Guidance for Referrals to Dental Specialty Services

2019

Paediatric Dentistry

Lancashire and South Cumbria
Paediatric Dentistry Clinical Network

NHS Lancashire Special Care Dentistry & Paediatric Dentistry Clinical Network
Preface
The purpose of this document is to guide Referrers through the process of referring patients to the Dental Specialty of Paediatric Dentistry. It has been produced for Lancashire and Cumbria Local Area Team NHS England by the Paediatric Dentistry Managed Clinical Network.

For correspondence about this guidance please contact:

For Central and East Lancashire:
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Lancashire Care Dental Service
St Peters Centre
Church Street,
Burnley
BB11 2DL
T: 01254 283350
E: Lcn-tr.scdreferrals@nhs.net

For Blackpool:
Dental Department
Whitegate Drive Health Centre
158 Whitegate Drive Health Centre
Blackpool
FY3 9ES
T: 01253 953034
E: Bfwh.dental.referral@nhs.net

For North Lancashire:
Dental Triage
Morecambe Dental Centre
Queen Victoria Centre
Lancaster
LA4 5NN
T:01524406711.
E: BFWH.dental.north@nhs.net

For Lancashire Teaching Hospitals NHS Foundation Trust
The Call Centre
Preston Business Centre
Watling St Road
Fulwood
Preston
Lancashire
PR2 8DY
T : 01772 524555
Email : outpatients@lthtr.nhs.uk

Please do NOT send referrals to these addresses.
## Guidance for referrals to Dental Specialties - Paediatric Dentistry

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1.0 Introduction

This document outlines the referral process for children (age 0-16 years) to the Dental Specialty of Paediatric Dentistry.

The specialty of paediatric dentistry provides specialist oral healthcare for children from birth to adolescence whose needs cannot be managed by their GDP. This includes children and young people (CYP):

- with extensive oral disease
- whose oral health care is complicated by intellectual, medical, physical, social, psychological and/or emotional factors
- with developmental disorders of the teeth and mouth
- who are either too anxious or too young to accept routine dental treatment

The age range is 0-16 years.

Paediatric dentists may also play a role in care for 'looked after children', and those for whom the local authority and their partner commissioning bodies must make arrangements for their healthcare. This may include vulnerable children with special educational needs or a disability.

Referrals to Paediatric Dentistry can be made by Dentists and non-Dentists who are providers of health and social care.

Aim

The aim of this referral process is to make sure that patients are seen at the right time, in the right place by the right person.

All Referrers must complete the Paediatric Dentistry Referral Form using the guidance in this document. Referrals will be administered centrally and sent for clinical triage by trained accredited dentists. The triaging dentist will assign patients for care based on the needs described on the referral form.

Patients may be allocated to receive dental care in a Primary Care or Hospital care setting. This depends on the clinical information provided, medical history and any other information provided within the referral form.

The guidance is presented in colour-coded sections that match the referral pathway flow chart (Figure 1). It covers the following:

Section 2.0 - Which patients can be referred to Paediatric Dentistry? (purple)

Section 3.0 - How can I refer my patient to Paediatric Dentistry? (pink)

Section 4.0 - How do I send the referral form? (orange)

Section 5.0 - What happens when the referral is sent? (green)

Section 6.0 - What do I tell my patient? (blue)
Notes for Referrers

Who can I refer?
Children under 16 years old who meet the criteria laid down in this guidance.

How can I refer?
The online referral system is the preferred route and will ensure that the latest form is used. Complete the referral form using the Guidance document and access the online system at:
https://app.dental-referrals.org/

If you do not have an account you can sign up at www.dental-referrals.org. You can also download referral forms from the site as well as copies of this document.

