BDJ Team
JANUARY 2019

PET THERAPY ANYONE?

BDA
British Dental Association

January 2019

www.nature.com/bdjteam

CPD: ONE HOUR

Highlights

Regulars

In this issue

Ed's letter

Rethink. Refresh. Reboot. These are the 3Rs which are front of mind in the early days of January as I try to integrate my New Year's resolutions into my daily life. I hope this revitalising approach is reflected in the January issue of BDJTeam. This issue showcases some excellent examples of innovation in dental provision. Our winning cover image of a dog trails (page 5) a wonderful news story about Basil the Beagle, who is now working in dental practices with his owner Jacci, providing pet therapy for anxious patients.

Jacci, who has been supported by her employers in training to become an Advanced Pet Practitioner, is a great example of a dental professional who is committed to engaging with patients. There are also dental care professionals who are ready to go out onto the streets to deliver care. We have a report (page 28) from the Homeless and Inclusion Oral Health Conference in Birmingham as well as of an initiative in Blackpool providing dental care to the homeless.

Last Summer, the provision of dental treatment for homeless people briefly hit the news agenda. The British public could have been forgiven for thinking that there was no care or concern for the homeless. But this is far from being the case and I am proud to highlight these events focusing on the needs of the marginalised.

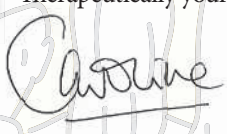
If you are thinking about cutting down on sugar – I am! – then read the article by Maria Morgan and Ruth Fairchild. I think you will be quite shocked by their charts which show how much sugar is contained in common supermarket items!

Meanwhile, Oral Health Champion Julie Potter outlines (pages 25-27) what can be achieved through collaborative oral health promotion supported by the local authority. One of the successful displays in the practice in Leicester where she was an Oral Health Champion featured bottles of drinks with a bag of weighed sugar beside each one. Each bag represented the amount of sugar contained in each bottle. Patients responded well to this visual aid.

I am grateful to Sarah Bradbury for some practical advice on making and keeping New Year's resolutions. It's easy to be over-ambitious! The New Year has the potential to be a therapeutic time. I hope it is for you! Remember: Rethink. Refresh. Reboot.

You never know what might happen next.

Therapeutically yours,



Caroline Holland, *Editor*
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THE TEAM

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Dates for your *diary*

If you have an event you want featured in 2019, email the Editor: caroline.holland@nature.com

The Orthodontic National Group Spring Study Day
March 2, Birmingham, RCS (Ed) Regional Centre, 85-89 Colmore Row, B3 2BB
9am-4pm, 5 hours verifiable CPD
Speakers include Marwa Maarouf, George Jones, Sheena Kotecha and Jane Bonehill.
Facebook.com/orthodonticnationalgroup or www.orthodontic-ong.org

The ADI Team Congress 2019
May 2-4, the Edinburgh International Conference Centre (EICC)
The Future of Dental Implantology: Techniques-Technology – Teamwork.
An event for experienced dental professionals as well as those who have just started out with dental implants, the Congress gives the chance to gain up-to-date knowledge, make new discoveries, network with like-minded individuals and make new contacts. The event will see a major trade exhibition hosting a wide selection of stands where professionals can experience new products and discover the latest advancements. For more information, please visit www.adi.org.uk
https://www.adi.org.uk/events/events.php

National Orthodontic Therapist Day
May 17, Mandec, Manchester.
Speakers: David Waring, Steve Chadwick, Simon Littlewood, Amy Gallacher, Richard Needham, Badri Thiruvenkatachari, Ovais Malik.
Limited spaces, book early: www.bos.org.uk

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A DOGGONE GOOD IDEA!

A beagle is the face - and waggy tail - of a new service to help anxious patients in Suffolk. Six-year-old Basil's job is to provide patients with comfort and companionship, distracting them from their anxieties.

Senior dental nurse Jacci Plant is the owner of Basil the Beagle and came up with the idea of offering pet therapy. She underwent training and now has the title of Animal Assisted Practitioner. Together, she and Basil provide one to one therapy, meeting patients in the practice waiting area and then going into the appointment with them.

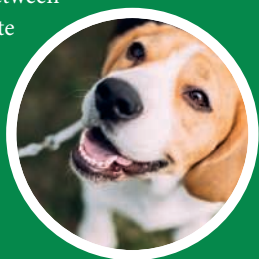
Said Jacci: 'I will be in the surgery with him and he will sit beside the chair, he's quite a solid little chap so may be a bit heavy to sit on someone's lap!'

'Pet therapy is something I have always been interested in and I knew Basil has the ideal laid-back temperament to make a fantastic therapy dog. I also knew that pet therapy worked well in other clinical settings or where people have additional needs such as mental health issues or learning disabilities.'

Having Basil as a therapy dog is a pilot scheme but Jacci says there has already been a lot of interest when she has been in the dental practice. There are no cross infection control implications as a therapy pet has the same classification as a guide dog.

Jacci works with the Community Dental Service Community Interest Company (CDS-CIC) in Suffolk. CDS-CIC, which operate eight clinics across the County, are starting a pilot of the pet therapy programme in selected locations and identifying patients who may benefit from being accompanied by Basil during their treatments.

Amy Schiller, Operations Director said: 'We provide special care and paediatric dentistry and many of our patients, adults and children, have additional needs or severe dental anxiety and may require extensive treatment. Reducing anxiety is very important and Basil will be one technique we can use to help patients relax and feel more comfortable about having treatment. Overall this is important, because with some patients it may make all the difference between being able to tolerate treatment without more invasive means such as sedation.'



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GDC GOES UNDERCOVER TO PROSECUTE BEAUTICIAN

A Sussex woman, Katie Ensell, has been ordered to pay almost £3,500 by Hastings Magistrates' Court after being prosecuted and pleading guilty to offering illegal tooth whitening treatment through her business, KT's Cosmetics.

The fine included £500 for each of her two offences – unlawfully holding herself out as being prepared to practise dentistry and unlawfully carrying out the business of dentistry - and GDC costs of £2250.86.

The General Dental Council (GDC) launched an investigation after a complaint about Ms Ensell was made in March last year. She told undercover investigators that she could provide them with tooth whitening using the Hollywood Whitening system.

The GDC say that under the Dentists Act 1984 and following the High Court's ruling in GDC v Jamous, the legal position in relation to tooth whitening is very clear. The treatment can only be performed by a dentist or a dental therapist, dental hygienist or a clinical dental technician working to the prescription of a dentist.

Katie Spears, Head of In-House Appeals and Criminal Enforcement at the GDC said: 'When we receive a report of illegal practice, we seek to educate those involved about the dangers and the law in relation to tooth whitening. Where our efforts are ignored, as in the case of Ms Ensell, we will, where appropriate, prosecute in the criminal courts.

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REFUGEE MERCY MISSION IN LEBANON

Dr Gautam Sharma, second from left, Principal dentist of the West Earlham Dental Practice, Norfolk with his team, on left, Sebastian Lundby, field coordinator, and then left to right, Omar Merie, translator, Graham Temple, dentist, Basima M Amin, local translator and clinic manager, Rachael Tsang, dental therapist, Hasan Merhi, translator.

Gautam Sharma, who runs West Earlham Dental Practice, is a trustee of the Dental Mavericks Charity, and formed part of an international contingent of 50 dentists, healthcare assistants, translators and cultural advisors who spent five days in Lebanon.

Thanks to the generosity of people in East Anglia, he was able to take with him a haul of gifts and supplies. He said: 'This was my second trip to the region, so I had some idea of what to expect this time, but even so, I don't think I was quite prepared for the relentless pace of the number of patients coming through to be seen.

'We started early each morning and finished late into the evening, every day treating close to 300 Syrian and Lebanese children. I was heartened to see that we were making less extractions than on our previous visit, but still the need is high, and we were welcomed with open arms and treated with huge gratitude by every single patient,' he added.

Dr Gautam Sharma with a young patient and his mother.

THE BIG TEES SLEEPOUT

Team members from Vitality Dental, part of the Alpha Dental Group, raised more than £1k by sleeping out in Middlesbrough to raise money for the Teesside Philanthropic Foundation. 'The Big Tees Sleepout' saw hundreds of people sleep rough for the night to raise awareness and vital funds to help those facing homelessness and poverty. Despite a wet and windy night, the team from Vitality Dental remained in high spirits. Any further donations would be greatly appreciated by the Teesside Philanthropic Foundation at www.justgiving.com/fundraising/elle-maxwell

Whistleblowing

The General Dental Council received more whistleblowing disclosures in 2017-18 than any of the eight healthcare regulators. Since April 2017, a new legal duty came into force which required all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers and the new joint report highlights the regulators' coordinated effort to work together in handling serious issues.

The *Whistleblowing disclosures report 2018*[1] details cases from the GDC, General Medical Council (GMC), Nursing & Midwifery Council (NMC), General Chiropractic Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, and Health & Care Professions Council.

It shows that between 1 April 2017 and 31 March 2018, the GDC received three times the number received by fellow regulator, the GMC, which accumulated 23 cases. The majority of disclosures were made direct to the GDC's Fitness to Practise (FtP) team and led to regulatory action. In addition, two disclosures were made during this period relating to education providers. One disclosure related to a course provider where the GDC was already undertaking regulatory action. The second disclosure resulted in a number of FtP cases relating to clinical concerns being opened and investigated.

In the report, a GDC spokesperson acknowledged the higher number of whistleblowers compared with many of the other regulators and said this could be due to how dental care was provided.

'While we are unable to form firm conclusions as to why this might be the case, it is worth noting that most dentistry is provided in a primary care setting and outwith the more robust clinical governance frameworks that characterise some other forms of healthcare.'

'This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator. We may be able to explore this further as we collect more data.'

1. Whistleblowing disclosures report 2018 (11 September 2018). https://www.gmc-uk.org/-/media/documents/whistleblowing-report-2018_pdf-75910452.pdf (accessed on 18 September 2018).

More broccoli than dentistry?

The British Dental Association has questioned Health Secretary Matt Hancock's priorities following the launch of his new 'prevention focused' vision for the NHS. The policy paper *Prevention is better than cure* was the precursor to a green paper due to be published this year.[1]

But the British Dental Association say that document makes one passing reference to improving oral health of children. BDA Chair Mick Armstrong says the vision does not touch on delivery of a prevention-focused NHS dental contract, which has been a Conservative Manifesto commitment since 2010.

