

# Oral health promotion in the community

Quality standard

Published: 15 December 2016

[www.nice.org.uk/guidance/qs139](https://www.nice.org.uk/guidance/qs139)

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This standard is based on PH55 and NG30.

This standard should be read in conjunction with QS94 and QS151.

## 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 provide oral health improvement programmes in early years services 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 receiving health or social care support and at high risk of poor oral health.

Statement 4 Dental practices providing emergency care to people who do not have a regular dentist give information about the benefits of attending for routine care and how a local dentist can be found.

NICE has developed guidance and a 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 these quality statements.

Other quality standards that should be considered when commissioning or providing services that promote oral health in the community include [NICE's quality standard on obesity in children and young people: prevention and lifestyle weight management programmes](#).

A full list of NICE quality standards is available from the [quality standards topic library](#).

# 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 their likely needs. This can be used as the basis for developing interventions for oral health improvement 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 oral health needs assessments 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 different audiences

**Public health practitioners** (working in local authorities) ensure that they include oral health needs data from a range of data sources (for example the Public Health England dental epidemiological programme, questionnaire survey data, feedback from community groups) 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 needs data are collected from a range of data sources (for example the Public Health England epidemiological programme, questionnaire survey data) so that oral health needs assessments to identify groups at high risk of poor oral health are included in joint strategic needs assessments. This should be as part of a cyclical planning process.

## Source guidance

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

## Definitions of terms used in this quality statement

### Groups at high risk of poor oral health

People living in areas that are described as socially and economically disadvantaged are often at high risk of poor oral health. 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.

Based on the oral health needs assessment, local authorities may prioritise other population groups at high risk of poor oral health, such as looked-after children, people who misuse drugs, people with severe mental illness, frail elderly people, some ethnic groups, and people with physical, mental or medical disabilities.

[Adapted from [NICE's guideline on oral health: local authorities and partners](#), glossary and expert opinion]

# Quality statement 2: Early years settings and schools

## Quality statement

Local authorities provide oral health improvement programmes in early years services 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 reducing sugar consumption and brushing teeth with fluoride toothpaste twice a day. Giving clear advice about good oral health and providing services such as supervised tooth brushing schemes and fluoride varnish programmes encourages this behaviour and reduces the risk of dental decay.

To help support this statement, local authorities should also ensure that healthy food and drink options are displayed prominently in local authority and NHS venues, including early years services and schools (see [quality statement 3 in the quality standard on obesity in children and young people: prevention and lifestyle weight management programmes](#)).

## Quality measures

### Structure

Evidence of local arrangements to ensure that oral health improvement programmes are provided in early years services 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 where oral health improvement programmes are provided.

Numerator – number in the denominator where oral health improvement programmes are

provided.

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 where oral health improvement programmes are provided.

Numerator – number in the denominator where oral health improvement programmes are provided.

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) Plaque on teeth of children.

**Data source:** Data on the presence or absence of plaque on the teeth of 5-year-old children is recorded as part of the [NHS Dental Epidemiology Programme oral health survey of five-year-old children](#).

b) Tooth decay in children and young people.

**Data source:** Data on the prevalence and severity of dental decay in 5-year-old children is recorded as part of the [NHS Dental Epidemiology Programme oral health survey of five-year-old children](#).

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

**Data source:** Data on tooth extractions for children aged 10 and under admitted to hospital is included in the [NHS Outcomes Framework 2016 to 2017](#).



## What the quality statement means for different audiences

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

**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 or they are encouraged to reduce the amount of sugar they eat.

## Source guidance

Oral health: local authorities and partners. NICE guideline PH55 (2014), recommendations 14, 15, 16, 18 and 21

## Definitions of terms used in this quality statement

### Oral health improvement programmes

These include providing supervised tooth brushing schemes, fluoride varnish programmes or programmes providing advice to encourage brushing with fluoride toothpaste and reducing the amount and frequency of sugar consumption. Advice should be based on the information provided in Public Health England's Delivering better oral health: an evidence-based toolkit for prevention (2017, 3rd edition).

[Adapted from NICE's guideline on oral health: local authorities and partners, recommendations 14, 15, 16, 18, 19, 20 and 21]

## Areas where children and young people are at high risk of poor oral health

Schools and early years settings in areas where children and young people are at high risk of poor oral health can be identified using information from the oral health needs assessment.

Children and young people living in areas that are described as socially and economically disadvantaged are often at high risk of poor oral health. 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.

Based on the oral health needs assessment, local authorities may prioritise other population groups at high risk of poor oral health, such as looked-after children, some ethnic groups, and children and young people with physical, mental or medical disabilities.

