

Of 155 head and neck referrals sent in 2018, 12 patients were diagnosed with oral cancer. Of the remaining 143 referrals, the majority of patients were diagnosed with potentially malignant and pre-malignant conditions, predominantly lichen planus, and the rest had no abnormal findings at all.

The relatively low proportions of oral cancer diagnosis reported across maxillofacial units nationally<sup>5</sup> suggest that the urgent cancer pathway is being overused.

This poses the question of how the appropriateness of referrals can be assured to improve effectiveness and reduce significant strain on secondary care services.

Whilst it is clearly in patients' best interests that primary care practitioners are sending all cases for a specialist second opinion, or in fear of missing serious conditions, it could be suggested that further training and guidance may be needed for practitioners to direct patients to the correct referral pathway.

This would decrease the impact on service provision in secondary care and ultimately improve patient outcomes.

*N. Tajmeh, Wilmslow, UK, by email*

## References

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## Brexit

### Brexit

Sir, it is unpardonable that two of your members are calling for a people's vote.<sup>1</sup>

For their information, we have already had a people's vote in 2016 and the British public voted to leave the EU. Their comments disrespect the British people and the democratic process in this country. We didn't vote for a deal, we voted to leave the EU.

The authors should be reminded that there are about 1.3 million unemployed in this country. They should train and recruit staff from the indigenous population rather than

looking to finding cheaper employees from Eastern Europe. If the market is flooded with unskilled labour, this reduces wages and increases rents for those already living here.

EU citizens came to live here of their own free will and therefore must take responsibility for any uncertainty in their future. Our concerns should be with the unemployed and homeless of this country. What about their uncertainty and their prospects of finding work?

We pay into the EU far more than we get out of it. We have a moral duty to leave, whatever the outcome.

*S. Aldridge, London, UK, by email*

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## Research

### Promoting research in primary care

Sir, I was pleasantly surprised to see the National Institute of Health Research (NIHR) Top 10 Research Priorities.<sup>1</sup>

They are useful not only to research groups but also to clinicians providing care. It is impossible to address the issues within NHS dentistry without addressing the existing inequalities to accessing and receiving dental care.

Having worked in both England and Scotland, I have noticed a stark difference in each country's approach to dental public health.

For example, the Scottish dental community is unified through a stronger network than in England. General dental practitioners (GDPs) signed up to NHS Education for Scotland (NES) all recently received notification of NIHR's priorities.

Most Scottish dentists are well acquainted with NES, which is also responsible for coordinating and funding dental training at undergraduate, vocational, core and specialty levels.

NES is the education and training organisation administering professional development and supporting programmes including Childsmile and the Scottish Dental Clinical Effectiveness Programme.

The Scottish Dental Practice Based Research Network (SDPBRN) is also part of NES and has used this communication platform to circulate a NIHR survey to GDPs.<sup>2</sup>

This survey, aimed at primary dental care practitioners, looked to identify and integrate professionals interested in research with the ultimate aim of strengthening the workforce. By working with NIHR Clinical Research Network Oral and Dental Specialty Group, GDPs can make the leap from accrued wisdom to applicable evidence that may result in meaningful change.

The survey is also supported by British Society for Oral and Dental Research and is available to all UK practitioners.<sup>3</sup>

However, I suspect this survey is not widely known among English GDPs.

One barrier is the lack of a communication platform to distribute such information to practitioners in England. The structure of NHS England, as a complex and fragmentary organisation, means that achieving universal communication is problematic. The importance of communication is often overlooked not least because dentists in primary care may find themselves isolated.

I urge the dental profession in England to prioritise communication and make use of our existing resources and networks, despite not having an equivalent organisation to Scotland's NES.

Following the issuing of the NHS Long Term Plan,<sup>4</sup> the fact that oral health was 'largely ignored' should not come as a surprise.

Oral health has often been excluded from previous NHS strategy plans. This can change by working together to produce the research base to answer NIHR's key questions and form a compelling argument for oral health measures in the future NHS strategy plans.

As the dental services have always done, we need to take our own steps to support NHS dentistry. The survey's deadline has recently passed but expressing interest of participation to NIHR may possibly be accepted.

*K. T. Lau, Maidstone, UK, by email*

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