If you are using the Word versions of the form the completed referral form and any relevant electronic radiographs must be sent using a secure nhs.net e-mail account to:
d.referrals@nhs.net

Postal referrals will be accepted and should be sent to:
Dental Referral Management Centre
6 The Offices
Stannian Fold
Pool Lane
Lymm
Warrington
WA13 9AB

Wet films can be sent recorded delivery to the RMC where they will be scanned and films returned.

Important
For patients without a dentist requiring urgent care please contact the Dental Helpline on 0300 1234 010

Patients under the regular care of a Dentist must be referred by their Dentist.

Urgent care remains the responsibility of the referring dentist.

The referral of children who require oral surgery (e.g. management and surgical removal of ectopic teeth or the surgical exposure of teeth) must be referred through the Oral Surgery Referral Pathway

To ensure the best care for patients the Referrer must follow the guidance in this document. If in doubt please contact the service providers for advice.

Incomplete or incorrectly completed forms will be returned to the Referrer.

Referring a patient to Paediatric Dentistry does not guarantee that the patient will be accepted for care in the Specialty. Dentists are reminded of their obligations to provide mandated services under their contractual agreement.
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The NHS Commissioners of the service will monitor all referrals including those for requests for procedures considered within the generally accepted competence of a Primary Care Dentist.

You must not use this pathway to refer adults.
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Figure 1 - Paediatric Dentistry Referral Pathway

Referrer makes decision to refer

Referrer completes referral form online or hard copy to email/post

RMC will accept referral forms – a tracking number is made available.
Forms sent to service providers for triage.

Referral triaged using fully completed form and appropriate radiographs

Rejected

Primary care Paediatric Dentistry Specialist services

Secondary care Paediatric Dentistry Specialist services

Provider will contact patient

Incomplete forms will be sent back to Referrer
Guidance for referrals to Dental Specialties- Paediatric Dentistry

2.0 - Which patients can be referred to Paediatric Dentistry?

Only child patients (under 16-years old) who cannot receive dental care in General Dental Practice and meet the allocation criteria may be referred to Paediatric Dentistry (Table 1). You must not use this system to refer children who can receive their care in General Dental Practice.

You may refer a patient to Paediatric Dentistry if they require:
1. Advice: specialist advice about their oral health care needs including prevention and treatment planning;
2. Provision of a part course of treatment that will be completed by the GDP.
3. Single course of treatment
4. Current treatment and all future on-going oral health needs.

All referrals for patients requiring Paediatric Dentistry must be completed using this referral pathway unless cancer is suspected or the patient has an immediate life threatening condition.

Referral guidance for Dentists and Medical Practitioners for urgent, traumatic, suspicious or unexplained soft and hard tissue lesions.

<table>
<thead>
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<th>Traumatic or urgent cases</th>
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<td>The following should be referred to be seen on the same day:</td>
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<tr>
<td>1. Acutely swollen face/systemically unwell</td>
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<tr>
<td>2. Dental/facial trauma requiring urgent specialist management</td>
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<tr>
<td>3. Uncontrolled dental haemorrhage</td>
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Refer to: your local acute hospital with a Max-Fax dept

<table>
<thead>
<tr>
<th>Suspicious or unexplained soft and hard tissue lesions</th>
</tr>
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<tbody>
<tr>
<td>Where malignancy is suspected, these should be referred under the two week rule. Please do not use this form to refer under the 2 week rule but use the appropriate form for your area.</td>
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2.1 - Allocation Criteria

This section outlines the criteria used to allocate patients by specialist led clinical triagers to the appropriate level of care within Paediatric Dentistry. It is for information purposes only. Referrers are not expected to use the criteria to allocate patients.

Allocation will be carried out by specialist led practitioners in Paediatric Dentistry after the referral is received by the provider organisation based on the information in the referral form. The allocation criteria for Paediatric Dentistry are described below.

