We also hope it will prevent over-prescription of antibiotic prophylaxis and this is something we will audit in due course.

We appreciate there may be some difference in opinions amongst cardiologists, however, we would encourage all departments and dental practices to consult with their local cardiology departments to develop a similar protocol.

R. El-Nashar, Wakefield, UK, by email

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Dental radiographs

Dental radiographs in electronic medical records

Sir, one of the consistent problems which secondary care practitioners face is the poor quality of dental radiographs on the new electronic medical records (EMR) system.

These radiographs are sent by the referring general dental practitioners (GDP) via the hospital referrals email system (NHS Mail).

The referral document is printed and then scanned onto the EMR system. The NRPB (2001) instituted standards to monitor quality assurance in dental radiology and proposed that the image quality be regularly audited.¹

When the image quality on EMR is unacceptable, the patients have repeat

radiographs by the hospital team, resulting in further radiological exposure and prolonged assessment times.

In November 2017, we conducted a retrospective clinical audit in the Oral and Maxillofacial Surgery Department to assess the image quality of dental radiographs sent by GDPs.

An initial assessment of 100 radiographs on the EMR system as well as the original referral document in the NHS Mail was undertaken.

The results proved that significant degradation of image quality resulted due to the inefficient process of 'print and scan' method (Table 1).

More importantly, 59% of these patients were re-exposed to attain diagnostically acceptable radiographs.

The results of the audit were presented to the EMR team and an alternative pathway was suggested as follows: *referral received from GDP > referral document saved and uploaded directly to the EMR > clinician reviews the document/radiograph on the EMR.*

The EMR team provided trained staff to facilitate this process. In June 2018, we audited a further 100 dental radiographs comparing both the EMR as well as the original referral document in NHS Mail.

The comparative results showed no difference in the image quality but reduced the need for radiographic re-exposure of the patients to 10% (Table 2).

In conclusion, a simple initiative, effective communication and teamworking has improved the quality of dental radiographs, reduced the appointment times, improved diagnostic accuracy and prevented radiographic re-exposure to patients.

We hope that more hospitals will incorporate this safe and simple system to improve the quality assurance of radiographical images.

Y. Hamrang-Yousefi, M. Pannu and J. Siddiqi, Chelmsford and Basildon, UK, by email

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Cancer referral

Scottish referral guidelines for suspected cancer

Sir, guidelines on cancer referrals in Scotland have been updated in a bid to recognise symptoms of the disease earlier.

The updated guidelines also reflect changes within primary care, recognising not only the role played by primary care professionals such as dentists, pharmacists and advanced nurse practitioners in spotting symptoms, but also the importance of putting individuals at the centre of decision-making.¹

All healthcare professionals should be sensitive to the needs of patients, carers and relatives when cancer is suspected.

Realistic Medicine² is the Scottish Government's initiative to put the person at the centre of decision-making and encourages a personalised approach to their care.

Good communication is the key and five questions to be considered by all involved can help lead to informed decision-making:

- Is this really needed?
- What are the benefits and risks?
- What are the possible side effects?
- Are there alternative options?
- What would happen if we did nothing?

There are some key changes in the referral guideline on head and neck cancer. These include: (a) dysphagia removed – refer to upper gastrointestinal – but pain on swallowing stays [new]; (b) role of dentists emphasised – access to urgent suspicion of cancer referral [new].¹

Good practice points have also been added to the section on head and neck cancer: (i) 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; (ii) dentists

Table 1 Grading of radiographic image quality (n = 100)

Grading	EMR	NHS Mail
Grade 1	16%	75%
Grade 2	38%	16%
Grade 3	46%	9%

Table 2 Re-audit of radiographic image quality after new changes (n = 100)

Grading	EMR	NHS Mail
Grade 1	72%	72%
Grade 2	19%	19%
Grade 3	9%	9%

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.¹

The current guidelines are available at <http://www.cancerreferral.scot.nhs.uk>. A desktop Quick Reference Guide³ 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.

C. A. Yeung, Bothwell, UK, by email

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Dental trauma

Shielding patients from dental trauma

Sir, despite a clear association between the risk of dental trauma and not wearing a mouthguard during sport,¹ patients are rarely asked during their dental consultation if they play sport. Indeed a 5th year undergraduate research project found that only 2.2% of dental practices routinely asked this.²

The study included a questionnaire undertaken by 90 foundation dentists in Yorkshire and Humber, identifying a lack of undergraduate training and knowledge around the prevention of dental trauma. How might this be addressed?

Many dental practices ask their patients to complete a medical and social history form, with important aspects of social history such

as smoking status and alcohol consumption frequently covered. The brief interventions that stem from this information are recognised as significant in the adoption of healthy behaviours.³

A potential solution to facilitate the recording of physical activity is to include a question about sport participation within these forms. Identifying patients at increased risk of traumatic injury would act as a prompt for further discussion around the benefits of wearing a mouthguard.

'Delivering Better Oral Health'⁴ (DBOH) provides excellent evidence-based prevention for the dental team, however, the prevention of dental trauma is not discussed.

With a review of DBOH currently underway, the addition of pragmatic guidance on trauma prevention could be a helpful adjunct to all dental teams. The inclusion of this information may also help to ensure undergraduate curricula include this important topic.

British Society of Paediatric Dentistry, Dental Trauma UK, G. Wilkinson, A. Jones, K. Gray-Burrows, E. Giles and P. Day, Leeds, UK, by email

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