

Please share this newsletter with all members of the dental team.

Welcome!

Welcome to the Spring/Summer Cheshire & Merseyside Local Dental Network (LDN) Newsletter, which includes details of our ongoing work and the plans for the next year including our up and coming not to be missed 'Roadshow' (see below). The work of the Managed Clinical Networks (MCN) has an important role to deliver improved outcomes for patients, address health inequalities and promote continuous quality improvement. You will note the theme throughout is to encourage collaboration; working better together and other primary care providers.

Please also view our online communication at the NHS [Network](#) too.

Message from Roger Hollins, C&M LDN Chair "I would like to use this opportunity to invite all of the NHS dental community to the LDN event being held on the afternoon of Tuesday June 4th. One of the key speakers is Eric Rooney, Deputy Chief Dental Officer, who will be talking to us about contract reform. We also will be discussing all the work that the Managed Clinical Networks have successfully completed and are planning for the future as well as the impending provision of Tier 2 care. This is a golden opportunity for practitioners to explore the future possibilities for their practices in an ever-changing landscape. This is a follow on from our previous event regarding future proofing practices, with our efforts going in to describing how practices may start to work together to ease some of the burdens of delivering NHS dental contracts. The LDN is fully committed to helping all our colleagues prepare themselves to continue thriving within the NHS and, as members of the LDN yourselves, we would encourage you to attend the event and ask you all to begin considering collaboration to future proof all practices".

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Contract Reform – LDN Roadshow Event

Contract Reform - Is Your NHS Dental Practice Fit for The Future?

Tuesday 4th June , 12:30 to 17:00 at The Park Royal Stretton Rd, Stretton, Warrington WA4 4NS [Book Now](#)

All NHS dental providers, associates and therapists within Cheshire & Merseyside are invited to attend a free PCC facilitated event.

It's getting harder to manage an NHS practice, however what are the opportunities and what might future proofing mean? Working smarter, broader thinking, co-operation on all levels, shared costs and so on.

Take a step back, look at how the NHS is changing now and, in the future, and consider if collaboration is the key.

Presentations will be provided by guest speaker **Eric Rooney, Deputy Chief Dental Officer** and representatives from the Local Dental Network and the Managed Clinical Networks.

This is your opportunity to find out more about Contract Reform, the local forthcoming projects and potential training opportunities for those practitioners wishing to pursue future provision of level 2 care

Managed Clinical Networks (MCN)

Oral Surgery: Chair: Tim Lord

Following last years published referral guidance, a triage calibration has now been completed and two new oral surgery triagers have been recruited. Going forward this should reduce the number of redirected referrals.

With the expertise of Colette Balmer (consultant oral surgeon), we are currently preparing to provide a robust accreditation system for tier 2 performers. Aimed at non-specialists and this will help support their application for the next round of contract negotiations in 2020. The intention is to maintain standards of non-specialist performers within a specialist led service. Registered specialists will not have to be assessed but are expected to comply with GDC requirements regarding their specialist listing.

Having provided advice to tier 2 practitioners regarding standards of consent, the MCN are looking at ways the process can run through from tier 1 for routine cases with low material risk. This is currently involving discussion with the referral management team.

Paediatric: Chair: Clare Ledingham

General Anaesthetic Service Provision a priority workstream for this year. At present there are a variety of GA providers with a variety of GA care pathways and our aim is to streamline the process across the patch.

A recent facilitation workshop day led by Rob Haley (Primary Care Commissioning) discussed the current situation and worked out where we would like to be in the near future. Clearly an early priority is for a common referral process and referral management system similar to that for orthodontics and oral surgery.

We are also planning some work in special schools, prompted by a school nurse who observed a gap in dental service provision amongst some of her students. It is fortuitous that the [NHS 10 Year Plan](#) also highlights the need for improved dental care for children with learning difficulties. We are aiming to pilot an extension of the national [MiniMouthcareMatters](#) programme in this particular school, with the intention that it may be eventually rolled out into other special schools across the patch.