'The Health Secretary says he wants to champion prevention. Sadly he's had more to say about broccoli than wholly preventable oral diseases that are costing our NHS millions. When tooth decay remains the number one reason for child hospital admissions, treating dentistry as an afterthought looks more than careless.'

'England's huge oral health inequalities are fuelled by poverty and the lack of a coherent strategy. The starting point for any solution won't be 'Big Data' or Apps, it requires political will from Westminster and an end to year on year cuts.'

1. https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer

EXPERTS ISSUE GUIDANCE ON BEST CARE FOR DENTURES

A global task force of academic experts has released new guidelines to address the needs of an ageing population worldwide in tackling inconsistent and contradictory advice on the best care of dentures.

The Global Task Force for Care of Full Dentures, brought together by UK-based charity the Oral Health Foundation, said current recommendations on denture care were often 'confusing' and 'unreliable', while many made claims that were without valid evidence.

It is anticipated that the need for people to have dentures will increase dramatically over the next 30 years as the older population increases with a predicted two billion people aged over 60 by 2050.

The group of experts, including representatives from the Oral Health Foundation and King's College London, has launched a series of guidelines on how to look after dentures.[1]

The project, which received an educational grant from GSK, featured a panel of independent and internationally-recognised experts from the Netherlands, Belgium, Switzerland, Japan and the UK.

Risks associated with poor denture care include inflammation of the mouth, staining, changes in taste and bad breath. It has also been linked to wider health problems such as pneumonia, particularly in frail older people.

The new advice has been summarised in four key steps:

- brush dentures daily using a toothbrush or denture brush along with a non-abrasive cleaner (not toothpaste as some have been previously instructed)
- soak dentures daily using a denture cleanser to remove more of the bad bacteria and disinfect the dentures
- take out dentures at night unless there are reasons for leaving dentures in – taking them out overnight will help to relieve any soreness and prevent infection
- visit a dentist regularly to ensure dentures are being kept in good condition and the mouth is still healthy.

Dr Nigel Carter, Chief Executive of the Foundation, said: 'We have found that people with dentures do not know how they should be cleaning them. Our report shows that denture wearers use everything from soap and water to toothpastes, bleaches and commercial products. But with the variety of recommendations available online and from other sources, it is no surprise that people are confused.

'We hope these new recommendations can reassure people about the best way to look after their dentures. We will now be working with the NHS, local authorities, dental practices and GPs to help adoption of these guidelines across the UK.'

Mili Doshi, President of the British Society of Gerodontology, welcomes the guidance but highlights that a cautious approach needs to be taken around residents of care homes and hospitals and those with dementia living in their own homes. The use of denture cleansing solutions is appropriate for people living independently but for those with cognitive or visual impairments, there is a risk that the solution is confused with water or the cleansing tablets confused with their regular medication.

The view of BSG, she says, is that dentures should be cleaned on a daily basis with a toothbrush and soap to remove debris and then rinsed with water.

1. Oral Health Foundation. White Paper on Optimal Care and Maintenance of Full Dentures for Oral and General Health. https://www.dentalhealth.org/denturecareguidelines. (accessed on 17 September 2018)

Letters

Email bdjteam@nature.com

Or comment on Facebook www.facebook.com/bdjteam

War leads to major advances in oral surgery

Dear *BDJ Team*,

Recent correspondence about wartime developments in the RAF reminded me of other wartime developments of interest to the dental team. World War I brought major advances in oral surgery. Trench warfare was devastating for many men who put their head over the parapet and were immediately wounded in the head and face. The forces had no dental branches so dentists often joined up as combatants rather than practitioners. Those who were medically trained joined the Royal Army Medical Corps. Cooperation at several centres for the treatment of head and facial injuries led to the development of oral surgery as a specialty. Dually qualified William Kelsey Fry was initially attached to the Welsh Fusiliers but was repatriated after injury. He was then posted to the Cambridge Hospital in Aldershot to become part of a team treating facial and jaw injuries. It included the surgeon and war artist Henry Tonks plus Harold Gillies, an ear, nose and throat specialist. Kelsey Fry and Gillies worked closely, each learning from the other's specialism, to produce wonderful results. It was the first time dental cases could be referred to a specialist unit. In 1917 Fry and Gillies transferred to Queen Mary's Hospital, Sidcup, which was used as a training centre for plastic and oral surgery. Their groundbreaking relationship continued in the years following the war. Thus was born what became the hospital specialty of maxillofacial surgery.

Stanley Gelbier
(Hon Professor in the History of Dentistry)

bdjteam201910

Stronger together

Dear *BDJ Team*,

We were absolutely delighted with the coverage in the November 2018 issue of *BDJ Team*. Your publication is fantastic and thank you so much for featuring us – it's been a really tangible 'feel good' moment for our fantastic team who work so hard on behalf of our patients right across Cornwall and the Isles of Scilly. All of us working with Smile Together are completely engaged with our employee-owned social enterprise concept, enthused and inspired by knowing all our profits go back into benefiting our local community. The dedication and commitment of our team members really makes the difference here – of course, there have been challenges along the way, but nothing we can't rise to together.

Tracy Wilson
(Head of Marketing, Smile Together)

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A guide to resuscitation and emergency life support

In the second of a series outlining basic life support, **Emma Hammett** describes how to resuscitate a patient who has collapsed in the dental practice

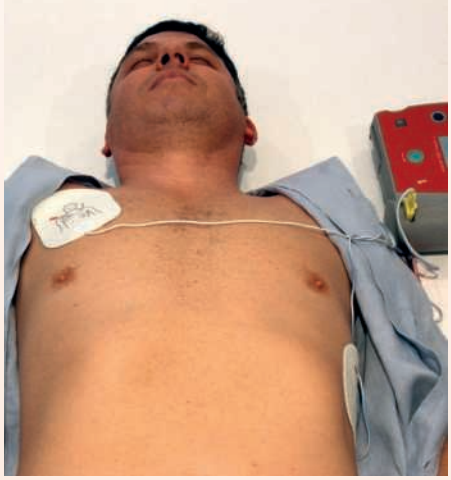
Cardio-respiratory arrest is rare in primary dental practice. However, it's essential all dentists and dental care professionals are competent in treating cardio-respiratory arrest.[1]

A patient could collapse on any premises at any time, whether they have received treatment or not. It is therefore essential that ALL registrants are trained in dealing with medical emergencies, including resuscitation, and possess up to date evidence of capability.' (Quality standards for resuscitation published by the Resuscitation Council (UK))

Accurate and up-to-date medical histories should allow those most at risk of a medical emergency to be identified in advance of any proposed treatment. Dental practitioners and other dental care professionals must be trained in cardiopulmonary resuscitation (CPR) so that in the event of cardio-respiratory arrest occurring they can:

- recognise cardio-respiratory arrest
- summon help immediately (dial 999)
- start CPR, using chest compressions and providing ventilation with a pocket mask or bag-mask device and supplemental oxygen. (Evidence suggests that chest compressions can be performed effectively in a fully reclined dental chair).

Fig. 1 AED



- attempt defibrillation (if appropriate) within 3 minutes of collapse, using an Automated External Defibrillator (AED)
- provide other advanced life support skills if appropriate and if trained to do so

Additionally, all dental professionals who work with children should learn how CPR in adults differs between children and adults and practise on paediatric mannequins.

With other staff at their surgeries or clinics they should update their knowledge and skills in resuscitation at least annually.

A system must be in place for identifying which equipment requires special training, (such as AEDs, bag-mask devices and oropharyngeal airway insertion) and for ensuring that such training takes place.

All new members of dental staff should have resuscitation training as part of their induction programme. As part of the new GDC enhanced cpd scheme, training in medical emergencies and CPR is required for registrants under development outcome C: Maintenance and development of knowledge and skill within your field of practice.

Automated external defibrillator (AED)

It is recommended that all dental practices should have immediate access to an AED (Fig. 1).

All AEDs are suitable for use in adults and children. Paediatric pads allow for the modification of the AED for children under eight years of age. It's recommended that practices specialising in the treatment of children buy paediatric pads. If paediatric pads are not available, adult pads can be used on children over the age of one year; one pad should be positioned on the centre of the chest and the other on the back of the child.

If a casualty appears to be unconscious, there is a clear protocol as to what to do, beginning with the Primary Survey. This was covered in the first part https://www.nature.com/articles/bdjteam2018201 of this series of articles along with detailed instructions concerning the Recovery Position.

The Primary Survey is a fast and systematic way to find and treat any life-threatening conditions in order of priority. It's a systematic way of treating life-threatening conditions in order of priority:

- Remove danger
- Check for response
- Open the airway
- Check for breathing

the defibrillator immediately. Using the defibrillator early dramatically increases their chances of survival.

When you are resuscitating someone, you become their life support machine. By pushing on their chest, you are their heart and by breathing into them, you are their lungs. You are keeping their heart and brain full of oxygenated blood and keeping them alive.

When an adult collapses and is assessed as unresponsive and not breathing; they are likely to still have residual oxygenated blood remaining in their system. However, their heart is no longer working effectively, and it is therefore important to quickly circulate the oxygenated blood in their system to sustain the blood supply to their heart and brain, by pushing hard and fast on their chest.

Resuscitation

- Push hard and fast on the centre of their chest
- Push down to a depth of 5-6 cms – roughly a third of their chest
- At a rate of 115 - 120 beats per minute – roughly 2 per second

'RESEARCH HAS SHOWN THAT IT TAKES AROUND 10 -12 COMPRESSIONS TO REACH SUFFICIENT PRESSURE TO GET THE BLOOD CIRCULATING TO THE HEART AND BRAIN'

If the patient is unconscious and breathing properly – at least 2 normal breaths in a 10 second period - then put them in the recovery position. If they are not breathing normally, or you are unsure – start CPR. (Figure 2)

When to phone an ambulance if you are on your own:

For a baby or child: If you are on your own, you should perform 1 minute's CPR before phoning for an ambulance (5 breaths, 30:2, 30:2 is about a minute) (Figure 3). For an adult phone for an ambulance as soon as you realise that they are unresponsive and not breathing. An adult who collapses is more likely to have a heart problem and need a defibrillator and advanced life support while a child is more likely to have a breathing problem and your immediate intervention with mouth-to-mouth could bring them round.

