

Wales

Issue 11 • Summer 2016

# Dental Digest

## Foreword

by Lisa Howells, Deputy Chief Dental Officer, Wales

Colleagues,  
Welcome to the 11th edition of Dental Digest. It's a bumper edition and I'm sure there will be something of interest to all members of the dental team.

There have been some changes in Welsh Government since the last edition. There is a newly elected Government and we will have a new Programme for Government and strategy for health. More particularly, David Thomas has retired as Chief Dental Officer and is now Interim Dental Director for the Wales Deanery. David made an enormous contribution to dentistry in Wales during his time as CDO and his vision and commitment have supported real improvements in oral health and services for patients. Many thanks David – we wish you all the best for the future and keep smiling!

We look forward to welcoming our new Chief Dental Officer, Colette Bridgman MBE. She will start with WG later in the Summer – you can read more about Colette on the CDO web site: [www.gov.wales/topics/health/professionals/dental/?lang=en](http://www.gov.wales/topics/health/professionals/dental/?lang=en)

The most recent dental epidemiological survey of 5-year-olds published in February shows there has been a 12% reduction in the level of dental decay amongst 5-year-olds in Wales between 2008 and 2015. This reduction is the first significant and sustained improvement in levels of dental caries experienced by children in Wales since records began and corresponds with the introduction of our Designed to Smile programme.

Further information about this landmark achievement in our efforts to improve the oral health of children in Wales is available here: [www.gov.wales/docs/phhs/publications/160503smileen.pdf](http://www.gov.wales/docs/phhs/publications/160503smileen.pdf)

Finally, many thanks to everyone who has contributed to this edition of Dental Digest. Please suggest topics you'd like to see in future editions and let us have your news to feature in the "Other News" section.



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# Promoting hand hygiene to support safe dental care

The Faculty of General Dental Practice (UK) and Association of Clinical Oral Microbiologists (ACOM) recently supported the World Health Organisation's (WHO) Hand Hygiene Day by asking oral health professionals to take to their social media accounts to promote good hand hygiene.

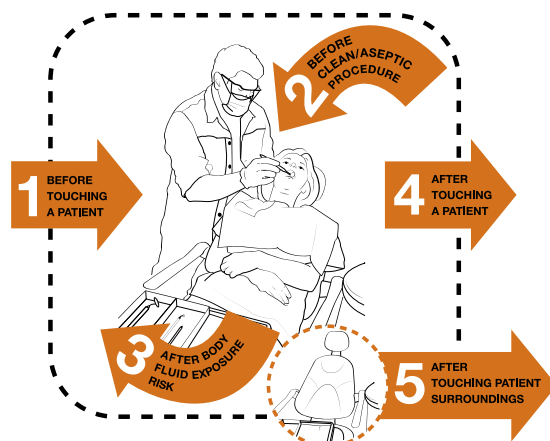
Healthcare-acquired infections affect over 4 million patients a year in Europe, according to the European Centre for Disease Prevention and Control and cost around €7 billion (£5.5 billion) in additional healthcare and direct financial losses. They also exacerbate the growing problem of antimicrobial resistance by increasing the number of prescriptions for antibiotics.

The WHO says dentists have an important part to play in preventing the spread of infections and is promoting the simple act of hand-washing through a printable poster for dental surgeries called

"Your 5 Moments For Hand Hygiene":  
[www.who.int/gpsc/5may/dental-care.pdf](http://www.who.int/gpsc/5may/dental-care.pdf)

## Your 5 Moments for Hand Hygiene

### Dental Care



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands before touching a patient. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted. <b>WHY?</b> To protect yourself and the environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient – even if the patient has not been touched. <b>WHY?</b> To protect yourself and the environment from harmful patient germs.