The allocation criteria are described so that Referrers will be familiar with them. This should ensure that Referrers provide enough information on the referral form for an allocation decision to be made based on the true needs of the patient. It will also allow Referrers to discuss possible allocation outcomes with the patient and their carers

In each category, the triager will match the patient modifying factors to the clinical setting which could most appropriately meet the patient's treatment needs:

- Complexity Level 1: Primary Care Non-specialist
- Complexity Level 2: Primary Care Specialist-led Paediatric Dentistry
- Complexity Level 3: Hospital Consultant-led specialist in Paediatric Dentistry

(Please note all services are not provided by all providers at this present time. Please refer to the Directory of Services for more information)

Treatment complexity levels

Level 1 – normally seen within general dental practice

Procedures to be performed or conditions managed by a dentist commensurate with level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent.

- Oral health assessment of need and circumstances, oral health review, risk screening and treatment planning including appropriate referral where necessary for all children
- Evidence-based preventive care, advice and interventions
- Restorations of primary and permanent teeth with the use of local anaesthesia where appropriate, including pulp therapies of primary molars and pre-formed metal crowns where appropriate
- Uncomplicated endodontic treatment of permanent teeth
- Simple partial dentures and removable space maintainers
- Routine extraction of primary and permanent teeth under local anaesthesia
- Emergency and / or urgent treatment and management of pain, infection and dento-alveolar trauma including avulsed teeth
- Timely identification and referral of significant developmental defects of the dental tissues and disturbances of the developing dentition
- Management of dento-alveolar traumatic injuries to the primary and permanent dentition (for example subluxation and mild luxation injuries of primary and permanent teeth; uncomplicated crown fracture of primary or permanent incisors)
- Appropriate referral of children requiring more complex treatment that is Level 2, 3a or 3b
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Level 2

Care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register. This care may require additional equipment or environment standards.

- Management of dento-alveolar trauma of increased complexity including
- Management of complicated crown fracture of permanent teeth
- Management of injuries to primary teeth not manageable by restoration or extraction
- Root and crown-root fractures of permanent teeth without complicating factors
- Post-emergency follow-up of multi-tooth injuries in the permanent dentition
- Post emergency follow-up of permanent tooth avulsion and significant luxation injuries, especially where complications are more likely to develop.
- Emergency management of injuries to primary and permanent teeth where the complexity of emergency management lies beyond Level 1
- Management of hard-tissue dental defects and disturbances of the developing dentition not requiring specialist or multi-disciplinary management for example early permanent tooth surface loss, developmental defects of primary or permanent teeth amenable to and stabilised by simple restoration.
- Management of more complex problems affecting the developing dentition or dental hard tissues under the direction of a specialist or consultant in Paediatric Dentistry
- Extraction of teeth under general anaesthesia
- Management of children with routine oral health surveillance or treatment needs but where behavioural/psychological development or significant anxiety increases the complexity of delivery of care such as those requiring sedation.
- Management of children with routine oral health surveillance or treatment needs but where medical comorbidity or disability increases the complexity of delivery of care.
- Inhalation sedation where appropriate for all ages of children and IV sedation for children of 12 years of age and above.
- Management of children with extensive caries or early childhood caries amenable to care under local analgesia or with sedation as described above as an adjunct.
- Assessment and management (of children subject to a child protection plan or looked after by the local authority who have no current arrangement for dental care.

Level 3a

Care & procedures/ conditions to be Performed or managed by a Specialist in Paediatric Dentistry

