Oral Cancer Care

Local Guide

Prevention - Early Detection - Referral

Advice and guidance for the primary dental care team
Cheshire & Merseyside

First Edition | September 2017
Dear Colleagues,

The incidence and prevalence of oral cancer is on the increase both nationally and locally. As providers of primary dental care it is paramount that we remain vigilant when caring for our patients. Preventative intervention, early detection and appropriate referral can save lives.

Figures from Cancer Research UK indicate 1 in 75 men and 1 in 150 women will be diagnosed with oral cancer during their lifetime. Oral cancer incidence rates are projected to rise by 33% in the UK between 2014 and 2035. General dental practitioners and their teams have a vital role to play in ensuring oral cancers are detected early, that patients are informed about the risk factors and where appropriate correct use is made of the urgent ‘Two Week’ referral process, always remaining conscious of the patient’s perspective and needs during this often arduous journey.

With this in mind and to continue building on the success of the Local Dental Network working together with local general dental practitioners in producing and implementing the Antimicrobial Stewardship and Dementia Toolkits, the Local Dental Network have engaged with key partners, including dental colleagues to produce a locally adapted version of the British Dental Association / Cancer Research UK’s National Oral Cancer Toolkit, that is aligned to current NICE guidance.

We very much hope it will be a useful local guide for dental teams to refer to, as together we can work towards the common goal of improving patient outcomes and experience.

Roger Hollins,  
Chair Local Dental Network.  
(Cheshire and Merseyside)  

Steven Korb,  
Vice Chair Local Dental Network.  
(Cheshire and Merseyside)
Dear Colleagues,

The NHS Five Year Forward View identified cancer as one of our top priorities because more than one in three of us will get cancer in our lifetimes.

Oral cancer is a growing health care concern for the National Health Service. We are seeing major changes in demography with particular reference to incidence in a younger age group. Nationally, five-year survival rates for oral cancer have shown very limited improvement over the last 20 years. This contrasts with other cancers where significant improvements in survival have been achieved over the same time period.

Cheshire and Merseyside have higher incidence rates and lower survival rates for oral cancer in both men and women compared to England as a whole. NHS England (Cheshire and Merseyside) is committed to developing local services to enable improvement in oral cancer outcomes for its population.

Identifying any cancer earlier is critical to saving more lives.

If oral cancer is diagnosed early survival rates are good. It is vital that dentists and members of their teams understand the importance of their role in relation to prevention, early detection and referral.

This guide is intended to be a practical good practice tool providing information for the whole dental team, to enable early detection of the signs and symptoms of oral cancer, and importantly how to make a quality urgent ‘Two Week’ referral where appropriate. Further information on practical approaches for talking with patients about risk factors such as smoking and alcohol usage, together with less traditional risk factors such as Human Papillomavirus infections, is included.

The NHS England (Cheshire & Merseyside) team recognises that improving outcomes for oral cancer patients must continue to be driven by partnership working.

The resources in the guide have been developed by our Local Dental Network in partnership with key cancer care professionals and are supported by Cancer Research UK.

Anthony Leo,
Director of Commissioning, NHS England - North.
(Cheshire and Merseyside)
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01 Introduction to the Oral Cancer Guide
SECTION 1

Introduction:

There is a considerable amount of information and guidance available which can help the dental team in the management of patients who have presented with a suspicious lesion, enabling appropriate referral to a secondary care cancer service, together with the provision of timely preventative interventions for those patients whom may be at risk. These include:

- NICE guideline (NG12).
- Health Education England: Making Every Contact Count.

This guide includes key recommendations from these documents, offering easily accessible local information and tools to help.
1.1. Aim of the local guide.

To improve the oral cancer survival rates in Cheshire and Merseyside by:

- Raising awareness of the signs, symptoms and risk factors associated with oral cancer.
- Ensuring good practice when making an appropriate urgent ‘Two Week’ referral to a secondary care cancer service.
- Promoting good practice guidance on how to engage when talking about oral cancer with high risk patients.
- Raising awareness of the concept of ‘Making Every Contact Count’ in relation to oral cancer risk factors and the principles and practice of brief intervention, including signposting to smoking cessation, alcohol and substance misuse support services.
1.2. National and local oral cancer incidence and prevalence.

The following key findings are from Cancer Research UK 2014 and cited in the Head and Neck Cancer strategy information pack for Cheshire & Merseyside 2014:

For definition:

The term head and neck cancer encompasses over thirty different subsites ranging from the lip and oral cavity to the lymph nodes in the neck.

National:

- There were around 11,400 new cases of head and neck cancer in the UK in 2014, that’s 31 cases, diagnosed every day.
- Since the early 1990s, head and neck cancer incidence rates have increased by almost a third (30%) in the UK. The increase is larger in females (40%), than in males (20%).
- 1 in 175 men and 1 in 800 women will be diagnosed with laryngeal cancer during their lifetime.
- Incidence rates of oral cancer are projected to rise by 33% in the UK between 2014 and 2035.
- Head and neck cancer in England is more common in people living in the most deprived areas.
- During 1998-2000 the majority of cases of head and neck cancer were in people ages 65 and over – 49% of cases were in people under the age of 65. During 2008-10 the proportion of cases in the under 65s had increased to 53% meaning that the majority of cases were now in people under the age of 65.
- Aetiological factors for oral cancer are related to tobacco, alcohol consumption and diets low in fruit and vegetables.
- Recent findings indicate a sharp rise in the incidence rates of oral pharynx cancer linked to human papillomavirus, particularly effecting the younger adult population.
Locality areas within Cheshire & Merseyside with high incidence rates of oral cancer

Local:

- Head and neck cancer incidence and mortality rates for Cheshire & Merseyside are significantly higher and increasing at a faster rate than England.