If there is someone else available, they should call for an ambulance as soon as it is established whether or not the person is breathing. If they are not breathing, get

- Do 30 compressions then…

To give someone the best chance, you will need to:

- Tilt the head and lift the chin to take the tongue off the back of the airway, hold their nose,
- Give 2 breaths – sealing your mouth around their mouth and blowing into them like a balloon.

Make sure their chest rises each time – if it doesn't – try tilting the head a bit more.

If it still doesn't rise, go straight back to the compressions.

Research has shown that it takes around 10 -12 compressions to reach sufficient pressure to get the blood circulating to the heart and brain, this is why it is advised that you do 30 compressions and then 2 short breaths to top up their oxygen.

Use a face shield or pocket face mask to protect yourself.

If you are trained in the use of airway adjuncts and a bag and valve mask (BVM) this is preferable to mouth to mouth.

Keep going – you are being a life support machine and keeping them alive.

Do not expect them to come back to life until the paramedics are there to help. Therefore, don't stop to check for signs of life, just keep going, unless it is very obvious that there are signs of life.

Fig.2 Adult CPR

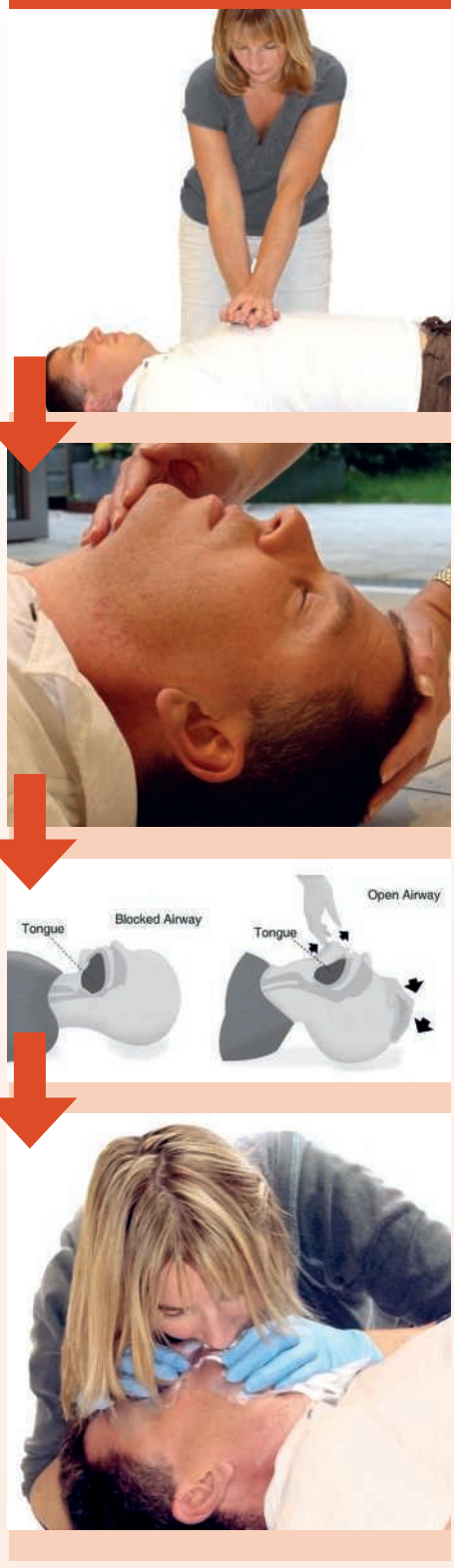


Fig. 3 How to do child or baby CPR

Do 5 rescue breaths before you start compressions and phone an ambulance if on your own, after completing one minute's CPR.

Start with 5 rescue breaths to re-oxygenate them as children do not retain residual oxygen in their system as adults do. It is also far more likely that they have experienced a respiratory arrest.

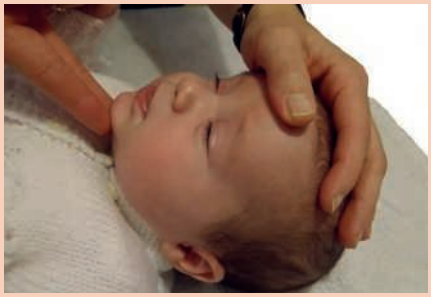
Carefully tilt the head and lift the chin to open the airway, then give 5 rescue breaths to re-oxygenate them. Do not tilt a baby's head too far back - just to horizontal is sufficient; over extending a baby's airway can occlude it.

For a baby, seal your mouth around their mouth and nose if you can fit your mouth over both and blow into them gently with a puff of your cheeks. For a child you can blow a little harder, just enough to inflate their lungs. If you over-inflate them you will fill the stomach with air, which can displace its contents. Be ready with suction if they begin to gurgle.

You will then need to circulate the oxygenated blood by pushing down hard and fast on their chest. For a child use one hand, for a baby use two fingers or thumbs.

- Push hard and fast on the centre of their chest – roughly between the nipples
- Push down by a third of the depth of their chest.
- At a rate of 110 -120 beats per minute – roughly 2 per second

After about 30 compressions you will need to give them 2 more short breaths and then continue with the compressions again. 30:2:30:2:30:2…



Use your AED machine as soon as possible! Deploying an AED within 3 minutes, if someone is unconscious, not breathing and in a shockable rhythm has been shown to increase the chances of survival from 6% to 74%. For every minute's delay over that 3 minutes, the chances decrease by 10%.[2] Ensure everyone in the practice knows where the AED is kept and how to use it.

If there is someone to help, do cycles of compressions and breaths and swap every 2 minutes. One person should be responsible for the compressions and the breaths (unless you are using a bag and valve mask) – you should give 30 compressions to two breaths.

When swapping compressions, aim to minimise the time when no one is pressing on the chest. When the 30 compressions have been completed, the person swapping out should complete their 2 breaths, whilst the person taking over gets into position to commence the chest compressions. Swapping every 2 or 3 minutes will maximise the effectiveness of the chest compressions and give time for those giving the compressions to recover before recommencing. CPR is hard work!

If you are using a BVM ensure you are squeezing steadily and not over ventilating them. We will cover bag, valve and mask ventilation in a future article.

When to stop:

- If you are too tired to continue.
- When the paramedics have taken over.
- Whilst the defibrillator is analysing the heart rhythm and if a shock is advised. Be ready to recommence as soon as the shock has been given.

You should continue CPR until it is obvious the patient is breathing normally.

The next article in the series will be on AEDs.

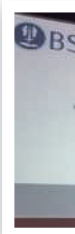
1. https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/
2. Valenzuela TD, Roe DJ, Nichol G, Clark LL, Spaite DW, Hardman RG. Outcome of rapid defibrillation by security officers after cardiac arrest in casinos. *N Eng J Med* 2000; **343:** 1206-1209

Emma Hammett is a qualified nurse and award-winning first aid trainer with over 30 years' healthcare and teaching experience. She is the Founder and CEO of First Aid for Life, a multi-award-winning, fully regulated first aid training provider specialising in first aid and medical emergency training for Dental Practices.

bdjteam201912

DARE to be different!

Speakers at the annual BSDHT Oral Health Conference 'The future is yours' urged delegates to embrace change, either in clinical practice or communication style.



How much independence do you want? This was the question posed by Jan Baxendale at the annual BSDHT conference in a presentation entitled ***'Going it alone – the snags and joys of independent hygiene practice.'*** She told the story of her move to independence and becoming her own boss.

'We have Direct Access,' she said, 'so we have the possibility of increased freedom within our professional field. Such opportunities are things to be grasped – I am a firm believer in carpe diem!'

'I believe the adjustment in mind-set that this change requires is a major challenge to be overcome in order to realise our potential in independent practices. If we can adapt our approach when we stop being an employee and become an entrepreneur, we are half way there.'

Jan offered information and advice on how to take the leap and demonstrated the various sources of support that are available. 'If delegates only took one thing away from my session I hope it is that being independent can be another way of promoting their skills if they choose to follow this path. It's not for everyone, but it's certainly never boring!'

'For those who aren't ready or don't want to go it completely alone, she added, diversifying your existing service provision by looking at new areas can refresh your career and provide greater job satisfaction.'

Clinical coverage

Among those discussing clinical topics was Phil Ower, who has been involved with the BSDHT since he was running the RAF School of Dental Hygiene in the early 1990s. Being Past President of the British Society of Periodontology and having worked in specialist practice, lectured at the Eastman Dental Institute and been an examiner for the Royal College of Surgeons of England, Phil has an enormous amount of experience.

In a talk called ***Perio classifications and diagnosis***, Phil identified the new periodontal classification system as the biggest challenge facing delegates. 'It's radically different from what we have been used to for the last 20 years. I want to try and make the new system workable for those in general practice.'

said. 'This includes fear of making things worse when we speak out, of getting fired, becoming known as the 'confrontational-one', or of making a colleague cry.'

Another speaker who addressed radical change was Charlotte Thompson with her lecture entitled 'Facial aesthetics – changing the face of dental hygiene and therapy.' She said: 'While there are no specific standards governing the delivery of facial aesthetics, the Joint Council for Cosmetic Practitioners (JCCP) recognises that dental hygienists and dental therapists have the skills and competency to provide treatments. We have experience with injections and very relevant knowledge of the facial anatomy – these skills are therefore easily transferrable into the field of facial aesthetics. Professionals are free to offer services within the dental setting, from a Direct Access clinic or in an independent practice, making it possible for all professionals.'

'IN A TALK CALLED PERIO CLASSIFICATIONS AND DIAGNOSIS, PHIL IDENTIFIED THE NEW PERIODONTAL CLASSIFICATION SYSTEM AS THE BIGGEST CHALLENGE FACING DELEGATES.'

Having difficult conversations

Janet Tarasofsky's session was called 'Conversations for Progress'. She shared insights into our tendency to avoid difficult dialogue, and shared her DARE strategy which is designed to help prepare professionals for their next challenging conversation.

