BDJ Team
SEPTEMBER 2018

DO YOU HAVE A DRINK PROBLEM?

BDA
British Dental Association

September 2018

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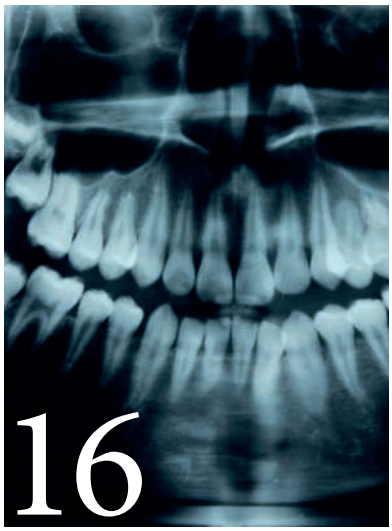
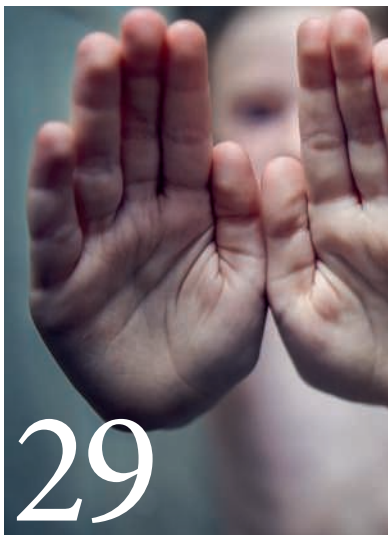
Highlights

Regulars

In this issue

CPD: ONE HOUR





Ed's letter

Greetings!

I am your stand-in Editor for the next seven issues while Kate Quinlan is on maternity leave, having given birth to her second child, a little girl. Kate is a difficult act to follow but I will do my best in her absence to keep *BDJ Team* packed with news and articles to help support you and your ECPD plans and give you a good read at the same time.

For the 25 years I have worked in the field, I have written for all the dental titles, the majority focused on the interests of dentists. The reason I am passionate about writing for the team is because while dentists run most of the businesses, departments and practices, they couldn't do their jobs without you.

It was with this in mind that I went round the Teeth exhibition at the Wellcome collection, my first job as temporary Editor of *BDJ Team*. I was struck by how little attention was paid by the curators to the role of Dental Care Professionals.

But I did catch sight of a Dental Nurse! Helen Davis, who was at the launch event was in a video about the work of the community dental service. Turn to page 35 to read Helen's thoughts on the exhibition.

The NHS turned 70 in July and this was rightly celebrated in many ways. In this issue of *BDJ Team* we have an article about both the history and the future of NHS dentistry. We are also highlighting the risk of sepsis in dentistry.

Hoping you find this issue an informative read.

Caroline Holland
Editor
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THE TEAM

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The woman who found worms in her mouth

Sir,

I would like to share the interesting case of a 58-year-old lady who presented with the complaint of crawling sensation in her mouth for the past 6 months. She believed that her sensation was caused by numerous small worms inhabiting her complete denture and feeding on her oral tissues. The crawling sensation persisted even if the denture was removed because 'the worms have penetrated into the oral mucosa.' Her medical history was unremarkable and she didn't smoke tobacco, drink alcohol, or use recreational drugs. Extra-oral examination was unremarkable and the patient denied any similar sensation elsewhere in her body. Intra-oral examination revealed healthy oral tissues with no evidence of mucosal infection or inflammation (Figure 1 A). Her complete denture was overly clean as she reported washing it with a denture cleanser more than 10 times per day in an attempt to kill the worms (Figure 1 B). The patient reported that she had three different sets of complete dentures since the onset of her symptoms, but all were inhabited by worms. Relevant investigations, including complete blood count, hepatitis serology, vitamin B12, thyroid function, blood sugar, brain MRI, and allergy tests, were within normal range. One week after the initial assessment the patient brought a small envelope containing cloth fibres believing that these fibres were the worms inhabiting her denture and eating her oral tissues (Figure 1 C). The patient was referred to psychiatry where a diagnosis of delusional parasitosis was confirmed.

Delusional parasitosis, also known as Ekbom's disease, is a rare psychiatric disorder characterised by the firm belief of having been infected by parasites, worms, insects or other living organisms when one is not.[1] The condition may exist as an isolated phenomenon (i.e. primary delusional disorder) or in association with other psychiatric or organic diseases (i.e. secondary delusional disorder).[2] The diagnosis of delusional parasitosis can be made on the basis of history alone, but when the mouth is involved the dentist should perform proper examination to make sure that the patient doesn't have an organic oral disorder. Close collaboration with psychiatry is essential because patients with delusional parasitosis often reject psychiatric referrals.

'THE PATIENT REPORTED THAT SHE HAD THREE DIFFERENT SETS OF COMPLETE DENTURES SINCE THE ONSET OF HER SYMPTOMS, BUT ALL WERE INHABITED BY WORMS.'

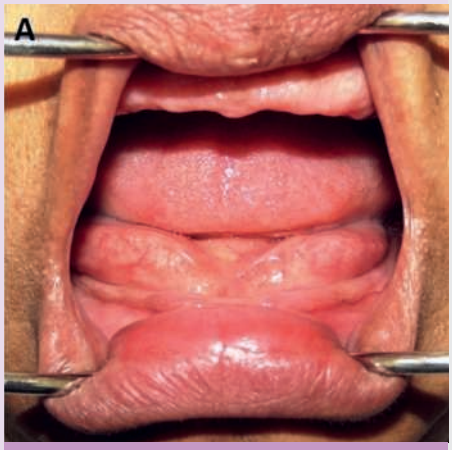

Figure 1 A: Healthy oral tissues

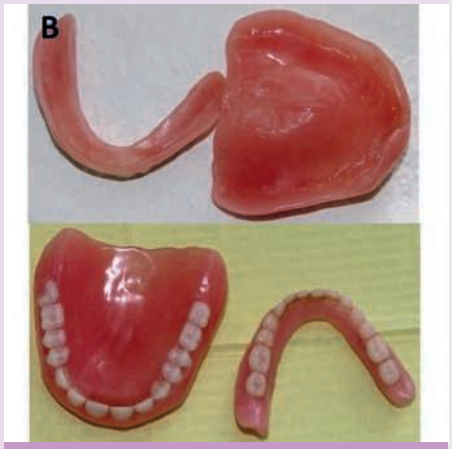

Figure 1 B: Two sets of overly cleaned dentures

Figure 1 C: Cloth fibres brought by the patient and believed to be "evidence" of worm infection

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1. Koo J, Lee CS. Delusions of parasitosis. A dermatologist's guide to diagnosis and treatment. *Am J Clin Dermatol.* 2001; **2:** 285-90.
2. Ghaffari-Nejad A, Toofani K. Delusion of oral parasitosis in a patient with major depressive disorder. *Arch Iran Med.* 2006; **9:** 76-7.

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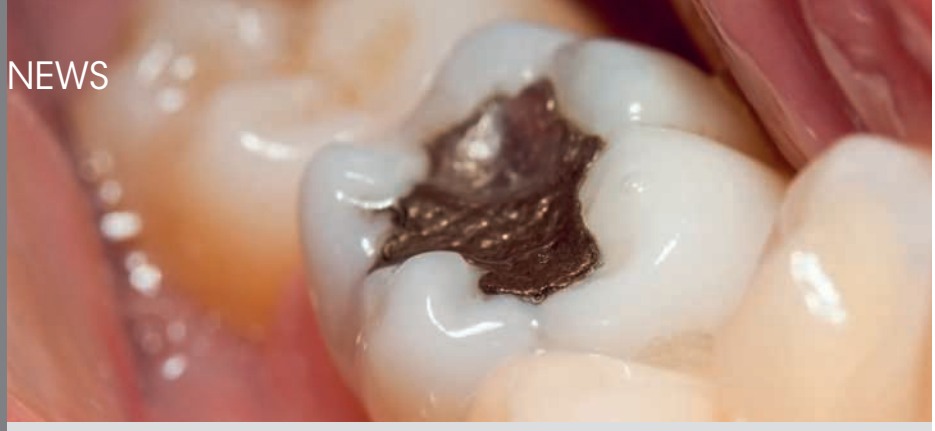


GOOD RECORD KEEPING KEY TO PHASE-DOWN OF DENTAL AMALGAM

Dental Protection is reminding dental practices in the UK to maintain good clinical records and obtain full consent if a decision is made to use amalgam as a restorative material, ahead of changes to EU Regulations on its use.

The EU Mercury Regulation is intended to protect the environment from the adverse effects of mercury pollution. It reflects the aims of the Minamata Treaty to reduce the use of dental amalgam in the medium to long term, and to eventually phase it out altogether.

Since 1 July 2018 amalgam has been barred from use in primary teeth, children under 15 years and during pregnancy/breastfeeding - except if deemed necessary on the ground of 'specific medical needs'. This should be interpreted as including the specific dental needs of the patient.

By 1 July next year the UK and other EU member states will be required to have a national plan on the phasing down of the use of dental amalgam.

Dental Protection advises members to take extra care in obtaining consent and record keeping, to help in defending any future claims, complaints or regulatory investigations that may arise from the use of amalgam in the restricted groups.

Dr Raj Rattan, Dental Director at Dental Protection said: 'Complaints and claims may arise despite a clinician's efforts to ensure that patients are satisfied with their treatment. Therefore, in situations such as these extra care needs to be taken.

'If it's deemed appropriate to use amalgam in a patient in one of the restricted groups, they must communicate the rationale to the patient, or the person who has parental responsibility for them, explain why the decision is in the patient's best interest, and provide information about the material risks and benefits of amalgam in that particular situation. Valid consent must then be obtained ensuring they are aware of the restriction in specific patient groups.

'In order for the patient or their guardian's consent to be valid, they should be given the opportunity and time to ask questions about the proposed treatment to make an informed shared decision.

'Once the decision has been agreed, the justification for placing the amalgam should then be recorded in the patient's clinical records, along with any discussions about the options, risks, benefits and costs as part of the consent process.

'Records should state clearly on what basis the decision to use amalgam in one of the restricted groups was taken, and that it was made with the patient or guardian's full knowledge and understanding.'

The use of amalgam is so far not restricted in patients who do not fall into the identified groups. However, patients with knowledge of the restriction may express anxieties about the use of dental amalgam in their own mouths.

In these circumstances Dental Protection advises members to discuss the position of the EU Regulation with the patient, explain the risks and benefits, discuss any alternatives and ensure proper consent is obtained before proceeding with the treatment. Details of this discussion should be recorded in the patient's records.

Dr Raj Rattan added: 'Without proper consent and comprehensive, well-kept records, it will be difficult to defend any allegation made down the line. Detailed records of treatment will influence whether a case can be defended or whether it will need to be settled.'

Further reading:

- The Control of Mercury (Enforcement) Regulations 2017 https://www.legislation.gov.uk/uksi/2017/1200/contents/made
- Minamata Convention on Mercury http://www.mercuryconvention.org/
- British Dental Association information on dental amalgam www.bda.org/amalgam

IMPACT OF PLASTIC STRAW BAN ON ORAL HEALTH ADVICE?

According to recent government guidelines, plastic straws may be banned in the UK from as soon as 2019. This step has been taken to help preserve marine environments, but will it have an impact on the advice we give to patients?

Straws have been found to help prevent tooth decay as they lessen the contact sugary drinks have with teeth during drinking. This has led to dental professionals recommending straws to their child patients, especially considering the higher levels of childhood tooth decay seen in recent years.

So now that plastic straws might not be available in the future, what can we do to stop the ban affecting children's oral health?

The BSDHT believes we need to explore alternatives that provide the benefits of plastic straws without impacting the environment so heavily.

Straws for life, compostable straws made from plant proteins and paper straws with wax coatings are all viable options, and by recommending these to patients we can help stop the rising tide of childhood tooth decay and save the planet at the same time.

BADN CONTINUES TO CAMPAIGN FOR LOWER ANNUAL RETENTION FEE

The General Dental Council (GDC) announced in July that the Annual Retention Fee (ARF) payable by all GDC registrants will remain unchanged for 2019. Ian Brack, GDC Chief Executive said in a statement that given the external risks facing the GDC as well as internal investments it was making to deliver on its commitments, he had advised the council against a reduction in the ARF.

The British Association of Dental Nurses (BADN) responded promptly to condemn the GDC decision. President Hazel Coey (pictured left) commented: 'We made it very clear, in our response to the GDC consultation, that the current ARF of £116 per year is an unreasonable financial burden on dental nurses, the majority of whom are earning minimum wage. Our salary surveys show that a qualified, registered dental nurse with more than 10 years' experience and working 40 hours per week is earning, on average, around £15,000 a year.'

'A one-size-fits-all approach to the ARF for DCPs is not acceptable – and we call upon the GDC to lower the ARF for dental nurses. BADN also recommends a reduction in the ARF for those registrants – not just dental nurses but all registrants – who work part time.

She continued: 'Mr Brack states that 'protecting the public and maintaining public confidence in dentistry' will always be the GDC's first priority. BADN would suggest Mr. Brack remembers that without registered dental professionals there would be no dentistry; and pays a little more attention to the needs of registrants – who, after all, are funding the GDC through their ARF!'

Next year the GDC is consulting on its three-year costed corporate strategy. Mr Brack said: 'The activity we propose within that strategy will tell us what the ARF level will need to be to carry out that work. I really hope to hear as many views as possible and look forward to the valuable debate that will undoubtedly bring.'

Antibiotic resistance among patients with severe gum disease is increasing

A study presented at EuroPerio9 in June found that antimicrobial resistance is on the rise among German patients with severe periodontitis (1). Lead author Dr Karin Jepsen, Associate Professor, Centre for Dental and Oral Medicine, Department of Periodontology, Bonn, explained the research.

She said: 'Bacterial samples taken from the inflamed periodontal pockets of 7,804 German periodontitis patients were analysed by a laboratory specialised in oro-dental microbiology over a time period lasting from 2008 to 2015. Selected pathogens (germs) were tested for susceptibility to different types of antibiotics and analysed for drug resistance over time.

'Overall, we found that the four key-bacteria selected for our study were resistant to at least one of the antibiotics tested. In the data we collected we also found increasing resistance trends for three of the bacterial species, raising concerns over the indiscriminate use of antibiotics in the treatment of periodontal disease.

When asked about the implications of these results for clinical practice, Dr Jepsen answered: 'In most cases, periodontitis can be managed by conventional scaling and root planing therapy, as well as improved oral hygiene measures (intra-oral infection control). Antibiotics should be restricted and used only in cases of severe periodontitis. If antibiotics are to be prescribed for patients with periodontitis, testing of antimicrobial susceptibility patterns is encouraged for a more targeted approach.'

'In general, antibiotics should not be recommended for the treatment of most cases of periodontitis (mild to moderate disease). Exceptions may include cases of early onset disease, if the periodontal infection needs to be rapidly suppressed. However, these patients should ideally be treated in the practice setting of a specialist,' added Dr Jepsen.

Concerning potential limitations to the study, Dr Jepsen explained: 'Our study is a regional (German) surveillance of resistant periodontal bacteria and globally we might see a slightly different picture. It may vary from northern European countries where antibiotic usage is generally more restricted compared to southern Europe, and South America and India, where access to antibiotics is less controlled and there is more unsupervised consumption. Also, compared to the situation in the laboratory, subgingival bacterial populations are organised in complex communities (biofilms) that may have an impact on their resistance performance in the *in vivo* situation.'

WHEN RESEARCH MEANS CHANGE

A report from IADR by
David Croser

Daily decisions reached by clinicians are guided by a knowledge of the evidence base that sits behind dentistry. Most of the research that contributes to our dental knowledge is undertaken in universities around the world, but increasingly dental teams and their patients are getting involved with research projects as well.

Every year, dental researchers from around the globe meet to present their latest findings at a meeting organised by the International Association for Dental Research (IADR). The IADR is a non-profit organisation headquartered in the USA, with nearly 11,000 members worldwide. This summer, 5,000 delegates met in London.

There is no need for the dental team to go along to an IADR meeting when the key developments are disseminated through publications like *BDJ Team* and the BDA's online educational resources and fact sheets. Indeed, sharing the fact that your team has regular training sessions to keep up to date is another good way to demonstrate your commitment to patient care. So when a patient tries to book an appointment at a time reserved for a practice meeting, be sure to inform them that you are running a training session at the time originally requested!

The dental team has an important role to play when new research results in a change to the practice routine.

Patients notice when things are done differently and may not always understand why their treatment was not the same as last time.

- Why did they not have to take antibiotics before their cleaning?
- Why was a lead apron not used for their x-ray?
- Why is silver amalgam not being used this time?

If that question is raised in the surgery it is likely that the patient wil only retain a small percentage of what they are told by the dentist. Often the patient doesn't like to ask the dentist in the first place and so leaves their concern unvoiced. Other team members can help by being sensitive to changes that have been made and checking with the patient to see if they have any questions about this. The practice manager and the dental nurse taking the patient back to reception are well placed to have a chat with the patient away from the surgery. In the process they can reassure the patient that the change was not due to an oversight or a mistake, and based on good science. This can make surprisingly significant contributions to the level of patient satisfaction.

Resistance

Chief Medical Officer Dame Sally Davies was among the delegates at IADR this year. The need to combat antimicrobial resistance through good stewardship is a campaign that she has successfully advocated for a number of years and has had an enormous impact on global health. For this reason, the IADR awarded Dame Sally an Honorary Membership of the Association. It is a reminder that dentistry is a branch of medicine and has a valuable role to play in the management of systemic disease.

Dentists prescribe about 10% of the antibiotics dispensed in the UK and there has already been a measurable reduction in the number of prescriptions written for dental patients. But for every patient who expected a pack of antibiotics for dental pain, and others who had routinely been asked to take a sachet of Amoxil before seeing the hygienist, there is likely to have been a question when they were first informed that no antibiotics were needed.

Provided the practice has trained together as a team and created a common understanding behind any changes to a clinical protocol, every member of the dental team can feel confident when speaking to patients about those changes.

ONSLAUGHT ON CHILDREN'S ORAL HEALTH UNDERWAY!

A comprehensive resource pack is now freely available to dental practices to promote prevention in 0-2s. Created under the SMILE4LIFE banner, with resources from a range of organisations, the pack has been circulated to Local Dental Networks and has been warmly welcomed by the British Society of Paediatric Dentistry.

President Claire Stevens commented: 'So many of us have been working to turn the tide on the ridiculously high number of general anaesthetics for multiple extractions in children. Now that this new pack giving online access to educational posters and leaflets is available to all dental practices, the onslaught against dental decay can really begin.'

