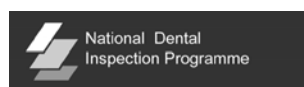


National Dental Inspection Programme 2022



The National Dental Inspection Programme (NDIP) is an epidemiological study which is carried out annually in all health boards areas within Scotland. During the programme, trained dental staff attend schools to carry out basic dental inspections for Primary One and Primary Seven pupils. In addition, detailed inspections alternate annually between P1 and P7 year groups.

The main aim of NDIP is to inform parents and care-givers of the dental health of the child in their care. Following inspection, children receive an outcome letter based on their own individual examination. These letters fall into three categories:

- Letter A – should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess.
- Letter B – should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay.
- Letter C – no obvious decay experience but should continue to see the family dentist on a regular basis.

The collective data is also analysed by Public Health Scotland who produce anonymised data reports which are published each year.



As a result of the coronavirus pandemic, NDIP was paused for the academic year 2020/21 and remobilised for Basic P1 inspections in January 2022.

Whilst it is encouraging that the number of Primary 1 children nationally and within Lanarkshire who have no obvious decay experience has increased over the period of the pandemic, the percentage of children for whom decay experience has become 'severe' would indicate an effect of delayed or reduced access to dental care.

It is through data such as this that health boards can identify areas requiring targeted input such as prevention, access to services and reducing oral health inequalities.

Key findings from the 2022 report are summarised below (2019 – 2020 figures for comparison)

	Scotland	Lanarkshire
% of P1 children inspected with no obvious decay experience	73.1% (73.5%)	74.1% (72%)
% of P1 children estimated to have severe decay or abscess	9.7% (6.6%)	9.9% (6.32%)
% of P1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1)	58.4% (58.1%)	61.5% (-)
% of P1 children estimated to have no obvious decay experience in the least deprived areas (SIMD 5)	85.8% (86.9%)	88.6% (-)

Access to the full 2022 report can be found at: <https://publichealthscotland.scot/publications/national-dental-inspection-programme>

SDCEP Dental Prescribing Website

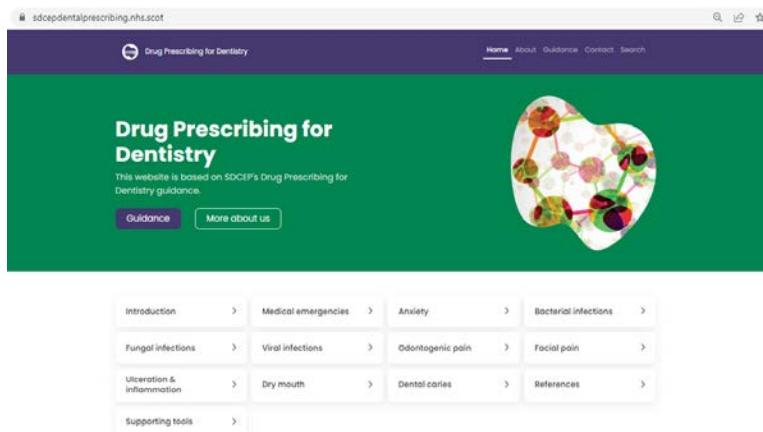
The Scottish Dental Clinical Effectiveness Programme (SDCEP) is now providing a new Drug Prescribing for Dentistry mobile-enabled website www.sdcedentalprescribing.nhs.scot.

The new website should be used instead of the Dental Prescribing app, which is being withdrawn from the app stores and should be deleted from all devices. You can create a button on your mobile device home screen to provide quick access to the new website.

With developments in technology since 2012 when SDCEP launched the Dental Prescribing smartphone app as a handy way of accessing information within the SDCEP *Drug Prescribing for Dentistry* guidance, the app has now reached the end of its useful life. SDCEP have therefore replaced it with a mobile-enabled website, developed with NES Technology Service.

The new website provides the same content as the app with similar functionality and has the advantage that it can be viewed on mobile devices and desktop computers. Accessing content requires an internet connection and, as the content of is based on the BNF and BNFC, is restricted to users in the UK.

All Dental Prescribers should now use the new [Drug Prescribing for Dentistry website](http://www.sdcedentalprescribing.nhs.scot). The app is no longer supported or updated and should be deleted from all devices.