- **D**iagnose the real issues behind a challenging conversation.
- **A**cknowledge the 'Personal Response' technique, which delves into individual style.
- **R**espond quickly to a challenging discussion in a confident and respectful manner.
- **E**ngage in more productive conversations which lead to progress, not arguments.

She said: 'In an ideal world, someone would have taught us how to face difficult conversations in school, but most didn't have this experience. Too many people avoid these conversations as a result, leading to high stress levels and feelings of being undervalued at work, misunderstood or not heard. Being able to talk about it is important.'

'We need to overcome our fear of fear,' she

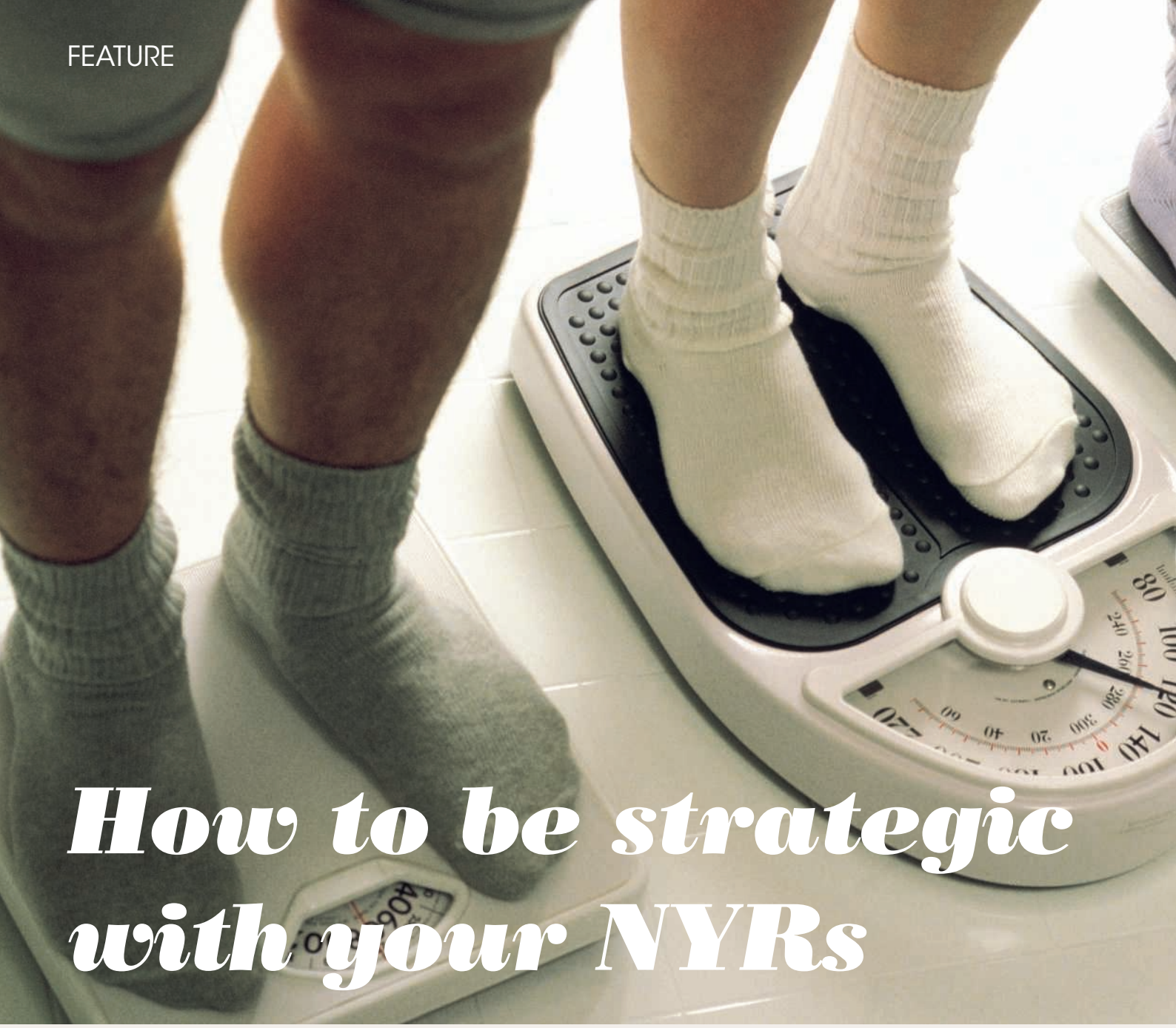
She explained how she moved into this field as she was looking for something new after 18 years working as a dental hygienist. 'It has proven to be a great offshoot career that enables me to use my existing skills in a different way. Plus, demand for facial aesthetics is huge – I'm busier right now than I have ever been!'

More than 400 delegates enjoyed an action-filled two days which included the handover of the BSDHT presidency to Julie Deverick and a speech from Chief Dental Officer for England (CDO) Sara Hurley who highlighted the wealth of talent that is available across the dental sector and emphasised that strong multi-disciplinary dental teams build a successful workforce.

Other speakers in the two-day programme were Professor StJohn Crean, Fiona Sandom, Amit Patel, Barry Oulton, Tim Ives, Nik Sethi and Marina Harris, among others.

For more information, please visit www.bsdht.org.uk/OHC2018, call 01788 575050 or email enquiries@bsdht.org.uk

bdjteam201913



How to be strategic with your NYRs

More than 90% of us are likely to give up on our New Year's Resolutions (NYRs), says **Sarah Bradbury** of Dentists' Provident, who provides tips on how not to fail.

Did you know around 40% of resolutions are related to losing weight or getting fit and healthy? While resolutions to live a healthier lifestyle and give up negative habits are great in the long term, certain resolutions and the way we go about trying to keep them can be very stressful, not just for us but for those around us!

Top five NYRs for health and fitness, according to a YouGov survey are:[1]

1. **Eating better:** a balanced diet of wholegrain carbohydrates, unsaturated fats, protein and plenty of fruit and vegetables, as well as cutting down on processed food and alcohol, could not only make you feel better but also help you to lose weight. There are simple effective food swaps you can do to keep you feeling fuller for longer. And if you notice the benefits of these changes, this can easily become a new lifestyle, allowing for the odd slip-up.
2. **Exercising more:** exercise is known to give you physiological, physical and psychological benefits and if you move it outdoors these are enhanced. Not only will you be enjoying any fleeting vitamin D from the sun, but you'll also benefit from the mental stimulation an ever-changing scenery provides that an indoors gym or fitness class can't match. Research has shown that being part of nature can burn up to 30% more calories too.
3. **Looking after yourself:** getting more sleep can make a huge difference to how you feel and be easy to achieve if you ensure you make the extra time for it, as well as making your bedroom more conducive to sleeping. Helpful tips include reading a book, having a hot relaxing bath or meditating before bedtime and not looking at a screen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before settling down to rest. All of these can help you slip-off to sleep and have the recommended 7-9 hours a night.[2]

4. **Finding a new hobby:** choosing a new hobby that provides you with mental or physical stimulation can be an easy and satisfying resolution to make. Whether it's joining a sports or leisure club to combine both fitness and social elements, an evening class or a new pastime at home, it can help to challenge you both mentally and physically.
5. **Focusing on your appearance:** we all have days where we look in the mirror and wish something looked different, so it's important to find the time to look after yourself even with a busy life of family and work commitments. Whether it's a regular beauty treatment, a shopping spree or a spa day, it won't take much to feel better about yourself. So maybe it's time to schedule a little 'me' time as something to look forward to?

How to achieve your NYRs

To combat the stress of trying to stick to your resolutions, here are a few tips to help you focus on them until at least this time next year, and maybe even for a lifetime…[3]

1. **Break up your resolutions**
   Richard Wiseman, professor in Public Understanding of Psychology at Hertfordshire University, says you can boost your will power by completely focusing on **one new** resolution and breaking that down into smaller goals, rather than trying to achieve multiple resolutions. Take the time to plan your approach in advance and make sure you reward yourself when you reach key milestones.[3,4]
2. **Use practical tools, expert advice and useful apps**
   There are a multitude of online health and fitness advice and tools; NHS LiveWell has many areas of guidance and there are also a huge variety of apps to help you log and monitor your intake of food and drink and output of exercise. There are sports trackers that help you set goals and record your exercise and calories burnt, and health and diet monitoring devices that provide an easy way to record what you eat and drink. So don't go it alone, find one that works for you.[5]
3. **Get support to stay motivated**
   The Mental Health Foundation suggests we can be more successful by having a support network of friends and family. Your network can help you to stay focused, and ensure you don't get stressed and obsess over small failures, but start afresh every day and especially after each small setback. Also, if you can make your resolution become part of your everyday routine, then after several weeks it is more likely to become a lasting habit.[3]
4. **Set realistic goals**
   Tomas Chamorro-Premuzic, Professor of Business Psychology at UCL, says we fail in so many of our resolutions because we set goals that are not realistic. So it is very important to set specific, realistic and achievable goals, which do not try to change our innate personalities and character traits.

Breaking habits

As much as 40% of our daily behaviour is habitual. Breaking habits may seem hard but the good news is that your new changes could be part of your life more quickly than you think; habits can be made or broken in as little as 21 days. And don't forget that the most important thing is that these are positive changes for your life, health and wellbeing so it's important they don't make you physically or mentally ill while trying to achieve them.

At Dentists' Provident, we are here to help our members when times get tough because they are off from work ill or injured. So here is a bit about us to finish…we were started by dentists over a hundred years ago as a membership organisation to protect them from the financial consequences of illness or injury. We have been part of the profession ever since, working together to support all dental professionals with our highly flexible income protection plans which are designed to be as individual as you are. We are still owned and run by our members who are at the heart of everything we do.

We are here when members need us most… and good luck with your resolutions…

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Sarah Bradbury has been head of marketing and communications for Dentists' Provident since 2013. She has previously worked for the British Dental Association as the student/young dentist manager, Dental Protection Limited as marketing operations manager and for Simplyhealth Professionals (Denplan) as strategic partnerships and brand manager.