World Health Organization

SAVE LIVES  
Clean Your Hands

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March 2012

## Sharps injuries

Sharps injuries are all too common in healthcare – Occupational Health services report that sharps injuries are one of the most common reasons why dental teams contact them. Manual cleaning of contaminated instruments can be particularly risky –

WHTM 01-05 provides guidance on use of protective equipment to reduce these risks:  
[www.gov.wales/topics/health/professionals/dental/publication/cdo-letters/decontamination2/?lang=en](http://www.gov.wales/topics/health/professionals/dental/publication/cdo-letters/decontamination2/?lang=en)

# Update from HIW inspections – cross infection control issues

During an HIW practice inspection, the inspection team watches every stage of the decontamination cycle. This has highlighted a number of commonly occurring “problems”. You may like to check your practice for these:

- Decontamination and disinfection policies which are out of date, or not specific to Wales or the practice.
- No evidence of audit within the last 3 years – you can access the all Wales WHTM 01-05 audit at this link:  
[www.dental.walesdeanery.org/practice-quality-improvement/national-audit-projects/whtm-01-05](http://www.dental.walesdeanery.org/practice-quality-improvement/national-audit-projects/whtm-01-05)
- You are strongly advised to do the audit through the CAPR system – you will receive verifiable CPD and NHS contract holders can claim funding.
- Insufficient daily checks conducted and recorded. Some practices rely on use of TST strips which may be recommended by the manufacturer but are not a substitute for cycle parameter recordings. TST strips aren't ‘magic’ strips that do all that is required for autoclave testing.

## **Cardiff Dental Hospital advise:**

Chemical indicator test strips for temperature, steam saturation and time (TST strips) are not required under WHTM 01-05 for monitoring of the sterilisation process. The most important check for effective sterilisation is the daily validation test used for all sterilisers – either the automatic control test using a recorder; or if the steriliser does not have a recorder, a manual automatic control test. Essentially, a steriliser cycle is run and the parameters of bar pressure, temperature and hold time are recorded. If these are satisfactory then the steriliser has passed the daily check. In addition, cycle parameters must be recorded for every cycle (WHTM 01-05 paragraph 4.3).

- Instrument storage – instruments are stored unwrapped or stored beyond their “use by” date. WHTM 01-05 includes detailed information on instrument storage, particularly paragraph 2.4 j (page 21 and 22). You can access WHTM 01-05 at this link:  
[www.wales.nhs.uk/sites3/news.cfm?orgid=254&contentid=31428](http://www.wales.nhs.uk/sites3/news.cfm?orgid=254&contentid=31428)
- Very rarely endodontic files and reamers are re-used. These are always single use instruments.
- Insufficient number of hand pieces to allow for proper sterilisation before re-use – particularly for ultrasonic scalers.
- Personal Protective Equipment (PPE) available but not always worn or used.

# Zika virus infection – guidance for primary care

Public Health England, in conjunction with the Royal College of General Practitioners and the British Medical Association has produced guidance for clinicians working in primary care in response to the ongoing outbreak of Zika virus infection, mostly focussed in South and Central America and the Caribbean: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/504277/Zika\\_virus\\_guidance\\_for\\_primary\\_care\\_01\\_March\\_2016\\_v3.0.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/504277/Zika_virus_guidance_for_primary_care_01_March_2016_v3.0.pdf)

The guidance notes that universal precautions are adequate to protect against transmission for dental care.

## Patient safety alert about drug interaction – Warfarin and Miconazole Topical Gel

The Swansea Coroner has recently issued a narrative verdict on the death of an elderly lady who was taking Warfarin and who was prescribed Miconazole Oral gel by her general dental practitioner. The interaction between these medications may have contributed to a brain haemorrhage which led to her death. Miconazole is well known to interact with Warfarin causing its effects to be more marked and this was noted in a safety alert in 2007. Miconazole gel is available on prescription and can be purchased over the counter. Clinical teams need to be aware when a patient is taking Warfarin and must ensure they do not prescribe or recommend medication which can potentiate its action.

The Welsh Government has developed a new safety alert for all relevant clinical groups which is available here:

[www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN032%20Risk%20of%20patient%20harm%20from%20an%20interaction%20between%20miconazole%20and%20coumarin%20anticoagulants.pdf](http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN032%20Risk%20of%20patient%20harm%20from%20an%20interaction%20between%20miconazole%20and%20coumarin%20anticoagulants.pdf)

**Patient Safety Notice**  
PSN 032 / May 2016

**Risk of patient harm from an interaction between miconazole and coumarin anticoagulants**

**To:** General practitioners, dentists, non-medical prescribers, nurses and pharmacists.

**For information:** All NHS Wales Chief Executives, Medical Directors, Directors of Nursing, Chief Pharmacists, Medication Safety Officers, Patient Safety Teams, Medical, Nursing and Pharmacy Directors in independent hospitals, residential and nursing care homes.

