

October 2017

The South West Local Dental Network meeting was held on September 29th using video conferencing from the NHS England offices at Saltash and Bristol.

The CDO has started an umbrella brand called SMILE4LIFE to co ordinate oral health initiatives in the wider population. This includes DCby1 encouraging children to have a dental check as soon as their first teeth erupt.

The CDO has published an "avoidance of doubt" on the approach to record keeping and the submission of FP17s. There is currently some confusion about whether this will be funded.

The "avoidance of doubt" letter is a useful reminder of how best to treat very young patients under the NHS. It can be found as an appendix to this newsletter.

LDN meeting Friday 29th September 2017

The minutes of the meeting will be available (once agreed) at the next SW LDN meeting on Friday 15th December. In the meantime here is a summary of the discussions:

The minutes of the June meeting are available on the NHS England website.

<https://www.england.nhs.uk/south/info-professional/dental/dcis/south-west-ldn/publications-and-resources/>

1. An "Adults in Practice" survey is planned to commence in selected practices from November this year.

General dental practices will be randomly sampled to take part. These will include purely NHS-contracted practices, independent and mixed practices. Trained fieldwork teams will contact sampled practices and seek co-operation to attend the practice for a day or two sessions at a convenient time for the practice.

If your practice is sampled and you agree to assist, a dental epidemiology team will approach adult patients in your reception area and seek permission to collect both clinical and questionnaire information.

Data collected by the epidemiologists will be used purely for needs assessment and will be anonymised. Because of this, participants can be assured that data will not be used for performance management purposes.

Members of the epidemiology team will not engage in discussions with patients about their current oral health status or treatment plans.

More details can be found at:

<https://bda.org/news-centre/latest-news-articles/Documents/PHE-adults-in-practice-survey-general-information.pdf#search=adults%2520in%2520practice%2520survey>

2. The web presence for the LDN and MCNs is becoming established on the NHS England website.

<https://www.england.nhs.uk/south/info-professional/dental/dcis/south-west-ldn> *Please have a look and put it in your favourites*

3. The digital plan for dentistry is looking to roll out NHS mail accounts for all performers

4. The current LDN priorities are establishing an electronic referral management system in the Bristol area, Introducing a consistent approach to unscheduled care, both in and out of hours, and improving the provision of specialist restorative services..

5. With regard to my succession planning, as you will all know I am retiring and we have been looking for a new Chair of the SW LDN. I am pleased to say that after interview we have appointed Dr Graham Adlard . Graham is a GDP, qualified at the Royal London in 2000, and has run a mixed practice in Plymouth since 2005. He works as a clinical supervisor and day book facilitator at the Peninsula Dental School and has 3 years experience as an OFMS SHO at Torbay Hospital. He has a broad range of CPD with BUOLD certificates in The nervous patient, Business management, Dental care for older people, Anxiety control and sedation, and periodontology among many others.

It is proposed Graham will double run with myself for the first six months, which will enable a smooth handover period and provide the necessary support as he finds his way into the role. I look forward to a smooth transition and know you will all give him your full support.

The global shortage of hepatitis B vaccine, likely to continue until early 2018, is currently having a severe impact on the UK supply,

To ensure that stock is available for those individuals at highest and most immediate risk of exposure to hepatitis B during the period of constraint, temporary recommendations have been developed to support clinicians undertaking an individual risk assessment, which have been accepted by all devolved administrations in the UK.

The Hepatitis B vaccine advice for dental professionals is published at:

<https://www.gov.uk/government/publications/hepatitis-b-vaccine-advice-for-dental-professionals>

MANAGED CLINICAL NETWORK REPORTS:

1. Oral Surgery **Chair Chris Bell** Chris.Bell@bristol.ac.uk

The recent meeting of the oral surgery MCN is looking to improve the triage of referrals by ensuring a more consistent approach .

ORAL SURGERY REFERRALS

Anticoagulants

In order to avoid unnecessary referrals please consult the SDCEP guidance on anticoagulant and anti platelet medications.