- Severe early childhood caries or unstable/extensive caries (especially where treatment under general anaesthesia may be necessary).
- Moderate to severe tooth surface loss in the permanent dentition.
- Abnormalities of dental development not amenable to simple preventive or restorative management or where specialist management is needed e.g. moderate/severe molar incisor hypomineralisation (MIH), amelogenesis imperfecta, dentinogenesis imperfecta, mild to moderate hypodontia.
- Supernumerary teeth and/or delayed eruption of permanent teeth not requiring complex surgical or multidisciplinary management.
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- Restorative and exodontia treatments for children being managed under the direction of a regional MDT with cleft lip and/or palate.
- Dento-alveolar trauma requiring more specialised management including:
  - Avulsion injuries and post-avulsion management, especially where complications have developed.
  - Management of injuries to immature permanent incisors where endodontic management is required.
- Moderate to severe luxation injuries, especially where complications have developed.
- Injuries involving significant damage to multiple teeth.
- Aggressive periodontitis or other less common periodontal/gingival conditions.
- Uncomplicated dento-alveolar surgical interventions.
- Dental care of children with significant anxiety and/or behavioural disturbance.
- Treatment planning, support and follow up for children requiring extractions under general anaesthesia.
- Treatment planning and delivery of comprehensive dental care under general anaesthesia.
- Oral health surveillance and or treatment needs where significant medical comorbidity or disability increase the complexity and risks of delivery of care. Such care may be shared with a consultant and many such children will be under the on-going care of a Paediatrician. For example:
  - Significant cardiovascular disease
  - Significant abnormalities of haemostasis
  - Children undergoing treatment for haematological or organ malignancies
  - Children with significant disability or learning difficulties
  - Children with significant behavioural problems or communication disorders (autism)

Level 3b

Care should be delivered by a dentist recognised as consultant in Paediatric Dentistry.

- Assessment and management of complex dental or cranio-facial conditions which require a multi-disciplinary team input to treatment planning and care or where management of a disturbance in dental development is complicated by features requiring input/active treatment from other dental specialties. Examples include:
  - Moderate to severe hypodontia, and significant dental hard-tissue developmental defects, especially during transition into orthodontic and definitive adult restorative management and treatment
  - Traumatic dento-alveolar injuries where significant complications have arisen, especially where multidisciplinary planning and care is required
  - Premolar transplantation
  - Patients requiring obturators or other more advanced intermediate restorative management
  - Patients with complex presentations of tooth morphology (macrodontia, double teeth, dens-in-dente, talon teeth)
  - Assessment and management of oral pathology or oral medical conditions
- Assessment, surveillance and treatment of children with significant co-morbidity being managed by other paediatric specialities (for example oncology, cardiology, haematology, hepatology, nephrology, endocrinology). This may include providing urgent dental treatment prior to open heart surgery, organ transplant or prior to commencing chemotherapy, for example.
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- Assessment and management of children with a significant disability, co-morbidity, significant behavioural disturbance (e.g. children with severe autism) or severe anxiety who require hospital based and/or multidisciplinary work-up and support prior to and/or as an adjunct to delivery of dental treatment.
- Treatment planning and comprehensive care under general anaesthetic, involving more difficult surgical or restorative procedures, or where the child is undergoing joint procedures with another surgical specialty
- Acute dental emergencies

2.2 - Guidance for non-Dentists or non-Medical Practitioners

Non-Dentists may refer children under their care who require specialist paediatric dental care provided the child is not under the care of another dental provider.

Paediatric Dentistry services should not be used as a substitute for regular dental care. The telephone number to access regular and urgent dental care is 0300 1234 010

Children under the regular care of a Dentist must be referred by their Dentist.

2.3 - Guidance for Dentists and Medical Practitioners

The responsibility for making an appropriate referral rests with the referring Dentist or Medical Practitioner. Dentists are reminded of their requirement to offer the full range of mandatory services for patients with additional needs when appropriate.

Before referring a patient, dentists should review the skills mix amongst their contract performers and develop a system of referral between colleagues within their own practice to manage all patients requiring mandatory services in accordance with the contractual requirements of the provider.

This guidance should not be interpreted as an instruction to individual practitioners as to what procedures they should undertake. Individual performers should only work within their knowledge, professional competence and clinical ability. Providers (and their performers) are encouraged to discuss any potential training needs with their contract holder or Health Education North West.

3.0 - How can patients be referred to Paediatric Dentistry?