'For too long, primary care dentists in England have been disadvantaged when compared to colleagues in Scotland, where there is the Childsmile programme and colleagues in Wales, where there is the Designed to Smile programme. Now the Chief Dental Officer, England, has delivered on her commitment to Starting Well Core, the dental access and prevention programme for 0-2s, and we are really grateful for her leadership.'

Claire said that the strength of the Starting Well Core initiative is that it is taking the best of existing resources, such as BSPD's Dental Check by One campaign (see poster, right), Public Health England's Change 4 Life programme and Manchester's Baby Teeth do Matter e-learning package, and making them available nationally.

In addition to resources directed at patients, the pack contains educational material and evidence-based links for dentists and their teams. Each pack is different with dental health statistics which relate to the local area so dental teams know the challenge they are up against.

Claire continued: 'Dental practices which want to work to reduce dental caries in children should find they have a rich supply of resources. We are also delighted to know that wider health and social care networks are also going to be sent some of the resources in the coming weeks.'

UPDATED ADVICE ON FEEDING BABIES IN THE FIRST YEAR OF LIFE

Scientific Advisory Committee on Nutrition (SACN) has published its report on *Feeding in the First Year of Life* (1) providing recommendations on infant feeding from birth up to 12 months of age.

The last review of infant feeding was undertaken by SACN's predecessor Committee on Medical Aspects of Food Policy (COMA) in 1994 and formed the basis for government recommendations in the UK.

SACN recommends babies are exclusively breastfed until around 6 months of age and continue to be breastfed for at least the first year of life. Additionally, solid foods should not be introduced until around 6 months to benefit the child's overall health. This represents no change to current government recommendations. SACN concludes breastfeeding makes an important contribution to infant and maternal health. This includes the development of the infant immune system, while not breastfeeding is associated with a higher risk of infant hospital admission for infectious illness.

By around 6 months of age, infants are usually ready to accept foods other than breastmilk or formula. SACN concludes delaying solid foods to around 6 months is not associated with later difficulty in accepting solid foods – the idea of a 'critical window' between 4 and 6 months is not supported by the evidence.

SACN has recommended strengthening advice regarding the introduction of peanuts and hen's egg – advice on complementary feeding should state these foods can be introduced from around 6 months of age and need not be differentiated from other solid foods. The deliberate exclusion of peanuts or hen's egg beyond 6 to 12 months of age may increase the risk of allergy to these foods.

The report has been welcomed by the British Society of Paediatric Dentistry. Professor Emeritus Andrew Rugg-Gunn, BSPD's expert and a former member of the SACN panel, commented: 'I welcome this report and the inclusion of the chapter on oral health, rightly emphasising its importance in the general development of infants.'

'Both BSPD and I were delighted to have been given the opportunity to provide input, ensuring that this document is representative and that all concerned with children's oral health can speak with one voice.'

'It's valuable for all organisations working in the interests of children's health to be aware that long-term and on demand breast feeding may be a risk factor for Early Childhood Caries, as highlighted in this report and in our own position statement (2). More research is needed and we look forward to further guidance from SACN on feeding children after the age of one.'

Other recommendations in the report include:

- breast milk, infant formula and water should be the only drinks offered between 6 and 12 months of age - cows' milk should not be given as a main drink, as this is associated with lower iron status
- a wide range of solid foods, including foods containing iron, should be introduced from around 6 months of age, alongside breastfeeding - these foods should have different textures and flavours and may need to be tried several times before the infant accepts them, particularly as they get older
- breastfed infants up to 12 months should receive a daily supplement containing 8.5 to 10µg of vitamin D (340-400 IU/d) - formula-fed infants do not need a supplement unless consuming less than 500ml of infant formula a day

1. https://www.gov.uk/government/publications/feeding-in-the-first-year-of-life-sacn-report
2. https://www.bspd.co.uk/Resources/Position-Statement

Dental 'hygenius' Trish Maitland an inspiration

Dental hygienist Trish Maitland from Scotland, was selected by the Oral Health Foundation as a winner of Nominate a Smile, the campaign to find people in the dental world who deserve recognition for their positive impact on the community.

Trish, who works at Dental Inspirations in Stonehaven near Aberdeen, was nominated for the award by her practice manger Leianna Minty, who labelled her as a 'HyGenius' before saying she has one of the 'warmest smiles that would ever greet you.'

Speaking of Trish, Leianna says: 'Nothing is too much for her, she goes above and beyond for all her patients and really just anyone she comes into contact with. Trish is dedicated, genuine and has a true heart of gold. I could list thing after thing about our Trish and why she should win, but mostly because she is her and we love her.'

In the nomination, Leianna goes into detail about how Trish makes time to help raise money for charities despite providing care for her son with Cystic Fibrosis 'Trish has various things going on with her personal life, giving love and assistance to her family, especially her son and elderly parents, but she still makes time for charity work both within the practice and personally. Even on her days off she volunteers at care homes.'

The Nominate a Smile competition was a key part of National Smile Month, a charity campaign to promote good oral health, and sets out to find very special people with smiles that have the power to lift all those around them.

SEPSIS AWARENESS IN DENTAL PRACTICES

September is Sepsis Awareness Month and for the first time, dental practices around the UK will be getting behind the campaign. The UK Sepsis Trust (https://sepsis trust.org) and the Office of the Chief Dental Officer have worked together to produce a poster (right) which is being circulated to all of the UK's 12,000 dental practices.

The poster is part of a drive to raise awareness of the risk of sepsis which can be described as a serious and sometimes fatal complication arising from an infection. Although rare in dentistry, there have been some cases linked to dental infection or to a visit to a clinic.

Damian Walmsley, the British Dental Association's scientific advisor says: 'There may be a theoretical risk in relation to invasive procedures but having untreated infections, for instance an abscess, is more likely to put people at risk.'

The Sepsis Trust campaign is being led by Melissa Mead, their project manager. Melissa began working for the campaign after her 17 month old son William died from sepsis. At the time she had never heard of it. As William died at home unexpectedly his body had to go away for a post-mortem examination.

The pathologist found that William had a left collapsed lung, an abscess in is left upper lung lobe, a pleural effusion with over 200mls of viscous fluid in his left lung cavity, pneumonia in both lungs, heavy inner and outer ear infection and sepsis.

'Sepsis' Melissa replied. 'What's that?' She is now on a mission to make sure everyone in healthcare understands what sepsis is. It's entirely preventable but left undiagnosed, as in William's case, it can be fatal. An NHS Root Cause Analysis report into his death conducted by NHSE South identified 4 missed opportunities to save his life.

Turn to page 19 to read Sarah Haslam's article explaining sepsis and the work of the Sepsis Trust in raising awareness.

HULL DENTAL PRACTICE MANAGER AWARDED **MBE**

Ingrid Perry, Secretary and Trustee of the award-winning children's dental health charity Teeth Team, has been awarded an MBE for 'Services to Education and Improvement of Dental Health in Young People' in the Queen's Birthday Honours List. A practice manager for mydentist in Holderness Road in Hull, she will receive her award later this year.

Ingrid has over 35 years' experience within the dental profession and has gained national recognition, winning the Patron's Prize for Innovation in 2012 from the NOHPG (National Oral Health Promotion Group). She was also runner-up in the Hull Women in Business, Women of Achievement Awards in both 2012 and 2014 and a finalist in the 2013 Dental Awards in the category of Oral Health Promoter of the Year.

Ingrid is a familiar face in East Yorkshire having worked in community health for many years, firstly in providing oral health education directly to local families and more recently as a practice manager.

Drawing on her own childhood experiences of the effects of poor oral health, which included multiple extractions under anaesthetic, plus her knowledge of the local community, she founded a scheme to go into schools to promote toothbrushing. That scheme went on to become the charity Teeth Team.

The charity's achievements are impressive, achieving a near 20% reduction in children's extractions under general anaesthetic in one area of Hull alone.

Since its inception, what began as a small community organisation has expanded across the UK to areas of deprivation aiming to make a positive impact on children's oral health.

Ingrid said: 'I know first-hand the lifelong difficulties that children face due to early tooth decay and that is what drives me to make a change. Sadly not all children are encouraged to maintain good oral health, or make the right food choices, but through our work we aim to educate children and make brushing an everyday routine.'

'The children that we see now are the parents of tomorrow and by providing education and encouragement we can break the cycle of childhood dental decay.'

'I'm extremely honoured to be receiving an MBE but the award honours everyone who has been involved with Teeth Team.'

Teeth Team Chair, Chris Groombridge, offered his congratulations: 'We are all delighted to hear that Ingrid has been awarded an MBE. I have worked with Ingrid for many years and this is rightful recognition of her dedication to children's dental health over the entire course of her career.'

DENTAL TEAMS GO GLOBAL

Over two million twitter impressions from more than 200 individual dental tweeters across the globe were generated to mark the hashtag campaign #dentisty24. With tweets from all over the UK, Australia and the US, #dentistry24 kick-started a great first year.

The purpose of the campaign is to increase positivity and morale whilst facilitating shared learning and networking. It's a chance for everyone involved in dentistry - dental teams, academics, industry, students, universities and professional bodies - to participate and share good news and good practice.

Fun photos of dental teams at work, pictures of oral health promotion, students at university, and dentists on study days flooded the twitter account in a constant stream. Check out some of the messages generated on May 24th, join the #dentistry24 movement and if you are on Twitter, follow @UKDentistry24 and look out for updates for next year's event.

1.Glodwick Dental Centre:

'#dentistry24 gave an opportunity for our Dental team to support a great event, allowing us to specifically showcase the skill mix in our team. We had dentists, foundation dentists, dental therapist, practice manager, extended duty dental nurses, dental nurses and trainee dental nurses' – *Mohsan*

2. Student OHP Group – Queen Mary's

'The work showcased on #dentistry24 inspires us to contribute to the positive side of dentistry, connecting us with other individuals and groups that care about oral health. As students, it is all too easy to question our reach and let limitations hinder our efforts. It is so encouraging to see other community groups delivering similar oral health promotion – we understand that as part of something bigger, our actions at a local level can still make a sizeable impact.'

3. Smiles Across Nepal

'Dentistry24 means that I could showcase the great work this small dental charity does on a global scale' – *Tashfeen*

4. Cheshire & Merseyside DCP Champions

'Dentistry24 is a platform to highlight to the dental community how DCPs can facilitate dental education and create a learning network' – *Lynne*

5. Disruptive Innovators

'#dentistry24 gives the disruptive innovators a way to reach out to other young dentists who want to carve out their own niche in the profession and a way to provide support other aspiring change-makers and game-changers' – *Janine*

6. Smile Squad of Sheffield's School of Clinical Dentistry

'The School of Clinical Dentistry of the University of Sheffield got involved with #Dentistry24 to share positive dental news about our research, teaching and student activities. On 24th May we tweeted every hour to showcase our world leading research, public engagement events, outreach training, postgraduate teaching and our Smile Squad group of hard working student volunteers.

7.Sharrow Dental

'#dentistry24 is an opportunity to thank each and every member of our fantastic team for their unrelenting loyalty and hard work to keep Sharrow Dental Practice an essential part of the local community' – *Frank*

8. J Smallridge Dental Care, Ipswich

'Saying thank you to our wonderful team of dentists, nurses and receptionists who provide great care to the local community in Suffolk' – *Jo*

News briefs

Baby has neonatal tooth removed at 12 days old

A baby girl born was born with a tooth and had it removed at just 12 days old in early August. The infant, named Isla-Rose, was treated at Seven Trees Dental Access Centre, where the dentist used numbing cream as she was too young for a general anesthetic. The story was widely reported in the national media.

The BDA's scientific advisor, Professor Damien Walmsley, explained how neonatal teeth are often loose because the roots are not properly developed and that there is a risk of a detached tooth entering the child's lungs, but this is extremely rare.

Eating disorders and their impact on teeth

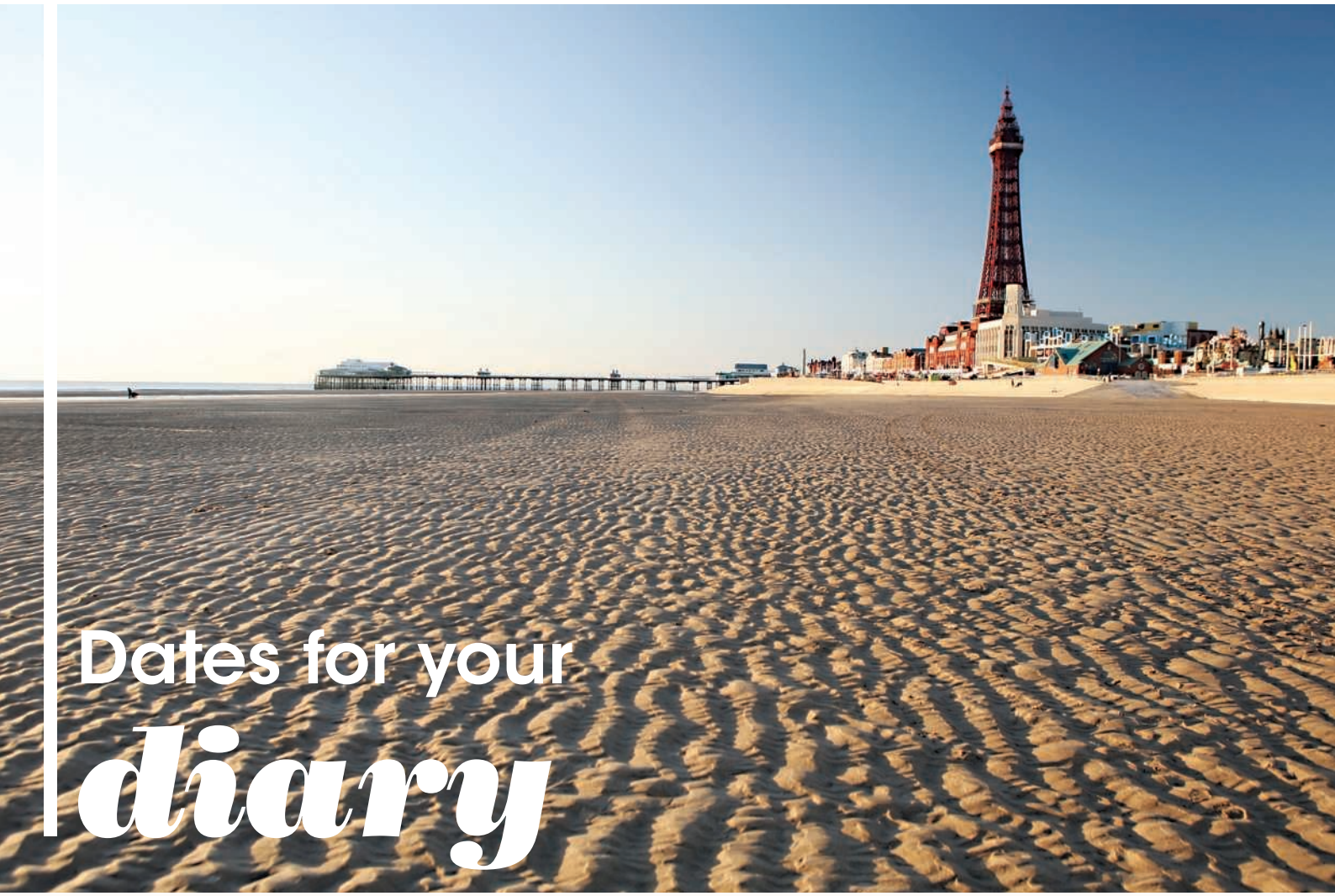
BBC Radio 4's Woman's Hour explored how eating disorders can damage teeth in an edition which featured Laura Dennison who suffered from bulimia for five years.

Also speaking on the programme, private London dentist Uchenna Okoye pointed out that eating disorders are not the only cause of erosion and drew listeners' attention to NICE tips on how to minimise such damage to teeth.

Tongue-splitting now illegal

People who have cosmetic treatment to split their tongue are at serious risk of haemorrhage, infection and even nerve damage, surgeons have warned. In a joint statement, the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons (RCS) and the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) warn that, following a recent court case, 'body modification practitioners' in England and Wales offering tongue splitting are now likely to be doing so illegally.

The procedure is often offered alongside regulated procedures such as tattooing and piercing, but there has been uncertainty over the legal status of tongue splitting for some time – it is not covered under any existing legislation, so is in effect entirely unregulated. However, in England and Wales a Court of Appeal judgement recently found tongue splitting to be illegal, constituting grievous bodily harm, when performed by a body modification practitioner for cosmetic purposes, even in instances where consent has been obtained.



Dates for your *diary*

The National Dental Nurses conference

November 16/17, Blackpool – pictured above

The two day conference included a talk from Chris Curtis, the founder of the Swallows Neck and Cancer charity, plus much more.
For more information or to book:
http://badn.org.uk/conference

Dental professionals conference

September 14-15, Nottingham

The first ever dental professionals conference designed to make inter-professional learning a reality takes place this month at the Park Plaza Hotel in Nottingham. Organised by the Orthodontic Technicians Association (OTA) with a theme of 'Reflections', the conference is supported by other DCP organisations with plans to embrace all groups in future years.

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The current chair of the OTA is Andrea Johnson who says the conference is the first of its kind and open to anyone with an interest in dentistry. Among the speakers are lab-owner Tony Knight, lab technician Desmond Soloman, dental nurse Diane Roachford, dentist Jason Wong and technician Ashton Sheerkhan. To book:
https://ota-uk.org/ota-conference/

The British Association of Dental Therapists (BADT) Oral Health Conference and Exhibition

November 23-24, Telford

With the theme "The future is yours", this year's conference is at Telford International Centre. Among the speakers is Janet Taras who will be advising delegates how to manage difficult conversations in the workplace. To book:
www.bsdht.org.uk/OHC2018

British Orthodontic Conference

September 27-29

The annual British Orthodontic Conference is In London this year and has a dedicated day for orthodontic therapists – Friday 28th September - and a dedicated day for orthodontic nurses – Saturday 29th. There is also a pre-conference course on cross infection control on Wednesday 26th September 'Risky business – an update on disinfection and decontamination' and a Practice Development Day on Friday 28th and both are open to the whole team.

To find out more or to book:
https://www.bos.org.uk/News-and-Events/Events/BOC-London-2018

Other dates:

The British Association of Dental Therapists national conference

September 28/29 The Oxford Belfry
https://www.badt.org.uk/events/event/badt-2018/

The BDIA Dental Showcase

October 4-6, Excel, London
To book: *https://dentalshowcase18.reg.buzz/*

From caring to crackers

Dental hygienist **Joss Harding** RDH CEB DipDH RADC 1992 from the Confident Dental and Implant Clinic in Stroud explains how her interest in supporting cancer patients began.

