

Wales

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Dental Digest

Foreword

by Colette Bridgman, Chief Dental Officer, Wales



Welcome to this Winters' edition of the Dental Digest. I hope you all enjoyed a well-earned break over Christmas and the New Year period. Thanks to all of you who worked in the urgent/emergency dental services over that time – a vital role for patients. 2020 heralds a new decade and I have no doubt this will be a significant time for dentistry in Wales as we continue to build on contract reform in GDS and expand oral health programmes. A Healthier Wales set out a vision for people in Wales to live longer, healthier and happier lives. Achieving that vision requires transformation of health and care systems to focus on prevention and wellbeing; dental services and oral health programmes are an integral part of that.

You can hear all about the changes and progress to date at the 3rd annual national dental symposium **A 20/20 Vision of the Changing Landscape of Dentistry in Wales** being held on 6th May 2020 at the ICC, Newport. We would like to see dentists, practice managers and DCPs from practices and services across Wales come to the event. It is an opportunity to hear directly from peers about their experiences and learning in the contract reform programme and other linked projects. Booking is now open.

The latest report on the GDS reform programme can be found on the Primary Care One web site: <http://www.primarycareone.wales.nhs.uk/gds-reform>

We have also produced a full slide pack explaining the approach and progress which will be published on the Primary Care One web site shortly.

It is intended that these resources are shared and used widely within health boards, practices, LDCs, services and by programme teams etc. This will ensure that anyone who is interested can access timely accurate information and further detail. This will help dental teams understand what is happening and why. It also means colleagues can contribute and comment.

I would like the next edition of the Dental Digest to contain articles from members of dental practice teams involved in the

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contract reform programme. So please, dentists, practice managers and DCPs 'get tapping on key boards' and send your stories and experiences in to us.

Finally, in this edition we say goodbye to Deputy Chief Dental Officer – Lisa Howells on her recent retirement and are pleased to welcome Paul Brocklehurst and Warren Tolley to the Welsh Government's Dental Policy Team as the incoming Deputy Chief Dental Officers.

Introduction to the new Deputy Chief Dental Officers

Paul Brocklehurst

qualified from Sheffield University in 1989. He spent the next twenty years in practice before starting his Dental Public Health speciality training in 2009 in the North-West of England. He then worked at the University of Manchester as a clinical academic, using his interest in research to evaluate 'real-world' problems relating to dental service delivery. In 2014, he moved with his family to North Wales and in 2015, took up the role of Professor of Health Services Research at Bangor University and Director of the Trials Unit in North Wales, which he will continue on a part-time basis going forward. The majority of his spare time is spent looking after his small-holding in rural Anglesey. In his role as DCDO, he hopes to facilitate the development of the whole dental team and promote oral health and high-quality service provision across Wales.



Warren Tolley

qualified from Birmingham University in 1991 and completed foundation training in the West Midlands, shortly afterwards in 1995 he purchased the same practice and ran a busy NHS dental practice until 2003 when he and his family re-located to Mid Wales. During that time he also worked in Sandwell CDS and as a part-time clinical lecturer at Birmingham University. He was also a member of Sandwell LDC.



Following moving to Mid Wales Warren worked both in the community dental service and in a local private dental practice.

In 2010 Warren was appointed as clinical director for the CDS and also as dental advisor for Powys THB.

Warren still practices clinical dentistry within Powys CDS as a dentist with a special interest in endodontics.

In his role as DCDO he hopes to help maintain the current momentum of positive change and further help to develop dental services in Wales that will benefit the population and the profession equally.

Lisa Howells – Farewell from Me!

After more than seven years working as the Deputy Chief Dental Officer I am retiring. I moved to Swansea in October 1987 to work within the Community Dental Service. I may not have stayed in Swansea but have never left Wales and it has been my home ever since.

Retirement is a time for reflection: it's easy to focus on what needs to be done but forget to look back at how much has been achieved. We have the Designed to Smile programme; Gwen am Byth; and the programmes to improve mouth care for vulnerable adults and children in hospital. In quality improvement we have a great range of resources available from HEIW and the fantastic support of their team of tutors. In clinical care we have closer working across the CDS, GDS and HDS and have made great strides in caring for the most vulnerable patients. We are also making real progress with dental contract reform.

I've had roles with at least seven different organisations in Wales and in every one I have met and worked with people who are professional, hard-working, conscientious and kind – people who want the best for patients and their colleagues. Wales has a well-deserved reputation for collaborative working, for breaking down professional and organisational boundaries to get things done. We don't always agree on "how to get there" but we nearly always agree on where we want to be!

