Oral health promotion in the community

NICE quality standard

Draft for consultation

June 2016

Introduction

This quality standard covers activities undertaken by local authorities and general dental practices to improve oral health. This includes needs assessments and other community-based activities. It particularly focuses on people whose economic, social or environmental circumstances, or lifestyle, place them at high risk of poor oral health or make it difficult for them to use dental services. For more information see the oral health promotion in the community topic overview.

Why this quality standard is needed

Oral health is important to general health and wellbeing. It can also affect people's ability to eat, speak and socialise normally.

Tooth decay (dental caries) and gum disease (periodontal disease) are the most common dental problems in the UK. They can be painful, expensive to treat and can seriously damage health if left unchecked. But both are largely preventable.

Oral health problems are associated with coronary heart disease, diabetes complications, rheumatoid arthritis and adverse pregnancy outcomes.

Poor oral health can lead to absences from school and workplaces. It can also affect the ability of children to learn, thrive and develop (Local authorities improving oral health: commissioning better oral health for children and young people – an evidence informed toolkit for local authorities Public Health England).

Oral health in England has improved significantly over recent decades. The Adult dental health survey 2009 (Health and Social Care Information Centre) reports that the proportion of adults in England without natural teeth has dropped from 28% to 6% in the past 30 years.

In addition, the number of children with 'obvious decay' in permanent teeth has dropped. In 2013 it was found in the permanent teeth of 46% of young people aged 15 and 34% of those aged 12. This compares with 56% and 43% respectively in 2003 (Child Dental Health Survey Health and Social Care Information Centre).

However, oral health varies widely across England. Poor oral health tends to be more prevalent among people who are socially or economically disadvantaged.

The quality standard is expected to contribute to improvements in the following outcomes:

- tooth extractions in secondary care
- prevalence of dental caries
- prevalence of periodontal disease
- patient experience of dental services.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- Public Health Outcomes Framework 2016-19
- NHS Outcomes Framework 2016-17

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 Public health outcomes framework for England, 2016-19

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill

	health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.2 Tooth decay in children aged 5

Table 2 NHS Outcomes Framework 2016-17

Domain	Overarching indicators and improvement areas
3 Helping people to recover from episodes of ill health or following injury	***Improvement areas*** **Improving dental health** *3.7 i Decaying teeth*** *ii Tooth extractions in secondary care for children under 10*
4 Ensuring that people have a positive experience of care	***Overarching indicators*** 4a Patient experience of primary care iii NHS dental services *4d Patient experience characterised as poor or worse* *I Primary care* ***Improvement areas*** **Improving access to primary care services** 4.4ii Access to NHS dental services
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework ** Indicator is complementary Indicators in italics in development	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to oral health promotion in the community.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect people's experience of using services and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for oral health promotion in the community specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole oral health care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care in promoting oral health in the community.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality oral health promotion service are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in promoting oral health in the community should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people in the community. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about oral health.

List of quality statements

Statement 1. Local authorities carry out oral health needs assessments to identify groups at high risk of poor oral health as part of joint strategic needs assessments.

Statement 2. Local authorities promote oral health in early years settings and schools in areas where children and young people are at high risk of poor oral health.

Statement 3. Health and social care services include oral health in care plans of people who are at high risk of poor oral health.

Statement 4. Dental practices provide up-to-date information about whether they are accepting new NHS patients.

Statement 5. Dental practices providing emergency care provide information about the benefits of attending for routine care.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guidelines that underpin this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resources that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Quality statement 1: Oral health needs assessments

Quality statement

Local authorities carry out oral health needs assessments to identify groups at high risk of poor oral health as part of joint strategic needs assessments.

Rationale

An oral health needs assessment can identify local groups of people who are at high risk of poor oral health and determine the likely needs of the group. This can be used as the basis for developing interventions for oral health improvement that are tailored to the local population. Including oral health in joint strategic needs assessments ensures it is a key health and wellbeing priority.

Quality measures

Structure

Evidence that local oral health needs to identify groups at high risk of poor oral health are part of joint strategic needs assessments.

Data source: Local data collection.

Outcome

a) Identification of local groups of people at high risk of poor oral health.

Data source: Local data collection.

b) Development of an oral health strategy.

Data source: Local data collection.

