

Referral and Treatment Acceptance Criteria **Restorative Dentistry Department, St. George's Hospital SW17 0QT**

The team provides a comprehensive treatment planning and advisory service for any and all patients. The Department is happy to provide both second opinions and treatment plans for referring dentists. Our aim is always to help patients and practitioners by providing specialist advice when required.

All referral letters need contain sufficient information regarding the clinical problem. If a patient is referred for treatment, details of why the patient needs to be seen within a hospital environment for dental treatment should be included. Letters with incomplete demographic and clinical information will be returned.

Sadly we are unable to accept the following for treatment: management of failing restorations, patients with dental phobia or dentistry that can be safely provided within primary care. We cannot accept and any referrals made on a purely financial basis. Treatment provided in tertiary care is predominately for high patients often managed within our multi-disciplinary team.

High Priority Groups for Hospital Restorative Treatment:

1. **Head And Neck Oncology:** Management of patients receiving radiotherapy and / or surgery to the jaws.
2. **Multidisciplinary Care:** patients that require joint services of Restorative Dentistry, Maxillo-Facial Surgery and/or Orthodontics (developmental disorders such as facial deformity, hypodontia, adult cleft lip and palate, amelogenesis imperfecta, dentinogenesis imperfecta and complex orofacial trauma).
3. **Severe Medical Compromise** – where the preservation of teeth is an important benefit to the overall health of the patient or where the medical history of the patients makes treatment in primary care unsafe, usually these may be:
 - Patients requiring the administration of blood products
 - Patients requiring complex antibiotic regimes of intramuscular or intravenous routes (usually referred from medical colleagues)
 - Patients with renal/heart transplants with associated periodontal problems
 - Patients with extreme coronary ischaemia, necessitating treatment within a hospital environment with crash team

Lower Priority Groups for Hospital Restorative Treatment:

1. **Endodontics :** Routine level 1 cases are unlikely to be accepted for treatment. Level 2 cases will normally be allocated to our network of Dentists with Enhanced Skills (DES) in Endodontics, where the teeth are of strategic importance. Our small hospital treatment capacity focuses on treatment of teeth of high strategic importance, usually of complexity level 3.

2. **Periodontics** : Priority is given to patients with aggressive disease. The referrer will be expected to give evidence of initial non-surgical periodontal therapy. Patients are discharged to their GDP for periodontal maintenance.
3. **Removable Prosthodontics**: Complex anatomical and/or neuromuscular problems. Practitioners are expected to have attempted to manufacture satisfactory prostheses prior to referral.
4. **Tooth Wear**: A small number of patients may be accepted for treatment around the training needs of the junior members of the team. Most patients with toothwear will be returned to the referring dentist with a suggested treatment plan.
5. **Fixed Prosthodontics**: Restricted to high priority patients as listed above. Most patients will be returned with a treatment plan for treatment in primary care. A small number of patients may be accepted for treatment around the training needs of the junior members of the team.
6. **IV sedation / Phobia & high risk (Hep B, C & HIV)**: We do not provide a dental phobia, IV sedation or high risk services. These services can be accessed either within primary care or at King's/Guy's/St Thomas (GKT) Dental School. We are unable to provide general anaesthesia for dental treatment.

Dental Implants: Funding has to be applied for and approved by a multidisciplinary team within the department for each patient. High priority groups are the only groups that are likely to receive funding for implants. These are: head and neck cancer, orofacial developmental disorders and in some cases very severe orofacial trauma. The maintenance of these implant restorations will need to in most cases be provided in primary care. We are unable to accept referrals for the maintenance of dental implants if the implants were not placed in the hospital.

Please refer to the following for further details

- Pan-London Endodontic Referral Criteria
- Community Dental Services Referral Guidelines