18 Weeks: The Referral to Treatment Standard  
Principles and Definitions  

Dental Specialties: Definitions and Scenarios  

1. What is included in the 18 Week RTT Standard for Dental Specialties?

- Consultant-led hospital dental services
- Consultant-led services provided in a primary care setting, where the consultant has overall clinical responsibility for the patient and does so as part of their job plan with their employing NHS Board
- Treatment provided by post graduate dental students, or Specialist Registrars under the supervision of a medical, dental or surgical consultant
- General anaesthetic services led by the salaried dental services

2. What starts the clock?

The clock starts on receipt of referral into secondary care e.g. letters, faxes, e-mails, e-referrals and telephone referrals from a recognised source, such as:

- Salaried Primary Care Dental Practitioners
- General Dental Practitioners
- Accident and Emergency Departments
- Emergency Dental Services
- General Medical Practitioners

3. What does not start the clock?

Referrals to the following services do not start the clock unless the service is part of a dedicated referral management centre or triage arrangements:

- Services provided by general dental practitioners
- Services provided by salaried primary care dentist services (SPCDS)
- Services provided by specialist primary dental practitioners or dentists with a specialist interest (DwSIs) working in primary care
- Services provided by undergraduate dental students
4. Which Dental Specialties are included in the 18 Week RTT Standard?

All procedures performed by a secondary care dental, medical or surgical consultant or depute (excluding undergraduate dental students) are included in the 18 week RTT standard:

- Orthodontics
- Oral Surgery
- Oral Medicine
- Restorative Dentistry: Endodontics, Conservation, Periodontics
- Paediatrics
- All general anaesthetics are included in the 18 Week RTT Standard

5. What stops or pauses the 18 Week clock?

- When a clinical decision is made that treatment is not required
- When first definitive treatment begins (OPD/IP/DC setting)
- If the patient is considered unfit to commence treatment
- If the patient is on a list and they have a period of unavailability
- If the patient declines treatment
- Patients who do not attend and no further appointment is to be offered (Refer to New Ways definitions)

6. What does not stop or pause the 18 Week clock?

- A first or subsequent out-patient appointment or assessment that does not involve treatment or the fitting of a dental device, but it is determined that the patient requires, and is suitable to proceed to treatment
- Administration of pain relief or other steps to manage a patient’s condition in advance of a definitive treatment
- Consultant to consultant referrals where the underlying condition remains unchanged
- Making a tertiary referral
- Referral for a diagnostic test e.g. X-Rays (Refer to New Ways definitions)
7. If a patient is unfit/unsuitable to pursue treatment should they be discharged back to the referrer?

This is a clinical decision. In some cases it may be appropriate to stop the clock and discharge the patient back to the referrer, however if a patient requires intervention from another dental professional e.g. hygienist, it may be appropriate to pause the clock until the patient is suitable to commence treatment. In this scenario, the clock will recommence when oral hygiene is at a standard that permits definitive treatment to begin.

8. Should all patients requiring general anaesthesia for dental procedures be covered under the 18 Week RTT Standard?

Yes, dental procedures requiring a general anaesthetic should be recorded for each patient; systems and processes should be implemented and agreed within each Board to ensure that data is captured for each general anaesthetic.

9. What index of orthodontic treatment number, if untreated will have no dental health consequences?

IOTN is assessed on a case by case basis, although it is generally agreed that IOTNs 1-2, if untreated will have no dental health consequences. IOTNs 4-5 usually require intervention, and it is accepted that the appropriateness/health benefits of treating IOTN 3s will require a clinical decision from an orthodontist within NHSScotland.

10. Will any dental procedures performed in primary care or community care be included within the 18 Week RTT Standard?

Yes, if a secondary care specialist undertakes sessional work within primary care or community care and the referral has been received by secondary care, the 18 Week ‘clock’ will start on receipt of referral to secondary care.

11. Will community dentistry have the 18 Week RTT Standard applied?

No, patients who are referred to community dentists will not have the 18 week RTT applied. If a community dentist deems it appropriate to refer a patient to a secondary care practitioner, the 18 Week RTT clock will start on receipt of referral to secondary care.
12. If community-run general anaesthetic sessions are performed within secondary care, will these be included within the 18 Week RTT Standard?

Yes, the 18 Week clock will start on receipt of referral for all patients requiring assessment for a general anaesthetic.

13. Will procedures that are performed by undergraduate dental students within dental hospitals/secondary care be included in the 18 Week RTT Standard?

No, procedures undertaken by undergraduate dental students will not be included in the 18 Week RTT Standard; patients should be made aware that if they choose to be treated by an undergraduate student, they will not be covered by the 18 Week RTT Standard and have the choice to be discharged back to their general dental practitioner. However, if a procedure is required to be undertaken by a consultant, SpR or other post graduate grade, the 18 Week clock will start.

14. Will taking impressions be classed as first definitive treatment and therefore a clock stop?

Not necessarily, if an impression is taken as a means of monitoring a patient, it will not be defined as definitive treatment. In this case, if the patient does not require further treatment, the 18 Week clock will stop and the patient may, if clinically appropriate be discharged from the service.

If however, the patient does require an appliance to be fitted, the study models which are then taken to enable the appliance to be made will stop the clock. This definition applies to all dental specialties where obtaining study models results in an appliance or prosthesis being fitted e.g. dentures.

