

## **Oral Health Improvement**

# **Priority Groups Referral Pathway**

- 1. Referral received via Caring4Smiles Inbox and Referrer acknowledged by email.
- 2. Add referral to relevant system(s) and referral log per local process, checking contact details match with any details already held.

If the patient is already on our system, check previous interventions to determine and discuss which member of the OH team is best placed to provide support.

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
- 2<sup>nd</sup> referral for same issue
- Repeat OOH(BEDS)/emergency attendance
- Additional care needs and/or learning disability
- Adult Protection/Social Work Involvement

## Priority 1

Example: WNB with unmet treatment need.

Action: Contact with patient/welfare guardian or relevant other/other professional

partner(s) and initial feedback to Referrer within 4 weeks.

Priority 2

Example: WNB routine exam appointment, or domiciliary eligibility request.



Action: Contact with patient/welfare guardian or relevant other/other professional partner(s) and initial feedback to Referrer within 6 weeks.

## Priority 3

Example: Routine OH support/advice.

Action: Contact with patient/welfare guardian or relevant other/other professional partner(s) and initial feedback to Referrer within 8 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 patient. E.g. Social Work Learning Disability Team.

## 5. Record keeping

**All** successful and unsuccessful contact(s) with patient, welfare guardian or relevant other, 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).