



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

***Community Dental Service  
Referral Care Pathway  
Provision of Paediatric Dentistry in South  
East Wales***

***Advice for dentists, doctors and other  
health care professionals***

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## Introduction

The vast majority of children successfully receive their dental care within the general dental service (GDS). However there are some for whom dental care is best suited to the Community Dental Service (CDS) either for a specific course of treatment or for all their dental care. The criteria for a child to be accepted by the Community Dental Service for a single course or total care is to be found in Table 1.

## Paediatric Dentistry in the CDS

Within the CDS the majority of paediatric dentistry is provided by dentists and dental therapists experienced in paediatric dentistry. Paediatric Specialists are available within the CDS but provide care for only the most complex cases. Any referral form received by the CDS is assessed by a specialist and passed to the most appropriate clinician for care. We endeavour to get any referred patients treated in a clinic as close to home as possible but this cannot be guaranteed.

**Whenever possible a referred child will be returned to the GDP (where appropriate) following a course of treatment thus ensuring adequate provision of care for new referrals.** Referrals back to GDPs include an ongoing preventative oral health plan as per the 'Delivering Better Oral Health' 2014 to include for example, the application of fluoride varnish where applicable.

## The Community Dental Service Paediatric Referral Pathway

In the past it has been common place for GDP Paediatric referrals to be sent directly to the most local CDS clinic. However following the introduction of a Paediatric dental referral form this will no longer be encouraged. Instead referral form submission **to a central office** will enable the referral to be assessed more appropriately and the most suitable clinician allocated to a child.

The CDS additionally receives referrals from other local healthcare professionals, social care staff, special school staff and several others and has over years developed referral protocols and given information to these professionals, to ensure vulnerable, medically compromised or children with disability have access to NHS care if they are unable to access it in the GDS.

## Paediatric Specialists within the CDS

Specialists in Paediatric dentistry are those on the GDC specialist list in Paediatric Dentistry. The role of a specialist in Paediatric dentistry is to assess and formulate appropriate management plans for a variety of complex dental conditions to include dental anomalies, complex dental trauma and tooth structural defects. In addition they have a significant role in care provision in circumstances where children find it difficult to accept care due to a variety of conditions, i.e. severe learning disability. Within S.E Wales paediatric dental clinicians liaise with a variety of dental specialities including Consultants in Special Care dentistry, Maxillo-facial surgery and orthodontics.

## Consultants in Paediatric Dentistry

There are no consultants in Paediatric dentistry employed within S E Wales. Specialists in Paediatric Dentistry however may undertake a tertiary referral to Paediatric Dentistry Consultants in Cardiff University Dental Hospital for more complex cases including those requiring multidisciplinary dental care. GDP's within S E Wales are unable to refer directly to the Dental Hospital and should in the first instance refer to the CDS where a case will be assessed and referred on when deemed clinically appropriate.

Examples where specialist to consultant tertiary level referrals are appropriate;

- Children whose conditions preclude treatment in the specialist services of the GDS/CDS
- Children needing shared care with other medical/dental consultants because of their complex needs.
- Children with severe bleeding disorders requiring treatment in liaison with haematology or haemophilia unit.
- Children requiring multidisciplinary care ie, cleft palate, severe hypodontia

## Referrals of Patients for Paediatric Dentistry

Referral of patients (aged 15 & under) for paediatric dentistry will be as follows;

1) By referral from **General Dental Practitioners** using the **PAEDIATRIC DENTISTRY REFERRAL FORM**. Table 1 indicates the criteria for referral.

This form should be sent to the address on the form.

2) By agreed internal referral pathways for non dental health and social care professionals employed by individual Health Boards in South East Wales.

**TABLE 1**

<b>Criteria for referral</b>	
<b>Children ( 0-15 yrs) with:</b>	
<b>Learning disability</b>	Children whose cognitive abilities are such that they are unable to manage their own oral care adequately and/or care provided in GDS, particularly those who need carer to support their daily activities.
<b>Mental health problems</b>	Children with diagnosed mental/emotional problems who need additional skills and facilities to manage their oral care.
<b>Physical disabilities and access issues</b>	Children whose mobility/ physical disability requires specialist facilities and /or skills to manage their oral care. i.e. hoists, chair recliners .
<b>Complex medical needs</b>	Complex Medical conditions which affect their oral health and/or dental treatment, that cannot be managed in GDS
<b>Mild/Moderate Anxiety and phobia</b>	Children for whom there is evidence that they have dental phobia and/or anxiety which affects their ability to receive dental treatment in GDS.
<b><i>CHILDREN WITH SEVERE ANXIETY or GAG REFLEX</i></b>	<b><i>PLEASE USE SEDATION &amp; GA REFERRAL FORM</i></b>
<b>Sensory impairments</b>	Children with sensory impairments who have additional conditions which mean they require specialist care.
<b>Looked after Children</b>	Defined as those in the care of their local authority.
<b>Vulnerable Children</b>	Children described as homeless, travellers or asylum seekers
<b>Dental conditions that require a specialist clinical assessment</b>	<ul style="list-style-type: none"> <li>• <b>Tooth structural defects; i.e. amelogenesis imperfect, hypoplastic enamel</b></li> <li>• <b>Dental anomalies i.e hypodontia, supernumeraries</b></li> <li>• <b>Infra-occluded/impacted teeth</b></li> <li>• <b>Complex dental trauma; immature root apex, root fracture or resorption</b></li> <li>• <b>Early onset periodontal conditions</b></li> </ul>