Finally, we have begun some work with Liverpool City Council looking at dental neglect in children.

Primary Care: Acting Chair: Roger Hollins.

Following the publication of the Oral Cancer Toolkit in 2017 the workplan will now focus on prevention and care for patients who have received treatment for oral cancer. Prevention will include advice to patients regarding lifestyle changes; best practice early intervention plus an e referral service and wallet size cards for patients to access cessation services across Cheshire & Merseyside. (see later)

Patients that are being or have been treated for oral cancer may present their own special needs and precautions; for example, timing of treatments, interactions with chemotherapy, dry mouth (xerostomia) (see later) and prevention of dental disease.

There is well documented evidence of links between dental disease and conditions such as diabetes and cardiovascular disease. The MCN will be promoting improved patient care through better integration and collaboration with our primary care colleagues within general medical practice, optometry and pharmacy.

Finally, and very importantly we are looking at ways to assist practices in future proofing their practices. As we move forwards there is the impending new contract plus other opportunities including the tendering and procurement of additional services. When combined with the need to work more efficiently it is more important than ever to consider working more closely with your local practices. Not only will this help practices to be more efficient but working better together improves practice management plus contract provision and delivery.

Managed Clinical Networks (MCN) continued

Special Care: Chair: Alistair Docherty

The MCN has been looking at services provided at Tier 2&3, identifying where care is available and what facilities can be accessed when referring patients.

Dental care, prevention and supervision for SCD patients is mostly provided in General Dental Practice settings. Where additional facilities or techniques are needed, SCD services have a number of sites and a range of adaptations for patients. Working with Public Health England and NHSE the MCN has contributed to a scoping exercise which looks at contacts and services locally and throughout the C&M footprint; identifying the adaptations and skills available. It will also indicate the scope and size of services and runs alongside a similar exercise looking at paediatric dental services.

We are currently looking also at GA services for comprehensive care in Special Care Dentistry. This service is provided throughout the region and for patients with high levels of need and challenging behaviours and medical history. For individuals with SCD needs where sedation or conscious care is not possible a limited service is available, and we aim to make access as fair and local as possible. This is a work in progress and involves the cooperation of all providers and commissioners.

Work is afoot to network with domiciliary care providers and to widen the advice and support the MCN can offer to clinicians undertaking care for SCD patients. We have a number of actions planned in the coming months and want to reinforce the good work done by practices who engaged with the Dementia Toolkit.

Orthodontics: Chair: Colin Melrose

The Orthodontic MCN has continued with its Work Plan resulting in two recent documents.

The first is a Guidance to Dentists on Orthodontic Retention. This is a comprehensive guidance on all aspects of orthodontic retention and includes advice for dentists on their responsibilities for supervising Orthodontic retainers following discharge from the primary NHS Orthodontic provider. A short one-page summary of the main points made in the guidance is also available.

The second is an advice document on how orthodontic breakages should be managed by the Out of Hours Service. The detailed document includes advice on how patients can deal with simple problems themselves for example by the use of Orthodontic wax to cover sharp components. It also advises on which problems need the urgent attention of a clinician.

In addition to these documents the core MCN has been involved in an Options Appraisal Meeting for Future Provision of Orthodontics in Secondary and Tertiary Care Sectors. At this meeting preliminary discussions took place on how hospital-based consultant led orthodontic services may be commissioned in the future.

National Smile Month and Integration with Pharmacy Teams

Making Every Contact Count: National Smile Month is an annual campaign run to promote the importance of good oral health to all members of the population. This year, pharmacists are promoting National Smile Month as a part of their national contracted public health remit. The event will take place from May 13th to June 13th and to supplement National Smile Month, all Pharmacists across Cheshire and Mersey will be given extra training concerning our dental 'Starting Well,' initiative.