For a quick reference guide the link is:

<http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-Anticoagulants-Quick-Reference-Guide.pdf>

For the full guidance the link is :

<http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-Anticoagulants-Guidance.pdf>

2. Special Care Chair Tony Brooke tony.brooke@bristol.ac.uk

A generic Referral form is being piloted across Bristol and Plymouth to see how it works. Findings will be rolled out to the LDN group. A comprehensive acceptance criteria will be put in place across the board for the SW.

3. Orthodontic Chair Joe McGill jtmcgill@me.com

Update on those Orthodontic contracts in Primary Care that are subject to re-procurement which has been delayed due to a challenge by the BDA.

As a result all contractors have been advised that the contracts will be extended for a further 12 months until March 2019. There will be some briefing events for local Orthodontic providers at the end of October to make known to them the level of Orthodontics we are looking to commissioning across each of our patches of Devon, Cornwall and North Somerset, Somerset and South Gloucester.

4. Restorative Dentistry Chair Matt Jerreat matthew.jerreat@plymouth.ac.uk

A common referral form is being piloted across the region. A new way of providing specialist services for perio and denture patients using hygienists and clinical dental technicians across the patch is being explored.

An audit to identify the need for specialist restorative services is proposed.

Certain procedures, namely surgical replacement of the TMJ, orthognathic surgery and provision of implants will be subject to a pilot, to test a single process for handling funding requests for these treatments. The pilot will operate across the local offices of NHS London and NHS South. (Wessex, South Central, South East and South West) from November 1st.

UNSCHEDULED DENTAL CARE:

The patient survey has been completed. 100 answered and only half of them accessed emergency services.

They were asked what features a dental helpline should include. Top replies were;

Being able to book an urgent dental appointment,

pain relief and management advice

availability of NHS dental services,

lots of comments about not actually getting a definitive answer and being sent around the house's without getting an answer.

Finally , please contact me with any comment or queries .

Peter Howard-Williams BDS DGDP LDS

Chair SW Local Dental Network

peterhoward-williams@nhs.net

07793062317

Chief Dental Officer - England
NHS England
Skipton House
80 London Road
London
SE1 6LH

England.cdoexecutive@nhs.net

25th September 2017

Dear Dental Professional

Re: Avoidance of Doubt: Dental visits for children under the age of 3 years

Please find details of this *avoidance of doubt* notification to provide clarity on Dental visits for children under the age of 3 years.

It is recognised that early visits for children under the age of 3 years are vital for delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry.

What needs to be delivered during a visit?

- Children under the age of 3 years are usually termed “pre-cooperative” – they are unlikely to sit still and have a check-up – so be prepared. Undertake a clinical examination if it will not result in undue anxiety for the child. They can be examined in a parent’s arms, or on a parent’s lap, or you can use a knee to knee posture¹.
- Reassure parents that it is normal for children to be uncertain and possibly a little worried – after all it is a new experience. Explain that things will improve with familiarisation and regular attendance.
- Prevention messages and intervention should be in line with Delivering Better Oral Health² as per the tables overleaf:

¹ How to undertake knee to knee exam <http://healthyteethhealthykids.org/knee-to-knee-exam/>

² Delivering Better Oral Health – an evidence-based toolkit for prevention – Summary Guidance Tables – third edition <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Table 1 - Prevention of caries in children aged up to 3 years of age

Advice to be given
• Breast feeding provides the best nutrition for babies
• From six months of age infants should be introduced to drinking from a free-flow cup, and from aged one year feeding from a bottle should be discouraged
• Sugar should not be added to weaning foods or drinks
• Parents/ carers should brush or supervise tooth brushing
• As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
• Brush last thing at night and on one other occasion
• Use fluoridated toothpaste containing no less than 1,000 ppm fluoride
• It is good practice to use only a smear of toothpaste
• The frequency and amount of sugary food and drink should be reduced
• Sugar free medicines should be recommended

Table 2 - Children aged 0-6 years giving concern (e.g. those likely to develop caries, those with special needs)