I know you will make the two new Deputy Chief Dental Officers very welcome. It has been an enormous privilege to work within the Welsh NHS and Welsh Government. I count myself very fortunate to have worked in Wales with wonderful friends and colleagues and I wish you all every success in the future.

Diolch yn Fawr.



Lisa Howells

Welsh Government/Chief Dental Officer – New Web Site

The Welsh Government's web site has changed. You can find information about the work of the Chief Dental Officer (CDO) at the following link: <https://gov.wales/dr-colette-bridgman>

The 'Oral and Dental Health' link at the bottom of the CDO page will take you to the Welsh Government's dental publications: <https://gov.wales/oral-dental-health>

The new web site is still under construction and will continue to develop over the next few months.

Dental Working Patterns Survey

NHS Digital is conducting a survey of dental working patterns on behalf of the BDA and Health Departments. It is open to all dentists who performed some NHS dentistry in 2018/19 and/or 2019/20 and provides

evidence for pay negotiations. The survey and guidance material can be accessed at www.digital.nhs.uk/dwps/welcome until **Monday 24 February 2020**. We kindly request you to take part.

Gwên am Byth – A Lasting Smile

There are around 23,000 older people live in care homes in Wales. Many have poor oral health, often because of deteriorating health before they moved to live in the care home. They are some of our most vulnerable citizens and may need day to day support with tasks that most of us take for granted, such as brushing their teeth. Residents may be able to clean their own teeth but some will need hands on support and encouragement to prepare toothbrush and paste prior to brushing. Others are dependent on care home staff for all aspects of oral hygiene.

In 2015 the Welsh Government issued a Welsh Health Circular – *'Improving Oral Health for Older People Living in Care Homes in Wales'* which included recurrent funding of £249,750 per annum to be shared across all seven health boards. This funding has recently been increased to £500,000 per annum as a result of evidence from delivering the programme: <https://gov.wales/funding-doubled-older-peoples-oral-health-programme>

The programme is now called **'Gwên am Byth – A Lasting Smile'** and its key aim is to improve oral hygiene and mouth care for older people living in care homes through a consistent all-Wales approach. "Care homes" includes both nursing and residential homes. The CDS oral health promotion teams, Welsh Government and Public Health Wales have worked with care home staff and other health care professionals to develop, test and implement Gwên am Byth. The focus is on training and supporting care home staff to:

- Help residents to keep their mouth clean, safely and effectively;
- Spot when something "looks odd" in the mouth or when a resident is in pain and refer them to the dental team;
- Understand the risks to oral health (such as a very dry mouth or a high carbohydrate diet) and liaise with the dental team to support residents who may be at increased risk.

New staff have been employed in all health boards to deliver Gwên am Byth. All-Wales resources have been developed for induction, training and education. Evidence based care plans have been developed which link to the individual resident's risks and needs. Family members can also give feedback on the programme. There is close working with other health and social care professionals (e.g. dieticians, nurse assessors and contract monitoring teams) and liaison with Care Inspectorate Wales.

By March 2019 approximately half of all care homes were participating fully or partly and over 5,000 health and care staff had received training.

Gwên am Byth is very largely delivered by Dental Care Professionals (DCPs). This has had a positive impact on care home staff who are starting to appropriately refer residents to the dental team rather than a GP.

Feedback has been positive from care home staff, residents and carers e.g.

"I was impressed with the level of care my Mother-in-Law received. This included her oral care with attention given to the fact she had many of her own teeth and a part denture. There was also dental treatment offered by a visiting Dentist. Her end of life care was exemplary and even at this late stage the staff ensured her mouth was clean and free from anything that may cause further pain or suffering".

The programme is now an integral part of the wider Care Home Cymru programme which is delivered by Improvement Cymru/Public Health Wales.

You can read the programme's fourth annual report here: <https://gov.wales/oral-health-older-people-care-homes-report-2018-2019>.

Advice about Child Dental Health and Breastfeeding

Thanks to Karen Jewell (Welsh Government's Nursing Officer for Maternity and Early Years) for her contribution to this article.

Health professionals in Wales recognise the value of breastfeeding to both babies and mothers and dental teams may have opportunities to reinforce this message. The prevalence of breastfeeding in the UK is low, with 34% of mothers still breastfeeding their child at 6 months and only 1% exclusively breastfeeding.