If, based on the guidance in this document, your patient's oral health needs would be most appropriately met by Specialist Paediatric Dental Services you may refer them using the Paediatric Dentistry Referral Form which is available online using the Referral Management System.

All sections of the referral form must be fully completed as described below to enhance the quality of care provided to patients. Incomplete or incorrectly completed forms will be returned by RMC to the Referrer.

Referrers can complete the information fields on the referral form by selecting tick boxes or typing answers in free text boxes. The boxes will expand to accommodate additional text.

In circumstances where referrers do not have access to the online portal, hard copies of the referral form will be accepted by email via a secure nhs.net account. Postal and email referrals
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will be only be accepted from non dentists. All dentists must use the online portal.

Section 4.0 – Completing the referral form.

- All sections are mandatory
- If you do not know please complete “Not known”
- If the section is not applicable please complete “Not applicable”
- Inappropriate or incomplete referrals will be returned to the Referrer

Section 1:
Patient Details (mandatory- complete in full)
Referral date
Forename(s)
Surname
Date of birth
NHS Number
Gender
Home address
Home postcode
Is an interpreter required (if yes – please specify the language required)
Who the child lives with.
Current daytime telephone number and preferred method of contact

Please note that for Children Looked After, where the referrer is a member of the CLA team, you will need to send with the referral a copy of a completed PIR consent form and a medical history form completed by the person with PIR.

Section 2:
Patient General Medical Practitioner Details
Practice address and phone number

Section 3:
Referrer Details
Referrer name and GDC number
Referrer work address
Work Telephone number
Email address (nhs.net if available)
Postcode
Details of profession and relationship to patient

Section 4: please tick all that apply
Why is the patient being referred to specialist paediatric dental services? Tick all that apply:
Learning disability
Physical disability
Medically complex
Mental Health
Trauma
Multiple extractions
Cooperation issues
Dental Anxiety
Enamel/dentine defects
Dental anomalies
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Hypodontia
Disorders of eruption
Others - Please Specify

If you tick the box for dental anxiety you must complete the questions which will appear on the online portal. Non dentists are not required to complete the questions. The questions are:

The patient has expressed/displayed severe anxiety/phobia about dental treatment Y/N
The patient’s anxiety is preventing them from accepting dental care Y/N
The referring dentist has attempted to help the patient manage their anxiety by acclimatization on at least 2 visits? Y/N
The referring dentist can provide evidence of what preventative measures they have provided for the patient ? Y/N
The patient is ready to have their dental phobia/anxiety addressed? Y/N
The patient understands they may be managed using a variety of techniques, which may include psychological therapies eg cognitive behavior therapy? Y/N
The patient is aware that there may be a need for multiple appointments to manage their treatment needs ? Y/N

Notes: where acclimatisation is not possible due to the severity of a phobia/anxiety then the details of how the patient presents the phobia/anxiety must be given.

Section 5:
What treatment does the patient need?
The Referrer must indicate why the patient is being referred:

1. Advice: specialist advice about their oral health care needs including prevention and treatment planning;
2. Provision of a part course of treatment that will be completed by the GDP.
3. Single course of treatment
4. Current treatment and all future on-going oral health needs

Advanced restorative treatment will be provided on an individual needs assessment. Complex surgical procedures should be referred to Minor Oral Surgery Service (MOS).

The Referrer, if a Dentist, must give full details of the following:
- Diagnosis and clinical history
- What are the patient’s symptoms?
- What treatments have you provided for this condition?
- What treatments are you requesting –please list them all as services may only provide the treatments requested.
- Why can’t this treatment be provided by the referrer?
- Have you discussed this referral and any possible treatment options with the patient/parent/carer?

We are unable to accept referrals for
- Root canal treatment in permanent molars unless there is good clinical indication for retention of the compromised tooth eg hypodontia, and the patient meets the criteria for referral.
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- Routine or emergency dental care for healthy cooperative children e.g. caries in cooperative children, endodontic treatment in cooperative children with closed apex.
- Orthodontic extractions under GA
- Orthodontic assessment or treatment (please use the orthodontic pathway)

Please note Referral to Paediatric Dentistry does not guarantee that the patient will be managed in the service after triage.

