

# General Dental Services – Monthly News Sheet

October 2017

## Advice for HS patients receiving emergency dental treatment abroad

As a result of recent queries received by the HSCB regarding the above, the following advice may be useful for practices.

- Patients should always be advised to take out travel insurance to cover treatment abroad, including dental treatment: <https://www.gov.uk/guidance/foreign-travel-insurance>
- Patients should consider applying for a EHIC form (replacing the E111 since 2006); See the link attached or apply through your local post office: <https://www.nidirect.gov.uk/articles/travel-health-and-european-health-insurance-card-ehic>. Please note: The EHIC is not an alternative to travel insurance. It is important to have both an EHIC and a valid travel insurance policy in place before you travel.
- A valid EHIC provides card holders with the right to access state-provided healthcare on temporary stays in other European Economic Area (EEA) countries or Switzerland. Treatment should be provided on the same basis as it would be to a resident of that country and is provided in many cases either at reduced cost or for free. The EHIC covers treatment that is medically necessary until the card holder's planned date of return home. This includes treatment for pre-existing medical conditions.
- Patients should be reminded that they should retain all receipts –see advice at the following link on getting refunds: <https://www.nidirect.gov.uk/articles/travel-health-and-european-health-insurance-card-ehic>
- Please see below details for DWP in relation to claiming a refund:

Department of Work & Pensions  
Durham House  
Washington, Tyne & Wear NE38 7SF  
United Kingdom

Phone: +44 191 218 1999 Fax: +44 191 225 2131

Email: [Overseas.Healthcare@dwp.gsi.gov.uk](mailto:Overseas.Healthcare@dwp.gsi.gov.uk)

URL: <http://www.nhs.uk/Healthcareabroad/Pages/Healthcareabroad.aspx>

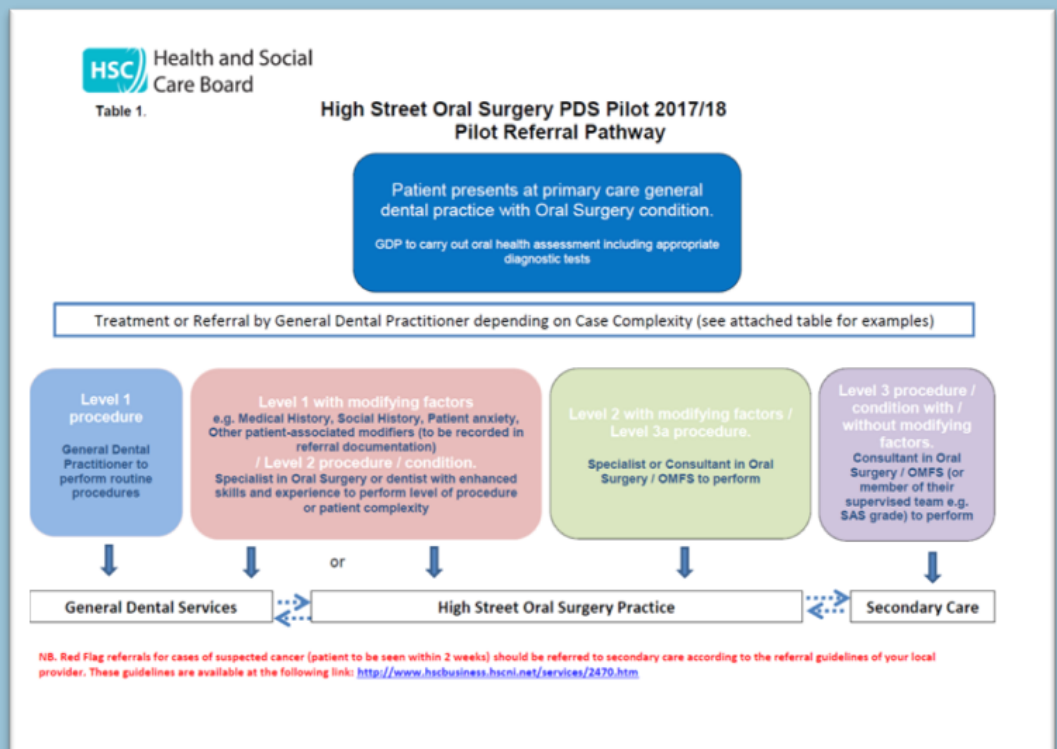
**The High Street Oral Surgery PDS Pilot 2016/17** is now operational and HSOS practices are accepting Health Service referrals.

