

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 patients requiring specialist restorative dentistry input. 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 to 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. The referral proforma or letters with incomplete demographic and clinical information will be returned, including those without appropriate supporting radiographs.

Sadly, we are unable to accept the following for treatment: management of failing restorations, remedial treatment including implants, patients with dental phobia or dentistry that can be safely provided within primary care or may require special care dentistry services.

Unfortunately, patients with poor oral hygiene or unstable primary dental disease including poor periodontal health or caries will not normally be accepted for treatment or would need to be stabilised by their dentist prior to being seen. We also cannot accept patients and any referrals made on a purely financial basis. Treatment provided in tertiary care is predominately for high complexity patients often managed within our multi-disciplinary team.

The department will focus the provision of treatment for those patients that cannot or should not be treated in the primary care setting. For example, such groups include:

Multi-disciplinary Cases: We provide care for the rehabilitation of oral and facial oncology patients, congenital dental diseases (amelogenesis, hypodontia), and trauma in combination with our medical and dental colleagues.

Medically Compromised Patients: Patients that require medical intervention prior to dental treatment (i.e. Steroid cover, Infusion of blood products) or severely immunosuppressed patients (Chemotherapy, Transplant Patients).

Complex Restorative Cases: Depending on the training needs of the department, we may accept some cases of severe periodontal disease where periodontal treatment in primary care has failed or surgical treatment is required, denture cases with severely compromised anatomy, and occasionally severe tooth surface loss. Endodontic management (non-surgical and surgical) of strategic teeth (would need to be referred via the Tier 2 Endodontic Pathway).

Shared Care

If specialist treatment is required, we deliver treatment via a shared-care approach with the referring practitioner. The restorative department will provide the more specialist aspects of care and the general dental practitioner will be asked to provide the non-specialist components. Shared-care ensures that the department's resources are being used appropriately so that we can help as many appropriate patients as possible. If everybody was accepted for care our waiting lists would expand and those patients, with appropriate hospital needs, would have to wait longer. Patients will be taken on for treatment depending on their clinical need, and not whether they are able to or willing to pay for dental care. We do not provide an emergency dental service, and the patient's general dental practitioner should be the first port of call.

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, dental anomalies such as 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 requiring special precautions for dental treatment.
 - Patients with extreme coronary ischaemia, necessitating treatment within a hospital environment with crash team
 - Patients at risk of medication related osteonecrosis of the jaws and osteoradionecrosis of the jaws (depending on the complexity of the dental treatment needed and the risk of MRONJ/ORN)

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, and 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 or inhalation sedation or high-risk services. These Special Care Dental 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. If there are other suitable non-implant based treatment options, implants will not be provided. The maintenance of implant restorations will need to in most cases be provided in primary care (and may need to be self-funded). We are unable to accept referrals for remedial treatment or the maintenance of dental implants if the implants were not placed in the hospital.