

Delivering the 18 week patient pathway

Applying 18 Week Rules to Dental Specialties

This document complements
Updated 18 Week Clock Rules [available at www.18weeks.nhs.uk]

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APPLYING 18 WEEK CLOCK RULES TO DENTAL SPECIALTIES

This document explains how the principles and rules set out in the generic 18 Week Clock Rules paper apply to dental specialties.

These rules are not exhaustive. An extensive Q&A covering all specialties is available at www.18weeks.nhs.uk and is updated continuously to provide further clarification. If in doubt, the principle of providing excellent care without unnecessary delay should be followed, together with those of reasonableness, honesty and good communication.

Background

The underlying principle of 18 weeks is that patients should receive excellent care without unnecessary delay. The target covers pathways that involve, or could potentially involve, care led by a medical, dental or surgical consultant. It sets a maximum time of 18 weeks from the point of initial referral up to the start of any necessary treatment.

The target therefore covers referrals to consultant-led services in dental specialties, namely:

- Oral surgery
- Orthodontics
- Restorative dentistry
- Paediatric dentistry
- Periodontics
- Prosthodontics

The target also covers referrals to oral maxillofacial services (OMFS), which (although a medical specialty) receives some of its referrals from dentists.

The 18 weeks target has to be achieved by the end of 2008. As a milestone, by the end of March 2008 patients should begin treatment within 18 weeks for 90% of non-admitted referrals and 85% of admitted referrals.

As with other service areas, delivering the target for dental specialties is likely to require fundamental service transformation. Merely doing the same faster will not achieve the target. Advice on high-impact changes and examples of good practice in achieving shorter pathways for dental specialties are available at www.18weeks.nhs.uk.

Defining “consultant-led” services

1. A “consultant-led” service is one in which a medical, dental or surgical consultant retains overall clinical responsibility for the work of the team. The consultant will not necessarily be physically present for each patient’s appointment, but he/she will maintain overall clinical responsibility for patient care.
2. The 18-week target will therefore include:
 - consultant-led hospital dental services
 - consultant-led dental services provided in a primary care setting, where the consultant has overall clinical responsibility for the patient and does so as part of their consultant arrangement with their employing Trust
 - dental care provided under general anaesthesia in secondary care, even where the treatment is carried out by a primary care dentist. This is because the patient has been referred for hospital consultant-led care (in this case, the consultant-led care is the general anaesthesia rather than the dental care itself)
 - treatment provided by postgraduate dental students or Specialist Registrars under the supervision of a medical, dental or surgical consultant.
3. The 18 week target does not apply where:
 - a PCT makes separate arrangements with a consultant, e.g. as part of a Personal Dental Services (PDS) or General Dental Services (GDS) contract, to provide dental services in a primary care setting
 - primary dental care is being carried out in a secondary care setting solely for the purpose of supporting undergraduate dental education (and the patient consents to treatment on this basis).

Clock start

What starts the 18-week clock?

4. The 18-week clock starts when a health professional makes a referral on the basis that:
 - a. the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional; and
 - b. the patient will, or could potentially, receive treatment from a consultant-led service.

5. Referrals to the following services therefore start an 18-week clock:
 - a. consultant-led dental services, irrespective of setting (i.e. as defined in para 2 above)
 - b. oral cancer services (for which a 62-day cancer-target clock would also start for urgent suspected cancer cases)
 - c. diagnostic services, where the referral is made on the basis that the patient will (if the diagnosis indicates necessary) be treated by a consultant-led service before responsibility is transferred back to the referring health professional (i.e. straight-to-test)
 - d. referral management centres (as defined in the Commissioning Framework¹ and which cover arrangements known as clinical advisory centres, integrated clinical assessment and treatment services, interface services etc)
 - e. specialist primary dental practitioners, dentists with a special interest (DwSIs) or dentists that hold advanced mandatory service contracts, if they are part of dedicated referral management arrangements.
6. Many referrals into referral management centres (or equivalent services) may not result in onward transfer to a consultant-led service. For instance, the majority of patients may be referred to primary care practitioners (e.g. orthodontic practices) or be treated by the centre itself. However, any referral that may result in onward referral to a consultant-led services (even if only in a small minority of cases) starts the 18-week clock.

What does not start the clock?

7. Referrals to the following services do not start an 18-week clock unless the service is part of dedicated referral-management or triage arrangements:
 - a. services provided by primary care dentists
 - b. salaried primary dental care services (SPDCS)
 - c. services provided by specialist primary dental practitioners, dentists with a special interest (DwSIs) or dentists that hold advanced mandatory service contracts.
 - d. Services provided by undergraduate students in dental teaching hospitals or on outreach teaching.