When you can't give patients any answers, you go in search yourself. That's the direction I headed in a few years ago after I went looking for information for patients undergoing cancer treatment. I found there really wasn't much available. After asking around, I was encouraged to write a definitive article which described the side effects of cancer drugs. This in turn led to an invitation from a local charity, BrushUpUk http://www.brushupuk.com/ to compile some leaflets for them.

Another big turning point was learning about The Swallows Head and Neck Cancer Charity at the BDA annual Conference in Manchester in May 2017 where I was a speaker. I went to hear a presentation by Andrew Baldwin, Consultant Oral and Maxillofacial Surgeon, Pennine Acute Hospitals NHS Trust, Manchester who mentioned the charity. I was inspired to look into the support it gives to head and neck cancer patients and carers. I contacted the Chairman – and recovering cancer sufferer - Chris Curtis and we emailed. We finally managed to meet face to face at this year's BDA dental conference and dental show.

> *'XEROSTOMIA IS A BIG ISSUE FOR CANCER SUFFERERS AND CARRIES WITH IT A RISK OF DENTAL DECAY.'*

Chris loved my BrushUpUk leaflets which were produced from my original article. In turn, I was inspired by his cracker challenge! You have to see how many dry biscuits you can eat in a minute – which is very difficult when you are short on saliva. It's a good way of conjuring empathy from people who have never experienced xerostomia. The world record, I am told, is 4!

Xerostomia is a big issue for cancer sufferers and carries with it a risk of dental decay. Sometimes I find it falls to me to diagnose xerostomia. I always let patients know that I check their teeth, gums and saliva flow. PHE's Delivering Better Oral Health (DBOH)2017 toolkit[1] guides us with treatment options for these patients and prevention is always key.

I have referred a few patients over the years to their GPs for diabetes and Sjogrens Syndrome tests as we must take a holistic approach. They love the fact that we care. I let them know at each visit what has been going on. Many patients now book a session with me when they have been given a diagnosis of cancer. They know to make sure their mouths are very healthy before starting treatment.

I am very lucky as I have a very supportive team. All my colleagues are aware that I have a big drawer of product samples available. We give xerostomia patients a bag of products to go away with so they can find which works best for them. I think it's fair to say that as a result of the research I have undertaken, my article, my leaflets and my presentations, our practice is now able to give all patients undergoing cancer treatment effective support, recommendations and treatment. It's been a gratifying journey.

1. Delivering Better Oral Health: an evidence-based toolkit for prevention third edition. March 2017. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf (Accessed August 21st 2018).

- Turn to page 13 for an article by Joss on xerostomia and how to manage patients.
- Turn to page 11 for more information about the BADN national conference at which Chris Curtis is a speaker.

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CPD: ONE HOUR

Do you have a drink problem?

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***

Joss Harding on how to treat xerostomia

When I ask patients if they have a drink problem, they initially think I am suggesting they are drinking a little too much. But it's the reverse. For me, a drink problem in my patients is an unwillingness to drink enough fluids. Dry mouth, xerostomia, is a more common problem than patients and health care professionals realise. Many patients do not believe they have a dry mouth. As dental professionals we should be looking at the whole oral environment, not just at teeth and gums. Saliva flow should always be checked and we should be asking the patient how much they are drinking throughout the day. Our advice should be to drink 6-8 glasses of water per day.[1]

Why do we need saliva?

- Saliva lubricates by helping to wet food and create a bolus which can then be swallowed.
- Saliva protects the mouth lining from dessication.
- Saliva is the start of digestion of starches and fats and amylase and lipase enzymes.
- Saliva contains ions which help to buffer the mouth and maintain the pH of 6.2.to 7.4
- A healthy person produces up to 0.5 litres of saliva per day and can vary greatly over 24 hours.

What causes xerostomia?

Dry mouth can be caused by medications treating depression, anxiety, pain, allergies, and colds, acne, epilepsy, hypertension (diuretics), diarrhoea, nausea, psychotic disorders, urinary incontinence, asthma and Parkinson's disease. According to Porter, Scully and Hegarty over 500+ medications cause xerostomia.[2] In this study xerostomia was ranked the third most distressing symptom. How many of our patients are prescribed at least one?

Dry mouth can also be a side effect of medical conditions, including Sjögren's syndrome, HIV/AIDS, Alzheimer's disease, diabetes, anaemia, cystic fibrosis, rheumatoid arthritis, hypertension, Parkinson's disease and stroke.

Certain treatments can cause dry mouth. Chemotherapy for cancer treatment and radiotherapy to the head and neck will affect the salivary glands.

How to check at what stage or how severe the dry mouth is and what to do if it becomes worse?

Many clinicians use a simple scale of +/++/+++ or use descriptive words, which is useful, but not reproducible. The Challacombe Scale was devised by Professor Stephen Challacombe from Kings College London Dental Institute and released in 2011.[3] This scale has been developed using an additive score from 1-10 and then categorising the severity of the dryness and what treatment is suggested. A downloadable wall mounted surgery poster is available.

The question is, how do we manage patients with xerostomia?

Public Health England (PHE) recommend high fluoride toothpastes. Duraphat 5000 toothpaste, for patients over 16, Duraphat 2800 toothpaste for patients over 10 years old. These are prescription high fluoride toothpastes which only require a pea size amount on the toothbrush ideally twice per day. Cancer patients with a lack of saliva are categorised as high risk of coronal caries and root caries because of the lack of saliva. For head and neck cancer patients, fluoride toothpastes can also be applied to the teeth overnight in custom-made dental trays to increase the efficacy.

For high risk patients PHE recommend a high fluoride varnish to be applied professionally to the teeth and any exposed root surfaces at six monthly intervals. There are a few choices of varnishes available but currently PHE recommend Duraphat varnish containing sodium fluoride 22,600ppm. Contraindications should be observed. This is a simple treatment

which can be carried out by appropriately trained staff.

If a patient is not able to tolerate a toothbrush or toothpaste, then another option is a fluoride containing mouthwash. PHE recommend using a fluoride mouthwash (0.05%) at a different time to brushing as rinsing straight after brushing reduces the beneficial effect of the toothpaste.

If a patient is not able to tolerate mint or sls then try Oranurse, a flavour free toothpaste. This toothpaste was developed initially for autistic patients who find mint toothpaste feels hot or gives them a burning sensation.

Other brands available are:

- Biomin toothpaste is remineralising toothpaste developed by a London university available in fluoride and fluoride free versions and is low RDA
- Enamelon is a preventive treatment gel from Premier which contains calcium phosphate, stannous fluoride and spilanthes which is a herb to aid moisture and is also low RDA.
- Enzycal is a mild toothpaste from Curaprox which contains enzymes is sls free, sodium fluoride and is low RDA.

Other options for dry mouth products

There are many options available, and we are well placed to suggest these to patients appropriately. Always check for instructions for the use of a product to help them work as effectively as possible. Check for pH and check for contraindications or contents which may not be suitable for vegetarians or vegans or people from certain religious groups.

Check the Specialist Pharmacy Service, a resource prepared by UK Medicines Information (UKMi) pharmacists for NHS healthcare professionals, for the current updated list of saliva substitutes available. pH7 is considered as neutral and pH less than 7 as acidic. However, many products are above the critical pH of 5.5.[4]

1. Dry mouth products

I. Bioxtra have a range of products for dry mouth: mouthwash, toothpaste, gel and spray. These contain xylitol, enzymes, are sls free and alcohol free. Some of the range contain fluoride and aloe vera. Check for pH and contraindications.

II. Gelclair is a mouthwash and is available on prescription or online and can be used either in dilution or straight onto the tissues to help lubrication and protection of the mucosa by producing a protective barrier.

III. Benzydamine (Difflam) mouthwash or spray are available to purchase or on prescription and act as an analgesic, anaesthetic and anti-inflammatory. Check for contraindications.

IV. Gengigel is a product in a gel and mouthwash and has no contraindications. Gengigel contains the active ingredient hyaluronan and some patients find this very soothing especially for oral ulceration.

V. OraCoat's XyliMelts lozenges are all natural available in mint or mint free and are made from xylitol and a gum lubricant. With their oral adhering and fully dissolving disc technology they are able to stay in situ and promote saliva, day or night.

VI. GC Dry mouth gel is a clear pH neutral gel available in 5 flavours. Check for contraindications

VII. Oralieve have a range of mild flavoured pH neutral products for dry mouth: mouthwash, toothpaste, gel and spray. These contain enzymes, xylitol and are free of SLS – the foaming agent Sodium Laurel Sulphate – as well as alcohol free. Toothpaste and mouthwash contain fluoride. Check for contraindications.

VIII. Salivix and Salivix plus are saliva stimulant pastilles. These contain malic acid, xylitol and fluoride. Check for pH and contraindications.

IX. Saliveze is available in a pH neutral sugar free spray.

X. Xerostom have a range of lemon flavoured neutral pH products: toothpaste, gel, spray, pastilles and gum. This range of products contains saliactive which contains vitamin B5 and vitamin E.

XI. Mugard is an oral mucoadhesive oral rinse available on prescription. Check for contraindications.

XII. Biotene have a range of pH neutral products. Gel is available on prescription and contains xylitol and sorbitol.

XIII. AS Saliva Orthana is available as a pH neutral spray contain xylitol ingredient and lozenges contain sorbitol ingredient.

XIV. Glandosane is a saliva stimulant spray available in mint, lemon and neutral, this contains sorbitol. Check for pH and contraindications.

XV. Xerotin is available as a pH neutral sugar free spray, this contains sorbitol.

2. Chewing gum and sweets.

It has been found that saliva production can be stimulated when chewing gum, so encouraging the use of sugar free gum containing xylitol (an anti-cariogenic natural sugar) can help with lubrication and reducing decay.

Peppersmith's produce a range of xylitol sweets and gum in a variety of flavours to help with a change in taste and reducing decay.

Dr Heffs have produced a xylitol mint that contains green tea and calcium phosphate.

3. Calcium repair mousse.

GC produce two calcium repair products - tooth mousse and MI paste available in a choice of flavours. Tooth mousse is safe for babies and pregnant women and can be used with Duraphat 2800/5000 toothpaste. MI paste contains 900ppm fluoride so is safe for children from 6 years upwards and can only be used in combination with Duraphat 2800 toothpaste. Please check correct age use for these high fluoride toothpastes as mentioned previously. This calcium repair product has the benefit of pushing calcium and phosphate ions back into the tooth surface. Teach the patient how to apply a small pea size amount on the end of the tongue and then lick it around teeth or use the end of a clean finger and wipe around. Contraindications – sensitivity to milk.

What else is helpful for these patients?

Acupuncture has been suggested as a helpful treatment for dry mouth patients. Drs Simcock, Fallowfield and Jenkins use acupuncture to relieve radiation induced xerostomia and have published a feasibility study.[5] This is an interesting study and certainly something to suggest directly to patients or via a specialist. Your local Oral and Maxillofacial department may have a dry mouth (xerostomia) clinic where acupuncture may be available.

Dry mouth is going to be a growing problem as life expectancy lengthens. So, as a dental team we play an important and integral role in our patients' journeys. It is important we remain vigilant and are knowledgeable about the products available to help and provide relief.

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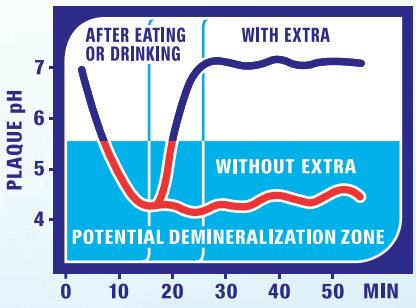
Highlight what else your patients can do to improve their oral health

Significant changes in lifestyle mean that traditional eating habits have altered, and people are now eating on the go more than ever before. The more we snack, the more our teeth come under attack.

Independent clinical research proves that chewing sugarfree gum for 20 minutes after eating or drinking helps neutralise the plaque acid attacks that can cause tooth decay[i] and contributes to removing food remains[ii]

Increased flow of saliva also promotes the remineralisation of tooth enamel,[iii] thus reducing one risk factor for developing tooth decay[iv, v]



Chewing sugarfree gum after eating and drinking helps neutralise plaque acids, assisting in keeping teeth clean and healthy.[i,ii,iv,v]

Help your patients improve their oral health through one additional, simple and enjoyable step – recommend Wrigley's Extra.®

To learn more about the science behind the benefits of sugarfree gum visit **www.wrigleyoralhealthcare.co.uk**

WRIGLEY Oral Healthcare Programme

ORAL HEALTH FOUNDATION APPROVED

i Alcantara E, Leveille G, McMahon K, Zibell S. Benefits of Chewing Gum: Oral Health and Beyond. Nutrition Today, Volume 43, Number 2, March/April 2008
ii Leach SA, et al. Remineralization of artificial caries-like lesions in human enamel in situ by chewing sorbitol gum. J Dent Res 1989;68:1064-8
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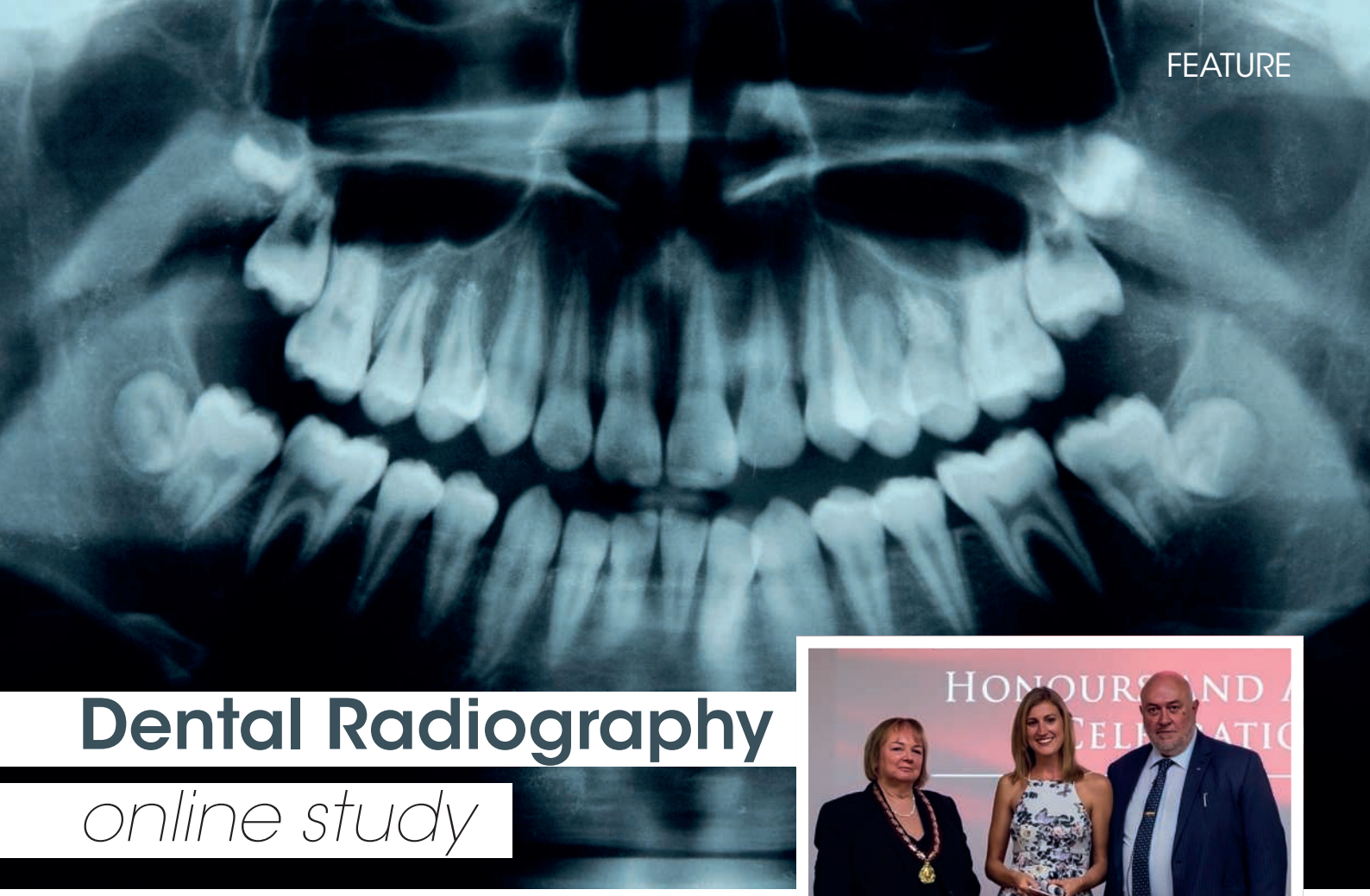
† Extra® sugarfree gum is beneficial for dental health as it helps neutralise plaque acids.



Dental Radiography

online study

Justine Sparkes was named as an Outstanding Student after passing the BDA Education Radiography exam. Following the presentation of her award at the British Dental Association Honours and Awards Celebration she described what the award meant and why online learning worked for her.

Q. How long have you been a dental nurse for?

Since 2010 with the last 3 of those years being at my current practice.

Q. What inspired you to become a dental nurse?

I always had an interest in medical related subjects. I wanted more from my job and to have more job satisfaction so I started to consider dental nursing and I love it. It was a great decision.

Q. What is your favourite part of the job?

The patient interaction. In my job you really get to know the patient and their history. I work in a practice where they perform a lot of implant procedures so you meet patients who may have no teeth for example and see them transform and have brilliant smiles. You hear their stories and have the satisfaction of knowing that you have made their lives better.

Q. What inspired you to complete the course?

It was something that I suggested as I wanted to progress in my career. I went from working for an NHS dental practice to a practice that deals with a lot of implant procedures. This qualification was a great way to be more involved with patients and improve my confidence.

Q. How did you feel about completing the course and exam online as opposed to in a classroom?

This worked so well. I have a 6-year-old so working online gave me a chance to work the course into my life and around time spent with my child. For the exam it was nice to be able to sit it where I chose to, I sat it at work when the practice was not open for patients so it was quiet. Obviously, I was nervous as taking an exam is still a big thing but I could cut out other factors that may have caused stress. If I had needed to go into London, for example, I would have had to commute for about an hour and I would have spent all that time before worrying about the exam or worrying about the reliability of the trains. I had experienced this while studying for my nursing qualification as I was a good hour and a half away which caused some stress. Having this flexibility in location meant I could get to work in a familiar environment and just get on with it.

