



Protocol for the referral of children and young people at high risk of poor oral health by health and social care workforce to NHS Access and Prevention programme dental practices in Yorkshire and the Humber

1. Purpose

The purpose of this document is to provide guidance for the referral of children who do not currently have a regular NHS dentist into Access and Prevention programme dental practices by the children and young people's health and social care workforce based in local authorities. This includes health visiting teams, practitioners, specialist nurses, school nurses and Children Looked After (CLA) teams.

The health and social care workforce play a key role in supporting children and young people in securing and maintaining good oral health. This includes encouraging them to access dental services regularly. This referral pathway provides an opportunity for collaborative working between NHS dental practices and the health and social care workforce to support children and young people's oral health.

Access and Prevention programme is a regional initiative consisting of a group of NHS general dental practices in Yorkshire and the Humber where a percentage of their existing contract value is substituted to target local needs, provide access to care, enhanced prevention, and meet local commissioning challenges.

As part of the access element of the initiative, practices are expected to accept referrals from the health and social care workforce for children whose oral health is giving concern and the parent / carer is unable to access dental care for them.

Practices will also implement 'Was Not Brought' / safeguarding protocols if the referred patients and/ or their carers fail to respond to attempts to contact or to attend appointments.

2. Scope

This protocol is intended to inform health and social care teams about how to refer children at high risk of poor oral health to Access and Prevention programme practices.

Health and social care teams may deem a child/ young person at high risk of poor oral health and suitable for referral to an Access and Prevention practice **if the child/young person does not have a regular dentist** in addition to:

- A child currently experiencing dental pain.
- A family history of poor oral health, for example a sibling has had teeth removed due to decay.
- The child's diet is identified as increasing their risk of dental decay, for example sugar/ juice added to milk/water, frequent sugary drinks or snacks.
- The child is taking regular medication that contains sugar.

Further detail regarding assessment of a child's risk of poor oral health will be detailed in this protocol.

This protocol includes:

1. A referral template for teams to use to refer patients.
2. A risk assessment tool to help identify children/young people at high risk of poor oral health.
3. Was Not Brought (WNB) policy.
4. Information on when updated lists of Access and Prevention programme practices will be provided and who will receive updates.

3. Process

Health and social care workforce

1. Referrers **may wish** to undertake an oral health risk assessment (Appendix A) to help determine if a child is suitable for referral to an Access and Prevention programme practice*.
2. A referral form must be completed (Appendix B)
3. The form must be emailed from a secure nhs.net or gov.uk email address to the Access and Prevention programme practice's nhs.net address which they are using for referrals or using an electronic referral form.
4. Please title the email – FAO Oral Health Champion – Access and Prevention programme Referral
5. Where a practitioner is concerned that a child may be in pain, please telephone the dental practice before making the referral to ensure that the practice is able to accept the referral in a timely manner.
6. Parents/carers should be informed of the 'Was Not Brought' policy by the referrer when they seek consent to being referred.

