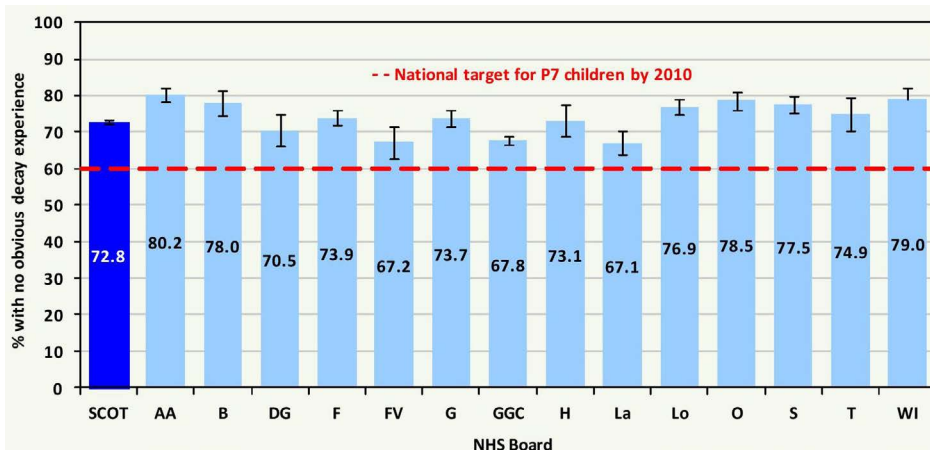
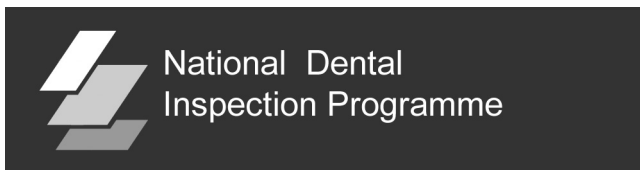


Children's Dental Health Continues to Improve



Percentage of P7 children in Scotland with no obvious decay experience in 2013 by NHS boards

The National Dental Inspection Programme (NDIP) report for the school year 2012/2013 was published in October 2013. The detailed inspection looked at primary seven (P7) children and the results show that the dental health of P7 children in Lanarkshire is continuing to improve.

The percentage of Lanarkshire children in this age group with no obvious decay experience was 67.1%. This is a nearly 3% improvement from the last P7 inspection two years ago when 64.2% of the same age group showed no obvious decay experience and continues to show a steady, year on year improvement in the dental health of Lanarkshire's children.

These encouraging results are due not only to the hard work of all the dental teams and the oral health promotion teams throughout Lanarkshire, but also to the constant and continuing support and input from our colleagues in education without which the oral health programmes would not be able to continue.

The NDIP 2013 report is available from www.ndip.scottishdental.org/?o=1603

Snack Ideas for Children



A new guide has been developed to help parents choose healthy snack ideas for their children.

The *Snack ideas for children* guide, which has been created by *Childsmile*, emphasises the importance of providing children with healthy snacks to provide them with energy as they grow.

It also gives helpful tips to encourage children to opt for a healthy snack, avoiding sugary treats such as chocolate. Tips include involving children in preparing snacks and allowing them to have fun while teaching them about healthy food to encourage them to try other snacks. Suggestions include bread sticks, oatcakes, crackers, rice cakes, bagels, fruit and sandwiches.

The guide also highlights the hidden sugars that may be in snacks and identifies the type of snacks that are usually high in sugar such as dried fruit and fruit juice.

The guide can be downloaded from www.child-smile.org.uk/documents/22388.aspx

Drug Prescribing for Dentistry

The updated guidance for Drug Prescribing in Dentistry was published in November 2013. This update is available from

www.sdcep.org.uk/?o=3235

The most recent changes to Dental Prescribing include:

- Added to the List of Dental Preparations in the Dental Practitioners' Formulary within the British National Formulary is the statement "Licensed alcohol-free versions of mouthwashes, where available, are preferred".
- Also added are: Artificial Saliva Gel, Artificial Saliva Pastilles and Artificial Saliva Protective Spray.
- Chlorhexidine Oromucosal Solution, Alcohol-free, 0.2% has been discontinued and can no longer be prescribed.

In addition, the updated *Antimicrobial Prescribing for General Dental Practitioners* includes new recommendations such as:

- Where antimicrobials are indicated for dental infections, the recommended adult dose for amoxicillin has been doubled from 250 mg to 500 mg three times daily.
- There has been a change to the dose of miconazole gel for oral fungal infections.

More details of the updates are available from

www.fgdp.org.uk/content/publications/antimicrobial-prescribing-for-general-dental-pract.ashx



CBCT Advice Statement



An advice statement on the use of cone beam computed tomography (CBCT) in routine dental practice has recently been produced by the Scottish Health Technologies Group of Healthcare Improvement Scotland.