- Dental teams should promote and encourage breastfeeding when they have the opportunity.
- Dental teams should be aware of the most up-to-date information about breastfeeding and dental health.
- Practices and Clinics can identify a suitable quiet room/space where a mother can breastfeed her baby.

The Welsh Government published an all-Wales Breastfeeding Five-Year Action Plan in July: <https://gov.wales/breastfeeding-plan-2019-2024>

The Plan identifies a key role for the NHS in Wales to support infant feeding goals:

1. Support families to make informed decisions about how to feed their baby.
2. Enable mothers who have opted to breastfeed to do so successfully for as long as they would like to do so.
3. Create and sustain an environment that supports breastfeeding in the healthcare system.

Public Health England also provides advice to dental teams: <https://www.gov.uk/government/publications/breastfeeding-and-dental-health/breastfeeding-and-dental-health>

- Not being breastfed is associated with an increased risk of infectious morbidity (for example gastroenteritis, respiratory infections, middle-ear infections).
- **Breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay.**
- Exclusive breastfeeding is recommended for around the first 6 months of life – complementary foods should be introduced from around 6 months of age alongside continued breastfeeding.

There is no evidence that breastfeeding like this causes tooth decay.

In 2017 a birth cohort study in Brazil was published by Peres and co-authors. This study identified those breastfed for over 2 years (24 months) had a higher number of decayed missing and filled surfaces. However, the authors recognised the study's limitations in that:

- no information was collected on other potentially cariogenic sources and the frequency of nocturnal breastfeeding
- the absence of information on dental caries experience before the age of 5 years did not permit a better understanding of the long-term effect of breastfeeding on dental caries experience in the earlier stages
- another limitation is related to the period when information regarding sugar consumption was collected (in the study it began at 24 months) as patterns of consumption are established in early childhood.

Consultants and specialists in Paediatric Dentistry suggest mothers should be advised that "on demand" breastfeeding through the night may increase the risk of tooth decay in children with baby teeth.

Dental teams should provide breastfeeding mothers with advice and information on brushing their child's teeth with fluoride

toothpaste (particularly last thing at night) and the risks associated with sugary foods and drinks.

Teething products – some up-to-date information

Thanks to Nigel Monaghan, Consultant Dental Public Health for providing this article.

Dental teams may be asked for advice on teething. Recent reports in scientific journals and the media have highlighted products of concern.

The Medicines and Healthcare Products Regulatory Agency (MHRA) licenses teething products for use in the UK, including herbal and homeopathic products alongside products with a full licence. The MHRA advises parents not to use products from outside the UK because of the risk of serious side effects.¹ This was in response to problems in the USA with products made there containing up to 2% lidocaine:

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-recommends-not-using-lidocaine-treat-teething-pain-and-requires>.

Given the serious adverse side effects and deaths in US children, it would seem wise to steer parents away from any teething product containing lidocaine. This includes all of those products with a full licence from the MHRA. Of these, Anbesol Teething Gel has the highest concentration of lidocaine – 1%.

Teething Product Licensed in the UK	Format	Licence Type	Contains Sucrose	Contains Alcohol
Ashton and Parsons' Infant Powders	Powder	Herbal	No	No
Boots Teething Pain Relief	Granules	Homeopathic	No	No
Nelson's Teetha Teething Granules	Granules	Homeopathic	No	No
Weleda Chamomilla 3X Granules	Granules	Homeopathic	Yes	Yes
Camilia Oral Solution	Solution	Homeopathic	No	No
Helios ABC 30C Pillules	Pill	Homeopathic	Yes	No
Nelson's Teetha Teething Gel	Gel	Homeopathic	No	Yes
Fennings Childrens Cooling Oral Powders	Powder	Full	No	No
Bonjela Teething Gel	Gel	Full	No	Yes
Bonjela Junior Gel	Gel	Full	No	Yes
Dentinox Teething Gel	Gel	Full	No	Yes
Calgel Teething Gel	Gel	Full	No	Yes
Anbesol Teething Gel	Gel	Full	No	Yes

The Clinical Knowledge Summary on teething notes there is a lack of evidence of effectiveness of any of the licensed teething products.² Given the lack of any evidence of effectiveness, it would be wise to avoid products containing potentially harmful ingredients if there are alternative, equally ineffective products not containing those potentially harmful ingredients. Many of the products contain sugar and/or alcohol. That leaves 3 homeopathic products and one herbal product which we would not strongly encourage parents to avoid: Boots Teething Pain Relief; Nelson's Teetha Teething Granules; Camilia Oral Solution; and Ashton and Parsons' Infant Powders.

