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## Evidence Search Service Results of your search request

## Title:  Virtual clinics in health care delivery focusing on dentistry

Thank you for requesting this evidence search. We hope you find the results useful. If you would like to discuss the findings or require an additional search, please contact: Karen Skinner at [karen.skinner2@nhs.net](mailto:karen.skinner2@nhs.net%20)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Virtual clinics in health care delivery. Karen Skinner. (29th April, 2020). REDHILL, UK: Surrey and Sussex Library and Knowledge Services.

**Summary**

Editorials on the potential use of telemedicine in either general or specific healthcare scenarios were found, but not all are included in the results as they do not offer practical advice or experience of putting such systems into place, rather focussing on stating the need for its use in the current climate.

Overall, a great deal of found literature hailed from the States, followed by Australia, and with fewer results being found from the UK.

Only one paper was found specific to the paediatric patient.

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## A. National and International Guidance

#### NHS England & NHS Improvement

**COVID-19 guidance and standard operating procedure** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7f8b1138dbe1b3ab43da5d2ec9275e14)

Urgent dental care systems in the context of coronavirus.

## B. Synopses or Summaries

#### Nature Medicine

**Coping with COVID-19: scaling up virtual care to standard practice** (2020)

EZ Barsom et al

***PDF supplied***. "To the Editor — In times of disease outbreak, social distancing can be facilitated by video consultation, but many practices are not ready to implement this. Here, we share a roadmap for emergency scaling up of virtual care in the outpatient setting."

#### Rural & Remote Health

**Challenges in the uptake of telemedicine in dentistry** (2016)

M Estai et al

***PDF supplied***. Australian paper on the use of telemedicine in rural areas.

#### The King's Fund

**Perspectives on telehealth and telecare** (2011)

R Giordano et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1ff5099db989ed2b484bb91b51665cc8)

This paper, the third in a series of WSDAN briefing papers, examines the experiences of the network’s 12 member sites in implementing telehealth and telecare. It examines the challenges and barriers they faced, and the progress they made, in developing and adopting new technologies. It analyses the key issues and lessons learned for sustaining growth in the deployment of telehealth and telecare in the future.

#### Wiley

**Tele(oral)medicine: a new approach during the COVID-19 crisis** (2020)

A Villa

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a28689d9c08340c08714368a4617ad4f)

US paper: "Dear Editor, The recent COVID-19 pandemic and state’s “Shelter in place” guidelines have restricted patient’s access to dental services, including oral medicine, as well as continuity of clinical education for oral medicine residents. This has required immediate attention from clinicians and educators. "

## C. Institutional Publications

#### British Dental Association (BDA)

**Coronavirus** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e42d5fdeface54b5ea780454b565eedf)

​"The coronavirus pandemic is dominating all of our lives at the moment. We are doing what we can to support members in reducing disruption and impact. On these pages, we will seek to keep you updated and let you know what we are doing to help you."

## D. Original Research

1. **Channel management in virtual care**  
   M Desruisseaux et al Digital medicine 2020;3(44):1-3.

***PDF supplied***. "Many virtual care initiatives focus heavily on video visits, essentially mimicking face-to-face visits. Meanwhile, clinicians in established settings continue to use the oldest modality, phone calls, and some use the most ubiquitous, asynchronous messaging. The latter, along with live chat and chatbots, could be transformative if workflows were redesigned to incorporate it. With multiple modalities now available for use in virtual care, the central problem is to direct patient-provider interactions to the channels generating the most value. Marketers call this channel management and use sophisticated approaches to implement it. We propose an adaptation of channel management to virtual care and discuss anticipated challenges to its implementation."

1. **Coronavirus disease (COVID-19): Characteristics in children and considerations for dentists providing their care**  
   Sreekanth Kumar Mallineni et al International Journal of Paediatric Dentistry 2020; 30:245-250.

***PDF supplied***. International collaboration including UK. "Dental practices are focal points for cross-infection, and care must be taken to minimise the risk of infection to, from, or between dental care professionals and patients"

1. **Covid-19: a remote assessment in primary care.**  
   Greenhalgh Trisha BMJ (Clinical research ed.) 2020; 368:m1182.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=50e2df5472a0e05c880627b99bbc2fe0)

1. **Incorporating telemedicine as part of COVID-19 outbreak response systems.**  
   Rockwell Kimberly Lovett The American journal of managed care 2020; 26(4):147-148.