**NB: Molar endodontics** for children will not routinely be carried out. We will provide a consultation regarding the value of early extraction and balanced extraction of first permanent molars. Children will generally be referred back should RCT be required.

**Please send Referral Forms as follows:-**

Paediatric Dentistry Referral Service  
Community Dental Service  
Grange House  
Llanfrechfa Grange Hospital  
Cwmbran  
Torfaen  
NP44 8YN  
  
Tel: 01633 623728

**PLEASE NOTE CHILDREN  
REQUIRING SEDATION  
OR GENERAL ANAESTHESIA  
SHOULD BE REFERRED ON  
THE ALTERNATIVE  
  
'Dental GA/Sedation referral  
form'.**

February 2015

**Date of Referral:**

**Date received:**

Office use only

# Paediatric Dentistry / Community Dental Service REFERRAL FORM (0-15 years)

Please complete ALL sections

Return completed form to:	Referring Practitioner:
<p>Paediatric Dentistry Referral Service Community Dental Service Grange House Llanfrechfa Grange Hospital Cwmbran Torfaen NP44 8YN</p> <p>Tel: 01633 623728</p>	<p>Dentist: (BLOCK CAPITALS)</p> <p>Practitioner Stamp:</p>

PATIENT DETAILS ((BLOCK CAPITALS))			
Name:		DOB:	Male / Female (delete)
Address:			
Postcode:		Contact Tel No:	
Guardian Details:	Name of Person with Parental Responsibility:		
	Address:		
	Tel no:		Postcode:
Name & Tel number of Social Worker (where applicable):			
School Details:	Name:	Town:	
Medical History including Medication:			

Please describe reason for referral (see criteria below)
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Advice only/ second opinion		Assessment and treatment plan		Assessment and provision of dental care		Referral Code: Please see below	

TICK above boxes as appropriate ☒

<b>Treatment requested</b>
(PLEASE DESCRIBE ANY TREATMENT YOU HAVE ATTEMPTED).
<input type="checkbox"/> Radiographs included <input type="checkbox"/> Copy of referral letter included

<b>Oral prevention given</b>
<input type="checkbox"/> OHI <input type="checkbox"/> Fissure Sealants <input type="checkbox"/> Fluoride varnish <input type="checkbox"/> High Fluoride Toothpaste

<b>Criteria for referral for children (age 0-15 years)</b>		
Learning disability	P1	Children whose cognitive abilities are such that they are unable to manage their own oral care adequately and/or care provided in GDS, particularly those who need carers to support their daily activities.
Mental health problems	P2	Children with diagnosed mental/emotional problems who need additional skills and facilities to manage their oral care.
Physical disabilities	P3	Children whose mobility/ physical disability requires specialist facilities and /or skills to manage their oral care. i.e. hoists, chair recliners .
Complex medical needs	P4	Complex medical conditions which affect oral health and/or dental treatment, that cannot be managed in GDS
Dental anxiety and phobia	P5	Children for whom there is evidence that they have dental phobia and/or anxiety which affects their ability to receive dental treatment in GDS. <b>Please use GA/Sedation referral form for severe anxiety/gag reflex</b>
Very young children unable to comply with routine dental treatment	P6	Young children unable to comply with routine dental treatment in GDS
Looked after children	P7	Defined as those in the care of their local authority.
Vulnerable children	P8	Children described as homeless, travellers or asylum seekers
Dental conditions that require a specialist clinical assessment	P9	<ul style="list-style-type: none"> <li>Tooth structural defects i.e. amelogenesis imperfecta, hypomineralised enamel</li> <li>Dental anomalies i.e. hypodontia, supernumeraries</li> <li>Infra occluded /impacted teeth</li> <li>Complex dental trauma, immature root formation, root fracture or resorption</li> <li>Early onset periodontal conditions</li> </ul>

Referring dental practitioner signature:	Date:
<b>PRINT NAME:</b>	

Referred to Office use only	
Date	