The quality and quantity of the existing evidence is insufficient to support the use of CBCT in routine dental practice for:

- Dental caries detection
- As a routine method of imaging periodontal bone support
- As a routine method for the diagnosis of periapical disease

A well conducted evidence-based guideline also recommends that:

- Where conventional radiographs suggest a direct inter-relationship between a mandibular third molar and the mandibular canal, and when a decision to perform surgical removal has been made, CBCT may be indicated.
- Limited volume, high resolution CBCT may be indicated in selected cases of infra-bony defects and furcation lesions, where clinical and conventional radiographic examinations do not provide the information needed for management.

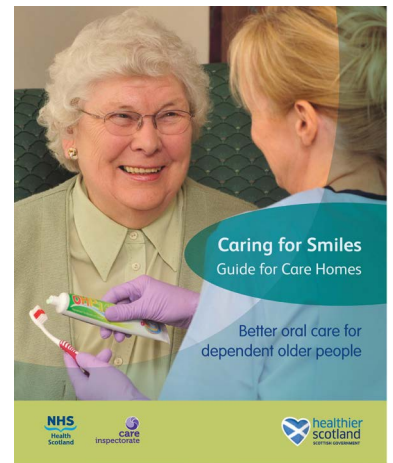
The above statement and the accompanying scoping report are available from

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_advice_statements/advice_statement_012-13.aspx

Training Guide for Care Homes

The newly developed *Caring for Smiles – Guide for Care Homes* is currently being distributed to care homes across Lanarkshire. The guide emphasises the importance of person-centred, safe and effective care provision by detailing the significance of individual oral health risk assessments, providing daily oral care specific to residents' needs and describing the associated links between poor oral health and systemic disease.

The resource supports the ongoing training, care and support delivered by the Special Care Oral Health Team. It also serves as a reference for oral health information and best practice. The guide has been developed by key stakeholders and is endorsed by the Care Inspectorate.



This new guide and other resources of *Caring for Smiles* can be found in the Training and Education Section of the following Knowledge Network website:

www.knowledge.scot.nhs.uk/home/portals-and-topics/care-for-older-people-portal/topics/oral-health.aspx

Public Dental Service

The Public Dental Service (PDS) was formed from the merger of the Salaried General Dental Service and the Community Dental Service. The PDS will continue to be managed and delivered directly by boards which will need to balance four key principles:

- Complementarity – General dental services delivered by independent contractors is the preferred vehicle of Scottish Government for delivery of primary dental care to the population of Scotland.
- Equity – NHS boards are required to ensure that NHS dental services are available for those who wish to access them in their area. This requirement includes vulnerable groups of people who may be unable to access general dental services.
- Sustainability – Boards should ensure the continued viability of the services provided by working collaboratively with their neighbouring boards to achieve economies of scale.
- Compliance – The PDS of a NHS board must comply with the all relevant legislation and regulations.

GDC Guidance for Dental Professionals



In September 2013 the General Dental Council (GDC) sent all registrants a copy of the *Standards for the Dental Team*. GDC has since published additional guidance to supplement the *Standards for the Dental Team* which all registrants must also follow.

The additional guidance covered the following eight subjects:

- Advertising
- Commissioning and manufacturing dental appliances
- Indemnity
- Prescribing medicines
- Reporting criminal proceedings
- Using social media
- Child protection and vulnerable adults
- Scope of practice

A presentation is available that dentists can use to update their teams on the development of and principal changes in *Standards for the Dental Team*, and what they mean to dental professionals. This presentation can be found on

www.gdc-uk.org/Dentalprofessionals/Standards/Pages/standards.aspx

A Picture of Scotland's Oral Health



The inaugural annual report of Margie Taylor, Chief Dental Officer, has now been published under the title of *A Picture of Scotland's Oral Health*.

The report highlights key oral health messages via the presentation of useful information at national and NHS board level and illustrates some of the recent trends in oral health.

Miss Taylor said: "The purposes of this report are to draw attention to the progress made within dentistry in Scotland and to inform a wide audience – not just those involved in dentistry – of our oral health status against a background of past trends and aspirations for the future.

"Dentistry must not be isolated from general health, and this report shows how oral health is a key component of wider general health and affects quality of life. Investing time and expertise in collaboration with the wider health family on the common risk factor approach helps to address dental as well as general health issues."

The report can be read on the Scottish Government website at: www.scotland.gov.uk/Publications/2013/12/1101

Retention of NHSmail Accounts

The policy for retaining NHSmail accounts is changing. From now until June 2014, all inactive accounts will be deleted after six months.

Accounts are classified as 'active' if they remain in use; this means that the password must have been changed within the last 90 days. Accounts that do not have a password changed within the last 90 days are classified as 'inactive'.

The same applies to generic mailboxes. If the generic mailboxes are not accessed between now and June 2014, then they will be deleted after six months.

For more information or assistance on password change, please contact Donna Gallagher, Dental IT Facilitator at donna.gallagher@nhs.net



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