Healthcare providers should revisit disaster response policies to incorporate telemedicine systems to address some of the unique challenges posed by infectious disease outbreaks such as coronavirus disease 2019 (COVID-19).

[final.pdf this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1a8cb5935fa10effce008491332cc655)

1. **Innovation in Response to the COVID-19 Pandemic Crisis.**  
   Woolliscroft James O. Academic medicine : journal of the Association of American Medical Colleges 2020;:No page numbers.

The COVID-19 pandemic has disrupted all aspects of academic medical center missions. The number and rapidity of innovative responses to the crisis are extraordinary. When the pandemic has subsided, the world of academic medicine will have changed. The author of this Invited Commentary anticipates that at least some of these innovations will become part of academic medicine's everyday clinical and educational operations. Here he considers the implications of exemplary innovations-virtual care, hospital at home, advances in diagnosis and therapy, virtual learning, and virtual clinical learning-for regulators, academic medical centers, faculty, and students.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=de5626e7d52b36ff8518a282935e7940)

1. **Interpreting COVID-19 and Virtual Care Trends: Cohort Study.**  
   Khairat Saif JMIR public health and surveillance 2020; 6(2):e18811.

BACKGROUND The coronavirus disease (COVID-19) pandemic is rapidly spreading across the world. As of March 26, 2020, there are more than 500,000 cases and more than 25,000 deaths related to COVID-19, and the numbers are increasing by the hour. OBJECTIVE The aim of this study was to explore the trends in confirmed COVID-19 cases in North Carolina, and to understand patterns in virtual visits related to symptoms of COVID-19.METHODSWe conducted a cohort study of confirmed COVID-19 cases and patients using an on-demand, statewide virtual urgent care center. We collected data from February 1, 2020, to March 15, 2020. Institutional Review Board exemption was obtained prior to the study. RESULTS As of March, 18 2020, there were 92 confirmed COVID-19 cases and 733 total virtual visits. Of the total visits, 257 (35.1%) were related to COVID-19-like symptoms. Of the COVID-19-like visits, the number of females was 178 (69.2%). People in the age groups of 30-39 years (n=67, 26.1%) and 40-49 years (n=64, 24.9%) were half of the total patients. Additionally, approximately 96.9% (n=249) of the COVID-like encounters came from within the state of North Carolina. Our study shows that virtual care can provide efficient triaging in the counties with the highest number of COVID-19 cases. We also confirmed that the largest spread of the disease occurs in areas with a high population density as well as in areas with major airports. CONCLUSIONS The use of virtual care presents promising potential in the fight against COVID-19. Virtual care is capable of reducing emergency room visits, conserving health care resources, and avoiding the spread of COVID-19 by treating patients remotely. We call for further adoption of virtual care by health systems across the United States and the world during the COVID-19 pandemic.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=501b2242fc40e72c86c9da343d1bf40f)

1. **Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19)**  
   AC Smith et al Journal of Telemedicine & Telecare 2020;0(0):1-5.

***PDF supplied***. "Amidst the avalanche of reports concerning the spread of the virus, there is also recognition (again) that telehealth ‘could’ play a critical role in the global response."

1. **Telehealth Transformation: COVID-19 and the rise of Virtual Care.**  
   Wosik Jedrek Journal of the American Medical Informatics Association : JAMIA 2020;:No page numbers.

***PDF supplied***. The novel coronavirus disease-19 (COVID-19) pandemic has altered our economy, society and healthcare system. While this crisis has presented the US healthcare delivery system with unprecedented challenges, the pandemic has catalyzed rapid adoption of telehealth or the entire spectrum of activities used to deliver care at a distance. Using examples reported by US healthcare organizations including ours, we describe the role telehealth has played in transforming healthcare delivery during the three phases of the US COVID-19 pandemic: 1) Stay-at-Home Outpatient Care; 2) Initial COVID-19 Hospital Surge, and 3) Post-Pandemic Recovery. Within each of these three phases, we examine how people, process and technology work together to support a successful telehealth transformation. Whether healthcare enterprises are ready or not, the new reality is that virtual care has arrived.

1. **Video consultations for covid-19.**  
   Greenhalgh Trisha BMJ (Clinical research ed.) 2020;368 :m998.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=63734ac68aa77bd2799c5a37396571a8)

1. **Virtual health care in the era of COVID-19.**  
   Webster Paul Lancet (London, England) 2020; 395(10231):1180-1181.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=000ca8e9a80cd15ab6bc6c1394a95e44)

1. **Using teledentistry in clinical practice as an enabler to improve access to clinical care: A qualitative systematic review.**  
   Irving Michelle Journal of telemedicine and telecare 2018; 24(3):129-146.

