

Oral Health Assessment and Review Guidance Implementation Summary

For SDCEP guidance, information about potential barriers and facilitators for implementation is sought at various stages during the development process, such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. This may include financial and organisational barriers that operate at the policy-level in addition to practice- practitioner- and patient-level barriers. The impact of these potential barriers is considered during the development of the guidance and the guidance recommendations, content and format may be influenced or changed as a result.

TRiADS (Translation Research in a Dental Setting) carries out further research to monitor post-publication implementation of the guidance. Prior to distribution of the published guidance, TRiADS conducts a diagnostic study to measure current practice in relation to priority recommendations within the guidance and attitudes and beliefs towards the guidance topic. Barriers and facilitators to adopting the guidance recommendations are explored and the information gathered is used as a pre-guidance publication baseline measure. A follow-up is then conducted 6-12 months post-publication to identify any changes in current practice, attitudes and beliefs to inform decisions about whether a further intervention is necessary to support change in practice.

TRiADS reports the results of this research in detail on its website (www.triads.org.uk).

This document provides a summary of the potential barriers to implementation of the *Oral Health Assessment and Review* guidance recommendations, information on how these influenced the guidance and updates on any changes that have taken place since publication of the guidance that may affect implementation.

Potential Barriers	Pre-publication Action (e.g. changes made to the guidance, provision of implementation tools)	Further Action	Update
<p>Service provision</p> <p>Some practitioners reported concerns that the existing dental contract in Scotland did not fully support carrying out a comprehensive oral health assessment (OHA) as recommended in the guidance.</p>	<p>The group acknowledged the concerns about the provision for OHA within the current dental contract but also considered the differing opinions on how the dental contract should be applied to support this activity.</p> <p>The option for a shorter <i>Focussed Oral Health Review</i> at risk-based intervals between comprehensive OHAs was introduced into the assessment and review cycle recommended in the guidance.</p> <p>It was acknowledged in the guidance that fully implementing the recommendations may represent a significant change to current practice and will take time but that aspects of OHAR could be adopted in stages</p> <p>It was anticipated that the guidance would be influential in taking forward and informing policy initiatives for progression to a dental system that is more supportive of patient-centred preventive care.</p>	<p>Concerns raised by practitioners about the provision of a comprehensive oral health assessment within the existing dental contract were reported to the National Dental Advisory Committee (NDAC).</p>	<p>There are plans for updating the dental system, mentioned in "A Stronger Scotland, The Government's Programme 2015-16".</p> <p>The Department of Health for England is carrying out a reform of their NHS dental contract. This aims to support a pathway approach to prevention, based around an OHA and review and risk-based recall (new contract expected by 2018). This signifies recognition of the importance of patient-centred preventive care and may be influential in changes to the dental system in Scotland.</p>
<p>Record Keeping and Practice Management Systems</p> <p>The extent of record keeping recommended for a comprehensive</p>	<p>Template forms for recording the results of each part of the OHA were provided with the published guidance to facilitate record-keeping. An assessment checklist to record</p>	<p>Further work to assess the capacity of current dental software options to record the information required for OHA is planned.</p>	<p>A pilot of a Scottish Adult Oral Health Survey is ongoing (2015-16). This may inform a means for recording routinely collected oral</p>

<p>OHA was considered a barrier.</p> <p>Practitioners reported that existing practice management systems and software were unsuitable for recording the outcomes of a comprehensive OHA.</p>	<p>which elements of assessment have been conducted and the outcomes was also provided.</p> <p>The guidance indicates that members of the dental team other than the dentist could be involved in recording assessment outcomes.</p> <p>Providers of dental software packages in Scotland were approached to discuss the development of more comprehensive record management but this was considered not financially viable at that time.</p>		<p>health assessment data.</p>
<p>Awareness and understanding</p> <p>Lack of awareness of the OHA approach and a lack of understanding of how to apply the OHA processes in practice were identified as potential barriers.</p>	<p>SDCEP disseminate their guidance widely and carry out a variety of activities to raise awareness.</p> <p><i>Guidance in Brief</i> and <i>Quick Reference Guide</i> versions of the guidance were published to facilitate understanding and application of the OHAR guidance approach.</p>	<p>Various dissemination approaches were employed to raise awareness of the guidance. These included notifying all dentists and hygienists/therapists in Scotland, as well as dental educators, of the guidance publication; press releases, newsletter and magazine articles and the use of social media.</p> <p>A national, pre-approved online audit on OHA was developed in 2013. One of the aims was to support dentists to introduce OHAs into their routine practice. This audit was completed by >1000 dentists in Scotland.</p>	
<p>Training/education</p> <p>The need for training/education on how to adopt the OHAR approach</p>	<p>In response to these needs, tools were introduced with the guidance to aid with implementation of the guidance</p>	<p>NES CPD training events about OHAR, including information about adoption of the approach took place</p>	<p>A CPD training package about detecting and diagnosing oral cancer is to be made available by</p>

<p>described in the guidance was identified.</p> <p>Additionally, specific areas where a training need was identified were:</p> <ul style="list-style-type: none"> • risk assessment • assessment and/or recording of tooth surface loss, tooth abnormalities and caries progression • head and neck examination • discussion of lifestyle issues with patients (smoking cessation, alcohol consumption, healthy eating) 	<p>recommendations. These included:</p> <ul style="list-style-type: none"> • a decision-making flowchart explaining how to assign level of risk • a <i>Patient Review and Personal Care Plan</i> to help communicate the outcomes of the OHA to the patient • a full version of the guidance was provided with more comprehensive information on all aspects of an OHAR 	<p>in 2012-14.</p> <p>A NES CPD training event about head and neck examination is conducted regularly.</p>	<p>NES (expected 2016).</p> <p>Record keeping has been identified as a priority topic for NES CPD in 2016/17.</p>
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