What the quality statement means for public health practitioners and commissioners

Public health practitioners (working in local authorities) ensure that they include oral health data when undertaking joint strategic needs assessments to identify groups at high risk of poor oral health.

Commissioners (working in local authorities and on health and wellbeing boards) ensure that oral health data is collected so that oral health needs assessments to identify groups at high risk of poor oral health are included in joint strategic needs assessments.

Source guidance

- Oral health: local authorities and partners (2014) NICE guideline PH55, recommendation 2.

Definitions of terms used in this quality statement

High risk of poor oral health

People at high risk of poor oral health generally live in areas that are described as socially and economically disadvantaged. Local authorities (and other agencies) define disadvantaged areas in a variety of ways. An example is the government's Index of Multiple Deprivation. This combines economic, social and housing indicators to produce a single deprivation score.

[Oral health: local authorities and partners (NICE guideline PH55) glossary]

Quality statement 2: School and early years

Quality statement

Local authorities promote oral health in early years settings and schools in areas where children and young people are at high risk of poor oral health.

Rationale

The risk of dental caries and periodontal disease is reduced by good oral health behaviour, such as brushing teeth with fluoride toothpaste twice a day. Giving clear advice in schools and early years settings and providing services such as supervised tooth brushing schemes and fluoride varnish programmes encourages this behaviour. This is important to reduce the risk of having to extract teeth. Targeting services to areas where children and young people are at high risk of poor oral health can reduce inequalities in oral health.

Quality measures

Structure

Evidence of local arrangements to promote oral health in early years settings and schools in areas where children and young people are at high risk of poor oral health.

Data source: Local data collection.

Process

a) Proportion of early years services in areas where children are at high risk of poor oral health that promote oral health.

Numerator – number in the denominator that promote oral health.

Denominator – number of early years services in areas where children are at high risk of poor oral health.

Data source: Local data collection.

b) Proportion of schools in areas where children and young people are at high risk of poor oral health that promote oral health.

Numerator – number in the denominator that promote oral health.

Denominator – number of schools in areas where children and young people are at high risk of poor oral health.

Data source: Local data collection.

Outcome

a) Tooth brushing frequency in children and young people.

Data source: Local data collection. Self-reported frequency of twice-daily tooth brushing is reported in the Child Dental Health Survey.

b) Tooth decay in children and young people.

Data source: Local data collection. Child Dental Health Survey.

c) Tooth extractions in secondary care for children and young people.

Data source: Local data collection. Data on tooth extractions for children aged 10 and under admitted to hospital is included in the NHS Outcomes Framework 2016/17.

What the quality statement means for service providers, healthcare, education and social care practitioners, and commissioners

Service providers (such as school nursing services) ensure that oral health is promoted in early years settings and schools in areas where children and young people are at high risk of poor oral health.

Healthcare, education and social care practitioners (such as school nurses, health visitors, social workers and family link workers) ensure that they promote oral health in early years settings and schools in areas where children and young people are at high risk of poor oral health.

Commissioners (local authorities and health and wellbeing commissioning partners) ensure that they commission services that promote oral health in early years settings and schools in areas where children and young people are at high risk of poor oral health.

What the quality statement means for children and young people

Children and young people in areas at high risk of poor oral health are told about the importance of looking after their teeth and are helped to do this. For example, they take part in a programme at school or nursery where teachers, teaching assistants or school nurses supervise them brushing their teeth.

Source guidance

- Oral health: local authorities and partners (2014) NICE guideline PH55, recommendation 13, 14, 15, 16, 17, 18, 19, 20 and 21.

Definitions of terms used in this quality statement

Promote oral health

Promoting oral health may include providing supervised tooth brushing schemes, fluoride varnish programmes or advice to encourage brushing with fluoride toothpaste. Advice should be based on the information provided in Public Health England's Delivering better oral health.

[Adapted from Oral health: local authorities and partners (NICE guideline PH55) recommendations 14, 15, 16, 18, 19, 20 and 21]

High risk of poor oral health

Schools in areas where children are at high risk of poor oral health should be identified using information from the oral health needs assessment.

People at high risk of poor oral health generally live in areas that are described as socially and economically disadvantaged. Local authorities (and other agencies) define disadvantaged areas in a variety of ways. An example is the government's Index of Multiple Deprivation. This combines economic, social and housing indicators to produce a single deprivation score.

