

# Keep Lanarkshire Smiling

March 2021

## Redeployment of Childsmile staff

The Childsmile Prevention Team's role within the public dental service could not be facilitated due to the pandemic and subsequent lockdowns. 75 per cent of the staff were redeployed to support other services within NHS Lanarkshire, for example, Test & Protect, mobile COVID testing, and immunisation services within Public Health.



Childsmile staff assisted with the remobilisation of general dental services in Lanarkshire with the delivery of vital Personal Protective Equipment (PPE) to all dental practices across Lanarkshire. In the first lockdown the team, comprising seven support workers, two dental nurses and the Childsmile delivery driver, were asked to deliver masks, gloves, aprons and visors and worked with the procurement warehouse staff in Hairmyres Hospital to achieve this from May until end of October.

By mid-August dental services were further remobilised and aerosol generating procedures were reinstated. This required PPE to be delivered on a weekly basis, for example, gowns and FFP3 masks to enable practices to carry out urgent treatment on their patients. Childsmile staff worked hard to ensure that Lanarkshire dental practices had access to vital supplies of PPE they required.

Since August an impressive total of 91,916 FFP3 masks and 94,745 gowns have been delivered. This would not have been possible without the dedication and commitment of the Childsmile staff; they have embraced their new workload enthusiastically despite the daily hurdles they have faced.



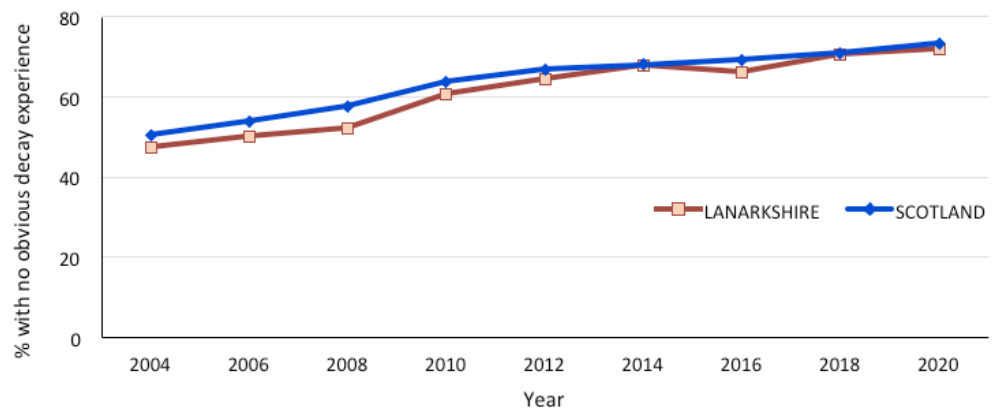
# NDIP Report 2020

The National Dental Inspection Programme (NDIP) report was published in October 2020. In Lanarkshire the percentage of Primary 1 (P1) pupils with no obvious decay experience was 72 per cent. This represents a 1.3 percentage point increase from the last survey in 2018 and an impressive 31.3 per cent improvement from the first NDIP survey in 2003.

In the 2020 report, in South Lanarkshire, 72 per cent of P1 children had no obvious decay experience and in North Lanarkshire, 72.4 per cent of children had no obvious decay experience.

It is encouraging to note the improvements in the report, however there is still work to do in Lanarkshire as high levels of disease remain in our more deprived areas. This along with the unforeseen circumstances of last year, when only urgent dental care was available and the Childsmile programme suspended, may have had a detrimental impact on some children's oral health.

The report can be found at: <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/national-dental-inspection-programme>.



Trends in the percentage of P1 children with no obvious decay experience; 2004-2020.

## COVID-19 Interim Toothbrushing Standards

In response to the COVID-19 pandemic, Childsmile Executive issued national guidance *COVID-19 Interim Toothbrushing Standards* for professionals on the return of supervised toothbrushing programmes in nursery and school settings.

The purpose of the guidance is to support local Childsmile dental teams and assist with local planning. It includes important information and up-to-date advice on:

- Changes to supervised toothbrushing programme
- How local Childsmile teams can support nurseries and schools
- Use of PPE
- Risk assessment and contingency planning
- Current status of other Childsmile interventions
- Alternative suggestions for engaging with nurseries, schools and families

The guidance also directs both parents and professionals to local Childsmile teams who can provide ongoing support as required. Local Childsmile teams can escalate any questions and concerns to the Childsmile Executive.