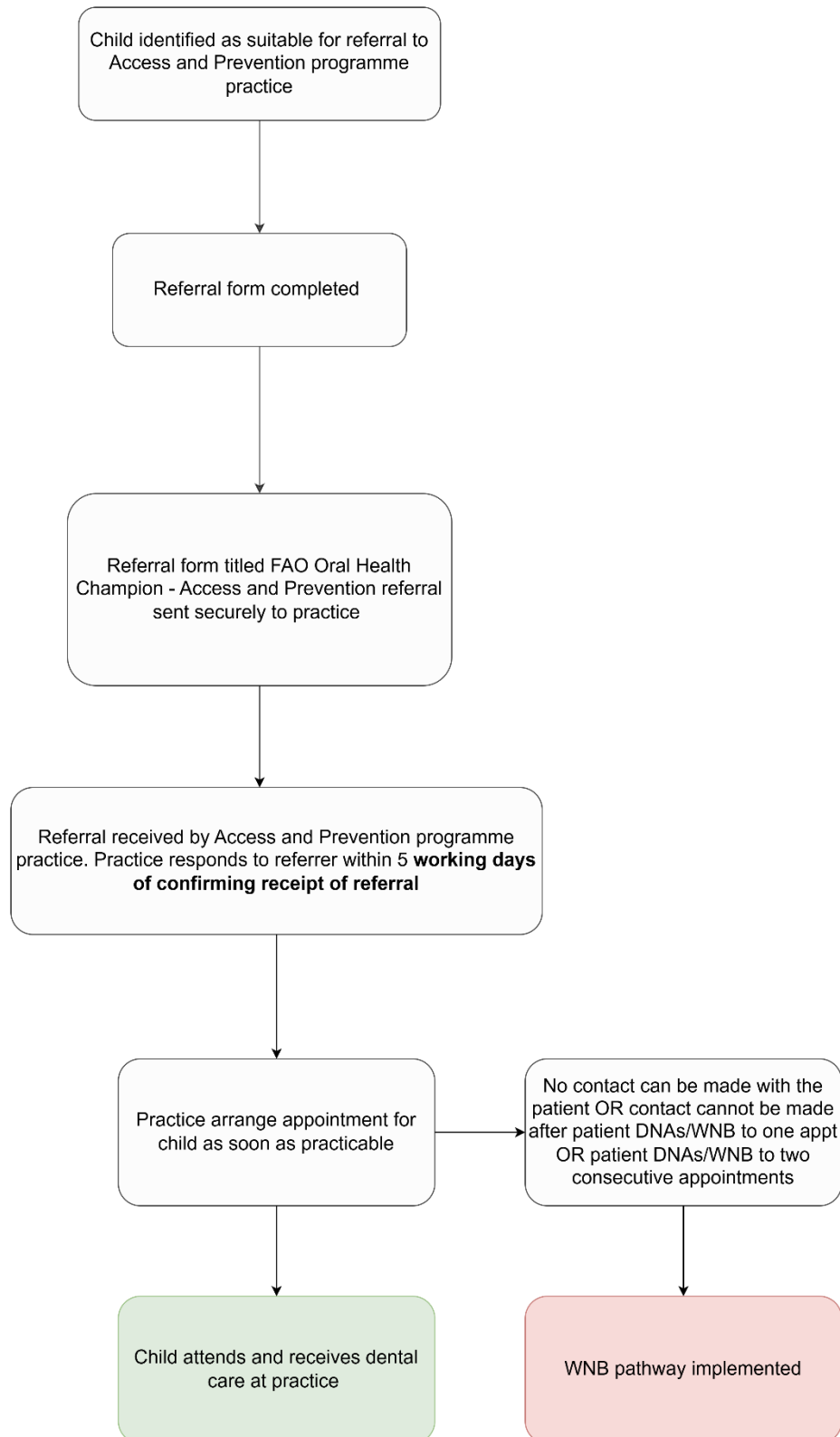
* Please note this is a tool to help teams determine the suitability of a child for referral to an Access and Prevention programme practice, completion is optional and not necessary for referral.

Access and Prevention programme practices:

1. Practices must ensure the secure NHS mail email inbox provided to those referring children through the Access and Prevention pathway is regularly monitored to ensure all referrals are received.
2. Once a referral from the health and social care workforce is received, practices must respond to the referrer by email **within 5 working days**, confirming that the referral has been received.
3. **Patients referred from health and social care teams must not be placed on the practice waiting list.** Patients referred from the health and social care work force have been assessed as being potentially at higher risk of poor oral health, it is important these patients receive timely care to secure their oral health.

4. Practices should aim to see the patient for an initial examination as soon as practicable and consistent with presenting concerns. Children in pain should be prioritised.
5. For patients who do not attend (DNA) or were not brought (WNB), relevant pathways must be followed.

Flowchart of the referral process from health and social care to Access and Prevention programme practice



4. Safeguarding

Was Not Brought (WNB) for children and young people.

The WNB policy will apply to all children/young people who are referred by health and social care teams via the **formal referral process** and

- for whom contact for the first appointment at the Access and Prevention programme practice cannot be made OR
- do not attend one scheduled appointment and contact cannot be made with the parent/carer OR
- do not attend two scheduled appointments and has failed to contact the practice to cancel their appointment

This does not replace any other local safeguarding procedures.

Access and Prevention programme practices should be implementing the 'Was Not Brought' practice guidance from the British Dental Association, which can be found here: <https://bda.org/advice/patient-care-and-safety/safeguarding/>

A notification must be made to the referrer of any patient(s) who do not get an initial appointment made or WNB.

