

MFT NHS Trust chose Epic to power our Hive transformation, as it offers a proven record of delivering the level of integration and transformation required. In addition, as Epic is already relied upon in a number of NHS Trusts and working towards implementation in several others, there are clear opportunities to benefit from collaboration with an increasing group of large NHS organisations.

MFT NHS Trust chose from the outset to include Wisdom within our Epic implementation and have supported development of this module to be entirely suitable for use within an NHS specialist dental hospital environment. Indeed, UCLH have also recently added Wisdom to its own Epic installation as have Guy's and St Thomas's Trust and Health and Social Care Northern Ireland, who are both currently working towards their own go-live date, anticipated in 2023.

Our University Dental Hospital of Manchester, within MFT NHS Trust, is at an advantage as several years ago, we transitioned almost all our clinical records into the SALUD Dental Hospital EPR system, so our staff and students are familiar with the concept of working in a digital system. However, we are now aware of the considerable benefits offered by Epic as a true fully integrated electronic health record. Hive will deliver the service efficiency and patient safety improvements that we require, but also remove so many of the inefficiencies and personal frustrations that exist when trying to work within a much larger healthcare organisation. In addition, Hive has ensured dental services at MFT NHS Trust are fully integrated within all its other healthcare services.

M. Ashley, R. Needham, Manchester, UK

Reference

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Patient communication

Interpretation is key

Sir, we read with interest the letter by P. Watson¹ regarding the challenges with interpretation services when organising and providing dental care to people who have fled persecution and found sanctuary in the UK. We fully agree that more needs to be done by the system to support these people and the dental teams who want to provide care.^{2,3}

In our experience, communication difficulties and translation have been identified as fundamental barriers to accessing care.⁴ These can range from patients being unable to make an appointment due to the lack of interpretation services, to difficulties in obtaining consent and appropriately explaining a treatment plan to a patient in the available appointment time.

For example, not all interpreters are fully aware of dental terminology and few receive specific training in dentistry; it can therefore take a long time for dentists to explain, in lay terms, the proposed treatment to patients. Where written translation is required for a treatment plan, this can be problematic when a translator cannot write as effectively as they can verbally translate. Using a telephone interpreter, rather than an in-person interpreter, can also increase appointment times. For NHS dentists in particular, spending time using an interpreter may drive up the costs of providing treatment to unaffordable levels. The cost of written translation is currently

not provided by NHSE which acts as a further barrier to care.

Unclear lines of communication can cause frustration for both the patient and the dental team and particularly in our experience, when there are differences in dental cultural norms. Miscommunication can also act as a deterrent for patients with high needs to seeking further dental care. Although having a dentist who speaks the same language providing care is preferred by some patients, current NHS guidance requires professionals to undergo a 12-week training course before they can treat in a language other than English, which is unrealistic for most dentists.⁴

Revision of existing NHS interpretation protocols but also investigation on how language support can be provided in a culturally appropriate manner would undoubtedly be important in improving patient experience for this patient group.⁴ In addition, flexible models of care are required to meet the needs of patients with additional language needs.

M. Paisi, H. Wheat, J. Horrell, A. Jebur, R. Witton, Plymouth; P. Radford, Barnsley, UK

References

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4. Paisi M, Baines R, Wheat H *et al*. Factors affecting oral health care for asylum seekers and refugees in England: a qualitative study of key stakeholders' perspectives and experiences. *Br Dent J* 2022; DOI: 10.1038/s41415-022-4340-5.

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