In October 2019, *Which?* reported six out of fifteen teething toys they had tested were associated with risk of choking from parts which became detached: <https://www.which.co.uk/news/2019/10/beware-these-six-teething-toys-with-bits-that-break-off/>.

Of those six toys, five plus one other were at risk of blocking the throat of the child, leaving eight of the fifteen toys tested passing all the tests. There are teething products and toys which dental teams can advise parents to avoid.

References:

1. Medicines and Healthcare Products Regulatory Agency. Parents advised not to use unlicensed homeopathic teething products in infants and children. 2016: <https://www.gov.uk/government/news/parents-advised-not-to-use-unlicensed-homeopathic-teething-products-in-infants-and-children>
2. National Institute for Health and Care Excellence. Teething *Clinical Knowledge Summary 2014*: <https://cks.nice.org.uk/teething>

Prevention and Early Diagnosis of Mouth Cancer

Thanks to Kirstie Moons, Associate Director for Dental Team Workforce Planning and Development in HEIW for providing this article.

HEIW has collaborated with Public Health Wales and Cardiff University to develop an educational toolkit to help dental teams prevent and identify mouth cancer:

<https://heiw.nhs.wales/news/new-initiative-to-help-dental-teams-in-wales-with-early-diagnosis-of-mouth-cancer/>

The Mouth Cancer Quality Improvement Tool was launched in November to coincide with **Mouth Cancer Action Month**.

Mouth cancer can affect the lips, tongue, cheeks and throat. It affects approximately 8,000 patients a year in the UK and is the eleventh most common cancer worldwide. There have been great advances in the treatment of mouth cancer in recent years but the overall five-year survival rate post treatment remains at only 50%.

Survival rates for patients are greatly improved if the cancers are diagnosed early and treated rapidly. There is evidence that the smaller the size of the cancer when it's detected, the better the prognosis. The majority of mouth cancers are detected when they are greater than 2cm in diameter but evidence shows that identifying cancers when they are smaller than 2cm is likely to mean a better outcome for the patient.

Dental teams are well placed to identify any abnormalities and play an important role in detecting cancers early during check-ups and while providing treatment. Early detection and prompt action may mean the difference between life and death for patients. The Mouth Cancer Quality Improvement Tool will help dental teams feel more confident in providing preventative advice; diagnosing mouth cancers early; and supporting patients who have the disease. It also includes information about training and resources for the early detection of mouth cancer.

The toolkit can be used by all members of the dental practice team, including dentists, dental nurses, hygienists and technicians, to ensure an effective whole-team approach to patient care.

Natalie Rees, a dental care professional involved in the pilot of the toolkit said: "Having recently seen a patient with mouth cancer, it [the toolkit] allowed me to be confident in our practice processes."

David Ainsworth, a dentist at the same practice added: "It is a very useful tool and has led to thoughtful discussion on our processes and roles."

You can read more information about mouth cancer and access the toolkit here: <https://dental.walesdeanery.org/quality-improvement/mouth-cancer>

Your AED could help to save a life

The Welsh Government and Welsh Ambulance Services NHS Trust (WAST) aim to improve survival from out of hospital cardiac arrest. This includes making Automated External Defibrillators (AED) as accessible as possible.

We would like all dental practices in Wales to consider registering with Welsh Ambulance Services NHS Trust (WAST) to allow their AED to be available in an emergency – **all dental practices will have recently received a letter about this from the Chief Dental Officer.**

You may have seen AEDs in locations such as railway stations and shopping centres – the more AEDs that are readily available, the greater a person's chance of surviving a cardiac arrest. WAST is aware that dental practices have AEDs and would like to implement a system whereby they can be accessed by third parties in an emergency for use outside the practice. A similar system is being developed with GPs.

In some circumstances, dental practices may have the nearest available AED and its use may mean the difference between life and death for a person having a cardiac arrest. This is an opportunity for dental practices to support lifesaving care by sharing their equipment.

Gum and Periodontal Disease – Informing Patients and Keeping Records

Thanks to Will McLaughlin Consultant in Restorative Dentistry and Specialist in Periodontics for his help in writing this article.