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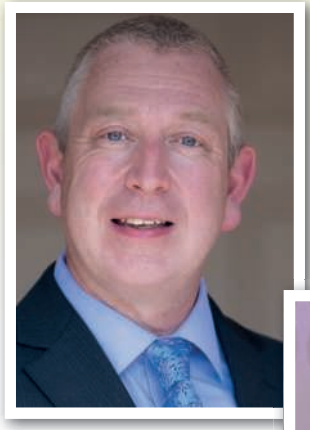
bdjteam201914

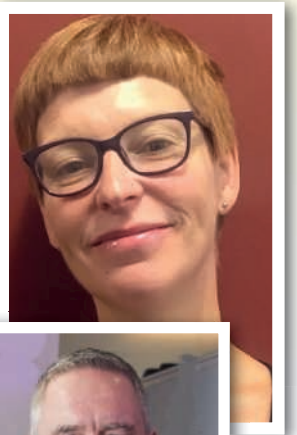
We shall overcome!

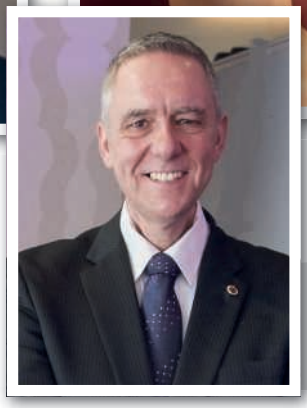
Inspiring speakers at The National Dental Nursing Conference (NDNC) in 2018 made the annual event a memorable 36 hours. **Pam Swain**, the British Association of Dental Nurses Chief Executive, shares their stories.

Alcohol addiction, sepsis and oral cancer are concerns that can arise in any dental practice and dental teams need to be prepared to advise and signpost patients. Delegates to the NDNC heard inspiring stories on all these topics over the course of the 36 hour conference in Blackpool.

The 2018 NDNC was opened by Deputy Chief Dental Officer Eric Rooney, who updated delegates on the activities and future plans of the Office of the Chief Dental Officer. Eric was followed by Edmund Proffitt, Chief Exec of the British Dental Industry Association, who briefly outlined the role of the British Dental Industry Association and explained the regulatory framework governing the manufacture and supply of dental equipment. He then looked at the dangers arising from the purchase and use of non-compliant dental devices and ways to avoid these, as well as explaining the dental industry's award-winning campaign raising awareness of counterfeit dental devices.







From Cancer to the Palace in Six Years

The next item on the programme was Chris Curtis, of The Swallows head and neck cancer charity, who recounted his personal journey from the day he found out he had oral cancer, to being recognised for his campaigning work on behalf of cancer patients. Friday's lecture programme finished with Julia Csikar's presentation

Far left: Edmund Proffitt. Above: Julia Csikar. Left: Chris Curtis.

diagnosis, and treatment of sepsis amongst health care professionals and has since joined the UK Sepsis Trust, implementing projects nationwide to raise the profile of sepsis. Melissa's very personal and moving presentation was extremely emotional, moving several delegates to tears.

Pride in Practice

Andrew Gilliver is part of LGBT Foundation's Pride in Practice team which offers primary care practices access to training around LGBT inclusion, support around gender identity, trans status and sexual orientation monitoring and a suite of accessible resources. Pride in Practice is supported by The British Dental Association and funded by Greater Manchester Public Health & Development Service and NHS England.

Dental Nursing History

By appreciating the historical context of dentistry, dental nurses are able to develop a clearer picture of why they are, as a profession, where they are today. This presentation, by Debbie Reed of the University of Kent, demonstrated that establishing a historical context is an important part of dental nursing professional evolution. Debbie used characters and memories from the past to create a story that links matters of modern-day professional status, leadership, team-working and positioning with historical events from the late 1800s and early 1900s.

Through the analysis of selected historical events, delegates gained a richer understanding of the background and context in which dental nurses currently work, as well as the challenges that have been faced by dental nurses in the past, many of which remain prevalent today.

John Cullinane, Head of Fitness to Practice Case Progression at the GDC, detailed the drivers for change and the recent reforms to CPD, introduced as Enhanced CPD from 1 August 2018. He also shared details of the end-to-end review of Fitness to Practise and the reasons for change, as well as further details of the Shifting the Balance reforms, particularly how the GDC plans to promote professionalism across UK dentistry.

The conference began with a Welcome Lunch, at which new BADN members and first time conference attendees were invited to sit with President Hazel Coey and culminated with an informal dinner.

'DELEGATES GAINED A RICHER UNDERSTANDING OF THE BACKGROUND AND CONTEXT IN WHICH DENTAL NURSES CURRENTLY WORK, AS WELL AS THE CHALLENGES THAT HAVE BEEN FACED BY DENTAL NURSES IN THE PAST, MANY OF WHICH REMAIN PREVALENT TODAY.'

Top left: Andrew Gilliver. Above: Debbie Reed. Left: Melissa Mead.

supporting alcohol reduction conversations - asking patients about their alcohol consumption does not need to be cumbersome or embarrassing for the dental team or patients, she said. Her presentation aimed to give delegates the skills and confidence to have a structured brief interaction on alcohol consumption, using the AUDIT-C identification tool – an easy and effective way to assess a patient's alcohol consumption, offer a course of action where appropriate: brief advice and/or onward signposting.

Together We Can Beat Sepsis

In December 2014, Melissa Mead lost her one year old son William to sepsis – a condition she hadn't, at that point, ever heard of. His death was the result of failings in his care but the most significant was the NHS's response and approach to sepsis which was found to be inadequate. Melissa felt compelled to campaign for better recognition, Andrew explained that LGBT communities include people of different genders, sexual orientations and come from all backgrounds. Dental care providers may not be aware of the importance of acknowledging that they have patients who are lesbian, gay, bisexual and trans (LGBT). Patients who identify as LGBT may have complex health needs and a dental care provider who knows that a patient is LGBT is better informed about their patient.

Emergency dental care in Blackpool

Blackpool provided the venue for the National Dental Nurse Conference. The town has the worst statistics in the country for deprivation, drug addiction and alcoholism and dental care is often at the bottom of the list for vulnerable people. The conference was an opportunity to update delegates on the annual oral health day led by Horizon, a local charity.

Horizon's Carole Houston told delegates about their work. Karl Gippert and Adrian Oddy are shining examples of recovery from substance abuse. Both Karl and Adrian have a long history of heroin addiction and the lifestyle that goes with the territory, but they have turned their lives around as a result of engaging with services and working towards a life worth living. Karl and Adi spoke openly about how addiction affected their teeth and the detrimental effect this had on their lives.

In the week after the conference, staff from the British Association of Dental Nurses (BADN), joined up with Horizon, Dentaid, and the Oral Health Foundation (OHF) to bring emergency dental care to Blackpool's most needy. The visit of the mobile dental surgery was funded by Horizon and Blackpool Council and staffed by Dentaid volunteer dental team, volunteer BADN dental nurses and Horizon volunteers with admin support from Janet Goodwin, Past President of the Oral Health Foundation, and Pam Swain, Chief Exec of BADN.

Over the course of the day, the team treated over 30 patients and performed 45 emergency treatments on people who would have otherwise continued to live in daily pain. Every person who came along on the day received a bag containing information leaflets, toothbrush, alcohol-free mouth wash and a variety of toothpastes courtesy of the Oral Health Foundation who aim to raise awareness of dental self-care.

'We are delighted to support this much needed initiative' said Pam Swain 'and I am so pleased that a number of BADN members offered their services. It is an excellent way for dental nurses to build up their knowledge of extreme dental cases.'

Commented Janet Goodwin, 'I was especially pleased to have been able to offer oral health education to many of the patients, and to distribute self-care information to everybody who came along. Dental care won't be at the top of the list for people who are street homeless or dealing with addiction issues, but many took the first step today.'

'BOTH KARL AND ADRIAN HAVE TURNED THEIR LIVES AROUND AS A RESULT OF ENGAGING WITH SERVICES AND WORKING TOWARDS A LIFE WORTH LIVING.'

Carole Houston, PR Lead for Horizon, with volunteers Karl Gippert and Adrian Oddy

bdjteam201915

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CPD: ONE HOUR

Taking back control of what you *eat*

Breakfast bars, yoghurts and cook-in sauces come under the scrutiny of Cardiff-based **Dr Ruth Fairchild** and **Maria Morgan**

CPD questions

This article has four CPD questions attached to it which will earn you one hour of verifiable CPD. To access the free BDA CPD hub, go to ***https://cpd.bda.org/login/index.php***

It is apparent that dental team members can forget the wider approach to diet, focusing on the head and forgetting the rest of the body. On the other hand dietitians and nutritionists can often ignore the impact of diet on oral health.[1] This is problematic when all health professionals need to make every contact count (MECC), and thus give consistent messages to their patients. Remember that the head is part of the rest of the body – everything you eat and drink starts in the mouth, and then affects your oral **and** general health as it progresses through the body!

Public health is the science and art of preventing disease, promoting health and improving the quality of life through the organised efforts of society, thus dental public health is the same concept but focuses primarily on oral health. The "science and art" relates to the fact that public health draws on the skills and expertise of a wide range of disciplines, from the arts and the sciences, to deliver its goals.[2] This further emphasises that members of the dental team need to work closely with partners such as dietitians and health workers and vice versa, to tackle the wider determinants of health.[3]

Sugar intakes, obesity and dental caries are inextricably linked. Consuming excess free sugar in food and drink is detrimental, increasing the risk of obesity, which is associated with greater risks of developing type 2 diabetes, hypertension, coronary artery disease and various cancers.[4] It is believed that 1 in 20 cancers in the UK is linked to being overweight, and this is associated with 13 types of cancer, including breast, kidney, liver, colorectal and pancreatic cancer.[5] Obesity is also a well-established risk factor for tooth decay.[4]

The UK presently suffers from unacceptably high levels of both tooth decay and obesity.

