

Guidance notes on Paediatric Referrals – Pan London; effective from 1st April 2017

All London level I, II and III NHS paediatric referrals will be made by use of this pro-forma which is the agreed process of clinical triage for patients requiring enhanced paediatric services in the London. This form has been created via clinical advice from Local Professional Network and relevant stakeholders. Referrals that fulfil the stated requirements and fall within level II (moderately difficult) or level III (complex) will be accepted and deemed level I will be declined and returned to the referrer.

Levels of Care

Level 1

Refers to procedure/conditions to be performed or managed by a dentist commensurate with level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent. The emphasis should be on thorough assessment, effective on-going surveillance, robust preventive care and delivery of relatively straight-forward treatments. Components of level 1 complexity of care are often provided by other members of the dental team such as dental nurses with extended duties, dental hygienists or therapists.

Level 2

At this level, 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 but can usually be provided in primary care. Level 2 complexities may be delivered as part of the continuing care of a patient or may require onward referral. Providers of level 2 care on referral will need a formal link to a consultant/specialist-led MCN, to quality assure the outcome of pathway delivery.

Level 3a

This encompasses procedures/conditions to be performed or managed by a dentist recognised as a specialist in Paediatric Dentistry by the GDC.

Level 3b

This is the most complex level of care and should be delivered by a dentist recognised as consultant in paediatric dentistry.

Modifying factors

The level of procedural complexity may however change depending on severity of disease and/or one or more of the following factors:

- Medical History
- Social factors
- Acceptance of treatment

Level 1

Within Level 1 complexity, care provision should include the following:

- 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
- 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 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-aveolar traumatic injuries to the primary and permanent dentition (e.g. 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 (ie level 2, 3a or 3b)

Level 2

This would comprise treatment and care out with level 1 complexity and delivery of care within a specialist led MCN for example:

- 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 e.g. 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.
- Delivering (but not planning) of 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 disabilities increase 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 (or referral to a higher level as appropriate) of looked after children (i.e. children looked after by the local authority or children on a child protection plan) who either have no current arrangement for ongoing oral health review with the GDS or who are identified to have unmet dental needs.

Level 3a (Procedures/Conditions in addition to levels 1 and 2)

Management of children with more complex dental conditions or where care delivery is complicated including for example children with:

- 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 hypo-mineralisation (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
- Restorative and exodontia treatments for children being managed under the direction of a regional multi-disciplinary team 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 ongoing 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, including autism

Level 3b (Procedures/Conditions in addition to levels 1, 2 and 3a)

This level of care encompasses the highest hierarchy of complexity and would include the following items

- 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 (macrodentia)

- 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 comorbidity being managed by other paediatric specialities (oncology, cardiology, haematology, hepatology, nephrology, endocrinology etc). This may include providing urgent dental treatment prior to open heart surgery, organ transplant or prior to commencing chemotherapy, for example.
- Assessment and management of children with a significant disability, comorbidity, significant behavioural disturbance (eg 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

Children with the following presentations should be referred urgently (to be seen on the same day) according to local protocols.

- acutely swollen face/systemically unwell
- Dental/facial trauma requiring urgent specialist management
- Uncontrolled dental haemorrhage
- Suspected oral malignancy

Looked after Children

Looked after children (e.g. children looked after by the local authority) and children on a child protection plan should have access to assessment and if necessary care at level 2 competence and experience (dentists with a special interest) or level 3 (specialist paediatric services) where either they have no existing arrangement for dental care or unmet dental need is identified. These children are at increased risk of untreated dental caries, poorer oral hygiene habits and less likely to accessed dental care. In addition they need significant support and interdisciplinary work (with social workers, health visitors, school nurses and others) to ensure dental attendance.

Questions about oral health habits, toothache, other oral symptoms and dental attendance must be included as part of an initial assessment carried out by social workers and other key professionals (such as NSPCC staff).

For those children, many of whom will be from vulnerable groups, who do not have a regular dentist, should be able to access care with a level 2 or 3 paediatric dental practitioner, via referral to the MCN RMS from other health or social care professionals. Within the MCN there will be the expertise, experience of interdisciplinary working, time and quality assurance processes to proactively engage with these families and ensure dental attendance, as well as the skills and ability needed to manage issues around consent and to secure primary dental care attendance wherever possible.