- Cheshire & Merseyside has a significantly high rate of head and neck cancer for both men and women compared to England. Incidence rates of oral cancer are higher locally in Birkenhead, Bootle, Halton and Knowsley.

31 NEW CASES of head & neck cancer diagnosed every day in the UK 2014

33% ORAL CANCER incidence rise predicted 2014 - 2035
Early detection, referral & patient support
SECTION 2

Early detection, referral & patient support:

This section has been designed as a reference tool to assist with; early detection, making an urgent ‘Two Week’ referral and patient support.

2.1. Local good practice guide - urgent ‘Two Week’ referral.

2.1.1. Scope:

This good practice guide has been developed to support the dental team when making an urgent ‘Two Week’ referral to a secondary care cancer service for a suspected cancerous mass or lesion. It is designed to offer referral guidance and help to ensure a good patient experience.

For definition:

Urgent:

• Referral made within 12 hours of patient presenting
• Patient to be seen by specialist within 2 weeks

If you are unsure about making an urgent referral it is good practice to seek the opinion of another dentist at the time of presentation. **If there is any doubt an urgent referral should be made.** In all cases the patient must be fully informed. Recent findings indicate that only 8% of urgent ‘Two Week’ referrals are cancerous, this is very reassuring.

This section contains the following tools:

1. Referral flow chart and log which can be used to track and record the referral process (Figure 1).
2. Good practice referral proforma and a directory of secondary care providers in Cheshire & Merseyside (Figure 2).
3. Patient information leaflet that can be adapted and given to the patient following consultation (Figure 3).

The above tools are available in an electronic format at www.dental-referrals.org
Please note:
This is not a mandatory document. The application of this good practice guide does not supersede in any way the responsibility of the dentist to make decisions that are appropriately tailored to meet individual patient needs and preferences.

2.1.2. Responsibility:

It is the responsibility of the dentist to:

- Comply with verifiable continuing professional development in-line with General Dental Council standards and recommendations.
- Conduct intra and extra oral hard and soft tissue examinations at every dental check-up, irrespective of age, gender, religion, ethnicity or social class.
- Remain vigilant during courses of treatment.
- Identify suspected cancerous masses and or lesions and make appropriate, timely referrals.
- Ensure that patient’s address and telephone number including mobile number are correct.
- Maintain accurate and contemporaneous patient records.
- Follow-up patient referral, attendance and outcome.
- Fully inform the patient why an urgent ‘Two Week’ referral is required.
- Discuss possible diagnosis both benign and malignant.
- Lead and manage any dental care professional who provides support in-line with their relevant scope of practice and level of competency.
- Ensure that the dental team are aware of this good practice guide.

It is the responsibility of the dental care professional to:

- Comply with verifiable continuing professional development in-line with General Dental Council standards and recommendations.
- Remain vigilant and appropriately escalate any observations or patient comments or concerns immediately.
- Comply with good practice guidelines.
2.1.3. Oral cancer risk factors:

Cancer Research UK states:

An estimated 91% of oral cancers in the UK are linked to lifestyle factors.

A person’s risk of developing oral cancer depends on many factors such as:

- Smoker
- Ex-smoker
- Alcohol consumption
- Paan / Betel Quid / Khat chewing
- Poor diet – low fruit and vegetable consumption
- Genetics
- HIV/AIDS
- Human papillomavirus
- Age
- Previous head and neck cancer
- Previous cancer treatment
- Previous radiation
- Immunosuppressed
2.1.4. Oral examination:

When conducting an oral examination it is good practice to adopt a systematic approach.

2.1.5. Signs and symptoms that trigger an urgent ‘Two Week’ referral:

The following is for guidance only and is by no means exhaustive. The dentist should ultimately exercise his/her own clinical judgement taking into consideration all relevant, authoritative and up to date professional guidance.

Extra-oral:

- Persistent unexplained head and neck lumps for more than three weeks
- Persistent hoarseness lasting for more than three weeks
- Ear pain without evidence of local abnormalities
- Thyroid swelling in a pre-pubertal patient
- Thyroid swelling with one or more of the following risk factors:
  - Neck irradiation
  - Family history of endocrine tumour
  - Unexplained hoarseness
  - Cervical lymphadenopathy
  - Patients age 65 and over
- Cranial neuropathies
- Orbital masses
- Solitary nodule increasing in size

Also be aware of possible changes due to skin cancer:

- Change in colour, size and shape of an existing mole
- Moles with asymmetry, border irregularity, colour irregularity, diameter increasing or greater than 6mm
- New growing nodule without pigment
- Persistent surrounding inflammation or altered sensation for more than four weeks
- Any unexplained skin lesion in an immuno-suppressed patient
- Spot or sore that doesn’t heal in four weeks
- Itchy, crusty or bleeding skin nodule
- Skin ulceration without cause
Intra-oral:

- Ulceration or unexplained swelling of the lip or in the oral cavity for more than three weeks.
- All red/white or mixed red and white patches, of the oral mucosa that are painful or swollen or bleeding, consistent with erythroplakia or erythroleukoplakia, persisting for more than three weeks.
- Dysphagia or odynophagia (pain on swallowing) lasting for more than three weeks.
- Pain in the throat lasting for more than three weeks.
- Unexplained tooth mobility not associated with periodontal disease.

2.1.6. Record keeping:

When consulting with your patient it is important that you record clinical status, signs, symptoms, referral process and what information and advice you gave the patient both verbally and in writing.

Records should be kept in-line with authoritative and professional guidance.