Background Access to dental care is important for overall health, but can remain problematic for those in rural or isolated locations. It can be difficult to encourage clinicians to choose or continue a rural health career. Teledentistry is showing some promise as a strategy to support rural, isolated and new health care workers. This study aims to explore the quantitative and qualitative framework associated with teledentistry in an effort to uncover the interaction of multiple influences on its delivery and sustainability. Methods A systematic search of the literature was undertaken and studies were included if they evaluated consultative teledentistry, reports on implementation of teledentistry in practice or attitudes to teledentistry. Studies were evaluated qualitatively. Results Thirty-nine studies were included focusing on the accuracy, effectiveness or description a teledentistry project in practice. Five main themes were identified in the qualitative analysis: (1) using information and communication technology (ICT), (2) regulatory and system improvements, (3) accuracy of teledentistry, (4) effectiveness, including increasing access to clinical services, efficiencies and acceptability, and (5) building and increasing clinical capacity of the dental workforce. Conclusion Teledentistry provides a viable option for remote screening, diagnosis, consultation, treatment planning and mentoring in the field of dentistry. Rapidly developing information and communication technologies have increasingly shown improving cost effectiveness, accuracy and efficient remote assistance for clinicians. There is high acceptability for teledentistry amongst clinicians and patients alike. Remuneration of advising clinicians is critical to sustainability.

1. **Comparison of a Smartphone-Based Photographic Method with Face-to-Face Caries Assessment: A Mobile Teledentistry Model.**  
   Estai Mohamed Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2017;23(5):435-440.

OBJECTIVES This study sought to evaluate the efficacy of a mobile teledentistry approach using a smartphone camera for remote screening of dental caries. MATERIALS AND METHODS An image acquisition Android App was created to facilitate the acquisition and transmission of dental images to a store-and-forward based telemedicine server. One hundred participants who were attending routine checkups at dental clinics were enrolled in 2014. Following a face-to-face oral screening by a screener (dentist), images of patients' teeth were obtained using a smartphone camera. These images, along with patient information, were then transmitted from the Android App to the server through the Internet for later independent assessment by two charters (off-site dentists). The assessments of these charters were then compared to the benchmark face-to-face caries assessment. RESULTS Sensitivity values for the photographic method when compared to the benchmark face-to-face caries assessment were moderate, and ranged from 60% to 63%. Weighted kappa (K) as a measure of intragrader agreement for the photographic assessment was estimated as almost perfect (K = 0.84). The intergrader agreement for the photographic method compared to the face-to-face caries assessment ranged from moderate to substantial (K = 0.54-0.66).CONCLUSIONS Despite some limitations, the mobile teledentistry approach has shown the potential to detect occlusal caries from photographs taken by a smartphone camera with an acceptable diagnostic performance compared to traditional face-to-face screening. This study suggests that telemedicine and cellular phone technology can be combined to create an inexpensive and reliable screening tool.

1. **Perceptions of Australian dental practitioners about using telemedicine in dental practice.**  
   Estai M. British dental journal 2016; 220(1):25-29.

Objective This study aimed to explore Australian dental practitioners' perceptions of the usefulness of teledentistry in improving dental practice and patient outcomes. Methods A descriptive cross-sectional study involving an anonymous electronic survey of a sample of 169 Australian dental practitioners. We designed a 24-item, 5-point Likert-scale questionnaire assessing perceptions of dentists in four domains: usefulness of teledentistry for patients; usefulness of teledentistry for dental practice; capability of teledentistry to improve practice; and perceived concerns about the use of teledentistry.Results Of the 144 respondents (response rate 85%), 135 completed responses that were suitable for analysis. More than 80% of respondents agreed or strongly agreed that teledentistry would improve dental practice through enhancing communication with peers, guidance and referral of new patients. The majority also felt that teledentistry is quite useful in improving patient management, and increasing patient satisfaction. A substantial proportion of respondents expressed uncertainty with technical reliability, privacy, practice expenses, the cost of setting up teledentistry, surgery time and diagnostic accuracy.Conclusion Dental practitioners generally reported optimism and support to the concept of teledentistry and its integration into current dental practices. Addressing how teledentistry can benefit specific practice issues, would encourage more dentists to use telemedicine in routine practice.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4eabb061ef81867296b11655c786d3e5)

1. **Teledentistry: a key component in access to care.**  
   Daniel Susan J. The journal of evidence-based dental practice 2014; 14:No page numbers.