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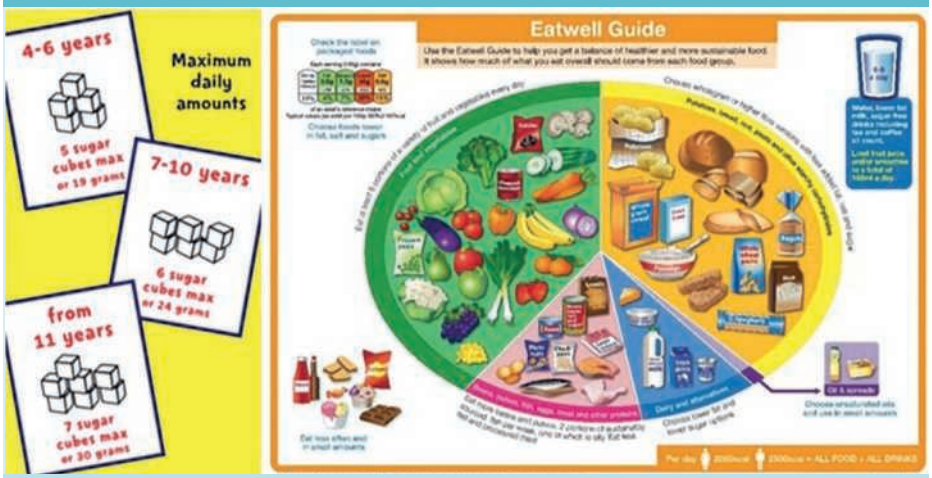
Approximately one third of children aged 5 and 12 years[6] and a third of dentate adults in the UK[7] have experience of dental caries. In addition, obesity in the UK has increased by 92% since the 1990s. The UK is the most obese country in Western Europe with 26.9% of the UK population classified as obese in 2015[8]. Excess calorie consumption can occur from eating too much of any food. However, the availability and low cost of high sugar, high calorie foods and beverages is giving particular case for concern.[9,10]

In this article, we draw on the knowledge of both oral health and nutrition, to provide practical and realistic tips for the dental team, when advising patients to improve health and help Make Every Contact Count(MECC). By focusing on two of the main sugar contributors in the UK diet, breakfast bars and yoghurts, plus a hidden and often unexpected source, ready-made cook-in sauces.

Present day sugar recommendations:

Recent recommendations for carbohydrates[10] and the 2016 updated Eatwell Guide[11] both advised significant reductions in free sugar intakes for the UK population. The carbohydrate recommendations halved from no more than 10% to 5% of total energy intake; the maximum daily amount differs depending on age. In addition, the Eatwell Guide relocated high fat sugar salt (HFSS) foods outside of the plate confirming the need to eat these less often and in smaller portions (Figure 1).[11]

Figure 1: UK National diet recommendations



Source: NHS Change4Life, 2018 and Public Health England, 2016. https://www.nhs.uk/change4life

Bearing in mind the **maximum** allowance for children aged 11+ and adults of all ages is 30g per day free sugars (or 7 sugar cubes) eating a badly chosen portion from any of these food product categories could provide this maximum in one hit (Tables 1-3). However, better choices are available reducing the sugar impact on your daily intake.

Other tips for patients:

If your patients reveal a love of take away food start with an easy recipe first. This homemade sweet and sour sauce costs just 21p per portion, includes only 6.6g sugar (including that derived from 50g of fruit and vegetables) and is ready in seconds. Make double, using a whole small tin of pineapple and freeze the spare for next time.

Internet search low sugar "Sweet and Sour" recipe UK and there is usually a good recipe (substitute for instance "tomato pasta sauce" etc. for other recipes). Some of our favourite sites are the NHS live-well and BBC good food sites:

- https://www.nhs.uk/live-well/eat-well/how-does-sugar-in-our-diet-affect-our-health/?tabname=recipes-and-tips
- https://www.bbcgoodfood.com/recipes/collection/low-sugar

Table 1: Sweet n sour sauces: hidden sugar*

Product	g of sugar per portion	Tsp (4g) per portion	Price per portion (p)
Takeaway sweet n sour sauce	31		180
Sharwood's	19.6		45
Uncle Bens	18.2		43
Uncle Ben's extra Pineapple	15.5		43
Sainsbury's basics	13.1		14
Sainsbury's extra pineapple	12.1		16
Sainsbury's lighter	11.8		16
Homemade**	6.6		21
Uncle Bens no added sugar	2.2		43

*Nutrimen dietary analysis programme (Dark Green Media, Wales) used for all sugar contents www.nutrimen.co.uk

**Recipe available from: https://www.slimmingworld.co.uk/recipes/sweet-and-sour-sauce.aspx Note also the sugars above are totals of the sugars naturally occurring in the fruit and vegetables and that added by the manufacturer

Table 2: Total sugar content of yogurts*

Product	g of sugar per portion	Tsp (4g) per portion	Price per portion (p)
Asda split pot (150g)	24		35
Muller corner (150g)	23.4		68
Muller corner strawberry shortcake (135g)	23.1		68
Nestle strawberry with mini smarties (120g)	22.6		37.5
Onken fat free (150g)	20		47
Koko non-dairy (125g)	15.5		60
Activia (125g)	13.6		38
Asda Low fat (112g)	13.5		22
Muller light (175g)	12.4		68
Alpro (150g)	12.3		100
Homemade** 1 pot natural yoghurt, 28g strawberries and 1 tsp reduced sugar jam	11g (6.2 y, 1.7 s, 3 j)		60
Frubes (70g)	9.4		25
Homemade** 1 pot natural yoghurt, 28g strawberries	8g (6.2 y, 1.7 s)		60

*Nutrimen dietary analysis programme (Dark Green Media, Wales) used for all sugar contents www.nutrimen.co.uk

**Recipe available from: https://www.slimmingworld.co.uk/recipes/sweet-and-sour-sauce.aspx Note also the sugars above are totals of the sugars naturally occurring in the fruit and vegetables and that added by the manufacturer

Yogurts

People become acclimatised to a high sugar diet;[12] don't be afraid to start where your patient is at. Switching from a commercial high sugar yoghurt to a natural yoghurt with fresh fruit may be too sudden a change, so wean them off with a half natural yoghurt half fruited commercial variety, then switch to the homemade, fresh fruit and low sugar jam, before finally switching again to the lowest sugar option. Natural yoghurt contains no sugar other than lactose naturally present in the milk, which means the added sugar only comes from the fruit (or other sweetening agents) you add. You are in control.

Cereal bars

Eating on the go especially if hungry always leads to poor food choices, a little bit of planning goes a long way in sugar reduction; nutrient density and gives you a better portion size which will keep you full for longer. However, you need to bear in mind the added sugar content of the huge range of breakfast cereals available to a UK consumer. Shredded wheat, Weetabix, Cornflakes, Rice Crispies and Shreddies are lower sugar choices, whilst the majority of breakfast cereals marketed specifically to children contain over 30% sugar.[13]

Portion size is also important when calculating sugar intakes. The manufacturer's recommended portion may not be that displayed on the packet, or the amount you require to fill you up. This can have significant consequences when a portion recommended by the manufacturer on the nutrition label (Figure 2) provides 170kcals and 11g free sugars whilst the portion depicted on the pack (Figure 3) provides 510kcals and 34g free sugars.[13] Do you need to use a smaller bowl?

Figure 2: Cereal portion as advised on back of pack nutrition label

Reproduced from Khehra R, Fairchild R M, Morgan M Z, *Br Dent J*, 2018, **225:** 164–169, with permission from Springer Nature.

Figure 3: Cereal portion image as depicted on cereal packet

Reproduced from Khehra R, Fairchild R M, Morgan M Z, *Br Dent J*, 2018, **225:** 164–169, with permission from Springer Nature.

Table 3: Cereal bars…make time for breakfast….it makes sense from a sugar perspective and saves money!

Product	g of sugar per portion	Tsp (4g) per portion	Price per portion (p)
Nakd berry delight (35g)	16.6		62
Belvita berry breakfast & yoghurt crunch (2 biscuit 51g)	13		56
Tesco strawberry fruity bake (37g)	12.91		
Go ahead strawberry yoghurt bar (2 slices, 36g)	12.6		40
Special K red berries cereal with semi skimmed milk (30g)	11		35
Alpen strawberry with yoghurt bar (29g)	10		40
Tesco wheat biscuits (2 biscuits, 40g), 28g strawberries with 125ml skimmed milk	9.34		40
Bounce red berry breakfast bar (45g)	8		100
Special K juicy red berry bars (27g)	7.6		45
Pulsin strawberry fruity oat bar (25g)	7.4		50
Nutrimen dietary analysis programme (Dark Green Media, Wales) used for all sugar contents www.nutrimen.co.uk			

Conclusion

It doesn't have to be expensive to eat healthily and home cooked can be lower in sugar and calories as long as you control portion size. Is it time you take back control of what you eat? Help your patients (and yourself) make small, achievable changes that can be embedded into everyday lives. This can be achieved whether you are a MasterChef or not!

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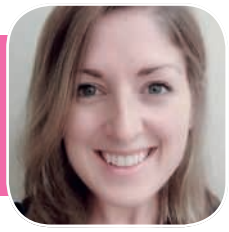
CPD questions

This article has four CPD questions attached to it which will earn you one hour of verifiable CPD. To access the ***free*** *BDA CPD hub, go to* ***https://cpd.bda.org/login/index.php.***

bdjteam201916

WE ARE CHAMPIONS



Julie Potter describes her work as an oral health champion at Saffron Lane Dental Practice, Leicester.

Introduction:

Children in Leicester have some of the highest levels of dental caries experience in England.[1] From school-based epidemiological surveys, commissioned by Leicester City Council it was found that 53% of 5-year-olds in 2011/12 and 34% of 3-year-olds in 2012/2013 experienced dental caries, both figures significantly higher than the regional and national averages for dmft (decayed, missing, and filled teeth).[2,3] An Oral Health Promotion Strategy agreed by the Oral Health Promotion Partnership Board (OHPPB), through Leicester City Council, was built with an ambition of 'a 10% increase in the proportion of 5-year-olds in Leicester with no signs of dental disease by 2019' and overall goals of improving the oral health of Leicester.[4] Healthy Teeth Happy Smiles (HTHS!) is an initiative launched in 2014, created to help achieve this goal.[5] HTHS! works closely with 'Starting Well', an innovative government-funded programme launched by NHS England, that has been introduced in thirteen high priority areas, with the aims of improving oral health for under five-year olds.[6]

HTHS!