[Oral health: local authorities and partners (NICE guideline PH55) glossary and recommendations 3 and 4]

Resource impact considerations

Potentially significant costs for providing supervised tooth brushing schemes would be for:

- providing support and training required for people delivering the scheme (including the designated leads)
- providing an age-appropriate toothbrush and 100ml of toothpaste.

The costs for providing a fluoride varnish programme would be for the appointment of lead staff and to provide training.

Savings may be expected from preventing the need for fillings or tooth extractions, which can require general anaesthetic and a surgical team.

The costing statement for NICE guideline PH55 (Oral health: local authorities and partners) provides more detailed resource impact information on the two schemes. Organisations are encouraged to use the tool to help estimate local costs.

Quality statement 3: Oral health in care plans

Quality statement

Health and social care services include oral health in care plans of people who are at high risk of poor oral health.

Rationale

Oral health is a key part of a person's overall health and wellbeing. Including any oral health considerations in care plans for people at high risk of poor oral health recognises this and ensures that their needs can be addressed.

Quality measures

Structure

Evidence of local arrangements to include oral health in the care plans of people receiving health or social care support and at high risk of poor oral health.

Data source: Local data collection.

Outcome

a) Tooth decay in children and adults.

Data source: Local data collection. Child Dental Health Survey and the Adult Dental Health Survey.

b) Retention of natural teeth in adults.

Data source: Local data collection. Data on the proportion of adults with 21 or more natural teeth is contained in the Adult Dental Health Survey.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (health and social care providers) ensure that systems are in place so that oral health is included in care plans of people who are at high risk of poor oral health.

Health and social care practitioners (such as GPs, nurses, care workers and social workers) ensure that they include oral health when developing care plans for people at high risk of poor oral health.

Commissioners (clinical commissioning groups and local authorities) ensure that they commission services where oral health is included in care plans of people who are at high risk of poor oral health.

What the quality statement means for patients and carers

People who are at high risk of oral health who have a care plan have oral health considerations included in the written plan of the care they agree with professionals. This means all services can help the person to improve their oral health.

Source guidance

- Oral health: local authorities and partners (2014) NICE guideline PH55, recommendation 8.

Definitions of terms used in this quality statement

High risk of poor oral health

People at high risk of poor oral health generally live in areas that are described as socially and economically disadvantaged. Local authorities (and other agencies) define disadvantaged areas in a variety of ways. An example is the government's Index of Multiple Deprivation. This combines economic, social and housing indicators to produce a single deprivation score.

Groups of children and young people at high risk of poor oral health should be identified using information from the oral health needs assessment.

Risk factors for oral disease include an unhealthy diet, tobacco use and harmful alcohol use.

[Oral health: local authorities and partners (NICE guideline PH55) glossary and recommendations 3 and 4 and Fact sheet no. 318: oral health (World Health Organization).]

Quality statement 4: Information for people who don't have a dentist

Quality statement

Dental practices provide up-to-date information about whether they are accepting new NHS patients.

Rationale

Accurate and up-to-date information about whether dental practices are accepting new NHS patients helps people to find and access dental services. Accessing NHS dental services for regular check-ups is an important part of improving oral health and preventing diseases and other conditions.

Quality measures

Structure

Evidence of local arrangements to ensure that dental practices provide up-to-date information about whether they are accepting new NHS patients.

Data source: Local data collection.

Outcome

a) People seen for routine care in general dental practice.

Data source: Local data collection. Data on the proportion of people who attended a dentist in the previous 24 months is contained in NHS Dental Statistics for England.

b) Patient-reported access to NHS dental services.

Data source: Local data collection. Data on the proportion of adults who have attempted to make an NHS dental appointment and been successful in the past 3 years is collected in the Adult Dental Health Survey.

What the quality statement means for service providers and commissioners

Service providers (general dental practices) ensure that they provide up-to-date information (for example, on their own website and on NHS Choices) about whether they are accepting new NHS patients.

Commissioners (such as NHS England) ensure that they commission dental services that provide up-to-date information about whether they are accepting new NHS patients.

What the quality statement means for patients and carers

People who don't have a dentist can find out about local NHS dentists who are accepting new patients. They can easily contact the practice and make an appointment.

Source guidance

- Oral health promotion: general dental practice (2015) NICE guideline NG30, recommendation 1.2.3.