[Adapted from [NICE's guideline on oral health: local authorities and partners, glossary, recommendations 3 and 4 and expert opinion](#)]

## 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 receiving health or social care support and at high risk of poor oral health.

### Rationale

Oral health is a key part of a person's overall health and wellbeing. Including oral health in care plans for people receiving health or social care support and at high risk of poor oral health helps ensure that relevant needs are addressed. This may include day-to-day support to help people maintain good oral hygiene and referring to dental services if needed.

### 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.

#### Process

Proportion of care plans that include oral health for people receiving health or social care support and at high risk of poor oral health.

**Numerator** – number in the denominator that include oral health.

**Denominator** – number of care plans for people receiving health or social care support and at high risk of poor oral health.

**Data source:** Local data collection.

## Outcome

Tooth decay in people who are receiving health and social care support.

Data source: Local data collection.

## What the quality statement means for different audiences

**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 receiving health or social care support and 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 service specifications need oral health to be included in care plans for people who are receiving health or social care support and at high risk of poor oral health.

**People receiving health or social care support who are at high risk of poor oral health** have oral health considerations included in the written plan of the care they agree with professionals.

## Source guidance

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

## Definitions of terms used in this quality statement

### High risk of poor oral health

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

People living in areas that are described as socially and economically disadvantaged are often at high risk of poor oral health. 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.

Health and social care services may prioritise other population groups at high risk of poor oral health, such as looked-after children, people who misuse drugs, people with severe mental illness, frail elderly people, some ethnic groups, and people with physical, mental or medical disabilities.

[Adapted from [NICE's guideline on oral health: local authorities and partners](#), glossary, recommendations 3 and 4 and expert opinion]

# Quality statement 4: Routine attendance after emergency care

## Quality statement

Dental practices providing emergency care to people who do not have a regular dentist give information about the benefits of attending for routine care and how a local dentist can be found.

## Rationale

People should be encouraged to attend a general dental practice routinely to help them maintain good oral health. This can reduce problems and the associated costs in the long term. For people who do not have a regular dentist, this contact provides an opportunity for the dental practice team to establish a positive relationship with them and to help them to find a local dentist to attend regularly. For example, dental practice teams can point people to information about local services on the [NHS Choices website](#).

## Quality measures

### Structure

Evidence of local arrangements to ensure that dental practices providing emergency care give information to people who do not have a regular dentist about the benefits of attending for routine care and how they can find a local dentist.

**Data source:** Local data collection.

### Process

Proportion of emergency attendances at dental practices of people who do not have a regular dentist where information about the benefits of attending for routine care and how to find a local dentist was given.

**Numerator** – number in the denominator where people were given information about the benefits of attending for routine care and how they can find a local dentist.

Denominator – number of emergency attendances at general dental practices of people who do not have a regular dentist.

Data source: Local data collection.

## Outcome

a) Adults who were seen by an NHS dentist in the previous 24 months.

Data source: Local data collection. [NHS Dental Statistics for England](#).

b) Children who were seen by an NHS dentist in the previous 12 months.

Data source: Local data collection. [NHS Dental Statistics for England](#).

## What the quality statement means for different audiences

**Service providers** (general dental practices that provide emergency care) ensure information is available about the benefits of attending for routine care and how to find a local dentist.

**Dental care professionals** (such as dentists and dental nurses) ensure that they establish positive relationships with people not registered with a dentist and give information about the benefits of attending for routine care and how to find a local dentist.

**Commissioners** (NHS England) ensure that they commission services in which dental practices providing emergency care give information to people who do not have a regular dentist about the benefits of attending for routine care and how to find a local dentist.

**People who visit a dentist as an emergency and do not have a regular dentist** are given information about the benefits of going back for routine check-ups and how they can find a local dentist.

## Source guidance

[Oral health promotion: general dental practice. NICE guideline NG30 \(2015\)](#), recommendations 1.2.2 and 1.2.3

# Update information

## Minor changes since publication

**August 2018:** A reference was updated in statement 2.



## 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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathways on oral health improvement for local authorities and their partners](#) and [oral and dental health](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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.

## Improving outcomes

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

- prevalence of dental caries
- prevalence of periodontal disease
- patient experience of dental services
- tooth extractions for dental caries.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [Adult social care outcomes framework 2015 to 2016](#)
- [NHS outcomes framework 2016 to 2017](#)
- [Public health outcomes framework for England, 2016 to 2019.](#)

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs:

- [costing statement for the NICE guideline on oral health: local authorities and partners](#)
- [resource impact report for the NICE guideline on oral health promotion: general dental practice.](#)

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

ISBN: 978-1-4731-2223-9

## Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

## Supporting organisation

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners \(RCGP\)](#)