To help you do this we have created a referral flow chart and log (Figure 1).
**Figure 1. Good practice urgent referral flowchart and log:**

- **Urgent lesion identified**
- **Confirm patient details**
- **Fully inform patient**

Give patient the information leaflet and a copy of the referral form

- **Within 12 hours fax/e-mail referral to hospital**
- **Attach images/additional information as appropriate**
- **Send copy to patients GMP**

**Log**

- Clinical examination date:
- Name of dental nurse present:
- Referral date:
- Referral method:
- Patient information leaflet and a copy of the referral form given:
- Copy of referral send to patients GP:
- Receipt of referral made:
- Confirmation appointment:
- Patient informed:
- Appointment date:
- Patient's attendance record:
- Any follow-up required:
- Results:

Within 24 hours the dentist/dental nurse will ring the hospital to confirm receipt of urgent suspected cancer referral

- Dentist/dental nurse to ring patient to confirm appointment made

Dentist/dental nurse to ring hospital to escalate

Appointnent made; note date

- Dentist/dental nurse to ring patient to confirm attendance of hospital

Dentist/dental nurse to ring patient to ascertain reason for non-attendance and encourage rebooking

Await results from hospital appointment

Maintain continual dental care

Record results and follow-up as per post-operative requirements
2.1.7. Making a referral:

When making a referral it is vital that you provide relevant information to the secondary care cancer provider, to enable an efficient, informed medical appointment.

Referral Information required:

- Patient: title, name, gender, date of birth, address, postcode, up to date phone number.
- Culture, mobility, disability, NHS eligibility and any impairment issues.
- Need for language translation or interpretation.
- Referrer name, practice address and postcode, phone number, General Dental Council registration number, date of decision to refer.
- Also include patient’s general medical practitioner’s name, practice address, postcode and phone number.
- Medical history in-line with General Dental Council guidelines.
- X-rays or additional information as appropriate.
- Reported risk factors.
- Current clinical presentation, including signs and symptoms.
- Confirmation that the patient is aware and fully informed regarding the need for an urgent ‘Two Week’ referral for a suspected cancerous mass or lesion.

To help you to make a good practice referral we have created a referral form template and a directory of secondary care cancer providers in Cheshire and Merseyside (Figure 2).

Please note:

In accordance with NICE documentation NG12: Local general medical practitioners, might ask a dentist for an urgent opinion regarding a patient with a suspected lesion. It is deemed good practice to see the patient on an urgent basis for a one off assessment appointment, even if the patient is not registered with the dental practice.
Figure 2. Good practice referral form template:

Good practice referral form TEMPLATE.

**SUSPICIOUS LESION URGENT TWO WEEK PATHWAY ONLY**

<table>
<thead>
<tr>
<th>Age of Patient in years</th>
<th>Patient's Title &amp; Name</th>
<th>Gender</th>
<th>Date of Birth (DD/MM/YY)</th>
</tr>
</thead>
</table>

Patient's Address: ___________________________  
Preferred Contact Number: ___________________  
Patient's Postcode: ___________________________

Dentist Name: _______________________________  
Practice Postcode: ___________________________  
Date of Decision to Refer: _______________________

Practice Name and Address: ____________________  
GDC Number: _________________________________  
Practice Telephone Number: _____________________

Patients GMP Name and Address: ___________________  
GMP Postcode: _________________________________  
GMP Telephone Number: ___________________________

The patient is aware and fully informed regarding the need for the referral:  
YES  NO

The patient has been given an information leaflet and a copy of this referral form:  
YES  NO

The GMP has been sent a copy of this referral form:  
YES  NO

Culture, Mobility, Impairment Issues:  
Is the patient from overseas?  
Is the patient a temporary visitor to the county?  
Is disabled access required?  
Is transport required?

Ethnic Origin: _______________________________  
Religion: ____________________________________

Area of Suspicion:  
Oral cavity  
Pharynx  
Thyroid  
Larynx Neck / lymph node  
Ear  
Nose  
Other  
Please state...

Risk Factors:  
Poor diet  
Smoker  
Ex-smoker  
Alcohol –  
No. units per week  
Paan / Betel Quid / Khat chewing  
Previous H&N cancer  
Previous cancer  
Previous radiotherapy  
Immunosuppressed  
HIV/AIDS  
Human papillomavirus

Symptoms:  
Pain on swallowing  
Mouth ulcer  
Unilateral deafness  
Trismus  
Sore throat  
Persistent hoarseness  
Nasal obstruction/discharge  
Lump / swelling in neck  
Bleeding  
Cranial nerve lesion  
Orbital mass  
Otitis (ear ache)  
Oral swelling  
Oral white patch  
Oral red patch  
OTHER (Detail below)

Figure 1. Please add visual extra oral sign(s) if applicable e.g. lump(s) and or swelling(s):

Figure 2. Please add visual intra oral sign(s):

Please provide other relevant information here

Please describe in detail the location of lump(s) and swelling and associated history

Please complete a medical history form and attach to this referral, attach additional information if required

I have read and understand the guide for referrals of this type.