Section 6: Medical History

A full relevant comprehensive medical history must be provided in all cases

Please provide a current and up to date list of medication and indicate if there are any known allergies

You must highlight any issues relating to the following
- Mobility
- Communication
- Cooperation
- Oral risk factors
- Legal barriers to care

Please consider the following when completing this section:

Ability to communicate may include any hearing impairment necessitating a British Sign Language interpreter; if the child can lip read or requires a hearing loop. If the patient’s first language is not English, please state what it is and if an interpreter is required. Does the patient lack, or have limited, verbal communication and why?

Ability to cooperate may include information relating to level of anxiety, previously tried methods of behavioural management, level of success of previously attempted methods of intervention; additional precautions required because of disruptive or challenging behaviour; patient requires more than 100% longer appointment length to complete treatment and reason why; patient has a profound gag reflex.

Mobility factors may include inability to climb stairs; requires support from care givers when mobilising; uses a wheelchair (manual or electric; reclining); can self-transfer or hoist required.

Oral risk factors such as tooth-brushing habits; diet control; restricted opening; soft or hard tissue abnormalities; PEG feeding; regular sugar containing medication e.g. long term use of antibiotics.

Legal issues may include legal guidelines e.g. Child Looked After, fostering.

Section 7: Where does the patient wish to be seen for their initial assessment appointment? Please select from the drop down list. Please be aware that patients will be seen at the site most appropriate for their needs which may not be the preferred option.

Section 8: Radiographs (only to be completed if referrer is Dentist)
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Recent relevant radiographs should be included with the referral. These should be of an appropriate diagnostic quality. Radiographs should be taken in accordance with national guidance.

An OPG is required for any child requiring extraction of permanent teeth under general anaesthetic. Radiographs taken over 6 months before referral are not acceptable. If you are unable to supply appropriate radiographs, please state why.

Digital radiographs should be stored as JPEG. Standard films may be scanned and sent as a JPEG.

All radiographs or radiographic images must include the patient’s name and date of birth and the date the radiograph was taken. Any unnamed films will be rejected.

If you are referring for orthodontic extractions you must send a copy of the orthodontic treatment plan. Please note we do not accept referrals for orthodontic extractions under general anaesthesia.

4.0 - How do I send the referral form?

The online referral system is the preferred route and will ensure that the latest form is used. Complete the referral form using the Guidance document and access the online system at:

https://app.dental-referrals.org/

If you do not have an account you can sign up at www.dental-referrals.org. You can also download referral forms from the site as well as copies of this document.

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Dental Referral Management Centre
6 The Offices
Stannian Fold
Pool Lane
Lymm
Warrington
WA13 9AB

Wet films can be sent recorded delivery to the RMC where they will be scanned and films returned.

Please note that, incomplete referral forms or referrals with radiographs of poor diagnostic quality will be returned to the Referrer which may lead to subsequent delays in patient care. All sections are mandatory.

Referrals that are not sent on the correct form using the method described in this document will not be accepted.
**Guidance for referrals to Dental Specialties - Paediatric Dentistry**

**5.0 - What happens when the referral is received?**

The RMC will pass all referrals accepted through the administrative triage process to the provider requested for clinical triage by the provider organisations. If the referral is accepted, parents / guardians will be contacted regarding allocation to an appropriate clinic.

Inappropriate referrals or incorrectly completed forms will be returned to the Referrer with details as to why the referral is being rejected. Clinical decisions are made by clinicians and not by administrative staff.

There is some opportunity for triagers to redirect referrals between Paediatric Dentistry providers through the triage system if required. We cannot redirect referrals to MOS or orthodontic providers so please use the correct pathway.