Q. What advice would you give to any potential new students?

Make sure that you put time aside as of course it is time consuming, you will also need the motivation to do so. It can be so hard after you have worked a full day and you are tired. The course is short but very intense which works for some people such as myself but other students definitely need to be aware of this so they give themselves enough time to complete it.

Q. How has completing the course helped you in your job since passing?

I feel like a much more helpful and valued member of staff thanks to my radiography qualification. That is not to say that I didn't before because I did but this qualification makes it even more true. Being able to take x-rays on my own, for example, while the dentist is seeing other patients makes me feel like I am really helping. I have a sense of achievement being able to do this and it has allowed me to do what I love which is to interact with patients more.

Q. Do you think you will do anymore courses to progress in your career?

Oh definitely, after doing this course it has made me realise that I can do this, I am capable so I have started looking into doing other courses. I am interested in studying the practice of how to take impressions as this is something we do at our practice however we are starting to move over to a more digital method of taking impressions as opposed to using materials so it may be a case of waiting for any courses offered to catch up with this technology change.

Q.Do you think that completing this course has made you more confident?

Definitely. It is very nice to have a piece of paper to highlight you can do something. You know after doing the course that you are qualified and able to do this and this makes you more confident when putting the learnt skills into practice.

Q. How did it feel the first time you took a radiograph since passing the course?

It felt fine actually, obviously with learning I had already taken quite a lot of radiographs under supervision. I was lucky enough to x-ray a patient who was familiar to me as she had come to the practice before. I was able to have a chat with her and she was asking me about my qualification as she knew I was studying before but did not yet know that I had passed. She was happy for me and it was just a really nice experience.

Q.What are you most looking forward to now that you are qualified?

Before I was qualified I would only experience parts of the process of seeing patients and treating them. Now I get to follow treatment from start to finish. I am there when they have those initial x-rays and then when they are x-rayed again as their treatment continues. I get to watch them transform.

Q.What does obtaining this qualification mean to you personally?

It shows me that my brain still works! It has been a while since I had really studied intensively or taken a big exam. The last time was when I was studying to become a dental nurse so this has given me a big confidence boost. Also, I want to be a good role model for my daughter. While I was studying and revising there were times when I had to explain to my daughter that I was working. I want to set her an example and also for her to understand that I have put in effort to work at something and be proud of me.

Q.How did it feel to be presented with the award?

I was really proud. I did not have a graduation or ceremony for my dental nursing qualification so it was lovely to be recognised for all the hours of revision and hard work I put in.

'I FEEL LIKE A MUCH MORE HELPFUL AND VALUED MEMBER OF STAFF THANKS TO MY RADIOGRAPHY QUALIFICATION.'

Justine is a dental nurse at Sensational Smiles in Carshalton, Surrey.

To find out more about BDA courses, go to the CPD Hub https://cpd.bda.org The next radiography course is in January.

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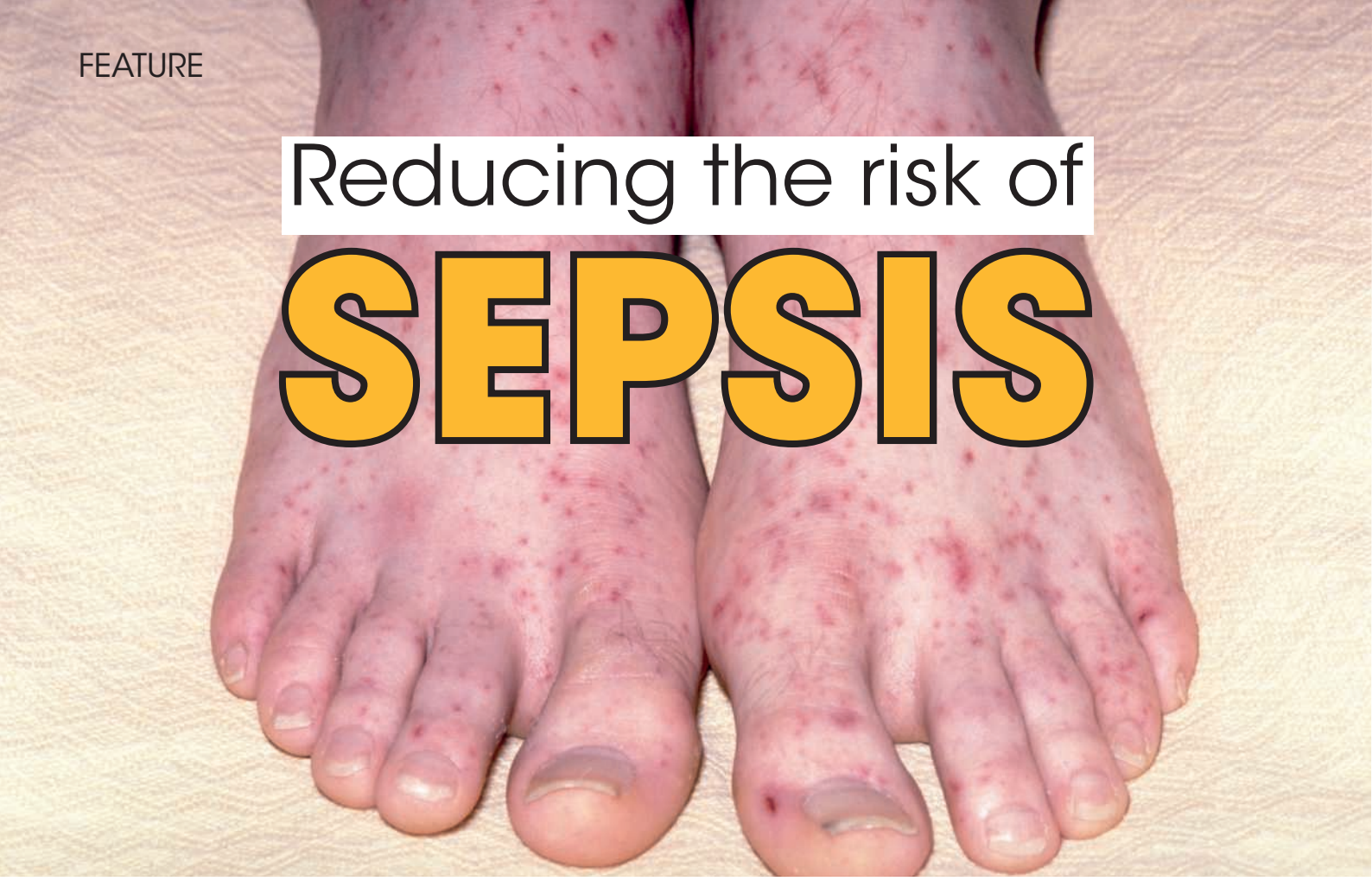

Reducing the risk of SEPSIS

Sarah Haslam, a mouth care specialist nurse from Kent, explains what her trust is doing to raise awareness of sepsis in dentistry.

The first I became aware of the possibility of sepsis in relation to dentistry was when I was still working in general practice. A patient rang up complaining of "a sore tooth" and asked for an appointment. As a result of further probing by my dentist, the patient reported that his face had gradually been swelling up over a few days. On learning this, my dentist advised the patient to go straight to our local hospital. Meanwhile, the dentist contacted the on-call Maxfacs SHO (maxillofacial house officer) to alert him to the imminent arrival of the patient. My employer explained how quickly sepsis can develop and in some cases may be fatal. The patient was admitted and operated on that same afternoon. The swelling was drained and the patient was put onto IV antibiotics. He was kept in hospital for a few days and only discharged once he was fully recovered. There is no doubt that without my dentist's prompt referral and the immediate intervention in hospital, this patient could have been at risk of developing sepsis. Who knows what would have happened next?

What is sepsis?

Sepsis has been defined as *"life-threatening organ dysfunction due to a dysregulated host response to infection"*[1]. The body's immune system responds abnormally to infection by attacking its own tissues and organs, leading to eventual organ failure. Any infection can trigger sepsis but the most common occur as a result of bacterial infection of the lungs, urinary or abdominal systems or skin infections.

The number of sepsis cases that occur in the UK is difficult to assess but it is thought to be between 200,000 and 1.7 million cases each year. The number of deaths from sepsis in the UK is also difficult to quantify due to inadequate reporting, but it is thought there are upwards of 40,000 deaths from sepsis every year in the UK.

If a patient or anyone you know has any or several of the following signs or symptoms, they may need referral to hospital for IV antibiotics:

- a high temperature (fever) or low body temperature
- chills and shivering
- a fast heartbeat
- fast breathing
- feeling dizzy or faint
- a change in mental state – such as confusion or disorientation
- diarrhoea
- nausea and vomiting
- slurred speech
- severe muscle pain
- severe breathlessness
- less urine production than normal – for example, not urinating for a day
- cold, clammy and pale or mottled skin
- loss of consciousness.

NICE requires all health care professionals, including dental care professionals to be trained in identifying people who may have sepsis. NICE guidelines state, *"all healthcare staff involved in assessing people's clinical condition are given appropriate training in identifying people who may have sepsis"*[2].

Sepsis is rare in dentistry, but there have been case which are odontogenic in origin[3] and the *British Dental Journal* has published a recent letter of concern highlighting the warning clinical signs of sepsis[4]. Recently, a trainee midwife told me about a young pregnant woman who had to be induced because she was at risk of developing sepsis from an ongoing untreated dental infection.

Tom Ray is a quadruple amputee with additional facial amputations from gangrene as a consequence of sepsis. The infection that

led to his life-changing situation is thought to have originated after a dental visit whilst he had a chest infection and when his gingivae were nicked. Tom, from Rutland, became seriously ill and went into a coma for several months. He had several limbs amputated and his face was seriously disfigured by additional facial amputations to remove gangrene caused by sepsis. A film has been made – Starfish - which tells the story of his recovery and how he and his wife rebuilt their lives together.

In my role as the mouth care specialist nurse, I have linked up with the trust's sepsis specialist nurse. We are looking at delivering joint training and how we can raise awareness of sepsis. Just recently a sepsis awareness day was organised to get information out to the public and healthcare professionals. We had a stand and our sepsis nurse and ITU team ran a quiz and took the opportunity to talk about the signs and symptoms of sepsis.

When I deliver my mouth care awareness training I ensure that I highlight the importance of good oral health and how that can help reduce the risk of sepsis and other infections such as hospital acquired pneumonia.

Hand hygiene is a very important part of preventing and spreading infection. When raising awareness of hand hygiene, we talk about the 5 moments. This approach advocates hand-washing at the following points:

- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

We can all take the opportunity to stress the importance of oral hygiene as a way to help prevent dental infections. Social media is a great educational tool when used correctly, as you can interact and learn with other healthcare and dental professionals as well as patients. This is how I met Melissa Mead, the campaigner who lost her son William to sepsis, and who has done so much good work as project manager for the Sepsis Trust. The trust website https://sepsistrust.org is a fantastic resource and I urge anyone who wants to know more to go to it.

I would like to see sepsis awareness incorporated into medical emergency training as it's a core part of CPD for all dental professionals. It would be good to have NEBDN and other training and examination bodies on board as we know patients are more likely to chat to their dental nurse. Collaboration is key. Meanwhile, I am delighted to work in a trust where highlighting the risk of sepsis is a priority.

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UK children's breakfast cereals – an oral health perspective

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Background Breakfast cereals remain popular with UK children. Although they are eaten primarily at breakfast time, they are regularly consumed between meals. Many breakfast cereals contain high levels of sugar, based on total product weight – with some values exceeding one-third sugar. Regular consumption of high-sugar breakfast cereals is concerning in terms of dental and general health, due to their relationship with dental caries and excess energy intake, which can lead to obesity and its associated conditions, including type 2 diabetes and coronary heart disease. **Aim** To investigate oral and general health messages contained on breakfast cereal packaging of brands popular with UK children. **Methods** Nine of the most popular branded cereals available in the UK, marketed to children, were evaluated in this study. One breakfast cereal (Coco Pops) was examined in greater detail, using all branded and UK supermarket own brand versions; culminating in a total of 13 breakfast cereals included in the study. The content of the packaging was analysed with regard to their imagery, health claims and nutritional content. **Results** At the manufacturer's suggested portion size, 8 of the 13 cereals provided over one-half of the recommended daily sugar intake for a 4–6-year-old child. Moreover, the imagery of the portion size on the front of the packaging was misleading – manufacturer's recommended portion sizes were at least two thirds less than those depicted. Nutritional claims focused on 'vitamins', especially folic acid and minerals, notably 'iron'. 'Whole grains' and 'no artificial colours or flavours' were legitimate claims. Only two cereals did not use the voluntary front-ofpack labelling system, both of which were supermarket brands. Cartoon characters, royal endorsements and QR codes were used to promote the breakfast cereals. **Conclusions** Most of the breakfast cereals contained high sugar levels, and although marketers made legitimate claims about other nutritional constituents, these claims might mislead consumers into thinking the cereals are healthier than they are. Imagery of portion size was grossly misleading and gives cause for concern. Dental and other health professionals need to be aware of the high sugar content of these cereals and the marketing techniques that are used by their manufacturers when giving advice to children and their parents. It is crucial that these professionals keep up to date with current evidence-based healthy eating guidelines.

Introduction

Breakfast cereals are the most popular breakfast choice eaten by school-aged children. Nine out of every ten UK children aged between seven and ten years regularly consume cereal at breakfast time.[1] Although breakfast cereals are traditionally referred to as a breakfast meal, a market research survey of 1,360 internet users aged 16+ years who have eaten cereals in the past six months reported that 42% ate breakfast cereals at times other than breakfast.[1] Their frequent consumption throughout the day means that cereals and cereal products are the second largest contributor of free sugars in children's diets: breakfast cereals account for 8% and 7% of free sugar intake in children (4–10 years) and teenagers (11–18 years).[2]

Consuming excess free sugar in food and drink is detrimental, increasing the risk of

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obesity, which is associated with greater risks of developing type 2 diabetes, hypertension, coronary artery disease and various cancers.[3] It is believed that 1 in 20 cancers in the UK is linked to being overweight, and this is associ-ated with 13 types of cancer, including breast, kidney, liver, colorectal and pancreatic cancer.[4] It is also a well-established risk factor for tooth decay.[3]

Breakfast is regarded as an important start to the day. A study of 3,275 New Zealand children, aged 5–14 years, reported that those who tended to skip breakfast had a higher BMI, were significantly less likely to meet recom-mendations for fruit and vegetable consump-tion and were more likely to be consumers of unhealthy snack food products.[5] In a survey of 656 Swiss schoolchildren, aged 7 to 10 years, Baldinger et al.6 reported that breakfast con-tributes to academic achievement: skipping breakfast had detrimental effects on short-term and episodic memory, problem-solving, attention and motor function skills.[6] A recent randomised control trial of breakfast cereals in 71 16–19-year-old girls in the UK demon-strated improved intake and biomarker levels of several B vitamins, iron and vitamin D in a fortified breakfast cereal intervention group after 12 weeks.[7]

As part of the European Union provision of food information to consumers, front of pack (FOP) colour code labelling (so called 'traffic light labels') is voluntary. Voluntary FOP nutrition labelling cannot be given in isolation; it must be provided in addition to the full mandatory 'back of pack' (BOP) nutrition declaration. The colours red, amber and green enable an assessment of the nutritional proper-ties of a food, however some manufacturers choose not to use the colour coding system. For sugars the cut off points for low, medium and high are ≤5.0 g/100 g; >5.0 g to ≤22.5 g/100 g; and >22.5 g/100 g.[8]

EU rules on nutrition and health claims can be used by food businesses to highlight specific benefits of their products in relation to health and nutrition on the product label and/or advertising. Nutrition claims such as 'low fat', 'high fibre' and health claims such as 'Vitamin D is needed for the normal growth and devel-opment of bone in children' are covered by these regulations, thus ensuring that any claim made on food labelling or advertising is clear, accurate and based on scientific evidence. Food bearing claims that could mislead consumers is thus prohibited.[9]

This paper analyses the packaging content of the most popular breakfast cereals that are marketed to children in the UK, focusing on nutritional information with particular reference to oral health.

Table 1 Breakfast cereal categorisation[1]

Popularity ranking	Target market		
	Children only	Children and adults	Adults only
1			Kellogg's Special K
2		Weetabix	
3		Kellogg's Crunchy Nut	
4			Quaker Oats So Simple
5		Kellogg's Corn Flakes	
6	Kellogg's Coco Pops		
7		Nestlé Cheerios	
8		Nestlé Shreddies	
9	Kellogg's Rice Krispies		
10			Nestlé Shredded Wheat
11	Kellogg's Frosties		
12			Weetabix Alpen
13			Kellogg's All-Bran Flakes
14			Dorset Cereals
15	Honey Monster Sugar Puff		

Source: Mintel (2012)

Methodology

The most popular UK breakfast cereals that were marketed to children in 2013 were selected by consulting the most recent (2012) Mintel Report on Breakfast Cereals.[1] Mintel, however, did not distinguish between cereals that were marketed to children and those marketed to adults. Therefore, the 15 most popular cereals were assigned to one of three categories – 'Children only', 'Children and Adults' and 'Adults only' (Table 1) – by examining the product packaging and, when available, television advertisements. Breakfast cereals that were associated with cartoon characters and children's promotions were placed in the 'Children only' category, those that were associated with families were assigned to the 'Children and Adults' category and the remainder constituted the 'Adults only' category.

Following categorisation, nine cereals that were marketed to 'Children only' or 'Children and Adults' were selected for investigation (Table 1). Kellogg's Coco Pops was chosen specifically as the brand leader of cereals that are marketed to children to compare it with supermarket-brand versions, where available (Asda, Sainsbury's, Morrison's, Tesco). All products were purchased in Spring 2013 from major UK supermarkets.

A content analysis of the 13 selected product labels was performed. Themes and catego-ries emerging from the data were recorded manually.[10] Codes included: nutrition claims, emotive words, FOP and BOP labelling, cartoon characters, promotions, vitamin and mineral content and links to other websites and social media. FOP labelling indicated which cereals were green (low), amber (medium) or red (high) with regard to total fat, saturated fat, total sugars and salt per the UK Food Standards Agency (FSA) FOP labelling guidelines.[8] Nutritional content and serving size were recorded in a Microsoft Excel 2010 spreadsheet. Frequencies and graphical rep-resentations of the data were generated using Microsoft Excel 2010.