15. Case Study: Restorative Dentistry

Anne is a 14 year old girl who has been referred to her local secondary care Dental Service from her GDP. Her social circumstances have been somewhat chaotic and her past attendance has been irregular. Anne smokes and has poor oral hygiene. She has not attended for some time and now has established dental disease. She is highly anxious and her GDP feels unable to provide for her in his practice as she is unable to accept local anaesthesia for treatment. She has been referred for a course of treatment, and the need for sedation has been suggested by the referring practitioner. The front upper two teeth are to be restored. The patient’s medical history appears to contain nothing of significance.
Chronology (week 1)
Referral received by secondary care service, clock starts. Triaged and allocated to the clinic. Appointment made for initial assessment and treatment plan. First appointment scheduled for one month’s time.

First Appointment (week 5)
Examination and assessment/radiographs taken. Treatment plan drawn up. Patient anxiety indicates use of acclimatization techniques/sedation. Oral hygiene and motivation is poor – will require attention from the hygienist in secondary care before proceeding with operative care. This will induce a clock pause because the patient is unfit to proceed to treatment without the dental hygienist’s intervention.

Second Appointment (2 weeks later: clock pause)
Patient is seen by hygienist for basic instruction and acclimatization. Patient responds well at this visit.

Third Appointment (1 week later)
Oral hygiene assessed by dentist - improvement noted. Needle desensitisation treatment, sedation demonstrated. Good response. Patient fit to commence treatment: Clock re-starts (week 6)

Fourth Appointment: (2 weeks later: week 8)
Initial restorative work begins at this visit along with temporization of worst affected teeth. Clock stops.

16. Case Study: Orthodontics

John is a 9 year old boy who has been referred by his general dental practitioner to the orthodontic department in his local district general hospital.

Chronology (week 1)
Referral received by the secondary care service: clock starts. Triaged and allocated to clinic. First appointment scheduled for 5 weeks’ time.

First Appointment (week 6).
Reviewed by consultant orthodontist. John is found to have early mixed dentition, but is unsuitable for an appliance at present. The orthodontist requests a set of study models and an orthopantomograph (OPT) to check the eruption paths of the unerupted permanent teeth and for any pathology.

Second Appointment (week 12)
John attends for study models and an OPT. John is referred back to his GDP with a letter advising he is re-referred following the eruption of permanent canines. The clock stops.
John is re-referred to the service the following year.

**Chronology (week 1)**
Referral received by the service: clock starts. Triaged and allocated to first clinic. First appointment scheduled for 7 weeks’ time.

**First Appointment (week 8)**
Reviewed by the orthodontist, it is decided that 2 extractions are required prior to the fitting of the appliance.

**Second Appointment (week 15)**
Study models are taken in order to make the appliance. The 18 Week clock stops, as this is termed definitive treatment.

**Third Appointment week (week 16)**
Extractions are performed.

**Fourth Appointment (week 18)**
Appliance is fitted.

Although the process from referral to fitting of the appliance takes 18 weeks, the clock stops at week 15, as taking of impressions in order to make an appliance is determined definitive treatment.

17. *Case Study: Oral Surgery*

Mrs A is a 34 year old woman requiring extraction of a wisdom tooth. She is on warfarin therapy.

**Chronology (week 1)**
General Dental Practitioner refers the patient to secondary care. The clock starts when the referral is received by secondary care.

**First Appointment: (week 6)**
Mrs A attends the hospital and is reviewed by the consultant. X-Rays and an orthopantomograph are taken. Mrs A is scheduled to have her extraction performed in 3 weeks’ time. An appointment is given and a letter for her GP to check her INR on the day prior to the procedure.

**Second Appointment (week 9)**
Mrs A’s INR is out with the therapeutic range and her surgery is cancelled. This induces a ‘clock’ pause. Her warfarin is reduced and her INR is to be monitored closely by her GP.

GP liaises with the hospital three weeks later. Mrs A’s INR is stable and within the therapeutic range to allow the extraction to go ahead. She is given an appointment for 2 weeks’ time. The 18 Week clock re-starts immediately.
Third Appointment (week 11)
Mrs A is admitted to hospital. Her INR was checked by the GP the day before and has remained stable. Mrs A undergoes extraction of a wisdom tooth which stops the clock.

18. Case Study: Oral Medicine

Mr T is a 54 year old gentleman referred by his GDP with recurrent aphthae.

Chronology (week 1)
The clock starts on receipt of referral to secondary care.

First Appointment (week 6)
Patient is reviewed by clinician and initial tests show iron deficiency anaemia. The patient is referred back to his General Medical Practitioner for further tests to identify the cause of his anaemia. The clock stops and the patient is discharged from the service.

19. Case Study: General Anaesthetics

Jane is a 6 year old girl who is referred for assessment for multiple extractions under general anaesthetic.

Chronology (week 1)
Clock starts on receipt of referral to secondary care.

First Appointment (week 5)
Jane is assessed in the out-patient department and added to the list.

Second Appointment (week 10)
Jane attends the day surgery with a cold and chest infection. She is unsuitable to undergo GA and the clock pauses.

She is commenced on a course of antibiotics by her GP and is fit to undergo treatment two weeks later. Her GP liaises with secondary care, the clock re-starts and she is scheduled for extractions in 4 weeks' time.

Third Appointment (week 14)
Jane attends day surgery and undergoes multiple extractions under GA. The clock stops.

Task and Finish Group: Up-dated 23/09/09