**5.1 Advice for Dentists: Claiming UDAs and Patient Charge Revenue**

**THERE IS NO CHANGE TO THE CURRENT PROCESS.**

Referring Dentists should claim the most appropriate band for the treatment provided within the practice e.g. if a referred patient has received only an examination and preventive care, the GDP should claim for a Band 1 course of treatment; or if the practice has undertaken any treatment under Bands 2 or 3, the GDP should claim accordingly.

The existing arrangements for patients allocated to the Salaried Primary Care Dental Service or to receive Domiciliary Services will continue.

**Section 6.0 - What do I tell my patient?**

The Referrer must advise the patient and carers about all aspects of the referral process as effective communication between them and health care professionals, social services and voluntary sector is essential to enhance the quality of oral care for patients requiring specialist dental services.

You should tell your patient that:

1. The referral will be triaged by dentists in the specialist-led paediatric dental team. Only clinically appropriate referrals will be accepted into the service. Clinically appropriate patients will be invited to contact the provider service to arrange an appointment at the new-patient assessment clinic they have chosen.
2. Patients must be made aware of treatment options and the risks and benefits, especially GA and Sedation prior to referral.
3. The final decision on what care they receive for their condition, and the mode of treatment to be provided, will be between the patient and the clinician who will be treating them. This may not be the same as that suggested by the Referrer.
4. Referral to paediatric dental services does not guarantee that the patient will be managed in that service after triage.
5. Families who do not contact the service to arrange an appointment, or if the child is not brought to the arranged appointment without giving prior notice, will be discharged and not offered a further appointment without a new referral in line with local policies.
6. Patients requesting an update on their referral should contact the Referrer in the first instance who can find this information for the patient online.
7. The first appointment with the paediatric dental team will be for assessment and diagnosis...
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only and it is unlikely that any treatment will be carried out.
8. Urgent care remains the responsibility of the referring dentist.

Contact Details
For any further information about this guidance contact:

For Central and East Lancashire:
Central Administration Point
Lancashire Care Dental Service
St Peters Centre
Church Street,
Burnley
BB11 2DL
T: 01254 283350
E: Lcn-tr.scdreferrals@nhs.net

For Blackpool:
Dental Department
Whitegate Drive Health Centre
158 Whitegate Drive Health Centre
Blackpool
FY3 9ES
T: 01253 953034
E: Bfwh.dental.referral@nhs.net

For North Lancashire:
Dental Triage
Morecambe Dental Centre
Queen Victoria Centre
Lancaster
LA4 5NN
T:01524406711.
E: BFWH.dental.north@nhs.net

For Lancashire Teaching Hospitals NHS Foundation Trust
The Call Centre
Preston Business Centre
Watling St Road
Fulwood
Preston
Lancashire
PR2 8DY
T : 01772 524555
Email : outpatients@lthtr.nhs.uk

Please do not send referrals directly to this address
Guidance for referrals to Dental Specialties- Paediatric Dentistry

References:

Referrals will be allocated in accordance with the locally agreed criteria as outlined in this document which is based on the following national guidance and other documents:


Guidance for referrals to Dental Specialties- Paediatric Dentistry

1. Patient Details:

<table>
<thead>
<tr>
<th>Gender:</th>
<th>☐ Male</th>
<th>☐ Female</th>
<th>NHS Number (if known):</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Patient’s First Name:</td>
<td>Patient’s Last Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Town or City:</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred contact:</td>
<td>Best Contact Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter ☐ Home tel no. ☐ Mobile ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interpreter required: ☐ Yes ☐ No

Child Lives With: ☐ Parents ☐ Other

Language: ........................................ Is this a looked after child? ☐ Yes ☐ No

2. Patient’s General Medical Practitioner Details:

<table>
<thead>
<tr>
<th>GMP’s name:</th>
<th>GMP practice address &amp; postcode:</th>
</tr>
</thead>
</table>