Advice to be given
• Breast feeding provides the best nutrition for babies
• From six months of age infants should be introduced to drinking from a free-flow cup, and from aged one year feeding from a bottle should be discouraged
• Sugar should not be added to weaning foods or drinks
• Parents/ carers should brush or supervise tooth brushing
• As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
• Brush last thing at night and on one other occasion
• Use fluoridated toothpaste containing 1,350 to 1,500 ppm fluoride
• It is good practice to use only a smear of toothpaste
• The frequency and amount of sugary food and drink should be reduced
• Where medication is given long term - request that it is sugar free , or used to minimise cariogenic effects

Table 3 - Children aged 0-6 years giving concern (e.g. those likely to develop caries, those with special needs)

Professional intervention
• Apply fluoride varnish to teeth two or more times a year (2.2% NaF-)
• Reduce recall interval
• Investigate diet and assist adoption of good dietary practice in line with the Eatwell Guide ³
• Where medication is given frequently or long term, liaise with the medical practitioner to request that it is sugar free, or used to minimise cariogenic effects

³ The Eatwell Guide <https://www.gov.uk/government/publications/the-eatwell-guide>

What needs to be documented?

- That an exam was achieved/attempted and if not, why not e.g. limited examination performed with verbal consent - record notation of teeth actually visualised (which may not be all teeth present in the mouth) and whether caries free etc.
- Advice given e.g. advised brush twice daily with fluoridated toothpaste, not just "prevention given". Ensure all preventive messages are aligned with Delivering Better Oral Health.
- A decision on recall interval in line with NICE guidance⁴ and Delivering Better Oral Health.

What can be claimed?

- Where a reasonable attempt has been made to **undertake an examination in a dental surgery setting**⁵ and the records are kept as noted above then claims can be submitted. This includes prevention and advice which must be noted.

Can I claim for Band1 even if I have not been able to complete a full examination?

- Yes you can, as it is recognised that these early visits for children under the age of 3 years are about delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry. Where you tick exam undertaken on the FP17 claim submission, please ensure you record in the clinical notes the attempt made and whatever aspects of the examination you did manage to undertake, the preventive messages given / other advice given. Please ensure the parent / guardian has been made aware of the limitation of the exam undertaken where a full examination has not been possible.

Who can undertake the assessment?

- At present, to be able to make a claim for a NHS course of treatment then the assessment would have to be undertaken/ attempted by the dentist (Performer attached to the contract). There will be aspects of the care and prevention that can be delegated to dental care professionals as long as they are working within their scope of practice as set out by the General Dental Council⁶ and have had appropriate training.

⁴ Dental checks: intervals between oral health reviews; The National Institute for Health and Care Excellence (NICE) <https://www.nice.org.uk/guidance/cg19>

⁵ Setting should be aligned to where you currently provide NHS services (dental surgery address) as specified within your contractual agreement with the NHS

⁶ Scope of Practice; General Dental Council <https://www.gdc-uk.org/professionals/standards/st-scope-of-practice>

Recalls

- These should be in line with the assessment and documentation of caries / dental disease risk in line with NICE guidance and Delivering Better Oral Health.

Yours faithfully



Sara J Hurley
Chief Dental Officer England
BDS (UBrist), MFGDP (UK), MSc (UCL), MA (King's), FDSRCS, psc(j)

Useful references

1. How to undertake knee to knee exam

<http://healthyteethhealthykids.org/knee-to-knee-exam/>

2. Delivering Better Oral Health: an evidence based tool kit. Third Edition, 2014 updated March 2017

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

3. A quick guide to a healthy mouth in children – Public Health England

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

4. The Eatwell Guide

<https://www.gov.uk/government/publications/the-eatwell-guide>

5. Dental checks: intervals between oral health reviews; The National Institute for Health and Care Excellence (NICE)

<https://www.nice.org.uk/guidance/cg19>

6. Scope of Practice; General Dental Council

<https://www.gdc-uk.org/professionals/standards/st-scope-of-practice>

(Please note the above links are to external websites and so links may change and documents may be updated)

Publications Gateway Reference 07250