Results

Sugar

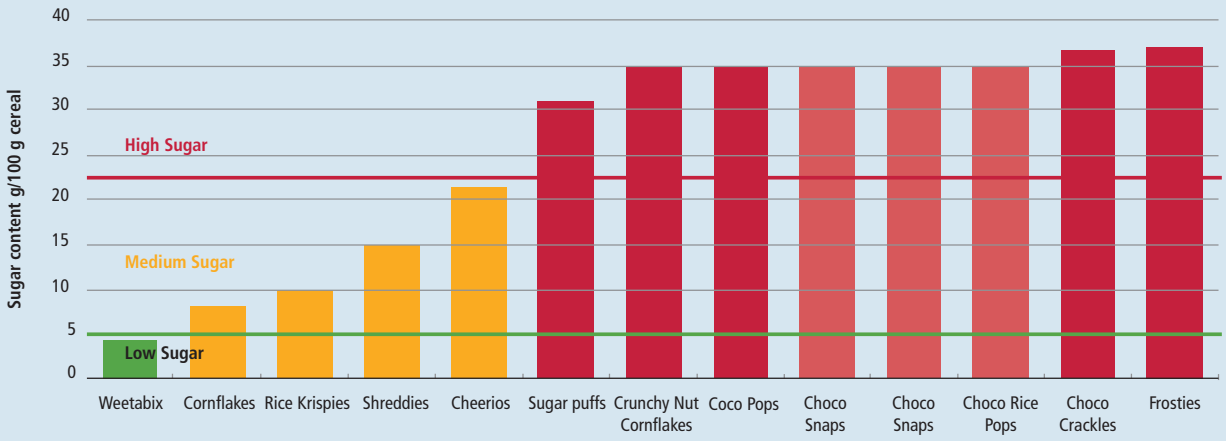
Four of the nine branded breakfast cereals contained high levels of sugar, defined as over 22.5% of the EU Reference Intake (RI).[8] Kellogg's Frosties, Coco-Pops, and Crunchy Nut Cornflakes and Honey Monster Foods Sugar Puffs, each containing more than 30% sugar. Kellogg's Frosties contained the highest percentage of sugar (37%), equal to 11.1 g per 30 g serving (Fig. 1). Four cereals contained medium amounts (defined as between 5% and 22.5% of the EU RI): Nestlé Cheerios and Shreddies and Kellogg's Rice Krispies and Cornflakes (ranging from 8% to 21.4%); only Weetabix contained low levels (4.4%), defined as less than 5% of the EU RI.[8]

There were no differences in the sugar content of three of the supermarket-brand versions or Kellogg's Coco Pops, each con-taining 35%. Only Morrison's Choco Crackles differed, with 36.5% sugar. Thus each of these chocolate rice based cereals was in the high sugar category[8] (Figure 1).

Fat, saturated fat and salt

Most branded and supermarket-brand cereals (11/13) contained low levels of total fat defined as less than 3% of the EU Reference Intake.[8]

Fig. 1 Sugar content of the breakfast cereals (g/100 g)



**Green, Amber, Red refers to the FSA FOP labelling system, where low sugar (green) relates to 5 g/100 g; medium sugar (amber) 5-22.5 g/100 g and high sugar (red) over 22.5 g/100 g*

Only Nestlé Cheerios (4%) and Kellogg's Crunchy Nut cornflakes (5%) had medium levels of total fat, defined as 3% to 17.5% of the EU RI (Table 2). All nine branded cereals contained low levels of saturated fat, defined as under 1.5% of the EU RI (Table 2), whereas, all four supermarket-brand varieties of chocolate rice-based cereals contained medium levels of saturated fat, defined as 1.5% to 5% of the EU RI (Table 2).

Twelve of thirteen breakfast cereals were classified as containing medium salt levels, defined as 0.3% to 1.49% of the EU RI, with only Honey Monster Foods Sugar Puffs, classified as being low in salt, defined as under 0.3%[8] (Table 2).

Nutritional claims

Twelve different nutritional claims were made by the breakfast cereal manufacturers, several of which featured more than once. Figure 2 emphasises the frequency of each nutritional claim, those that appeared more often are written in a larger font in the figure. The most frequently cited nutritional claim was 'a source of folic acid' (7/13), followed by 'added vitamins' not specified (6/13), 'iron' (5/13) and 'vitamin D' (4/13). 'Wholegrain' and 'source of fibre' each appeared on 3 of 13 packages. 'Calcium', 'low fat', 'no hydrogenated fats' and 'low sugar' each appeared once on the labels.

Table 2 Total fat, saturated fat and salt content of the leading UK children's breakfast cereals per 100 g

Cereal name	Brand	Fat	Saturated fat	Salt
Choco Snaps	Asda	2.9	1.6	0.80
Sugar puffs	Honey Monster Foods	1.6	0.2	0.10
Coco Pops	Kellogg's	2.5	1.0	0.75
Cornflakes	Kellogg's	0.9	0.2	1.30
Crunchy Nut	Kellogg's	5	0.9	0.90
Frosties	Kellogg's	0.6	0.1	0.90
Rice Krispies	Kellogg's	1.0	0.2	1.15
Choco Crackles	Morrison's	3.0	1.6	0.70
Cheerios	Nestle	4.0	1.0	1.04
Shreddies	Nestle	1.9	0.4	0.76
Choco Rice Pops	Sainsbury's	3.0	1.6	0.73
Choco Snaps	Tesco	2.9	1.6	0.70
Weetabix	Weetabix Ltd	.0	0.6	0.65

Emotive words

Emotive words and phrases were common on the packaging. They could be classified as appealing to children, based on the taste or fun associated with the product for example, 'yummy', 'magical steps' or 'meet new friends'. Children and parents were also enticed with statements such as 'delicious' or 'deliciously tasty'. Parents were further targeted by suggestions that the cereal is a healthy breakfast option such as 'wholegrain guaranteed' or 'wholegrain goodness' and reassurances that the product is not over-processed through statements that it is made using 'simple steps' and 'preservative free'. A degree of trust is also established with phrases such as 'our promise to you'. The frequency of these words is depicted in Figure 3, with larger words reflecting more common occurrence.

Front of pack labelling

All cereals included a full mandatory BOP nutritional declaration.[8] Eleven of 13 cereals (all except Weetabix and Sugar Puffs) also opted to use the voluntary FOP labelling scheme.[8] Only two of the cereal packages (Asda Choco Snaps and Sainsbury's Choco Rice Pops) bore the red-amber-green traffic light system to highlight the levels of fat, sugar and salt. The remaining nine products with FOP labelling did not use the Food Standards Agency preferred method, opting for a monochrome FOP system. Half (2/4) of the supermarket-brand versions of chocolate rice based cereals (Asda and Sainsbury's) chose the coloured FOP labelling system.

Portion sizes

The manufacturer's packet recommended serving sizes of the breakfast cereals followed the guidelines of the European Breakfast Cereal Association.[11] Eleven of 13 cereals recommended a portion size of 30 g with a 125 ml serving of milk; Nestlé Shreddies and Weetabix recommended serving sizes of 40 g and 37.5 g respectively and gave no reference to milk volume.

With regards to cereal bowl imagery, nine of the examined cereal packages (the four supermarket chocolate based rice cereals, Kellogg's: Coco Pops, Cornflakes, Crunchy Nut Cornflakes, Frosties and Rice Krispies) depicted a portion size as a bowl brimming to the top with cereal and milk (Fig. 4). This contrasts with

Fig. 2 Nutrition and similar claims present on cereal packaging. Courtesy of WordItOut

Fig. 3 Emotive words and phrases on cereal packaging. Courtesy of WordItOut

Fig. 4 Collage of photographs displaying cereal bowl imagery on the 13 examined breakfast cereals created by visiting www.photovisi.com. Courtesy of Photovisi

a weighed 30 g portion with 125 ml of milk in a promotional bowl (Fig. 5). To fill a bowl filled to brimming three portions were required, that is, 90 g of cereal with 375 ml milk – equating to 31.5 g of added sugars (Fig. 6).

Discussion

The recent update in UK nutritional recommendations for sugar states that free sugars should not exceed 5% of total dietary energy for age groups from two years upwards.[12] Public Health England indicates that this is no more than 19 g per day for children aged four to six years, no more than 24 g for children aged 7 to 10 years and no more than 30 g for those aged 11 to 18 years.[13] Eight of the 13 cereals in this study would provide more than a half of the recommended sugar intake for a 4–6-year-old, if eaten at the recommended portion size. This reflects recent findings from the UK National Diet and Nutrition Survey,[14] that children 'consume half their recommended maximum daily intake of sugar at breakfast'.

A recent US study of 158 breakfast cereal packages examined the relationship between portion size imagery and behaviour, reporting that on average portion size depictions were 64.7% larger than the recommended portions on the nutrition panel. In addition, boxes that displayed exaggerated serving sizes led people to pour 42% more than the suggested serving size into a bowl.[15] Our findings suggest that the portion size depicted is three times larger than that recommended on the nutrition panel of the packaging. This suggests that if the imagery on the cereal packet is imitated (Fig. 4), children aged four to ten would be exceeding their daily limit of free sugars by 12.5% or 6.5 g by eating this one bowl of cereal alone.

Some manufacturers have voluntarily attempted to reduce sugar content because of the extensive on-going media coverage of the subject. For example, Sugar Puffs was rebranded as Honey Monster Puffs in 2014 (after the data collection for this study) to coincide with a 25% reduction in sugar, displacing it from a high-sugar to a medium-sugar cereal.[16] However, overall breakfast cereal sugar content has not changed significantly in the UK between 1992 and 2015, remaining high.[17]

Public Health England is in the process of addressing the issue of high-sugar cereals that are marketed to children in the UK. The UK Government's Childhood Obesity Plan,[18] implemented in August 2016, states that all sectors of the food and drink industry will be challenged to reduce overall sugar across a range of products (including breakfast cereals) that contribute to children's sugar intake by at least 20% by 2020.[19]

Fat, saturated fat and salt

None of the cereals contained high levels of fat or saturated fat, although all four of the supermarket-brand versions of Coco Pops were classified as having medium levels of saturated fat, compared with low levels in the Kellogg's version. This is likely to be due to differences in the manufacturing process, as supermarket-brand cereals are typically made from an extruded dough rather than from individual cereal grains.[20] Even at three times the portion size (for example, the portion size imagery that is shown on the packaging) the contribution of total or saturated fat to the diet is unlikely to be significant.

Salt levels in all of the cereals met the FSA 2012 maximum voluntary target of 1.125 g salt/100 g,[21] with the exception of Kellogg's Cornflakes. However, based on the stricter 2017 maximum voluntary target of 1 g salt/100 g

Kellogg's Cornflakes, Rice Krispies and Nestlé Cheerios exceeded this target. Since data collection only Nestlé Cheerios has been reformulated to meet the new voluntary targets (now providing 0.93 g salt/100 g), reflecting the findings of Pombo-Rodrigues *et al.*[17] who reported a significant reduction in salt content of ready-to-eat breakfast cereals in the UK between 1992 and 2015.

FOP labels

All cereals included a full mandatory BOP nutritional declaration[8] and all except Weetabix and Sugar Puffs opted to use the voluntary FOP labelling scheme. However, the majority of cereals used the monochrome FOP label to indicate the levels of fat, saturated fat, salt and sugar in the products. The FSA-preferred coloured traffic light system has helped consumers identify healthier products most consistently.[22] Had the FSA-preferred scheme been used for the products in this study, red and amber labels would have predominated, encouraging the consumption of the healthier products in this cereal category. Paradoxically, one of these healthier choices would be Weetabix; yet, it did not bear the FOP label.

Nutritional claims

All nutritional claims made were legitimate for sale in the EU, including the UK.[9] For instance only one product proclaimed 'low sugar'. Products that display nutrient content claims can create a halo effect, such that consumers perceive the product as more healthy than warranted, or ignore other relevant nutritional information.[23] Most products (11/13) made a nutritional claim regarding one or more vitamins; yet, 8/13 were extremely high in sugar. This type of misdirection is concerning and needs to be addressed by government and public health policy makers. Action is now required to: reduce the amount of free sugars in food and drinks; restrict marketing and promotion of sugar-containing products; and reduce the amount of sugar-containing food and drinks sold.[3] This should result in a healthier environment promoting reductions in free sugar intakes similar to the achievements of the UK salt reduction strategy (years).[24]

Emotive words

The emotive words that were used on the cereal packaging, focused on three main areas those relating to quality ('Whole-grain guaranteed'), palatability ('Yummy', 'Tasty') and fun ('Gr-r-eat', 'pop'). The words that were used could appeal to children and their parents. These results largely reflect the findings of other researchers,[25,26] who found quality, taste, humour, action-adventure, fantasy, and fun to be frequently deployed, appealing themes for children. Such practices are likely to enhance the impulsivity of children to choose a particular product at the point-of-sale.[27] However, with regards to breakfast cereals more serious health and nutritional claims are also apparent and these would appeal to parents.[26] The terminology that relates to the production of the cereals can be seen as a two-pronged approach, directed to both children (magical steps) and adults (simple steps).

Fig. 5 Recommended serving size of Kellogg's Coco Pops cereal and milk in a promotional Kellogg's bowl

Fig. 6 Serving size of Kellogg's Coco Pops cereal and milk to achieve a full bowl as depicted on packaging

'FOUR OF THE NINE BRANDED BREAKFAST CEREALS CONTAINED HIGH LEVELS OF SUGAR, DEFINED AS OVER 22.5% OF THE EU REFERENCE INTAKE (RI).'

Conclusions

Most of the breakfast cereals in this study contained high sugar levels and although marketers used legitimate claims about other nutritional constituents, such declarations could mislead consumers into thinking that the cereals are healthier than they actually are.

Imagery of portion size was grossly misleading and gives cause for concern with regard to oral (dental caries) and overall health (over-weight and obesity).

Of particular concern is that cereal packet imagery falls outside the Committee of Advertising Practice code relating to High Fat, Salt or Sugar foods and drinks marketed to children.[28]

Dental and other health professionals need to be aware of the high sugar content of these cereals and the marketing techniques that are used by their manufacturers when giving nutritional advice to children and parents. It is crucial that these professionals keep up-to-date with current evidence-based healthy eating guidelines such as Change4Life[29] and NHS Choices.[30]

Fundamentally, action is required at a macro level; Government, health agencies and food manufacturers must work together to address marketing and reformulation of high sugar food products, including breakfast cereals. The UK Government's Childhood Obesity Plan, a plan for action, has made a start to reduce overall sugar content across a range of food products (including breakfast cereals) that contribute to children's sugar intake by at least 20% by 2020.[18]

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Hygienists WIN *opportunity to develop innovative projects*

Children, homeless people and dementia sufferers are all benefiting from the commitment and passion of dental hygienists and dental therapists who have won grants for their innovative schemes to improve oral health. The British Society of Dental Hygiene and Therapy (BSDHT) teamed up with the Wrigley Company Foundation to offer its members the opportunity to win grants of up to £1500 to improve oral health in their local area. Here is an overview of the winning three projects:

Dental Buddies

Ruth Potterton, a lecturer in Community Based Dentistry at the Peninsula Dental School impressed the judges with her idea to create a buddy system among children to encourage good oral health.

Working in partnership with Well Connected, an organisation with extensive expertise in facilitating oral health initiatives in local communities, the concept is to group children together in teams of 'Dental Buddies' where they will learn about oral health and how it impacts their general health and self-esteem. Children participating will be able to join workshops that will combine exciting educational activities with examples about how to share this information with their peers.

When asked about her win Ruth responded: 'It is fantastic to have been successful with the application and we have been delighted with the response from the organisations we are working with to deliver 'Dental Buddies: One Step Beyond'. Teamwork is really important to us and this is a brilliant opportunity to work with colleagues across the dental team to encourage children to really take an interest in and look after their oral health.'

Healthy Smiles

Melanie Smith, a dental hygienist at The Bay Dental Practice in Penzance is hoping to increase awareness and improve the oral health of local children.

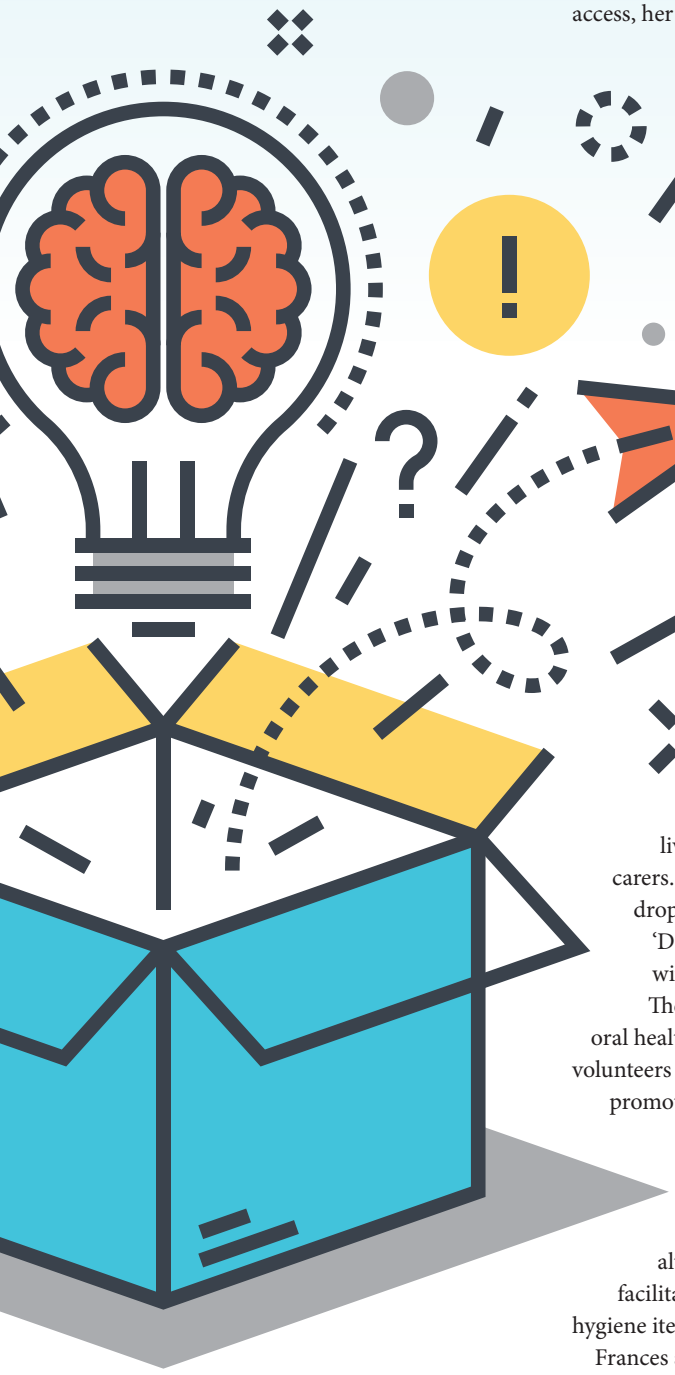
'I had already visited schools to provide oral health education. Wanting to make a difference, I realised that with the grant I could achieve a lot more. I could ensure that the children and their carers had all the information they needed to improve their oral health.'

