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To All General Dental Practioners in the ABMU Health Board Area Re: Paediatric Dental Patients

Dear Colleague,

The Community Dental Service (CDS) provides dental care for vulnerable people of all ages who are unable to obtain treatment via the General Dental Services (GDS) due to some form of disability.

The vulnerable people seen by the CDS include children and adults who have disorders including learning disabilities, complex medical histories, physical disabilities, mental health problems, disproportionate dental anxiety, complex social problems, drug and alcohol abuse problems, sensory disorders and others. The CDS also cares for people who are unable to leave their homes or place of residence and those who suffer from obesity. Most CDS patients have a combination of disabilities.

The numbers of disabled patients seen by the CDS has been increasing significantly and is expected to do so in the future, especially in the case of frail and dependent elderly people as many will have some form of disability with increasing age.

The CDS role includes working with dental colleagues in the GDS and I have found the support of the Local Dental Committee in ABMU Health Board to have been invaluable in the development of joint working initiatives between our services. The CDS

hopes to continue to work with and support colleagues in the GDS as much as possible in the future.

As part of this good working relationship and to enhance patient care availability, it would be helpful if a referral pathway for paediatric dental patients could be developed involving the CDS and GDS.

A significant number of children are referred to the CDS because they have been unable to find a dentist and not because of any form of disability. Many of these children are suitable for care within the GDS and their routine care within the CDS is proving to be a pressure on CDS resources which could otherwise be used to care for vulnerable children and adults with disabilities including those who require special care dentistry.

The CDS triages all new referrals prior to acceptance for treatment and it would be helpful if children who were considered to be suitable for treatment in the GDS could be referred to practices that were prepared to accept them.

Only suitable patients would be referred to the GDS. These could include children without some form of disability who had completed their treatment with the CDS and were willing to be discharged to a GDS practice.

New paediatric patients who met the CDS referral criteria would be treated by the CDS.

A GDS practice can always refer any patients back to the CDS if necessary as part of the usual referral process.

If you would like to express an interest in accepting paediatric referrals from the CDS then please contact the Locality Management Team.

Yours sincerely,

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