

Wales

Issue 10 • Winter 2015

Dental Digest

Foreword

by David Thomas, Chief Dental Officer, Wales

Colleagues,
Welcome to the tenth edition of the Digest. It is hard to believe where this year has gone. The Dental Division continue to develop policies that encourage both improved local access and quality delivery of NHS dental services. We recently published new guidance on the delivery of oral surgery services. The circular encourages health boards and local practitioners to work together to develop a more integrated approach to the delivery of oral surgery. The outcome will be the delivery of more minor oral surgery in primary care and reduced waiting times for patients on hospital oral surgery waiting lists. In addition we have issued further guidance on how orthodontics is delivered. There are a new set of indicators which will help health boards to monitor the efficiency and effectiveness of orthodontics more easily. This initiative builds on previous guidance based on an expert review by Professor Stephen Richmond which has resulted in a additional 10% improvement in the number of patients treated.

The introduction of new patient care pathways has had a dramatic reduction in the number of children that received general anaesthetics for dental treatment last year. A recent Public Health Wales report reported that *'the number of GAs for dental treatment in children in Wales in 2014-15 was 7,855 and compares favourably with figures previously reported. This represents a 16% (1451) reduction in GAs in children since 2011-12.'*

We will shortly be publishing an update for both health boards and dental teams called *Delivering NHS Dental Services More Effectively*. It aims to clarify areas within the contract regulations highlighted by the BDA as ambiguous. A link to the publication will be on the CDO website shortly. Those practices who have signed up for NHS email (over 300 at the last count) will also receive a notification in their mailbox.

Finally, I would like to take this opportunity to wish all members of the dental team a wonderful Christmas and a Happy New Year!



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How often can fluoride varnish be applied to children?

The Designed to Smile web site provides information for dental professionals and for parents about the maximum permitted number of fluoride varnish applications per year for children and reassurance about safe limits in relation to toxicity from fluoride ingestion:

http://www.designedtosmile.co.uk/fluoride_varnish_new3.html

Information for Professionals

Fluoride Varnish Information:

Children can have fluoride varnish applied up to four times per year. Children taking part in Designed to Smile may have fluoride varnish applied twice a year in school. There is therefore scope for the child's own dentist to apply fluoride varnish and gain additional benefits. This will be maximised if the varnish applications are equally spaced and interspersed with applications in school, but this can be difficult to achieve logistically.

However, even in the unlikely event that the child had fluoride varnish applied twice in the same day (once in school and then at their dentist) they would not come to any harm, provided that the appropriate dose of fluoride varnish is being used. For those under 6 years old this is 0.25ml.

The toxic dose of fluoride ingestion is estimated at 5mg of fluoride per kg of child body weight (the average three year old weighs 11.20kg). The dose of 0.25ml of Duraphat contains 5.5mg of fluoride – well within safe levels. Even if the child were to receive the nursery dose and the practice dose on the same day, there would be no risk of toxicity as two doses would give the child 11.3 mg of available fluoride, still well within the dose safety margin.

Useful Links and Documents

The All Wales Specialist Interest Group in Oral Health (SIG) website includes a great deal of useful information for dental teams who work with children with special needs, including D2S. SIG is an advisory group of Special Care Dentists and Dental Care Professionals working in the Community Dental and Hospital Dental Service in Wales. Their role is to advise the Clinical Directors of Community Dental Services in Wales on issues related to the oral health care of people with disability.

Designed to Smile Monitoring Reports are produced annually and are available on the Chief Dental Officer's website.

FAQ: Advice on carbonated water and dilution of fruit juices

Designed to Smile - How to Guide

Evidence base for delivering Designed to Smile

A Summary of the Evidence Base for Designed to Smile - This succinct summary will be useful for GPs, Community Dentists and their teams

New guidance on the delivery of orthodontic services in Wales

We have published new guidance to local health boards on the management of GDS orthodontic contracts and PDS orthodontic agreements.

Further work is needed to standardise waiting lists and reduce the incidence of

early, multiple and inappropriate referrals to reduce waiting times for treatment.

<http://gov.wales/dphhp/publication/professionals/dental/7072936/item?lang=en>

Information about access to NHS dental practices

Public information about NHS dental practices accepting new patients is available from NHS Direct Wales and/or health board web sites. The quality of this service is of course dependent on dental practices providing regular and

timely updates as and when their capacity to accept new patients changes.

All dental practices are asked to review their policy for providing updates to ensure information about the practice is as reliable and up to date as possible.