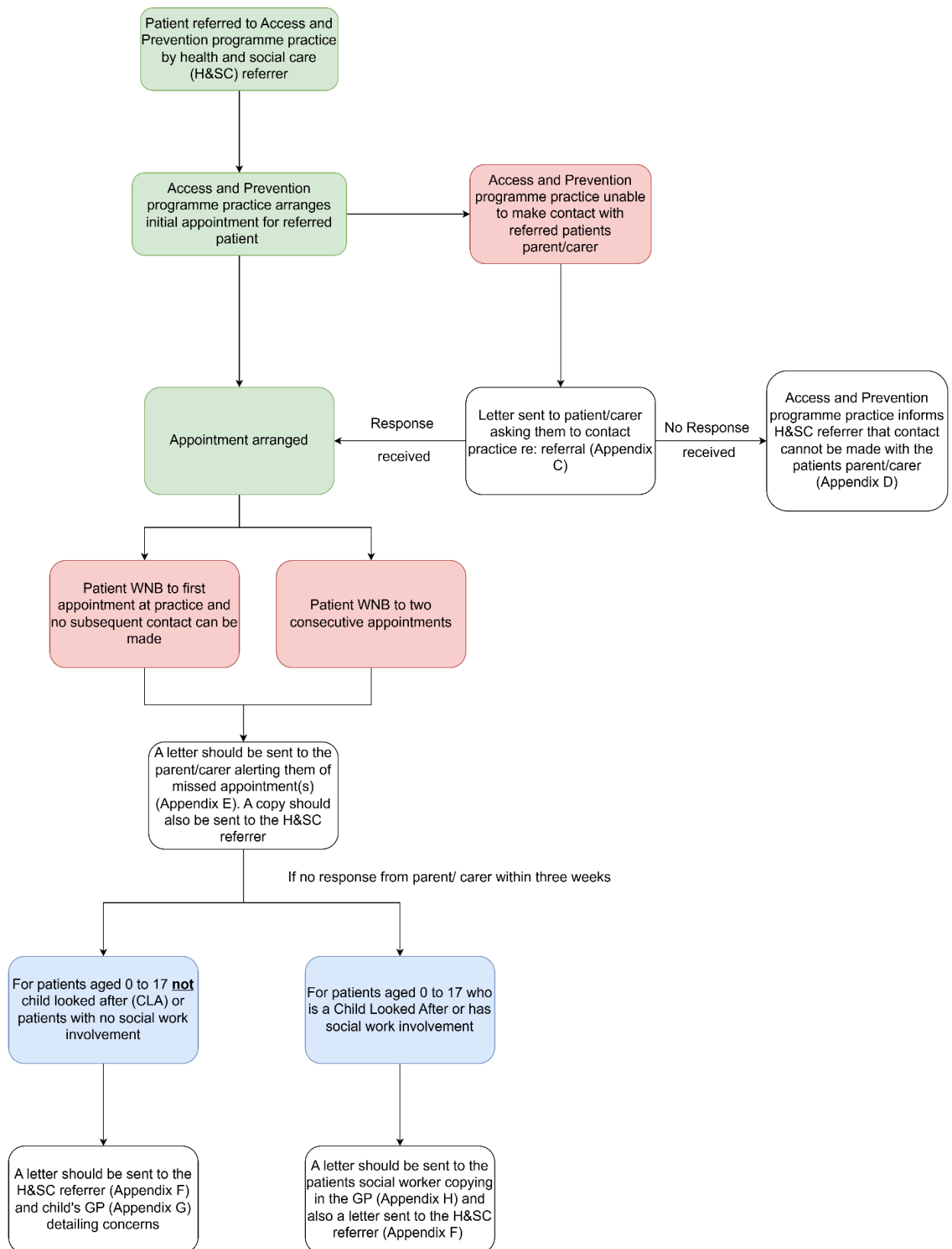
In this way, the referrer is able to provide any necessary support to try and ensure children/young people are brought to booked appointments and are safeguarded. It is the referrer's responsibility to ensure information is shared appropriately with any other professionals involved in the patient's care, where there is consent to do so.

Process:

- All efforts should be made by dental practice teams to remind parent/carers of booked appointments, thereby reducing number of missed appointments – including telephone reminders, SMS messaging.
- Addresses and telephone numbers should be checked every time the patient is contacted or attends and amended where necessary on the paper records and dental software booking systems. Redundant addresses and telephone numbers should be clearly crossed out on the paper records.
- If telephone contact cannot be made with the patient/ carer for the first appointment to be arranged at the Access and Prevention programme practice please send a letter to the parent/carer asking them to contact the practice (Appendix C) copying in the health and social care referrer.
- If no response is received to this letter within 3 weeks the health and social care referrer should be formally informed (Appendix D).
- When an appointment is missed (for either assessment or treatment), the Oral Health Champion should attempt to contact the parent/carer by phone to reschedule the appointment.

- If contact is unsuccessful **or** a child/young people is not brought to two consecutive booked appointments, a letter (Appendix E) should be sent alerting the parent/carer to the missed appointments and inviting them to contact the practice to make a new appointment. The letter will contain a statement explaining that the missed appointment will be shared with the referrer. This letter should also be copied to the health and social care referrer so they are aware of the missed appointment(s).
- Allow 3 weeks for the parent/carer to respond to this letter.
- **For a child aged 0 to 17 who is not on a child protection plan or a Child Looked After:** If contact is not made from the parent/carer within 3 weeks a letter should be sent to the health and social care referrer (Appendix F) and child's GP (Appendix G) detailing concerns and adding information on any other known vulnerabilities, copying in others as decided.
- **For a child aged 0 to 17 who is a Child Looked After or has social work involvement:** A letter should be sent to the child's social worker copying in the GP (Appendix H) and also a letter sent to the health and social care referrer (Appendix F).
- Copies of all letters should be kept in the patient records.
- The missed appointment(s) and the date of the letter sent should be logged in the patient's records. Practices may find it beneficial to develop a WNB log and update it when patients miss an appointment (See Appendix I).