HTHS! offers a variety of initiatives across the city, targeted at local communities, nurseries, schools and dental practices. HTHS! offers benefits such as:

- Dental practice accreditation and pilot early years accreditation
- Multi-agency training, free of charge, for all health care professionals, on a quarterly basis.
- Free supplies and a daily supervised tooth-brushing programme in nurseries, pre-schools and primary schools, up to year 2 level.
- Free downloadable early years lesson packs including storybooks, activities and lesson plans all centred on oral health.
- Auditing your HTHS! accredited dental practice in, for example: community involvement, CPD and training in oral health, practice displays and compliance with Delivering Better Oral Health (DBOH) guidance.[7]
- Increasing awareness of and participation in national campaigns including National Smile Month (NSM) and Mouth Cancer Action Month (MCAM).[8,9]
- Access to a catalogue of dental supplies
- HTHS! signpost to accredited dental practices at oral health events, offering practice advertisement.[4]

Being an Oral Health Champion (OHC)

In each HTHS! accredited practice, Oral Health Champions (OHCs), often two per practice, are appointed, for leadership and management of HTHS! goals.

Last year, I was appointed as an OHC for

Saffron Lane Dental Practice. As a newly qualified foundation dentist, this role gave me the opportunity to hone my leadership, teamwork and organisational skills by having the added responsibility of maintaining the HTHS! portfolio, collaborating with nurseries and preschools for dental visits and leading team meetings. It also gave me the confidence to present to other healthcare professionals, to speak up about the issues I encountered and about improvements to make and to practice creativity, planning community visits with my colleagues and creating bold, eye-catching posters to display in the practice. I would greatly recommend this role or similar, for any newly graduated dentist.

As an OHC, I had the opportunity to organise and lead discussions about oral health promotion during monthly staff meetings, which involved team training in smoking and alcohol cessation, as well as refreshing knowledge on Delivering Better Oral Health guidance.[7] Furthermore, these monthly meetings were an opportunity to discuss any developments recommended from the dental practice audit process conducted by Robin Chipperfield - a HTHS! Oral Health Promoter to relay information from recent HTHS! lectures or meetings and to prepare for new practice displays and local nursery and pre-school visits. HTHS! accredited practices are encouraged to participate in oral health campaigns, such as 'Lift the Lip' during National Smile Month (NSM), 'Dental Check By One', 'Swap the Bottle' and 'Stoptober'. Examples of events I was involved in include organising mother-and-toddler oral health education sessions, undertaking risk assessment questionnaires with parents to give tailored advice as part of the 'Lift the Lip' campaign during NSM 2018, and participating in a presentation on risk factors, signs and symptoms of oral cancer to healthcare staff at a local care home during Mouth Cancer Action Month (2017).[8–13]

Oral Health Champion meetings held quarterly gave an opportunity to brainstorm oral health promotion ideas, difficulties met, and tweaks needed, with other local practices. Targeting education to high risk families is an example of a topic discussed at an OHC meeting. Leicester is a diverse, multicultural city, and over a third of Leicester's population are Asian.[14] Unfortunately, Asian communities appear to be more prone to dental diseases and the evidence suggests cultural variances in diet may play a role. Many of my patients were unaware of the consequences of the addition of sweeteners, often honey, to childrens' bottles, an example of dietary issues in this community that are still evident.[15–17] There are likely to be several causes, one of which may be the increased consumption of fruits that are often dried or preserved[16] in the Asian culture. At the HTHS! meetings, ways of tackling these concerns were discussed e.g. setting up a HTHS!/Starting Well stand at the Diwali celebration to provide information in different formats (verbal/leaflets/visual) to target a large public community; or organising an oral hygiene workshop in the dental practice for recognised high risk patients to attend.[18]

Fig. 1 How much sugar is in that drink?

Involvement of other healthcare professionals

Collaborating with other healthcare professionals can help improve patient access to oral healthcare. A course targeted to pharmacies, GPs and GDPs, arranged through Health Education England, across the East Midlands, in collaboration with Postgraduate Pharmacy Education (CPPE), was an example of this, providing unity of information across different professions. An aim of this session, delivered by HTHS!, was to give confidence to GPs and pharmacies to advise about oral health issues and knowing when to signpost to GDPs. An array of topics were covered, including advice for pharmacists in the management of the regular pharmacy attenders wanting denture fixatives, as overuse of such products can have side effects and by signposting for denture reviews, this also allows for regular soft tissue examinations in edentulous patients.[19,20] Another area discussed was referrals from GDPs to GPs for a diabetes assessment if a patient has severe or unresponsive periodontal disease, for example. The GP group response to this was encouraging, hopefully boosting the confidence of dentists in appropriate signposting. Brief information on subjects from free-flow cups to oral cancer were covered, and it was a productive exercise in teamworking between different professions.

HTHS! training sessions are open to the whole dental team, because a concept integral to HTHS! is involvement and utilisation of every point of contact in the dental practice. This can be demonstrated by having reception staff mentioning to a family the 'dental check by one' (DCby1) recommendation or being involved in the 'bottle swap' process. Additionally, if the practice manager and owner attend HTHS meetings, they may be more inclined to arrange availability for staff to visit local schools/communities and give tailored advice during clinical hours.[13] Team involvement in oral health education can extend from the dental practice, to GPs and pharmacists, to nurses, midwives and health visitors, and it is important to Make Every Contact Count.[21,22]

'TEAM INVOLVEMENT IN ORAL HEALTH EDUCATION CAN EXTEND FROM THE DENTAL PRACTICE… IT IS IMPORTANT TO MAKE EVERY CONTACT COUNT'

Learning points about oral health promotion

Techniques learned through my experience with HTHS! for oral health promotion include:

- If you are targeting promotion to children, make it child friendly. For example, the bottle swap campaign can be made more child-orientated by having a bottle swap box that the child puts their bottle into, or a decorating stand for their free-flow cup.[11,12]
- Interactive displays, rather than posters alone, were more positively received by patients. One of the most popular displays at Saffron Lane was a visual representation of sugar quantities within different drinks, using weighed sugar bags beside their respective bottles (Figure 1).
- Being involved with national campaigns, updating displays regularly, and keeping up to date with new products was described as 'refreshing' by patients and keeps patients engaged in information displayed.

Conclusion

Making those first steps to reach out in the local community can be daunting, but with a promoter pointing you in the right direction and using their knowledge and experience to help shape a successful visit, stepping out of your comfort zone is made easier. The efforts made by Leicester City Council to promote Oral Health and the separate organisations created show what a focused commissioner can achieve, and PHE statistics from 2017 show Leicester has already achieved over 10% improvement in caries reduction in 5-year-olds, over a year before anticipated.[23] If personalised guidance could be delivered to dental practices more nationally, with dedicated Oral Health Promoters, as is beginning to happen with Starting Well in the high need areas, this could help connect more dental practices with their community, improve public knowledge and awareness of oral health and its risk factors, and hopefully help tackle these preventable diseases that are still dominating most of our working days.

> *'THE EFFORTS MADE BY LEICESTER CITY COUNCIL TO PROMOTE ORAL HEALTH AND THE SEPARATE ORGANISATIONS CREATED SHOW WHAT A FOCUSED COMMISSIONER CAN ACHIEVE'*

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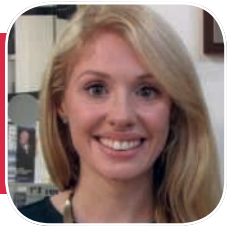
Julie Potter, BDS (Hons) graduated from University of Birmingham in 2017 and completed her Dental Foundation Training at Saffron Lane Dental Practice in Leicester. Currently, she is in her first year of Dental Core Training in Oral and Maxillofacial Surgery at Ipswich Hospital.

Julie acknowledges the support and input of all her colleagues, especially Robin Chipperfield, an oral health promoter at HTHS!

bdjteam201917

Action for inclusion



A palpable buzz pervaded the recent Oral Health Conference on the topic of homelessness and inclusion. Organisers **Janine Doughty** and **Andrew Dickenson** recapture some of that excitement.

The story of the journey from drug user to wife, mother and ordained minister was shared by speaker Sarah Harries at the second Homeless and Inclusion Oral Health (#HIOH2018) conference in November 2018. Sarah reinforced the message that every life matters and that we all have the potential to change a life by reaching out to just one person. Dental skills can be a valuable asset in the process.

She was one of five keynote speakers who between them covered policy, research, service provision and in Sarah's case, an inspiring case study of what can be achieved when the support is there to move someone out of hopelessness and into a future.

The event around the theme of *Taking Action for Inclusion* was a collaboration between Pathway Homeless Healthcare Charity and Health Education England, building on the outcomes of the 1st national inclusion healthcare conference in 2016. Almost 150 enthusiastic delegates attended from across the UK - the buzz throughout the conference was palpable.

We opened the conference and introduced our keynote speakers who were: Professor Andrew Hayward (University College London), Martin Burrows (@ItsGroundswell), Professor Ruth Freeman (University of Dundee) and Janet Clarke MBE (Deputy CDO, NHS England). They gave delegates an insight into current research activities in Inclusion Health and Oral Health as well as sharing ideas about interventions and commissioning strategies.

Workshop coordinators engaged delegates in action-focused 'how to' activities on a range of subjects including:

- trauma informed practice for dentists
- multi-agency working for dental professionals
- medicine in dentistry for people experiencing social exclusion

Janine Doughty, NIHR Doctoral Research Fellow and Pathway Homeless and Inclusion Oral Health Fellow.

Andrew Dickenson, Postgraduate Dental Dean, Midlands and East, Health Education England.

- designing and delivering third sector dental services
- integrating social inclusion into the curriculum
- participation of homeless people in health services
- supporting homeless people to attend the dentist
- developing social responsibility in general dental practice
- developing a Community Dental Service for people experiencing homelessness.

Rob, Viv and Bean, experts by experience, all gave insight into the importance of oral health for people with experience of homelessness. Jessica Eaton (@Jessicae13Eaton) of Victim Focus developed a bespoke trauma informed dentistry package for delegates which included an information booklet, practice posters and a clinical form for patients which is freely available from her webpage (www.victimfocus.org.uk). Natalie Bradley (@natb990) and Brooke Zaidman (@ZaidmanBrooke) designed a resource to support the development of community dental services for people experiencing homelessness. All resources can be accessed on the Pathway Faculty Oral Health subgroup landing page https://www.pathway.org.uk/faculty/dentistry.