Local Childsmile teams continue to keep in touch with nurseries, schools and parents remotely. Support includes the provision and distribution of toothbrushes and toothpaste along with information and advice to promote and support toothbrushing at home.

The guidance is available at:

[www.child-smile.org.uk/professionals/Coronavirus-Return-of-supervised-daily-toothbrushing-in-nursery-and-school-settings.aspx](http://www.child-smile.org.uk/professionals/Coronavirus-Return-of-supervised-daily-toothbrushing-in-nursery-and-school-settings.aspx)

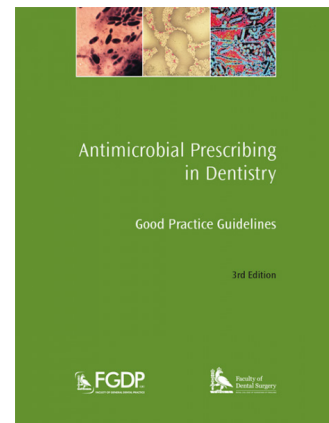
# Antimicrobial prescribing in dentistry

The Faculty of General Dental Practice UK (FGDP) and the Faculty of Dental Surgery of the Royal College of Surgeons of England have published the third edition of *Antimicrobial Prescribing in Dentistry – Good Practice Guidelines*. It updates FGDP's well-known *Antimicrobial Prescribing for General Dental Practitioners* guidance to reflect changes in the evidence base since the previous edition, and covers a much wider range of conditions.

Its scope has been extended to include the management of oral and dental infections by all prescribers, not only general dental practitioners but those working in secondary dental care (including trainees), specialists (including oral and maxillofacial surgeons), and those involved in dental education and research. Its recommendations are also now appropriate for all dental patients, including adults, children, the elderly and those with special needs treated in the primary and secondary care settings.

The aim of the guidance is to promote judicious antimicrobial prescribing and antimicrobial stewardship within dentistry. The third edition is available free of charge in PDF format at: [www.fgdp.org.uk/guidance-standards/antimicrobial-prescribing-in-Dentistry](http://www.fgdp.org.uk/guidance-standards/antimicrobial-prescribing-in-Dentistry)

The Scottish Antimicrobial Prescribing Group and its Dental sub-group have considered the evidence and advised that when antibiotics are unavoidable, then penicillin V (in preference to amoxicillin) should be recommended as first line in acute dento-alveolar infections. There is also no evidence to suggest that addition of a second antibiotic, such as metronidazole, improves clinical outcome. More information is available at: [www.sapg.scot/media/5473/statement-on-pen-v-in-dental-infections.pdf](http://www.sapg.scot/media/5473/statement-on-pen-v-in-dental-infections.pdf)



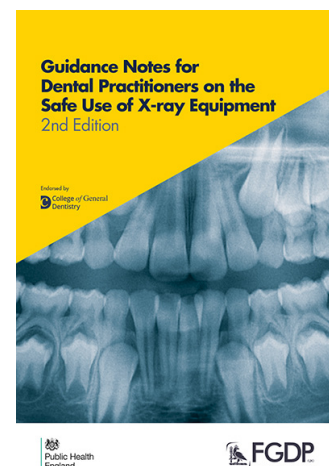
## Revised guidance on radiation protection

The Faculty of General Dental Practice (UK) and Public Health England have published revised guidance on radiation protection in dental practice. The second edition of *Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment* sets standards of good practice for the safe use of X-ray equipment in dental practice.