Flowchart of safeguarding and Was Not Brought process.



5. Responsibilities

Health and social care workforce:

- Referrals to Access and Prevention programme practices must be made using the appropriate referral form. If referrals are sent over email, a secure email address must be used.
- Consent must be obtained from parents/carers for the referral.
- Any local data sharing agreements must be followed and data must be shared in accordance with local procedures.
- If notified from the Access and Prevention programme practice that a child/young person WNB, safeguarding procedures must be initiated and followed.

Access and Prevention programme practices:

- Notify health and social care teams of receipt of referrals within **5 working days**.
- Accept referrals from health and social care teams for children deemed at high risk of poor oral health who do not already have an NHS dentist.
- Must provide referred patients with an initial appointment in a timely manner and **must not add patients referred through this pathway onto waiting lists**.
- Notify the referrer of any patient who cannot be contacted for an initial appointment, WNB to one appointment and no contact subsequently can be made or WNB to two consecutive appointments to ensure safeguarding procedures are followed.

Commissioning Teams

- Commissioning teams in the Integrated Care Boards will circulate an updated list of Access and Prevention programme practices twice a year to Directors of Public Health, oral health leads and their teams who will ensure distribution to their relevant health and social care workforce.

6. Training Needs

Health and social care teams

Safeguarding

- All health and social care workforce staff will have undertaken relevant safeguarding training and ensure all training is up to date.

Data sharing

- All health and social care workforce will have undertaken relevant data protection and data sharing training. This training will be up to date.

Access and Prevention programme Practices

Safeguarding

- All staff (non-clinical staff, receptionists, dental care professionals and dentists) must have completed Level 2 safeguarding.

Oral health promotion

- Oral health promotion training required for oral health champions in the Access and Prevention programme practices.

Make Every Contact Count (MECC)

- Dental practices are asked to Make Every Contact Count during their interactions with patients.
- Information about local health and wellbeing services they may wish to signpost patients to can be found at <https://www.mecclink.co.uk/yorkshire-humber/> or through the local council.

Appendices

Appendix A – Oral Health Risk Assessment Tool (please adapt to suit local health visiting assessment schedules)

Guidance for assessing tooth decay risk and making a referral to a Access and Prevention programme dental practice

1. Health Visitors/Practitioners, Community Nursery Nurses, Child and Family Practitioners

Oral health should be discussed with families at health visitor checks and other routine contacts. Use the questions specific to the review (e.g. 6–8-week, 3–4-month, 6-month, 10-12 month and 2-2 ½ year questions) to assess a child’s risk for developing tooth decay. Circle the answers given.

If 3 or more questions (including the question, ‘Has the family got a regular NHS dentist’) results in **red** answers, the child is deemed to be at high risk of developing tooth decay and:

- The parent/carer should be informed and given preventive advice, particularly where red answers have been given (see pages 5-8 for key messages).
- An oral health/dental care pack should be provided if available.
- Check that the parent/carer is using the dental pages in the ‘Red Book’ and that their child is visiting the dentist for preventive advice and treatment.
- The child may be referred to an Access and Prevention programme dental practice for an examination and treatment, by completing a referral form and emailing it to one of the Access and Prevention programme dental practices.
- *Remind the parent/carer about the dental pages in the ‘Red Book’ and the importance of regularly visiting the dentist for preventive advice and treatment. Remind them to try to keep any appointments made or contact the dental practice if they need to rearrange/cancel.*

Questions for 6–8-week, 3-4 month, and 6-month review

Has the family got a regular NHS dentist? Y/N

If the child has reached (or almost reached) 6 months, has the child been for their first visit to the dentist yet or got an appointment booked? Y/N

Have the parents/carers required any urgent/emergency dental treatment (including removal of a tooth) in the last 12 months Y/N

If they have other children, have any had teeth removed due to tooth decay? Y/N

Are the parents/carers anxious about receiving dental care? Y/N

Are drinks other than milk and water being given? Y/N

Is sugar/juice added to water or milk in the bottle? Y/N

Is the child being given frequent or long-term medication that contains sugar? Y/N