The team of fifteen workshop facilitators, led by Sara Harford, included speciality registrars, community dentists and a special care dentistry nurse who kindly volunteered their time to support the workshop coordinators and contributed their wealth of knowledge to the discussions. Tashfeen Kholasi (@dentalvolunteer) led the organisation of the dental charities including Health Point Foundation (@healthpointfdn), Dental Mavericks (@DentalMavericks), Den-Tech, Dentaid (@dentaid-charity), Groundswell, Pathway (@PathwayUK) and Crisis at Christmas who gave insights into volunteering opportunities and charitable work happening in the UK and internationally with refugees and people experiencing homelessness.

Alongside the keynote speakers and workshops, the delegates were challenged to network, share ideas and commit to action over the next few months and beyond. Several delegates presented posters at the event on their local initiatives and the winning poster by Andrea Johnson of Den-Tech (@DenTech_charity) and colleagues gave insights into a quality improvement project of a same-day denture initiative undertaken with Crisis at Christmas Dental Service (@crisisdental). Through donation of their lunch money, the conference delegates raised more than £200 for a local Birmingham charity, Outreach Angels, who provide people experiencing homelessness with sleeping bags and other resources.

Some of those who attended the conference remarked that it was 'an opportunity to be involved with one of the most inspiring conferences I ever attended!' and that 'seeing how many fantastic people there are advocating for positive outcomes has been really inspirational.'

'SOME OF THOSE WHO ATTENDED THE CONFERENCE REMARKED THAT IT WAS 'AN OPPORTUNITY TO BE INVOLVED WITH ONE OF THE MOST INSPIRING CONFERENCES I EVER ATTENDED!' AND THAT 'SEEING HOW MANY FANTASTIC PEOPLE THERE ARE ADVOCATING FOR POSITIVE OUTCOMES HAS BEEN REALLY INSPIRATIONAL.'

The Homeless and Inclusion Oral Health conference takes place once every 2 years with a mission statement to promote inclusive oral health practice and provide knowledge, tools and inspiration for the socially responsible dentist. In the interim, if you would like to be kept up to date with Inclusion Oral Health, then you can sign up to receive the biannual newsletter from the Pathway Faculty.

With great thanks to all the keynote and workshop speakers, conference facilitators, charities and the organising team from Pathway and Health Education England.

bdjteam201918

In praise of dental nurses and their examiners

The 75th anniversary of the National Examining Board for Dental Nurses was an opportunity to celebrate the proud history of the board as well as the contributions of those who have served it.

Two dental nurses who made an impact on the career of the Chief Dental Officer for England, Sara Hurley, were praised by her in an address at the event to mark the 75th anniversary of the National Examining Board for Dental Nurses.

'I only stand here today as a result of two extraordinary women, Rita Holland and Anna Burns,' she said. The CDO went on to describe how as a newly qualified dentist she understood how to carry out treatments but thanks to her dental nurse colleagues, she learned about patient care. They shaped her approach, she said and her lifelong commitment to patient care.

She congratulated and welcomed the new NEBDN Chief Executive, Kate Kerslake, who had started in her role in that same week. She said Kate came to the board with kudos and credibility and she looked forward to working with her and the NEBDN in partnership with Health Education England. The CDO then presented Special Recognition Awards to staff and volunteers who had made outstanding contributions (right).

Kate Kerslake, pictured, also said a few words, outlining the work she will be leading on, including the launch of a course in fluoride application, enhancing the board's approach to quality assurance and improving the use of information technology so all the different arms of the board are fully integrated.

Nairn Wilson, Honorary Professor of Dentistry King's College, London and a special adviser to the board and author of the NEBDN history, talked through some of the highlights of its first 75 years. He also paid tribute to its staff and its volunteers, who made it such a special organisation. The board was the brainchild of dentist Philip Grundy, he said, whose parents, grandparents, uncles and cousins were all dentists too.

Julia Frew, Chair of the trustees of NEBDN oversaw proceedings. Other highlights of this very special day included a debate on the future for dental professionals. Chaired by Dr Gill Jones, the panel of speakers (pictured) included Diana Wincott (retired trustee of NEBDN), Debbie Reed (Head of Centre for Professional Practice University of Kent and a former chair of the British Association of Dental Nurses) and Dr Michael Wheeler (Education and Development Lead for Health Education Kent Surrey and Sussex Oral Health for Older Peoples Initiative and a Dental Tutor for Health Education England.)

While Diana Wincott described the long journey to achieve registration, Debbie Reed looked forward and encouraged dental nurses to look over the horizon – there were some fantastic opportunities and exciting times ahead, she said.

Dr Mike Wheeler said the role of Dental Nurses should not be undervalued. The NEBDN had improved the curriculum and kept pace with change. The real challenge was to maintain professional standing.

Earlier in the day, guests heard presentations, from:

- Professor Jenny Gallagher- King's College London
- Dr Claire Stevens – Spokesperson for the British Society of Paediatric Dentistry and Dr Ben Underwood -NHS Accelerator Fellow and developer of 'Brush DJ'.
- Professor StJohn Crean: Professor of Medicine in Dentistry at the University of Central Lancaster (UCLan).
- Professor Iain Chapple: Head of the School of Dentistry at the University of Birmingham

Special Recognition Awards

Ann Lyon, Beverley Coker, Diana Wincott, Ellen Davison, Erika Jones, Hazel Coey, Jill Eastman, Martyn Waddington, John Darby, Nairn Wilson

bdjteam201919

Product news

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GET SMART ABOUT SHARPS

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The syringe also aspirates and behaves exactly like a normal syringe, meaning that there will be no interruptions to your service.

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TANDEX has everything for daily self-care. The company is proud of its environmental credentials too, with products made without harmful chemicals and allergy-free for patients' comfort. For more information on Tandex's range of products, visit www.tandex.dk or the facebook page: www.facebook.com/pages/Tandex-UK/234855250044190?fref=ts.

FOR THE TEAM!

The ADI Team Congress 2019 will provide education and networking for all dental team members. Julia Wilson, ADI DCP representative and moderator of the Hygienists and Therapists Programme, commented:

'We are delighted to present what I think is a very varied and exciting programme for team members at the ADI Team Congress 2019. We have created an outstanding line-up of speakers to discuss a dynamic range of topics that are relevant to professionals right now.

'The ADI Team Congress offers a wonderful opportunity for professionals to get together, learn from each other and enjoy a fun-packed social programme. Dentistry – and especially dental implantology – works best with a collaborative approach from all team members and this event provides education and networking for all. The ADI Team Congress is always an awesome event and I expect 2019 to be no different.'

ADI Team Congress 2019, Shaping the Future of Dental Implantology: Techniques - Technology – Teamwork 2 - 4 May 2019, EICC, Edinburgh.

GAIN CPD ONLINE

Are you looking for a convenient way to gain CPD? By becoming a member of the Association of Dental Implantology (ADI) you be granted access to a growing library of online resources and can also add to your CPD by watching ADI Webinars.

Accessible at any time, anywhere, to any team member, these educational resources cover a diverse range of topics relating to dental implantology and are invaluable for those looking to incorporate high quality CPD within their professional development plan.

ADI Webinars are just one of many exciting benefits of becoming a member of the ADI – find out more by visiting the website today. For more information please visit www.adi.org.uk.

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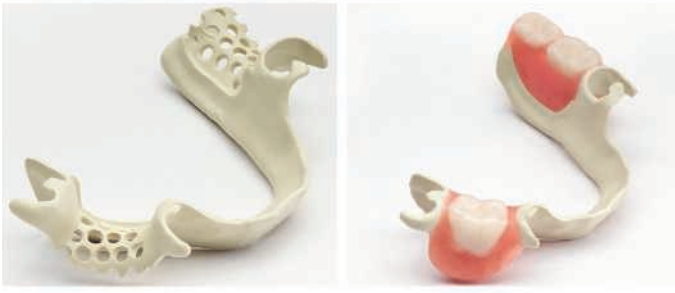
Ultaire™ AKP is a new high performance polymer, custom developed specifically for removable partial dentures and offers a biocompatible, metal-free option that provides stable retention, increased comfort and superior aesthetics.

Graham Bryant, Clinical Dental Technician (CDT) at the Natural Denture Clinic in Hampshire uses Ultaire™ AKP to create lightweight, metal-free removable denture (RPD) frames. This material is strong but highly compliant and fits seamlessly into the digital workflow.

'I have completed several RPD cases using Ultaire™ AKP and I really like working with it.' said Graham. 'It is great to have an alternative to monomer-based acrylic or chrome that is also biocompatible and taste-free. It enables me to use digital technology and provide accurate, retentive RPDs for improved comfort and fit, and my patients are delighted with the natural feel and look of Ultaire™ AKP too.'



To book a Solvay Dental 360™ Professional Lunch and Learn or to find more information Ultaire™ AKP and Dentivera™ milling discs, please visit www.solvaydental360.com.

CHART THE WAY

The intuitive Florida Probe can be used to complete a comprehensive periodontal examination in less than 10 minutes. This computerised probe provides consistent precision (0.2mm) and force (15g), enabling practitioners to achieve highly accurate results during periodontal examinations.

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Do you want to save time reporting on radiographs but still have all of the essential information to create the best possible care plan? Storage solution PROPACS from PRO Diagnostics UK can help.

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Furthermore, as these images are stored directly into your PROPACS account you can share them with authorised colleagues or technicians in order to facilitate treatment and the creation of any restorative devices. All they need to do is request free log-in details and they can access the images. The whole process is GDPR compliant and significantly reduces the chances of patient information being leaked.

Available to access anywhere, any time, PROPACS is the ultimate sophisticated secretary and will streamline your diagnostic procedures like never before. For more information, please visit www.prodentalradiology.com or email sales@prodiagnostics.co.uk.

BDJ Team CPD

CPD: ONE HOUR

CPD questions: January 2019

Taking back control of what you eat

1. What is the recommended maximum sugar allowance for children aged over 11 and for adults of all ages?

A) 10g

B) 30g

C) 50g

D) 100g

2. What kind of sugar does natural yoghurt contain?

A) None

B) Fructose

C) Glucose

D) Lactose

3. In 2015, how many of the UK population were classified as obese?

A) 26.9%

B) 18.3%

C) 5.4%

D) 19.2%

4. Being overweight is associated with how many different types of cancer?

A) 4

B) 11

C) 13

D) 7

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