The project is focused primarily on two local primary schools, one of which was particularly concerned with the poor dental health of students, often resulting in absence from school due to dental pain.

The project will involve classroom-based workshops helping children understand the importance of oral health, effective plaque

control and a healthy, low sugar frequency diet. All the children will receive a new toothbrush and toothpaste, as well as a parent/carer information leaflet with advice on plaque control, diet and registering with a dentist. The funding will provide each school with dental teaching aids to support the children's continued learning, alongside the introduction of a dedicated school oral health champion.

'With the remaining money I am working with Breadline in Penzance, a charity committed to helping homeless people in the area. I am hosting workshops within the centre and providing oral health packs to the homeless.'



> *'THE BSDHT WORKS HARD TO SUPPORT ITS MEMBERS AND DEVELOP A PROFESSION WE FEEL SO PASSIONATELY ABOUT.'*

Oral Health Within the Dementia Discovery Zone

The third winner was Frances Marriott, a dental hygienist working as an independent oral health educator. Frances provides an evidence-informed oral health education and information service. In support of widening access, her service acts as an additional entry point for citizens to meet a registered dental professional for dental public health-related information, support and signposting. She also has many years' experience working in special care dental services, supporting people living with complex health and social care needs and their carers.

Frances applied for the BSDHT and Wrigley Company Foundation grant in partnership with Memory Matters South West CIC – a community based organisation that provides services for people living with dementia and their carers. She provides public oral health drop in sessions and supports the 'Dementia Discovery Zone' for those with dementia and their carers.

The grant will enable her to provide oral health awareness sessions for the volunteers and carers so that oral health promotion can be sustained on site. The funding will allow the centre to spread key dental public health messages, plus explore the provision of sugar free alternatives in the on-site café and facilitate the sale of some assistive oral hygiene items.

Frances adds: 'We were thrilled to be supported with this grant, which will help us embed oral health within the dementia care pathway. Oral health is a right, not a privilege.'

Fantastic support

The chance to win this grant is just one of the many benefits afforded by being a member of the BSDHT. Those who join the society also have access to year round information and advice, and other perks such as indemnity and tax relief. Ruth Potterton commented about BSDHT membership:

'I believe BSDHT membership is invaluable to both students and qualified dental hygienists and dental therapists for multiple reasons. It offers a reliable source of information, allows opportunity to keep up to date with rapid changes within the profession, provides continued professional development and the chance to learn from and network with colleagues at both local and national levels. As well as providing support and guidance on contractual matters, legal issues and seeking employment, the BSDHT works hard to support its members and develop a profession we feel so passionately about.'

President of BSDHT, Helen Minnery, commented:

'We are delighted to partner with the Wrigley Company Foundation to support our members. These grant applications reflect the wonderful things our members are doing in their communities. We look forward to receiving more insights in next year's opportunity to apply for grants.'

BSDHT WRIGLEY Oral Healthcare Programme

bdjteam2018132

Noticing the Signs of Child Abuse in Dental Patients

Mark Foster, Director of Child Protection Company, provides an overview of this important topic.

Safeguarding is an essential element of continuous professional development for a dental team. Your safeguarding training should be updated periodically to ensure you have the correct knowledge to deal with any incident that might occur in your workplace.

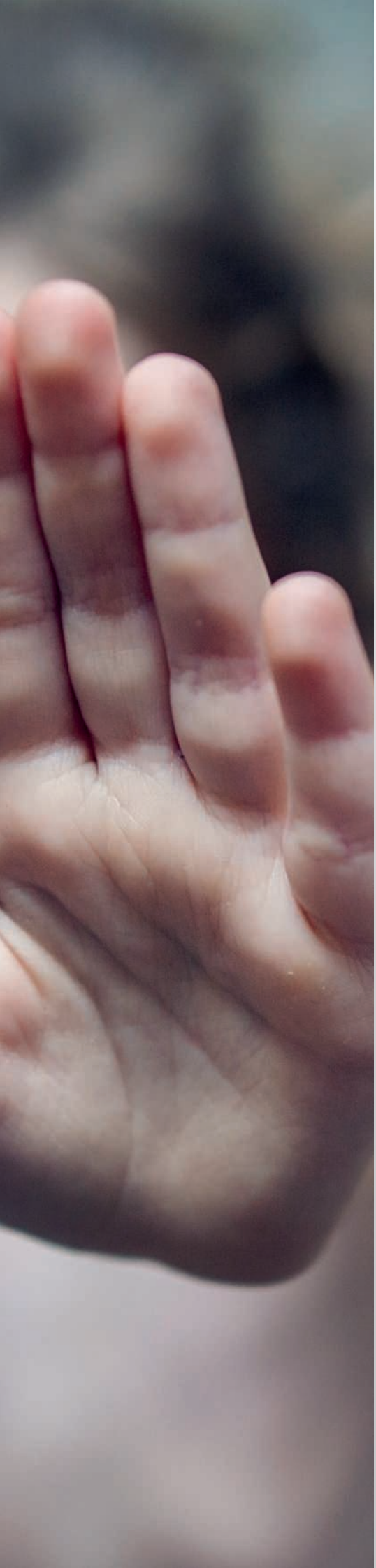
It goes without saying that keeping children safe should be of paramount importance to everyone regardless of their role, but when it is your professional responsibility to know exactly how to help an individual in need, extra care should be taken to learn the signs that something isn't quite right.

Noticing the Signs

There are countless signs of abuse and neglect—some of these are easily noticeable, whereas others are more hidden. For example, it is easy to connect the dots if a child comes into your dental practice with adult handprint-shaped bruises on their upper arms, but it is less easy to recognise a child's quiet, withdrawn nature as a sign of abuse.

Similarly, there are many signs of abuse that may turn out to be perfectly innocent. For example, a child learning to ride their bike might catch their ankles on the frame or fall off and graze their knee. This is a perfectly normal part of childhood development, and indeed, even as adults we all occasionally injure ourselves. Likewise, many individuals are naturally shy and may come across as nervous or frightened, but this may not necessarily have been caused by abuse.

For this reason, it is always best to ask a child or vulnerable adult how they got their injury, or how they are feeling, if you suspect abuse may have happened. Then use your own initiative and all the other information you have available to reach a conclusion about whether or not there is cause for concern.



As a dental professional, you will already know that there are different types of abuse. Below are some of the warning signs to look out for in the children and vulnerable adults who visit your dental practice.

Sexual Abuse

Some children and adults at risk of harm are sexually abused from a very young age, and consequently, they may not understand that it's wrong until they are much older. By this point, it may be difficult for them to disclose their history of abuse due to feelings of shame, guilt, fear, or the threat of further harm.

The majority of sexual abuse cases in the United Kingdom are carried out by someone the victim knows well. The perpetrator may be a family member, a close friend, or another person in a position of trust. Adults and children, male and female, can be a perpetrator or a victim of sexual abuse.

Some of the signs of sexual abuse that you might notice in the individuals attending your dental practice include (but are not limited to):

- A fear of medical examinations
- Excessively affectionate or sexual behaviour towards others
- Changes in mood or sudden withdrawal from activities
- A detailed sexual knowledge inappropriate to the age of the individual
- Sexually explicit language or behaviour
- Older boyfriends or girlfriends, or relationships where there is a difference in power.

Neglect

Neglect can develop quickly or over a period of time. It may not always be immediately obvious as everyone has different standards of living. There are a variety of reasons why, and situations in which neglect may occur.

Long-term, sustained neglect is damaging emotionally, socially, and educationally, and it is likely to cause far more developmental delays and medical impairments than any other form of abuse. Some of the signs that an individual is being neglected include (but are not limited to):

- Poor hygiene
- Frequent accidental injuries and illnesses
- Constant hunger and/or tiredness, malnutrition, stealing food
- Parent or caregiver appears stressed and unable to cope
- Developmental delays
- Parent or caregiver treats them differently.

Physical Abuse

It is important to keep in mind that injuries can happen to anybody at any time for perfectly innocent reasons, and this is especially the case for young children and older children who enjoy being outdoors and playing sports.

Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead. However, protected body parts such as the back, thighs, genital area, buttocks, backs of legs, and face, are more common as the sites of non-accidental injury (physical abuse).

Some of the signs an individual may have been a victim of physical abuse include (but are not limited to):

- Damage to the mouth such as burnt, bruised, or cut lips
- Torn or bruised skin where the upper lip joins the mouth
- Fractured incisors
- Injuries at different stages of healing
- Object marks, clear outlines of objects
- An inconsistent explanation of how the injury happened.

Update Your Training

For a full overview of the signs of abuse and neglect, we recommend our ***Introduction to Adult/Child Protection*** online training course. Recommended by the British Dental Association and recognised by the General Dental Council as 3 hours of verifiable CPD, you can have an up to date safeguarding certificate in 1 to 2 hours, and a full breadth of knowledge to help you recognise the signs of child abuse in children who might be visiting your dental practice.

Anyone who works in a clinical capacity, or who takes on extra responsibilities with children in your dental team will also benefit from taking our ***Further Adult/Child Protection*** online training course. This expands on the knowledge gained in our ***Introduction*** course and gives you all the knowledge you need to handle concerns and referrals effectively.

For more information: Please visit www.childprotectioncompany.com or call 01327 552030.

Alternatively, the Child Protection and the Dental Team resource is hosted by the BDA and provides free CPD to members and non-members: https://bda.org/childprotection

Coming soon: *An article by Jenny Harris, a consultant in community paediatric dentistry and project lead for Child Protection and the Dental Team, who will give an insight into dental neglect.*

bdjteam2018133

Shaping hope through innovation

As the NHS moves on from its 70th birthday, BSPD's **Stanley Gelbier**, **Claire Stevens** and **Ben Underwood** look forward

Reading the all too frequent media headlines, you could be forgiven for thinking that children's oral health is no better than it was at the inception of the NHS in 1948. Beneath the headlines, however, positive change is afoot.

Stanley Gelbier, Claire Stevens and Ben Underwood, all passionate about children's dentistry, all pioneers in different ways, reflect on the past but also look to the future in the confident expectation children's oral health will improve.

Looking back

Whilst the low sugar, wartime diet was undoubtedly good for children's teeth, the rot set in – literally - over the ensuing decades. Widespread availability of sugary products, lack of awareness of oral hygiene and changing NHS systems for dentistry all did their worst. Stanley Gelbier, the UK's first Honorary Professor of the History of Dentistry reports: "I remember well some of my earlier school dental inspections in Hackney. I could say smile and, without a mirror or probe, was able to say 'extractions needed' due to the pus coming out of sinuses. That was not so true at school inspections in nearby Leyton, where children were from more affluent homes."

Stanley, a public health dentist who trained in the 1950s and worked in the NHS through the 60s and 70s, is a remarkable witness to the impact of the NHS on children's dental health. He says: "In the early stages, relatively few children received treatment, let alone any prevention. This was partly due to mothers not taking them to a dentist until it was too late - when toothache prevailed. Additionally, dental undergraduates were not taught how to treat children properly and the NHS paid GDPs less for treating children than for adults. If they treated a lot of children, they were losing money - and it got worse if the child was difficult to handle."

Fortunately, preventive measures were introduced: application of topical fluoride and in the 1970s the advent and then widespread use of fluoride toothpaste being key turning points. The latter was widely credited as the innovation that has had the biggest impact on children's oral health (Figure 1) during the lifetime of the NHS. Improved dental health education via the local authority school dental services was another step forward (although sadly abolished in the 1990s).

Perhaps equally importantly there have also been innovations that have improved diagnosis, treatment and patient experience. The widespread use of x-rays, introduction of the high-speed handpiece and development of new and improved materials, particularly those with the ability to bond to enamel, have changed restorative techniques for the better, allowing clinicians to be less invasive

in their care. Hall Crowns– an innovation developed by Scottish GDP Norna Hall - are now used routinely by paediatric dentists. We also take for granted now, the availability of safe and effective sterilisation. Importantly, the widespread use of local and general anaesthesia and sedation has helped, says Stanley, to take away much of the pain and terror of extractions. This is of course good news but galling too that numbers of general extractions - counted as hospital admissions – are now the measure of society's failure to tackle dental decay in children. These figures keep negative stories about dentistry in the media. What will it take to turn the tide of dental extractions which are an appalling indictment on us as a society?

Signs of hope?

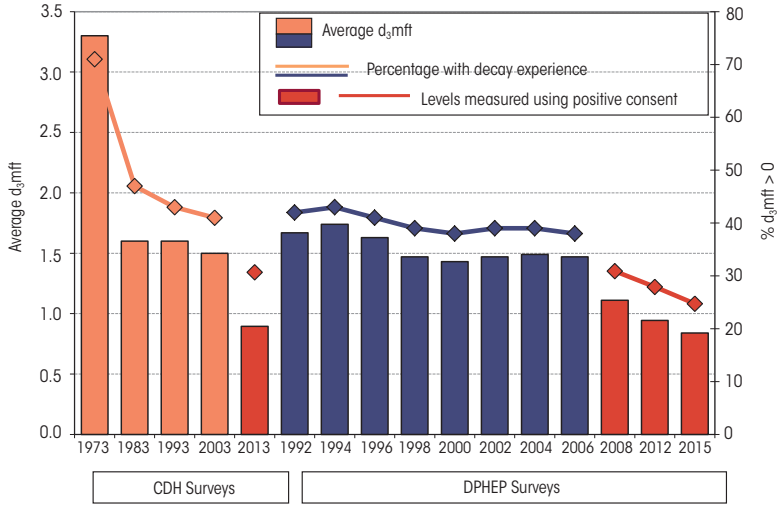
For Claire Stevens, the digital communication sphere is the most important and progressive development of the last decade. As media spokesperson for BSPD and author of the toothfairyblog.org, she has exploited many digital opportunities to reach new audiences. For instance, during her week curating the @NHS Twitter account, she gained 1,000 new followers and made countless connections outside of dentistry. She believes that smartphones, apps and other emerging technologies can make toothbrushing relevant and appealing. The best example is Ben Underwood's Brush DJ app. An associate dentist appalled by the dental hygiene of some of the new patients he was seeing, Ben asked: "Can't someone find a way of getting the information in Delivering Better Oral Health (DBOH) available to everyone and make carrying out those basic evidence-based tasks fun so tooth brushing effectively is a want to, rather than a have to and often don't do?" He met his own challenge by developing the free Brush DJ app, which plays two minutes of music to make brushing fun and contains all the basic information given in DBOH, and in 2018 became the recipient of the BSPD Outstanding Innovation Award[1]. Brush DJ has now been downloaded 1/3 of a million times in 197 countries and translated into 14 languages with evidence that its use results in behaviour change[2], but its greatest strength is that, being free to download, it can be accessed by those most in need.

An inaugural NHS Innovation Accelerator Fellow, Ben has continued to develop Brush DJ alongside a personal philosophy on the meaning of innovation. He says "An innovation is a significant positive change from what existed before that is widely adopted. It shouldn't be confused with improvements or inventions. An improvement is when something is a positive change, but not a significant one. To be an innovation, rather than an invention, something needs to be widely adopted and benefit everyone. It doesn't have to be a gadget, it can be a new way of working or digital product." He asks rhetorically: "How do we ensure that innovations in children's dentistry are enduring and positive? They need the right conditions, the right influencers and appropriate regulation."

So, what might the future hold? Says Ben: "People are in my opinion the most important factor in helping or hindering an invention becoming an innovation. For example, for some people in the dental profession, it would be unnerving to give patients a link to an app or a video because giving out a leaflet is what they are used to. We need champions who

'HOW DO WE ENSURE THAT INNOVATIONS IN CHILDREN'S DENTISTRY ARE ENDURING AND POSITIVE? THEY NEED THE RIGHT CONDITIONS, THE RIGHT INFLUENCERS AND APPROPRIATE REGULATION.'

Fig. 1 Caries experience of five-year-olds over time (reprinted with permission of PHE)



Results of dental surveys of five-year-olds in England from National Child Dental Health surveys and PHE Dental Public Health Epidemiology Programme surveys, 1973 to 2015.

will help inventions become innovations." Steps are already being taken to see a future where patients hold their own records – a move which would seem to be both practical and empowering, making a very clear statement that the "no decision about me, without me" philosophy is now very much part of the NHS. There is also likely to be an increase in the use of Virtual & Augmented Reality learning in both the education of patients and to support them to prepare for procedures. And will we see a time where our smartphones can detect decay, perhaps working with a robot to clean our teeth?

As a profession, surely we have an ethical duty to re-focus resources on preventing disease and reducing inequalities. We need to reduce the amount of time currently taken for an innovation to become widely adopted in the NHS and to do this our brightest minds should be identified and nurtured.

For all of the progress we still have persistent inequalities in children's oral health. How do we access the most deprived and hard to reach? This is the question facing the hugely successful Childsmile (Scotland) and Designed to Smile (Wales) programmes, and hopefully being addressed in part by the Starting Well scheme in England. But alongside this, we need to look at reaching our patients and their parents/carers in other ways. When only 40% of children were seen by an NHS dentist last year we have to identify other effective methods of engagement. As more young people own mobile phones, there are more opportunities for us to reach out on social media and via apps. The means of communication is there, all it needs is creativity and a will to engage in a language or style that the young will respond to. Ben has proved this is possible with Brush DJ. Currently he and Claire are working together to understand what (or who) will most successfully influence parents and carers of children with dental decay. The NHS needs not only to make research of this kind possible, but to make it a priority.

As Stanley, Claire and Ben look resolutely forward, they also glimpse back with gratitude to the greatest innovation of them all, our National Health Service. Dr Berci Mesko, Director of the Medical Futurist Institute states that the future needs a healthcare system that is accessible, personalised, preventive, humanistic and augmented. Let us hope that our own NHS adapts to meet the increasing demands placed upon it, so that it is still there to celebrate in another 70 years' time.

'THE "NO DECISION ABOUT ME, WITHOUT ME" PHILOSOPHY IS NOW VERY MUCH PART OF THE NHS.'