Teledentistry has the potential to address the oral care needs of those who have limited access to care. More research is needed to establish the evidence base to support teledentistry practice. BACKGROUND AND PURPOSE Enormous potential exists to improve oral health services throughout the world by using information and communication technologies, such as teledentistry to expand access to primary, secondary and tertiary care. Comparison of teledentistry procedures with standard clinical procedures can demonstrate the relative effectiveness and cost of each approach. However, due to insufficient evidence, it is unclear how these strategies compare for improving and maintaining oral health, quality of life, and reducing health care costs. This review discusses the merits of teledentistry for the delivery of oral care. METHODS This article summarizes the available literature related to the efficacy and effectiveness of teledentistry and presents possible barriers to its broader adoption. CONCLUSIONS Teledentistry seems to be a promising path for providing oral health services where there is a shortage of oral health care providers.

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1. **Factors influencing the adoption and implementation of teledentistry in the UK, with a focus on orthodontics.**  
   Patel Reena N. Community dentistry and oral epidemiology 2013; 41(5):424-431.

OBJECTIVES Utilizing Rogers' diffusion of innovation theory, this study aims to develop a better understanding of the challenges faced in teledental projects, and outline the factors that impact upon the adoption and implementation of teledental projects, with a focus on orthodontics, thus attempting to provide an explanation for the low uptake in the UK, as well as to suggest factors to encourage success. METHODSA literature search was carried out to obtain information concerning teledentistry (and telemedicine) from both primary and secondary research sources. Using the relevant information obtained, Rogers' diffusion of innovation theory was used as a framework, which was subsequently applied to the key stakeholder groups of a healthcare organization. RESULTS The model describes five characteristics of an innovation: relative advantage, compatibility, complexity, trialability and observability. These attributes are discussed in the context of key stakeholder groups within a healthcare organization: clinicians, patients, hospital managers, and healthcare decision-makers and funders. Each stakeholder group is motivated by different values and experiences, which in turn influence their decision to adopt a new technology. CONCLUSIONS Implementing teledental applications necessitates full comprehension and consideration of the healthcare environment and also a commitment to completely integrate teledentistry within that environment. This is a process that demands strategic alignment with clinical and organizational goals, clinical engagement and strong political support. The challenges within each stakeholder group must be specifically targeted.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d473602bb29a80a8723e571f73bb2a5e)

1. **Teledentistry in practice: literature review.**  
   Khan Saad Ahmed Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2013;19(7):565-567.

Teledentistry can be defined as the remote provision of dental care, advice, or treatment through the medium of information technology, rather than through direct personal contact with any patient(s) involved. Within dental practice, teledentistry is used extensively in disciplines like preventive dentistry, orthodontics, endodontics, oral surgery, periodontal conditions, detection of early dental caries, patient education, oral medicine, and diagnosis. Some of the key modes and methods used in teledentistry are electronic health records, electronic referral systems, digitizing images, teleconsultations, and telediagnosis. All the applications used in teledentistry aim to bring about efficiency, provide access to underserved population, improve quality of care, and reduce oral disease burden.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=382085d9f72dc7b16ac961fd0c7ded87)

1. **Applications of teledentistry: A literature review and update**  
   ND Jampani et al Journal of International Society of Preventive & Community Dentistry 2011;1(1):37-44.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ed2579648887a20edf3222bf3719e831)

1. **Telemedicine using smartphones for oral and maxillofacial surgery consultation, communication, and treatment planning.**  
   Aziz Shahid R. Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons 2009;67(11):2505-2509.

Telemedicine is the specialty of medicine that uses the evolving telecommunications industry combined with medical information technology to provide remote medical services. The use of smartphone telemedicine is an efficient and effective way for remote specialist consultation and should be considered by the oral and maxillofacial surgeon. Smartphones provide fast and clear access to electronically mailed digital images and allows the oral/maxillofacial surgeon free mobility, not restricted by the constraints of a desktop personal computer. This in turn allows for improved efficiency of the specialty consultation and improved triaging, ultimately providing improved care to the maxillofacial patient.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=dcfc37704cafc91c83109f6f532b89c5)

1. **Teledentistry for screening new patient orthodontic referrals. Part 1: A randomised controlled trial.**  
   Mandall N. A British dental journal 2005; 199(10):659.