**Coroner's Report**  
A Regulation 28 Report was issued by HM Coroner to Welsh Government on 7 March 2016 regarding the death of a patient from intracerebral haemorrhage (stroke). In this particular incident, the patient was regularly prescribed warfarin for treatment of atrial fibrillation and was concomitantly prescribed miconazole oral gel for the treatment of oral thrush by a dentist. On admission to hospital the patient was found to have a significantly raised International Normalised Ratio (INR) and subsequently died from an intracerebral haemorrhage. The coroner considered that the combined use of warfarin and miconazole may have been a contributory factor in the death of this patient.

The coroner is concerned that:

- There appears to be a lack of knowledge of the interaction of warfarin and miconazole amongst health professionals, and/or
- It is not clear which sources of information health professionals should use to check possible interactions.

**The purpose of this notice is to ensure that health professionals who prescribe and supply medicines in Wales are aware of the potential for interactions to occur between miconazole, including topical preparations, and coumarin anticoagulants (warfarin, acenocoumarol, phenindione); and to highlight readily accessible sources of information regarding drug-drug interactions.**

**Actions**

**Who:** All hospitals and community services (general practices, dental practices, pharmacies, community nurses) where miconazole containing products are prescribed, dispensed, supplied or administered

**When:** As soon as possible but no later than June 10 2016.

1. Circulate this notice to all medical, dental, nursing, pharmacy and non-medical prescribing staff.
2. Identify if there is prescribing of miconazole containing products and coumarin anticoagulants (as it would occur in your organisation).
3. Consider if immediate action needs to be taken locally and ensure that an action plan is put in place, if required, to minimise the risks of these incidents occurring.
4. Before prescribing any miconazole containing products, prescribers must check the patient's medical and drug history (using electronic records and/or questioning the patient/relative), in particular the current use of coumarin anticoagulants.

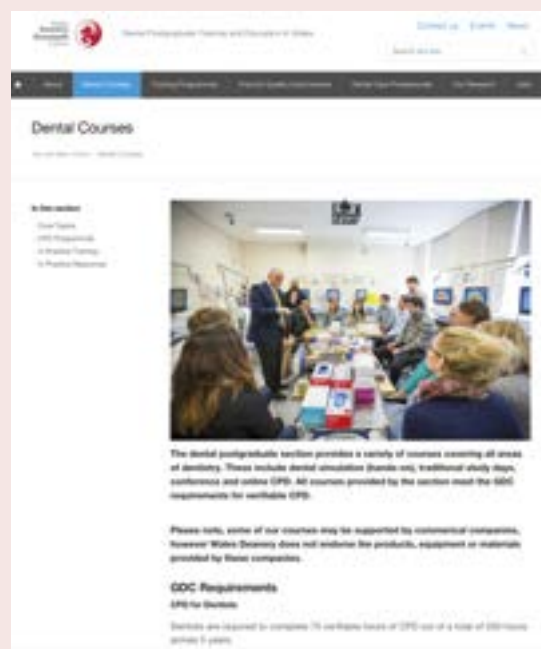
1. Before dispensing or selling miconazole containing products, pharmacy staff must check the patient's medical and drug history (using electronic records and/or questioning the patient/relative), in particular the current use of coumarin anticoagulants.

Queries should be sent to: [improvingPatientSafety@Wales.GSI.Gov.UK](mailto:improvingPatientSafety@Wales.GSI.Gov.UK)  
[www.patientsafety.wales.nhs.uk](http://www.patientsafety.wales.nhs.uk)

# Wales Deanery – dental postgraduate terms and conditions for the provision of continuing professional development (CPD)

The Wales Deanery – Dental Postgraduate Section has published Terms and Conditions for the provision of Continuing Professional Development (CPD). These are effective from Tuesday 3 May 2016 and available to download at: [www.dental.walesdeanery.org/dental-courses](http://www.dental.walesdeanery.org/dental-courses)

Further information about CPD programmes in Wales is available here: [www.dental.walesdeanery.org/](http://www.dental.walesdeanery.org/) or contact your local postgraduate administrator.