Signed: ________________________________  
Signed: ________________________________

This form should be faxed or e-mailed immediately to the appropriate hospital

See the directory of secondary care cancer services.
Directory for contact details of Cheshire & Merseyside secondary care cancer services:
Local hospitals and maxilloFacial departments.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Clinician(s)</th>
<th>Main contact Tel. number(s)</th>
<th>Referral contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL.</td>
<td>Miss. K Fleming.</td>
<td>01244 366007</td>
<td>Secretary: 01244 363054&lt;br&gt;Fax: 01244 365204&lt;br&gt;E-mail: <a href="mailto:Coc-tr.COCH-FastTracks-ApptsHotline@nhs.net">Coc-tr.COCH-FastTracks-ApptsHotline@nhs.net</a></td>
</tr>
<tr>
<td>Macclesfield District General Hospital, Victoria Road, Macclesfield, Cheshire, SK10 3BL.</td>
<td>Mr. M Patel.</td>
<td>01625 663333</td>
<td>Secretary: 01625 661351&lt;br&gt;Fax: 01625 661027&lt;br&gt;E-mail: <a href="mailto:ecn-tr.UrgentOPS@nhs.net">ecn-tr.UrgentOPS@nhs.net</a></td>
</tr>
<tr>
<td>Leighton Hospital, Middlewich Road, Crewe, Cheshire, CW1 4QJ.</td>
<td>Miss. F Bekiroglu.</td>
<td>01270 612479</td>
<td>Secretary: 01270 612515&lt;br&gt;Fax: 01270 6122 95&lt;br&gt;E-mail: <a href="mailto:tmc-tr.2wwreferrals@nhs.net">tmc-tr.2wwreferrals@nhs.net</a></td>
</tr>
<tr>
<td>Warrington Hospital, Lovely Lane, Warrington, WA5 1QG.</td>
<td>Mr. J S Brown.</td>
<td>01925 662744</td>
<td>Secretary: 01925 662437&lt;br&gt;Fax: 01925 662372&lt;br&gt;E-mail: <a href="mailto:nct-tr.2WW-whh@nhs.net">nct-tr.2WW-whh@nhs.net</a></td>
</tr>
<tr>
<td>Halton General Hospital, Hospital Way, Runcorn, WA7 2DA.</td>
<td>Mr. D Richardson.</td>
<td>01928 753256</td>
<td>Secretary: 01925 662437&lt;br&gt;Fax: 01928 753491&lt;br&gt;E-mail: <a href="mailto:nch-tr.2WW-whh@nhs.net">nch-tr.2WW-whh@nhs.net</a></td>
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Local hospitals and maxilloFacial departments (continued).

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<th>Referral contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aintree University Hospitals.</strong></td>
<td>Mr. S N Rogers.</td>
<td>0151 5296209</td>
<td>Secretary: 0151 5295287 Fax: 0151 5302680 E-mail: <a href="mailto:ahn-tr.AintreeHeadNeckMDT@nhs.net">ahn-tr.AintreeHeadNeckMDT@nhs.net</a></td>
</tr>
<tr>
<td>Aintree Hospital, Lower Lane, Liverpool. L9 7AL.</td>
<td>Miss. F Bekiroglu.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Liverpool Broadgreen Hospital, Thomas Drive, Liverpool. L14 3LAL.</td>
<td>Mr. A Schache Mr. R Shaw.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>St. Helens &amp; Knowsley Teaching Hospitals NHS Trust.</strong></td>
<td>Mr. M Dodd.</td>
<td>0151 4261600</td>
<td>Secretary: 01744 646620 E-mail: <a href="mailto:appointmentssthk@nhs.net">appointmentssthk@nhs.net</a></td>
</tr>
<tr>
<td>Whiston Hospital, Warrington Road, Prescot. L35 5DR.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Helens Hospital, Marshalls Cross Road, St Helens. WA9 3DA.</td>
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</tbody>
</table>
Local hospitals and maxillofacial departments (continued).

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<th>Main contact Tel. number(s)</th>
<th>Referral contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arrowe Park Hospital,</strong></td>
<td>Mr. D C Jones.</td>
<td>0151 6047044</td>
<td><strong>Secretary:</strong> 0151 6047489</td>
</tr>
<tr>
<td><em>Arrowe Park Road,</em></td>
<td>Mr. S Parikh.</td>
<td></td>
<td><strong>Fax:</strong> 0151 6047474</td>
</tr>
<tr>
<td><em>Upton,</em></td>
<td></td>
<td></td>
<td><strong>E-mail:</strong> <a href="mailto:wih-tr.maxfacReferrals@nhs.net">wih-tr.maxfacReferrals@nhs.net</a></td>
</tr>
<tr>
<td><em>Wirral,</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CH49 5PE.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ormskirk NHS Trust,</strong></td>
<td>Mr. M Boyle</td>
<td>01695 656865</td>
<td><strong>Secretary:</strong> 01695 656986</td>
</tr>
<tr>
<td><em>Wigan Road,</em></td>
<td>Mr. R J Laycock</td>
<td></td>
<td><strong>Fax:</strong> 01695 656819</td>
</tr>
<tr>
<td><em>Ormskirk,</em></td>
<td></td>
<td></td>
<td><strong>E-mail:</strong> <a href="mailto:soh-tr.referrals2ww@nhs.net">soh-tr.referrals2ww@nhs.net</a></td>
</tr>
<tr>
<td><em>L39 2AZ.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above contact details are supplied in good faith and are correct at the time of printing; however, it remains the responsibility of the referring dentist to confirm that they are correct at the time of making the referral. It is also incumbent upon the referring dentist to ensure that all referral related communications whether by fax, email or post comply with information governance mandatory requirements.

Please note:

If you are referring your patient outside of Cheshire and Merseyside. The process may be different. For further details please contact the relevant service commissioning team.
2.1.8. Patient information and support:

Information given to a patient should cover:

- What an urgent ‘Two Week’ referral is.
- Why the patient is being referred to a secondary care cancer service.
- The percentage of urgent ‘Two Week’ referrals that are cancerous.
- Which secondary care cancer service the patient is being referred to.
- How they will receive their appointment.
- The importance of attendance.
- Whether the patient can take someone with them.
- What type of tests or investigations that might be carried out and how long it will take to get results and a diagnosis.
- How to obtain further help and information about the type of oral cancer suspected.

The above information should be discussed with the patient and a summary given in a written format for the patient to take home.

