

FRP Criteria

Fixed and Removable Prosthodontic (FRP) 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

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

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| | Head & Neck Oncology assessments |
| | Head & Neck Oncology rehabilitation |
| | Rehabilitation of patients with severe dentoalveolar trauma |
| | Cleft and hypodontia cases mid rehabilitation |
| | Patients mid treatment |
| Fixed prosthodontics | Advice only on failing crown and bridge work (GDP must provide full records including: photos, study models, and recent radiographs) |
| | Toothwear: A limited diagnostic service available to those with significant functional or pain issues where conservative measures have failed to stabilise the occlusion and the patient's oral health is at risk. See appendix tooth wear flow chart. |
| Removable prosthodontics | Patient must have a functional or pain issue and meet one of the following criteria:- |
| | Anatomical difficulties i.e. severely resorbed ridges, tori, enlarged tuberosities |
| | Concurrent mucogingival disease e.g. Lichen planus |
| | Concurrent xerostomia |
| | MRONJ |
| | Limited opening (<2 fingers width) |
| | Reduced neuromuscular control |
| | Drifted or over erupted teeth contributing to a difficult occlusion |
| | Use of sectional prosthesis is indicated |
| | Advice on fixed vs. removable options (study models and appropriate recent radiographs should be provided) |
| Head & Neck Oncology Cleft lip & palate | Replacement of prosthesis for head & neck oncology and cleft patients where a repair has failed or significant pain/ functional issues and outwith the scope of GDS |
| Hypodontia | MDT planning |
| | Rehabilitation if appropriate |
| | Adhesive bridgework or removable prosthesis if part of comprehensive Restorative plan |
| | Implants only for cases who have already undergone pre-implant grafting. Simple restorations may be required until our full clinical service resumes |

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| Other congenital/ acquired oral defects e.g. Amelogenesis or severe dental trauma | Treatment planning |
| | Rehabilitation if appropriate (priority for functional issues/pain) |
| | Implants for dental trauma (as per agreed criteria) if grafting already undertaken or teeth extracted |
| | Dismantling of existing crown and bridgework |
| | Treatment for patients with dental material allergies |
| | Replacement of implant prostheses provided out with NHS |
| | Aesthetic complaints |
| | Denture material allergy |
| | Sensitive gag reflex |
| | Dentures not attempted by GDP within last 12 months |
| | Implants out with referral criteria |
| | Aesthetic concerns with dentures |
| | Remake of dentures previously made at GDH unless GDP has attempted this in past 12 months |
| | Assess suitability for UG programme |
| Head & Neck oncology, cleft or hypodontia | Routine dentistry pre-and post-treatment |
| | Remake of existing prosthesis unless causing pain/functional issues |
| | Emergency primary care treatment |