OBJECTIVE The primary aim was to evaluate the validity of a teledentistry system for screening new patient orthodontic referrals. The secondary aims were to evaluate whether the teledentistry system affected i) referral rates ii) inappropriate referral rates iii) number of failed appointments. STUDY DESIGN Randomised controlled trial. SAMPLE Fifteen dental practices in Greater Manchester, UK, were randomly allocated to either a teledentistry test group (n = 8) or a control group (n = 7). They referred 327 patients over a 15 month period. METHOD Practitioners in the test group referred patients to one of two consultant orthodontists via a 'store and forward' teledentistry system consisting of photographs sent as email attachments. The decision to accept or not accept a referral on this basis was compared with the same decision choice when the same patient was subsequently seen on a new patient clinic. This measured the validity of the system with the clinic's decision used as the gold standard. Patients in the control group were referred using the usual letter system. Referral rates, inappropriate referrals and number of failed appointments were then compared between the teledentistry and control groups. RESULTS The sensitivity (true positive value) of the teledentistry system was high at 0.80 with a positive predictive value of 0.92. The specificity (true negative value) was slightly lower at 0.73 with a negative predictive value of 0.50. The inappropriate referral rate for the teledentistry group was 8.2% and for the controls 26.2% (p = 0.037). There was no statistically significant difference in clinic attendance between teledentistry and control groups (p = 0.36).CONCLUSIONS Teledentistry is a valid system for positively identifying appropriate new patient orthodontic referrals. However, there is a risk that a patient is not accepted on the teledentistry system who would benefit from a full clinical examination. Teledentistry could be a significant factor in reducing the inappropriate referral rate. Patient participation in a teledentistry system does not appear to mean they are any more likely to attend their hospital appointment.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c23d8f27eeee39a06fe78688f3608bc2)

1. **Teledentistry for screening new patient orthodontic referrals. Part 2: GDP perception of the referral system.**  
   Mandall N. A British dental journal 2005; 199(11):727.

OBJECTIVE To evaluate GDP opinion about a teledentistry system to screen new patient orthodontic referrals. STUDY DESIGN Cross-sectional questionnaire. SAMPLE Two hundred general dental practitioners (GDPs) were approached from Stockport, Rochdale, Oldham, Bury and Bolton in Greater Manchester, and High Peak in Derbyshire. METHOD A questionnaire about a teledentistry system for new orthodontic patients was developed, following interviews with eight GDPs participating in a teledentistry trial. The questionnaire was posted to another 200 GDPs who were asked questions on issues such as the efficiency of a teledentistry system; the usefulness of a teledentistry system from the patients' point of view; their view of a teledentistry system; and any concerns they had relating to security, confidentiality and consent. RESULTS Seventy one per cent of GDPs thought teledentistry for orthodontic referrals would be a good idea. At least 90% of responders agreed or neither agreed nor disagreed that patients would benefit from such a system. Over half of GDPs agreed or strongly agreed that there would be implications on their surgery time, expense and equipment security. CONCLUSIONS GDPs generally supported a teledentistry system for new patient orthodontic referrals. Although perceived patient advantages were agreed, GDPs tended to be less sure about the impact on them in terms of set-up expenses, time in the surgery and appropriate remuneration.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=629890475193f3d45e6222701c99b04a)

1. **Attitudes of UK consultants to teledentistry as a means of providing orthodontic advice to dental practitioners and their patients.**  
   Stephens C. D Journal of orthodontics 2002; 29(2):137-142.

OBJECTIVE To determine UK orthodontic consultants' attitudes to the provision of orthodontic advice to general dental practitioners by electronic means. DESIGN Questionnaire. SETTING Conducted by email and surface mail as appropriate in August 2000. SUBJECTS All those UK NHS orthodontic consultants contained in the membership lists of the Consultant Orthodontists Group of the British Orthodontic Society. OUTCOME An 86 per cent response was obtained from the 231 consultants. RESULTS More than half (58 per cent) of the consultants were interested in providing an electronic diagnostic service for the general dental practitioners in their locality and 70 per cent were in favour of further research into this possibility. Provided this was mediated through their GDP, only 26% would oppose consultant advice being given electronically from a centralized source. CONCLUSIONS A majority of UK orthodontic consultants support the concept of using teledentistry to make their advice more accessible to dentists and patients.

