

## Dental health improvements in Lanarkshire children

Dental health in Lanarkshire primary school children is improving.

The encouraging signs were revealed in the recently published 2018 report of the National Dental Inspection Programme (NDIP).

It showed that the percentage of Lanarkshire primary 1 pupils who had no obvious signs of tooth decay has increased by almost five per cent to over 70 per cent since the last NDIP report two years ago. This represents a leap of around a quarter since the first NDIP survey in 2003/04. A huge part of the success is being attributed to the Childsmile programme, delivered via nurseries, schools and dental practices which involves free daily, supervised toothbrushing, the application of fluoride varnish, and dietary and oral hygiene advice.

A recent visit to Lanarkshire by the Deputy First Minister John Swinney MSP, and Health Secretary Jeane Freeman MSP, when they visited Auchinraith Primary School in Blantyre, allowed them to see the Childsmile programme in action within the school including the additional support needs unit and associated nursery.

Anne Moore, NHS Lanarkshire clinical director of public dental services, said: "Childsmile is an increasingly successful oral health improvement programme which has helped dramatically reduce dental decay in Lanarkshire children.

"It does this by putting an emphasis on prevention rather than treatment and we're pleased with the progress we are making.

"When this programme started Lanarkshire had the lowest participation in Scotland, but we're now comparable with the national average.

"However, we're not settling for this and aim to improve things further – particularly in Lanarkshire's deprived communities which have higher levels of dental disease."



Des Dickson, education manager (operations) at South Lanarkshire Council, said: "This initiative is a brilliant example of partnership working between health, local authority and education which is making a positive impact on the health and wellbeing of Lanarkshire children.

"It underlines the importance of integrated work between health and social care."

Head teacher at Auchinraith Primary, Julie McCulloch, said: "We were delighted both Ministers visited Lanarkshire to hear about the progress we are making.

"Our staff deserve the highest praise for the way they work together with our partner agencies to achieve the best they can for all of our children."

Following the visit Health Secretary Jeane Freeman MSP said: "The Childsmile programme has resulted in significant improvements in children's oral health across Scotland.

"It's hugely encouraging that in 2018, 71 per cent of primary 1 children have no obvious decay compared to 58 per cent in 2008.

"Our aim is that every child has access to Childsmile and reducing inequalities in health is critical to achieving our aim of making Scotland a better, healthier place for everyone, no matter where they live."

# Antibiotic prophylaxis against infective endocarditis

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has published new implementation advice on *Antibiotic Prophylaxis Against Infective Endocarditis*, which is available to be used by all dentists.

The advice supports the implementation of the National Institute for Health and Care Excellence Clinical Guideline 64 *Prophylaxis against infective endocarditis*, which states that antibiotic prophylaxis should not be provided 'routinely' prior to invasive dental treatment for patients who have an increased risk of infective endocarditis.

The SDCEP implementation advice offers guidance about which individual patients might be at increased risk and consequently should



be considered for non-routine management.

The SDCEP advice also emphasises the importance of including patients in decisions about their care. It provides support for dentists in discussions with patients and their cardiologists, who together will identify when there may be a case for special consideration for antibiotic prophylaxis/non-routine management.

SDCEP has also produced supporting tools, including a patient information leaflet, for dental teams to download and print.

More information is available at [www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis](http://www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis)

A global task force of experts brought together by the Oral Health Foundation has announced new guidelines on denture hygiene to ensure everyone is given the same consistent advice.

A clean healthy mouth is fundamental to general health and denture hygiene should not be overlooked.

Anyone with partial dentures should ensure that both natural teeth and dentures are brushed daily.

Experts advise dentures should be removed daily and brushed using a denture brush, cream or un-perfumed soap then rinsed thoroughly.

It is also advisable to soak dentures using a denture cleanser to help remove harmful bacteria and

## Denture care guidelines

before leaving dentures out overnight to further prevent infections.

*NHS Quality Improvement Scotland Best Practice Statement 2005* states partial dentures with metal parts should be soaked in chlorhexidine 0.2 per cent solution which is widely available. Metal clasps should be carefully brushed to avoid distorting them.

Although experts advise using denture cleanser, acrylic (plastic) dentures should be soaked in dilute sodium hypochlorite (e.g. 1 part of Milton to 80 parts water) for at least 20 minutes, and then overnight in plain water.