Questions for 10-12 month, 2-2 ½ year review and over

Has the family got a regular NHS dentist? Y/N

Has the child had a dental check-up in the last 12 months or got one booked? Y/N
(NB: children should see the dentist at least every 12 months, and adults at least every 24 months)

Has the child been introduced to using a free-flow cup/open cup for drinks? Y/N

If the child is over 12 months, are they still using a bottle? Y/N

Are drinks other than milk and water being given? Y/N

Is sugar/juice added to water or milk in the bottle? Y/N

Is the child being given anything other than water or milk at night? Y/N

Is the child having sugary drinks or snacks in between feeds/meals? Y/N

Is the child being given frequent or long-term medication that contains sugar? Y/N

Are parents/carers brushing their child's teeth twice a day (last thing at night before bed) and on one other occasion? Y/N

Is fluoride toothpaste with at least 1000 ppm of fluoride being used (check packaging for amount)? Y/N

Are the parents/carers helping their child brush their teeth? Y/N

2. School Nurses

School nurses many use the following questions when talking to parents/carers of school-aged children and young people (C&YP) to assess the C&YP's risk for developing tooth decay.

If 3 or more questions (**including the question, ‘Has the family got a regular NHS dentist’**) results in **red** answers, the child is deemed to be at high risk of developing tooth decay and:

- The parent/carer should be informed and given preventive advice, particularly where red answers have been given (see the following pages for key messages).
- The child may be referred to an **Access and Prevention programme dental practice** for an examination and any treatment they need, by completing a referral form and emailing it to one of the Access and Prevention programme dental practices.
- Remind parents/carer of the importance of regularly visiting the dentist for preventive advice and treatment. Remind them to try to keep any appointments made or contact the dental practice if they need to rearrange/cancel.

Questions for parents/carers of school-aged C&YP

Has the family got a regular NHS dentist? Y/N

Has the child had a dental check-up in the last 12 months or got one booked? Y/N
(NB: children should see the dentist at least every 12 months, and adults at least every 24 months)

Is the child having a lot of sugary drinks or snacks in between meals? Y/N

Is the child being given frequent or long-term medication that contains sugar? Y/N

Is the child brushing their teeth twice a day (last thing at night before bed) and on one other occasion with fluoride toothpaste? Y/N

Have any of the C&YP’s siblings had teeth extracted under general anaesthetic at the hospital?
Y/N

3. Children Looked After

A ‘Child Looked After’ (CLA), previously referred to as a ‘Looked After Child’ (LAC), will be automatically deemed to be at higher risk of developing tooth decay. Any CLA should ideally be taken to the dentist which their foster family attends. However, if this isn’t possible, they can be referred to a Access and Prevention programme practice by a health visitor/ practitioner, community nursery nurse, school nurse or member of the LAC team, by completing the referral form and emailing it to one of the Access and Prevention programme dental practices.

4. Children with Special Needs

Children with special needs may find it difficult to attend an Access and Prevention programme general dental practice. They may need the more specialist care provided by the Community Dental Service instead.

5. Key messages to give to C&YP and families for good oral health

Why is good oral health important?

- Good oral health is important for good general health. Mouthcare is an important part of personal care. Keep teeth and gums healthy to prevent tooth decay and gum disease.
- Tooth decay can cause pain, infection, sleepless nights, time off nursery/school and time off work for parents/carers.
- Small children often need a general anaesthetic to have decayed teeth removed, which can be an unpleasant experience and is not without risk.
- A child's first teeth (baby/deciduous teeth) are just as important as the adult teeth.
- Baby (deciduous) teeth are important to guide the adult teeth into the right position. If they are lost early, the spaces for the adult teeth can be lost, and they may come through crooked.

Teething

- The first teeth (baby or milk teeth) to appear are usually the bottom front teeth (incisors) around 5-7 months, followed by the top front teeth. After that come the other incisors, first molars, canines and second molars.
- Children should have 20 baby teeth by the time they are about two and a half years old.
- Baby teeth sometimes come through with no pain or discomfort at all. At other times, you may notice:
 - your baby's gum is sore and red
 - one cheek is flushed
 - they are rubbing their ear
 - your baby is dribbling more than usual
 - they are gnawing and chewing on things a lot
 - they are more fretful than usual
- Some people think that teething causes other symptoms, such as diarrhoea and fever, but there's no evidence to support this. Please arrange for your baby to see a doctor if they seem unwell whilst their baby teeth are coming through.
- Babies may find it a relief to chew on something e.g. a teething ring. Teething gels don't usually help, but if you decide to try one, make sure it is suitable for a baby and sugar-free. Sugar-free paracetamol or ibuprofen can be given to relieve teething symptoms in babies and young children aged 3 months or older.

