# Procedures for Referring Patients

…(insert practice name here)...

In caring for our patients, we undertake 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. The referrer should also check to ensure the patients contact details are up-to-date.

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 treatment is a mandatory service, this must be completed under the practices NHS contract; the referral should therefore be undertaken within the practice and not referred for treatment via DERS (this does not include sedation). Where an NHS referral is to a clinician external to the practice, the referral is sent within 3 days of obtaining consent from the patient to make the referral via the Dental Electronic Referral System (DERS), and must include:

- The referring dentist's name, correspondence address, telephone number and email address (preferably nhs.net), if the referral is from an NHS practice. If the referral is not made via DERS as it is a private arrangement, advise the patient that the referral will be sent via an unsecured email address or by post.
- The name, address (including the postcode), date of birth and sex of the patient. The telephone number and email address of the patient should also be included to allow appointments to be made quickly and efficiently.
- The patient's consent for referral and disclosure of their medical and dental records.
- A summary of the patient's relevant medical and dental history. If the referral is via DERS the medical history, medication and any other patient modifying factors are entered by selecting the correct fields in DERS to ensure the referral is routed correctly. Patient summary care records should not be uploaded as documents with a referral as these may contain a patient's personal information that does not need to be shared. Include the name and address of the patients current General Medical Practitioner.
- 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. A full history of the patient's dental issue should be entered. In DERS it is not enough to simply select fields and options. Text must be entered otherwise your referral may well be declined.
- Inclusion of all tests carried out and relevant radiographs in a suitable format.
- 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 referral is being made under an NHS or private contract.
- The patient must be offered a choice of referral to NHS hospital / specialist or private referral. In the case of a private referral, an estimate of the consultation fee and potential cost of treatment (*if known*) should be given. This should be recorded in the patient's notes.
- The options for referral may reflect time before the patient is likely to be seen and whether the initial appointment is likely to be consultation and treatment or consultation only.
- An indication of whether the patient requires treatment urgently or within a specific timescale.
- The referral letter (if for private treatment) should be signed by the referring dentist and dated. A copy of the referral should be retained in the patient's notes. A copy of the referral letter must be offered to the patient. Patients should be informed of the cost of the private consultation.
- The patient should be informed of referrals that are not made within the specified time frame (3 days).

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

## Emergency Referrals †

There will be patients with a clinical condition that requires immediate referral. These will include conditions such as facial trauma, spreading facial infection, fractured tuberosity or uncontrollable haemorrhage. In these circumstances the referring clinician may consider a preliminary telephone call† to the local OMFS (Oral and maxillofacial surgery) Department is appropriate. Local (Kent) OMFS Departments include:

| West Kent | ☎ | East Kent | ☎ |
|---|---|---|---|
| Queen Victoria Hospital (QVH), East Grinstead (Regional Centre) | 01342 414000 | William Harvey Hospital, Ashford (Regional Centre) | 01233 633331 |
| Darent Valley Hospital, Dartford | 01322 428458 | Kent & Canterbury Hospital (K&C), Canterbury | 01227 766877 |
| Medway Maritime Hospital, Medway | 01634 830000 | Queen Elizabeth the Queen Mother Hospital (QEQM), Margate | 01843 225544 |
| Maidstone Hospital, Maidstone | 01622 729000 | | |

† *A written/electronic referral will still be needed.*

## Dental Electronic Referral Service (DERS) service

Most referrals within Kent are now handled using the secure Vantage (REGO) Dental Electronic Referral Service (DERS) service. Referrals for the following services must be made via DERS:

- Oral Surgery
- Oral Pathology;
- Urgent (two week wait) for suspected malignancy
- Endodontics (root canal therapy)
- Orthodontics
- Restorative
- Sedation (for oral surgery or routine/restorative dentistry)
- Trauma

If the referrer is using the REGO DERS system, a copy of the referral should be saved either as a hard copy or within the practice's own dental software. It is not sufficient to rely on the information being solely stored on the DERS system. Once a Rego referral is made the referrer can go into Rego from their web portal and see their referral. There is a "pdf" button which exports the referral as a pdf file. The referrer can then print a hard copy or import it into their dental system.

**NHS Charges:** If an NHS referral goes to another practice based provider, e.g. an oral surgery referral, the practice which makes the referral for treatment should collect the patient charge at the band 2 cost. You should tick the option 'on referral' which means the patient will pay the band 2 treatment cost. You should tick the treatment which you completed for the patient; you will receive the UDA's for the treatment you have provided.

Patients who are referred for sedation should also be advised that when attending the sedation practice they must pay an additional band 2 charge as sedation is seen as a separate Course of Treatment (COT). They should pay (you) the banded charge for the treatment they have received at your practice.

If the referral is for a private patient, then this should be noted on DERS (the system asks the question – *"Is this referral for a private patient?"* The practice accepting the referral will be responsible for collecting the patient charge. The patient should be advised of this.

Referral via the DERS system should be reviewed (at least weekly) for any feedback made by the Provider of the referral service.

[Be aware that using the DERS system, if the referrer is ready to send the referral they need to click **SEND** – if they wish to only save only then click **SAVE**. The save function does not transmit the referral.]

## Accepting a referral

A clinician accepting a patient on referral will only undertake treatment they feel to be appropriate. If the referral is considered to be a mandatory service and the complexity within the competency of a GDP, it will be returned for the treatment to be carried out by the referring practice. 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 obtained to 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.

If the patient is from a private practice, ie does not hold an NHS contract or the patient is from an NHS practice but is a private patient, it is the responsibility of the practice who is receiving the referral to collect the patient charge associated with the treatment provided. Once the patient is referred through DERS they then become an NHS patient and the level 2 practice must submit an FP17 to notify NHS England that treatment has been completed by the practice and a patients charge should be made. If an FP17 is not submitted then there will be no payment. If the practice does not collect the patient charge and note this on the FP17, then the patient will have received the treatment completely free of charge.

## On completion of the treatment

The accepting clinican 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. This discharge information will be sent through DERS. Where the referral is to another clinician within the practice, this information is provided in the patient's clinical records.

If sending a private referral, any (film based) radiographs sent with the original referral letter are returned to the referring dentist with the report.

The named lead person in the practice for monitoring referrals is ……..…

Policy dated…….. /20…….

Update due in one year (*or when changes to DERS are made if this is within the year*).