and sex of the patient. The patient's telephone number and email address should also be included to allow appointments to be made quickly and efficiently.
- A summary of the patient's relevant medical and dental history, with the patient's consent.
- A clear indication of the reasons for referral together with any specific needs of the patient (IV sedation, for example) or any particular types of treatment that may not be appropriate.
- If the patient is being referred for diagnosis and/or treatment in relation to a medical problem, the duration of the problem should be included together with the patient's attitude towards or understanding of the situation.
- An indication of whether the patient requires treatment urgently or within a specific timescale.
- An indication of whether the referral is being made under an NHS or private contract.
- The referral letter should be signed by the referring dentist and dated, and a copy should be retained in the patient's notes.

- A copy of the referral letter should be offered to the patient.
- All referrals are logged.
- When the referral has been returned, the dentist must sign and date the returned letter, which is then passed on to the appointed team member to put on the referral log. The referral letter is then placed on the patient's card.

The relevant information is recorded in the patient's clinical records, where the referral is made to a clinician working within the practice.

Urgent Referrals

When the clinician sees or records something indicating cancer, an urgent referral should be made. Urgent referrals are those where the patient needs to be assessed within two weeks, the current national target (for England) (Wales, Scotland and Northern Ireland all have urgent referrals for suspected cancer but don't have a two-week target). Practices should follow NICE guidelines (Suspected cancer: recognition and referral) for what situations may require urgent referrals:

Oral Cancer

1.8.2 Consider a suspected cancer pathway referral (for an appointment within two weeks) for oral cancer in people with either:

- Unexplained ulceration in the oral cavity lasting for more than three weeks or
- a persistent and unexplained lump in the neck. [new 2015]

1.8.3 Consider an urgent referral (for an appointment within two weeks) for assessment for possible oral cancer by a dentist in people who have either:

- A lump on the lip or oral cavity or
- a red or red and white patch in the oral cavity is consistent with erythroplakia or erythroleukoplakia. [new 2015]

1.8.4 Consider a suspected cancer pathway referral by the dentist (for an appointment within two weeks) for oral cancer in people when assessed by a dentist as having either:

- A lump on the lip or in the oral cavity consistent with oral cancer or
- A red or red and white patch in the oral cavity is consistent with erythroplakia or erythroleukoplakia. [new 2015]

Patients who are referred under the urgent care pathway should be made aware that this referral is being made.

Specific Regional Guidance-

Scotland - <https://www.cancerreferral.scot.nhs.uk/>

Wales - <https://www.dental-referrals.nhs.wales/dentists/cancer/>

Accepting a Referral

A clinician accepting a patient on referral will only undertake treatment they feel to be appropriate. If the accepting clinician feels that alternative or additional treatment is required, this will be discussed with both the referring clinician and the patient, and consent will be obtained for an amended treatment plan and any costs involved. Changes to the original referral will be confirmed with the referring clinician.

On receipt of a referral, the accepting clinician will contact the patient as soon as possible to arrange an appointment. At the consultation appointment, the patient is given a full explanation of

- The proposed treatment and the timescales involved
- Whether the treatment is being provided privately or under the NHS
- The costs involved and when payment for the treatment should be made
- Arrangements for out-of-hours emergency care during the course of the treatment, if appropriate

The accepting clinician obtains informed consent from the patient before proceeding with the treatment.

Tracking Referrals

NHS

Practices referring to NHS services in England can use several E-referral services, such as the REGO Service.

Practices in Scotland who refer to NHS will use the Scottish Dental Reference Service (SDRS).

Practices in Wales referring to NHS use the NHS Wales Dental Referral Management System.

All the above services have online tracking to enable you to see your patient's journey and monitor their progress.

Private

When sending private referrals for your patients it is vital that you keep an internal referral log, this allows you to monitor and track the status of these referrals for your patients and ensure they have been followed through or arrange follow up appointments.

On completion of the treatment from an incoming referral

The accepting clinician writes to the referring clinician confirming that the treatment has been completed and what follow-up consultations (if any) are required. Changes to the treatment and associated complications are also recorded, together with any obvious concerns that the patient has as a result of the treatment. Where the referral is to another clinician within the practice, this information is provided in the patient's clinical records.

All radiographs sent with the original referral letter are returned to the referring dentist with the report.

Document Control

Title:	Referring Patients Policy
Author/s:	DCME Team

Owner:	DCME Team
Approver:	DCME Team
Date Approved:	23.03.23
Review Date:	23.03.24
Next Review Date:	

Change History				
Version	Status	Date	Author / Editor	Details of Change (Brief detailed summary of all updates/changes)
0.1	Final	23.03.23	PG	New layout, additional information on tracking referrals
0.2	Final	29.02.24	HD	Information was added regarding urgent referrals (highlighted in the policy).
		11.03.24	PG	Final checks and published on the DCME portal

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Date Published: 19/09/2024