Toothbrushing: to prevent tooth decay and gum disease

- Start brushing as soon as the first tooth starts to come through, using a brush with a small head. The easiest way to brush a baby's teeth is to sit them on your knee, with their head resting against your chest.
- Teeth should be brushed for at least 2 minutes with a fluoride toothpaste, last thing at night and on at least one other occasion. Build in brushing in the morning and last thing at night into the daily routine.
- Fluoride strengthens teeth and prevents tooth decay.
- Brushing at bedtime ensures that the fluoride continues protecting the teeth while children sleep.
- For 0-6 year olds, use a toothpaste containing at least 1000ppm fluoride (listed in ingredients on packaging).
- For maximum protection from tooth decay in 0-6 year olds and older C&YP, use a toothpaste containing 1350 to 1500ppm of fluoride. Most 'own brand' toothpastes are suitable and more affordable.
- Children under 3 years old should use a smear of toothpaste, and children aged 3-6 years no more than a pea-sized amount.
- Parents/carers should brush or supervise tooth brushing until at least 7 years of age.
- Use a small-headed brush with medium-texture bristles.
- Make sure all the surfaces of the teeth get brushed, and where the gum meets the tooth (gumline).
- Don't rinse with water after brushing teeth as this would rinse off the fluoride protection from the teeth: 'Spit don't rinse'.

Reducing dietary sugars to prevent tooth decay

- Plaque bacteria in the mouth feed on sugar making acid which attacks teeth and causes tooth decay (holes).
- The amount and frequency of consumption of sugary foods and drinks should be minimised to prevent this.
- You may see sugar written on food packaging using different words. Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch, invert sugar, syrup, honey, raw sugar, brown sugar, cane sugar, muscovado sugar and concentrated fruit juices are all sugars. Even if it is marketed as 'natural' or 'organic' sugar, it will still be harmful to teeth.
- Sugar should not be added to weaning foods or drinks, including those given in bottles.
- A bottle should not be given as a sleep aid or left with child unsupervised. Pooling of milk sugars on the teeth for prolonged periods can cause tooth decay.
- Only give sweet food, including dried fruit at mealtimes. Keep snacks as low sugar as possible.
- Remember cordials, squashes, fresh fruit juices, smoothies and milkshakes are high in sugar. Milk and water are the safest drinks for teeth.
- Avoid foods and drinks containing sugar at bedtime.
- Sugar-free medicine should be used where possible.
- Breastfeeding provides the best nutrition for babies

- o Breast milk is the only food or drink babies need for around the first six months of their life.
- o Breast feeding up to 12 months is associated with a decreased risk of tooth decay.
- o Formula milk is the only suitable alternative to breast milk.
- o After 6 months babies can be introduced to solid foods alongside breastmilk.
- o Only breast or formula milk or cooled, boiled water should be given in bottles
- o Only milk or water should be drunk between meals
- o From six months of age infants should be introduced to drinking water/milk from a free flow cup (non-valved).
- o From the age of one, drinking from a bottle should be discouraged.

Visiting the dentist

- Children should start going to the dentist for regular check-ups along with the rest of the family as soon as the first tooth erupts, and definitely before age 1. This helps children get used to the environment of the dentist. The dentist can provide give advice on diet, brushing etc., and apply fluoride varnish to teeth to prevent tooth decay.
- Babies and small children will usually sit on their parent/carers' lap for their examination.
- NHS dental care is free for children, pregnant mothers and up to 12 months after birth and for some people receiving benefits. <https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/>
- Adults should have a check-up at least once every 2 years, and children at least once a year.
- Put your postcode into this website to find a regular dentist <https://www.nhs.uk/service-search/find-a-dentist>
- If your family need urgent dental care, contact your own dentist or another local dental practice. If you cannot get an appointment, ring NHS111 or go online at <https://111.nhs.uk/> Urgent dental care is for those who need treatment at a dental practice within 24 hours so things don't get even worse e.g. toothache/facial pain not controlled by over-the-counter painkillers; or dental infection/swelling (which is not rapidly increasing around the throat or eye).
- If your family have a dental emergency, you need to go straight to a hospital accident and emergency department. A dental emergency is something which is serious or life threatening and needs treatment straight away. For example: bleeding that cannot be stopped following tooth extraction; rapidly increasing swelling around the throat or eye; injury to the mouth/face.

Dummies and thumb-sucking

- It's fine to give your baby a dummy *but* avoid using them after 12 months of age. Using dummies or thumb-sucking can cause the top and bottom front teeth to move to make space for the dummy/thumb, making a gap. Your child's speech development can also be affected.
- Discourage your child from running around, talking or making sounds with a dummy or their thumb in their mouth.
- Don't dip dummies in anything sweet, such as sugar or jam, as this will cause tooth decay.
- Never suck your baby's dummy to 'clean' it as this will spread germs between you and your baby. Keep plenty of spares instead.