To help you do this we have created a patient information leaflet that can be adapted and given to the patient following consultation (Figure 3).
Urgent ‘Two Week’ Referral

The following information provides you with a brief summary of the discussion we had today, including some commonly asked questions with regard to an urgent ‘Two Week’ referral.

1. What is an urgent ‘Two Week’ referral?
   This is an urgent referral for an appointment to see a specialist when a dentist is unsure about symptoms and unable to make a diagnosis. There are many common conditions that these symptoms could be linked to. However, it is important to rule out that there are no underlying health issues including cancer.

2. What have you seen today?
   During your dental examination today I have seen. ______________________________

   With your consent I have made a referral to. ______________________________

   I have also sent a copy of the referral to your doctor and given you a copy to ensure that you have all the information that you may require.

3. Does this mean I have cancer?
   An urgent referral does not necessarily mean you have cancer. The vast majority of patients referred urgently to a cancer service are not found to have cancer, this is very reassuring. The clinical specialist will assess you to determine if further investigations and or tests are required and will keep you fully informed.

4. Attending appointments.
   It is really important that you attend all of your hospital appointments including clinic appointments and tests to ensure that you are investigated as quickly as possible without delay.

   If your first appointment was booked directly for you, you will already have the date and time of your appointment. If we have securely faxed or e-mailed your referral the hospital should contact you in the next 3 days. If they have not been in touch by 3 days please let the surgery know.

   If you cannot attend your appointment it is very important that you contact the hospital to make another.

5. Support.
   It is strongly recommended that you take someone with you to your appointments who can offer you support and reassurance.

   If you have any questions or concerns or need this information in a different format, please do not hesitate to contact. ______________________________
Optional:

Please note: This will be determined by individual need and preferences, remembering that we do not want to unduly alarm the patient.

If applicable:
Further information can be obtained from Macmillan on Freephone helpline 0808 808 00 00 and or by visiting the following websites www.macmillan.org.uk and or www.cancerresearchuk.org

Often when someone has a health scare it prompts them to think about their health and lifestyle choices, for example; smoking and alcohol consumption.

If a patient would like to know more about how to look after their health and well-being they can either speak to a health care professional and or go to: www.cruk.org/health and or www.nhs.uk/oneyou

What should the dental team and patient do?

- Make sure the patient address and telephone number including mobile number are correct.
- Ensure the patient is available within the next two weeks for an appointment.
- Ensure that the patient knows that once they have agreed the urgent appointment, it is important that they attend it, so that their care is not delayed.
- Discuss and agree that the dental practice will follow-up the patient, to ensure that the appointment is received and attended.
- Make sure that the patient is aware that the dental practice is still responsible for their regular dental care.
03 Patient consultation
SECTION 3

3.1. Communication guide for use by the dental team to talk about oral cancer with high-risk patients.

Patients sometimes fail to seek help for symptoms of oral cancer because of a lack of awareness about the disease. Dental care professionals can use this opportunity of a dental consultation to raise awareness.

Please note: This is not a script but a guide for an interactive discussion between you and your patient. You can have any or all of this conversation at any point during the appointment, but we recommend you have it AFTER you have screened your patient for signs of oral cancer so you can also communicate the results to the patient.

<table>
<thead>
<tr>
<th>Results.</th>
<th>As part of your check up today, I looked around your mouth for signs of mouth cancer. From what I can see, everything looks fine.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent/Signposting.</td>
<td>Because your medical history form shows you smoke &amp; or drink alcohol regularly, I would like to spend the next few minutes to chat to you about mouth cancer? Is that okay?</td>
</tr>
</tbody>
</table>
| What is mouth cancer? (ASK)                   | 1. Have you heard of mouth cancer before?  
Yes – Please tell me what you know?  
(Use active listening skills and acknowledge what they say; then go through what they may have missed)  
No – Although on the increase, it is a fairly uncommon cancer that develops in any part of your mouth including your tongue, gums, lips, the roof of your mouth, inside your cheeks and under your tongue. A lot of people don’t realize that you can get cancer in your mouth so we are trying to make people more aware. |
<table>
<thead>
<tr>
<th>Who gets mouth cancer?</th>
<th>2. Do you know who is more likely to get mouth cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Although anyone can get mouth cancer, most people who develop mouth cancer are over 45 years of age and smoke or drink alcohol regularly. The more you smoke and drink, the more likely you are to develop mouth cancer. As you [smoke/drink/are over 45] it is important for you to be aware of mouth cancer and to be checked once a year.</td>
</tr>
</tbody>
</table>

| Finding mouth cancer early saves lives. | 3. If mouth cancer is found early, when it has just started to develop [expand if necessary], there is a very good chance that it can be cured. So it is important to learn the early signs of mouth cancer. |

<table>
<thead>
<tr>
<th>Signs of mouth cancer.</th>
<th>4. Do you have any idea what the early signs of mouth cancer are?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes – Acknowledge what they have mentioned.</td>
</tr>
<tr>
<td></td>
<td>(e.g. you’re right it is often an ulcer...) and then go through what they have missed.</td>
</tr>
<tr>
<td></td>
<td>No – That’s fine. These are the sorts of changes to look out for; a red patch, a white patch, an ulcer, a lump or pain on your lips, gums or other areas inside the mouth.</td>
</tr>
<tr>
<td></td>
<td>These are what I have checked for today and your mouth looks fine.</td>
</tr>
<tr>
<td>The three week rule.</td>
<td>5. You may have noticed that, generally, if you have any of these changes in your mouth [a red patch, a white patch, an ulcer, a lump or pain] they tend to heal within 2-3 weeks. If something has lasted more than three weeks it means your mouth is not healing properly and it could be a sign of mouth cancer. That’s when you should visit a healthcare professional to find out why. It is likely that it is nothing serious but it is always best to get things checked out. How long do you think you would wait before getting any changes checked? (Reinforce three week rule) Even if you’re not worried about it, or if it is not bothering you, or if you have other things to do it is important to seek help.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Who to visit.</td>
<td>6. If you did notice a change (a red patch, a white patch, an ulcer, a lump or pain) in your mouth that lasted longer than 3 weeks you can call the reception here to make an appointment to see me immediately or go to your GP or your local walk-in centre. If you did find any of these signs that has lasted more than 3 weeks who would you visit: your dentist, GP or your local walk-in centre?</td>
</tr>
</tbody>
</table>
### Who to visit.

