COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal,* 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Dental radiography

Acceptable radiographs

Sir, I would like to raise awareness of the importance of providing radiographs in a useable format when making referrals to secondary care. Many referrals are still made in paper format and practitioners often send poor quality printouts of radiographic images. This increases inefficiencies in the healthcare system and can lead to patients having greater exposure to ionising radiation than is necessary.

The General Dental Council states that 'If you ask a colleague to provide treatment, a dental appliance, or clinical advice for a patient, you should make your request clear and give your colleague all the information they need'.[1] The gold standard is that an original film, digital image, or photo-quality printout on high quality paper is required to diagnose, consent and treat common oral surgery conditions.[2]

The NHS England Guide for Commissioning Dental Specialties[3] suggests development of regional triage services that review general dental practitioners' (GDPs') referrals and direct them to secondary care providers. To establish the suitability and quality of radiographs provided for consultation, I performed an investigation into the current practices for transfer of dental radiographs between GDPs and Plymouth Hospitals NHS Trust (PHNT) Department of Oral and Maxillofacial Surgery. Our study was a retrospective analysis of notes for adults undergoing dentoalveolar surgery at PHNT from 6 January to 17 February 2016.

Of the 70 referrals examined, 80% had radiographs enclosed but over half these (63%) were provided in an unsuitable format (poor quality printout). As a result, 40% of the radiographs taken at the hospital consultation were like-for-like retakes and could be considered unnecessary exposures. Radiographs should be recent, relevant and labelled with patient demographics and the date taken and acceptable formats are: original film, digital image, photo-quality printout on high quality paper.

There are plans to develop electronic referral systems, which will make the sharing of digital images easier in the future. However, this doesn't obviate the need to make high quality referrals in the meantime.

A. J. Pollard, with support from P. Blacklock, by email

1. General Dental Council. *Standards for the dental team*. 2013. Available at: https://www.gdc-uk.org/api/files/NEW%20Standard s%20for%20the%20Dental%20Team.pdf (accessed August 2017)
3. Gerrard G. Printed radiographs – is what you see what you get? *Dent Update* 2013; **40:** 641.
3. NHS England. Guide for Commissioning Oral Surgery and Oral Medicine. London: NHS England, 2015.

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Paediatric dentistry

Dental Check by One

Sir, we were delighted to read the letter from V. Argent (*BDJ* 2017; **223:** 551) in which the importance of a multidisciplinary approach in support of BSPD's Dental Check by One (DCby1) was outlined. As observed, communication of the campaign should be via non-dental as well as dental avenues to reach parents who otherwise would not have knowledge of the campaign. This is indeed our vision. Communication of DCby1 is gaining momentum and we already have a list of supporters from both within and outwith dentistry: http://bspd.co.uk/Dental-Check-by-One/DCby1-Supporters.

With the support of health visitors, the DCby1 message should reach into homes of new parents. Our aim is that, in due course, 'registering' with a dental practice will be as routine as registration with a medical practice. Our supporters include school nurses, pharmacists and organisations for new parents, such as the National Childbirth Trust. The media has also been supportive and on launch day the DCby1campaign was featured on BBC Breakfast (http://bspd.co.uk/News-Media/Videos). England's Chief Dental Officer Sara Hurley was beside me on the sofa championing the campaign.

In our commitment to working with all organisations with an interest in the welfare of children we are mirroring Public Health England's Child Oral Health Improvement Programme Board. The Board comprises a wide range of organisations committed to collaborating in the interests of children, especially the hardest to reach in the most deprived communities. We are also happy to say that DCby1 is an essential part of the Starting Well Programme, a Smile4Life initiative based in the 13 areas of poorest children's oral health in England.

DCby1 is a BSPD campaign, led in partnership with the Office of the Chief Dental Officer of England but also supported by the Chief Dental Officers of Scotland and Wales. With this united and consistent message I expect to see increased attendance of young children, especially from communities with high dental need.

C. Stevens, President, BSPD, by email

Henrik Overgaard-Nielsen, Chair, General Dental Practice Committee responds: We proudly support the principle of DCby1. Children should receive care when teeth first appear. It's a no brainer. The sooner kids get acclimatised to – and their parents understand the importance of – regular check-ups the better, and we commend BSPD for taking this initiative forward.

Our concern remains the gulf between the principle and the policy. We now have clarity about how dentists should claim for these visits and we want dentists with capacity to encourage all patients to attend with their

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