¹ Health Reform in England – Update and Commissioning Framework: annex – the commissioning framework, 13 July 2006, Gateway 6865

Whose referrals start the clock?

8. An 18-week pathway can begin with a referral by any health professional or health service authorised to make referrals to the relevant service. This includes:
 - a. general dental practitioners (GDPs)
 - b. dentists working in salaried primary dental care services (SPDCS), including dentists carrying out local screening programmes
 - c. specialist dental practitioners, dentists with a special interest (DwSIs) or dentists with an advanced mandatory contract
 - d. general medical practitioners (GPs)
 - e. general practitioners with a special interest (GPSIs) and other practitioners with a special interest
 - f. Accident & Emergency (A&E) departments
 - g. Minor Injuries Units
 - h. NHS Walk-in Centres
 - i. Prison/offender health services
 - j. consultants (or consultant-led services), particularly where:
 - a consultant already caring for a patient for a condition identifies a second, unrelated condition which requires a referral to one of the services set out in paragraph 5
 - a consultant carrying out a follow-up outpatient appointment (for a patient who does not currently have an 18-week clock) makes a decision to treat, such cases being likely to reduce over time in line with policy in *Our Health, Our Care, Our Say*².
9. In the circumstances outlined in point (j) above, consultants should copy details of all 18-week clock starts to the patient's GP and (if different) to the health professional who made the original referral. The principles of Prior Approval apply as set out in NHS contracts for acute hospital care.
10. The 18-week commitment is made to all patients whose care is commissioned by PCTs. It does not apply to apply to MOD-commissioned care unless stated in commissioning agreements with providers.

What defines the clock-start date?

11. The clock-start date is the day on which the provider to whom the initial referral is made (including referral management centres) receives notice of

² Our Health, Our Care, Our Say, 30 January 2006, ISBN 0101673728, Cm 6737

the patient's referral. Where a referral is made using the Choose and Book service, this is the date on which the patient's unique booking reference number (UBRN) is converted. In other cases (likely to include the great majority of dental referrals), it is the date on which the provider receives the referral letter.

12. In the case of clocks started by consultants at follow-up outpatient appointments (see para 8(j)), it is the date of the consultant's decision to treat.
13. If a patient is referred or booked into the wrong specialty clinic and needs to be re-referred or re-booked, the clock still starts on the date that the original referral was received.

Clock stop

What stops the clock?

14. The basic rule is that the clock stops when a clinical decision is made that treatment is not required, or when first definitive treatment begins.
15. The following clinical decisions stop the clock, with the proviso that the clock stops only when the decision is communicated to the patient, to the patient's GP and (if different) to the original referring health professional:
 - a. first definitive treatment (with or without discharge)
 - b. a decision not to treat
 - c. a decision to embark on a period of watchful waiting or active monitoring
 - d. a decision to refer a patient for treatment in primary care (excluding consultant-led treatment).
16. For example, where a patient has been referred for orthodontic treatment, the clock will stop if the patient is referred back to the dentist for the removal of a wisdom tooth, or if the patient needs to be referred at a later date after dentition has developed further. The 18 week clock will stop at the point that the clinical decision is made and communicated to their dentist (or other original referrer) to commence watchful waiting. Once the patient has reached the appropriate age/start of development as identified in their care plan, a new 18 week clock should start.
17. The clock also stops if the patient declines the treatment offered to them.
18. First definitive treatment is defined as an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. Treatment will often continue beyond the first definitive treatment, after the 18-week clock has stopped.

19. First definitive treatment can be:

- a. inpatient treatment, with the clock stopping on the date of admission
- b. outpatient or day-case treatment, with the clock stopping on the date of attendance and treatment
- c. the fitting of a dental device, with the clock stopping on the date on which definitive fitting or trial fitting begins, provided there is no undue delay in subsequent fitting sessions. For orthodontic treatment, first definitive treatment is the first fitting of a dental brace (sometimes referred to as a “case start”).
- d. first-line treatment, i.e. dental treatment or management provided with the aim of avoiding the need for more invasive treatment, but with a new clock starting if a later decision is taken to provide more invasive treatment

What does not stop the clock?

20. The following examples do not stop the 18-week clock:

- a. a first (or subsequent) outpatient appointment or assessment that does not involve treatment or the fitting of a dental device
- b. administration of pain relief or other steps to manage a patient's condition in advance of definitive treatment
- c. consultant-to-consultant referrals where the underlying condition remains unchanged
- d. simply making a tertiary referral, or a referral to any other provider that meets the criteria described in para 2 above.

Dealing with legitimate exceptions or delay

21. There will always be some patients for whom the 18-weeks schedule is inconvenient or clinically inappropriate.

22. The approach to managing the care of these patients and reporting their waits will be published by the Department of Health in 2007.