The new publication includes:

- Existing guidance on dental cone-beam CT (CBCT), hand-held dental X-ray equipment and digital imaging systems
- Updated guidance on:
  - ♦ Radiation controlled areas
  - ♦ The training of referrers, practitioners and operators with respect to dental CBCT
  - ♦ Acceptance, commissioning and routine radiation safety tests for all dental X-ray equipment and the recommended intervals (extended to every three years for most dental CBCT equipment) between routine tests
  - ♦ A simplified system for image quality rating and analysis
  - ♦ A simplified approach to quality assurance of digital imaging systems and viewing screens
- New guidance with respect to the requirements:
  - ♦ For dental practices to register with the Health and Safety Executive
  - ♦ To investigate the circumstances when contingency plans are activated, and on the need to rehearse contingency plans

- ♦ To monitor radiation levels at the boundaries of controlled areas
  - ♦ To assess doses to persons who need to enter controlled areas
  - ♦ For employers to co-operate when employees work with dental X-ray equipment on another employer's premises, including arrangements for the formal handover of responsibility
  - ♦ Regarding what should be expected of service engineers who undertake the installation, testing and servicing of dental X-ray equipment
  - ♦ When disposing of or selling-on X-ray equipment
  - ♦ For record retention
- Detailed practical guidance on how to achieve the optimisation of patient dose
  - Template documents, including a radiation risk assessment and the employer's procedures relevant to dentistry



The guidance is freely available at: [www.fgdp.org.uk/publication/guidance-notes-dental-practitioners-safe-use-x-ray-equipment](http://www.fgdp.org.uk/publication/guidance-notes-dental-practitioners-safe-use-x-ray-equipment)

# New Clinical Director for General Dental Services



Shelley Percival has been appointed as clinical director for general dental services in October 2020. She will lead in NHS Lanarkshire on all issues relating to general dental services. She will also contribute to the improvement of the overall quality of care in general dental practice and provide

support and advice to general dental practitioners and practice teams. Shelley will work closely with the director of dentistry as well as the consultant in dental public health, the public dental service and the health board primary care team.

Shelley said: "I am delighted to take up this post. I've joined a fantastic team in NHS Lanarkshire. The role has given me the opportunity to support colleagues during this difficult time."

"My role as clinical director for dental services will enable me to help to progress the remobilisation of dental services to ensure that the oral health needs of the people of Lanarkshire is looked after."

Shelley is a general dental practitioner and works two days per week at her Clyde Valley Dental Practice in Crossford. She is also a practice inspector for NHS Greater Glasgow and Clyde.

Shelley graduated from Glasgow University in 1997 and worked in practices in Whitburn, Hamilton and Falkirk before setting up Clyde Valley Dental Practice in 2006. She completed a diploma in Forensic Medical Science in 2001 and gained Membership of the Faculty of General Dental Practitioners (MFGDP) in London in 2007. She has been a vocational trainer and also a tutor for the Faculty of General Dental Practice (FGDP) diploma.

In her spare time, Shelley enjoys time with her family and running marathons throughout the world.

## Oral health and psychosocial needs of Scottish prisoners

The 2019 report on *The Oral Health and Psychosocial Needs of Scottish Prisoners and Young Offenders* was published in November 2020. It is the third report in a series which was first published in 2002 and then again in 2011. The report looks at the oral and dental health of prisoners. This comprehensive report includes information on dental anxiety, tooth brushing behaviours, oral health related quality of life and dental visiting.

A total of 353 prisoners took part in the 2019 survey conducted in 10 Scottish prisons.

The change in dental service provider to the Public Dental Service (PDS) in late 2011 appears to have improved access to dental care in prison, reduced barriers to accessing dental care while in prison and enhanced treatment preferences in 2019. However, there was little change in the dental caries experience, with the mean number of teeth extracted or restored by survey year remaining similar. Also very few changes were noted in the avoidance of sugar-containing foods and drinks in prison.

Recommendations of this report include:

- Dental health services and oral health improvement should be part of a multidisciplinary and multi-sectorial approach within and across the prison estate.
- Equitable distribution of dental treatment services within the prison as provided by the PDS.
- Prisoners should be provided with the life skills needed to access dental health services within and out with the prison.
- Equitable distribution of oral health initiatives within the prison.
- Provision of dental through-care and oral health promotion from within the prison to the community.

THE ORAL HEALTH AND  
PSYCHOSOCIAL NEEDS OF SCOTTISH  
PRISONERS AND YOUNG OFFENDERS  
EXECUTIVE SUMMARY 2019



The Executive Summary can be accessed at: <https://discovery.dundee.ac.uk/en/publications/oral-health-survey-of-scottish-prisoners-2019-report-executive-su>

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[www.nhslanarkshire.scot.nhs.uk/services/dental-services](http://www.nhslanarkshire.scot.nhs.uk/services/dental-services)