For more information including how to refer appropriately please click on the following links:

- **Frequently Asked Questions** including details of the Oral Surgery Specialist Practices

participating in the pilot [http://www.hscbusiness.hscni.net/pdf/Oral\\_Surgery\\_PDS\\_Pilot\\_2017-18\\_Frequently\\_Asked\\_Questions.pdf](http://www.hscbusiness.hscni.net/pdf/Oral_Surgery_PDS_Pilot_2017-18_Frequently_Asked_Questions.pdf)

- **Patient Referral Pathway** including examples of treatment complexities/procedures [http://www.hscbusiness.hscni.net/pdf/Referral\\_Pathway\\_-\\_Oral\\_Surgery\\_Pilot\\_2017-18.pdf](http://www.hscbusiness.hscni.net/pdf/Referral_Pathway_-_Oral_Surgery_Pilot_2017-18.pdf)



## Fluoride use in General Dental Practice

Fluoride tablets such as Fluor-a-day and Endekay will no longer be available for dispensing from pharmacies.

Fluoride confers significant protection against dental caries with the topical action of fluoride on enamel and plaque considered more important than the systemic action. In contrast, fluorosis is due to the systemic action of fluoride rather than any intra-oral effect. For this reason, topical methods of fluoride delivery are preferred.

Options for fluoride delivery for GPs now include:

- Advising regular tooth-brushing with a **standard toothpaste**. This is the mainstay intervention in caries prevention. Standard over the counter adult toothpastes contain between 1000 ppm and 1500 ppm of fluoride. Children's versions are also available. Further information on preventing caries in children using fluoride toothpaste is available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)

- Prescribing **high concentration toothpastes**. These are available in two strengths, 2800ppm (0.619%) and 5000ppm (1.1%) and can be used to reduce the risk of dental caries in those who are at increased risk of dental caries or are medically compromised. The Department of Health guidance "Delivering Better Oral Health" (April 2009) defines those at risk of dental decay as:

- Undergoing orthodontic care
- Head and neck radiotherapy
- Dry mouth and other predisposing factors, e.g. end of life care
- Special needs
- Obvious current active dental decay

High concentration toothpastes should only be prescribed following a dental clinical assessment and as part of an overall dental health management plan.

Medical GPs are encouraged to identify any patients in their practice who have been prescribed high concentration fluoride toothpastes and advise these patients to attend their General Dental Practitioner for a clinical dental assessment.

- **fluoride varnish** is a concentrated topical fluoride typically containing 5% sodium fluoride (NaF) in a resin or synthetic base. Application is helpful for all children over two years of age. Varnish slows down the development of decay by stopping demineralisation, making the enamel more resistant to acid attack and speeding up remineralisation of the tooth with fluoride ions. The tooth surface becomes stronger and less soluble. After application, varnish stays on the tooth surface for some hours, allowing slow release of the fluoride ion.
- **fluoride mouthwash** in the form of Sodium Fluoride 500 microgram per 1 ml is available in sugar-free and alcohol-free versions and can be prescribed for patients aged eight years and above. It should be used daily in addition to twice daily brushing with toothpaste. Mouthwashes should be used at a different time to tooth brushing to maximise the topical effect. Fluoride in toothpaste (1,000-1,500ppm) is at a higher concentration compared with fluoride mouthwashes (225ppm) and so is more effective if retained in the mouth, rather than being diluted or washed away by mouthwashes.