Pharmacists will be able to inform parents of young children the importance of Dental Check Ups by 1, supported by posters, as well as key oral health messages by providing information from Public Health England's 'Change4Life: Top Tips for Teeth,' alongside wallet cards. Information and resources for these campaigns can be accessed at [DCby1](#) and [TT4T](#) respectively.

Please be aware that there may be an increase in younger children trying to access clinical time within your practice.

Dry Mouth (xerostomia)

Liverpool Dental Hospital explained recently that a review of a cohort of dry mouth patient referrals indicated that approximately 80 % of patients could have been effectively assessed and managed in primary dental care. In addition, many of the patients had restorative problems which would need to be addressed prior to the referral. Dry mouth can be quite distressing for many patients and it is important that the clinical team can reassure and advise plus only refer the appropriate cases. The LDN has made available 6 useful guidance documents available from the NHS [Network](#) site.

These include

- a handy picture-based guidance on The Challacombe Scale of Clinical Oral Dryness; designed to be able to visually identify and quantify whether your patient has xerostomia (dry mouth) and if so, how it changes over time and the most appropriate therapy options.
- Management and advice for patients including information on prescribing saliva replacement medication.
- A flow Chart and referral guidance too.

We recommend that all this information is shared with the whole dental team and will provide improved knowledge and confidence when managing dry mouth.

Reduced saliva flow increases the risk of dental disease and [Delivering Better Oral Health](#) offers evidence based advice regarding diet, oral hygiene and higher fluoride concentration toothpastes and mouth washes. Patients that have received or currently receiving radiotherapy to the head and neck may have a temporary or longer term dry mouth due to reduced salivary function, so advice in advance can alleviate concern too.

Healthy Gums Do Matter

The Healthy Gums Do Matter Second edition is now available online to [download](#) from the Healthy living Dentistry website

The updates include a number of significant changes in the guidance around periodontal disease, including a new [classification](#) system for periodontal and peri-implant diseases and conditions (launched at EuroPerio 9 in 2018), the British Society of Periodontology's [implementation](#) plan into clinical practice (released in the British Dental Journal in January 2019) and the revised BPE [guidelines](#) in 2016 and 2019.

Also please have a look at the Periodontal Information Leaflet & Consent [Form](#) that you may find very useful in your clinical practice

Safeguarding Toolkit

Sadly, high profile cases in the media have highlighted that abuse is still happening, and often to the most vulnerable in society. Dental teams should not feel inhibited to raise a concern and has a statutory duty of care to all patients which includes ensuring that safeguarding arrangements are in place.

Produced by PHE and published in April 19 a new and comprehensive [toolkit](#) helps to reinforce the importance of safeguarding and improve awareness of the different forms of abuse.

It provides an overview of safeguarding as a whole for the dental team by:

- clarifying the roles and responsibilities of the dental team in promoting the safety and wellbeing of children, young people and adults at risk of abuse
- signposting useful safeguarding resources, including access to free training opportunities
- outlining the pathways to be followed in cases of concern
- providing guidance on training requirement

If you haven't already please download the [Safeguarding app](#) to your mobile device

Stress in Dentistry

Dentistry is a stressful profession, primarily due to the nature and working conditions in the dental surgery; managing patients and staff, meeting expectations and time pressures. With dramatic changes taking place in recent years the demands have increased and it is important to be aware of the impact **on the whole** dental team. A report released by the BDA in 2017, indicated the main types of mental health issues are stress, burnout, anxiety and depression, plus sleeplessness, breakdowns, withdrawal, drug use, panic attacks and alcohol use. The key areas identified by their survey included over regulation & monitoring, patient expectations, increasing financial pressures, treadmill and UDA targets, uncertainty within the NHS, isolation, self-employment and so on. In the short-term, mental health can have a severe impact on well-being and day-to-day life, however in the longer-term mental illness could lead to quitting, early retirement, health complications or worse.