☐ Patient is not registered with a doctor

3. Referrer Details (this form must be completed by named referrer):

<table>
<thead>
<tr>
<th>Referrer’s name:</th>
<th>Job title &amp; relationship to patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDC number:</td>
<td>Practice phone number:</td>
</tr>
<tr>
<td>Practice name:</td>
<td>Email address (nhs.net):</td>
</tr>
<tr>
<td>Practice address:</td>
<td>Practice postcode:</td>
</tr>
</tbody>
</table>

4. Why is this patient being referred to specialist services (tick all that apply):

- ☐ Learning disability
- ☐ Physical disability
- ☐ Medically complex
- ☐ Mental health issues
- ☐ Trauma
- ☐ Multiple extractions
- ☐ Co-operation issues
- ☐ Dental anxiety
- ☐ Enamel / dentine defects
- ☐ Dental anomalies
- ☐ Hypodontia
- ☐ Disorders of eruption
- ☐ Others, please specify: .........................

Please note, if you have selected dental anxiety from the options above, you must complete the following questions below

- The patient has expressed / displayed severe anxiety / phobia about dental treatment? ☐ Yes ☐ No
- The patient’s anxiety is preventing them from accepting dental care? ☐ Yes ☐ No
- The referring dentist has attempted to help the patient manage their anxiety by acclimatisation on at least 2 occasions: ☐ Yes ☐ No
### Guidance for referrals to Dental Specialties - Paediatric Dentistry

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The referring dentist can provide evidence of what preventative measures they have provided for the patient:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient is ready to have their dental phobia / anxiety addressed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient understands they may be managed using a variety of techniques, which may include psychological therapies e.g. cognitive behavioural therapy (CBT):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient is aware there may be a need for multiple appointments to manage their treatment needs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 5. Treatment Needs:

What do you want specialist dental services to do? (tick all that apply and give full details):
- [ ] Advice
- [ ] Provision of part of a course of treatment that will completed by the GDP
- [ ] Single course of treatment
- [ ] Current and all future on-going oral health needs

Diagnosis and clinical history:

- What are the patient's symptoms?
- What treatment have you provided for this condition?
- What treatment are you requesting?
- Why can't this treatment be provided by the referrer?
- Have you discussed this referral and any possible treatment options with the patient / parent / carer?

#### 6. Medical History:

Please tell us about the patient's medical history:

- Medication:
- Allergies:

Any issues relating to: mobility / communication / cooperation / oral risk factors / legal barriers to care? Please specify:

#### 7. Where would the patient prefer to be seen on their initial visit?
**Guidance for referrals to Dental Specialties - Paediatric Dentistry**

Please select your patient's choice of clinic for the assessment appointment:

- Ashton Health Centre, Preston PR2 1HR
- Barbara Castle Way HC, Blackburn BB2 1AX
- St Peters Centre, Burnley BB11 2DL
- Whitegate Drive Health Centre, Blackpool FY3 9ES
- St Anne’s Health Centre, St Anne’s FY8 2EP
- Moor Park Health and Leisure Centre, Bispham FY2 0JG
- Dental Access Centre, Morecambe LA4 5NN
- Royal Preston Hospital, Preston PR2 9HT
- Chorley & South Ribble District General Hospital, Chorley PR7 1PP

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**8. Radiographs (to be completed if referrer is a Dentist):**

Relevant radiographic images have been:

- [ ] Emailed with referral form
- [ ] In Post
- [ ] Not included

- [ ] OPG (if requesting treatment on permanent molars)
- [ ] Periapical
- [ ] Bitewings

If you have not supplied radiographs, please state why:

If you are referring for orthodontic extractions you must send a copy of the orthodontist’s treatment plan.

- [ ] Tick here if attached

For office use: URN………………………….
Guidance for Referrals to Dental Specialty Services

This booklet outlines the process for referring child patients for Paediatric Dentistry.