**ID of request:** 22890  
**Date of request:** 24th April, 2020  
**Date of completion:** 29th April, 2020

For Consultant in Paediatric Dentistry

**Sources searched**  
British Dental Association (1)  
Google (Advanced) (2)  
Google Scholar (3)  
MEDLINE (17)  
Referenced (4)

**Date range used** (5 years, 10 years): 2000-   
**Limits used** (gender, article/study type, etc.): English language   
**Search terms and notes** (full search strategy for database searches below):

## E. Search History

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | ("virtual clinic\*" OR "virtual healthcare" OR "virtual care" OR "virtual consultation\*").ti,ab | 446 |
| 2. | Medline | "REMOTE CONSULTATION"/ OR TELEMEDICINE/ | 25509 |
| 3. | Medline | ("telephone clinic\*" OR "telephone consultation\*" OR "teledentistry" OR "teleorthodontics").ti,ab | 909 |
| 4. | Medline | ("video clinic\*").ti,ab | 21 |
| 5. | Medline | ("remote care" OR "remote healthcare" OR "remote clinic\*" OR "remote consultation\*").ti,ab | 619 |
| 6. | Medline | \*"SURGERY, ORAL"/ OR \*ORTHODONTICS/ OR \*"ORAL SURGICAL PROCEDURES"/ OR \*"DENTISTRY, OPERATIVE"/ OR \*"DENTAL CARE"/ | 31005 |
| 7. | Medline | (1 OR 2 OR 3 OR 4 OR 5) | 26827 |
| 8. | Medline | (6 AND 7) | 63 |
| 9. | Medline | ("COVID-19" OR "Covid-19" OR "covid-19" OR coronavirus OR "novel coronavirus" OR "novel covid-19" OR "Wuhan coronavirus" OR "coronavirus disease 2019" OR "SARS-CoV-2" OR "SARS2" OR "2019-nCoV" OR "2019 novel coronavirus").ti,ab | 16917 |
| 10. | Medline | (7 AND 9) | 40 |
| 11. | Medline | (8 AND 9) | 0 |
| 12. | PubMed | ("virtual clinic\*" OR "virtual healthcare" OR "virtual care" OR "virtual consultation\*").ti,ab | 431 |
| 13. | PubMed | ("telephone clinic\*" OR "telephone consultation\*" OR "teledentistry" OR "teleorthodontics").ti,ab | 588 |
| 14. | PubMed | ("video clinic\*").ti,ab | 1 |
| 15. | PubMed | ("remote care" OR "remote healthcare" OR "remote clinic\*" OR "remote consultation\*").ti,ab | 5120 |
| 16. | PubMed | ("COVID-19" OR "Covid-19" OR "covid-19" OR coronavirus OR "novel coronavirus" OR "novel covid-19" OR "Wuhan coronavirus" OR "coronavirus disease 2019" OR "SARS-CoV-2" OR "SARS2" OR "2019-nCoV" OR "2019 novel coronavirus").ti,ab | 23125 |
| 17. | PubMed | (12 OR 13 OR 14 OR 15) | 5991 |
| 18. | PubMed | (16 AND 17) | 15 |
| 19. | EMBASE | ("virtual clinic\*" OR "virtual healthcare" OR "virtual care" OR "virtual consultation\*").ti,ab | 847 |
| 20. | EMBASE | ("telephone clinic\*" OR "telephone consultation\*" OR "teledentistry" OR "teleorthodontics").ti,ab | 1523 |
| 21. | EMBASE | ("video clinic\*").ti,ab | 40 |
| 22. | EMBASE | ("remote care" OR "remote healthcare" OR "remote clinic\*" OR "remote consultation\*").ti,ab | 907 |
| 23. | EMBASE | ("COVID-19" OR "Covid-19" OR "covid-19" OR coronavirus OR "novel coronavirus" OR "novel covid-19" OR "Wuhan coronavirus" OR "coronavirus disease 2019" OR "SARS-CoV-2" OR "SARS2" OR "2019-nCoV" OR "2019 novel coronavirus").ti,ab | 16091 |
| 24. | EMBASE | (19 OR 20 OR 21 OR 22) | 3269 |
| 25. | EMBASE | (23 AND 24) | 11 |

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### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

A member of our team will invite you to provide feedback in relation to this search and we look forward to hearing your comments and suggestions for improving our service. Please note that this search has been added to your library record on KnowledgeShare. It is covered by our privacy policy which can be viewed here: <https://www.surreyandsussexlibraryservices.nhs.uk/about/joining-the-library/>

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