New Synopsis of Antimicrobial Prescribing Guidelines

The College of General Dentistry and Faculty of Dental Surgery of the Royal College of Surgeons of England have co-published a chairside synopsis of *Antimicrobial Prescribing in Dentistry: Good Practice Guidelines*.

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines offers clear, simple and practical guidance on the use of antimicrobials by dental teams.

The new one-page synopsis summarises the recommended treatments for seven types of acute dental conditions, including indications for the use of antimicrobials, and the first choice antimicrobial where use is indicated, with dosages and duration for adult patients.

Page references are indicated and a QR code included so that users can quickly and easily consult the appropriate section in the full

Condition	Summary of recommendations*	Where antimicrobial indicated [†] , 1st choice for adults	See*
Acute periapical infection (dental abscess)	<ul style="list-style-type: none"> Drain abscess, remove infected pulp or extract tooth Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling Clindamycin/cephalosporins/co-amoxiclav ONLY at the direction of an oral/medical microbiology or infectious diseases specialist 	Phenoxymethylpenicillin 500mg orally four times a day for up to 5 days or Amoxicillin 500mg orally three times a day for up to 5 days	p13
Periodontal abscess	<ul style="list-style-type: none"> Drain abscess (ideally by RSD via the pocket) or extract tooth Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling 	Amoxicillin 500mg orally three times a day for up to 5 days	p58
Necrotising periodontal disease	<ul style="list-style-type: none"> Debride under local anaesthetic and OHI Antimicrobials as an adjunct to local measures ONLY if evidence of systemic involvement 	Metronidazole 400mg orally three times a day for up to 5 days or Amoxicillin 500mg orally three times a day for up to 5 days	p49
Pericoronitis	<ul style="list-style-type: none"> Debride and irrigate pericoronar space, and drain if localised abscess Antimicrobials as an adjunct to local measures ONLY if evidence of systemic spread, severe swelling or trismus 	Amoxicillin 500mg orally three times a day for up to 5 days	p35
Acute pulpitis	<ul style="list-style-type: none"> Provide definitive treatment of the cause, such as extirpation of the pulp or extraction for a tooth with irreversible pulpitis 	None	p65
Dry socket	<ul style="list-style-type: none"> Irrigate with sterile solution to remove debris and consider placing a suitable dressing in the socket which may relieve symptoms 	None	p39
Peri-implantitis	<ul style="list-style-type: none"> Local management with mechanical debridement and OHI 	None	p59

*Practitioners should refer to *Antimicrobial Prescribing in Dentistry: Good Practice Guidelines* for full wordings, recommendations for other conditions, second choice antimicrobials, dosages for children and hospital patients, consideration of medically compromised patients, and guidance on prophylactic prescribing for the prevention of local and distant site infections

<https://cgdent.uk/antimicrobial-prescribing-in-dentistry/>

v1.0, November 2022

guidance document, which also includes recommendations for other conditions, second choice antimicrobials, dosages for children and hospital patients, consideration of medically compromised patients, and guidance on prophylactic prescribing for the prevention of local and distant site infections.

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines

is available to view online free of charge, and College members can download it to access save, search and print functionality. The new one-page synopsis is available for all dental professionals to download and print free of charge.

Both can be found via [Standards & Guidance page](#)

Mental Health Digital Toolkit

Research in the UK suggests that up to 87% of dental practitioners report symptoms relating to stress and burn-out. Dental teams can be exposed to stressors that lead to them feeling strained resulting in mental health and wellbeing issues and can affect the quality of care provided to patients.

The Fédération Dentaire Internationale (FDI) World Dental Federation has launched a digital toolkit to support mental health and wellbeing in the dental workplace. The toolkit suggests ways to support mental health and wellbeing on an individual, organisational and national level.

The toolkit provides tools to support assessment for individuals and teams.

Steps for Individuals

- Determine – assess your work related stress, understand the sources of stress and how these affect you
- Do – plan to tackle stress with preventative and proactive strategies



- Discuss – share experience with others in your workplace.

Steps for Practice Leads

Leadership should be taken around the assessment of risk relating to mental health and wellbeing in workplaces considering the following:

- Demands – workload, work environment and work patterns
- Control – individual control of own workload
- Relationships – effective team working and promoting a positive workplace culture
- Role – roles and responsibilities well defined
- Change – organisational change communicated and managed
- Support – effective support mechanisms in place.