## Accessing the British National Formulary (BNF)

Dental prescribers are generally advised to access the BNF online to ensure you have the most up to date information. It can be accessed freely via this link: [www.evidence.nhs.uk/formulary/bnf/current](http://www.evidence.nhs.uk/formulary/bnf/current)

An app is also available here: [www.bnf.org/](http://www.bnf.org/)

Hard copies are sent to dental practices in Wales annually by NHS BSA Dental Services. If you have questions about hard copies please contact (0)1268 495 609 or email: [bnf@binleys.com](mailto:bnf@binleys.com)



# The QAS – why it matters!

The QAS supports practices to meet their NHS contractual obligation to have a practice based quality assurance system. Practices are expected to complete them accurately to assure health boards about standards of quality and safety. Anonymised collective data is also used by other organisations including the Deanery and the Welsh Government e.g. to highlight the number of practices with a dental hygienist.

The QAS can help practices to identify where they do well and where they could do better. It highlights sources of information, help and advice. The principle dentist in the practice is responsible for ensuring the QAS is completed accurately.

HIW dental practice inspections do not validate the QAS. However, practice inspections occasionally reveal serious deficiencies which were not apparent in the QAS, so it is helpful for HIW to see the QAS. Health boards share the QAS with HIW on request, following a practice inspection where serious concerns are identified.

Dental practice teams are advised in the QAS covering letter from PHW that “Health boards may provide your QAS report to HIW to inform the practice inspection”.

## Prototyping the Welsh Development Model for a new NHS dental contract

Public Health Wales has produced a Welsh Development Model (WDM) prototype handbook which has been developed primarily for the two participating prototype practices and their contracting health board, although it will also be of interest to health boards generally and other dental and health services organisations. It builds on guidance developed for the previous dental contract pilot programme which ran from 2011-2015.

The WDM prototype has been developed to test a general dental service system that aligns well with the National Oral Health Plan and prudent healthcare principles. Once published, we will provide a link to the prototype handbook on our web site at the following location:

[www.gov.wales/topics/health/professionals/dental/dentalpilot/?lang=en](http://www.gov.wales/topics/health/professionals/dental/dentalpilot/?lang=en)



The screenshot shows a webpage with the following content:

### Welsh dental pilot programme

Last updated 04 December 2015

Testing new systems of payment and delivery of dental services in Wales.

Between 1 April 2011 and 31 March 2015 we piloted alternative systems of payment to dentists as well as new approaches to the delivery of NHS dental services.

We moved away from Units of Dental Activity towards a system of tailored patient care, based on risk assessment and quality. A simple care pathway will outline patients' needs by using a high, medium and low risk scale.

The next stage is to develop a prototype of the modified system and gather more evidence before any final decisions are made on the shape of any future contractual changes in Wales.

# The National Health Service (Performers Lists) (Wales) (Amendment) Regulations 2016

The above Regulations came into force on 1 March 2016 and amend the National Health Service (Performers Lists) (Wales) Regulations 2004.

The amendment Regulations allow a GP/dentist to be provisionally included immediately on a health board's performers list following receipt of their application and

initial checks; and reduce the administrative burden involved in applying to be included on a performers list in Wales for those GPs and dentists already listed on a performers list in England, Scotland or Northern Ireland.

The amendment Regulations can be accessed here: [www.legislation.gov.uk/wsi/2016/101/contents/made](http://www.legislation.gov.uk/wsi/2016/101/contents/made)

## NHS Dental Services – Compass

In February 2016 NHS Dental Services launched Compass the new system that replaced all of Dental Services legacy IT systems, both the internal and the external facing ones including the mainframe. Compass is now the system that all health boards and dentists use to view and manage their dental contract and finance information.

NHS Dental Services recognise that the introduction of Compass has caused some problems for dentists and health boards and are working hard to rectify these. Dentists who identify specific problems with Compass are advised to look at the relevant support pages on the NHSBSA web site:

[www.nhsbsa.nhs.uk/compass](http://www.nhsbsa.nhs.uk/compass) If you are unable to solve the problem, contact your health board who will liaise with Dental Services.