Management of dental patients taking anticoagulants or antiplatelet drugs

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has published guidance on the management of dental patients taking anticoagulants or antiplatelet drugs. This guidance provides recommendations and practical advice for dental teams, to inform risk assessment of bleeding and decision

making for the treatment of this patient group. It includes information about the newer generation anticoagulants and antiplatelet drugs, as well as the more established medications:

<http://www.sdcep.org.uk/published-guidance/anticoagulants-and-antiplatelets/>

New rules regarding indemnity

The GDC has published information about a change to its registration rules which will place a legal requirement on all dentists and dental care professionals to have appropriate indemnity

arrangements in place. Please see the attached link for further information:

<http://www.gdc-uk.org/gazette/Pages/Indemnity-news.aspx>

New streamlined application form for performers already listed on the performers list in England, Scotland, Northern Ireland or Wales

We have recently introduced a new streamlined application form for performers (GPs and Dentists) already listed in the performers list of a primary care organisation in England, Scotland or Northern Ireland, who are seeking work in Wales on a sessional/locum basis, typically to cover out of hours work.

This has been agreed following discussions with the NHS Wales Shared

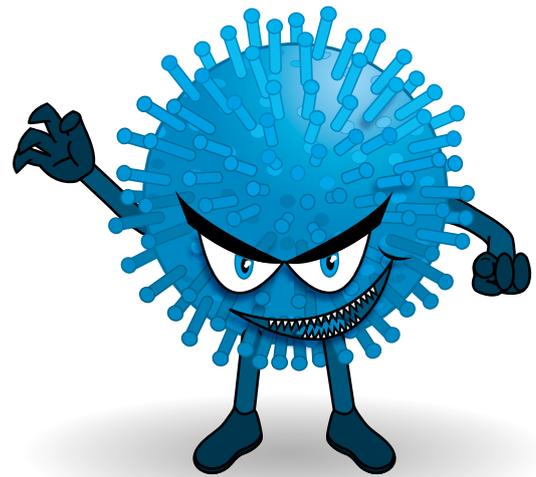
Services Partnership and in accordance with Regulation 4A of the National Health Service (Performers Lists) (Wales) (Regulations 2004).

The aim is to remove barriers (perceived or otherwise) to performers from England, Scotland and Northern Ireland coming to work in Wales.

Supporting the flu campaign in Wales

Flu arrives every winter and causes ill health and time off work. Every year a small number of people in Wales die from flu, while more are admitted to hospital. Front line health care professionals such as dental teams are more at risk of catching flu than the general public. Some dental patients are at an increased risk of complications and they include people with long-term conditions like diabetes, those aged 65 and over and pregnant women where flu can be dangerous to them and their baby.

We have a professional responsibility to reduce our chances of being ill and to reduce the risk of passing on flu to patients. Annual flu vaccination remains



the single best way to protect against catching and spreading flu. Contact your health board to see if you can have a flu vaccination in the occupational health service.

You can read more on the Public Health Wales website.

<http://www.wales.nhs.uk/sitesplus/888/page/43745>

Antibiotic newsletter and poster

Dentists in Wales have received a newsletter outlining progress in reducing antibiotic prescribing. Since then a dental waiting room poster has been produced which informs patients about the importance of prudent prescribing and the dangers of antibiotic resistance.

You can find this on the 1000 lives website. Practices in Wales will also be sent a copy of the poster.

<http://www.1000livesplus.wales.nhs.uk/mouthcare>

Poen dannedd **Dental pain**

Ai gwrthfotigau yw'r ateb? *Are antibiotics the answer?*

Gall triniaeth ddeintyddol leihau'r poen neu gael gwared arno.
Efallai y gall eich deintydd drin y broblem heb ddefnyddio gwrthfotigau.
Peidiwch â gofyn am wrthfotigau – bydd eich deintydd yn rhoi presgripsiwn ichi os bydd eu hangen arnoch.
Mae gordefnyddio gwrthfotigau yn rhoi pob un ohonom mewn perygl o gael heintiau na ellir eu trin.

Dental treatment may reduce or stop the pain.
Your dentist may be able to treat the problem without using antibiotics.
Please do not ask for antibiotics - your dentist will prescribe them if you really need them.
Overuse of antibiotics puts us all at risk of infections that can't be treated.

1000 LIVES **1** **1**
o FYWYDAU

CIC NHS
Welsh Government
Public Health Wales

CIC NHS
Welsh Government
Public Health Wales

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Antibiotic prophylaxis – NICE guidance update

NICE has reaffirmed antibiotics should not be prescribed to prevent infective endocarditis – a potentially fatal heart infection.

