



Oral Health Improvement

Childsmile Referral Pathway

1. Referral received via Childsmile Inbox and Referrer acknowledged by email.
2. Add referral to system(s) per local process, checking contact details match with any details already held on EMIS/Childsmile.

If child already on Childsmile system, check previous interventions to determine and discuss which member of the Childsmile team is best placed to provide support to family.

3. Referral triaged, determined by risk to dental wellbeing.

The risks to dental wellbeing and subsequent defining of priority are for guidance only. A person-centred approach along with professional judgement should be applied to each referral.

Risks to Dental Wellbeing

- Significant pain/sepsis/pathology/outstanding treatment
- 2nd referral for same issue
- Repeat OOH(BEDS)/Emergency attendance
- Additional Care Needs
- Care Experienced/Child Protection/ Social Work Involvement

❖ Priority 1

Example: WNB with unmet treatment need.

Action: Contact with family/other professional partner(s) and initial feedback to Referrer within 4 weeks.



❖ **Priority 2**

Example: WNB routine exam appointment.

Action: Contact with family/other professional partner(s) and initial feedback to Referrer within 8 weeks.

❖ **Priority 3**

Example: HV referral at 6-8 week infant assessment or routine OH advice.

Action: Contact with family. Contact with other professional partner(s) as required and initial feedback to Referrer within 12 weeks.

4. Outcome

Successful contact

- Discuss reason for call
- Gather information to determine any barriers to attending appointments
- Offer support (including offer of home visit if appropriate) to make/attend future dental appointments.

Unsuccessful contact

- Contact other professional partners for assistance to try and find a way of contacting and engaging with family. Including but not limited to: Health Visitors, School Nurse, Family Nurse Partnership, Education: School or Early Years, Home school link workers, Early Years Centres, Social Services etc.

5. Record keeping

All successful and unsuccessful contact(s) with patient, welfare guardian or any other professionals **must** be recorded on the action plan and EMIS updated with relevant details/outcomes.

Complete feedback template within timescale outlined above and send to Referrer (cc Admin Team inbox for PDS).