Useful resources:

Delivering Better Oral Health: an evidence-based toolkit for prevention:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

NHS webpages on baby's teeth:

<https://www.nhs.uk/conditions/baby/babys-development/teething/looking-after-your-babys-teeth/>

<https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>

<https://www.nhs.uk/conditions/baby/babys-development/teething/tips-for-helping-your-teething-baby/>

**Appendix B – Referral Form to Access and Prevention programme
Dental Practices**

See next page

Patient details	
Name of child or young person (CYP)	
What does the CYP like to be called	
Date of birth	
Gender	
NHS number (if known)	
Address	
Name of parent/carer	
Contact telephone number of parent/carer	
Email address of parent/carer	
Name of preferred dental practice for referral	
Preferred appointment day/times	
Is the patient in pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreting and translation required	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes – Language required:	
Communication requirements	
Supporting information/ observations of the child/ young person's oral health needs	
Is the CYP	<p>On a child protection plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A Child Looked After (Looked After Child)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supported by Early Help or a Children & Families Worker? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supported by the Healthy Child Team (0-19) Practitioner? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

	<p>Cared for by the Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A Care Leaver? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Details of the social worker/other key worker who is supporting the CYP (e.g., if on a Child Protection Plan or a Child Looked After) Name Title/role Address Phone number Email address</p>	
<p>Details of CYP's registered GP Name Practice Address Phone number Email address</p>	
<p>Details of Access and Prevention programme dental practice Contact details: Address Telephone number Secure email address (nhs.net or gov.uk)</p>	

Referrer Details

Name of referrer (e.g., Health visitor, Community nursery nurse, school nurse, LAC team member etc.)	
Referrer title, role, team and employing organisation	
Contact details: Address Telephone number Secure email address (nhs.net or gov.uk)	

Please Tick to Confirm

- The patient (CYP) does not currently see an NHS Dentist.
- Person with parental responsibility consents to share personal information with the dental practice accepting the referral.
- For patients under 16 years, person accompanying the patient will be able to give consent for treatment (if not possible please describe the arrangements for consent in the space below).
- Parent/carer understands that if the CYP fails to attend their dental appointment or contact cannot be made, the dental practice may share this information for safeguarding purposes.

Please email the referral form to one of the following practices accepting referrals (please title email *FAO Oral Health Champion – Access and Prevention programme referral*):

Provider	Address	Phone number	NHS link	Access and Prevention programme oral health champion	Email address for referrals

Appendix C – Letter to parent or carer when contact cannot be made for the first appointment at the Access and Prevention programme practice.

Dear Parent/Carer of [insert name of child],

[Insert name of child] has been referred to this dental practice by [insert name and employing organisation of referrer] for a dental assessment.

We have tried to contact you by telephone to arrange an appointment but have been unable to reach you.

Please contact the clinic on [insert phone number] as soon as possible to make an appointment.

Regular dental care is important for your child. It helps prevent problems so your child can avoid dental pain and infection.

We hope that you will arrange an appointment at your earliest convenience.

If we do not hear from you within three weeks, we will not send any further appointments in accordance with our policy. Health professionals are required to share information about missed appointments for the benefit and safeguarding of children. People we may inform of any concerns include the person who referred you to us and the child's family doctor (GP), school nurse, health visitor/practitioner and/or social worker.

Yours sincerely,

[insert name]

Oral Health Champion

[Insert Access and Prevention programme practice name]

Copied to: Health and social care referrer.

Appendix D – Template email to be sent to referrer for patients who cannot be contacted by Access and Prevention programme practice to make initial appointment.

To: [Insert referrers secure email address]

[Date]

Dear [insert referrers name]

Unable to contact referred patient's parent/carer.

Re: [insert child/young person's name]

D.O.B.: [insert child/young person's DOB]

Address: [insert address]

This child/patient was referred to us for dental care by [insert referrers name]

Unfortunately, we were unable to contact the parent/carer to arrange a first appointment at the practice.

The parent/carer has not responded to our follow up letter.

It may be that they have chosen to seek dental care elsewhere or their contact details may have changed. You may be able to help by checking the parent/carers contact details. Please do let us know if there have been any changes to the contact details.

We would be happy to arrange another appointment at the parent/carers request.

At this point we have not arranged any appointments for this patient, however we are keen to work with you and the parent/carer to arrange a further appointment.

Please contact the clinic on {insert number} if you would like to discuss this further or to arrange another appointment.

Thank you for any assistance you are able to give.