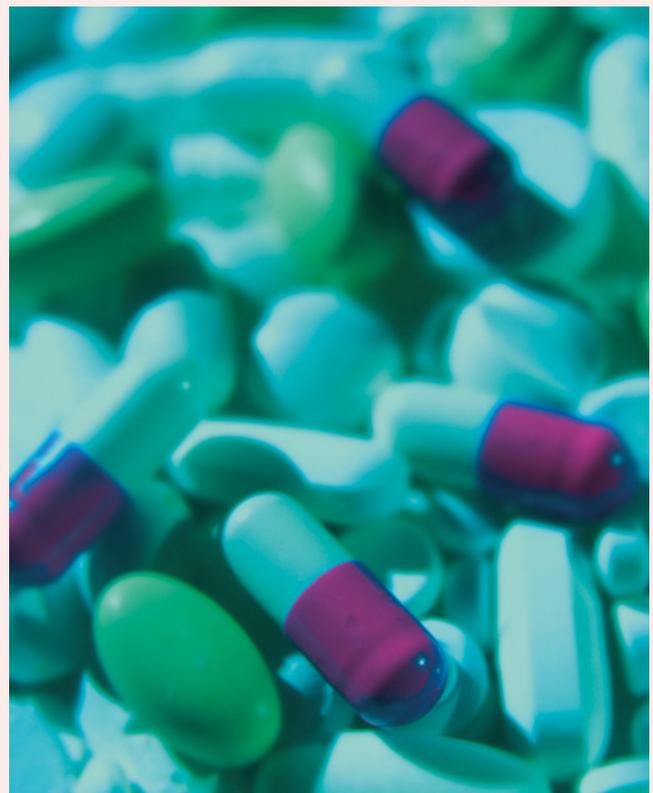
Research published in The Lancet last year suggested that rates of infective endocarditis had increased in England after NICE advised against giving antibiotics to prevent the infection. After the introduction of the NICE guideline in 2008, antibiotic prescribing fell significantly to only 2,236 prescriptions per month from April 2008 to March 2013.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)62007-9/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)62007-9/abstract)

At the same time, rates of infective endocarditis rose by an extra 35 cases a month. However, there was no evidence to suggest a direct link between the two and the study researchers from the University of Sheffield stressed that there may be other reasons for the increase in infections. In light of this paper, NICE carried out an immediate review of the 2008 guideline. This evidence has been taken into account in the 2015 update of this guideline but is insufficient to warrant a change to the existing recommendations.

As a result, the updated guideline continues to state that antibiotic prophylaxis against infective endocarditis is not recommended for people undergoing dental procedures. NICE has recommended further research with long-term follow-up that compares antibiotic prophylaxis with no antibiotic prophylaxis in adults and children with underlying structural cardiac defects undergoing interventional procedures.

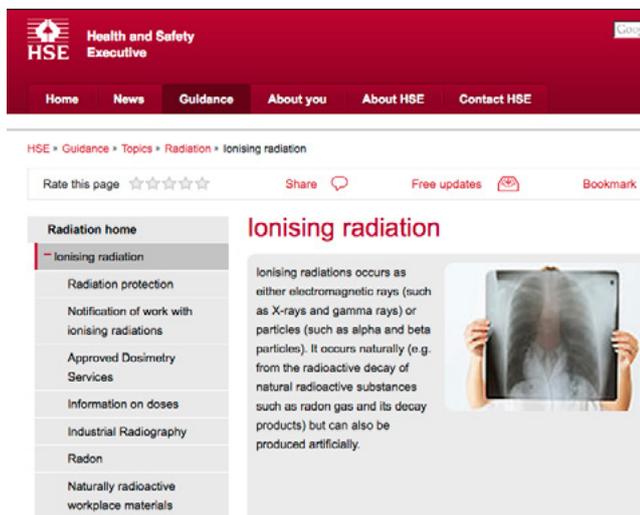
<http://www.nice.org.uk/guidance/CG64/chapter/Update-information>



HIW practice inspections – sharing the lessons

Practice Inspections by HIW show that most practices do most things right, most of the time. However, requirements for taking radiographs and using radiographic equipment are sometimes not up to scratch. Findings include:

- Practice unable to demonstrate they are registered with the Health and Safety Executive to use radiation equipment. The HSE website provides additional information: <http://www.hse.gov.uk/radiation/ionising/index.htm>



- Staff training is not up to date or appropriate for their role:
 - Dental team members in the UK are required by law to be “IRMER Trained”. This law applies to everyone involved in taking and/or processing radiographs. IRMER training requirements cover both the theoretical knowledge and the practical “hands-on” training needed to do your duties.
 - Staff registered with the General Dental Council are recommended to undertake 5 hours of verifiable CPD in radiography/ radiation protection in every 5 year cycle.