We’ve found in the past that a lot of people say they really don’t want to bother their dentists or GP in case it’s nothing serious we certainly would want to see any red or white patch or ulcer or lump in your mouth that has lasted more than three weeks as it means your mouth isn’t healing properly and we will want to find out why — whether it turns out to be mouth cancer or not. It is important to seek help straightaway.

### Beyond Oral Cancer/CRUK TalkCancer©

7. This is true for any other symptoms even outside of the mouth. If there is something that is not normal for you that has lasted longer than three weeks, it is always best to have it checked out by your GP or another appropriate healthcare professional.

### Questions.

8. Is there anything you are unsure about? Do you have any questions?

### Summary.

9. Today we’ve discussed mouth cancer including the risk factors (being over 45, smoking &/or drinking alcohol) and possible signs of the disease (a red patch, a white patch, an ulcer, a lump or pain anywhere in the mouth that lasts for 3 weeks).

You’ve said you would visit either the doctor or dentist if any of these signs lasts more than three weeks. Like many other diseases, if mouth cancer is found early, there is a very good chance that it can be cured. So it’s good that you are aware.

You can also reduce your risk of getting mouth cancer by quitting smoking, drinking alcohol in moderation and eating a healthy diet that includes lots of fruits and vegetables.

**Source:** Dr Oluwatunmise Awojobi et al. King’s College London Dental Institute; Version 6: May 2017.
Additional information:

1. Very Brief Advice (Assess, Advise and Arrange) and Lifestyle Advice as appropriate

Please give smoking cessation and alcohol use advice to patients as normal along with appropriate lifestyle advice.

2. Barriers to seeking help (Assist).

Below are some other reasons that may lead patients to delay seeking help and how they may be addressed.

**Prioritising.**

Although a change in your mouth may not be as troublesome as other things, it may become serious so it needs sorting out before this happens. You have to look after yourself if you are going to be able to look after others.

**Concerns about being diagnosed with cancer.**

Don’t panic as most red patches, white patches, ulcers, lumps or pain in your mouth don’t turn out to be cancer but they still need treatment if they have lasted three weeks or more, so it is best to go sooner rather than later.

**Concerns about disfiguring treatment.**

Treatment for early mouth cancer does not involve major surgery and sometimes does not need surgery at all. So early detection is best. The sooner you seek help the better the treatment and outcome.

Source: Dr Oluwatunmise Awojobi et al. King’s College London Dental Institute; Version 6: May 2017.
3.2. Recommended electronic learning links.

**Behaviour change and cancer prevention.**

www.elearning.rcgp.org.uk/course/info.php?id=211

Date of publication: 2017

**Smoking – brief intervention.**

www.elearning.ncsct.co.uk/vba-launch

**Alcohol – brief intervention in a dental setting.**

In line with The UK Chief Medical Officers’ 2016 guidance on low risk drinking.

www.alcohollearningcentre.org.uk/eLearning/

Date of publication: 2017

**Oral cancer recognition toolkit.**

Including a lesion recognition resource, referral decision guide and an oral, head and neck examination video for dentists.

www.doctors.net.uk/oct

Date of publication: 2015
SECTION 4

Prevention:

This section has been designed to raise awareness of the concept of ‘Making Every Contact Count’ in relation to oral cancer risk factors and the principles and practice of brief intervention, including a directory of local smoking cessation, alcohol and substance misuse services.

4.1. Making every contact count.

“Millions of people come into contact with the NHS every day, and we believe that every contact must count as an opportunity to maintain and, where possible, improve their mental and physical health and wellbeing.”

“The NHS has become an effective service for the treatment of illness. If it is to remain successful for another 60 years, it will need a cultural change towards the prevention of poor health.”

Public Health is Everyone's Business

4.2. Drivers of prevention.

“We need to build an NHS that starts with prevention and that this work is not just the remit of NHS organisations.”


‘Every Contact Counts.’
Brief intervention, referral and or signpost.


An evidence based toolkit for prevention.

4.3. Brief intervention.

The dental profession has the potential to save lives by providing planned or opportunistic advice to large numbers of “healthy” people. We have an ethical duty of care.

A brief Intervention is a tool to empower people to take responsibility for their own health & wellbeing.

A brief intervention can be:
- Planned but could also be opportunistic
- Structured simple information
- A motivational technique
- Involves follow up
- The provision of other support
- Signpost and or referral

Recognising when someone is thinking about changing:
- Weighing up pros and cons
- Expressing they want to change

How can we encourage?
- Don’t tell them what to do!
- Show empathy and understanding
- Increase self-belief by showing support and focusing on strengths

Also Raise the issue and find out if they want a chat:
Examples of conversation starters:
- “How are you feeling today....how’s your health?”
- “Would you like some support around your diet/drinking/increasing physical activity? Is this something I can help you with?”
- “You said you smoke, have you thought about stopping?”
The skills needed for brief Intervention:

**Rapport building.**
Being non-confrontational and approachable will help, introductions, positive body language, creating conducive environment.