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1. https://www.bspd.co.uk/Portals/0/OIA%202018%20release%20final.pdf
2. B. Underwood, J. Birdsall, E. Kay. The use of a mobile app to motivate evidence-based oral hygiene behaviour. BDJ, 2015; 219 (4): E2 DOI: 10.1038/sj.bdj.2015.660

Stanley Gelbier started his career with a lecturership in child dental health at the London Hospital, from 1967 Stanley ran school and later community dental services. He was one of the founding members of the British Paedodontic Society, later to become the British Society of Paediatric Dentistry and went on to become national secretary and then President (1976/77). (https://en.wikipedia.org/wiki/Stanley_Gelbier)

Ben Underwood is a GDP, NHS Innovation Accelerator Fellow and Clinical Lead for Dental Research at Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust. He is the winner in 2018 of the BSPD Outstanding Innovation Award for the free Brush DJ app he developed.

Claire Stevens is an NHS Consultant in Paediatric Dentistry working at the University Dental Hospital of Manchester. She is President of the British Society of Paediatric Dentistry as well as media spokesperson. She is the author of the toothfairyblog.org

bdjteam2018134

From *bowels* to *toothbrushes*

Story by **Caroline Holland.**

Patients in hospital are regularly asked: 'Have you opened your bowels today?' But now, Urshla Devalia, Consultant in Paediatric Dentistry, pictured right above, wants medical staff in hospitals with a paediatric in-patient base, like Great Ormond Street Hospital where she works, to put greater emphasis on the question: 'Have you brushed your teeth today?'

A stay in hospital is an opportunity to make every contact count and for children to be taught about oral hygiene. She has patients whose future depends on the dental treatment she delivers. Seriously ill children with compromised immune systems or those who might need a life-saving heart operation or cancer treatment need a healthy mouth. Unless all dental decay and infection is eradicated, they will not be able to undergo the treatment they need to save their life.

One of her young patients has a rare congenital heart condition. Because the chambers of the heart are not fully formed, death can occur at any time. The solution is an operation to place a cardiac defibrillator which will kick into action if the heart fails. The patient's teeth should be the least of their worries, but the mouth must be made healthy in order for the life-saving cardiac implant to be placed. The patient has broken teeth, with only 3 roots remaining where the back molars should be and these are surrounded by infection and bone loss. The roots must be surgically removed under a general anaesthetic and at the same time she must fill 14 holes in the remaining teeth. Because of the child's heart condition, a general anaesthetic is a high risk procedure. Ms Devalia had the difficult job of explaining to the parents that their child had to go through a risky dental operation before he could undergo his life-saving surgery. This is not an isolated case.

But now, nurses, health care assistants and doctors working at the hospital are to be trained by Ms Devalia and GOSH specialist dental nurse, Claire Fletcher, pictured left above, to help implement a pioneering new programme called Mini Mouthcare Matters (Mini MCM).

'NURSES, HEALTH CARE ASSISTANTS AND DOCTORS WORKING AT THE HOSPITAL ARE TO BE TRAINED BY MS DEVALIA AND GOSH SPECIALIST DENTAL NURSE, CLAIRE FLETCHER, TO HELP IMPLEMENT A PIONEERING NEW PROGRAMME CALLED MINI MOUTHCARE MATTERS (MINI MCM).'

In future, staff on paediatric wards will integrate dental health into the overall care they offer. For instance, they will ask young patients – or their parents/carers – if they have brought in a toothbrush for their overnight stay and when they last saw a dentist. The programme is funded by Health Education England and GOSH will be working in collaboration with Birmingham Children's Hospital, Royal Manchester Children's Hospital and University College London Hospitals with a view to rolling the programme out nationally in 2019.

Ms Devalia aims to empower all healthcare professionals working in hospitals with paediatric wards to incorporate oral health into the care routine for those patients with a stay of more than 24 hours. Mini Mouthcare Matters should be applicable to any hospital with a paediatric in-patient base.

Ms Devalia said: 'Our young patients are already struggling with complex and serious conditions. It's vital that there is no risk of an infection in the mouth which could cause complications and delays to their treatment. By integrating dental hygiene into overall care, health professionals can take every opportunity to highlight how important a healthy mouth and teeth are to general well-being.'

Mini MCM was inspired by a programme dedicated to improving the oral care of older residents in hospital, care homes and community settings in the Kent, Surrey & Sussex region. Ms Devalia acknowledged the advice and support of Mili Doshi, founder of MCM, and her team. Mili Doshi, a consultant in Special Care Dentistry, has recently been awarded an MBE in the Queen's Birthday Honours.

*Later in the year, *BDJ Team* will feature a 'Day in the Life of' article by dental nurse Claire Fletcher.

bdjteam2018135

So much **more** than teeth!

Who would have thought that an exhibition about dentistry would have such a far reaching impact? The exhibition called Teeth at London's Wellcome Collection has received global coverage, from the New York Times to publications in Germany, Greece and New Zealand. Closer to home there have been features in most broadsheet newspapers. In the Irish times, more recently, the exhibition was referenced in the context of the high numbers of Irish children having decay-related extractions.

The article most likely to resonate for those who work in dentistry is the piece by Professor Richard Watt, Professor of Dental Public Health at University College London (UCL) who reviewed the exhibition for *The Lancet*. Professor Watt reflected sadly: 'The condition of the mouth is a barometer of your social status.'

Inequalities in oral health are a key interest for Professor Watt and one of the themes of the exhibition.

Community dental nurse makes history

Helen Field, a dental nurse who works for the Community Dental Service in Loughborough,

appears in a video in the exhibition Teeth. As the exhibition is about the 300 year history of dentistry and as far as I can tell, she is the only dental nurse to be featured, she can claim to have made history!

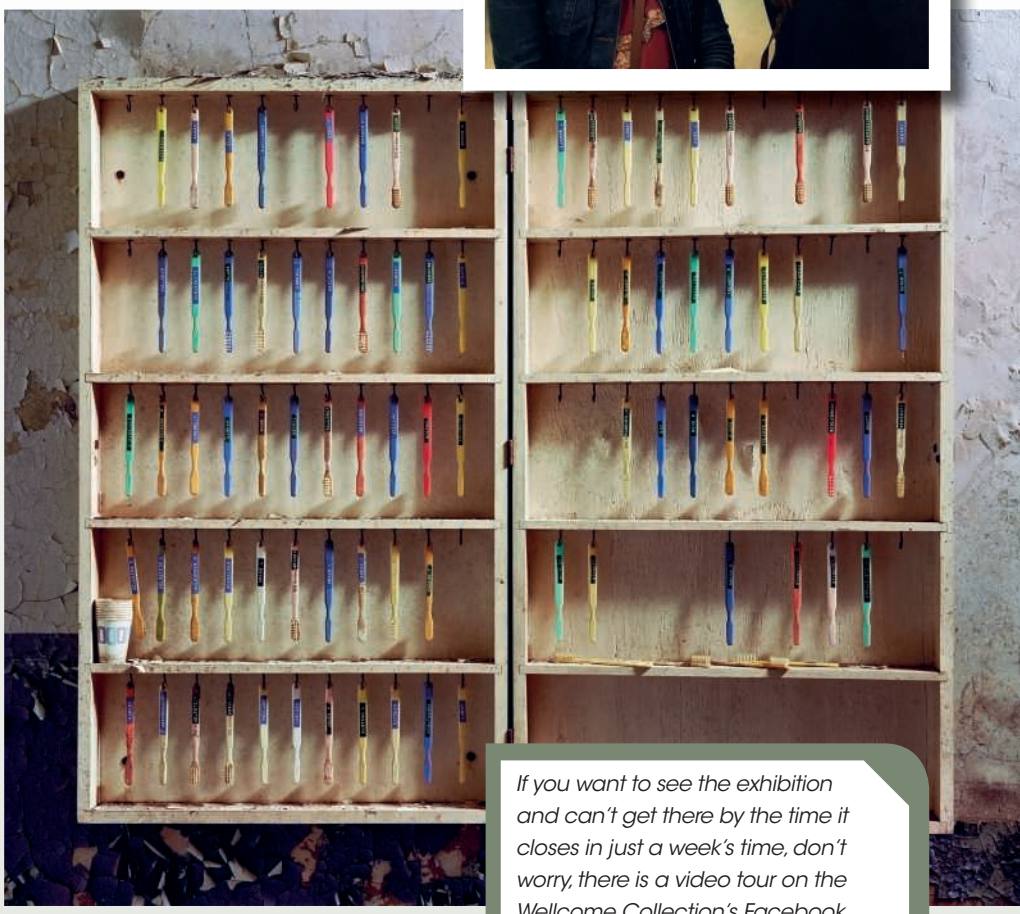
Helen was filmed working alongside Charlotte Waite, a special care dentist, as part of a video designed to bring contemporary dentistry to life. The theme was anxiety. Although Helen didn't have a speaking role, she had a special mention.

The film-makers asked some of the patients how they felt about the treatment. The youngest patient, Sophie, said: ***'The thing that helped me when I was at the dentist was the dental nurse who held my hand. She was smiling a lot and talked to me and that made me feel better.'***

Both Helen and Charlotte were at the launch event for Teeth and Helen said afterwards: 'As a dental nurse it was nice to be included in the film about dental anxiety and to represent our profession in such a positive light. I enjoyed the filming and behind the scenes process.'

'Charlotte was very welcoming to accept any help and suggestions I had. Overall, I was extremely pleased with the completed film and thought Charlotte and everyone involved did a wonderful job.'

It was lovely to read the tooth fairy letters and I was fortunate enough to meet one of the young authors. The old dental instruments and equipment were fascinating to see, particularly the mole's foot amulet that was once believed to relieve dental pain!'



Left, main picture: Thomas Rowlandson, A French dentist showing a specimen of his artificial teeth and false palates, coloured engraving, 1811, Wellcome Collection

Above: Patient Toothbrushes, Hudson River State Hospital, Poughkeepsie, NY, 2005 Credit - Christopher Payne

Above, top right: Helen (left) with dentist Charlotte Waite

Of the exhibition she said: 'The film about forensic dentistry was of particular interest to me and I would like to learn more about this area of dentistry. I liked the art work, especially the cartoon by Thomas Rowlandson depicting early porceline teeth.

If you want to see the exhibition and can't get there by the time it closes in just a week's time, don't worry, there is a video tour on the Wellcome Collection's Facebook page presented by Scottish TV presenter and Radio DJ Arielle Free https://www.facebook.com/wellcomecollection/videos/teeth-exhibition-live/10157211856713538/ The video features co-curator Emily Scott-Dearing telling some of the stories behind the exhibition which she says takes you on a 300 year journey from the birth of dentistry on the streets of Paris to a very different experience in the dental chair today.

bdjteam2018136

From *phobia* to *fanfare*

Ingrid Perry on her journey from dental phobic to recipient of an MBE in the Queen's Birthday Honours for her services to children's oral health

If, 35 years ago you had predicted a career in dentistry, I would have laughed. Seven general anaesthetics for exodontia, numerous restorations and extensive orthodontic treatment which included twin blocks, fixed appliances and head gear, resulted in me being an extremely phobic patient. Dentistry was the last thing I would have considered! If you had gone on to say I would get an honour from the Queen, I would have told you not to be so daft!

I'd always wanted to join the military police, but being just over five feet tall, the height regulations at the time put paid to that idea. After finishing my O Levels, I had no idea what I was going to do. After two months of sixth form, it became clear that further study was not for me. One day I went to the local Youth Training Scheme office to see what they had to offer.

The only positions available were hairdressing, office work and dental nursing. When I went home and told my family I was going to be a trainee dental nurse they nearly had a heart attack laughing! Little did I know then what a successful career lay ahead.

I became trainee dental nurse at a small practice in Hornsea in Yorkshire in October 1984. When the training course came to an end I secured a position at a much larger practice in Hull where I stayed for four years. I loved working as a dental nurse and the fact the dentist who I was assigned to was extremely forward thinking and was keen to try new techniques, only increased my thirst for knowledge. During this time I enrolled at the local college and gained the National Certificate for Dental Surgery Assistants in 1989.

A position for a dental nurse became available with the Community Dental Service and I applied and was successful. The vast majority of patients we saw were children and pregnant and nursing mothers. We also carried out the school screening service. Another aspect of my role was to assist with general anaesthetic sessions each week where we would frequently provide clearances for three year old children. I can still recall the feeling in the pit of my stomach as those sessions brought back many unpleasant memories for me.

It was during this time that I was asked to go into a local school to give a presentation to children about looking after their teeth. I had never done anything like this before and the thought of standing up in front of a school assembly of 250 children and their teachers absolutely terrified me. Back then I was not a very confident person, which is probably hard to believe now! My school reports always said "Ingrid is the quietest member of the class and lacks confidence in her abilities", but my manager at the time had promised the school that someone would visit and I didn't want to let him down. After a few sleepless nights, off I went to deliver the presentation. I had no idea then, what impact the presentation would have on me.

The children were very responsive and engaged in the session and my manager, who had come along to observe, was so pleased with

how the session had gone that he suggested I consider becoming an oral health educator.

So I enrolled on another course of study, this time the Royal Society of Health Certificate in Oral Health Education and I qualified in 1991. I spent the next 20 years delivering oral health education in local schools and providing training for carers in residential homes, school nursing and health visiting teams and other agencies involved in health and social care.

In 2006, whilst visiting a local primary school in a severely socially deprived area, the head teacher said she was concerned about the number of children taking time off school due to toothache. At the time, the Childsmile programme in Scotland had just started in nurseries and we chatted about how we could possibly adapt the Childsmile programme so that it would work in a primary school setting with much larger volumes of children. The team I was working with developed a plan. We ran a pilot and it worked wonderfully. The children would brush their teeth each day when they returned to the classroom after the lunchtime break. Parents were involved in a consultation process and had the opportunity to raise any concerns they had. Word soon got out and other schools contacted us to see if they too could join the programme. Within a very short time we had approximately 15 schools taking part in a programme which was known as the Brush Bus.

There was clearly a need here but funding was an issue, so my team put together business cases and submitted them to the local PCT's who continued to financially support the programme for the next four years. However, in 2010 it was announced that the PCTs were being dissolved and the programme was in jeopardy of folding. With a colleague, I attended a local dental forum where we presented the programme and asked for help from local practice owners. Thankfully, one practice, the 543 Dental Centre in Hull, came forward and provided £2000 to keep the programme going until we could secure additional funding.

I worked closely with the practice who introduced me to Simon Gambold of Henry Schein and together we persuaded Simon to support the programme by providing the toothbrushes and toothpaste for the programme at a greatly reduced price. He also agreed to support an additional 6 schools in the programme. A further two local dental practices later joined the Brush Bus Partnership.

Several months later we introduced dental assessments and fluoride varnish applications into the programme which increased access to dental care for these vulnerable children. The benefits of the programme were clear for all to see. The dental health of the children began to improve, as did their school attendance which impacted positively on their educational attainment. Unfortunately in 2013, the CDS decided they could no longer support the programme and withdrew from the Partnership. Naturally, I was disappointed but I continued to support it on my days off.

The programme grew from strength to strength and in 2013 we decided to change the name of the programme to "Teeth Team". Over the following years we won several awards including "Best Child Dental Health Initiative-DH&T awards 2014, Patron's Prize for innovation – NOHPG and the Outstanding Innovation Award-BSPD. I also was a finalist at the Dental Awards for Oral Health Promoter of the Year 2013 and a finalist in the Hull Women of Achievement Awards in 2012 and 2014.

Over the years I have represented Teeth Team and have delivered presentations at conferences and events which enables us to share good practice and support others in their bid to reduce the inequalities in child dental health.

In 2014, after working for the CDS for 24 years, I decided it was time for me to leave and I moved to a dental practice to work as practice administrator/team leader. I was responsible for the marketing of the practice, designing leaflets and also undertaking audits and ensuring the practice was compliant. During this time there were occasions where I did assist in the surgery and I recall one dentist saying to me: "I like you, you're old school!"

In 2016 I sent my CV to mydentist and I was appointed as practice manager for a six surgery dental practice in Bridlington. I was extremely proud when my practice was awarded "notable practice" in October 2017 by the CQC.

In May 2018 I moved practices and I now manage a ten surgery practice in Hull. I never imagined I would ever be a practice manager as my heart always lay in dental public health, but I can honestly say I absolutely love my job and no two days are ever the same.

In recent years I have taken a bit of a back seat with Teeth Team, but I have continued to support the programme in my capacity as the Secretary for the charity and I occasionally deliver presentations at conferences, such as the BSPD Annual Conference which was held in September 2017 in Manchester when Teeth Team was awarded Outstanding Innovation Award (pictured).

'THE THOUGHT OF STANDING UP IN FRONT OF A SCHOOL ASSEMBLY OF 250 CHILDREN AND THEIR TEACHERS ABSOLUTELY TERRIFIED ME'

I am very proud of my achievements as a DCP, but I was nevertheless incredibly shocked when I learned I was to be recognised in the Queen's Birthday Honours list. I have received some wonderful letters and messages of congratulations for my MBE from many highly respected professionals, including Sara Hurley, CDO for England, whose very kind comments were particularly heart warming.

Who knows what lies ahead of me! Potentially I have another 15 years until retirement. I would like to think during this time I will continue to be the best I can be and help others to achieve the same.

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GDPR – *how was it for you?*

Panic ensued in many dental practices earlier in 2018 following the announcement that the new General Data Protection Regulation (GDPR) would become mandatory after May 25th. According to the BDA's **James Goldman**, the BDA's Associate Director of Advisory Services, dental practice managers bore the brunt of the work to make dental practices compliant. *BDJ Team* spoke to James and to a number of other people to see how they weathered the process.

Evolution not revolution

James Goldman, the BDA's Associate Director of Advisory Services

The GDPR is a complex piece of European legislation, almost 100 pages long. It was designed to add transparency and control to the principles of data security and data protection already enshrined in UK law.

But its birth was not easy. The new UK Data Protection Act, which should be read side by side with GDPR, only came into force on 25 May 2018 and was a further 400 pages long. With so much guidance still emerging from the Office of the Information Commissioner (ICO) and other official channels in the weeks leading up to 25 May, it was difficult to be prepared.

Yet, through it all, if you listened carefully, was the clear, calm voice of Elizabeth Denham, the Information Commissioner herself. She was saying that the ICO was looking to help businesses. Through discussions with David Evans, the Data Sharing and Privacy Projects Lead at NHS England and the ICO, we were able to put together a package of sensible advice that allowed our members to comply with GDPR in a measured, sensible fashion. We worked hard to ensure our members had what they needed to comply.