Compass processes claims submitted by NHS dental practices; holds detailed contractual information; calculates and pays dentists; calculates patient charges; and produces comprehensive information for health boards and dentists.

For health boards the benefits that Compass brings include:

- A simplified contract set up process
- Increased visibility of contract information
- Increased visibility of financial information for contracts and providers
- Functionality to record non-recurring services
- An easier way to novate contracts.

For dentists some of the benefits of the new system are:

- An improved password reset process
- Increased visibility of contract information
- Increased visibility of financial information for contracts and providers
- Online correction of paper FP17s
- Online pension forms
- Improved access to reports.

There is also an ongoing programme of work to deliver improvements to Compass, including the launch of self-service functionality to dentists.

Further information about Compass, including user guidance can also be found via the link provided for the NHSBSA website.

# NHS email connectivity programme

The NHS email connectivity programme is rolling out across Wales and about 75% of practices have signed up and been connected to the system. The work is led by the NHS Wales Informatics Service (NWIS) who have worked hard to address the inevitable “teething problems” many of you experienced with the system when it was first installed. NWIS have written to practices to outline the improvements made.

NHS connectivity requires you to have up to date anti virus protection – which is a good policy anyway for your practice IT systems. NHS connectivity allows you to send and receive emails (with attachments if required). Many health boards and other NHS organisations plan to use the email

system as the routine way to communicate with practices once the system becomes embedded. You **must not** use NHS email or your personal/practice email to send patient/person identifiable information (PII) or make referrals to hospital or other dental practices. NHS email to NHS email is considered secure but email should not be used to send PII due to the risks associated with misdirection and use of shared mail boxes etc.

A separate pilot programme is underway with 5 dental practices in the Cwm Taf health board area to commence e-referrals for dental extractions. A number of technical problems have delayed this work but we hope to be able to start testing in September.

## New English language controls for dental professionals

The GDC has introduced new powers from 1 April to check the English language proficiency of dentists and dental care professionals applying to the register, including those from the European Economic Area (EEA).

[www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/Regulator-to-check-English-language-competence-before-patient-contact.aspx](http://www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/Regulator-to-check-English-language-competence-before-patient-contact.aspx)

The process for demonstrating language proficiency will vary according to the circumstances of the applicant. The GDC has published guidance about the types of evidence it will accept.

[www.gdc-uk.org/Dentalprofessionals/Applyforregistration/dcpassessmentpacknonUKqual/GDC%20Guidance%20on%20English%20Language%20Controls%20\(March%202016\).pdf](http://www.gdc-uk.org/Dentalprofessionals/Applyforregistration/dcpassessmentpacknonUKqual/GDC%20Guidance%20on%20English%20Language%20Controls%20(March%202016).pdf)

For dental nurses and dental technicians applying for registration and who qualified in a country where English is not the first and native language, the pass level for the required international English language testing system (IELTS) has changed from level 6 to level 7. The GDC registration process also explains these changes and the wider requirements.



# NICE 2016 Shared Learning Awards

The National Institute for Health and Care Excellence (NICE) has shortlisted a submission by the all-Wales Designed to Smile (D2S) Programme – “*Designed to Smile – working to improve oral healthcare for children*” for the NICE 2016 Shared Learning Awards.

The D2S team have been invited to present a poster based on their submission at the NICE Forum which will take place in association with the Patient Safety Congress at Manchester Central on 6 July:  
[www.nice.patientsafetycongress.co.uk/](http://www.nice.patientsafetycongress.co.uk/)

Congratulations to everyone working on the D2S programme!

## Other news

Granddad who suffered a cardiac arrest is reunited with the passers-by who saved his life:

[www.cardiffandvaleuhb.wales.nhs.uk/news/41147](http://www.cardiffandvaleuhb.wales.nhs.uk/news/41147)



Department for Health and Social Services.  
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## Next Edition

The next edition of the Digest will be issued in Winter 2016 and will include information on a wide variety of topics which we hope will be of interest to dental teams in Wales.

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.