## SNOMED implementation postponed

Following the British Dental Association's (BDA's) calls to the Health Minister, Jo Churchill has indicated that the government will consider postponing full compliance of SNOMED CT until after 31 August 2021.

SNOMED CT is a system that aims to ensure better interoperability between health services for patients, by ensuring clinical notes are coded in a standardised way. All clinicians will be expected to use the new systems and it may cause increased bureaucracy for dentists. This is an issue that the BDA has repeatedly sought assurance on.

The planned implementation of SNOMED CT was originally set for 1 April 2021. The BDA expressed grave concerns that the systems in place for its use in dental practices are not sufficiently robust at present to ensure patient safety in a smooth rollout that won't impact on time spent with patients.

The BDA has requested a later rollout date of 1 April 2022 and are also seeking urgent clarity on outstanding issues such as: the exact codesets that will be required; whether there is a need for rebase charting; and how private practices may be affected.

The Department of Health has said that during the next few months, suppliers and practitioners should actively work to implement the terminology by their August deadline.

BDA Chair, Eddie Crouch, stated: 'We all recognise the benefits SNOMED will bring in establishing interoperable patient records. This will enhance patient safety, support integration, and provide far richer public health data.

'However, we have been clear that flawed implementation at this stage would make the realisation of these benefits more difficult in the long term and this news will be a relief for dentists. Postponement is vital, so clinicians can be confident that they can act in the best interests of their patients.'

## Notices of death

We are sad to report the deaths of Peter White and Mike Lennon.

## Decay continues to blight toddlers' teeth

The second National Epidemiology survey of the oral health of three-year-olds¹ shows virtually no change since the first survey in 2013. Members of the British Society of Paediatric Dentistry (BSPD), the UK's society dedicated to the oral health of children, are deeply frustrated by the findings and are calling for more initiatives to drive down the levels of dental decay which are blighting young lives.

In some of the most deprived areas of the UK, as many as 27% of three-yearolds have visible signs of dental decay compared to a national average of 10%.

BSPD spokesperson Claire Stevens said: 'These findings underscore once again that it's children from lower socio-economic and particular ethnic groups who suffer the greatest burden of dental decay. The survey is incomplete due to the impact of COVID-19 but I anticipate that a post-pandemic survey would show more concerning results.

'Our experience as clinicians is that decay in a significant minority of children is both prevalent and severe. Pitifully, a full clearance of teeth in a three-year-old is not a rare event and this is a shocking indictment on our society.'

Dr Stevens stressed the importance of working with Managed Clinical Networks to develop transformational commissioning, also known as flexible commissioning, to deliver targeted prevention to children. A scheme in Yorkshire and Humber<sup>2</sup> increased the number of children accessing preventive dentistry, demonstrating it can work.

Dr Stevens expressed her support for proposed reforms to the GDS dental contract, <sup>3</sup> just announced, with a commitment to:

- Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
- Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity.



Dr Stevens said: 'The current contract is not working. Children's oral health needs to be re-thought with new models of care, including the upskilling of primary care colleagues to provide oral health interventions. This is already happening in some parts of the country but more needs to happen on a greater scale and more urgently'.

## References

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