

Prevention and Treatment of Periodontal Diseases in Primary Care 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) carry out further research to monitor post-publication implementation of the guidance. Prior to distribution of the published guidance, TRiADS conduct 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 and facilitators for implementation of the *Prevention and Treatment of Periodontal Diseases in Primary Care* 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 the time required for a full periodontal assessment and treatment, especially for patients with more severe disease.</p>	<p>The GDG acknowledged that the current dental system might be perceived by some dentists as a barrier to implementation of the guidance but considered that the terms and application of the dental contract was outside the remit of the guidance producers.</p> <p>The group judged that the guidance should be evidence-based and its recommendations should support best clinical practice. 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 preventive care.</p>	<p>Concerns raised by practitioners about service provision 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>Awareness</p> <p>Promoting awareness of the guidance and understanding of the importance of the subject for all members of the dental team was identified as important for implementation.</p>	<p>SDCEP undertake various dissemination approaches at the launch of the guidance to raise awareness. These include notifying all dentists and hygienists/therapists in Scotland of the guidance publication, press releases, newsletter and magazine articles and the use of social media.</p>	<p>Dissemination approaches as described.</p> <p>The GDG chair has promoted the guidance through presentations at various locations in Scotland.</p>	<p>SDCEP has been asked to participate in 'roadshows' to further promote the guidance, which are currently being planned.</p>
<p>Training</p> <p>The need for training on the topic was identified as a possible barrier to</p>	<p>In response to these needs, various tools were introduced with the guidance to aid with implementation of the guidance</p>	<p>NES held a Dental Team CPD symposium on the topic in May 2014.</p>	<p>NES CPD are planning a masterclass on periodontal disease to take place in summer 2016.</p>

<p>implementation of the guidance.</p> <p>Areas highlighted included:</p> <ul style="list-style-type: none"> • what information on periodontal disease assessment and diagnosis should be included in patient records • how to explain the meaning of periodontal disease assessment to patients before treatment • how to discuss lifestyle issues (smoking cessation, alcohol consumption, healthy eating) with patients • how to provide oral hygiene advice. 	<p>recommendations. These included:</p> <ul style="list-style-type: none"> • the addition of a chapter in the guidance on record keeping • advice on how to communicate with patients on lifestyle issues including smoking cessation and oral hygiene • a visual aid for use when discussing the results of assessment • a video demonstrating how to carry out an oral hygiene consultation with a patient to help meet training needs on this aspect of the guidance • patient education leaflets to aid communication <p>The requirement for further training will be assessed during the TRiADS implementation process.</p>	<p>Surveys: TRiADS carried out pre- and post-publication surveys of dental practice to assess levels of adherence to guidance recommendations. Analysis is underway to enable impact evaluation and to inform the development of additional educational interventions, if necessary.</p> <p>Research Audit: Dentists participating in both surveys were invited to undertake related quality improvement (QI) activities. These included self-reflection and reporting on any gap between their provision of periodontal care and guidance recommendations, and the development and implementation of action plans for improvement. Research audit hours were made available as an incentive and more than 50% of survey participants completed these QI activities.</p>	
<p>Patient education and motivation</p> <p>Patient motivation to improve and maintain oral hygiene was perceived</p>	<p>Oral hygiene TIPPS, a behavioural change strategy aimed at improving oral hygiene behaviour was developed and included in</p>		

<p>by practitioners as a barrier to implementation.</p>	<p>the guidance. A patient information leaflet explaining the symptoms of periodontal disease and advice on plaque removal was developed. A leaflet relevant to patients with diabetes was also produced. Both of these leaflets are available on the SDCEP website with the published guidance.</p>		
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Potential Facilitators	Pre-publication Action	Further Action	Update
<p>Dental Team Practitioners reported that having a dental hygienist associated with the practice would facilitate implementation of the guidance recommendations.</p>	<p>To try to encourage practitioners without a dental hygienist to engage in periodontal disease assessment and treatment, the guidance was presented according to the aspects of the management of the condition rather than in sections targeted at individual dental team members.</p>		
<p>Practice Management Systems Having a computerised system to prompt recording of BPE scores was considered a facilitator for carrying out a basic periodontal examination.</p>			