Yours sincerely,

[insert name and practice]

Oral Health Champion

Appendix E – Letter for the parent/ carer after child Was Not Brought

[Date]

Dear Parent or Carer [insert name of child] [(DOB)],

According to our records, the child or young person named above was not brought for their dental appointment on [insert date] and [insert date].

We have tried to contact you by telephone to rearrange the appointment but have been unable to reach you. **Please contact the clinic as soon as possible to make a further appointment.** You may also want to let us know if there was a special reason why your child was not brought.

Regular dental care is important for your child. It helps prevent problems so your child can avoid dental pain and infection.

Health professionals are required to share information about missed appointments and repeated cancellations for the benefit and safeguarding of children. People we may inform of any concerns include the child's family doctor (GP), school nurse, health visitor/practitioner, social worker and/or the dentist (or other professional) who referred you to us.

We hope that you will arrange a further appointment at your earliest convenience.

Yours sincerely,

[insert name]

Oral Health Champion

[Insert Access and Prevention programme practice name]

Appendix F – Template email to be sent to health and social care referrer for patients who Was Not Brought.

A copy of this should be kept in the patient's notes.

To: [Insert referrers secure email address]

[Date]

Dear [insert referrers name]

Was Not Brought dental health notification.

Re: [insert child/young person's name]

D.O.B.: [insert child/young person's DOB]

Address: [insert address]

This child/patient was referred to us for dental care by [insert referrers name]

Unfortunately, the child was not brought to the practice for dental examination/treatment on [insert date] and [insert date].

The parent/carer has not responded to our follow up letter.

It may be that they have chosen to seek dental care elsewhere or their contact details may have changed. However, we would be happy to arrange another appointment at their request. We would welcome working together to promote their oral health.

At this point we have not arranged any appointments for this child, however we are keen to work with you and the family to arrange a further appointment. Please contact the clinic on {insert number} if you would like to discuss this further or to arrange another appointment.

Thank you for any assistance you are able to give.

Yours sincerely,

[insert name and practice]

Oral Health Champion

Appendix G – Letter to GP

[Clinic name]
[Clinic address]
[Town/City]
[Postcode]
[Telephone number]

[Date]

Dear Doctor,

Re: [Name; DOB; Address; Telephone]

We understand that the above child or young person is registered at your practice. In accordance with current safeguarding children guidance, we are writing to you in order to share information regarding missed dental appointments or repeated cancelled appointments.

Our concerns in this case are as follows *[delete any not applicable]*:

- missed dental examination (check up) appointment and no response to our telephone call and letter
- missed appointment for recommended dental treatment and no response to our telephone call and letter
- repeated missed appointments
- repeated cancelled appointments
- untreated decayed teeth at risk of pain and/or infection
- any other concerns (insert here):

.....

We would welcome working together with you to promote the child’s health and wellbeing. You may be able to help by checking the family contact details and informing us of any change, by encouraging them to make a further appointment when you next have contact with them or informing other professionals working with the family if you feel it appropriate in the context of other information that you hold on this child and their family. If you know of any other safeguarding concerns please do not hesitate to contact us so we can discuss if any further action is necessary.

At this point we have not arranged any appointments for this child, however we are keen to work with you and the family to arrange a further appointment. Thank you for any assistance you are able to give.

Yours sincerely,

Appendix H – Letter/ email template to be sent to the social worker for a child with social work involvement or a Child Looked After

[Clinic name]

[Clinic address]

[Town/City]

[Postcode]

[Telephone number]

[Date]

Dear Social Worker,

Re: [Name; DOB; Address; Telephone]

We understand that the above child or young person is a looked after child/currently subject to a child protection plan *(delete as appropriate). We are writing to you in order to share information regarding missed dental appointments or repeated cancelled appointments.

Our concerns in this case are as follows [delete any not applicable]:

- missed dental examination (check-up) appointment and no response to our telephone call and letter.
- missed appointment for recommended dental treatment and no response to our telephone call and letter.
- repeated missed appointments.
- repeated cancelled appointments.
- untreated decayed teeth
- any other concerns (insert here):

.....

Regular dental care provides the opportunity for preventative treatment and advice to reduce the risk of dental decay.

We would welcome working together with you to promote the child’s health and wellbeing. We would request that dental treatment is added to the current care plan for this child.

At this point we have not arranged any appointments for this child, however we are keen to work with you and the family to arrange a further appointment. Please contact the clinic on {insert number} if you would like to discuss this further or to arrange another appointment.

Thank you for any assistance you are able to give.

Yours sincerely,

[Dentist name]

[Job title]

Copied to: GP

Appendix I – Example Was Not Brought log for Access and Prevention programme Practices

This can be adapted/ localised as appropriate by dental practices.

Patient ID Number	Date of missed appointment	Action	Date WNB letter and Referrer email sent