Nevertheless, May 2018 was not calm. It was not quiet. Concerns about GDPR were a constant refrain. Many practice managers were worried about being the named data protection officer – a requirement of GDPR - and becoming liable for any breach. It was difficult for them to distinguish genuine advice from a sales pitch from a GDPR consultant and there were a lot of "experts" suggesting that practices should do more than was necessary.

An example of such 'misinformation' was shared with us recently by a member. A patient of the practice was a data protection officer for another company and they raised concerns about the BDA's medical history form. This asks patients to provide next of kin details without specifying that the next of kin should consent to their data being held.

However, the ICO confirmed that practices do not need the next of kin consent as long as they only keep and use that information should there be an emergency. This illustrates not only that some so-called experts are being over-enthusiastic in their interpretation of GDPR, but also that the ICO is a reasonable regulator.

Common queries we received on May were:

- how to give privacy notices
- can we still send recalls and reminders (you can)
- who can be a data protection officer
- when do you need data processing agreements.

From the calls we took and from what we have seen, we believe the profession coped very well. Once we were able to help members understand the difference between the scare stories and the reality, they and their teams simply got on with implementing yet another layer of compliance.

GDPR is not so much a seismic change in data protection law as an evolution and it should not be a substantial administration burden. It should simply reinforce that patients should know what information you hold, why you hold it and have some say in how it's used.

Key GDPR points

- Be open about the information you hold and how you use it.
- Ensure you have a privacy notice in place
- Give patients control of how their data is used by inviting them to consent to newsletters or other mailings
- Inform patients how you are going to use their photographs – they must give their written consent if this is for promotional purposes
- If your patient leaves the practice, remove their details from the database once the time limit for holding patient records has passed.

Training the team to oversee opt-in/opt-out

Trudie Dawson is practice manager for Ernevale House Dentistry

The GDPR was not a problem for our practice. We are fully private and had an extensive information policy in place prior to May 25th.

I extended our Information Governance (IG) folder with an extensive computer audit incorporating staff access and their security levels. As patients now have to 'opt' in with regards to the extent of contact from the practice, all staff have been trained in the new legislation.

As all of the team spend time working in reception, everyone has received the same training. Each patient is asked if they want the practice to contact them and this is marked in the appropriate section of the software. I can in future audit that this continues to be done. If they opt for additional contact to include offers or newsletter then we print out a form for the patients to sign which states that they have given us permission to contact them. This is than scanned into the patient's electronic file. This can also be evidenced via audit.

With regards to patients having the right to 'not exist' in your data, I have created a policy which explains to patients that we can mark them on the system as 'non attending' and they will no longer receive any contact from the practice. Once the legal time frame for storage of medical information has passed, we are then able to remove them from the system.

Newsletter opt-in becomes good practise

Julie Kommers is receptionist for the London Lingual Orthodontic Clinic

Earlier this year we had two mailing lists incorporating around 1300 names. These were the email addresses of patients and referrers on our database. We had early notice of GDPR and decided to act promptly. We sent out a newsletter to our two lists, patients and referrers, inviting everyone to opt in to the newsletter. This was repeated in early May. We now have around 150 people who have opted in. This was a dramatic decrease but on the plus side, those who are now subscribers are very engaged with the newsletters. Feedback from Mailchimp shows a high percentage clicking our links which is very rewarding. We have also updated our medical history form, which now explains what personal data we hold and why. When we have new patients, they get to choose whether they want to receive the newsletter and once again, a good percentage opt in. As a result of GDPR, patients are reassured that we take their privacy seriously. I would say that although it caused some additional extra work earlier in the year, the net result is positive for the practice and our patients.

The practice manager's privacy panic!

Lisa Bainham is practice manager at The Old Surgery Dental Practice in Crewe as well as President of ADAM

Over the last year we have witnessed the whole of the dental profession (and the world outside of dentistry) in some kind of blind panic over GDPR and the changes that came into force on 25th May 2018.

There was a huge amount of confusion and uncertainty over what practice managers within our dental practices were supposed to do. Various publications and guidance were released based on predicted requirements to allow preparations to start but still, on the whole it was unclear and caused a fair amount of stress.

ADAM (Association of Dental Administrators and Managers) wanted to support and reassure our members through the process. We provided practical and legal advice from reputable partners avoiding individual opinions or companies looking to potentially "cash in" on the upcoming changes. ADAM worked closely with CODE iComply to support our members and they provided them with simple key steps to take.

We took legal advice on what the challenges are, potential fines, and the importance of recognising how the changes not only affect our patients, but our wider team.

The message we sent to our members was to stay calm, review your policies, plan ahead and stay up to date as the guidelines change. This is exactly what we expect ADAM members to do in other areas of compliance.

So….where are we now?

Well, my inbox is still absolutely full of a million spam emails everyday! The CQC, as far as we know, has not started inspecting practices on GDPR compliance yet and the world has not ended. We can still market our practices, contact our patients and grow our businesses.

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Product news

Product news is provided as a service to readers using text and images from the manufacturer, supplier or distributor and does not imply endorsement by *BDJ Team*. Normal and prudent research should be exercised before purchase or use of any product mentioned.

HELP PATIENTS TO EXPRESS THEMSELVES

Lifestyle plays a huge part in oral health decisions, and thanks to Curaprox your health conscious patients can now experience oral freshness and whitening in a way that appeals to their unique natures and decision making.

The recently launched unique Be You range of whitening toothpastes in six exclusive, vibrant flavours and colours is the recent addition to Curaprox's line of innovative oral health products to help improve oral health and brighten smiles. These new toothpastes come in an array of flavours and colours such as tangy Grapefruit with Bergamot, Watermelon and a sure to be favourite Gin and Tonic with Persimmon. Whatever the personality of your patient, they're sure to find one that suits and offers the chance to express themselves.

All products within the range include 950-ppm fast-acting fluoride, hydroxylapatite to remineralise the teeth, glucose oxidase to support the natural enzymatic process and whiten teeth, and xylitol to prevent the growth of cavity-causing bacteria. They also feature echinacea, devil's claw and pennywort to help soothe and regenerate mucus membranes and gingiva as well as reduce inflammation.

To help your patients express themselves while improving their oral health and brightening their smile, recommend the brand new Be You range today.

For more information please call 01480 862084, email info@curaprox.co.uk or visit www.curaprox.co.uk

THE ORAL HEALTH BENEFITS OF SUGARFREE GUM

The Wrigley Oral Healthcare Programme was proud to support the British Dental Conference and Dentistry Show on Friday 18th and Saturday 19th May at the NEC in Birmingham.

The WOHP team was on hand to explain the clinical benefits of sugarfree gum, distribute 600 sample packs for practices across the country and host a short interactive survey where three lucky delegates won a year's supply of Wrigley's EXTRA® sugarfree gum.

Dentist Dr Ben Atkins was on the stand and, asked about his experience, he commented: 'I had a number of interesting chats about the merits of chewing sugarfree gum for oral health.'

'Many colleagues appeared to be more used to suggesting gum to patients as an alternative to snacking between meals rather than recommending chewing it at the end of a meal as a proactive means of promoting dental health. It will be interesting to get feedback on this change of emphasis – maybe at next year's show, if not before.'

He added: 'Everyone I spoke to was very positive about the accessibility and variety of the CPD on offer on the WOHP website and its high quality.'

BIOMIN – A NEW APPROACH IN TOOTHPASTE TECHNOLOGY

BioMin F toothpaste is the result of over a decade of scientific research at Queen Mary University of London. BioMin F toothpaste incorporates a bioactive glass which it is claimed slowly releases calcium, phosphate and fluoride ions to form acid resistant fluorapatite for up to 12 hours after brushing. The very fine glass particles (5 microns average) within the toothpaste adhere to the tooth surfaces. Saliva slowly breaks down the glass structure releasing the mineral ions and raising the pH.

BioMin F toothpaste mimics and enhances the way saliva replaces lost mineral on tooth surfaces, providing protection and relief from the effects of sensitivity, acid erosion and initial enamel decay.

Best results with BioMin F toothpaste can be achieved by brushing twice per day: before breakfast and before going to bed at night. In both cases the foam after brushing should be swirled around the mouth and then spat out – rinsing the mouth after brushing is not recommended as this will limit the effect of the toothpaste.

CARE OF BABIES' TEETH A TOPIC AT PRIMARY CARE CONFERENCE

Bickiepegs, a committed supporter of babies' oral care since 1925, partnered with Melonie Prebble, leading dental hygienist, with a presentation on babies' oral health and weaning at the Primary Care Conference hosted at the NEC in Birmingham in May 2018.

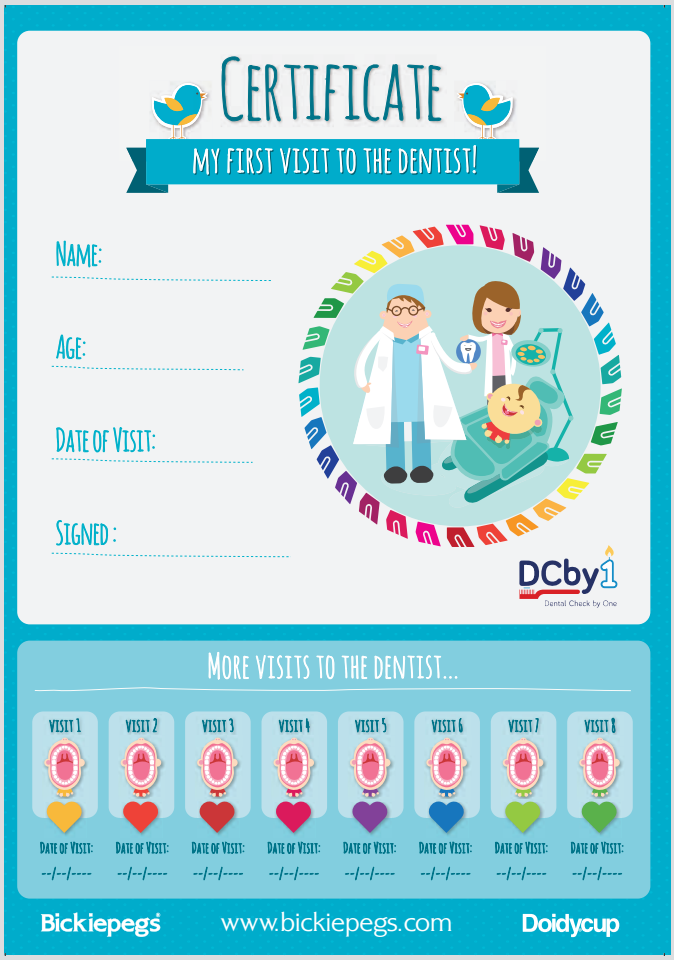
Presenting to over 150 children's health care professionals including midwives, nurses, paediatricians and GPs, Melonie talked through the BSPD's Dental Check by One (#DCby1) campaign. Bickiepegs supports the #DCby1 campaign which encourages babies to have a dental check before their first birthday.

The Bickiepegs Certificate, which is being issued by NHS England to 8,500 dentist practices for them to give out to babies on their first appointment, was gratefully received by the professionals.

Regular use of the Bickiepegs Finger Toothbrush & Gum Massager, which is suitable for babies of 0-18 months, is a great way to introduce a baby to having their teeth and gums cleaned.

It is double-sided with soft bristles to ensure that new teeth are kept clean, and then a dimpled reverse-side offers gums a soothing massage, ideal for when a baby is teething. Melonie highlighted to the audience the benefits of the famous Bickiepegs Natural Teething Biscuits with their unique ribbon and finger-shaped length that, unlike traditional teethers, offer comfort to teething molars right at the back of the mouth. Melonie made the point that it is important to clean teeth from the moment they erupt.

The subject of weaning was also covered by Melonie who explained the importance of an open weaning cup to support good oral health and jaw development. The Doidy Cup's unique slanted open top was shown as a good example of how to encourage children to drink independently from as early as 3 months of age and the benefits it brings in avoiding the introduction of a teat or spout.



Bickiepegs Finger Toothbrush & Gum Massager, Bickiepegs Natural Teething Biscuits and Doidy Cup are available via wholesalers, or to buy direct, please contact Bickiepegs for a health professionals' price list – enquiries@bickiepegs.co.uk

WE NEED TO TALK ABOUT THE NHS

The Office of the Chief Dental Officer (OCDO) will be at the annual Dental Showcase, from the 4th to the 6th October, and Sara Hurley, Chief Dental Officer for England, will be talking each morning about the development and provision of NHS dental services. The Thursday morning session will be available to dental societies only, but Friday and Saturday are open to all on a first come, first served basis. You can give your input into what's needed and where money should be prioritised with discussions at the CDO Zone. This is your chance to provide feedback! It's also an opportunity to celebrate the achievements of one of the nation's most loved institutions, and to appreciate the vital role that the NHS dentistry plays in preventing and treating dental disease.

Dental Showcase gives you a chance to catch up on valuable CPD. The Dental Update Study Day has a fascinating mix of speakers including John Milne, senior national dental advisor of the CQC and Steve Hawkins, BA's Chief Training Pilot, who will be comparing the aviation and dental industries in his fascinating lecture entitled 'Lessons from the Cockpit'.

Dr Phil Eisenberg, from Sparklysmile in Blackheath is planning to take his whole practice. 'A day out for the staff at Showcase is always fun,' he commented. 'Not only do we get to see the latest products and equipment coming out but, also, it is a perfect chance to get 'hands on' with many new gadgets. It's great to have my team along as they can be involved in making decisions on how the practice is going to be run for the next year. A little bit of ownership goes a very long way. Seeing the company representatives in a different setting is enjoyable too. Being out as a crowd is also good for team spirit and who wouldn't want to spend a day with this lot!'

Dental Showcase is free to attend and gives you an opportunity to learn about new products and trends. It will stimulate new ideas as you will have access to so many retailers; it would take you the best part of a year if you invited them for an appointment between patients.

Dental Showcase is at Excel in London. To register, or for more information, visit http://www.dentalshowcase.com

POSTER TIME!

As part of this year's Oral Health Conference, the British Society of Dental Hygiene and Therapy (BSDHT) is delighted to welcome entries for the Annual Poster Competition, sponsored by Waterpik.

All you need to do is submit an abstract for your poster presentation which will be reviewed by a panel of experts.

Your poster can demonstrate any research, clinical trials, audits or studies you have conducted or been involved in, presenting your findings to share with the wider community. All accepted posters will be displayed during the Conference in November, where the winning entries will be awarded their prizes.

All postal poster submissions must be received by the BSDHT by 14th September, while emailed abstracts may be submitted up until 26th October.

To enter, please download the form from the website at www.bsdht.org.uk/oral-health-conference-and-exhibition/poster-competition. For more information, please visit www.bsdht.uk

MAJOR EXPANSION FOR YORKSHIRE DENTAL GROUP

ASR Dental, a dental group with practices across Yorkshire, is building a new private clinic in Huddersfield, and has added two Yorkshire Smiles surgeries in Leeds and Barnsley to its portfolio. The expansion drive is expected to create more jobs and boost the group's turnover by 25%.

The firm's new clinic on Thornhill Road in Huddersfield, will serve as a specialist provider of restorative and cosmetic treatments as well as dental implants. It will feature six surgery rooms and will accept referrals from its group of practices.

Meanwhile, the company has acquired NHS dental group Yorkshire Smiles, which has two practices, one in Leeds and the other in Barnsley. The Barnsley site will be its first clinic in South Yorkshire.

Dr Altaf Hussain, director at ASR Dental, said: 'Our latest growth drive, including our first new-build surgery, is a huge milestone for the group. We've steadily acquired practices around Yorkshire since we began in 2004, and have ambitions to, ultimately, run practices across the North of England. But, it's important to us that each of our practices is run independently to help us give a personal service and to build lasting relationships with our clients.'

THINK SUPPLIER, THINK MEMBER

The British Dental Industry Association (BDIA) has launched a new initiative, 'Think Supplier, Think BDIA Member' to remind the dental profession of the benefits of purchasing from BDIA member companies.

Since 1923 BDIA members have been working closely with the dental profession to provide the quality, innovative and dependable equipment and services that are needed, day in day out. Bound by a comprehensive Professional Code of Practice, bespoke training and a common vision to provide the profession with the best possible service, the Association is urging all those involved in purchasing dental equipment to 'Think Supplier, Think BDIA Member'.

BDIA President, Sonia Tracey of W & H (UK) urges the dental profession, 'When it comes to purchasing products, remember that BDIA members have committed to their industry Code of Practice requiring the supply of high quality products and services, supported by adequate stocks, spares, maintenance and technical information for the expected life of the product, so when you think supplier, think BDIA member.'

Edmund Proffitt, BDIA Chief Executive adds, 'Building on the awareness of our award-winning campaign against counterfeit dental products, we are urging the profession to think about the benefits of purchasing from those suppliers who have signed up to the industry association with its comprehensive Code of Practice and the reassurances that commitment provides to customers.'

BDIA

BDJ Team CPD

CPD: ONE HOUR

CPD questions: September 2018

Do you have a drink problem – Joss Harding on how to treat Xerostomia

1. Which of the following is the **correct** name for a resource developed by the UK Medicines Information (UKMi)?

A) The National Formulary

B) The Specialist Pharmacy Service

C) The National Pharmaceutical Register

D) The Medicine Prescription Advisory Service

2. For patients at high risk of xerostomia, Duraphat varnish is recommended. How much sodium fluoride should it contain?

A) 5,000 ppm

B) 22,600 ppm

C) 0.22600 ppm

D) 2,800 ppm

3. Which of the following is **correct**? A healthy person produces:

A) More than 10 millilitres of saliva per day

B) More than 0.05 litres per day

C) Less than 10 millilitres of saliva per day

D) Up to 0.5 litres of saliva per day

4. How many different medications cause xerostomia?

A) More than 50

B) Less than 350

C) More than 500

D) Less than 150

BDJ Team is offering all readers **10 hours of free** *CPD a year on the BDA CPD Hub! Simply visit* **https://cpd.bda.org/login/index.php** *to take part!*


ARTICLE

CPD: ONE HOUR

Do you have a drink problem?

CPD questions

Joss Harding on how to treat xerostomia

ARTICLE

How to take part in *BDJ Team* CPD

BDJ Team CPD is available through the BDA CPD Hub. This site is user-friendly and easy to use. There are still 10 hours of free *BDJ Team* CPD on the CPD Hub from 2017, in addition to this year's CPD hours.

Just visit https://cpd.bda.org/login/index.php.

To send feedback, email **bdjteam@nature.com.**