The Oral Health Foundation further advises everyone attends the dentist regularly to make sure their dentures are being kept in good condition and their mouth is healthy.

More information on the denture care guidelines is available at

[www.dentalhealth.org/denturecareguidelines](http://www.dentalhealth.org/denturecareguidelines)

# Scottish referral guidelines for suspected cancer

Guidelines on cancer referrals in Scotland have been updated in a bid to recognise symptoms of the disease earlier. The latest Scottish referral guidelines will help ensure clinicians in Scotland have access to the most up-to-date evidence to refer patients with symptoms suspicious of cancer on to the most appropriate pathway at the right time.

The updated guidelines also reflect changes within primary care, recognising not only the role advanced nurse practitioners, practice nurses, pharmacists, dentists and optometrists play in spotting symptoms, but also the importance of putting individuals at the centre of decision-making.

There are some key changes in the referral guideline on head and neck cancer. These include:

- Dysphagia removed – refer to upper gastrointestinal – but pain on swallowing stays
- Role of dentists emphasised – access to urgent suspicion of cancer referral

Good practice points have also been added to the section on head and neck cancer:

- With the changing pattern of disease (in particular HPV associated cancers), age, non-smoking or non-drinking status should not be a barrier to referral.
- Dentists are key to identifying early cancer in the head and neck. There should be systems in place for urgent suspicion of cancer referral pathways for dentists.

The current guidelines are available at [www.cancerreferral.scot.nhs.uk](http://www.cancerreferral.scot.nhs.uk). A Reference Guide has been developed by the Scottish Primary Care Cancer Group which has been used as the basis for an App for use on mobile devices.



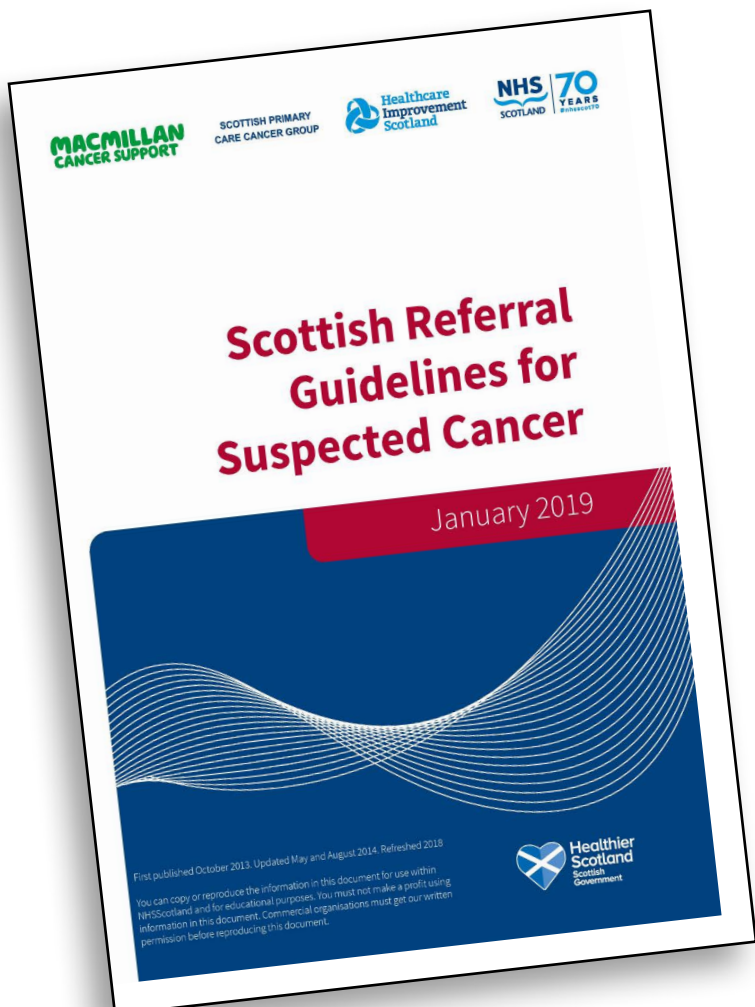
## Charter dental practices

Dental staff are best placed to offer advice on how to keep our mouths and teeth healthy. Tobacco use not only causes serious health issues but also increases your risk of oral cancer. It is estimated around 70 per cent of smokers want to give up therefore dental teams are in a good position to ask clients about their smoking status and then offer advice and referral information to stop smoking services as appropriate.