**Reflective listening.**
Reflecting and summarising on what’s been said, repeating key words, checking and clarifying allowing for silences, eye contact.

**Empathy.**
Building trust and understanding helps to obtain useful information.

**Support.**
Recognise attempts to change behaviour, appreciate efforts and show belief they can change, increases confidence.

**Sensitivity.**
Understand the individuals life context.

The dental team have a role to play whether planned or opportunistic.

**All it takes is 30 seconds to save a life.**
4.4. Brief advice on smoking.

Smoke and smokeless tobacco is the leading cause of preventable death. Tobacco use in England continues to kill more than 70,000 people every year, nearly 1,900 of these people die from oral cancer.

It is vital that members of the dental team engage users of tobacco, offering brief intervention and advice regarding smoking cessation services.

**Very Brief Advice on Smoking**

*30 seconds to save a life*

**ASK**

And record smoking status. Is the patient a smoker, ex-smoker or non-smoker?

**ADVISE**

The best way of quitting smoking is with a combination of medication and specialist support.

**ACT**

On patients response!
Build confidence, give information, refer, and prescribe. They are up to four times more likely to quit successfully with support.

**REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE**

For further information please go to: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

**Source:** Public Health England (2014) Smoke free and smiling – helping dental patients to quit tobacco.
## 4.5. Directory for referral / signposting to smoking cessation services.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Main Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cheshire East</strong></td>
<td><strong>Kickstart Specialist Stop Smoking Service – Cheshire East</strong>&lt;br&gt;Tel: 0800 085 8818  Email: <a href="mailto:info@kickstartcheshire.co.uk">info@kickstartcheshire.co.uk</a></td>
</tr>
<tr>
<td><strong>Cheshire West &amp; Chester</strong></td>
<td><strong>Quit51 - Cheshire West and Chester Stop Smoking Service</strong>&lt;br&gt;Tel: 0800 622 6968 or text smokefree 6677  Email: <a href="mailto:contact.quit51@nhs.net">contact.quit51@nhs.net</a></td>
</tr>
<tr>
<td><strong>Halton</strong></td>
<td><strong>Halton Stop Smoking Service</strong>&lt;br&gt;Tel: 0300 029 0029  Email: <a href="mailto:HIT@halton.gov.uk">HIT@halton.gov.uk</a></td>
</tr>
<tr>
<td><strong>Knowsley</strong></td>
<td><strong>Smokefree Knowsley</strong>&lt;br&gt;Tel: 0800 324 7111  Email: <a href="mailto:chcp.stopsmokingadmin@nhs.net">chcp.stopsmokingadmin@nhs.net</a></td>
</tr>
<tr>
<td><strong>Liverpool</strong></td>
<td><strong>Smokefree Liverpool</strong>&lt;br&gt;Tel: 0800 061 4212 or 0151 374 2535  Email: <a href="mailto:info@smokefreeliverpool.co.uk">info@smokefreeliverpool.co.uk</a></td>
</tr>
<tr>
<td><strong>Sefton</strong></td>
<td><strong>Sefton Support</strong>&lt;br&gt;Tel: 0300 100 1000  Email: <a href="mailto:seftonstopsmoking@liverpoolch.nhs.uk">seftonstopsmoking@liverpoolch.nhs.uk</a></td>
</tr>
<tr>
<td><strong>St. Helens</strong></td>
<td><strong>Smokefree St Helens</strong>&lt;br&gt;Tel: 01744 586 247  Email: <a href="mailto:chcp.stopsmokingadmin@nhs.net">chcp.stopsmokingadmin@nhs.net</a></td>
</tr>
<tr>
<td><strong>Warrington</strong></td>
<td><strong>Livewire Warrington - Stop Smoking Service</strong>&lt;br&gt;Tel: 0300 003 0818  Email: <a href="mailto:stopsmoking@livewirewarrington.org">stopsmoking@livewirewarrington.org</a></td>
</tr>
<tr>
<td><strong>Wirral</strong></td>
<td><strong>Nicotine and Stop Smoking Service Wirral</strong>&lt;br&gt;Tel: 0151 541 5656  Email: <a href="mailto:Ewoodworth@ablhealth.co.uk">Ewoodworth@ablhealth.co.uk</a></td>
</tr>
</tbody>
</table>

For further information please go to: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)
4.6. Brief advice on alcohol consumption.

Alcohol misuse is a significant public health problem in England. Drinking above the lower risk guidelines significantly increases the risk of oral cancer.

**Guidelines:**
Men and women are advised not to regularly drink more than 14 units a week.

<table>
<thead>
<tr>
<th>Drink</th>
<th>Alcohol by volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pint of lager / beer / cider 5%</td>
<td>3 units</td>
</tr>
<tr>
<td>Glass of wine 175ml 12%</td>
<td>2 units</td>
</tr>
<tr>
<td>Spirits single 25ml 40%</td>
<td>1 unit</td>
</tr>
<tr>
<td>Small glass of sherry 15.5%</td>
<td>1 unit</td>
</tr>
<tr>
<td>Alcopop bottle 275 ml 4%</td>
<td>1 unit</td>
</tr>
</tbody>
</table>

**Small Changes – Big Benefits:**
- Make a plan
- Have a drink free day every week
- Keep track of how much you drink
- Limit the total amount of alcohol you drink on any single occasion
- Drink more slowly, drinking with food, and alternating with with water
Reduce the Risk:

- A lower risk of developing many forms of cancer including oral cancer
- A lower risk of brain damage
- A lower risk of high blood pressure
- A lower risk of liver disease
- Having fewer hangovers
- Improved memory
- Sleeping better
- Feeling happier and less anxious
- Losing weight
- Having more energy

Swap your usual drink for a:

- Smaller one
- Lower strength one
- Soft drink
- One mealtime only drink

If your patient discloses that they drink alcohol and are open to discussion, the questions you might ask are:

- How often do you have a drink containing alcohol?
- How many units do you drink on a typical day when you are drinking?
- How often have you had 6 or more units if female or 8 or more if male, on a single occasion in the last year?
Consumption in-line with recommended guidelines:

<table>
<thead>
<tr>
<th>Consumption Level</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low consumption:</td>
<td>Well done but remember to keep a check.</td>
</tr>
<tr>
<td>Medium consumption:</td>
<td>You may be drinking at a level that could put your health at risk. A few small changes could make all the difference.</td>
</tr>
<tr>
<td>High consumption:</td>
<td>It may be worth speaking to your general medical practitioner, a loved one for some advice or you could call Drinkline.</td>
</tr>
</tbody>
</table>

Source: Chief Medical Officer’s guidelines for alcohol consumption 2016/17.

4.7. Directory for signposting to alcohol and substance misuse services.

You can contact Drinkline on 0300 123110

Mon-Fri 9 am – 8 pm, weekends 11 am – 4pm.
Or your local specialist service.

Drinkline offers the following services:

- Information and self-help materials
- Help to callers worried about their own drinking
- Support to the family and friends of people who are drinking
- Advice to callers on where to go for help
### Local specialist services:

<table>
<thead>
<tr>
<th>Area</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowsley</td>
<td>Knowsley Integrated Recovery Service (KIRS)</td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 482 6291</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:knowlsey@cgl.org.uk">knowlsey@cgl.org.uk</a></td>
</tr>
<tr>
<td>Liverpool</td>
<td>Liverpool Community Alcohol Service</td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 529 4504</td>
</tr>
<tr>
<td></td>
<td>Addaction (Adults)</td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 702 0655 or 0151 706 7888</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:liverpool@addaction.org.uk">liverpool@addaction.org.uk</a></td>
</tr>
<tr>
<td>Wirral</td>
<td>Wirral Ways to Recovery</td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 556 1335</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:wirral.services@cgl.org.uk">wirral.services@cgl.org.uk</a></td>
</tr>
<tr>
<td>Warrington</td>
<td>Warrington Pathways to Recovery</td>
</tr>
<tr>
<td></td>
<td>Tel: 01925 415 176</td>
</tr>
<tr>
<td>Sefton</td>
<td>Mersey Care NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>Ambition Sefton Bootle</td>
</tr>
<tr>
<td></td>
<td>Tel: 0151 944 5334</td>
</tr>
<tr>
<td></td>
<td>Ambition Sefton Southport</td>
</tr>
<tr>
<td></td>
<td>Tel: 01704 534 759</td>
</tr>
</tbody>
</table>

Continued overleaf
### Area

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cheshire East</strong></td>
</tr>
<tr>
<td>Stepping Stones</td>
</tr>
<tr>
<td>Tel: 01270 656 301 or 01625 712000</td>
</tr>
<tr>
<td><a href="mailto:cwp.substancemisusecheshireeast@nhs.net">cwp.substancemisusecheshireeast@nhs.net</a></td>
</tr>
<tr>
<td><a href="http://www.cwp.nhs.uk/steppingstones/">http://www.cwp.nhs.uk/steppingstones/</a></td>
</tr>
<tr>
<td><strong>St Helens</strong></td>
</tr>
<tr>
<td>St Helens Integrated Recovery Service</td>
</tr>
<tr>
<td>Tel: 01744 410 752</td>
</tr>
<tr>
<td><a href="mailto:info@cgl.org.uk">info@cgl.org.uk</a></td>
</tr>
<tr>
<td><strong>Halton</strong></td>
</tr>
<tr>
<td>Halton Integrated Recovery Service</td>
</tr>
<tr>
<td>Tel: 0151 422 1400</td>
</tr>
<tr>
<td><a href="https://www.changegrowlive.org/content/halton-integrated-recovery-service">https://www.changegrowlive.org/content/halton-integrated-recovery-service</a></td>
</tr>
<tr>
<td><strong>Cheshire West and Chester</strong></td>
</tr>
<tr>
<td>Turning Point Chester</td>
</tr>
<tr>
<td>Tel: 01244 409 418</td>
</tr>
<tr>
<td>Turning Point Vale Royal</td>
</tr>
<tr>
<td>Tel: 01606 330 033</td>
</tr>
<tr>
<td>Turning Point Ellesmere Port</td>
</tr>
<tr>
<td>Tel: 0151 350 6500</td>
</tr>
<tr>
<td><a href="mailto:info@turning-point.co.uk">info@turning-point.co.uk</a></td>
</tr>
</tbody>
</table>

### Others:

Narcotics Anonymous  www.ukna.org  
Alcoholics Anonymous  www.alcoholics-anonymous.org.uk  
Cocaine Anonymous  www.cauk.org.uk/index.asp  
Al-Anon (Families)  www.al-anonuk.org.uk  

For more information on how to cut down on drinking visit:

One You  www.nhs.uk/oneyou  
NHS Choices  www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx
Further reading and references:

This guide highlights key information from a number of sources. Set out below are links to reference documents and websites for those who want to seek further information.


Head and Neck Cancer in Merseyside and Cheshire Information Pack (2014). www.nwcsscnsenate.nhs.uk

Continued overleaf


Useful Websites:

www.cruk.org/health
www.hee.nhs.uk/makingeverycontactcount
www.makingeverycontactcount.co.uk
www.macmillan.org.uk
www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx
www.nhs.uk/Livewell/STIs/Pages/oral-sex-and-cancer.aspx
www.nhs.uk/oneyou
www.nhs.uk/smokefree/
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