Patient complaints concerning periodontal disease continue to be an issue. Periodontal diseases are chronic conditions, which can be stabilised, but often slowly progress and can eventually lead to tooth loss. Medical conditions, such as diabetes and smoking increase the risk. While the most important preventive factor of effective daily oral hygiene relies on the patient, it is important that dental teams give accurate, evidence informed advice and care. It is also important to keep track of and record a patient's progress or non-compliance and ensure patients are aware of the risks of not following advice. Frequently there are shortcomings relating to accurate recording of the periodontal examination and accurate recording of advice and care given to patients which needs to include any risk warnings given to patients who cannot or

will not comply. It's an old adage but worth remembering that *"if it's not written down it didn't happen"*. Always make a record of the examination findings and any information and advice given. It is important to review and record a patient's compliance to advice/instructions given in addition to recording all care and treatment provided especially where patients have been warned they risk losing teeth due to periodontal disease.

You can read specialist advice on periodontal examination here: www.bsperio.org.uk/publications/good_practitioners_guide_2016.pdf?v=3

HEIW provide a wide range of courses, including hands on periodontics for all members of the dental team in Wales. Register at Max Course to ensure you are notified about the full range of courses/training opportunities: <https://www.maxcourse.co.uk/walesdent/guestHome.asp>

Don't lose those dentures!

All dental teams know how difficult it can be for the team and patients when dentures are lost. In some cases it's challenging to make replacements and even then the patient may not manage them. Keeping dentures safe is an integral part of the Gwên am Byth programme and the 1000 Lives work with hospitals.

Marking dentures with the patient's name won't prevent them being lost but it can help them to be reunited with their owner if they are found. In a few cases, they have been used by forensic teams to identify people. It is good practice to mark dentures with the patient's name at the time of construction and we would encourage all clinical and laboratory teams to do this.

A shared experience ...

Extracting the wrong tooth is one of only two types of “never event” in dental care, while other never events are identified in healthcare more generally. **Put simply, a never event is one which happens despite systems being in place which are designed to prevent them from happening.** In Wales, never events have to be reported to the health board and Welsh Government is then told about them. This reporting helps us all to understand how often these things happen and promotes use of systems to prevent them.

Wrong tooth extraction is not common – about 20,000 people visit the dental team **every day** in Wales and around seven wrong tooth extractions are reported to the Welsh Government **each year**. However, they can be very upsetting for patients and stressful for the dental team involved. They can also lead to complaints. In Wales, HEIW offer a pre-extraction checklist to reduce the risk of wrong tooth extraction which you can access here:

<https://dental.walesdeanery.org/quality-improvement/wrong-tooth-extraction>

Using it may save you, your team and patients from the problems which follow extraction of the wrong tooth.

Awards

Aneurin Bevan ‘Gwên am Byth’ team fly the flag for Wales

Congratulations to Aneurin Bevan’s Gwên am Byth Community Dental Service team on their award for Best Oral Health Team for 2019.

The Oral Health Awards 2019 were organised by dental communications company FMC (The Dentistry Journal) and recognise progress made by dental professionals across the UK. The award recognises excellence in oral health promotion and care offered by dental teams and individuals: <https://www.oralhealthawards.co.uk/>

The individuals and team members shortlisted represent rising standards in dentistry and demonstrate their passion in providing excellent patient care. Carolyn Joyce, team leader for Gwên am Byth entered the competition with a presentation on the role of the ‘DCP team’ in delivering Gwên am Byth – the Wales national programme to improve oral health for older people living in care homes. Carolyn said:

‘It was such a great event. Our team was among nine others that were shortlisted and that in itself was such an achievement but to win the overall category was ‘fantastic’. It is excellent that they recognised the role of DCP teams in delivering good oral health and Community Dental Services in Wales. We were elated’.



Briony Williams, Carolyn Joyce and Helen Rowe celebrate their award!

Congratulations to **Professor Ivor Chestnutt** from the Cardiff University School of Dentistry who has won a 2019 International Association of Dental Research (IADR) award for best paper published in the journal of dental research. Ivor was awarded the prestigious William J Giles Award in the clinical research category for his “Seal or Varnish” study:

<https://www.cardiff.ac.uk/news/view/1535594-dental-study-wins-prestigious-award>

Congratulations also to **Ken Hughes**, Community Dental Service, Aneurin Bevan UHB who has been elected to be the next President for the British Dental Association's Community Dental Services Group for 2021. This is an incredible achievement for Ken who has spent many years working tirelessly as a BDA representative supporting community dentists.

Next Edition

The next edition of the Digest will be issued in Summer 2020 and will include information on a wide variety of topics which we hope will be of interest to dental teams in Wales. We welcome items for “A shared experience”... particularly on contract reform experiences in GDS, as already mentioned in the foreword. We can include them anonymously if you'd prefer. Please e-mail Simon Parker at simon.parker@gov.wales



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