ASH Scotland has teamed up with the British Dental Association, the Oral Health Foundation and NHS Inform to pilot the use of a stop smoking advice card. The pilot is part of an exercise to encourage dental practices to sign the Tobacco Free Charter and thereby make a contribution the goal of creating a tobacco-free generation of Scots by 2034.

Around 50 dental practices in Scotland are being invited to sign the Charter and pilot the use of the new stop smoking advice cards. The learning from this initiative will inform the roll-out of future initiatives to improve stop smoking support through dentistry.

You may still register support for the Charter by visiting [www.ashscotland.org.uk/Charter](http://www.ashscotland.org.uk/Charter).

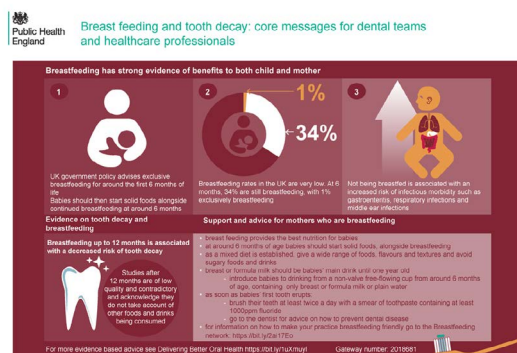


# Breastfeeding and dental health

Public Health England has published a statement highlighting the importance of breastfeeding in protecting infant dental health.

The statement includes the current evidence and core messaging for dental teams and healthcare professionals on the dental and general health benefits of breastfeeding for the first year of life, as well as a new infographic.

In summary, dental teams should continue to support and encourage mothers to breastfeed, highlighting the increased risks of infectious morbidity not breastfeeding, the decreased risk of



tooth decay by breastfeeding up to 12 months of age (recommendations for exclusive breastfeeding for around the first 6 months of life – complementary foods being introduced from around 6 months of age alongside continued breastfeeding).

Despite this advice breastfeeding rates in the UK remain low, with just over a third (34 per cent) of mothers still breastfeeding their child at 6 months and only 1 per cent exclusively breastfeeding as recommended.

Full statement is available at [www.gov.uk/government/publications/breastfeeding-and-dental-health](http://www.gov.uk/government/publications/breastfeeding-and-dental-health)

## Standards in dentistry

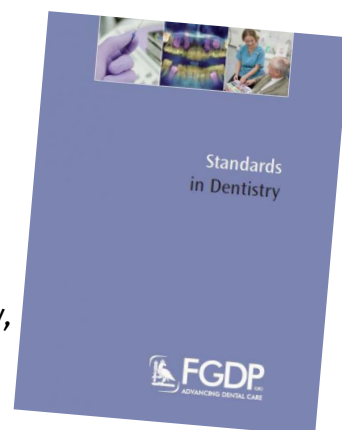
The Faculty of General Dental Practice (UK) has published the second edition of *Standards in Dentistry*, its flagship publication for general dental practitioners and their teams which acts as a guide to personal or practice-based quality assessment.

A comprehensive compendium of guidance and standards relevant to primary dental care, it sets out specific standards covering consultation and diagnosis, paediatric dentistry, orthodontics, management of acute pain, periodontics, endodontics, removable partial dentures, complete dentures, minor oral surgery, implant dentistry, management of dental trauma, direct, coronal and root surface restorations and indirect coronal restorations.

It also summarises almost 70 standards and guidelines publications by the Faculty and 30 other organisations, encompassing emergency dental care, examination and record-keeping, infection prevention and control, medical emergencies,

medications management, oral health, pathology, patient information, practice management, prevention, radiography, restorative dentistry, risk management and communication, sedation, special care dentistry and staff training.

The standards in the new edition are focussed on practitioner processes rather than treatment outcomes. Descriptions of the 'unacceptable' have been replaced by, the Faculty's 'ABC' (Aspirational, Basic, Conditional) notation for the grading of recommendations. Standards for making and receiving referrals, and for oral medicine, are also included. The book also includes a section on keeping up-to-date with changing guidelines and standards over time.



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