

## Periodontal Department Criteria

Periodontal Department Clinical Offer Post COVID-19 priority list of conditions that we will accept, and those which at the present time we will not accept for treatment.

Conditions that we will prioritise
Conditions that will be seen as routine
Conditions that we will not accept at the current time

	Management of severe periodontal disease, with or without comorbidities, not responding to treatment in primary care and where referring dentist has attempted periodontal treatment in line with SDCEP guidance. Patient must be motivated and able to maintain good oral hygiene (<20% of sites with detectable plaque) If engaging patient, but unable to achieve plaque scores of <20%, GDP must provide serial plaque charts to demonstrate reduction in plaque scores of at least 50%) (routine, or soon if severe concurrent systemic disease)
	Management of periodontal conditions exacerbated by vesiculobullous disorders for example, erosive lichen planus (soon)
	Assessment and consideration of treatment for gingival hyperplasia (soon if severe, otherwise routine)
	<b>Advice only</b> on periodontal disease, with or without comorbidities, which can be managed in primary care as per SDCEP guidance (routine)
	Specialist management of periodontal disease where referring dentist has not provided initial therapy in line with SDCEP guidance
	Assessment and consideration of treatment for periodontal/mucogingival hard and soft tissue surgery: for single/ multiple recession defects, crown lengthening
	Management of combined periodontal/endodontic treatment unresponsive to primary endodontic treatment in the primary care setting that does NOT fulfil post covid-19 endo criteria
	Removal or adjustment of implant superstructure where implant was not placed in GDH
	Long term maintenance therapy of patients already treated for periodontitis