- HIW expect staff to provide evidence of appropriate training, with no more than 5 years between verifiable training.
- Practice teams are not always clear about the roles of Radiation Protection Supervisor (RPS), Radiation Protection Adviser (RPA) and the importance of local rules. You can read more about these here: <http://www.whitesessentialsdentalradiography.com/downloads/Essentials%20Radiation%20Protection%20Guidance.pdf>
- Failure to record:
 - justification for taking radiographs;
 - radiographic findings;
 - the radiograph quality;
- Some practices have not audited their radiographs. Your Cardiff University Dental Deanery audit tutor can provide support with this. Further information: <http://www.walesdeanery.org/index.php/en/practice-quality-improvement-programme/capro/385-clinical-audit-a-peer-review.html>

Radiation Protection training courses in Wales cover these and all other relevant issues and provide 5 hours of verifiable CPD.

You can read more here: http://www.dentpostgradwales.ac.uk/dpg_cal/SearchForCourse.asp?CourseCode=&cc=&CoursePGRegion=&CoursePGCentre=&CourseSubject=Radiology&NewFilter=Yes&DisplayType=Index&FutureCourses=Yes&returnTo

Taking Forward the 'Evans' review

The majority of patients in Wales receive good care, but it's important that when things do go wrong, we learn from mistakes.

In 2014, the Evans review, "Using the gift of complaints", looked at how effectively NHS Wales handles its concerns. It made a series of recommendations relating to infrastructure, responsiveness, learning and importantly culture across the NHS.

<http://gov.wales/topics/health/publications/health/reports/complaints/?lang=en>

Many organisations have taken steps to improve the way they manage complaints locally. Additionally, the National Quality and Safety Forum (NQSF) group is leading work to improve consistency on a national basis.

In April this year, the NQSF held a conference with key stakeholders; to share its findings and gain endorsement for the proposed changes. These included, improving communication with the public, clarity of the interpretation of the Putting Things Right (PTR) guidance, standardisation and publication of complaints information and learning from concerns.

It was encouraging to see so many organisations represented, there was great enthusiasm to engage and share suggestions for improvement. However, the overwhelming consensus on the day was that a common ICT platform was essential.

Since April, progress has been made, including; developing measures around concerns and patient experience; simplifying the PTR guidance and improving communication with the public.

Work is underway on strengthening the way organisations learn from concerns including the development of a learning from concerns toolkit and an all Wales platform to share learning.

One of the next priorities will be to look at how Putting Things Right is implemented in the primary care setting.

This work is likely to lead to changes in the legislation and these will be subject to public consultation.

Delivering Better Oral Health (version 3)

Dental practices have been sent a hard copy of DBOH version 3. You can download additional copies from the D2S website: Information for Professionals:

http://www.designedtosmile.co.uk/fluoride_varnish_new3.html

The whole dental team can use DBOH to:

- help patients and their families to prevent preventable diseases such as caries, enamel erosion and gum disease;

- reinforce messages which support general health, such as smoking cessation and safe use of alcohol;
- ensure everyone in the practice gives accurate and up-to-date patient information.

HIW ask about use of DBOH during practice inspections and at least one professional indemnity organisation advises members to make sure they follow the evidence base in DBOH.

Computers warning

A recent article published by the British Dental Association in the "BDJ In Practice" (November 2015) highlights advice from both the NHS Business Services Authority (NHSBSA) and the main dental software suppliers, that dental practices which transmit their claims electronically or need access to the BSA Dental Portal via Vista or XP operating software may not be able to do so after 1 December 2015.

This is because Vista and XP, with SHA-1 system security certificates will no longer be supported by Microsoft. Further information is available on the NHSBSA web site:

<http://www.nhsbsa.nhs.uk/DentalServices/5295.aspx>

If you need to upgrade your computer software systems and are uncertain what to do we recommend you should contact your software supplier for advice.

Other News

Port Talbot Dentists help Indian children brush up on oral health:

<http://www.wales.nhs.uk/sitesplus/863/news/39051>



Health and Social Services Group.
Follow us on Twitter – [@dhsswales](https://twitter.com/dhsswales)

Next Edition

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

Please let us have any items of news for the Digest – it's good to share!