Equality and diversity considerations

Information should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English).

Quality statement 5: Routine attendance after emergency care

Quality statement

Dental practices providing emergency care provide information about the benefits of attending for routine care.

Rationale

People should be encouraged to attend a general dental practice routinely to help them maintain good oral health. For people who do not attend regularly, attending for emergency care provides an opportunity for the dentist to establish a positive relationship with them.

Quality measures

Structure

Evidence of local arrangements to ensure that dental practices providing emergency care provide information about the benefits of attending for routine care.

Data source: Local data collection.

Process

Proportion of emergency attendances at dental practices where information about the benefits of attending for routine care was provided.

Numerator – number in the denominator where people were provided with information about the benefits of attending for routine care.

Denominator – number of emergency attendances at general dental practice.

Data source: Local data collection.

Outcome

People seen for routine care in general dental practice.

Data source: Local data collection. Data on the proportion of people who attended a dentist in the previous 24 months is contained in NHS Dental Statistics for England.

What the quality statement means for service providers, dental care professionals and commissioners

Service providers (general dental practices) ensure information is available about the benefits of attending for routine care.

Dental care professionals (such as dentists and dental nurses) ensure that they establish positive relationships with people attending for emergency care and provide information about the benefits of attending for routine care.

Commissioners (NHS England) ensure that they commission services in which dental practices providing emergency care provide information about the benefits of attending for routine care.

What the quality statement means for patients and carers

People who visit a dentist as an emergency are given information about the benefits of going back for routine check-ups.

Source guidance

- Oral health promotion: general dental practice (2015) NICE guideline NG30, recommendation 1.2.2.

Equality and diversity considerations

Information should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English).

Status of this quality standard

This is the draft quality standard released for consultation from 23 June to 20 July 2016. It is not NICE's final quality standard on oral health promotion in the community. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 20 July. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from December 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be

appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and adults, children and young people, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults, children and young people and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the quality standards advisory committee to develop the quality standard statements and measures.

- Oral health promotion: general dental practice (2015) NICE guideline NG30
- Oral health: local authorities and partners (2014) NICE guideline PH55

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Public Health England (2016) Oral health of older people in England and Wales
- Public Health England (2015) Dental caries and obesity: their relationship in children
- NHS England (2014) Improving dental care and oral health – call to action
- Public Health England (2014) Delivering better oral health: an evidence-based toolkit for prevention
- Public Health England (2014) Local authorities improving oral health: commissioning better oral health for children and young people
- Public Health England (2014) Smokefree and smiling: helping dental patients to quit tobacco
- Health and Social Care Information Centre (2011) Adult dental health survey 2009
- Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2016) NHS Dental Statistics for England: 2015-16, Quarter 2
- Health and Social Care Information Centre (2016) NHS Outcomes Framework 2016/7
- Health and Social Care Information Centre (2015) Child Dental Health Survey 2013

- Health and Social Care Information Centre (2011) Adult Dental Health Survey 2009

Related NICE quality standards

Published

- Obesity in adults: prevention and lifestyle weight management programmes (2016) NICE quality standard QS111
- Obesity in children and young people: prevention and lifestyle weight management programmes (2015) NICE quality standard QS94
- Alcohol: preventing harmful use in the community (2015) NICE quality standard QS83
- Smoking: reducing and preventing tobacco use (2015) NICE quality standard QS82
- Smoking: supporting people to stop (2013) NICE quality standard QS43
- Alcohol use disorders: diagnosis and management (2011) NICE quality standard QS11

In development

- Early years: promoting health and well-being in the early years, including those in complex families. Publication expected August 2016.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Oral health promotion in care homes and hospitals
- School-based interventions: health promotion and mental well-being

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

Mr Ben Anderson
Consultant in Public Health, Public Health England

Mr Barry Attwood
Lay member

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Ms Ruth Studley

Director of Strategy and Development, Healthcare Inspectorate Wales

The following specialist members joined the committee to develop this quality standard:

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Clinical Director, Revive Dental Care

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Specialist in Dental Public Health, Public Health England

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Professor of Oral Health Services Research, University of Liverpool/Honorary Consultant in Dental Public Health, Royal Liverpool and Broadgreen Hospitals Trust

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NICE project team

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on oral and dental health.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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