The goal should be prevention of workplace stress. However, signposting/support to individuals should be available.

To access the Toolkit, visit <https://fdimentalhealthtoolkit.org>

BASCD Position Statement on Free Sugars

On 14 November 2022, the British Association for the Study of Community Dentistry (BASCD) launched their *Position statement on recommended actions to reduce the consumption of free sugars and improve oral health* (2022 edition) to coincide with the first day of Sugar Awareness Week, which BASCD proudly supports.

Charlotte Jeavons, BASCD Lead for Oral Health Improvement, said: “As a nation we consume far too much sugar with consequences of obesity and poor oral health within our population. This statement provides achievable actions to reduce consumption and the costs associated with poor health. We challenge those in power to help us take action and redress the balance.”

The 2022 position statement has been informed by a qualitative evaluation of the 2016 edition

and updated to reflect current evidence. The statement provides BASCD guidance to advocate for awareness and improvement of health in respect to sugar. BASCD hopes that this will encourage dental teams and the wider dental/public health workforce to support and advocate for the awareness and improvement of health in respect to sugar.

The statement reflects BASCD’s continued commitment to supporting a broad range of actions that have been proposed by expert bodies, including:

- Lowering the amount of free sugars in foods and drinks
- Restricting the marketing and promotion of sugar-containing products
- Reducing the amount of sugar-containing food and drinks sold



- Advising, educating, and helping people to consume less sugar
- Reducing the amount of sugar produced.

The position statement can be found at: www.bascd.org/wp-content/uploads/2022/11/BASCD-Position-Statement-Free-Sugars-2022-final-version.pdf

Scottish Dental Clinical Leadership Fellow

Congratulations go to general dental practitioner (GDP) Jennifer Davidson who was successful in her application to become a Scottish Dental Clinical Leadership Fellow (SDCLF).

Run by NHS Education for Scotland, and hosted by NHS Greater Glasgow and Clyde, the 12-month programme will provide Jennifer with the opportunity to strengthen future healthcare and dentistry leadership by developing her skills at a national strategic level, with support from NHS Scotland's dental leaders.

Jennifer, who works as a GDP at Kilsyth Dental Partnership two days per week, will work with other key strategic groups and organisations within NHS Scotland and the profession to take forward key priority areas from the recent Scottish Government strategy, the *Oral Health Improvement Plan*.



Jennifer Davidson

On taking up the role, Jennifer said: "I am delighted to have been appointed as a Scottish Dental Clinical Leadership Fellow. This is a unique opportunity that will allow me to develop my leadership skills in dentistry at a strategic level."

The SDCLF is a development opportunity for GDPs working in NHS Scotland to expand their leadership experience and develop their skills, while maintaining links to their current service. The scheme is open to GDPs currently working in general dental practice in Scotland and is a unique opportunity to develop a range of personal transferable skills in leadership, management, strategy, project management and health policy.

For further information on how to apply for SDCLF in 2023 – 24, visit: <https://apply.jobs.scot.nhs.uk/Job/JobDetail?jobid=140683>

Remimazolam for Conscious Sedation

Intravenous sedation is frequently used in dentistry for treating adult patients with dental phobia or conditions which are aggravated by stress. Midazolam is currently the drug of choice in the UK for this procedure. Following the approval of remimazolam by the Medicines and Healthcare products Regulatory Agency in June 2021, it is recently being considered by clinicians as a more effective alternative pending the establishment of official guidance.

Unlike midazolam, remimazolam is metabolised by non-specific tissue esterases. Therefore, it does not rely on the cytochrome-dependent pathways of the liver meaning dose adjustments are not required in patients with either hepatic or renal impairment. Remimazolam can,

like midazolam, be reversed with flumazenil. However, its onset and offset is more rapid, offering faster induction and recovery times for patients as well as a more predictable duration of action and a superior safety profile to midazolam.

The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) published *Standards for Conscious Sedation in the Provision of Dental Care* in April 2015, with an update in March 2020. The current IACSD Standards document pre-dates remimazolam authorisation. IACSD has therefore released



interim guidance on the clinical use of remimazolam, including training requirements.

To ensure patient safety, dentists and doctors using remimazolam for dental conscious sedation will be expected to comply with this guidance.

The interim guidance is available at: www.rcseng.ac.uk/-/media/fds/iacsd/iacsd-remimazolam-statement-090123-final.pdf

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