Family and friends are most likely to spot early changes in behaviour; however, work colleagues may also be the quick to recognise problems. Indicators of the effects of stress include:

- Poor practice management and patient care
- Behavioural problems
- Poor clinical standards
- Lack of respect for patient and staff
- Frequent complaints
- disregard for accepted rules
- Suspected fraudulent or criminal behaviour etc

If you recognise these problems with any of your colleagues, or even yourself, then we would encourage you to access the many support networks available.

This may include trusted colleagues, GP, charities such as [Mind](#) or [Dental Health Support Trust](#)

LDC's are also there to confidentially assist and support practitioners too.

Early recognition of the 'pressure' and helping to prevent problems is better. Get involved with colleagues such as the LDC can help recognise and reduce stress and build a support network. As mentioned earlier, working collaboratively and sharing the pressure can only be of benefit.

Orthodontic Retainers

For most patients, lifetime retention is recommended; usually night wear only of a removable appliance. All retainers are subject to wear and tear and none are expected to last a lifetime. As a result, primary care performers may see more patients requesting help to repair or replace retainers. Unless you have an orthodontic contract, this can't be done under NHS regulations.

Please visit the following [link](#) to view a comprehensive guide produced following advice from NHS Dental Services and Cheshire and Merseyside orthodontic MCN members. During the 12-month period of supervised retention the replacement of retainers necessitated through 'fair wear and tear' should be free of charge to the patient at the orthodontic provider's expense.

Smoking Cessation – very brief intervention

Making Every Contact Count: The National Centre for Smoking Cessation and Training ([NCSCT](#)) has launched a new [guide to very brief advice on smoking to dental patients](#). Includes the relationship between smoking and dental health, carbon monoxide testing in dental practice and the use of e-cigarettes. VBA is a simple piece of advice that is designed to be used opportunistically in less than 30 seconds in almost any situation with a smoker. What may be surprising is that you do not advise smokers to stop, and you do not ask how much they smoke or even if they want to stop. Establish and record smoking status (**ASK**); advice on how to stop (**ADVISE**) and offer help (**ACT**).

Dental Assurance Framework (DAF)

The purpose of the DAF is to support a more standardised approach to contract performance management, and to effectively utilise the extensive data currently available. The report presents key performance indicators based on the data submitted by the practice. Examples are UDA totals, re-attendance rates, patient satisfaction, compliance with DBOH, plus certain treatment items such as extractions and root canal etc. The reports are published via Compass each quarter and represent an overall view of the contract.

During the last year a number of performers had claimed for items that would not be accepted by the BSA; including the provision of sports mouthguards, inappropriate bite raising appliances or replacement Essix retainers. Providers need to be aware of the claims that their performers are submitting as the liability for inappropriate claims lie with the provider of the contract.

NHS England have two useful audit tools to help providers monitor their performers available via [email](#)

Communication

Please remember that the LDN is open to **ALL** who work in delivering NHS Dentistry across Cheshire and Merseyside and we would be delighted if you could engage with our work streams. The LDN exists to enable clinical engagement in the commissioning process, to ensure that dental care meets the needs of our patients. We are aware that not all clinicians receive a copy of this newsletter. Please send the LDN an [email](#) and request that you are added to our mailing list.

The LDN has a site within the NHS Networks Website; click [here](#). We recommend that you regularly visit the site as this is where you will be able to access many documents and further information mentioned within the newsletter plus other very useful guides and advice.

Useful Contacts

We would welcome any comments and feedback - [Email](#) the LDN

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Links:

Dementia Friendly Toolkit.	AMR Toolkit	Oral Cancer Toolkit	NICE cancer guidance
CRUK	AMS audit	Antibiotic Guardian	BDA
DBOH	NHS England	Maxcourse	LocSSIPS
Awareness Saves Lives	Starting Well Campaign	2017 Survey of 5 year olds	‘Your NHS data matters’
Dental Check by 1 Campaign	ABC	Use of Amalgam	Safeguarding Toolkit

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